Reviewer's report

Title: Frequent emergency department attenders and frequently readmitted patients: how the differences can shape policy.

Version: 2 Date: 18 February 2010

Reviewer: Benjamin Friedman

Reviewer's report:

I continue to have reservations about this work. ED overcrowding is an important problem. I encourage the authors to develop a hypothesis driven analysis that focuses on one particular question, be it frequent presenters or the frequently re-admitted, but I fear concentrating on both proves too distracting—the two groups are quite different. Additionally, there needs to be some consideration of what exactly is being sought. If you are looking for an epidemic of under-treated asthma, then it would be interesting to identify a spike in respiratory-related admissions. If you feel that drunks are taking up a lot of space in the ED and that alternate treatment locales are needed, then it would be interesting to discover that poisonings do not contribute substantially to frequent ED use. Conclusions like “diversion of males seeking treatment for supplementary care to outpatient…clinics would reduce the burden...” does not provide the reader with useful information. Additionally, there should be a specific rationale for every independent variable that is included. Do you believe that immigrants are under-served within the existing primary care system? Then the born in Australia variable is of interest. Do you believe that patients are left without resources when the primary care clinics close on the weekends? Then this variable is of interest.

The methods and results remain difficult to read. I encourage the authors to use subheadings such as these in the Methods section: “Primary Predictor Variables” “Co-Variates of Interest” “Primary outcome” “Study site” “Power”. In the Results section, could the whole univariate section be eliminated?

Despite your statement to the contrary, I believe the “frequent admissions” model is over-fitted. Couldn’t this be corrected by combing several years of data for analysis. This might be worth doing regardless. Better to present all the data then to reassure us that “similar results were confirmed for other years in the data series”.

Finally, I’m afraid the discussion needs to be better researched. Here are some statements that should be referenced and contextualized: “high proportion of male frequent attenders…explained by men preferring ED services...”; “patients seek help for musculoskeletal conditions from GPs, physiotherapists...”; “frequent readmissions for mental health conditions might be associated with a paucity...”
I look forward to the next revision

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.