Reviewer’s report

Title: Avoidable costs of physical treatments for chronic back, neck and shoulder pain within the Spanish National Health Service: A cross-sectional study

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Reviewer: Heikki M Hemmilä

Reviewer’s report:

General remarks

The work is an important addition to the present data on the use of different physiotherapy methods on musculoskeletal disorders. It reveals that a large portion of public financing is spent in Spain on therapies that on the basis of current knowledge are regarded as unfounded. This is probably true for other countries as well, and it could be discussed a bit more. The original study was evidently aimed at policy makers to motivate changes in the contracts with the private physiotherapy units as well as to change the customs of the doctors and therapists responsible for the practices.

A considerable part of the paper is dedicated to the analysis of available evidence of effectiveness of the different therapy methods. Dozens of systematic reviews and clinical practice guidelines were searched, analyzed and rated to judge whether each therapy method currently compensated by the Spanish National Health Service was regarded as effective, not effective, or insufficiently studied to enter a conclusion. In my mind adding a fourth level on the analysis does not add to the certainty of judgement. In the end, only few references were actually used for the rating - and only exercise and manual therapy with mobilization were assessed as effective. Instead the national or European guidelines could have been employed and the main focus aimed at the actual findings and possible explanations to the status quo.

Possible solutions to improve the current practices could have been discussed, as well as published experiences from other countries. Or if the second purpose of the paper was to formulate a new Spanish National Clinical Practice Guideline, it should have been based on the analysis of all the available RCT:s – a much more cumbersome task, though.

Several issues were discussed properly but more emphasis could have been put on the description and analysis of the current practices. Also the obvious weakness of the cost analysis was not sufficiently treated: The unit costs of the specific therapy methods were based on information given by a single subcontractor, the ICOT Group. It was not clear whether that data was actually employed by the company in its internal accounting or was it just a random estimate. It did not become clear, either, what was the count of total expenditure based on: official statistics or a multiplication of the given, largely theoretic,
Major Compulsory Revisions

Abstract/ Methods: Explaining at first how the criteria for rating the different therapies were adopted obscures the main purpose of the paper. In stead, the info on collecting the data should be first and the principles of rating the therapy methods should be referred to rather shortly thereafter. The same applies to the Abstract/ Results section

Main article/Background/paragraph 2: In order to satisfy the international readership better the regulations of Spanish health care contracts with private physiotherapy clinics should be explained in more detail. Must all the therapy sessions be prescribed by a doctor, including the selection of forms of therapy, or is the choice of therapy(ies) left to the private physiotherapist? Is the use of different methods regulated by compulsory guidelines or restrictions on reimbursement? Is the therapists invoice totally paid by the public insurance or is there an own liability to the patient? These matters would help to make international comparisons.

Main article/Methods/Evidence of effectiveness.. I suggest thinking again to dedicate that much space to finally entering to a simple conclusion based on a couple of references. This kind of analysis could be the subject of another article with emphasis on the possible differences between some national and international CPGs. Could their judgements be influenced by different local traditions and national interests.

Main article/Methods/Cost estimation/Paragraph 1: the third sentence states that NHS pays a fixed fee per treated condition. This needs more clarification: Does the patient pay the rest? Or is the physiotherapist bound to adapt his/her expenses into those diagnosis-based limits of income? These matters might explain the motivation of either the patient or the therapist to modify the therapy scheme prescribed by a doctor.

Main article/Methods/Cost estimation/Paragraph 2: Question: How does the calculated total sum of the individual therapy costs relate to the actual payment by the NHS?

Discussion/Paragraph 7: Results from this study suggest... Do they? Or is it obvious already from other studies? Think again, is the whole paragraph essential. If so, I would also add the need to compare the therapies with natural history, meaning control group with no therapy. The possibility of all studied therapies being harmful was illustrated by the Finnish study on acute LBP where the control group fared best (Malmivaara A, et al: The treatment of acute low back pain - bed rest, exercises, or ordinary activity? NEJM 332: 351-355, 1995).

Discussion/Paragraph 11: Check ref [63]: To my understanding the reference deals with the recommended treatment of HIV, not physical therapies and rehabilitation.

Discussion/Paragraph 12(last Pgf): This important section of the Discussion looks like it came from another paper. While it may be relevant to discuss the
criteria of dividing therapies into sheep and goats, a more relevant issue might be
the line of demarcation and what would be the consequences of approaching
each end. Also some reference could be made into experiences from other
countries, which is now totally absent.

Competing interests: Several of the authors are employed by the Spanish state
organization responsible for financing the therapies under study. Should this
connection not be explicitly expressed?

Minor Essential Revisions (Issues not for publication)

Main article/Background/Paragraph 1/ third sentence These musculoskeletal
disorders are usually non-specific. “Non-specific” is not regarded as a distinct
diagnosis, it rather means that no underlying pathology has been found with
current diagnostic tools to explain the symptoms. I also suggest checking the
references. According to their headlines ref [11] and [14] sound to suit here better
than [9].

Main article/Background/paragraph 3: Question: Does the coding of Spanish
National Health Service statistics allow separation of chronic from acute
musculoskeletal conditions? If not, word chronic should be omitted from sentence
2. The above mentioned also applies to the first sentence in Methods paragraph
2

Main article/Methods/Evidence of effectiveness./Paragraph 2/third sentence: It
consists of 23 key items... Which of them? Evidently the AGREE instrument,
please add it.

Main article/Results/Paragraph 3/last sentence: Thirty four in stead of Thirty-for.

Main article/Results/Paragraph 4/third sentence: ..., of inclusive effectiveness...
correct: inconclusive

Main article/Results/Paragraph 6: ...between 2004 and 2007, paid for... correct:
was paid for...

Discussion/Paragraph 3/second sentence: The main shortcomings affected the
randomization... Should be better expressed, eg. ...The main shortcomings were
related to...

Discussion/Paragraph 4/first sentence: ...of the different type of ... correct:
types...

Discussion/Paragraph 6/first sentence: These results illustrate the rational...
preferably: The results of this study..., and correct: rationale

Discussion/Paragraph 11/second sentence: aging rate - do you mean age
distribution. And health expectancy – should it be life expectancy.

Ref 57: University of Technology Sidney. correct Sydney.

Discretionary RevisionsConclusions (Issues not for publication)

Abstract/Results second sentence: They included medium and low... This
expression arises the question if the high quality studies were excluded. Pls
formulate better.
fourth sentence ...physical treatment were ineffective,... Should it be: ...were found /or judged ineffective...
Abstract/Conclusions last sentence ..., or are ineffective. sounds to refer to the allocated resources in stead of the treatments. Should it read ..., or are proven ineffective.
Main article/Discussion/Paragraph 1/first sentence: is chronic an entitled term here?
Conclusions: Given the vague basis of the unit costs of different therapies it seems inappropriate to present the results with two decimals of a percent!
References: As being addressed to an English readership the headlines of all the Spanish references should be translated into English (Refs 10, 43, 60, 61, 62, and 63). Also it is regarded as unnessessary to list the Spanish translations of originally English references (Refs 20, 21, 26, 27, 28, and 29).

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests