Reviewer's report

Title: Do clinical guidelines reduce clinician dependent costs?

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Reviewer: Karin Stenberg

Reviewer's report:

1. General comments:

The article addresses an important area and takes an important step in using economic research findings to inform current programmes and their functioning at country level. The issue of cost savings is highly relevant in all settings, and clinical guidelines should take into account the financial gains that could be attributed to a change in guidelines.

For this reason, so called "guidelines for guidelines" are increasingly paying attention to the financial and economic implications. In general it would have been useful if the article could refer to this process in the Introduction. For example, WHO has recently established a Guidelines Review Committee with the aim to develop and implement procedures for guideline development that ensure that WHO guidelines are consistent with internationally accepted best practices, including the appropriate use of evidence. This includes paying attention to whether there are exceptional costs incurred from a new guideline compared to current recommended practice.

In general I feel that the authors tend to make a universal assumption that most guidelines aim to reduce costs. I would not agree with this. Many guidelines rather aim to ensure a greater quality of care, which often implies additional resources. For example, guidelines for so called "youth friendly health services" often imply that the health provider may need to incur additional costs in order to become youth-friendly, such as additional training and also in spending additional time with each young client.

Overall the focus in the article on physician behavior as a factor influencing adherence, quality of care, and costs, is much appreciated.

2. Proposed Major Compulsory Revisions:

Table 1 lists different reasons for the financial savings. My suggestion would be to clearly separate the studies where the saving was due to moving from incorrect to correct management (such as Hogg et al where I understand from Table 1 that this is simply an improvement in following the standard guideline), from those where the cost difference resulted from a change in the actual guidelines. The ways in which the degree of financial saving is expressed across studies could also be further harmonized, ideally as a saving per patient treated, if possible. The authors should to the extent possible look at presenting the
findings in a generalizable manner.

Moreover, another way to organize the findings in Table 1 is to compare the effect of a more complex guideline (such as IMCI) with a more simple adjustment (such as a change of antibiotic for pneumonia) and to discuss the relative shift in costs, if any, and if this seems to differ depending on the complexity of the intervention, or not.

In summary, efforts should be made to present the information in Table 1 in a more standardized format, in order to allow the reader to get a better overview of the findings and to apply this in his/her setting. Table 3 is doing much better in this respect.

Moreover, as a reader and reviewer I do not understand the information in Table 2 and what the effect sizes refers to. The authors need to communicate more clearly what these numbers refer to, whether in the Table title, table headings or a footnote. E.g., do they refer to a change in physician behavior or a change in costs?

Finally, it is not clear how the numbers reported in Table 2 were used in the overall analysis.

3. Minor Essential Revisions:
Table 3: spell out what "OP" refers to.

4. Discretionary Revisions:
Was there any effort to look at staff task shifting? This could at least be mentioned in the discussion as an opportunity for cost saving.

Do the authors wish to make some recommendations based on the information in Table 2?

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.