Reviewer's report

**Title:** Primary Care Solo Management Versus Nephrology Co-Management for Early Chronic Kidney Disease: A Retrospective Cross-sectional Analysis

**Version:** 3  
**Date:** 10 June 2015

**Reviewer:** Khaled Abdel-Kader

**Reviewer's report:**

This is a well-written manuscript that examines several quality of care metrics in patients with CKD who are managed solely by their PCP vs. co-managed with a nephrologist. The authors acknowledge the high potential for confounding by indication (patients who are referred are likely to be systematically different from those who aren't) and attempt to adjust for several important confounders. The manuscript's findings are interesting but I have several questions/concerns:

**Major revisions:**

1) Do the authors have information available regarding insurance status, tobacco use, hemoglobin, and creatinine that can please be added to table 1? Also, can the proportion of patients in CKD 3a, 3b, 4 please be added as rows in table 1?

2) Which BP was used to define BP control? (e.g., mean value of several values, last value, etc)

3) Can the authors determine whether patients were seen more than 1x by their nephrologist (or PCP). While patients seen only once may only comprise a minority of the total cohort, they are likely to have poorer quality of care metrics. The authors adjusted for # of PCP visits, but if cohort size allows, examining patients who were seen at least 2x (e.g., including a look back period of 2008) may be helpful.

4) The authors do a very nice job discussing some approaches to improving PCP care and comanagement care. I wonder if another sentence or two could be used to discuss that while the current paradigm is to refer patients relatively late in their CKD course (e.g., eGFR~30), studies examining whether earlier referral of patients at high risk to progress would allow for some of the possible benefits of comanagement to be realized earlier to potentially avoid ESRD (similar to the cited BMJ article by BJ Lee)

**Minor**

1) Additional limitations include: differences in more clinically salient outcomes were not examined and there are likely to be other important patient level variables that may confound the results

**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 below.