

Appendix 1: Hierarchical patient attachment algorithm using Ontario health administrative data

1. Patients formally enrolled in patient enrollment models were classified as attached.
2. Patients receiving care at a community health centre were classified as attached.
3. Virtual rostered, excluding low continuity doctors: patients were virtually rostered to the physician who billed the majority of primary care visits in the study period. To exclude patients seeing low continuity of care physicians (eg at walk in clinics), we calculated a primary care physician continuity of care index. This was a visit-based measure of the proportion of an individual's primary care visits divided by all primary care physician visits over a 2 year time period. The primary care physician continuity of care index was determined with a numerator of patients virtually rostered to a primary care physician divided by the denominator of all unique patients the same primary care physician had seen over two years. If the primary care physician continuity of care was less than or equal to 10%, then this primary care physician had a low primary care physician continuity of care and these patients were categorized as uncertainly attached.
4. Children who accessed the majority of their primary care visits from a primary care pediatrician were categorized as attached.