Reviewer’s report

Title: Are community-living and institutionalized dementia patients cared for differently? Evidence on service utilization and costs of care from German insurance claims data

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Reviewer: Hilde Verbeek

Reviewer’s report:

The paper is well written and the authors present relevant and interesting information on costs and service use comparison of people with dementia living at home and in the nursing home. This is highly relevant in the current debate about allocating resources and the idea that community care might be cheaper although few research has been conducted to support this assumption. I have the following concerns.

Major revisions:

1. Abstract: Please reformulate the conclusion as presented in the abstract. The conclusions drawn in the abstract do not follow the aim, methods and result as described in the abstract. In addition, what do the authors mean with that both settings are not per se interchangeable? It is already known that overall, characteristics of people living in the community are different from those living in a nursing home and therefore it is strange that this is a conclusion from the current data. However, what is interesting is why some people with dementia have similar characteristics (e.g. level of care needed) but some live at home and others in the nursing home. This should be addressed in the paper as the authors have studied this.

2. Overall, the paper needs more structured background and context information on the paying system. The authors use abbreviations SHI and LTCI throughout the study and only address the content of these financing systems very briefly in the method section. This terminology is highly specific for German context, and needs therefore clarification. For example, what sources provide money for these systems? And how can this be transferred to other countries? Is it like social care versus medical care? Please explain some more background info so readers outside Germany can relate to the context as well. Furthermore, try to relate the sources of funding to people living in the community and living in a nursing home: who pays for what in Germany? It is written in several parts throughout the manuscript, but it would be helpful to cluster it more.

3. It is unclear what the authors mean with a ‘payer perspective’ (e.g. as used in the abstract, introduction, discussion). The authors address this briefly in the discussion section but the paper would benefit if it was presented earlier (e.g. in the introduction)
4. The discussion needs major rewriting. Please restructure the discussion and start with answering your research question. What are your main results? It is not that the two samples differ since that has been reported before. Please start with your conclusions on costs of care and whether these are different for community and nursing home. For example, in my opinion the first three to four paragraphs of the discussion are unnecessary and should be deleted. For example, what is the point the authors are trying to make in the second paragraph? At first this appears a methodological reflection on the German system of measuring care level. Why is this relevant? Everybody would agree that care level and need for care is not captured by ADL only. But how does this influence your results? And why is the discussion on need for care relevant at this point?

5. Discussion, p.13 paragraph ‘Contrary to LTCI…LTCI services.’ This section provides rather technical information and is difficult to understand for readers outside Germany. Please try to make it more understandable and relating it to more general funding sources or put it in international relevant context.

Minor essential revisions

1. Method, p. 4. I don't understand what you mean with dementia quarters. Furthermore, why have the authors included patients based on dementia drugs to diagnose? What do you mean with dementia drugs? It would be helpful if you could define this using ATC classification coding system. And do all patients with a dementia diagnoses have access to these drugs? From the literature it is known that this may not be the case. Furthermore, why is a diagnoses based on physician judgement in itself not sufficient?

2. Method, p.5. Please explain what you mean with an institutional setting. Is this nursing home care specifically or does it also include residential care or sheltered housing?

3. Results, p.10 ‘focussing on…community setting’. Please rephrase. Looking at table 3. statement appears only true for care level 1, and 2 (except for 1 service); care level three picture is much more mixed with many ns values for nursing home residents as well.

4. Results, p10. What do the authors mean with the sentence ‘the observed patterns…service users only?’

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

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**
'I declare that I have no competing interests'