

# Review of: "Assessing the financial impact of physician self-referral on patients and how they cope with payment in Southeast Nigeria"

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Potential competing interests: No potential competing interests to declare.

This study aims to determine whether patients who are referred by physicians to private hospitals incur extra costs compared to if they had remained in public health facilities. The authors compared the median costs of some health services as incurred by the study respondents at private facilities with those they would have incurred if they had remained in the public health care system. The findings suggest that respondents who were referred to private facilities for further care incurred extra costs, across all cost items, compared to if they had remained in the public health care system.

Overall, it is a well-written paper. I have only a few comments for the authors to consider.

1. The authors obtained actual treatment costs incurred by the respondents at private health facilities while the “counterfactual” costs (the costs the respondents would have incurred had they remained in the public health care system) were based on the perceptions of the respondents. Given that people generally tend to believe that services provided by public entities are priced lower than private facilities, are the authors not concerned that the perceived treatment costs for public health facilities as provided by the respondents could be biased? I think this paper can be improved further if the authors could objectively obtain the “counterfactual” treatment costs from public health facilities.

2. The costs of healthcare services are typically determined by the level of a healthcare facility. For example, consultation fees charged at secondary-level health facilities are, typically, higher than those charged at primary-level facilities. However, it is not clear from the methodology described in this study whether the respondents were guided to provide their perceived “counterfactual” costs for public health facilities with similar levels to the private facilities they were referred to. If respondents were not well guided, then it gives room for a respondent, who was referred to a secondary or a tertiary-level private facility, to give perceived “counterfactual” costs with a lower-level public health facility in mind. The

authors may therefore consider describing how they ensured that they compared the healthcare costs of health facilities of similar levels.