Reviewer's report

Title: Willingness to pay and willingness to accept in a patient-centered blood pressure control study

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Reviewer: Mohammad Rifat Haider

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The study estimated willingness to pay (WTP) and willingness to accept (WTA) among hypertensive patients from a randomized controlled trial (RCT). Authors showed that WTP ($25.78) was higher than WTA ($14.25). It is interesting to include both of these measures in the analysis. The study was a part of RCT and conducted among a portion (38) of treatment population.

From policy perspective, it is important to know the WTP of the patients. Authors followed the contingent valuation method (CVM) for that. However, I think, the elasticity is not properly explained. Since the value of elasticity is less than 1 (one) which makes these two measures inelastic and the negative sign reflects the inverse relation between WTP and time (i.e., increase in time decreases WTP). A more general explanation would be understandable for general readers.

Authors performed bivariate analysis and mentioned that "statistical comparison revealed that these 38 patients were similar in representation to entire RCT study population." But in Table 2 there is no statistical result (like p-value from chi-square tests) which can support the claim.

It is also mentioned that multiple linear regression analysis was performed to determine predictors of WTA and WTP. In reality, only time variable was included in the model (Table 3). There are other socio-economic predictors along with health system variables which should be in the model and adjusted for. Otherwise, only the mean value (unadjusted value) would suffice.

My main objection is that the story is not complete. Discussion is very brief and how the results would benefit hypertensive patients is conspicuously absent from the discourse. For me, it is only
a part of the whole story. Authors named the instrument "Patient-centered cost-effectiveness survey", but cost-effectiveness analysis (CEA) was not performed. WTP is often used as a measure for threshold value in CEA. Therefore, the CEA with outcome of the RCT (reducing/controlling blood pressure) and cost of treatment for kiosk-based approach can be compared with the usual practice. Then the results would portray a complete picture and be more informative for the policy makers.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

No

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I recommend additional statistical review

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