Muntner et al, AJKD, "Validation Study of Medicare Claims to Identify Older US Adults With CKD Using the Reasons for Geographic and Racial Differences in Stroke (REGARDS) Study"

Table S4. Rates and hazard ratios for mortality and end-stage renal disease associated with Medicare claims for chronic kidney disease ($CKD_{Medicare}$) among participants with chronic kidney disease (estimated glomerular filtration rate < 45 ml/min/1.73 m² or albumin-to-creatinine ratio > 300 mg/g) at the REGARDS study visit ($CKD_{REGARDS}$).

	Mortality		End-stage renal disease	
	No CKD _{Medicare}	CKD _{Medicare}	No CKD _{Medicare}	CKD _{Medicare}
	(n=405)	(n=198)	(n=405)	(n=198)
Number of cases (%)	182 (45.6)	92 (46.5)	36 (8.9)	37 (18.7)
Incidence rate (95% CI)*	92.6 (79.2-106)	100.1 (79.7-121)	17.4 (11.7-23.0)	41.1 (27.8-54.3)
Hazard ratios (95% CI)				
Model 1	1 (ref)	1.12 (0.87-1.45)	1 (ref)	2.10 (1.32 - 3.35)
Model 2	1 (ref)	0.87 (0.64-1.20)	1 (ref)	1.11 (0.60 -2.06)
Model 3	1 (ref)	0.86 (0.63 -1.18)	1 (ref)	1.01 (0.53 -1.92)

CKD – chronic kidney disease, CI – confidence interval.

CKD_{Medicare} was defined using the claims-based algorithm outlined in Item S1.

Model 1 is adjusted for age, race, and gender.

Model 2 is adjusted for age, race, gender and Medicare variables during the look back period (outpatient visits, nephrologist visits, hospitalization during baseline and Medicaid eligible). Model 3 is adjusted for variables in Model 2 and smoking, abdominal obesity, hypertension, diabetes, and history of CHD from the REGARDS study.

*Incidence rate per 1,000 person-years (95% CI).