Reviewer's report

**Title:** Differences in patient outcomes and chronic care management for oral anticoagulant therapy: an explorative study

**Version:** 1  **Date:** 3 September 2010

**Reviewer:** Juan Carlos Souto

**Reviewer’s report:**

This paper explores the relationship between several elements of chronic-care health-management and the quality of oral anticoagulant therapy (OAT) performed at specialized Anticoagulant Clinics (AC). The authors use very valuable clinical information from all of the 59 AC in The Netherlands which are responsible for the OAT of more than 375,000 patients. The quality of OAT was evaluated in terms of percentage of patients within target/therapeutic range obtained during two cross-sectional measurements assessed by all of the ACs at 2 identical times of the year. Unfortunately, the number of severe clinical complications (thromboembolism and severe haemorrhages) which are the real end-points and the main goal of the OAT management, are not evaluated. The authors justify this lack of data because the reliability of the reports obtained retrospectively is very low. I agree fully with the author’s decision.

The main results of the study are:

- Despite the fact that the outcomes are generally good (Figure 1), there were marked differences between centres (percentages ranged from 67% to 87%)
- The number of specialized nurses versus doctors was the unique element of chronic care model (CCM) clearly related to patient outcome was the number of specialized nurses versus doctors. This fact could have important clinical implications for the planning of future health-care resources.
- The number of chronic-care management model elements was positively associated with better outcomes (i.e. more elements lead to higher percentage of patients within therapeutic range)

The question posed by the authors is well defined, and the methods used are appropriate. In fact, the Dutch National Network of AC is among the best (if not the best) in the world to perform this kind of investigation. The manuscript adheres to the standards for scientific reporting and the conclusions are adequately supported by the data. The authors recognize appropriately the limitations in the “Discussion”. Title and abstract seem accurate and the writing of the manuscript is acceptable.

**Discretionary Revisions**

None

**Minor Essential Revisions:**
1. As the title proposes, this is an explorative study. Considering the results, the authors should propose in the “Discussion” further evaluations of the relationship between CCM elements and clinical outcomes (complications) obtained prospectively. Especially relevant would be the analysis of the role of specialized nurses relative to these clinical outcomes. This should be easier to do in such a setting, the Dutch Network of AC, than in any other country.

2. In Table 1, there should be a footnote defining IKA, VIM, TD, GP and INR.

Major Compulsory Revisions:

None

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

Quality of written English: Acceptable

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