

Appendix Table 1 for:

Walk-in Clinic Patient Characteristics and Utilization Patterns in Ontario, Canada: A Cross-Sectional Study

Appendix Table 1. ICES data sources

Database name	Description
Primary Care Population (PCPOP)	Population-level dataset that includes all people in Ontario who are deemed alive and eligible to receive primary care at a given point in time- this relies on any healthcare encounter in Ontario in the previous 8 years. All indicators are as of the index date, with various lookback periods. The dataset is produced twice annually (April 1 st and October 1 st of each year) and contains information on demographics, primary care enrolment, and healthcare utilization over the previous 12 month period. (7)
Client Agency Program Enrolment Database (CAPE)	Links physicians to their enrolled patients under several patient enrolment models of clinical practice. These funding models include enhanced fee for service, non-team capitation, and team-based capitation.(1)
Corporate Provider Database (CPBD)	Information on providers (physicians, nurses, etc.) and groups (primary care, hospitals, etc.) eligible to receive payment from OHIP, such as physician demographics, training, and practice location.(2) This dataset was used to find group billing numbers identifying walk-in clinic practices.
Discharge Abstract Database (DAD)	Information on all admissions (excluding designated mental health beds) to acute care hospitals in Ontario. This includes dates of admission as well as diagnostic and procedural codes. Overall, diagnostic codes were found to be 82% sensitive for primary diagnosis when verified against chart abstraction.(3)
National Ambulatory Care Reporting System (NACRS)	Includes information for all emergency department visits since 2000. A re-abstraction study of diagnostic codes found 85% agreement for the main presenting problem.(5)
Ontario Health Insurance Plan (OHIP)	Contains information on all billing claims submitted by Ontario physicians (consultations and procedures). Fee for service is the primary method of remuneration for 95% of specialist physicians and 50% of primary care physicians in Ontario. However, physicians practicing in non fee-for-service models submit shadow billings to OHIP, which appear as billing claims with a payment value of \$0.(6)

References

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