

Treatment Decisions for Complex Patients

■ eAppendix Table. Independent Variables and Data Sources

Independent Variable	Variable Description	Variable Data Source(s)
Patient, provider, visit measurement, and organizational characteristics		
Provider type	Title of provider (physician or nurse practitioner/physician assistant)	PCP baseline survey
Age	Age of patient in years	Automated data
Race ^a	Race of patient categorized into white and nonwhite	Patient survey, automated data
Sex	Male or female	Automated data
No. of chronic conditions	No. of chronic conditions identified in the year prior to the enrollment visit by <i>ICD-9</i> codes (n = 38) (patient-level)	Automated data
No. of antihypertensive classes	No. of antihypertensive medication classes the patient was receiving prior to the enrollment visit (excluding furosemide and bumetanide and tamsulosin) (patient-level, visit specific)	Automated data
Visit SBP	Lowest SBP taken by triage staff prior to PCP visit (patient-level, visit specific)	Medical record
Visit DBP	Lowest DBP taken by triage staff prior to PCP visit (patient-level, visit specific)	Medical record
Mean previous SBP	Mean SBP in year prior to enrollment visit (patient-level)	Automated data
Medication adherence	Percentage of days in past year when patient did not have his or her prescribed medication based on Steiner's method	Automated data
Discussed ≥1 discordant conditions	Whether or not the provider discussed 1 or more conditions discordant with diabetes and hypertension during the enrollment visit (patient-level, visit specific)	PCP visit survey
Discussed compliance or medications	PCP reported that he or she discussed medication issues or adherence (for any medications) during the enrollment visit (patient-level, visit specific)	PCP visit survey
No. of patients per half-day clinic	Average number of patients PCP reported seeing in a half-day clinic (provider-level)	PCP baseline survey
PCP years of practice	No. of years the PCP has been in practice	PCP baseline survey
PCP SBP goal	Goal SBP value PCP reported for an individual patient (patient-level, visit specific)	PCP visit survey
Weeks to follow up elevated BP	Response to scenario indicating the number of weeks a PCP reports being willing to wait to follow up a BP level that was slightly above the PCP's goal if he or she made no medication changes at the visit (provider-level)	PCP baseline survey
Repeat BP <140/90 mm Hg	Whether or not the patient's PCP rechecked the BP value at the enrollment visit and recorded a SBP <140 mm Hg or DBP <90 mm Hg (patient-level, visit specific)	Medical record
Home BP recorded as adequate	Whether or not PCP recorded at the enrollment visit that the patient reported home BPs were <140/90 mm Hg or home BPs were "good" or "at goal" (patient-level, visit specific)	Medical record

(Continued)

■ **eAppendix Table.** Independent Variables and Data Sources (*Continued*)

Independent Variable	Variable Description	Variable Data Source(s)
Sensitivity analyses		
Problem adding medication	Response to question indicating how much a problem patient would have with adding another medication to current regimen on a scale of 1 to 5 (1 = not at all and 5 = a very large problem) (patient-level)	Patient baseline survey
No. of high-dose antihypertensive classes	No. of antihypertensive medication classes the patient was receiving prior to the enrollment visit considered at high dose (excluding furosemide and bumetanide and tamsulosin) (patient-level, visit specific)	Automated data
Propensity to intensify antihypertensive medication ^b	<p>Scenario 1: scaled response about intensification decisions to a scenario involving a patient with a clinic BP of 145/90 mm Hg who was on 2 medications</p> <p>Scenario 2: scaled response to scenario with the same patient already on 3 medications</p> <p>Scenario 3: scaled response to scenario with the same patient with a new comorbid condition (depression)</p> <p>Scenario 4: scaled response to scenario with the same patient and a report of normal home measurements</p>	PCP baseline survey

BP indicates blood pressure; DBP, diastolic blood pressure; ICD-9, *International Classification of Diseases, Ninth Revision*; PCP, primary care physician; SBP, systolic blood pressure.

^aInformation on race was first collected from the patient survey. Only when this information was missing, automated data were used to identify race. Hence we did not have duplicate records for any given patient to assess disagreement. Of the 1169 participants, 1060 had race on the survey. We obtained an additional 75 values for race from the automated data.

^bMultilevel ordinal 2-parameter item response models were used to produce a provider scale measuring propensity to intensify (provider-level).