

Appendix 3 (as supplied by the authors): Outcome definitions

Acute hospitalizations: included all acute hospitalization episodes (aggregated discharges and transfers from the same acute event) where the patient was discharged during the 1-year pre- or post-index period (DAD data). All causes of hospitalization were included, except for external causes of hospitalization and mental disorders. We did not measure avoidable hospitalizations specifically (i.e., hospitalizations for ambulatory care sensitive conditions [ACSCs]) because in Ontario, ACSCs are monitored only for individuals aged 0-74 years¹. In our study population, >60% (n=193) of selected enrollees were ineligible (75 years of age or older).

Emergency department 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.

Days in acute care: included the total number of days in acute care (i.e., total length of hospital stay) among patients discharged during the 1-year pre- or post-index period (DAD data). We counted only the days within the accrual window; hospital episodes that extended beyond the 1-year look back/ look forward were censored at the 1-year date. Similar to the *acute hospitalizations* indicator, all causes of hospitalization were included, except for external causes of hospitalization and mental disorders.

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).

¹ Ministry of Health and Long-Term Care (MOHLTC). Hospitalizations for Ambulatory Care Sensitive Conditions (ACSC). [Internet]. Toronto; [accessed October 6, 2016]. Available from: http://www.health.gov.on.ca/en/pro/programs/ris/docs/hospitalizations_for_ambulatory_care_sensitive_conditions_en.pdf