

# Review of: "A Prospective Study on Direct Out-of-Pocket Expenses of Hospitalized Patients with Acute Exacerbation of Chronic Obstructive Pulmonary Disease in a Philippine tertiary care center"

Barbara Yawn

**Potential competing interests:** COPD related advisory boards or consulting for AstraZeneca, TEVA, BiorhingerIngelheim, GlaxoSmithKline. COPD related research funding from GlaxoSmithKline and NHLBI

This is an interesting article on an important aspect of COPD--costs to patients and families. In general the article provides useful information that policy makers should consider. The conclusion that in this small study appears to be that both private and charity patients may incur significant costs above what is paid by National Insurance.

The primary differences in cost appear to be due to "accommodation charges" and "professional fees". What the actual differences in accommodations are is not clear. Are charity accommodations wards vs private or semi-private rooms or differences in providing food or levels of nursing staffing or other issues? Do any of these lead to differences in outcomes.

Duration of hospitalization is an important outcome but other studies have found that rates of re-admission in 10, 30 and 60 days may be even more important to total costs and patient's well being. Since re-hospitalization likely adds additional costs to the patient and family, this should be added to either this or follow up studies.

Minor points--prior exacerbations is the greatest predictor of future exacerbations but is not mentioned.

There should be a section labelled Methods beginning with paragraph "A prospective cross...."

Results or discussion might assess impact of older average age on higher total pack yrs.

Figure 1. clearly shows the differences being in professional fees and accommodation charges and this might be better highlighted

Shortening hospitalization should be assessed using outcomes including re-hospitalization.