Reviewer’s report

Title: Provider performance in treating poor patients - Factors influencing prescribing practices in Lao PDR: a cross-sectional study

Version: 1 Date: 20 September 2010

Reviewer: N Devadasan

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MAJOR COMPULSORY REVISIONS
Methods: It is not clear how the Districts (and the district hospitals) were selected. Was it purposive or random? Again, how were the patients selected - random, or convenience sample? These need to be made explicit.

Why was Hypertension selected? It is a condition that usually does not require hospitalisation, whereas the other three require hospitalisation? So comparing these 3 with admission for hypertension may give the wrong findings.

Data collection methods: Data was collected from the patients while they were in the ward. This may not capture the entire health expenditure as the patient has the potential to spend after the interview and before discharge.

It is not clear whether the data from the patient records was collected after the discharge or concurrently while doing the interview. If that latter is the case, it implies that some medicines and diagnostic tests may not have been captured by this.

Need clarification on how the scoring system for the use of medicines was used - maybe the authors should share the checklist and scoring system with the reviewers and explain the process in a little more detail.

Some more details about how the insurance programme was operationalised.

Results:
As per the calculations - 20 patients x 4 conditions x 4 hospitals x 3 provinces should give a minimum of 960 patients. The authors are able to account only for 828 patients. What happened to the rest?

It is not clear who (rich, middle income or poor) paid the informal fees, who was insured.

Discussion:
There is hardly any discussion on the provider payment mechanism to explain the result. The providers were paid on a capitation basis, hence this could be the reason why the insured patients did not get unnecessary treatment (and more appropriate treatment as claimed by the authors).

There were three objectives, but only two of them have been addressed. Not
clear how the authors addressed the determinants of provider performance

The authors have stated that the OOP expenditure for treating injuries and complicated pregnancies was much higher than for treating hypertension and ARI. This is obvious because the conditions are very different. So it is not a great finding.

Also the patients with HT and ARI received higher levels of appropriate treatment. One possible reason could be the availability of standard treatment guidelines for these two conditions, whereas the other 2 conditions are much more heterogenous and require a clinician's judgement. This could be the explanation for the diagnosis of 'inappropriate' care.

MINOR ESSENTIAL REVISIONS

On page 11 - discussion section; there is a para on exemption policy etc. It does not fall into the discussion section, maybe into the methods

Some more discussion about Table 1 - is it in consonance with the reality in the community in terms of income, gender, occupation etc.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

The POVILL is a consortium of 10 research institutions. I happen to know the researchers in one of the collaborating research institutions - Institute of Tropical Medicine, Antwerp, Belgium.