

## Appendix 2 (as supplied by the authors): Methodology for identifying physicians in comprehensive primary care practice

To be called 'comprehensive', primary care physicians had to meet the following criteria: He or she must be part of the primary care pool AND work at least 44 days during the year AND have more than 50% of billing for 'core primary care services' AND the 'core primary care services' must fall into 7 or more 'activity areas'. Physicians who failed to meet the comprehensiveness criteria were tested to see if they met the criteria for focused practice.

The above criteria were applied in a step-wise, hierarchical manner. The pathway and results for 2014/15 are shown in Figure 2 and the individual steps are described below:

### Step 1. Define 'active' physicians

An active physician was defined as any physician whose OHIP billing eligibility status was listed as unrestricted, special or group at any time during the fiscal year (April 1 – March 31).

### Step 2. Defining the 'pool' of primary care physicians

The methodology for this is described above. The PC pool is shown in Figure 2 as shaded boxes.

### Step 3. Identifying physicians in medical home models

Using the CPDB we identified all physicians in the PC pool with a full-time affiliation with a medical home model during each year. In Ontario, these are called patient enrolment models (PEMs) and are designed to support a broad range of comprehensive primary care office practice services and participating physicians sign contracts that include provision of those services. We stratified physicians by whether they belonged to a medical home model but we did not use that status for assessing comprehensiveness.

### Step 4. Days worked per year

The first criterion for comprehensiveness was that a physician had to have worked at least 44 days during the year, the equivalent of an average of 1 day/week, allowing eight weeks of vacation. Using the OHIP billings, a day of work was defined as any day on which a physician billed for at least five different patients. Physicians who did not meet this criterion were excluded from further analysis.

### Step 5. Percent core primary care service

Next we calculated the proportion of each physician's services that was for core PC services using the list of services in Table 1. Those with more than 50% of their services for core primary care were flagged as such. This criterion was mandatory for identification as 'comprehensive'.

### Step 6. Activity areas

In addition to having more than 50% of their services for core primary care, those services had to fall into at least 7 'activity areas'. This ensures that not only the volume of services but also the scope of primary care services met the definition of 'comprehensive'.

### Step 7. Focused practices

Physicians who did not meet the criteria for comprehensive primary care practice, either because their services did not meet the >50% core primary care threshold or because those same services did not fall into at least 7 activity areas, were then checked to see if their billings fit the definition of 'focused

practice'. A physician's practice is defined as 'focused' if more than 50% of his/her services are concentrated in a single location (e.g. > 50% patient visits take place in hospital) or type of service (e.g. >50% services are for anesthesia). Possible types of focused practice include hospital care, emergency department care, surgery or surgical assisting, mental health/addiction, psychotherapy/counselling or anesthesia.