Reviewer’s report

**Title:** Physician organization care management capabilities associated with effective inpatient utilization management: a fuzzy set qualitative comparative analysis

**Version:** 3  **Date:** 1 July 2014

**Reviewer:** María Cecilia C González-Robledo

**Reviewer’s report:**

The research question is clear. I consider that the methodology is innovative for this type of studies. However, there are still many gaps related with a fuzzy qualitative analysis, since I did not have access to the complete statistical charts. In addition to this, it was not clear which combination was more effective to reduce the use (which is the objective of the study). The results are consistent with other scientific research. Proper use of data is observed (although I did not have access to full data). I suggest reorganize the presentation of the results section, it is not clear enough. It is important to explain, in the discussion, the relation of different management actions with reduced time bed-days per thousand, because this is the main objective, even more than the reentry to a hospital stay. The limitations are well structured when explaining the limitations of the methodological model, it would be better to discuss more about the limitations of the results (statistical significance, measures of the fuzzy model falling in the limits of “no relationship”, etc.). I would have enjoyed an appendix with the questionnaire that was use for the interviews, also to see a clearer discussion of the dependent variables of the text, and a better analysis about how the variables interrelate between them. [For example: What recommendationsemerge from the analysis and the results?] According to this, I think that is required to have a deeper analysis of the implications for health policy based on the results and in this methodology.

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

**Quality of written English:** Acceptable

**Declaration of competing interests:**

I declare that I have no conflict of interests.