Reviewer's report

Title: Using Adjusted Clinical Group System to Quantify Populations' Morbidity Burdens in the Ambulatory Settings of Taiwan

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Reviewer: Ingvar Ovhed

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Review article 080404:
Wui-Chiang Lee - 'Using Adjusted Clinical Group System to Quantify Populations' Morbidity Burdens in the Ambulatory Settings of Taiwan'

This study, what I know, will be the first example of an ACG analysis of health care in a whole country. The author shows a very good understanding of the ACG Case-mix system and how it works and can be used. This makes it a work of high interest.

But, also this means there is a need to make some information more clear about the health care system in Taiwan. It will be of interest for colleagues in say Europe to know if,

1. Family medicine is a specialty of its own,
   a. The Primary health care system is public or private or a mix,
   b. Dr’s remuneration is on a capitation or a mix of capitation and other
   c. How big proportion of the costs are paid by the patient
   d. Listsystem or not
   e. Gatekeeping or not etc

2. All ambulatory visits are registered and a very high proportion of the population has had at least one consultation to doctors every year;
   my questions on this:
   a. Will this mean all levels of care not only primary health care?
   b. And if so - ambulatory visits to all specialties – like cardiology, endocrinology – but what about x-ray, bacteriology? Of course such visits for service will perhaps not have any diagnosis, or…?
   c. The total amount of ambulatory visits seems to be very high - Mean value for ACG 0100 year 2002 for newborn is 13,6 that means at least one visit per month? Is it so? In such case people abroad want to know why these quite high figures? Can it be preventive child health care? But it look like acute illness. It would be favourable with some explaining remarks in the text on “Methods”. As we know; to meet a doctor will always be risky – you may get antibiotics you don’t need etc not least when you are newborn.
d. What in the system will be the main reasons for the high consultation rates? Rules for sick leave certificates? Drug prescriptions? Gate keeping or not? Self management?

e. In total - how many visits to doctors were registered for this population of 2 million individuals? And for the whole population of 21 millions.

f. Nurses in ambulatory care – how do they work – independently or not?

**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

Ingvar Ovhed