

## Appendix 1 (as submitted by authors): Supplementary table

Table A1. Impact of the introduction of the after-hours premium and increase in the value on ED utilization for patients whose physician billed the premium between 2002/03 and 2005/06 ( $n = 338,567$ )

	Number of ED visits per 1000 patients per month	Number of very urgent ED visits per 1000 patients per month	Number of urgent ED visits per 1000 patients per month	Number of less urgent ED visits per 1000 patients per month
0% - 10%	0.408 (-0.022, 0.837)	0.619 (0.481, 0.758)	0.709 (0.458, 0.960)	-0.920 (-1.194, -0.646)
10% - 15%	1.217 (0.764, 1.670)	0.327 (0.177, 0.478)	0.786 (0.516, 1.056)	0.104 (-0.170, 0.378)
Regular-Hours				
0% - 10%	0.248 (0.022, 0.473)	0.234 (0.158, 0.310)	0.286 (0.147, 0.425)	-0.272 (-0.420, -0.124)
10% - 15%	0.642 (0.408, 0.876)	0.116 (0.031, 0.200)	0.358 (0.214, 0.503)	0.168 (0.014, 0.322)
After-Hours				
0% - 10%	0.160 (-0.165, 0.485)	0.385 (0.278, 0.492)	0.423 (0.235, 0.611)	-0.648 (-0.857, -0.439)
10% - 15%	0.576 (0.234, 0.917)	0.212 (0.094, 0.329)	0.428 (0.222, 0.633)	-0.064 (-0.266, 0.139)

CI: Confidence Interval (standard errors were clustered at the patient- and physician-level)

ED: Emergency Department

Controlled for patient characteristics (patient age, low-income status, and comorbidity using ADG score), and physician characteristics (physician age, physician age-squared, years since graduation, years since graduation-squared, physician sex, international medical graduation status, and group size) as well as the monthly dummy variable. Regular-hours refers to 8:00 AM – 5:00 PM weekdays, while after-hours refers to 5:00 PM – 8:00 AM weekdays and any time weekends and statutory holidays.  $\beta$  coefficients interpreted as the change in the number of ED visits per 1,000 patients per month.