Reviewer’s report

Title: Measurement and explanation of socioeconomic inequality in catastrophic health care expenditure: evidence from rural area of Shaanxi Province

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Reviewer: Tin Tin TTS Su

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Measurement and explanation of socioeconomic inequality in catastrophic health care expenditure: evidence from rural area of Shaanxi province

A well written paper and it focused on financial protection which is important issue in order to reach universal health coverage.

Introduction: introduction is quite lengthy. It should be shortened and the authors should highlight the novelty of this research and how this manuscript could add a new body of knowledge to international readers.

There are already several publication on catastrophic health expenditure (CHE) and it’s determinants and it seems all determinants of CHE are well known such as low income people has more prone to CHE and there is socio-economic inequality in CHE incidence.

Moreover the write up from line 99 to 110 suits better to method.

Methods

Study design

Comparison of two cross section survey would be more suitable term rather than retrospective study.

Data collection

The detailed write up of method section focused mainly on statistical analysis. However following information are still missing

1) What is the recall period of reporting health expenditure?

2) Only one round of data collection can get proper estimate of one year health care expenditure?

3) Health care expenditure collected is only for hospitalization or outpatient treatment?

4) Is it only for western health care facilities or complementary and traditional medicine which is still very popular for China?

5) Brief explanation on household survey questionnaire

6) How representative the selected sample to the study population since the sampled household for 2013 is four times more than the sample in 2008?
7) Whether indirect medical cost such as food, and transport were included in data collection and data analysis

8) Is it reported income reliable or not?

Result

Descriptive analysis on break down of health care expenditure according to outpatients versus inpatients and reimbursement versus OOP would be useful.

Number of households which included in the data analysis should be reported in each and every table.

Table 2. I would suggest re-categorizing two variables as presence of social health insurance and presence of commercial health insurance. It would be easier for the readers to follow and it is not difficult to interpret the odd ratio.

What is the definition of “chronic disease”?

Table 3. It seems the results of the table three are from logistic regression or binary logit model. The authors need to report about the model such as R2 value and assessment/diagnostic test for this model.

Reference

Proper reference style is needed for example ref. no 4,5 and 11