Reviewer’s report

Title: The implementation of DRG-based hospital reimbursement in Switzerland: A population-based perspective.

Version: 1 Date: 9 September 2010

Reviewer: Daniel Zahnd

Reviewer’s report:

Mayor Compulsory Revisions
None

Minor Essential Revisions
None

Discretionary Revisions

- Abstract: Text to add after “.. irrespective of the National agenda.”: This giving the opportunity to compare the situation between the different cantons.

- Conclusion: Expression to change “.. elements to maintain the Swiss health system after with the implementation …”

- Methods: Text to revise “Discharge records of patients in psychiatry and rehabilitation institutions were excluded from these procedures as the quality of these data for 2003-2007 was not yet suitable for research projects”. (statement without evidence, nor citation of any literature reference) – and: wouldn’it it be an important part of the analysis to include the rehabilitation sector, considering the effects of the introduction of the DRGs in Germany had on shifts of acute care into the rehabilitation sector?

- Rehospitalization rates: Statement without evidence: … for the entire study period and imply therefore EVENTUALLY suboptimal quality and potentially poor organization of care in these areas

- Overall mortality rate is a difficult indicator of quality. If to be assessed, mortality should be analyzed by specific conditions (as for example myocard infarctus, pneumonia, etc.). Other quality indicators could be considered, available for the swiss medical statistics.

- Unfortunately, there ist rather big uncertainty concerning hospital ambulatory care. It is unclear whether it is included or not in the medical data and should be documented explicitly in the methods part. Changes of definition in the semi-inpatient sector have not been considered. The lack of this sector is stressed out particularly in the strengths and limitations part of the paper, with the mention of the withdrawal of santésuisse to deliver the information about ambulatory care in hospitals.
- Effects in the data seem to be rather weak. In fact, only the two effects of reduction of length of stay (where the main effect is rather unattended in the regime without DRG) and the rise of rehospitalization rate (how can the overall percentual rise be bigger than the rise in the two sub-groups?) can be interpreted seriously. Some more complex analysis could have been done, including the type of region, hospital, analize of spill-overs between the regions to analyze.

- Finally, a conclusion could be: Is there really any change in the system? Is it an introduction or rather a “DRG like” behavior in trying to run DRG initiatives and some kind of benchmark prototyping?

- Document is missing page numbers

**Level of interest:** An article of limited interest

**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.