APPENDIX

Administrative Data Definitions used to Identify Preoperative Medical Consultations

The Ontario Health Insurance Plan (OHIP) database describes physician billing for inpatient and outpatient services, while the Corporate Providers Database (CPDB) describes physicians' specialties. The following algorithms were used to identify preoperative medical consultations:

1. General internal medicine: 'Internal Medicine' status in CPDB, and OHIP fee codes A135, A136, C135, or C136.
2. Cardiology:
    a. 'Cardiology' status in CPDB, and OHIP fee codes A135, A136, C135, or C136.
    b. OHIP fee codes A605, A606, C605, or C606.
3. Pulmonary medicine:
    a. 'Pulmonary medicine' status in CPDB, and OHIP fee codes A135, A136, C135, or C136.
    b. OHIP fee codes A475, A476, C475, or C476.
4. Geriatric medicine:
    a. 'Geriatric medicine' status in CPDB and OHIP fee codes A135, A136, C135, or C136.
    b. OHIP fee codes A075, A076, C075, or C076.
5. Nephrology: 'Nephrology' status in CPDB, and OHIP fee codes A135, A136, C135, or C136.
6. Endocrinology: 'Endocrinology' status in CPDB, and OHIP fee codes A135, A136, C135, or C136.
7. Gastroenterology:

a. ‘Gastroenterology’ status in CPDB and OHIP fee codes A135, A136, C135, or C136.

b. OHIP fee codes A415, A416, C415, or C416

8. Rheumatology:

    a. ‘Rheumatologist’ status in CPDB, and OHIP fee codes A135, A136, C135, or C136.

    b. OHIP fee codes A485, A486, C485, or C486.

9. Hematology:

    a. ‘Hematology’ status in CPDB, and OHIP fee codes A135, A136, C135, or C136.

    b. OHIP fee codes A615, A616, C615, or C616.

10. Any internist: OHIP fee codes A135, A136, C135, C136, A605, A606, C605, C606, A475, A476, C475, C476, A485, A486, C485, C486, A615, A616, C615, or C616