Reviewer's report

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

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Reviewer: Aline Drapeau

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STRENGTHS OF THE STUDY
- Gender difference in the use of health services is a widespread phenomenon and a major public health issue. This phenomenon is not well understood despite the growing number of studies on that topic. Most of these studies focus on the general population. Thus, this study is original since it targets Veterans.
- The rationale for the study is sound. The increased involvement of women in the military raises several questions. The use of health services by women Veterans figures among the issues that must be investigated.
- The distinction between the use of services and the intensity of use is interesting.
- Sample size is sufficient for the analyses that were carried out.
- The discussion of findings is well structured.
- The limitations of the study are clearly stated.

WEAKNESSES OF THE STUDY
- This study provides a limited view on the use of health services by Veterans. On the one hand, the sample is made up of Veterans enrolled in one VA facility and one associated community-based outpatient clinic and, on the other hand, there is no information on the use of health services outside of VA clinics. These limitations are acknowledged by the authors.
- Veterans living outside a 100-mile radius of the VA facility were excluded to control for the effect of distance on the use of services. The rationale for this exclusion is debatable in the context of this study unless there is a gender difference in the likelihood of living outside a 100-mile radius of the VA facility.

MAJOR COMPULSORY REVISIONS
- Table 2 provides interesting data on the socio-demographic and military profile of women and men who use health care services. These data show that women users tend to be younger than men users, that they are more likely to be single and non white and that they are less likely to be in Marine Corps. Given that the objective of the study was “to examine gender differences in utilization of outpatient primary care health services”, one wonders why interactions between gender and these variables (age; marital status; “race”; service branch) were not investigated in the regression models and why these findings are not commented
- Although the discussion is well structured, it could be more thorough.

-- For instance, the authors argue that the steps taken by the VA to improve the delivery of gender specific health care services may have contributed to increase the use of health services by women Veterans. An additional contributing factor, not discussed by the authors, is that women who were in Afghanistan and Iraq may have been more exposed to traumatic events or may have experienced a higher level of service-connected disability than those serving in other countries or in previous conflicts and thus they may have a higher need for health services.

-- The authors attribute the much higher number of medical “visits” observed in their study (roughly 16 per year) compared to that observed by Maciejewski et al. (3.3 per year) to the free five-year health care coverage following separation. Was the sample in Maciejewski et al.’s study made up of Veterans from Afghanistan and Iraq? If not, it might be an indication that Veterans from Afghanistan and Iraq have a higher need for services. Was the definition of health services similar in both studies? Maciejewski et al.’s study was published recently (2007). Was the five-year health care program implemented at that time? Does this program cover only health services offered by VA?

-- Finally, the authors stress that, in their study, holding a private health insurance was associated with an increased likelihood of using health services but a decreased intensity of use. They interpret these findings as an indication that “removal of insurance barriers to health care is necessary, but not sufficient to eliminate gender disparities in health care use”. This interpretation is questionable since: (1) apparently, all Veterans from Afghanistan and Iraq benefited from the free health care coverage following separation; (2) according to data shown in Table 2, the same percent of women and men users of health care held a private health insurance; (3) holding a private health insurance was associated with the use of health care and the intensity of use but not with gender differences in use or intensity of use since the interaction between gender and private health insurance was not tested. In short, it cannot be inferred from this study that “removal of insurance barriers to health care is necessary, but not sufficient to eliminate gender disparities in health care use”.

MINOR ESSENTIAL REVISIONS

- The authors report that “Among the 1620 Veterans who enrolled for care /.../ 46% utilized care” (page 6). This is somewhat confusing. Does it imply that 54% of the Veterans who enrolled for care did not receive it? Or that they receive care that was not health-related?

- Data on Table 1 are misleading in that the percents shown under the “Utilizers” and “Non Utilizers” columns are not calculated from the number of respondents in these categories. For example, 54% corresponds to 54% of women instead of 54% of “Utilizers”. By the way, the standard terms are “users” and “non users” (instead of “utilizers” and “non utilizers”).

- The percent of non white is 24% in women and 12% in men (ref. Table 1) instead of respectively 23% and 10% as reported on the second paragraph of page 6.
Level of interest: An article of importance in its field

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