Reviewer’s report

Title: Something Is Amiss In Denmark: A Comparison Of Preventable Hospitalisations And Readmissions For Chronic Medical Conditions In The Danish Healthcare System And Kaiser Permanente

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Reviewer: Ingvar Karlberg

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This study is yet another example of Supplier Induced Demand (SID) or Roemer’s law (“Bed supply and hospital utilization: a natural experiment.” Hospitals 1961; 1:36-42). The effects of bed supply has been shown in numerous reports, not only to be quantitative but also qualitative in the sense that people living close to a hospital will use hospital services more often that people living more distantly from the hospital. Utilisation of hospital beds is highly normative.

In the draft the sentence “require preventable hospitalisation” indicates that the authors believe in Clinical Practice Guidelines, while it has been shown over and over that those are overruled by the combined positive incentives of supply and fee-for-service. In addition, it has been shown that negative incentives, i.e. the risk assessment are of major importance. An unsubstantiated remark in the draft is that higher hospitalisation rates are associated with lower death rates. Where has this been shown?

Early readmission after hospital care has also been evaluated scientifically many times. A simple Google search gives back more than a million reports. The basic conclusions from the literature from the 1980-ties until today are that early readmission after surgery is to some degree associated with quality of care; while early readmission after medical care depends on the disease (“relapse or breakdown”). Patients that are readmitted to medical care within the first 30 days had longer stay during the previous admission than the mean.

GP:s, family doctors or whatever label this part of the system may have and hospitals, are not freely connected receptacles. Each of these systems has their own audience. A minor fraction of people seen by the GP is eventually referred for hospital care. This fraction is the same regardless of the number of GPs; many studies have shown that increasing the number of GSs is always followed by an increasing number of referrals to specialists and hospital care – not decreasing! In several studies e.g. for heart-failure it has been shown that hospital based ambulatory care can alleviate the need for in-hospital treatment. This is not care supplied by GPs but by specialists. Such studies have also shown a major cost-benefit for the health care system as well as for the society.

I had the privilege to assess previous comparative studies between KP and DHS from this research group, and I asked then for a more comprehensive picture of
the contexts, the society in which these studies were done, differences in expectations among patients and staff due to the differences in financing; insurance (market) and taxed based (planned). Denmark is part of a social-democratic culture with a comprehensive safety-net for its population; United States belongs to the liberal group of countries, where health care is seen not as part of a welfare project but as a commodity on a market open for everybody but with no obligatory risk sharing. (See Sellers and Lidstrom 2007; Magnussen, Vrangbeck and Saltman 2009)

The mean age for patients in the hospital beds in internal medicine is well over 75. It is obvious that other institutions and facilities as well as families are of enormous importance for the utilisation of hospital beds. With this comment I would like to question the validity of the conclusions in the paper; hospitals do not stand alone and GPs have no beds.

**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.