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Figure 10. Proportion of patient discharges having primary care physician (PCP) follow-up within 14 days of hospital discharge, by month, according to PCP quartile of incentive code uptake.

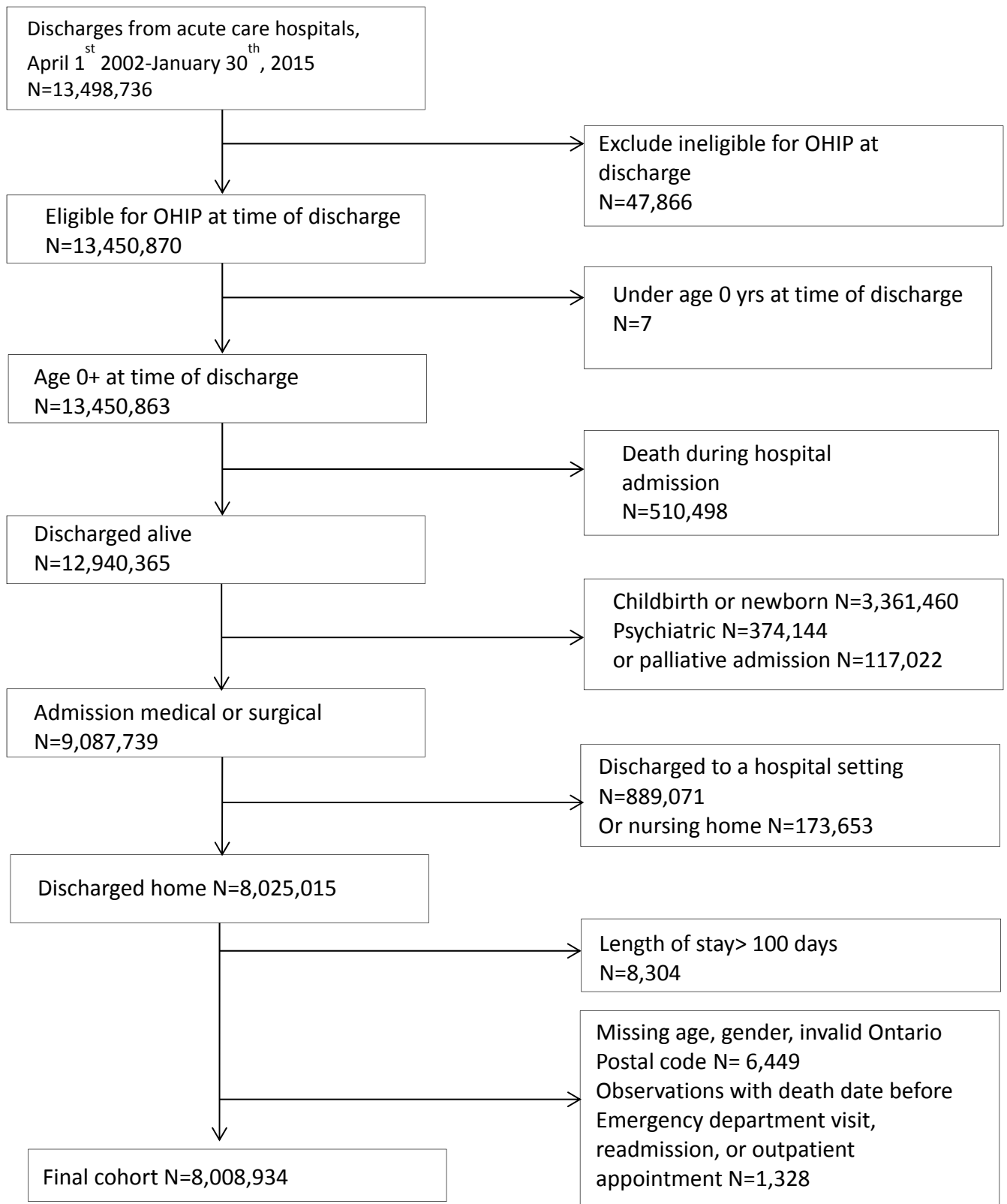
Figure 11. Proportion of hospital discharges with any physician follow-up within 14 days, by month, according to primary care physician funding model.

eTable 1. Billing codes eligible to be accompanied by the incentive code (e080)

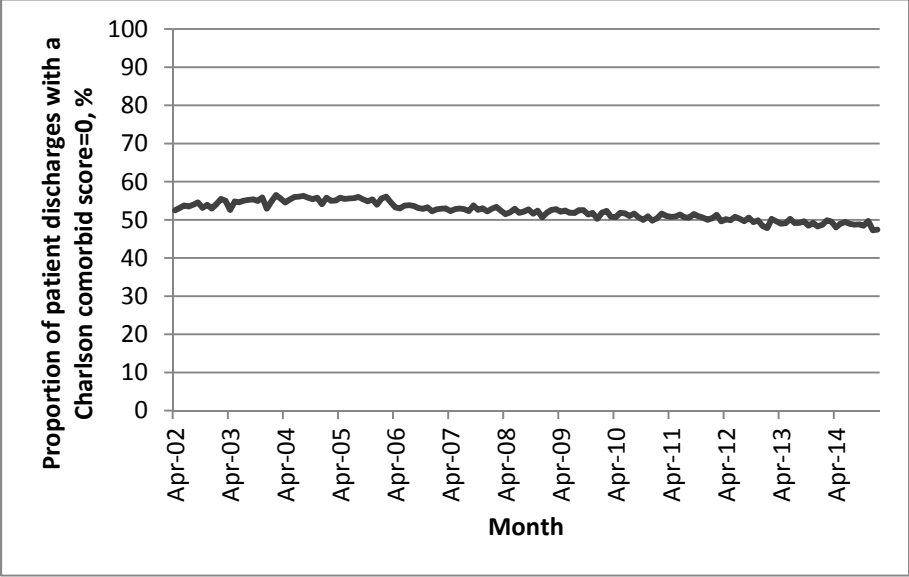
Code	Description	Monetary Value (\$ Canadian)
A001	Minor assessment	21.70
A003	General assessment	77.20
A004	General re-assessment	38.35
A007	Intermediate assessment or well-baby care	33.70
A008	Mini-assessment (with disability insurance visit)	13.05
A261	Level 1- Pediatric assessment	21.50
A262	Level 2 - Pediatric assessment	42.15
A263	Medical specific assessment	77.70
A264	Medical specific re-assessment	59.45
A888	Emergency department equivalent - partial assessment	35.40
A900	Complex house call assessment	45.15
A901	House call assessment	45.15
A903	Pre-dental/pre-operative general assessment	65.05
K004	Family psychotherapy	68.10 per 30 minutes
K005	Primary mental healthcare, individual	62.75
K006	Hypnotherapy, individual care	62.75 per 30 minutes
K007	Psychotherapy, individual care	62.75 per 30 minutes
K008	Diagnostic interviewing and/or counselling with child and/or parent	62.75 per 30 minutes
K013	Counselling	62.75 per 30 minutes
K014	Counselling for transplant recipients, donors or families of recipients and donors	62.75 per 30 minutes
K022	HIV primary care	62.75 per 30 minutes
K023	Palliative care support	62.75 per 30 minutes
K028	STD management	62.75 per 30 minutes
K029	Insulin therapy support	62.75 per 30 minutes
K030	Diabetic Management Assessment	39.20
K032	Specific neurocognitive assessment	62.75
K033	Counselling (after first three sessions in 12 month period)	38.15 per 30 minutes
K037	Fibromyalgia/chronic fatigue syndrome care	62.75 per 30 minutes
K623	Completion of Form 1- Request for psychiatric assessment	104.80
P003	General assessment (major prenatal visit)	77.20
P004	Minor prenatal assessment	33.70
P008	Postnatal care in office	33.70

eTable 2. Primary care billing codes used to virtually roster patients to primary care physicians.

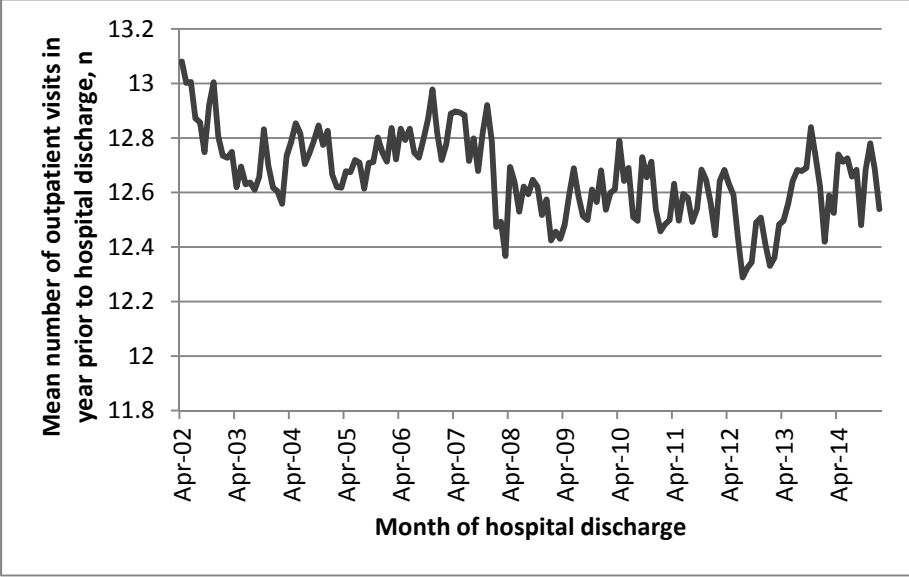
Code	Description
A001	Minor assessment
A002	18 month well baby check
A003	General assessment
A004	General re-assessment
A007	Intermediate assessment, well baby check
A268	Enhanced 18-month well-baby visit (billed by pediatrician)
A903	Preoperative assessment
E075	Geriatric general assessment premium
G212	Allergy injection alone
G271	Anticoagulant supervision
G365	Papanicolaou test
G372	Injection, with visit
G373	Injection, sole reason
G538	Immunization, with visit
G539	Immunization, sole reason
G590	Influenza immunization, with visit
G591	Influenza immunization, sole reason
K005	Primary mental health care
K013	Counselling, individual care
K017	Annual health exam, child after second birthday
P004	Minor prenatal assessment
K022	HIV primary care
K131	Adult periodic health visit age 18-64
K132	Adult periodic health visit over age 65
K039	Smoking cessation follow-up
A901	House call assessment
A900	Complex house call assessment
K267	Annual health exam, child 2–11 years (billed by pediatrician)
K269	Annual adolescent health exam (billed by pediatrician)



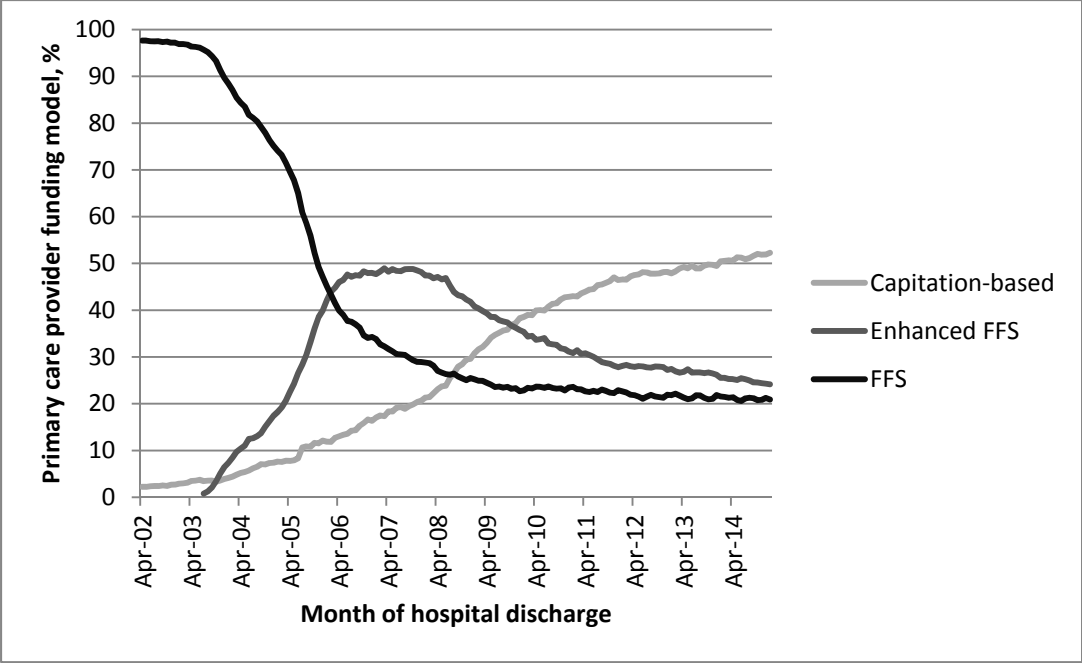
eFigure 1. Study Flowchart. OHIP= Ontario Health Insurance Plan



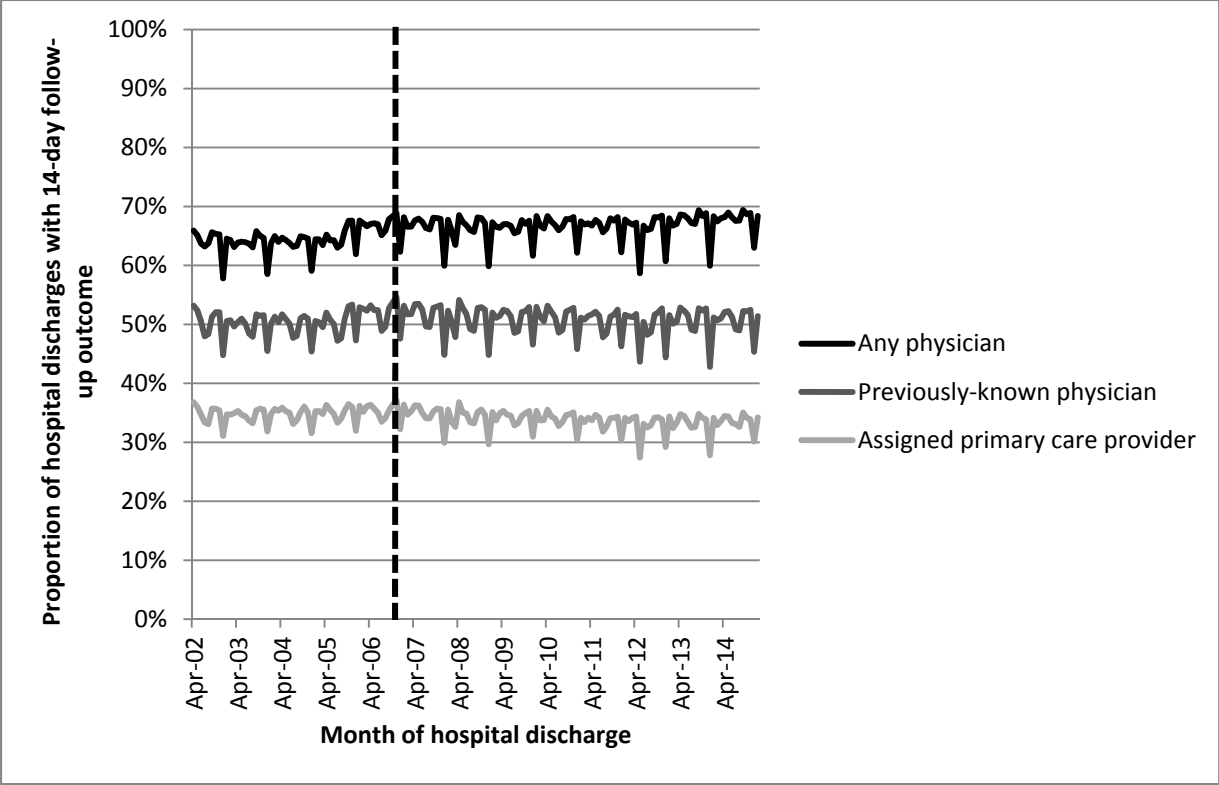
eFigure 2. Proportion of patient discharges with a Charlson comorbid score=0, by month of hospital discharge



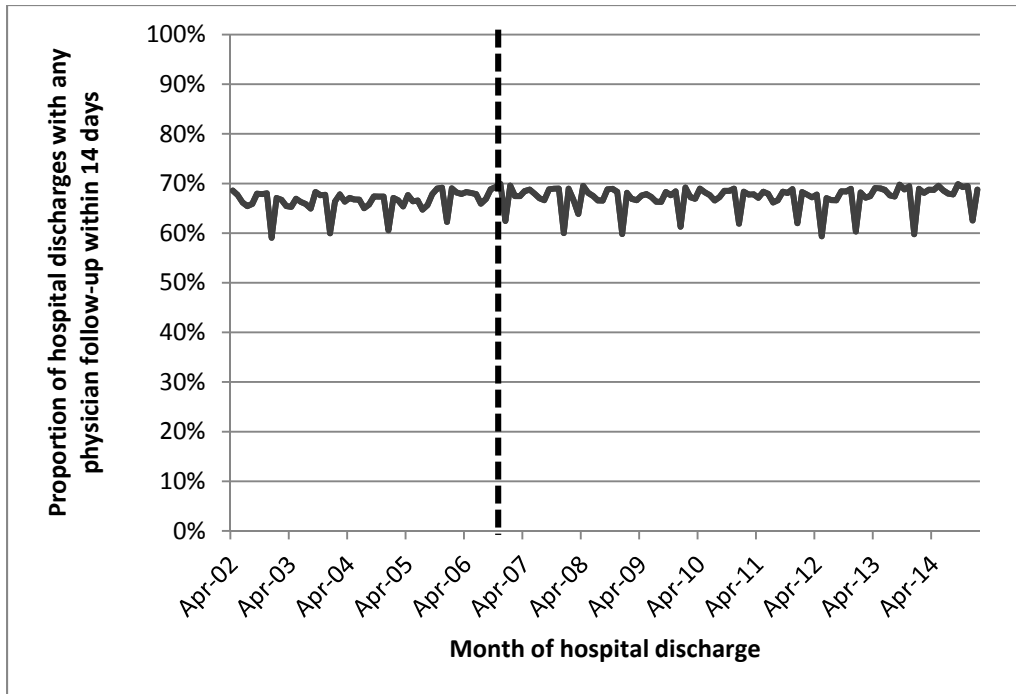
eFigure 3. Mean number of outpatient visits per patient in year prior to hospital discharge, by month of hospital discharge.



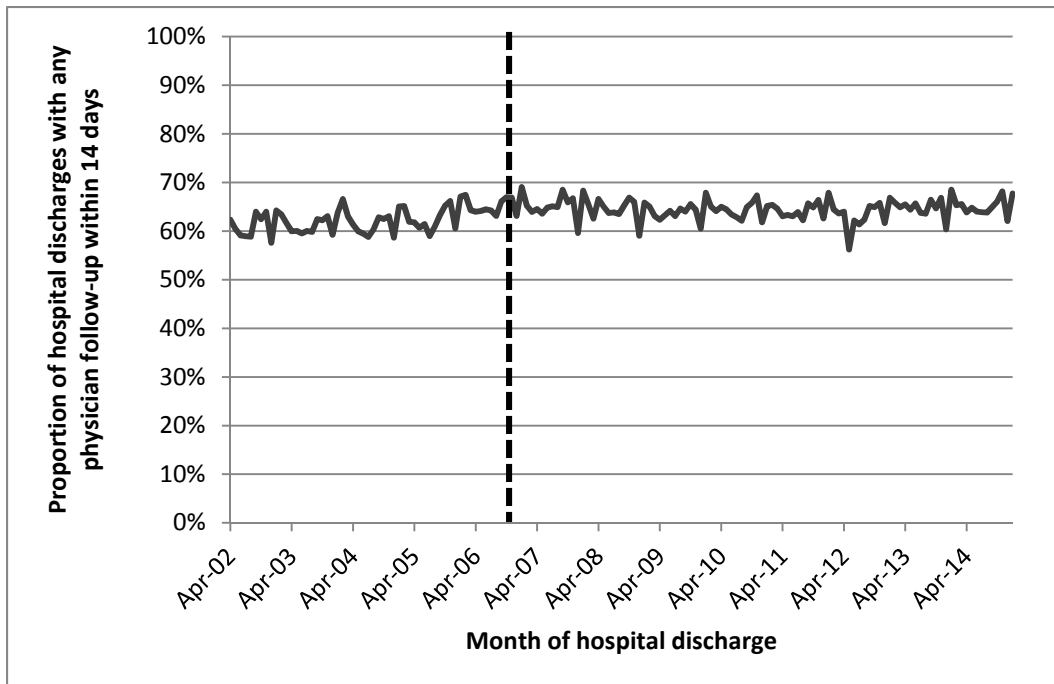
eFigure 4. Proportion of patient discharges assigned to primary care providers in each funding group, by month of hospital discharge. FFS=fee-for-service



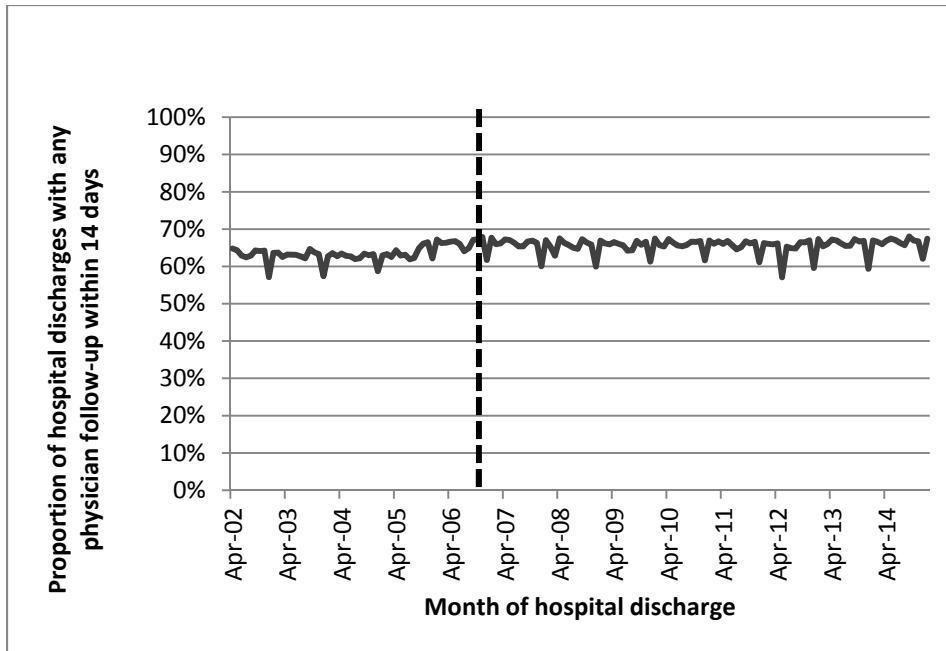
eFigure 5. Proportion of patient discharges with physician follow-up after hospital discharge, by physician type and month of discharge. Dashed line identifies timing of incentive code introduction.



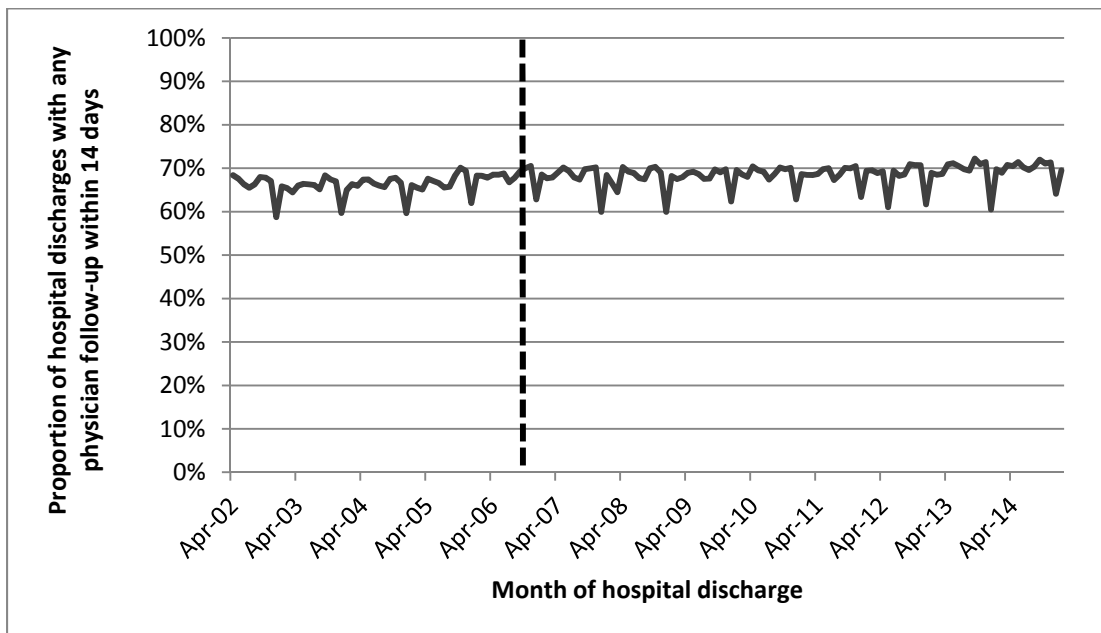
eFigure 6. Proportion of urgent hospital discharges with a physician follow-up within 14 days, by month. Dashed line identifies timing of incentive code introduction. N= 5,569,989



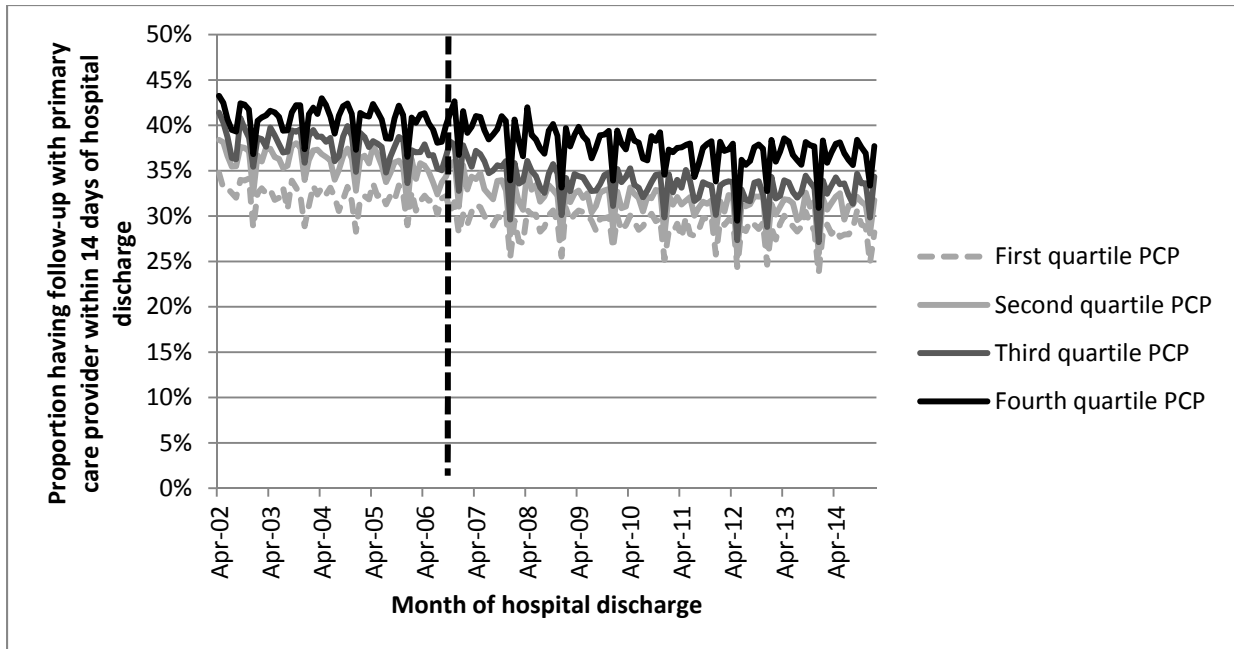
eFigure 7. Proportion of pediatric discharges (age < 18 years) with a physician follow-up within 14 days, by month. Dashed line identifies timing of incentive code introduction. N= 884,081



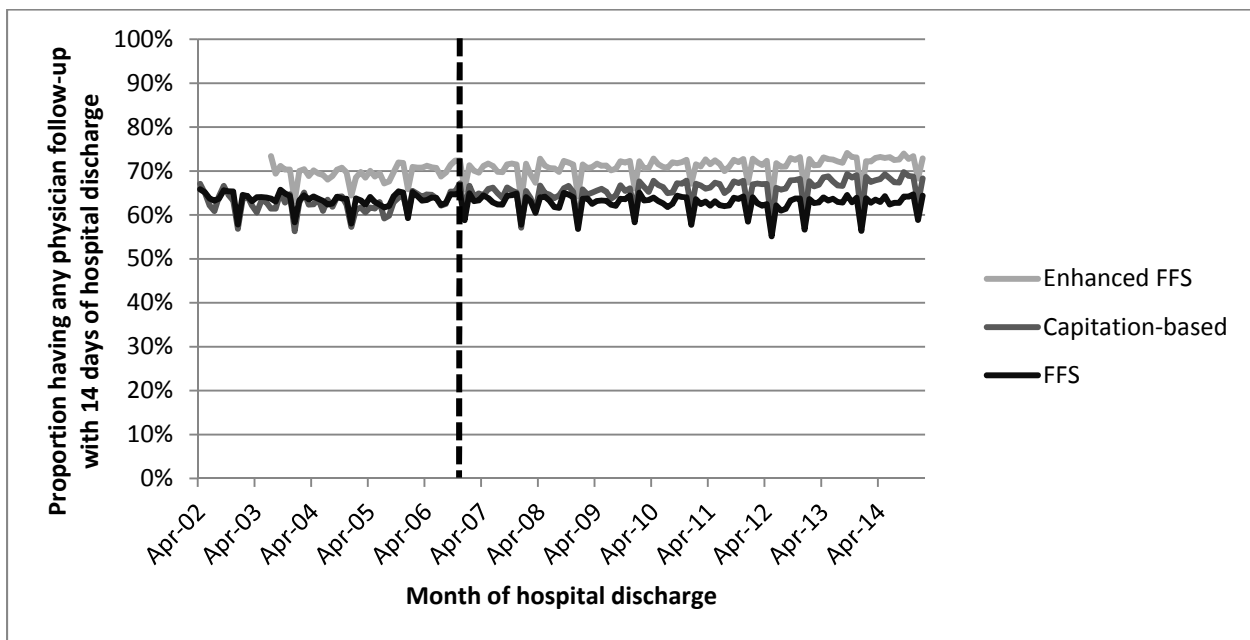
eFigure 8. Proportion of adult discharges (age 18-64 years) with a physician follow-up within 14 days, by month. Dashed line identifies timing of incentive code introduction. N=3,886,964



eFigure 9. Proportion of older adult discharges (age 65+) with a physician follow-up within 14 days, by month. Dashed line identifies timing of incentive code introduction. N=3,237,889.



eFigure 10. Proportion of patient discharges having primary care physician (PCP) follow-up with 14 days of hospital discharge, by month, according to PCP quartile of incentive code uptake. Dashed line identifies timing of incentive code introduction. First quartile N=1,252,720, second quartile N=2,050,624, third quartile N=1,614,704, fourth quartile N=2,544,114.



eFigure 11. Proportion of hospital discharges with any physician follow-up within 14 days, by month, according to primary care physician funding model. Dashed line identifies timing of incentive code introduction. FFS=fee-for-service. The intervention did not significantly affect the outcome in any funding group ($p=0.6$ for FFS, $p=0.3$ for capitation-based, $p=0.8$ for enhanced FFS). N=2,206,105 for Capitation-Based, N= 3,082,191 for FFS, N=2,262,531 for Enhanced FFS.