Appendix Table 1: Changes in Outpatient and Pharmacy Utilization Associated with EMR-Based Clinical Decision Support: Pre, Post, and Difference Estimates				
Intervention				
	Pre	Post	Difference	P-Value
Visits	8.8	9.3	.4	.363
Labs	2.1	2.6	.5	<.001
Pharmacy Fills	36.2	37.0	.8	.853
Control				
	Pre	Post	Difference	P-Value
Visits	10.1	10.7	.6	.243
Labs	2.2	2.6	.4	<.001
Pharmacy Fills	36.3	37.3	1.0	.647
Differences				
	Intervention	Control	DID	P-Value
Visits	.4	.6	-.2	.859
Labs	.5	.4	.1	.389
Pharmacy Fills	.8	1.0	-.2	.949

Estimates are calculated using generalized linear models controlling for age and gender

and are standardized to the underlying population characteristics.

Appendix Table 2: Changes in Pharmacotherapy Associated with EMR-Based Clinical Decision Support: Difference-in-Difference Estimates				
	Use of Pharmacotherapy		High Dose Pharmacotherapy	
	Odds Ratio	P-Value	Odds Ratio	P-Value
Insulin	.94	.760	-	-
Sulfonylureas	1.28	.176	1.38	.008
Metformin	.96	.814	.92	.457
Thiazolidinediones	1.56	.059	.64	.040
Exenatide	.40	.052	-	-

This table presents coefficient estimates (displayed as odds ratios) associated with the

probability of use of each of the specific types of pharmacotherapy, as well as the

probability of filling a prescription for a high vs. low dose (proxied by pill size) among

users of each pharmacotherapy. The coefficients estimates are calculated using logistic

regression models controlling for age and gender. These are coefficients on the time by

study arm interaction term, and thus represent the incremental effect of the intervention

on patterns of pharmacotherapy. Use of high dose pharmacotherapy cannot be calculated

for intravenous medications including insulin and Exenatide.