Reviewer's report

Title: Equity impact of a choice reform and change in reimbursement system in primary care in Stockholm County Council

Version: 2  Date: 25 April 2015

Reviewer: Richard Glazier

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Overall comments:

With many health systems and providers interested in primary care physician payment reform centering on capitation-based blended payments, a move in the opposite direction toward more fee-for-service can be instructive. Aligning physician payment reform with population health needs can be challenging, so this paper’s focus on physician reimbursement and equity is quite welcome.

The paper makes interesting use of extensive data linkages between population health surveys and health care utilization data at a time of major payment reform. Its use of individual-level linked data is a major strength. Although it is beyond the scope of this paper, it is critical to understand what impact on health and broad health care utilization occurred as a result of such a massive increase in use of primary care services.

Discretionary revisions

The authors have chosen to depict changes through ratios. Alternatives would have been through absolute or relative differences. Do they have a rationale for their choice of approach?

Minor essential revisions

It is unclear if the analyses of disadvantaged areas use only survey respondents or the whole population. This needs to be clarified.

There are a large number of subgroups examined, especially in Table 3 (35 comparisons). It would be appropriate to add a caveat about statistical significance as significant results could easily have occurred by chance with that many analyses.

There is an error in Table 1 where the 95% CI for disadvantaged areas and the rest of Stockholm county do not include the point estimates.

It would be useful to know if people can access specialists directly in the Swedish health care system and if there were any reforms for specialists. If so, a limitation should probably be added to the Discussion that primary care patterns are ideally examined in the context of specialist care as individuals of higher SES in some systems make greater use of specialists.
Level of interest: An article of outstanding merit and interest 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.