

## **Appendix 1 (as supplied by the authors): Methodology used to assign primary care payments to individual patients**

The following are the steps used to allocate primary care payments made to physicians and groups to individual patients.

1. Assign each patient to one primary care physician for each year. Patients can have one of four types of relationships with a physician: rostered, virtually rostered (patient is assigned to a physician who is part of a patient-enrollment model (PEM), assigned (patient is assigned to a physician who is not part of a PEM), unassigned (these patients received services but could not be assigned to a single physician).
2. Group physicians according to their full-time primary care affiliation: FFS (bill FFS only), Enhanced FFS (eligible for limited primary care incentives), PEM (Family Health Network, Family Health Organization, Blended Salary Model), Team PEM (any PEM that received additional funding for infrastructure and to fund other practitioners).
3. Group payments into five categories: FFS (further subdivided into 'own physician' and 'other physician'), premiums (age, sex, service-based or shadow-billing), primary care-related (includes capitation payments, bonuses, salaries etc.), team-related (infrastructure support and funding for other health professionals) and other (payments that are not well-defined).
4. Allocate payments to patients: Allocate FFS payments to the patient on the billing. Divide service or shadow-billing premiums, infrastructure funding and funding for other professionals evenly among all patients seen by the physician or the group. Divide age-sex premiums among all patients seen in the relevant age-sex group. Divide primary care-related payments such as capitation and bonuses among rostered patients only.