## Supplementary File 1: A Brief Overview of Primary Care Models and Remuneration in Ontario

Primary Care Delivery Model	Composition and Characteristics	Physician Compensation Model	Patient enrolment required (Rostering*)
Fee for Service (FFS)	Solo physicians compensated for services performed according to the Schedule of Benefits.	Fee-for-service	No
Comprehensive Care Model (CCM)	Solo physicians providing comprehensive primary care services to enrolled patients and some after hours care.	Fee-for-service based plus after-hours premiums. Monthly capitation payments for enrolled patients.	Yes
Family Health Group (FHG)	Groups of physicians (3 or more) providing comprehensive care to enrolled patients on a 24/7 basis (through office hours and Telephone Health Advisory Services).	Fee for service plus after hours and comprehensive care premiums and bonuses, plus monthly comprehensive capitation payments.	Voluntary patient enrolment.
Family Health Network (FHN)	Groups of 3 or more physicians providing comprehensive care to patients through office hours and Telephone Health Advisory Service.  *The main difference between FHN and FHO is the base rate payment and basket of core services.	Capitated payments and fee-for-service.	Yes
Family Health Organization (FHO)	Groups of 3 or more physicians, providing care through regular and extended office hours, and nurse staffed Telephone Health Advisory Service.  *The main differences between FHN and FHO are the base rate payment	Blended capitation model, with additional payments for delivering targeted care services.	Yes

	and the basket of core services.		
Family Health Team (FHT)	Team of 3 or more physicians, with interdisciplinary health providers (nurses, social workers, dietitians, and others).	Physicians must be practicing within FHN or FHO, Blended capitation model, blended salary model, or complement-based remuneration plus bonuses and incentives.	Yes
<b>Community Health</b>	Team of physicians and	Salary	Yes, but also
Centre (CHC)	interdisciplinary health	-	serves
	providers. Health		individuals who
	promotion and community		are not rostered
04 11	programs also offered.	<b>T.7</b> •	**
Other Model	Other group models, including Community	Various	Various
	Health Group, Group		
	Health Centre, and Rural		
	and Northern Physician		
	Group		

**From:** Li A, Cronin S, Bai YQ, Walker K, Ammi M, Hogg W, et al. Assessing the representativeness of physician and patient respondents to a primary care survey using administrative data. BMC Fam Pract. 2018;19(77):1–10

**Sources:** Marchildon GP, Hutchison B. Primary care in Ontario, Canada: New proposals after 15 years of reform. Health Policy (New York) [Internet]. 2016;120(7):732–8. Available from: http://dx.doi.org/10.1016/j.healthpol.2016.04.010

Rudoler D, Peckham A, Grudniewicz A, Marchildon G. Coordinating primary care services: A case of policy layering. Health Policy (New York) [Internet]. 2019;123(2):215–21. Available from: https://doi.org/10.1016/j.healthpol.2018.12.002