Reviewer’s report

Title: A systematic review of different models of home and community care services for older persons

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Reviewer: Kajsa Eklund

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Summary

This review has refreshed earlier reviews of case management and integrated care by being able to include more recent studies. Fresh reviews are important considering the development in this area. Unfortunately, it’s unclear if chosen key phrases have included all relevant studies. The methods should be more fully described however, and the discussion would benefit from more in-depth discussion.

Major compulsory revisions:

Background

1. This has a clear structure and puts the study into context. While it gives a clear overview of different models of health and social service delivery systems targeting older persons, a more thorough overview of earlier reviews that has or hasn’t been done within the area should be included.

Methods

2. Literature searches were performed using key phrases, not MeSH terms. Why was MeSH terms not used? This choice should be explained in the method section. Also, the chosen key words leave a question mark; are relevant studies included? For example, the MeSH term “case management” surely would have been appropriate or at least as a key phrase considering the aim of the review.

3. Inclusion and exclusion criteria are partially unclear; how is non-medical service and objective outcome measures defined? The aim of the review was to focus on functionally disabled and persons with dementia; this focus is not visible in the inclusion/exclusion criteria.

4. Methodological quality was rated using a modified version of Scale for Rating Quality of Studies. How was it modified? Does the scale recommend a cut-off level for inclusion/exclusion? What is good quality? (the scale has maximum total score between 13 to 15, but two studies in Table 2 has a maximum of 12)

5. The level of evidence was evaluated using NHMRC, this is all very well. But, the reader needs to know how evidence of level III is to be interpreted compared to level II.
6. The authors state that; “where possible, effect sizes were estimated and described”. This is unclear; no description of this estimation is given. Furthermore, there is no explanation why the cut-offs for small, medium and large effect sizes were chosen.

Results
7. As a reader, the result section is rather overwhelming. A selection of outcomes is reported in text, for instance that 1 of 2 case management studies has reported decreased emergency admissions, but in table 1 it can be read that one of the studies had increased readmissions. A table summarizing both positive and negative outcomes (and no significant difference) in addition to table 1-3, would give the reader an overview of the results.

7. I have not been able to find any results from the effect size estimation.

8. Table 1. Some included studies lack vital information that ensures the reader that the study fulfills inclusion criteria.
   - In Alkema (2007) the control group receives case management, but information of this intervention is lacking.
   - Shapiro (2002) Age for inclusion?
   - Kinney (2003), as Alkema and Shapiro above
   - Marek (2006) Is this a case management intervention?
   - Mossello (2008) as Marek above, + age for inclusion?
   - Morales-Asencio (2008) age for inclusion? Mean age?

Table 2.
   - Fischer (2003) age for inclusion?
   - Atherly (2004) includes persons >55 years with no mean age reported. The review included studies with a majority being 65 years and above. Is this the case in Atherly?

Discussion;
9. Overall the discussion needs to be elaborated scientifically. Large parts of the discussion includes no references backing up the theoretical foundation of the discussion

10. A discussion about the difference between RCT and Non-RCT and their contribution to evidence is lacking.

Conclusion
11. I’m not sure what you mean with your statement that “this is the first systematic review of non-medical…..” To my knowledge systematic reviews in this area have been performed before, maybe I’ve misinterpreted? Did you mean first systematic review including dementia? Or something else?

12. After elaborating point 10 above, I’m sure the conclusion also will be clearer

Discretionary revisions
Outcomes in the tables are inconsistently reported; for example sometimes reported as “functional status” sometimes as ADL, sometimes by the name of the outcome measure (Barthel).

Mean value is written in an unorthodox way in all tables

Awkward sentence about evidence levels p 7.
P 10 last row; there is level III-2 evidence that…

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