Reviewer's report

Title: Comparison of Primary Care Utilization among Returning Women and Men Veterans from Afghanistan and Iraq

Version: 1 Date: 9 November 2009

Reviewer: Matthew Maciejewski

Reviewer's report:

The authors present an analysis of VA primary care use by 1620 OEF/OIF veterans presumably from the West Haven VA and examine gender differences in primary care use and number of visits by PC users. This examination is novel because it examines OEF/OIF veterans and gender differences that haven't been extensively reported in prior studies. The paper could be strengthened in several ways to increase its usefulness to researchers and VA policymakers. The research question is well defined but the significance of the analysis (besides it being one of the few papers on gender differences in PC use) and the policy implications are not clearly spelled out. The paper would benefit from greater detail in these areas at the end of the background section to motivate the paper.

MAJOR COMPULSORY REVISIONS

1) The methods are fairly well described but several issues need to be reassessed or addressed clearly:
   a) please state the stop codes used to define primary care because there are several combinations that have been used in prior studies. This will clarify whether the primary care definition is inclusive or more narrow.
   b) generosity of VA coverage and copayments for visits and medications are better characterized by Priority Groups (1-8), and % service connection doesn't reflect the full variation. Since primary care is the relevant outcome, Priority 7 and 8 veterans must pay PC copays but all other Priority Groups are exempt. The current use of 30%+ service connection should be replaced by Priority Group.

2) Even though there are few studies comparing men and women in PC use and number of visits, there is extensive non-VA literature on which covariates are most important. It would be helpful to provide context for the analysis of veterans to understand what patient factors outside VA have explained variation in PC use, which would also inform what unobserved factors in the VA analysis are likely relevant.

3) Related to this point #2, I expected to see a comparison of demographic and other factors between men and women to understand whether female PC users were different than male PC users in age, gender, race, marital status, etc. This would inform whether interaction terms are needed in the logistic and negative binomial regressions to provide a clearer picture of gender differences. I expected to see 4 comparisons in Table 1:
a) users vs. non-users (essentially Table 1 as is) 
b) female users vs. female non-users 
c) male users vs. male non-users 
d) female users vs. male users 

For example, does the median study time of 0.5 years differ by gender? If so, that could impact the study results and interpretation.

MINOR ESSENTIAL REVISIONS

1) Was the original sample the authors started with 1620 or were some observations lost in the data creation process? The paper leaves the impression that the authors ended with the same sample size as they started with, and that seems unlikely. Please explain if there was sample loss, each reason and the specific loss.

2) The higher odds of VA primary care if privately insured seems counter-intuitive. It would seem like private insurance would lead veterans to use PC in VA less not more.

3) The age cut-points seem odd, so please justify why these cut-points were chosen. Consider entering age as a single continuous variable.

4) Discussion section could be shortened considerably and more focused. Two specific issues to address:

   a) Page 7: the authors state that the "issues discussed here represent valid contributions to current health policy research" but never say what they are, except that there are few published studies. That is a research contribution but not sure what the policy contribution is. Please clarify.

   b) Page 10: the authors state that "the removal of insurance barriers to health care is necessary" but this is an overly strong statement given the single site and lack of measurement of non-VA primary care use funded by Medicaid, Medicare or private insurance. I recommend dropping this statement.

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

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I am employed by VA HSR&D and have done similar work, as indicated by citation #10 that I led.