

Appendix 2 (as supplied by the authors): Description of outcomes considered and included

Outcome	Included as an outcome (Yes / No)	Reason (if not included)	Definition (if included)	Limitation (if included)
Mortality	No	One year followup too short, and impact on mortality could only be expected after several years		
Cardiovascular events (myocardial infarction or stroke)	No	One year followup too short, and impact on cardiovascular events could only be expected after several years		
All cause hospitalization	No	A large proportion of hospitalizations are insensitive to outpatient care.		
Hospitalization or emergency room visit for diabetes-specific ambulatory care sensitive conditions	Yes (primary outcome)		Ambulatory care sensitive conditions are conditions for which timely and effective outpatient care can help to reduce the risk of a hospital event by either preventing the onset of an illness or condition, controlling an acute episodic illness or condition or managing a chronic disease" [33](see Web Appendix 3 for list of diagnoses)	Not all hospitalization or emergency room visits for diabetes-specific ambulatory care sensitive conditions are preventable by good outpatient care.
Glycemic control	Yes		Last A1C during the assessment period for incident patients; mean A1C for prevalent patients (Among patients with an A1C measure)	A1C measurements are not available for all patients, and recent clinical trials call into question the effectiveness of intensive glycemic control
Use of medications recommended by clinical practice guidelines	Yes		Filling a prescription for statins[17], metformin in patients in whom an oral hypoglycemic agent is prescribed, and ACE inhibitors or angiotensin receptor blockers in patients with proteinuria[18]	Patients may be given the prescription but do not fill the prescription. Medication information is only available for patients 66 years and older
Retinal screening	Yes		Proportion of patients who attended an ophthalmologist or optometrist.	
Outpatient visits to internal medicine/endocrinology specialists.	Yes		Physician claims by an internal medicine or endocrinology specialist	Only one measure of patient access
Outpatient visits to primary care physicians	Yes		Physician claims by a primary care physician	Only one measure of

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				patient access
Proportion of patients who had guideline recommended laboratory testing for A1C, urine albumin to creatinine ratio and cholesterol panel	Yes		Any measurement of A1C, urine albumin to creatinine ratio or cholesterol panel	Laboratory testing may be recommended but not undertaken.
Body weight or body mass index	No	Information not available		
Smoking	No	Information not available		
Patient satisfaction	No	Information not available		