PEER REVIEW COMMENTS
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Article title: Association of physician financial incentives with primary care enrolment of adults with serious mental illnesses in Ontario: a retrospective observational population-based study

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Response to reviewers in bold

Reviewer 1: Mr. Ammar Saad, Elisabeth Bruyere Research Institute

pg.2 (Abstract): The abstract is well-structured and results are summarized transparently. I suggest reducing the number of abbreviations (no more than 2) as it takes away from the readability of results. My other comment pertains to the "financial incentives"; reading the abstract alone confused me as to who is the recipient of the financial incentives (i.e., the patients or primary care provider?) The introduction clarified this confusion but I suggest better defining the recipient of the incentive in the abstract to distinguish your paper from the abundance of studies that examine patient financial incentives, and prevent confusion among non-clinician readers.

We agree and have amended the title and abstract to clarify that the incentives are paid to physicians.

pg.3: Introduction is well written and describes the subject matter with detail. Hypotheses are clear and well-formed.

Thank you.

pg.3, line 36-37: "included in the reforms in 2003" requires a reference.

We cite the communication with staff at the Ontario Ministry of Health and Long Term Care.

pg.4 line 6-15: Inclusion criteria is clear and well explained, especially ICD diagnosis codes for ISM. I suggest authors provide the same clarity for the comparative groups (i.e., diagnosis codes/ criteria for diabetes mellitus).

We identified people with diabetes using a validated administrative case definition, which is referenced in the text.

pg.4-line 7: Is there a better term than "attached"? You used "attributed" further below in methods and it reads better.

We have made this change.

pg.4, line 32-45 the investigators are well versed with linking datasets. I suggest a table or box that lists these datasets/ databases and their definition would improve the readability of this paragraph.

We have added a supplement.

pg.4, line 46-50: I understand that Diabetes Mellitus was chosen as an example chronic health condition for comparative purposes? If so, I suggest clarifying (and maybe rationalizing) that DM was chosen as an exemplar condition.

We state: "We hypothesized that people with SMI would experience lower rates of rostering than those with another complex chronic disease (diabetes mellitus) and the Ontario population."

We hope this helps clarify this.

pg.5-line 15: "recent migration status" should clearly describe that it was migration to Ontario from other provinces and not only legal migration from other countries to Canada, as "migration" is conventionally used to describe the latter.

In the methods, we describe new migrants in this way: "We identified recent migrants to Ontario as people who received an Ontario health card for the first time within the previous 10 years (about 75% of this group would be expected to be recent immigrants, and the remainder would be expected to have migrated from other Canadian provinces)."

pg.5- Covariates section: Rationalizing why variables were selected/ controlled for is important for the STROBE checklist. It could simply be "to address confounding in our model" or "to prevent biasing our results" etc.

We have updated the text to read "Covariates were selected theoretically based on literature on factors associated with access to care and opportunities for rostering to address potential confounding."

pg.7, line 6-9: I noticed you used the word "higher" for capitation models without team-based care even though the confidence interval is very close to the null (i.e., 1.003). The results show that there is an association but ever so slight, and therefore, I would suggest rephrasing "higher" to "slightly higher" or "marginally higher".

We agree and have made this change.

pg.7, Discussion: The discussion is well written and compares/ contrasts the current results to those from existing literature. Limitations are described but I was surprised to see that authors haven't discussed the strengths of their study! A short paragraph about implications for future research would also be beneficial if word count permits.

Thank you. We have added a sentence highlighting the value in accessing linked population level data.

pg.7, line 34: "inequitable access to new models was still observed" This is an important finding that should be further highlighted and explained. How did the results show these inequities?

We have added clarification as follows: "Nevertheless, inequitable access to new models (demonstrated by lower enrollment than for individuals with diabetes or the general population) was still observed."

Reviewer 2: Dr. Sheryl Brown, Genesis Professional

Enjoyed reading your paper. This is such an important topic in merit of highlighting and addressing for the future.

Thank you.