Reviewer's report

Title: Follow-up in the general medical outpatient clinic does not reduce the demand for acute hospital beds.

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Version: 1 Date: 3 Dec 2001

Reviewer: Dr Xavier Castells

Level of interest: A paper of limited interest

Advice on publication: Unable to decide on acceptance or rejection until the authors have responded to the compulsory revisions

REVIEW OF: FOLLOW-UP IN THE MEDICAL OUTPATIENT CLINIC DOES NOT REDUCE THE DEMAND FOR ACUTE HOSPITAL BEDS

Major comments:

1.- The study is interesting because it analyzes a relevant problem: hospital readmission in chronic diseases. However, the health system intervention should, probably, be different for each pathology. It is necessary to discuss this aspect.

2.- The authors should demonstrate that "there was no difference in the HGR, age or sex distribution between the consultants" or "physician with the same case-mix" (in abstract) with an appropriate statistical test. If pathology, age and sex are variables associated with readmission risk, it is very important to analyze the differences between physicians.

3.- It is very important to comment that the probability of death was different by physician (probability physician A / pro. physic.B: 0.0718/0.0537=1.337). Probably, this difference was due to the difference in case-mix, but it is necessary to discuss whether the probability of death is an outcome of the type of care (number of visits after discharge).

4.- However, the more important problem of manuscript is that the design of the study is not appropriate for the objective defined by the authors. The analysis should be by patient rather than by physician. An analysis by physician outlines the problems of ecological analysis. That is, it could be possible that patients with hospital readmissions were not reviewed in the outpatient clinic, independently of the physician. The authors should analyze the probability of readmission for each patient (dependent variable) according to outpatient clinic review (to calculate the Relative Risk, RR). In this model, the 'physician' variable is analyzed as a confounding factor. Odds Ratios adjusted by confounding factors are calculated through a logistic regression model. Other confounding variables are age and pathology (HRG).
5.- It is necessary to calculate a statistical test to demonstrate no differences in readmission risk and length of stay.

Minor comments:

1.- Title: Probably the title should describe the study objective more than announce the conclusion.

2.- Abstract: It is necessary to include numerical results to make it easier to understand. Results (page 5 par. 4): Table 3 is not available in my version of the manuscript.

3.- Discussion (page 7 par. 3): The assertion: "it is possible that a system of early clinic review following discharge may be more effective at reducing readmissions" has not been analyzed in this study and, therefore, it is too much speculative.

**Competing interests:**

None declared.