Author's response to reviews

Title: Ethno cultural Outpatient Clinic in Paediatrics

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Author's response to reviews: see over
Dear Sir/Madam,

In the first place we would like to thank the referees for their very valuable comments. Please find enclosed our revised manuscript: *Ethnic Diversity Outpatient Clinic in Paediatrics* with our point-to-point responses to the concerns of the referees.

**General**

As the MOC is not a research program but a health services evaluation project, ethical approval from the Medical Ethics Committees of the participating hospitals was not sought. However, informed consent was always requested from the parents before participating in the MOC. The text was changed accordingly at the end of the Methods section on page 5.

**Referee 1**

1. Confusion about the definition of immigrants and other related terminology was cleared throughout the manuscript and in particular in the beginning of the *Background* section on page 3. Moreover a reference was added (Stronks K et al, reference 2).

2. No other selection criteria were used apart from frequency of POPD visits and referral by the own paediatrician. Moreover: ‘patients with diabetes type 1 or a metabolic disease were all referred’ was added in the Methods section on page 5.

3. Control group: We already mentioned the lack of an indigenous Dutch control group in the Discussion. We agree that a control group of minority patients with the same diseases at the regular POPD was also missing and added this in the limitations of the study on page 13.

   Costs: Extra costs were only paid by the Health Insurance Company to initiate the project; the management of the hospitals agreed in continuing the MOC as stated in the Results on page 9.

4. In contrast to what one would expect functional health literacy was indeed high. However, sense of severity and knowledge of disease were acceptable but need further improvement. We agree that a control group of regular POPD patients was missing (also mentioned in point 3, see above).
5. We apologize for an omission from our side in Results section of our original manuscript on hospital use on page 10: data on the use of hospital facilities were not available from 67 (57%) but from 85 (71%) patients!! The reason for the missing data was due to intercurrent changes in the electronic registration systems of the participating hospitals (page 10). The distribution over the 3 diseases was already mentioned in the headings of the subgroups on page 10 but we revised the text accordingly.

6. The increase in POPD visits for diabetes is positive and 'much wanted' was added on page 13.

7. Both referred studies ( references 4 and 9 in revised manuscript) were published in 2007 and 2008 which was after the start of the MOC ( in 2006).

8. We do agree with the referee that increasing intercultural knowledge in the regular POPD, assisted and stimulated by student health workers, is desirable. However in view of the great number of ethnic-minority patients (with asthma) and the great number of paediatricians, who treat these children in the general POPD (and not in a special asthma clinic) this approach is not feasible in District Teaching hospitals. In this respect we prefer a pre-selection by the general paediatrician of the most difficult cases. The MOC is not a categorical health service but supportive for the paediatricians in the general POPD. We addressed this in the Discussion on page 12.

Referee 2

Overall:

Literature on patient advocacy and culturally trained support workers was added in the outline of the MOC on page 5 and in the revised References ( refs 12 and 13). For the transferability we would like to refer to the recent successful introduction of the MOC concept in The Hague, The Netherlands (see Discussion on top of page 12). As the MOC is not a research program but a health services evaluation project, ethical approval from the Medical Ethics Committees of the participating hospitals was not sought. The text was changed accordingly at the end of the Methods section on page 5 ( also see in General above).

1. Title of the manuscript is changed ( page 1).

2. Data were added in the Results section of the Abstract ( page 2).

3. See also Referee 1, point 1: Confusion about the definition of immigrants and other related terminology was cleared throughout the manuscript and in particular in the beginning of the Background section on page 3. Moreover a reference was added ( Stronks K et al, reference 2).

4. The analysed data must be considered as a sample ( added ‘as a sample’ in Methods on page 5). Analyzing data of more years is desirable but costly as well.
5. See also Referee 1, point 5: We apologize for an omission from our side in Results section of our original manuscript on hospital use on page 10: data on the use of hospital facilities were not available from 67 (57%) but from 85 (71%) patients! The reason for the missing data was due to intercurrent changes in the electronic registration systems of the participating hospitals. We revised the text accordingly on page 10.

6. Student workers were trained in several workshops by the supervising paediatricians on general and psychosocial intake, intercultural communication and exploration of parents’ profiles. ‘trained in workshops’ was added in the outline of the MOC on page 5.

7. See Overall section above and General section on page 1 of this letter.

We hope that our manuscript is now suitable for publication in BMC Health Services Research

Sincerely yours,

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