FIGURE TITLES AND CAPTIONS (Figure S1 and Figure S2 in Supporting Information)

Figure S1: Perceived Comfort in Discussing Various Weight Loss Tools

PCPs overall felt most comfortable discussing exercise and this did not change after the intervention. PCPs overall felt least comfortable discussing phentermine/topiramate ER before the study, but only PCP-I were more comfortable discussing phentermine/topiramate ER after the trial. Also, only PCP-I became more comfortable discussing phentermine after the trial.

Figure S2: Perceived Effectiveness of Various Weight Loss Tools

PCPs initially rated exercise as one of the most effective tools for weight loss, but only PCP-I felt exercise was less effective as an intervention after the trial. Only PCP-I rated phentermine more effective after compared to before the study. Both PCP-C and PCP-I rated phentermine/topiramate ER more effective post-intervention compared to pre-intervention.

AUTHORS: Sean Iwamoto¹, David Saxon^{1,2}, Adam Tsai³, Erin Leister^{4,5}, Rebecca Speer⁶, Hilde Heyn⁶, Elizabeth Kealey⁷, Elizabeth Juarez-Colunga^{4,5}, Kimberly Gudzune^{8,9}, Sara Bleich¹⁰, Jeanne Clark^{8,9}, Daniel Bessesen^{1,6}

AFFILIATION:

- 1. Division of Endocrinology, Metabolism and Diabetes, University of Colorado School of Medicine, Anschutz Medical Campus, Aurora, CO, USA
- 2. Department of Endocrinology, Denver Veterans Affairs Medical Center, Denver, CO, USA
- 3. Department of Internal Medicine, Kaiser Permanente, Denver, CO, USA
- 4. Department of Biostatistics and Informatics, Colorado School of Public Health, Aurora, CO, USA
- 5. Adult and Child Consortium for Outcomes Research and Delivery Science (ACCORDS), University of Colorado School of Medicine, Aurora, CO, USA
- 6. Denver Health Medical Center, Denver, CO, USA
- 7. Anschutz Health and Wellness Center, University of Colorado, Anschutz Medical Campus, Aurora, CO, USA
- 8. Department of Medicine, Division of General Internal Medicine, The Johns Hopkins University School of Medicine, Baltimore, MD, USA
- 9. Welch Center for Prevention, Epidemiology, and Clinical Research, The Johns Hopkins University, Baltimore, MD, USA
- 10. Department of Health Policy and Management, Harvard T.H. Chan School of Public Health, Boston, MA, USA

CONTACT INFO:

Sean Iwamoto, M.D.
University of Colorado, School of Medicine
Division of Endocrinology, Metabolism and Diabetes
12801 E 17th Ave, Mail Stop: 8106
Aurora, CO 80045

E-mail: sean.iwamoto@ucdenver.edu

SUPPORTING INFORMATION

Table S1: Perceived Comfort in Discussing Various Weight Loss Tools*

		Pre-in	tervention (N=85)	Post-intervention (N=82)			
	Statistics	PCP-C† (n=37)	PCP-I‡ (n=48)	p-value§	PCP-C (n=41)	PCP-I (n=41)	p-value	
Lifestyle modification programs/commercial weight loss programs	Median (IQR)∥	7 (5-8)	7 (6-8)	0.43	7 (6-9)	7 (6-8)	0.79	
Portion-controlled foods/meal replacements	Median (IQR)	6 (3-7)	5 (4-7)	0.58	6 (4-7)	6 (5-7)	0.32	
Exercise	Median (IQR)	7 (4-8)	8 (7-9)	0.23	8 (7-10)	8 (7-9)	0.19	
Phentermine	Median (IQR)	5 (3-7)	7¶ (4-8)	0.13	6 (4-8)	8 (7-9)	0.02	
Phentermine/topiramate ER	Median (IQR)	2 (0-5)	4¶ (2-6)	0.03	4# (1-5.5)	6 (5-8)	<0.001	

^{*} Questions rated from 0 (Least comfortable) to 10 (Most comfortable)

[†] PCP-C = Control Clinic PCPs

[‡] PCP-I = Intervention Clinic PCPs

[§] p-values calculated using Wilcoxin rank sum test

[|] IQR = Interquartile range (Q1-Q3)

[¶] n=47 for pre-intervention PCP-I and phentermine and phentermine/topiramate ER

[#] n=40 for post-intervention PCP-C and phentermine/topiramate ER

SUPPORTING INFORMATION

Table S2: Perceived Effectiveness of Various Weight Loss Tools*

		Pre-in	ntervention (N=85)	Post-intervention (N=82)			
	Statistics	PCP-C† (n=37)	PCP-I‡ (n=48)	p-value§	PCP-C (n=41)	PCP-I (n=41)	p-value	
Lifestyle modification programs/commercial weight loss programs	Median (IQR)∥	8 (6-9)	7# (5-8)	0.12	7 (5-8)	7 (6-8)	0.70	
Portion-controlled foods/meal replacements	Median (IQR)	6 (5-7)	7 (5-8)	0.23	6 (4-8)	7 (6-8)	0.04	
Exercise	Median (IQR)	8 (6-9)	7 (4-8.5)	0.01	7 (5-9)	5 (3-7)	0.001	
Phentermine	Median (IQR)	5 (4-7)	5** (5-7)	0.14	6‡‡ (4-7)	7 (6-8)	0.001	
Phentermine/topiramate ER	Median (IQR)	4¶ (2-5)	6†† (5-8)	0.001	6§§ (4-7)	7 (6-8)	0.005	

^{*} Questions rated from 0 (Least effective) to 10 (Most effective)

[†] PCP-C = Control Clinic PCPs

[#] PCP-I = Intervention Clinic PCPs

[§] p-values calculated using Wilcoxin rank sum test

[∥] IQR = Interquartile range (Q1-Q3)

 $[\]P$ n=32 for pre-intervention PCP-C and phentermine/topiramate ER

[#] n=47 for pre-intervention PCP-I and lifestyle

^{**} n=46 for pre-intervention PCP-I and phentermine

^{††} n=45 for pre-intervention PCP-I and phentermine/topiramate ER

^{‡‡} n=40 for post-intervention PCP-C and phentermine

^{§§} n=38 for post-intervention PCP-C and phentermine/topiramate ER

SUPPORTING INFORMATION

Table S3: Provider Views on Obesity and Weight Loss Counseling

		Pre-in	tervention (N=85)	Post-intervention (N=82)			
Question*	Statistics	PCP-C† (n=37)	PCP-I‡ (n=48)	p-value§	PCP-C (n=41)	PCP-I (n=41)	p-value	
How significant a problem do you think	Median	8	9	0.54	9	8	0.49	
obesity is for your patients?	(IQR)∥	(8-10)	(8-10)	0.54	(8-9)	(8-9)		
How comfortable are you overall in	Median	8	P8	0.38	8	8	0.36	
discussing weight with your patients?	(IQR)	(7-9)	(6-9)	0.38	(7-9)	(7-9)		
Do you think your advice to a patient to	Median	6	5.5	0.26	5	6	0.00	
take action to lose weight has an impact?	(IQR)	(5-7)	(5-7)	0.36	(4-6)	(5-7)	0.08	
How comfortable are you in counseling	Median	7	7	0.60	7	7	0.77	
patients on your own for weight loss?	(IQR)	(6-8)	(6-8)	0.60	(6-8)	(5-8)	0.77	

^{*} Questions rated from 0 (Least significant, comfortable or impact) to 10 (Most significant, comfortable or impact)

[†] PCP-C = Control Clinic PCPs

[‡] PCP-I = Intervention Clinic PCPs

[§] p-values calculated using Wilcoxon rank sum test

[|] IQR = Interquartile range (Q1-Q3)

[¶] n=47 for pre-intervention PCP-I and comfort discussing weight

AUTHORS: Sean Iwamoto¹, David Saxon^{1,2}, Adam Tsai³, Erin Leister^{4,5}, Rebecca Speer⁶, Hilde Heyn⁶, Elizabeth Kealey⁷, Elizabeth Juarez-Colunga^{4,5}, Kimberly Gudzune^{8,9}, Sara Bleich¹⁰, Jeanne Clark^{8,9}, Daniel Bessesen^{1,6}

AFFILIATION:

- 1. Division of Endocrinology, Metabolism and Diabetes, University of Colorado School of Medicine, Anschutz Medical Campus, Aurora, CO, USA
- 2. Department of Endocrinology, Denver Veterans Affairs Medical Center, Denver, CO, USA
- 3. Department of Internal Medicine, Kaiser Permanente, Denver, CO, USA
- 4. Department of Biostatistics and Informatics, Colorado School of Public Health, Aurora, CO, USA
- 5. Adult and Child Consortium for Outcomes Research and Delivery Science (ACCORDS), University of Colorado School of Medicine, Aurora, CO, USA
- 6. Denver Health Medical Center, Denver, CO, USA
- 7. Anschutz Health and Wellness Center, University of Colorado, Anschutz Medical Campus, Aurora, CO, USA
- 8. Department of Medicine, Division of General Internal Medicine, The Johns Hopkins University School of Medicine, Baltimore, MD, USA
- 9. Welch Center for Prevention, Epidemiology, and Clinical Research, The Johns Hopkins University, Baltimore, MD, USA
- 10. Department of Health Policy and Management, Harvard T.H. Chan School of Public Health, Boston, MA, USA

CONTACT INFO:

Sean Iwamoto, M.D.
University of Colorado, School of Medicine
Division of Endocrinology, Metabolism and Diabetes
12801 E 17th Ave, Mail Stop: 8106
Aurora, CO 80045

E-mail: sean.iwamoto@ucdenver.edu

SUPPORTING INFORMATION: Survey S1

Pre-intervention survey

Study Title: A Toolbox Approach to Obesity in Primary Care

Principal Investigator: Dr. Daniel Bessesen

COMIRB No: 10-1127

Version Date: January 31st, 2014

You are being asked to be in this research study because the study team is interested in understanding the practicality of treating obesity in primary care clinics at Denver Health.

This study is designed to learn more about providers' attitudes toward and comfort with treating obese patients. We also want to know if these attitudes and comfort levels change over time.

If you join the study, you will fill out this anonymous survey. We will only make note of everyone who fills one out, but not whose questionnaire belongs to whom.

Possible discomforts or risks include taking the time to fill this questionnaire out now. Your answers are anonymous, so there isn't a risk of your opinions being known to anyone, including the research team. There may be risks the researchers have not thought of.

Every effort will be made to protect your privacy and confidentiality by making the questionnaire anonymous. We will know whether or not you take it because of the meeting sign in sheet, but not which questionnaire belongs to you. The questionnaires will be locked up and there is no page that requires your signature.

This research is being paid for by a PCORI grant.

You have a choice about being in this study. You do not have to be in this study if you do not want to be.

If you have questions, you can call Dr. Daniel Bessesen, at 303-602-5021, or Rebecca Speer (Research Projects Coordinator) at 303-602-4858. You can call and ask questions at any time. If you prefer, you can also email us at Daniel.bessesen@dhha.org or Rebecca.speer@dhha.org.

You may have questions about your rights as someone in this study. If you have questions, you can call the COMIRB (the responsible Institutional Review Board). Their number is (303) 724-1055.

By completing this survey, you are agreeing to participate in this research study. Should you choose to participate, we appreciate your time.

THANK YOU FOR COMPLETING THIS ANONYMOUS SURVEY. PLEASE CIRCLE ONE ANSWER FOR EACH QUESTION.

How sig	gnificant	a proble	em do yo	ou think	obesity i	is for yo	ur pati	ents?		
0	1	2	3	4	5	6	7	8	9	10
LEAST S	SIGNIFICA	ANT						MOST	SIGNIFIC	CANT
How co	mfortab	le are yo	ou <u>overa</u>	<u>ll</u> in disc	ussing w	eight w	ith you	ır patient	s?	
0	1	2	3	4	5	6	7	8	9	10
LEAST C	COMFOR	TABLE					N	10ST COI	MFORTA	ABLE
Do you	think yo	ur advic	e to a pa	atient to	take act	ion to lo	ose we	ight has a	an impa	ct?
0	1	2	3	4	5	6	7	8	9	10
LEAST II	MPACT							M	OST IMP	PACT
	mfortab ues like	-				on you	<u>r own</u> 1	or weigh	t loss? T	This includes using
0	1	2	3	4	5	6	7	8	9	10
LEAST C	COMFOR	TABLE					Ν	OST CO	MFORTA	ABLE
weight 0		r examp 2					atchers 7		group I	modification programs for behavioral programs. 10 ABLE
How eff	fective d	o you th	nink lifes	tyle mod	dification	n progra	ms are	for weig	ht loss?	•
0	1	2	3	4	5	6	7	8	9	10
LEAST E	FFECTIV	Έ						MOS	T EFFEC	TIVE
	mfortab placeme							value of p	ortion-	controlled foods, such as
0	1	2	3	4	5	6	7	8	9	10
LEAST C	COMFOR	TABLE					N	10ST COI	MFORTA	ABLE
How eff	fective d	o you th	ink port	ion-con	trolled fo	ods are	for we	eight loss	?	
0	1	2	3	4	5	6	7	8	9	10
LEAST E	FFECTIV	Έ						MOS	T EFFEC	TIVE
How co	mfortab			_	•	•			<u>ercise</u> ir	n weight loss?
0	1	2	3	4	5	6	7	8	9	10
LEAST C	COMFOR	TABLE					Ν	10ST COI	MFORTA	ABLE
How eff	fective d	o you th		cise is fo	_					
0	1	2	3	4	5	6	7	8	9	10
LEAST E	FFECTIV	Έ						MOS	T EFFEC	TIVE

How comfortable loss?	le are yo	ou in dis	cussing v	with you	ır patien	ts the <u>ri</u>	sks and	<u>benefits</u>	of phentermine for weight
0 1	2	3	4	5	6	7	8	9	10
LEAST COMFOR	TABLE					M	OST CON	ИFORTA	BLE
How effective d	o you th	nink phe	ntermin	e is for v	weight lo	ss?			
0 1	2	3	4	5	6	7	8	9	10
LEAST EFFECTIV	E						MOS	T EFFECT	ΓIVE
How comfortable	-		_	-	-	ts the <u>ri</u>	sks and	<u>benefits</u>	of
phentermine/to	-		-						
_	2	3	4	5	6	7	8	9	10
LEAST COMFOR	TABLE					M	OST CON	MFORTA	BLE
How effective d	-	-		-				_	
	2	3	4	5	6	7	8	9	10
LEAST EFFECTIV	E						MOS	T EFFECT	ΠVE
How significant circle one numb				-	ou in pro	viding a	idvice o	n weight	t loss treatments? Please
Lack of time in t	he visit	to discu	ss weigh	nt					
0 1	2	3	4	5	6	7	8	9	10
LEAST IMPORTA	NT						MOST	IMPORT	ANT
Insufficient trair	ning in v	veight m	anagem	ent					
0 1	2	3	4	5	6	7	8	9	10
LEAST IMPORTA	NT						MOST	IMPORT	ANT
Lack of safe/effe	ective tr	eatmen	ts for we	eight los	S				
0 1	2	3	4	5	6	7	8	9	10
LEAST IMPORTA	NT						MOST	IMPORT	ANT
Lack of patient a	adheren	ice to re	commer	ndations					
0 1	2	3	4	5	6	7	8	9	10
LEAST IMPORTA	NT						MOST	IMPORT	ANT
Lack of reimburs	sement	for trea	tments						
_	2	3	4	5	6	7	8	9	10
LEAST IMPORTA	NT						MOST	IMPORT	ANT
Other barrier (p	lease sp	ecify) _							
_	2	3	4	5	6	7	8	9	10
LEAST IMPORTA	NT						MOST	IMPORT	ANT

SUPPORTING INFORMATION: Survey S2

Post-intervention survey

Study Title: A Toolbox Approach to Obesity in Primary Care

Principal Investigator: Dr. Daniel Bessesen

COMIRB No: 10-1127

Version Date: January 31st, 2014

You are being asked to be in this research study because the study team is interested in understanding the practicality of treating obesity in primary care clinics at Denver Health.

This study is designed to learn more about providers' attitudes toward and comfort with treating obese patients. We also want to know if these attitudes and comfort levels change over time.

If you join the study, you will fill out this anonymous survey. We will only make note of everyone who fills one out, but not whose questionnaire belongs to whom.

Possible discomforts or risks include taking the time to fill this questionnaire out now. Your answers are anonymous, so there isn't a risk of your opinions being known to anyone, including the research team. There may be risks the researchers have not thought of.

Every effort will be made to protect your privacy and confidentiality by making the questionnaire anonymous. We will know whether or not you take it because of the meeting sign in sheet, but not which questionnaire belongs to you. The questionnaires will be locked up and there is no page that requires your signature.

This research is being paid for by a PCORI grant.

You have a choice about being in this study. You do not have to be in this study if you do not want to be.

If you have questions, you can call Dr. Daniel Bessesen, at 303-602-5021, or Rebecca Speer (Research Projects Coordinator) at 303-602-4858. You can call and ask questions at any time. If you prefer, you can also email us at Daniel.bessesen@dhha.org or Rebecca.speer@dhha.org.

You may have questions about your rights as someone in this study. If you have questions, you can call the COMIRB (the responsible Institutional Review Board). Their number is (303) 724-1055.

By completing this survey, you are agreeing to participate in this research study. Should you choose to participate, we appreciate your time.

LEAST EFFECTIVE

PLEASE CIRCLE		_	-			/EY.			
How significant	: a probl	em do yo	ou think	obesity	is for yo	ur pa	tients?		
0 1	2	3	4	5	6	7	8	9	10
LEAST SIGNIFIC	ANT						MOST :	SIGNIFIC	ANT
How comfortal	-			_	_	-	-		
0 1	2	3	4	5	6	7	8	9	10
LEAST COMFOR	RTABLE						MOST CON	//FORTAI	BLE
Do you think yo		-					_	-	
0 1	2	3	4	5	6	7	8	9	10
LEAST IMPACT							MC	OST IMPA	ACT
How comfortal techniques like					on you	r owr	n for weigh	t loss? Tl	nis includes using
0 1	2	3	4	5	6	7	8	9	10
LEAST COMFOR	RTABLE						MOST CON	/IFORTAI	BLE
	r examp 2		_	-	-	atche 7		group b	<u>nodification programs</u> for ehavioral programs. 10 BLE
How effective of	do you th	nink lifes	tyle mo	dificatio	n progra	ıms aı	re for weig	ht loss?	
0 1	2	3	4	5	6	7	8	9	10
LEAST EFFECTIV	/E						MOS	T EFFECT	TIVE
How comfortal							e value of p	ortion-c	ontrolled foods, such as
0 1	2	3	4	5	6	7	8	9	10
LEAST COMFOR		3	•	3	Ü		MOST CON		
How effective of	do you th	nink port	ion-con	trolled fo	oods are	e for v	weight loss	?	
0 1	2	3	4	5	6	7	8	9	10
LEAST EFFECTIV	/E						MOS	T EFFECT	TIVE
How comfortal	-		_	-	-	ts <u>the</u>			_
0 1	2	3	4	5	6	7	8	9	10
LEAST COMFOR	RTABLE						MOST CON	/IFORTAI	BLE
How effective of	do you th	nink exe	rcise is fo	or weigh	t loss?				

How comfortable are you in discussing with your patients the <u>risks and benefits of phentermine</u> for weight loss?

MOST EFFECTIVE

0 LEAST	1 COMFOR	2 RTABLE	3	4	5	6	7 M0	8 OST COI	9 MFORTAI	10 BLE			
How e	effective o	do you th	nink phe	ntermin	e is for v	veight lo	ss?						
0	1 EFFECTIN	2	3	4	5	6	7	8 MOS	9 T EFFECT	10 IVE			
	comfortate ermine/to	-		_	-	-	ts the <u>ri</u>	sks and	<u>benefits</u>	<u>of</u>			
0 LEAST	1 COMFOR	2 RTABLE	3	4	5	6	7 M0	8 OST COI	9 MFORTAI	10 BLE			
How e	effective o	-	-		-				_				
0 LEAST	1 EFFECTIV	2 /E	3	4	5	6	7	8 MOS	9 T EFFECT	10 IVE			
	ignificant one numl					ou in pro	oviding a	advice o	n weight	loss tr	eatmei	nts? Ple	ease
	f time in			_									
0 LEAST	1 IMPORT	2 ANT	3	4	5	6	7	8 MOST	9 IMPORT	10 ANT			
	cient trai	_	_	_									
0 LEAST	1 IMPORT	2 ANT	3	4	5	6	7	8 MOST	9 IMPORT	10 ANT			
Lack o	f safe/eff	ective tr	eatmen	ts for we	eight loss	S							
0 LEAST	1 IMPORT	2 ANT	3	4	5	6	7	8 MOST	9 IMPORT	10 ANT			
Lack o	f patient												
0 LEAST	1 IMPORT	2 ANT	3	4	5	6	7	8 MOST	9 IMPORT	10 ANT			
_	f reimbui				F	C	7	0	0	10			
0 LEAST	1 IMPORT	2 ANT	3	4	5	6	7	8 MOST	9 IMPORT	10 ANT			
	barrier (p												
0 LEAST	1 IMPORT	2 ANT	3	4	5	6	7	8 MOST	9 IMPORT	10 ANT			
Did yo	ou take th	e pre-int	terventio	on surve	y two ye	ears ago	? Please	circle		Υ /	N		
	many mor ugust 201		you wor	k at Wes	stside, Ea	astside,	LOP, and	d/or FIM —	1 clinic(s)	betwe	en Sep	otembe	r 2014

AUTHORS: Sean Iwamoto¹, David Saxon^{1,2}, Adam Tsai³, Erin Leister^{4,5}, Rebecca Speer⁶, Hilde Heyn⁶, Elizabeth Kealey⁷, Elizabeth Juarez-Colunga^{4,5}, Kimberly Gudzune^{8,9}, Sara Bleich¹⁰, Jeanne Clark^{8,9}, Daniel Bessesen^{1,6}

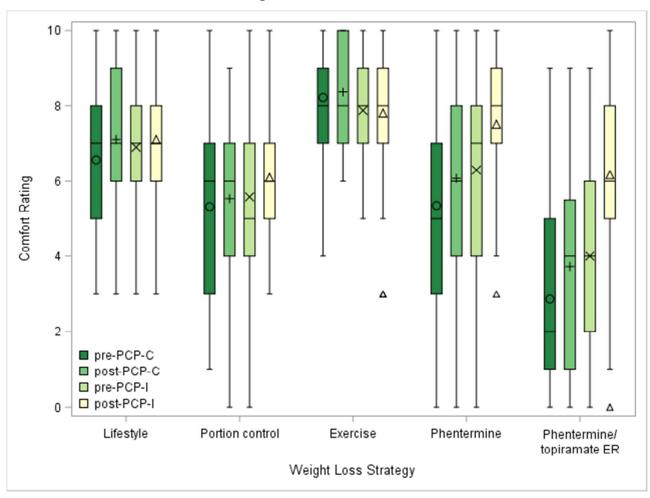
AFFILIATION:

- 1. Division of Endocrinology, Metabolism and Diabetes, University of Colorado School of Medicine, Anschutz Medical Campus, Aurora, CO, USA
- 2. Department of Endocrinology, Denver Veterans Affairs Medical Center, Denver, CO, USA
- 3. Department of Internal Medicine, Kaiser Permanente, Denver, CO, USA
- 4. Department of Biostatistics and Informatics, Colorado School of Public Health, Aurora, CO, USA
- 5. Adult and Child Consortium for Outcomes Research and Delivery Science (ACCORDS), University of Colorado School of Medicine, Aurora, CO, USA
- 6. Denver Health Medical Center, Denver, CO, USA
- 7. Anschutz Health and Wellness Center, University of Colorado, Anschutz Medical Campus, Aurora, CO, USA
- 8. Department of Medicine, Division of General Internal Medicine, The Johns Hopkins University School of Medicine, Baltimore, MD, USA
- 9. Welch Center for Prevention, Epidemiology, and Clinical Research, The Johns Hopkins University, Baltimore, MD, USA
- 10. Department of Health Policy and Management, Harvard T.H. Chan School of Public Health, Boston, MA, USA

CONTACT INFO:

Sean Iwamoto, M.D.
University of Colorado, School of Medicine
Division of Endocrinology, Metabolism and Diabetes
12801 E 17th Ave, Mail Stop: 8106
Aurora, CO 80045
E-mail: sean.iwamoto@ucdenver.edu

SUPPORTING INFORMATION: Figure S1



LEGEND:

pre-PCP-C: pre-intervention control clinics post-PCP-C: post-intervention control clinics pre-PCP-I: pre-intervention control clinics post-PCP-I: post-intervention control clinics

 \circ , +, \times , Δ : mean for the respective box plot; symbols outside a box are outliers.

AUTHORS: Sean Iwamoto¹, David Saxon^{1,2}, Adam Tsai³, Erin Leister^{4,5}, Rebecca Speer⁶, Hilde Heyn⁶, Elizabeth Kealey⁷, Elizabeth Juarez-Colunga^{4,5}, Kimberly Gudzune^{8,9}, Sara Bleich¹⁰, Jeanne Clark^{8,9}, Daniel Bessesen^{1,6}

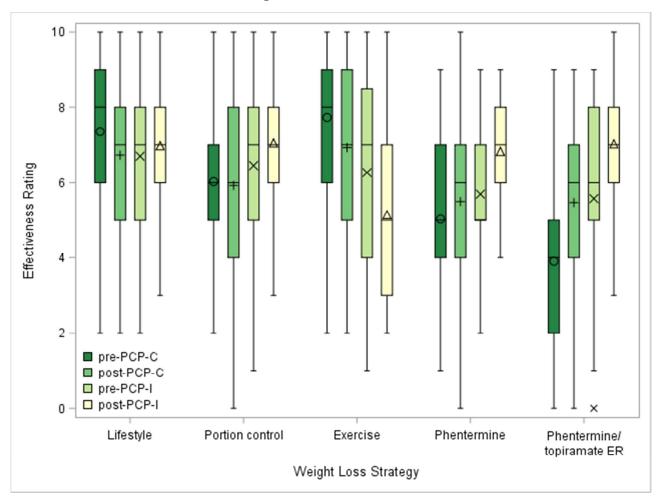
AFFILIATION:

- 1. Division of Endocrinology, Metabolism and Diabetes, University of Colorado School of Medicine, Anschutz Medical Campus, Aurora, CO, USA
- 2. Department of Endocrinology, Denver Veterans Affairs Medical Center, Denver, CO, USA
- 3. Department of Internal Medicine, Kaiser Permanente, Denver, CO, USA
- 4. Department of Biostatistics and Informatics, Colorado School of Public Health, Aurora, CO, USA
- 5. Adult and Child Consortium for Outcomes Research and Delivery Science (ACCORDS), University of Colorado School of Medicine, Aurora, CO, USA
- 6. Denver Health Medical Center, Denver, CO, USA
- 7. Anschutz Health and Wellness Center, University of Colorado, Anschutz Medical Campus, Aurora, CO, USA
- 8. Department of Medicine, Division of General Internal Medicine, The Johns Hopkins University School of Medicine, Baltimore, MD, USA
- 9. Welch Center for Prevention, Epidemiology, and Clinical Research, The Johns Hopkins University, Baltimore, MD, USA
- 10. Department of Health Policy and Management, Harvard T.H. Chan School of Public Health, Boston, MA, USA

CONTACT INFO:

Sean Iwamoto, M.D.
University of Colorado, School of Medicine
Division of Endocrinology, Metabolism and Diabetes
12801 E 17th Ave, Mail Stop: 8106
Aurora, CO 80045
E-mail: sean.iwamoto@ucdenver.edu

SUPPORTING INFORMATION: Figure S2



LEGEND:

pre-PCP-C: pre-intervention control clinics post-PCP-C: post-intervention control clinics pre-PCP-I: pre-intervention control clinics post-PCP-I: post-intervention control clinics

 \circ , +, \times , Δ : mean for the respective box plot; symbols outside a box are outliers.