Reviewer’s report

Title: Effects of continuity of care on hospital admission in patients with type 2 diabetes: analysis of nationwide insurance data

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Reviewer: Carlo Bruno Giorda

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I suggest modifying the sentences as follows:

“The total number of patients with diabetes was 77,816 and comprised 3,234 with type 1 diabetes, 62,323 with type 2 diabetes, and 12,259 patients with the other types of diabetes such as diabetes related with nutrition deficiency. From 62,323 patients with type 2 diabetes, we excluded 127 patients with type 2 diabetes who were less than 20 years old and 7,738 patients with less than four outpatient visits during the year.”

“A third study suggested that a diabetes care model that integrates primary and specialty care, together with practices that adhere to guideline recommendations, was associated with a reduction in all-cause mortality and all types of hospitalizations (not only diabetes related), as compared with less structured models, without increasing direct health costs (Giorda CB et al. 2014). In Korea, more than $925 millions (US$=1,000 Korean Won) were spent as a medical care spending due to diabetes in 2013, and of these 17.5% was attributable to preventable hospitalization such as hospital admission due to short or long term complication and due to uncontrolled diabetes mellitus (National Health Insurance Service 2013). If diabetes care model is reformed so primary care and specialty care are integrated, the preventable hospitalization could be reduced. We evaluated four commonly used