STROBE Statement—checklist of items that should be included in reports of observational studies

	Item No	Recommendation	Location in study
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	Page 1, line 2 (title) and Page 3, line 9; "A retrospective cohort study"
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	Page 3, lines 9-22
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	Page 4, lines 2-27
Objectives	3	State specific objectives, including any prespecified hypotheses	Page 4, lines 27-30, Page 5, lines 1-2.
Methods			
Study design	4	Present key elements of study design early in the paper	Page 5, line 5: "retrospective cohort study"; first sentence in methods section
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	Page 5, lines 5-30; Page 6, lines 1-29; Page 6, lines 1-25.
Participants	6	(*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up *Case-control study*—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls *Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants	*Cohort Study:* *Eligibility criteria* Page 5, lines 5-24 *Data sources* Page 5, lines 12-30; Page 6, lines 1-29; Page 7, lines 1-9
		(*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed *Case-control study*—For matched studies, give matching criteria and the number of controls per case	Not Applicable

Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	*Study outcomes* Page 7, lines 3-9 *Primary study exposure* Page 5, lines 25-30; Page 6, lines 1-3 *Study covariates* Page 6, lines 4-29; Page 7, lines 1-2
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	Page 5, lines 12-30; Page 6, lines 1-29; Page 7, lines 1-9; Appendix A, Page 12, lines 1-30, Page 13, lines 1-18.
Bias	9	Describe any efforts to address potential sources of bias	Bias is discussed in the section on study limitations (see Page 10, lines 16-30; Page 11, lines 1-8)
Study size	10	Explain how the study size was arrived at	Sample size calculations were not done as the effect size of having/not having a family physician in this particular population was unknown. It was thought that more precise estimates of effects would be seen with all available data, that is to say all admissions from the opening of the Thunder Bay Regional Health Science Centre on April 1, 2004 to March 31, 2013 (we needed a complete year of follow-up data following discharge from the index admission).
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	Pages 19-20, Table 1 Admission categories: Page 6, lines 11-15. LOS: page 6, lines 15-19, and in more detail in Appendix A. Income grouping: Page 6, lines 8-9 and in more detail in Appendix A.
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding	Page 7, lines 10-25
		(*b*) Describe any methods used to examine subgroups and interactions	Statistical interactions were not examined. This is noted as a study limitation on Page 10, line 29-30.
		(*c*) Explain how missing data were addressed	While there was complete data on one-year mortality, one-year readmissions, in-hospital mortality, age, sex, rural/urban status, physician status, patient LHIN, Charlson Comorbidity scores, ED visits and all physician visits in the year prior to the index admission, ICU stay during index admission and length of stay, in some cases, income quintile could not be accurately assigned using the study methodology. As a

			result, all six income categories (quintile 1 (lowest and reference), quintile 2, quintile 3, quintile 4, quintile 5 (highest) and missing) were used in regression analyses.
		(*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed *Case-control study*—If applicable, explain how matching of cases and controls was addressed *Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy	None of the study subjects were lost to follow-up.
		(*e*) Describe any sensitivity analyses	NA
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—e.g., numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	Index admissions by physician status: page 8, lines 2-3; Pages 19-20, Table 1 One-year mortality: page 8, lines 19-21; Table 1 One-year readmission: page 8, lines 27-28; Table 1
		(b) Give reasons for non-participation at each stage	Those who died while in hospital were not part of the survival analysis. As well, a competing risk proportional hazards model was run to examine associations among the study variables and one-year rehospitalization.
		(c) Consider use of a flow diagram	
Descriptive data	14*	(a) Give characteristics of study participants (e.g., demographic, clinical, social) and information on exposures and potential confounders	Page 8, lines 2-6. Table 1: pages 19-20
		(b) Indicate number of participants with missing data for each variable of interest	Income quintile could not be accurately estimated for 83 of the 12,033 study participants.
		(c) *Cohort study*—Summarise follow-up time (e.g., average and total amount)	Page 8, line 8: 746 people died during the index admission and couldn't be followed up for one-year mortality and one-year readmission. Seniors who survived the index admission were followed until they died or were readmitted to hospital.
Outcome data	15*	*Cohort study*—Report numbers of outcome events or summary measures over time	Table 1: page 19-20 Page 8, lines 8-9 Page 8, line 19-21 Page 8, lines 27-28

			Page 9, line 4
		Case-control study—Report numbers in each exposure category, or summary measures of exposure	
		Cross-sectional study—Report numbers of outcome events or summary measures	
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (e.g., 95% confidence interval). Make clear which confounders were adjusted for and why they were included	In-hospital mortality: page 8, lines 8-9 One-year mortality: page 8, lines 19-21 One-year readmission: page 8, lines 27-28 Table 2: page 21
		(*b*) Report category boundaries when continuous variables were categorized	Table 1: pages 19-20: Charlson Comorbidity Index, income quintiles
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	Not Applicable
Discussion			
Key results	18	Summarise key results with reference to study objectives	Page 9, lines 4-7; Page 9, lines 13-16.
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	Page 10, lines 16-30; Page 11, lines 1-8. The direction and magnitude of bias associated with factors that were not included in this datafile are unknown.
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	Page 11, line 9-14.
Generalisability	21	Discuss the generalisability (external validity) of the study results	Page 11, lines 4-5.
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	Page 1, lines 37-38

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.