Appendix

**Appendix**:  *The Translating Research Into Action for Diabetes (TRIAD) Study Group

**Pacific Health Research Institute (PHRI):** Principal Investigator: J. David Curb, MD, MPH. Co-Investigators: Beth Waitzfelder, MA; Richard Chung, MD (Hawaii Medical Service Association (HMSA)); Peggy Latare, MD (Kaiser Permanente Hawaii (KPH)); Lynette Honbo, MD (Hawaii State Department of Human Services (HDHS)); R. Adams Dudley, MD (University of California, San Francisco (UCSF)); Beatrice Rodriguez, MD, PhD; Robert Abbott, PhD; Consultant: Joseph Humphry, MD (HMSA); Analysts: Rebecca Glavan; Andrew White, PhD (HMSA); Ken Forbes (KPH); James Cooper, MA (HDHS); Administrative Assistants: Ruth Baldino; Esther Nakano.

**Indiana University Translational Research Center:**  Principal Investigator: David G. Marrero, PhD. Project Coordinator: Susanna R. Williams, MSPH. Co-Investigators: Morris Weinberger, PhD; William M. Tierney, MD; M. Sue Kirkman, MD.

**Kaiser Foundation Research Institute**: Principal Investigator and Study Chairman:  Joe V. Selby, MD, MPH.; Co Principal Investigator: Andrew J. Karter, PhD; MS. Co-Investigators: Assiamira Ferrara, MD, PhD., Project Director: Bix E. Swain.

**David Geffen School of Medicine at UCLA:** Principal Investigator: Carol M. Mangione, MD, MSPH; Co Principal Investigator: Arleen F. Brown, MD. Project Director: Rebecca Brusuelas. Co-Investigators: Susan Ettner, PhD; Martin F. Shapiro, MD, PhD; Data Analysts: Peter R. Gutierrez; Neil Steers, PhD. Senior Administrator: Carole Nagy.

**University of Medicine and Dentistry of New Jersey (UMDNJ):** Principal Investigator: Monika M. Safford, MD. Co-Investigators: Dorothy A. Caputo, MA, RNC, CDE; Michael Brimacombe, PhD; Louis F. Amorosa, MD; David Hom, MS; David Kountz, MD; Leonard Pogach, MD, MBA; Louise Russell, PhD; Quanwu Zhang, PhD; David Bendich, MD (Horizon Blue Cross Blue Shield); Joseph Singer, MD, John Chard, MD, Ron Snyder, MD (Healthnet). TRIAD-wide Administrative Assistant: Gabrielle Davis, BA.; Program Specialist: Patricia Prata, MPH, CHES.

**The University of Michigan Health System**: Principal Investigator: William H. Herman, MD, MPH. Co-Principal Investigator: Catherine Kim, MD MPH; Project Director: Jennifer Goewey, MHA. Programmer/Analyst: Diane Averill. Research Associates: Ray Burke, MA; Bahman Tabaei, MPH; Honghong Zhou Administrative Assistants: William Sowa; Kelly Fearer.

**TRIAD-Veterans Association**: Principal Investigator: Rodney Hayward, MD. Co-Principal Investigator: Eve Kerr, MD, MPH; Co-Investigators: Sarah Krein, PhD; John Piette, PhD; Project Managers: Fatima Makki, MPH, MSW; Jill Baker, MSW; Data Manager: Jennifer Davis, MPH.

**TRIAD-wide Administrative Data Coordinator:** Barbara R.K. Smith, MHSA
Social & Behavioral Research Institute, California State University San Marcos: Richard Serpe, PhD; Allen J. Risley, MS.

**National Institute of Diabetes and Digestive and Kidney Diseases**: Sanford A. Garfield, PhD.

**Division of Diabetes Translation; Centers for Disease Control and Prevention:** Principal Scientist: K.M. Venkat Narayan, MD, M.Sc., M.B.A. Co-Scientists: Theodore Thompson, MS; Edward W. Gregg, PhD; Robert Gerzoff, MS; Michael M. Engelgau, MD, MS; Gloria Beckles, MB.BS, M.Sc, Patrick Boyle, PhD; Mark Stevens, MSPH, MA; David F. Williamson, PhD;  Project Administrator: Bernice Moore, M.B.A; Program Specialist: Shay Clayton.

Appendix

**Appendix Table 1a**. Characteristics of participants with available medical records (chart) and entire TRIAD population.

| Characteristic | Participants with chart | Entire TRIAD population |
|---|---|---|
| Participants (n) | 8354 | 11,921 |
| Mean age (years) | 61 | 60 |
| Female (%) | 54 | 53 |
| Race or ethnicity (%) | | |
| White non-Hispanic | 43 | 40 |
| Black non-Hispanic | 17 | 17 |
| Hispanic | 17 | 16 |
| Asian or Pacific Islander | 14 | 18 |
| Other | 9 | 9 |
| Education (%) | | |
| 8th grade or less | 11 | 11 |
| Some high-school | 14 | 14 |
| High school/GED | 29 | 30 |
| Some college | 28 | 28 |
| 4-year college graduate | 9 | 10 |
| >4-year college degree | 9 | 9 |
| Annual household income (%) | | |
| <$15,000 | 32 | 31 |
| $15,000 - $39,000 | 31 | 31 |
| $40,000 - $74,999 | 22 | 23 |
| >$75,000 | 14 | 15 |
| Interview conducted in Spanish | 3 | 3 |

Appendix

**Appendix Table 1a**. Characteristics of participants with available medical records (chart) and entire TRIAD population (continued).

| Characteristic | Participants with chart | Entire TRIAD population |
|---|---|---|
| Diabetes treatment (%) | | |
| Diet and exercise only | 8 | 8 |
| Oral medication only | 61 | 62 |
| Insulin only | 19 | 18 |
| Insulin and oral medication | 12 | 12 |
| Health Status (%) | | |
| Excellent | 4 | 5 |
| Very good | 18 | 18 |
| Good | 39 | 40 |
| Fair | 30 | 30 |
| Poor | 8 | 8 |
| Years in managed care (mean) | 27 | 24 |
| Charlson comorbidity index (mean) | 2.3 | 2.3 |
| For-profit health plan (%) | 27 | 33 |
| Medical group/network model (%) | 39 | 30 |
| IPA/network model (%) | 24 | 31 |
| Medical group/staff model (%) | 38 | 29 |

Appendix

Table 2a. Percentage of participants receiving diabetes processes of care by profit status and model type, adjusted only for clustering within plans

and provider groups.

| Diabetes process of care | For profit health plans | | Non-profit health plans | | |
| --- | --- | --- | --- | --- | --- |
| | Group/network | IPA/network | Group/network | IPA/network | Group/staff |
| Dilated eye exam | 83 | 73* | 78 | 65 | 82 |
| Urine protein checked | 84 | 69* | 81 | 86 | 90 |
| Foot exam performed | 92 | 83* | 88 | 80 | 84 |
| Lipids checked | 75 | 62* | 54 | 64 | 73 |
| Hemoglobin A1c checked | 91 | 85* | 86 | 87 | 86 |
| Aspirin advised or recorded | 44 | 47 | 54 | 53 | 59 |
| Influenza vaccination given | 61 | 58* | 61 | 64 | 66 |
| Sum of 7 process measures, mean | 5.6 | 4.9* | 5.0 | 5.1 | 5.3 |

*Indicates a significant difference between for-profit group/network and for-profit IPA models at p<0.001 except for dilated eye exam,

urine protein, lipids, and hemoglobin A1C, which were significant at p<0.02. No other significant differences between other model types

existed.

Appendix

Table 3a. Percentage differences and 95% confidence intervals in performance of processes of care by health plan profit status and model type.

FP = for-profit and NP = non-profit, adjusted for covariates and clustering.

| | FP group/network - FP IPA/network | NP group/network - NP IPA/network | FP group/network - NP group/network | FP IPA/network- NP IPA/network | NP group/staff - NP group/network | NP group/staff - NP IPA/network |
|---|---|---|---|---|---|---|
| Differences in percentages between model types and 95% confidence intervals | | | | | | |
| Dilated eye exam | 10 (3, 18)* | 4 (-7, 15) | 2 (-11, 15) | -4 (-19, 10) | 1 (-13, 15) | 6 (-12, 23) |
| Urine protein check | 21 (10, 31)* | -1 (-17, 15) | 5 (-14, 23) | -17 (-39, 5) | 10 (-8, 27) | 9 (-10, 27) |
| Foot exam | 10 (4, 16)* | 6 (-7, 19) | 4 (-6, 14) | 0 (-16, 16) | 3 (-18, 11) | 2 (-14, 19) |
| Lipid check | 13 (4, 21)* | -6 (-22, 10) | 16 (-7, 39) | -3 (-24, 19) | 12 (-17, 40) | 6 (-28, 39) |
| HbA1c check | 6 (1, 12)* | 2 (-6, 11) | 4 (-7, 15) | 0 (-12, 12) | 0 (-14, 14) | 2 (-17, 21) |
| Aspirin advice | 0 (-6, 7) | 6 (-12, 23) | -15 (-32, 2) | -9 (-28, 10) | 0 (-20, 19) | 5 (-14, 25) |
| Influenza vaccine | 15 (8, 23)* | 2 (-12, 15) | 6 (-8, 20) | -8 (-23, 7) | 1 (-14, 17) | 3 (-13, 19) |
| Composite (mean) | 0.7 (0.4, 1.0)* | 0 (-0.3, 0.3) | 0.4 (-0.2, 1.0) | -0.3 (-0.9, 0.3) | 0.2 (-0.5, 0.9) | 0.3 (-0.5, 1.0) |

*Indicates a significant difference between for-profit group/network and for-profit IPA/network models at p<0.001 except for dilated eye exam, lipids, and hemoglobin A1C, which were significant at p<0.01, p<0.01, and p<0.027 respectively. No significant differences between other model types existed.