

Appendix 4: Definitions of Outcomes

Acute hospitalizations: included all urgent acute hospital admissions taking place during the 1-year pre- or post-index period (DAD data). All causes of hospitalization were included, except for external causes of hospitalization, or where the admission category was for newborns or stillbirths. Only the first separation in a hospital episode was considered (i.e., transfers were excluded).

Emergency department (ED) visits: included all unplanned visits to an Ontario emergency department during the 1-year pre- or post-index period that did not result in an inpatient stay (NARCS data). All acuity levels were considered, and patients were limited to one visit per day.

Cost: included all health care expenditures that have been allocated to patient encounters for health care in the 1-year pre- or post-index period¹. Cost are in \$2018 CAD. Out of pocket expenses or insurance compensation paid out by third-party payers are not considered in this costing methodology.

30-day readmissions: included all index acute hospitalization episodes where the patient was discharged during the 1-year pre- or post-index period (DAD data). Index hospitalization episodes were excluded if the patient died in hospital, was discharged against medical advice, or if the discharge date was in the last 30-days of the pre- or post-index period (to allow for complete follow-up). For each index event, we then followed the patient prospectively for 30 days to identify any urgent inpatient readmissions for any cause.

7-day primary care follow-up: included all index acute hospitalization episodes where the patient was discharged during the 1-year pre- or post-index period (DAD data). Index hospitalization episodes were excluded if the patient died in hospital, was discharged against medical advice, or if the discharge date was in the last 7-days of the pre- or post-index period (to allow for complete follow-up). For each index event, we then followed the patient prospectively for 7 days to identify whether a visit to a primary care physician occurred (OHIP and IPDB data).

For each indicator, pre- and post-index measures were combined into a longitudinal dataset for analysis (one record per person, pre- and post-index).

¹Wodchis WP, Bushmeneva K, Nikitovic M, McKillop I. Guidelines on Person Level Costing Using Administrative Databases in Ontario. Working Paper Series. Vol 1. Toronto: Health System Performance Research Network; 2013.