Reviewer's report

Title: Ethno cultural Outpatient Clinic in Paediatrics

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Reviewer: Tom WJ Schulpen

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This article gives a clear description of the three Mozaic Outpatient Clinics in Amsterdam. It is easy to read, the figures and tables are satisfactory and the statistical analysis is correct.

The content however is disputable and some clarification is needed.

1. According to the authors 2/3 of the Amsterdam children are immigrants. So in practice all POPD's in Amsterdam are Mosaic.

2. Patients were selected for the MOC when standard health care was felt non-optimal. What selection criteria, apart from frequency in POPD visits, were used? Apparently frequency of visits is not a correct parameter as increase in visits for diabetes patients is considered by the authors as successful. Where other criteria used to assess the appropriateness if the visits?

3. There was no control group of immigrant patients with the same diseases at the regular POPD or of an indiginous Dutch group of the same socio-economic level.

3. The team, consisting of 2 supervising consultants, 4 healthcare workers (students) and an OPD assistant was financially sustainable without substantial extra funding. I presume that extra costs were paid by the Health Insurance Company considering it an extension of the POPD. For the hospitals this means no extra costs, but on insurance level surely extra costs are involved.

4. 88% of the parents had sufficient health litteracy, 69% sufficient sense of severity and 59% sufficient knowledge of disease. These predictors for adherence are not bad at all and I wonder what the scores would be of the regular POPD parents.

5. Data on hospital use were only available from 67 patients (57%), which is unbelievable in a completely automatized environment. What were the reasons and the possible bias. How was the distribution over the three diseases.

6. The results show a decrease in POPD visits for asthma, a dramatic increase for diabetes and a more or less equal attendance for metabolic diseases. There is no difference in admission rates, except for asthma. Especially the increase in OPD visits for diabetes to 22 per year (nearly once a fortnight) is remarkable. Is this positive or negative?

7. The results are positive for asthma patients, but considering references 3 and 8 of the authors, this is not surprising as much effort has already been given to this category in the hospitals concerned.
I can not agree with the conclusion that the MOC has a place in the general POPD in Amsterdam. This research project has only proven that in asthma extra attention to the parents will improve the outcome of the disease. If only culture competent health educators were employed at the asthma POPD, an integrated approach would be realised and intercultural knowledge would be retained by the regular POPD workers, assisted and stimulated by the student health workers. That should be the conclusion. Most likely such an approach will be much more cost effective. For diabetes and metabolic diseases the same integrated approach can be achieved, but in these groups the results are not yet clear.

Segregation of POPD's has hardly any function in a multicultural city as Amsterdam.

In the discussion one should go into this matter.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

I declare that I have no competing interests