Reviewer's report

Title: Utilization and Expenditures of Veterans Obtaining Primary Care in Community Clinics and VA Medical Centers: An Observational Cohort Study

Version: 1 Date: 21 January 2007

Reviewer: Fredric D Wolinsky

Reviewer's report:

General

I appreciate the opportunity to review your work. As you know, your team is doing the best research to date on CBOCs within the VHA. I applaud you for this, and for continuing to push the envelope.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

That said, there are a number of concerns here. By focusing on early CBOCs, which by your definition had to be operational on 10/1998, you have the early entrants. I agree that this gives you stability, as these facilities likely reached steady state by the time of your observation window. However, given the substantial growth in CBOCs since then, and the VHA's recent commitment to opening quite a few more over the next three years, one wonders about the generalizability of your findings.

Another major issue is that your conceptual framework is only sketched out here, and you do not seriously consider the effects and contributions of the parent VAMC to the CBOC, or whether that VHA has other operational CBOCs. From an OB/OT standpoint, clearly neither the CBOC nor the VAMC are operating in isolation. And while you mention the difference between staffed and contracted CBOCs, it is not clear to this reader which you are studying, or if both, how you adjust for this.

As you note, in this observational study, patients are not randomly assigned to care sites. There are many ways to approach this, and I am not condemning yours. I would, however, urge you to consider others. You might want to use all available data from the PTF to run propensity score models for CBOC only use, and then (a) incorporate the predicted probabilities into the analysis, and (b) analyze the data separately within quintiles on the predicted probabilities. If you take this route, please let the reader know how good the propensity models fit the data, especially in terms of the C-statistics and heteroscedasticity tests (Hosmer-Lemeshow). If you went this way, then the presentation of the results could be simplified, as you could just present minimally adjusted models.

I don't feel comfortable that your approach for multiple hypothesis testing accomplishes the goal. These data are quite nested--VISNs (which have been differentially committed to CBOCs, VAMCs, CBOCs, and of course patients. Multi-level modeling here is essential.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

I would like to see more conceptualization of the model up front, and less bringing in of side-bar results in the discussion section.

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Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions
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'