

Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Landon BE, Hicks LS, O'Malley AJ, et al. Improving the management of chronic disease at community health centers. *N Engl J Med* 2007;356:921-34.

Appendix A. Differences in Improvement Between Internal and External Control Centers (Spillover

Effects)+

	Internal Control	External Control	Spillover Comparison
	(post – pre)	(post – pre)	(difference in differences)
Overall			
Overall	5 ***	5 ***	-0.3
Prevention & Screening	5 ***	6 ***	-1.6
Monitoring & Treatment	5 ***	4 ***	0.4
Outcomes	6 ***	6 ***	-0.3
Asthma (composite) #			
Overall	6 ***	3 *	4 *
Prevention & Screening	9 ***	4 *	4
Monitoring & Treatment	5 **	2	2

Outcomes	5 *	0	4
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Asthma (individual)

Influenza vaccination, no egg	5	5 *	0
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allergy

Smoking status and	17 ***	3	15 **
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cessation advice

Asthma severity assessment	9 **	4	4
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Treatment with anti-	6	1	5
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inflammatory medication

Exposure to smoke or other	7 *	5	2
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triggers assessed

Use of Asthma management	1	3	-1
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plan

No urgent care or ED visit or	5 *	0	4
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hospitalization for asthma

Diabetes (composite) #

Overall	4 ***	7 ***	-3 *
Prevention & Screening	2	7 ***	-5 **
Monitoring & Treatment	4 *	5 **	-1
Outcomes	7 ***	9 ***	-2

Diabetes (individual)

Smoking status and cessation advice	6	17 ***	-11 *
Dilated eye exam	5	7 *	-2
Foot exam (full)	11 **	3	8
Assessment of nephropathy	-9 **	14 ***	-23 ***
Influenza vaccination (no egg allergy)	2	8 **	-7

Dental exam	0	0	0
Hemoglobin A1c (HbA1c)	0	-4	4
assessment			
Use of ACEI (Proteinuria)	-5	2	-7
Lipid profile	5	11 ***	-6
Daily aspirin use (age ≥ 40)	12 ***	9 **	3
Hemoglobin A1c (HbA1c)	5	11 ***	-7
control < 9.0			
Most recent blood pressure	7 *	6 *	1
in control (130/80)			
LDL control	10 ***	10 ***	-1

Hypertension (composite)

#

Overall	4 *	7 ***	-3
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Prevention & Screening	2	8 **	-5
Monitoring & Treatment	2	6 ***	-4
Outcomes	8 *	8 ***	-1

Hypertension (individual)

Smoking cessation advice	3	9 **	-7
Blood pressure documented at least twice	-6 *	0	-6
Lipid profile	8 *	12 ***	-4
Daily aspirin use (CAD)	-6	17 *	-23
Use of ACEI or A2-blocker (DM or CHF) or beta-blocker (CAD)	-3	6	-9
Hemoglobin A1c (HbA1c) assessment	7	9	-2

Creatinine measurement	5	6	**	-1
Most recent BP in control	7	10	***	-3
based on DM or renal failure				
vs other				
HbA1c control (<9.0%)	15	6		9

|| Measures adjusted for age, sex, race, insurance status, and comorbidity. All numbers rounded to the nearest whole number. Differences may not be exact due to rounding.

+Internal control clinics were participating in a collaborative for a different condition. External control clinics had never participated in a collaborative.

Composite scores were created by averaging the scores across all of the indicators applicable to that patient. Because the number of applicable indicators varied among patients and the proportion met varied among indicators, the component scores were standardized (to have a mean of 0 and a variance of 1) prior to averaging. Measures adjusted for age, sex, race, insurance status, and comorbidity

***p<.001; **p<.01; *p<.05