

**Appendix 5 (as supplied by the authors): Table 5.1 Description of inverse probability weights\***

<b>Estimated analytical weights</b>	<b>Mean (SE** ; range)</b>
<b>Enrolment in a team-based PC at index admission</b>	
Main analysis	0.998 (0.0007; 0.187 – 22.0)
<b>Left censoring (follow-up visits provided on the day of discharge)</b>	
Follow-up with a primary care provider	1.024 (0.0003; 0.638 – 1.74)
Follow-up with a medical specialist	1.056 (0.0005; 0.606 – 3.34)
Follow-up with any physician	1.067 (0.0005; 0.406 – 2.67)
<b>Censoring by death</b>	
Main analysis	1.001 (0.0003; 0.973 – 192)
<b>Censoring by hospital readmission</b>	
Main analysis	1.017 (0.0004; 0.759 – 42.9)
<b>Combined weights (exposure weights multiplied by censoring weights)</b>	
Main analysis (PCP follow-up)	1.042 (0.0010; 0.099 – 242.1)
Main analysis (SP follow-up)	1.081 (0.0011; 0.114 – 240.0)
Main analysis (follow-up with any physician)	1.087 (0.0011; 0.083 – 167.7)

Abbreviations: PCP, primary care provider; SP, medical specialist.

\*We interpreted as evidence of positivity or propensity score model misspecification if the mean of the stabilized weight was far from zero or if there were extreme values. Truncating- the weights at various percentiles did not yield meaningful improvements in precision based on the standard errors; we chose to use untruncated weights to avoid introducing bias in our analyses.

\*\* Clustered standard errors.

Appendix to: Riverin BD, Li P, Naimi AI, et al. Team-based innovations in primary care delivery in Quebec and timely physician follow-up after hospital discharge: a population-based cohort study. *CMAJ Open* 2017. DOI: 10.9778/cmajo.20160059.

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