Reviewer's report

Title: Selecting effective incentive structures in health care: a decision framework to support health care purchasers in finding the right incentives to drive performance.

Version: 2 Date: 25 January 2008

Reviewer: Bruce Guthrie

Reviewer's report:

Thank you for asking me to re-review this interesting paper, which I understand will now be treated as a 'correspondence' rather than 'research' article, which addresses most of my previous concerns.

The authors have responded appropriately to the review, and the paper is now much more nuanced in its treatment of pay-for-performance and its likely effects, both intended and un-intended.

Minor essential revisions

My only remaining comment relates to continuing inconsistency in the terminology used in table 1 and table 2. The authors say that it isn't possible to have the same headings in both tables "because of the amount of text in table 2". I have to disagree. Table 1 is a brief outline of "incentive models used in health care to change or enable an actors behaviour". Table 2 is "incentives - how effective are the most commonly used models" [should really read 'commonly'].

The two tables are therefore meant to be matched. However, the terms used in each are not. Several items in table 1 do not appear at all in table 2 (managerial replacement, newly reimbursed services), and several appear to be in both, but under different labels. For example, "Shared savings contracts" in table 2, but "Gain sharing" in table 2 (and the main text) are presumably the same thing and should only have one name. If they are not the same, then gain sharing should appear in table 1 and shared savings contracts should appear in table 2 with a note that no evidence for its effectiveness was found. Ditto "Flexible oversight" in table 1, "earned autonomy" in table 2 and the text. If they are the same, then call them the same. If earned autonomy is a subset of flexible oversight but the only one for which there is evidence, then say so. Performance profiling is in table 1, but not table 2. Does that mean there is no evidence for it, or is it or the evidence a subset of 'public reporting'. I'm not sure about "performance-based fee schedule" and "link regular payment rate increase to performance". Complete matching may not be possible (although I believe they are), but the current two tables are confusing in their inconsistencies.

There are a few minor typos or language issues

1. Table 1 'indirect, non financial box' - appeals to patients who base their choices... (not based)
2. P11 para 2 'Time spent waiting in Accident and Emergency...' (currently says Accident and mergency). It would also be sensible to explain that this is what some international readers would call an Emergency Room.

What next?: Accept after minor essential revisions

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