Reviewer’s report

Title: Urgent care centers in the U.S.: Findings from a national survey

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Reviewer: Ellie Grossman

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Major Compulsory Revisions

1. This work serves an important purpose – i.e. the description of a heretofore underdescribed segment of the health-care system. However, it is critical that the population of clinics described is more completely understood, so readers can determine how generalizable/typical these survey results are.

   a. On pages 4-5, where the authors define ‘urgent care centers,’ the only citation refers to a publication written by one of this paper’s authors. Are there any independent authors/sources to confirm that this is an appropriate way to define this population of clinics? If so, it would be useful to cite them.

   b. The methods described for finding all clinics that meet this definition of ‘urgent care center’ seem thorough and appropriate. However, the next steps (i.e. the derivation of the sample for surveying) could use more thorough description. How many centers were in the initial dataset (i.e. the ‘universe’ of all urgent care centers)? What fraction were selected to be part of the survey, and why select at random within the 4 census regions rather than within each state, or along some other stratifier?

   c. How exactly were all of the organizations “screened to ensure that they were urgent care centers” (p.6)? Given that 35% turned out not to be ‘urgent care centers,’ I’m curious what this initial screening was.

   d. I am confused by the description of the calculation of the response rate. If we take as a given that 35% of the 1703 are not in fact ‘urgent care centers,’ then I would think that the response rate would be 436/(.65*1703) = 39%. Please clarify. Also, is there any reason to think that those who responded were more likely to actually be ‘urgent care centers’ than those who did not respond?

   e. Some information regarding non-responders would be useful – even if it is only state or region. There may be some systematic differences between these clinics and those who did respond – making the survey results perhaps less generalizable.

2. Who was targeted to fill out the surveys – clinic CEOs, medical directors, doctors,…? And who actually did fill out the surveys? And were they done in writing by mail/email/fax or by phone? Clearly, the quality of the information collected will depend on who’s answering the questions and how.

3. A better understanding of the finances and structure of these institutions would shed significant light on figuring out where in the health-care system these
centers do (and should) sit. Any information on center ownership, for-profit status, location (freestanding vs. attached to and/or affiliated with other health-care facilities; teaching status; urban/rural; state/region) would be welcome.

4. Also, do the authors have any information on how patients are charged? Do they have to pay upfront for any/all services? How many (if any) have sliding-scale fee structures for uninsured patients? Answering these questions may help to answer how these centers are already filling in the gaps in our health-care system, and how they may do so in the future.

Minor Essential Revisions

1. I get confused by the different n’s in every line of Table 2. This information might be more clearly presented as:
   a. n (%) of centers employing at least 1 family practice MD (or ER MD, or…)
   b. Of those centers employing FP MDs, how many FP MDs are employed? How many full-time equivalents?

2. On page 6, the manuscript says there are 1.7 full-time MDs per center. Does this number represent full-time equivalents (FTEs) per center, or is it the # of MDs who happen to work full-time (and are presumably supplemented by some who work part-time)? If the latter, how many FTE MDs are there per center?

3. The description of services provided at the centers is interesting and useful. A few notes: Can the authors clarify what it means to be “waived under CLIA” vs. “moderate under CLIA” vs. “full laboratory certification”? What do the authors mean by “pain management”?

Discretionary Revisions / Comments

1. The inclusion of concrete descriptions of days/times these clinics are open (Table 1) is useful.

2. Appropriate list of limitations of this study, especially in terms of defining the survey population and noting the fluidity of the industry.

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.