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

**Version:** 1  **Date:** 12 September 2011

**Reviewer:** James Macinko

**Reviewer's report:**

This is an interesting and well-done paper that contributes to comparative studies of health system performance. There are, however, a few issues that should be addressed before the paper will be able to make a large impact.

Major revisions:

1. It would be helpful to the reader to understand why Kaiser is used as a benchmark for the Danish Health System. There does not seem to be a good rationale for this discussed in the text and I would imagine readers might wonder about the comparability of two systems with completely distinct means of organizing, financing, and delivery healthcare to very different populations.

2. One problem with the use of the preventable hospitalizations is that they may serve as a type of surveillance mechanism to identify problems, but they are not very precise in terms of identifying how to target the cause of that problem. For example, do higher than expected rates stem from poor access to primary care, poor quality care, poor coordination of care, different incentives, different practice patterns, or a combination of one or more of these? Although the discussion does mention some of these possible explanations, it would be helpful to understand from the authors’ perspective what exactly they believe they are measuring when looking at variations in these rates. This is also related to the fact that they authors use only a subset of the ACSCs. What is left out by ignoring some of the other conditions? Might there be a different pattern for some of the other high frequency ACSCs not related to chronic disease?

3. The time period for the study is a little confusing. The authors discuss a set of changes in healthcare policy in Denmark in 2007, but only analyze data before that period. It seems like a lost opportunity to assess important aspects of the indicator, such as how sensitive it is to changes in financing changes, for example.

4. The authors mention several times in the text that Kaiser’s Medicare population is similar to the overall US Medicare population. This is not expected, given selection into health insurance, but the authors provide no citations to support this claim. Without being able to examine the evidence behind the claim, it is difficult to simply accept it as fact.

Discretionary revisions
5. In their discussion of the hypothesis that problems in chronic disease care in the DHS are responsible for higher ACSC rates, the authors discuss how KP manages chronic conditions. But this discussion does not present information on health outcomes, just on ways in which hospitalizations and other high cost services may be reduced. It would be helpful to discuss in more detail the way chronic care is organized in KP since some of these techniques could potentially not be transferable, due to perhaps consumer expectations of the Danish public or resistance from Danish physicians. More also needs to be said about the ways in which KP reduces high cost service use, what the implications might be for the Danish system, and whether such approaches could be expected to improve health outcomes, reduce utilization, lower costs or some combination of these.

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

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests.