Dear editor,

Thank you very much for giving us the opportunity to revise our manuscript. We would also like to thank the referees for reviewing our paper. We find the reviewers' comments very useful, and have tried to address them as good as possible.

Below you will find our point-by-point response to the reviewers' reports.

Kind regards,

Caro van Uden, PhD.

Reviewer #1 (Dr. K.A. O'Donnel)

Major compulsory revisions:

1) Unfortunately, we cannot present costs per contact. We have not been able to retrieve necessary information (such as travel time to the cooperative, use of transportation, duration of contacts, et cetera) to be able to calculate costs per contact.

2) The costs presented for the integrated model are the actual costs that have been paid to the hospital. This has now been emphasised in the methods section (Page 9, Para 1).

3) We would like to thank the reviewer for bringing other relevant papers about cost analysis of out-of-hours care to our attention. We have used these papers in our introduction (Page 6, Para 1).

Minor essential revisions:

1 - 'implicates' is replaced by 'ensures' (page 5, line 6).
2 - 'prefer' is replaced by 'preferring' (page 5, line 19).
3 - the sentence beginning with: "The necessity of information ....." is replaced by "It is evident that information on costs is necessary to support the discussion on which out-of-hours care organisation should be given preference to." (Page 6, Para 1).
4 - 'stimulated' is replaced by 'expected' (Page 7, Para 2; Page 8, Para 2).

Discretionary revisions:

We have addressed the suggestion of the reviewer to state explicitly that costing is conducted from the perspective of the health service and that costs to patients are not included (Page 6, Para 3).
Reviewer #2 (Dr. D. Young)

General:

The reviewer is right that there is no full integration between the ED and the GP cooperative on personnel, services, or infrastructure. However, we still feel that the term 'integration' best characterises the situation in Maastricht. Because the integration takes place at the level of patient care. We also used this term in other publications, and therefore would like to use it in this manuscript too.

We agree with the reviewer that true integration will probably save money, because some costs can be shared. This had already been mentioned in the discussion of the paper (Page 13, Para 2)

Major compulsory revisions:

* We have given some information on conditions seen at both GP cooperatives in the Methods section (Page 8, Para 3). In a previously published paper we showed that differences in conditions seen at both cooperatives are small, with one exception. At the integrated cooperative relatively more patients are seen with musculoskeletal disorders.
* Unfortunately, we have no information on whether patients were sicker in the integrated group. However, we expect that the severity of conditions treated at both cooperatives should be similar. Severe conditions requiring specialty care should be referred to the ED in both settings.
* A short unpublished questionnaire held during the second year of the integrated GP cooperative, showed that emergency staff found that they now had more time to spend on the more severe patients. This information has been added to the discussion (Page 13, Para 2).
* The conclusions about no change in costs of the integrated ED, were in part supported by data. We found that the number of contacts had significantly been reduced. But, we have no information whether more time was spend on the severe patients, which may compensate the reduction of patients. Personal communication with the ED manager suggests that the reduction in number of patients has significantly reduced workload (i.e. cumulative treatment time) at the ED. However, this has not been objectively evaluated, and therefore, we do not mention this in the text.

Minor essential revisions:

NA

Discretionary revisions:

NA