Supplementary Online Content

Anderson TS, Lee S, Jing B, et al. Prevalence of diabetes medication intensifications in older adults discharged from US Veterans Health Administration hospitals. *JAMA Netw Open*. 2020;3(3):e201511. doi:10.1001/jamanetworkopen.2020.1511

eFigure. Cohort Construction Flowchart

eTable 1. Likelihood of Cohort Patients to Benefit From Stricter Glycemic Control

eTable 2. Rates of Diabetes Medication Intensification in Older Adults Following Hospitalization, by Inpatient and Outpatient Blood Glucose Control

eTable 3. Predictors of Diabetes Medication Intensification in Older Adults Following Hospitalization

This supplementary material has been provided by the authors to give readers additional information about their work.

eFigure: Cohort construction flowchart 84,249 Adults age 65+ with diabetes who were hospitalized in a VA hospital during 2011-2013 for target medical conditions **15,913** Excluded for having a length of stay < 2 days **23,124** Excluded for having substantial non-VA care: **17,015** Enrolled in Medicare Managed Care plan at any time between 2 years before and 1 year after index date **4,062** Received <80% of outpatient visits in VA in the year before index date **1,177** Received <80% of outpatient visits in VA in the year after index date 870 Received outpatient medications from VA pharmacy on <1 unique date in the 1 year before hospitailization or ≤ 2 unique dates in the 1 year after. 1,563 Excluded for having a secondary discharge diagnosis of diabetic ketoacidosis or hyperglycemic hyperosmolar syndrome **9,578** Excluded for care in which medications may be recieved from sources other than VA outpatient pharmacy* 3,470 Transfered/admitted from acute hospital, skilled nursing facility or long-term care facility 5,136 Discharge to a different acute hospital, skilled nursing facility or long-term care facility 972 Died during index hospitalization or discharged to hospice 11,430 Excluded due to being prescribed insulin prior to hospitalization **6,463** Excluded due to not having active diabetes: most recent hemoglobin A1c in past year <6.5 and not taking any diabetes medications **16,178** Patients in final cohort

eTable 1. Likelihood of cohort patients to benefit from stricter glycemic control

	Preadmission hemoglobin A1c control					
Life expectancy	<7.5%	7.5% to 8.9%	>9.0%	Not measured in prior year		
>10 years	4,984	1,415	511	155		
5 to 10 years	3,337	878	309	128		
<5 years	3,169	951	224	117		

Note: Likelihood of benefit from diabetes medication intensification defined by preadmission hemoglobin A1c and estimated life expectancy and color coded as follows:

Orange boxes – Unlikely to benefit from stricter glycemic control

Grey boxes – indeterminate likelihood of benefit

Blue boxes – likely to benefit stricter glycemic control

eTable 2. Rates of diabetes medication intensification in older adults following hospitalization, by inpatient and outpatient blood glucose control

		Odds Ratio (95% CI)		
	Intensification, No. (%)	Unadjusted	Adjusted	
Overall cohort (n=16,178)	1,626 (10.5)			
Preadmission hemoglobin A1c				
Tightly-controlled: <7.0% (n=8,535)	486 (5.7)	1 [Reference]	1 [Reference]	
Controlled: 7.0 to 8.9% (n=6,199)	777 (12.5)	2.39 (2.12 to 2.70)	2.46 (2.03 to 2.98)	
Elevated: <u>></u> 9.0% (n=1,044)	329 (31.5)	7.79 (6.63 to 9.16)	7.06 (5.01 to 9.94)	
Not measured (n=400)	34 (8.5)	1.55 (1.07 to 2.23)	1.37 (0.69 to 2.72)	
Inpatient blood glucose b				
Not elevated (n=8,407)	549 (5.8)	1 [Reference]	1 [Reference]	
Moderately elevated (n=4,724)	596 (11.9)	2.48 (2.18 to 2.83)	2.74 (2.20 to 3.42)	
Severe elevated (n=1,620)	481 (28.4)	7.78 (6.69 to 9.06)	9.46 (7.11 to 12.59)	

Note: Adjusted odds ratios estimated using mixed effect logistic regression accounting for age, gender, race, income, Charlson comorbidities, length of stay, primary discharge diagnosis, year, hospital training status, receipt of steroids during hospitalization, preadmission HbA1c, inpatient blood glucose, an interaction term for preadmission HbA1c and inpatient blood glucose, and random effects to account for clustering by VA hospital.

^a Preadmission hemoglobin A1c measured using most recent hemoglobin A1c laboratory value collected within 1 year preceding hospitalization and defined as: *tightly-controlled* if HbA1c <7.0%, *controlled* if HbA1c 7.0% to 8.9%, or *elevated* if HbA1c >=9.0%, or not measured if no HbA1c laboratory was available in the year preceding hospitalization.

b Inpatient blood glucose control defined by number of elevated blood glucose recordings and defined as: severely elevated if >=3 blood glucose recordings of >=300 mg/dL; moderately elevated if >=3 blood glucose recordings of >=200 mg/dL without meeting criteria for severely elevated, or not elevated. For patients with missing or fewer than 3 blood glucose recordings, multiple imputation was conducted.

eTable 3. Predictors of diabetes medication intensification in older adults following hospitalization

Characteristic	Not intensified (N=14552)	Intensified (N=1626)	Adjusted OR (95% CI)
Demographics and comorbidities			
Age			
65-74	7,932	987	1 [Reference]
75-84	4,608	475	0.88 (0.77 to 0.98)
<u>≥</u> 85	2,012	164	0.65 (0.53 to 0.78)
Female	251	32	0.98 (0.65 to 1.47)
Race/ethnicity			
White	11,859	1,279	1 [Reference]
Black	2,061	275	1.12 (0.95 to 1.32)
Hispanic	210	15	0.81 (0.46 to 1.43)
Other	422	57	1.12 (0.82 to 1.52)
Income	26668 (467998)	26517 (44822)	1.00 (1.00 to 1.00)
Hospitalization characteristics			
Year			
2011	5,705	665	1 [Reference]
2012	4,613	488	0.90 (0.78 to 1.03)
2013	4,234	473	0.91 (0.79 to 1.04)
Teaching hospital	13,089	1,462	0.78 (0.57 to 1.06)
Length of stay, days			
2	3,945	323	1 [Reference]
3-4	5,041	489	1.08 (0.93 to 1.24)
5-7	3,265	409	1.20 (1.01 to 1.43)
8-13	1,645	268	1.31 (1.10 to 1.56
<u>></u> 14	656	137	1.41 (1.12 to 1.78)
Preadmission laboratories			
Hemoglobin A1c			
Tightly-controlled: <7.0%	8,049	486	1 [Reference]
Controlled: 7.0 to 8.9%	5,422	777	2.46 (2.03 to 2.98)
Elevated: <u>></u> 9.0%	715	329	7.06 (5.01 to 9.94)
Not measured	366	34	1.37 (0.69 to 2.72)
eGFR, ml/min/1.73 m ²			
>90	1,977	180	1 [Reference]
60-89	5,671	583	1.06 (0.86 to 1.30)
45-59	2,884	353	1.24 (0.96 to 1.60)
30-44	1,584	178	1.06 (0.74 to 1.52)
15-30	490	63	0.96 (0.69 to 1.34)
<15	209	28	1.21 (0.61 to 2.40)
Inpatient laboratories			
Inpatient blood glucose			
Not elevated	7,920	487	1 [Reference]
Moderately elevated	4,163	561	2.74 (2.20 to 3.42)
Severe elevated	1,163	457	9.46 (7.11 to 12.59)
Discharge eGFR, ml/min/1.73 m ²			
>90	2,541	238	1 [Reference]
60-89	5,509	564	1.07 (0.89 to 1.29)
45-59	2,671	347	1.25 (0.98 to 1.59)
30-44	1,417	191	1.29 (0.91 to 1.84)
15-30	508	78	1.33 (0.99 to 1.80)

<15	232	34	1.28 (0.69 to 2.36)
Medication use			· ·
Admission medication count	9.2 (4.9)	7.9 (4.7)	0.99 (0.98 to 1.00)
No. admission diabetes medications			
0	3,505	648	1.84 (1.58 to 2.15)
1	7,635	628	1 [Reference]
2	3,056	294	0.76 (0.62 to 0.93)
3	338	52	0.78 (0.49 to 1.26)
<u>></u> 4	18	4	2.76 (0.67 to 11.37)
Prior diabetes medication adherence			
Proportion of days covered <80%	3,354	346	1.07 (0.89 to 1.29)
Proportion of days covered <u>></u> 80%	7,693	632	Reference
Any receipt of inpatient corticosteroids	1,551	259	1.24 (1.04 to 1.49)
Comorbidities			
Congestive heart failure	6,054	718	0.94 (0.82 to 1.08)
Renal disease	4,513	548	0.85 (0.73 to 0.99)
Cerebrovascular accident	3,784	433	1.05 (0.91 to 1.21)
Prior myocardial infarction	2,871	333	0.93 (0.79 to 1.09)
Malignancy	3,249	325	0.99 (0.86 to 1.14)
Dementia	472	47	0.86 (0.61 to 1.20)
Admission diagnoses			
Pneumonia	1,721	172	1 [Reference]
Arrhythmia	206	11	0.69 (0.36 to 1.34)
Asthma	72	12	1.28 (0.64 to 2.52)
Chronic obstructive pulmonary disease	1,344	187	1.12 (0.87 to 1.43)
Chest pain	618	46	1.00 (0.69 to 1.45)
Conduction disorders	1,491	126	1.11 (0.86 to 1.45)
Coronary artery disease	1,602	193	1.35 (1.06 to 1.73)
Acute myocardial infarction	861	110	1.35 (0.99 to 1.84)
Heart failure	2,258	295	1.46 (1.15 to 1.84)
Heart valve disorders	281	31	1.35 (0.87 to 2.08)
Sepsis	259	26	1.06 (0.66 to 1.70)
Skin infection	1,245	132	1.01 (0.77 to 1.31)
Stroke	701	90	1.16 (0.84 to 1.60)
Transient ischemic attach	243	20	1.04 (0.61 to 1.76)
Urinary tract infection	1,298	131	1.08 (0.83 to 1.41)
Venous thromboembolism	352	44	1.25 (0.85 to 1.83)