Reviewer's report

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

**Version:** 1  **Date:** 29 September 2010

**Reviewer:** Hanna Kaduszkiewicz

**Reviewer's report:**

This is an interesting study analysing the associations between patient outcomes in oral anticoagulant therapy and elements of the chronic care model. It is of general interest and should be published after small revisions.

**Major Compulsory Revisions**

**Methods:**

I disagree with the sentence: “The CCM is used to make the concept of chronic care management measurable.” The CCM describes areas of action, but this is far away from making chronic care measurable. It should be stated that up to now there exists no well validated instrument that measures the degree of having implemented the chronic care model. Therefore a questionnaire had to be developed for your study (How did you develop it and was it validated?). This (the assumed lack of validation) also is a limitation of the study and should be added to the discussion.

**Discussion:**

- Do you have any hypotheses why the number of specialized nurses versus doctors is significantly associated with patient outcomes? Do patients tell nurses more than doctors? Do nurses better adhere to protocols? Or is the ratio staff/patients better in these anticoagulant clinics because nurses are cheaper? I think that some thoughts related to this finding should be added to the discussion.

- I’m not sure if “Insight in waiting times” is a good proxy for self-reflection. A more close interpretation would be that it is a proxy for patient orientation.

- I don’t understand the limitation which is described in the two sentences of which the first starts with “next”. The quality of care during and after hospitalization was not an objective of this study. The two sentences should be rephrased.

**Minor Essential Revisions**

- page 4: fourth line from the bottom: … is provided by “61” ACs, not 59, as I have understood

- Results, first sentence: “patients” (instead of “patient”)

- Page 10: what are FTE? Please exemplify.
- Page 10: about “an” INR…
- Page 11, second line: patients (instead of patient)
- Page 12, middle: percentage of patients (“of” is missing)
- Page 13: the validation of these “instruments” is limited… and the next sentence: “A validated instrument … “is” useful … or “would be” useful?” I prefer “would be”.
- Page 13: working “mechanisms”
- Page 14: …. Which could “have caused” bias…”resulted” (instead of result)
- Page 14: other “variations”…
- Page 15: third line: patient (this time an “s” too much)
- Tables 1 and 2: Abbreviations: What do “TD”, “IKA” and “VIM” mean? (and “NA” in Table 2 only)

Discretionary Revisions

Discussion:
- The second sentence states that patient outcomes are good compared to other countries. As a reader I would like to get some examples, e.g. from Italy, where there also are specialized anticoagulant clinics.
- The same applies to page12 (comparison with routine medical care). Also some examples would be good.

Level of interest: An article of importance in its field

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.