

## *Supplemental digital contents 1: Detailed state sequence analysis*

Originally developed for the analysis of protein and DNA sequences [8], state sequence analysis has recently been applied in a variety of contexts, including epidemiology and public health [3,6,10,21]. The main steps applied in this study to compute state sequence analysis are described elsewhere [15] and are similar to those used in other studies conducted by the TorSaDE Cohort Working Group for other ambulatory care sensitive conditions [7,12,14,21,22].

**(1) Cohort of patients, observation period, and time unit:** Among participants who meet the inclusion criteria, health care utilization data was assessed in the two years preceding CCHS completion (index date). Months (4 weeks/28 days periods) were chosen as the time unit (as opposed to days or weeks) to minimize the risk of low number of events per cell and to ensure compliance with ISQ privacy and data release rules. Hence, the care sequence for each participant included 26 potential medical events (one for each time unit of follow-up before the index date).

**(2) Choice and prioritization of medical events (states) of interest:** As more than one medical event may occur during a given month (29.7% of participants had more than one event in at least one of their 26 time units), state sequence analysis requires the prioritization of such events. In other words, in any given 4-month period, should a participant visit more than one type of healthcare setting (e.g., the emergency department (ED) in addition to seeing their general practitioner (GP)), the analysis considers only one of these “events”. Medical events (present/absent) were thus prioritized as follows: a) arthritis-related ED visits; b) arthritis-related

hospitalizations; c) pain clinic visits; d) arthritis-related specialist visits; e) arthritis-related GP visits; f) non-arthritis-related contacts with the health care system; and g) no health care visits. Prioritization was established by an expert panel specialized in chronic pain and arthritis health service research, and was guided by multiple factors such as: prioritization of events reflecting lack of access to primary or secondary care (e.g., ED visits were prioritized), the relevance of the events (e.g., hospitalization for arthritis is less likely than ED visits [4,9,20]), the severity of the medical events in order to reflect the possible worsening of the patient's condition, the relative implication of events on healthcare trajectory, and the hierarchy of pain care in the province of Quebec [1]. Pain clinic visits were identified if a claim was associated with a pain clinic establishment code (4X1) or professional activities billed for services rendered in a pain clinic (anesthesia services coded 41055, 41056, 41057, 41058 and 41059). Health care visits were classified as arthritis-related based on the case-finding coding algorithms of the ninth and tenth revisions of the International Classification of Diseases (ICD-9 and ICD-10) for osteoarthritis (715 ICD-9 codes [17,24] and their ICD-10 equivalents), rheumatoid arthritis (714 ICD-9 codes [2,19,23] and their ICD-10 equivalents), and other arthritic conditions (274, 712, 725, 721, 720, 696, 727, 710, 446, 716, 718, 727, 728, 729, 781 ICD-9 codes [16,18,24] and their ICD-10 equivalents).

**(3) Use of an appropriate distance or similarity measure method to calculate the distance between the pairs of sequences, resulting in a distance matrix:** State sequence analysis with Hamming distance, an optimal matching distance algorithm [11,13] implemented in R package TraMineR [5], was used to measure distance or dissimilarities between patient care sequences. This method measures the minimal cost of transforming one sequence into a perfect copy of the other. That minimal cost represents the distance between two

participants' care sequences. Only three kinds of modifications are allowed in optimal matching: substitution, deletion, or insertion [5]. For the primary analysis, a deletion or insertion cost of 1 was chosen and a substitution-cost matrix based on the estimated transition rates. The rationale was to set a high cost when changes between two medical events were rarely observed, and a lower cost when they were frequent [5]. A distance matrix was created at the end of this step.

*(4) Selection and application of a classification method based on the calculated distance matrix that results in distinct groups of patients sharing similar patterns of health care utilization (CareT groups):* Based on the distance matrix created in step 3, a hierarchical cluster analysis approach was used to create groups of participants with similar care sequences (CareT groups). The optimal number of CareT groups was chosen based on their clinical relevance, interpretability, size (at least 5% of the sample in each CareT group), and analytical tools (dendrogram and inertia jump curve which indicate the extent of information gained with each added CareT group) [7,21].

*(5) Visual representation:* Chronograms (state distribution plots), showing the distribution of medical events for each time unit point, were created and used to display CareT groups (one chronogram per group) and narrative description (label) was assigned to each CareT. In chronograms to be published, time points with fewer than 15 participants had to be hidden to ensure compliance with ISQ privacy and data release rules. That said, data description in this paper reflects entirely our interpretation of the original graphs. State sequence analysis was applied to the whole sample.

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*Supplemental digital content 2: Multivariable logistic regression model exploring associations between CT groups' membership and pain interference*

<b>Participants characteristics</b>	<b>Adjusted OR</b>	<b>95% Confidence interval</b>		<b>p-value</b>
<b>Care trajectories</b>				
Care trajectories membership (vs Low utilization group)				
High utilization/specialists	1.138	0.934	1.388	0.2001
Moderate utilization/ED	0.978	0.804	1.191	0.8272
Very high utilization/arthritis-related hospitalizations	<b>1.432</b>	<b>1.132</b>	<b>1.811</b>	<b>0.0027</b>
Moderate utilization/arthritis-related physicians	0.999	0.820	1.216	0.9919
<b>Sociodemographic profile</b>				
Age (years)	<b>0.991</b>	<b>0.985</b>	<b>0.997</b>	<b>0.0050</b>
Sex (women vs. men)	<b>0.863</b>	<b>0.745</b>	<b>0.999</b>	<b>0.0484</b>
Race/ethnicity (Non-Caucasian vs. Caucasian)	1.324	0.760	2.306	0.3214
Indigenous (Yes vs No)	0.979	0.503	1.908	0.9513
Country of birth (Canada vs. other)	<b>0.685</b>	<b>0.471</b>	<b>0.996</b>	<b>0.0474</b>
Education level (vs. No secondary education diploma)				
Secondary education diploma	1.167	0.949	1.434	0.1428
Post-secondary education diploma	<b>1.245</b>	<b>1.062</b>	<b>1.459</b>	<b>0.0069</b>
University education diploma	1.255	0.988	1.594	0.0623

Marital status (In a relationship vs. Not in a relationship)	0.908	0.778	1.059	0.2172
Household income (\$) (vs. < 20 000)				
20 000 -39 999	0.912	0.769	1.082	0.2904
40 000 - 59 999	0.863	0.688	1.084	0.2048
60 000 -79 999	0.901	0.677	1.200	0.4759
≥ 80 000	0.836	0.616	1.135	0.2501
Region of residence (Remote region vs. Non-remote region)	0.953	0.818	1.110	0.5351
Geographic area (Rural vs. Urban)	1.064	0.920	1.231	0.4045
CCHS cycle (vs 2007-2008)				
2009-2010	0.978	0.813	1.176	0.8129
2011-2012	<b>1.434</b>	<b>1.199</b>	<b>1.714</b>	<b>&lt;.0001</b>
2013-2014	1.015	0.841	1.224	0.8797
Drug insurance status (Covered vs. Not covered)	1.092	0.918	1.300	0.3204
<b>Healthcare</b>				
Access to a pain clinic (Yes vs. No)	1.135	0.893	1.442	0.3015
Access to a family physician (Yes vs. No)	1.037	0.832	1.293	0.7446
Number of different prescribers in the past 12 months	1.011	0.994	1.028	0.2056
RA medical claims (Yes vs. No)	1.118	0.875	1.427	0.3731
OA medical claims (Yes vs. No)	<b>1.383</b>	<b>1.204</b>	<b>1.590</b>	<b>&lt;.0001</b>
Medical claims related to other arthritis conditions except RA and OA (Yes vs. No)	<b>1.306</b>	<b>1.142</b>	<b>1.493</b>	<b>&lt;.0001</b>

<b>Pain symptoms</b>				
Self-reported pain symptoms -Pain intensity (Moderate/Severe vs. None/Mild)	<b>24.776</b>	<b>19.868</b>	<b>30.898</b>	<b>&lt;.0001</b>
Back pain, except fibromyalgia and arthritis ( Yes vs. No)	<b>1.453</b>	<b>1.275</b>	<b>1.655</b>	<b>&lt;.0001</b>
<b>General health profile</b>				
Charlson Comorbidity Index in the past 12 months	1.000	0.956	1.047	0.9876
Perceived general health (Fair/Poor vs. Excellent/very good/good)	<b>3.250</b>	<b>2.825</b>	<b>3.738</b>	<b>&lt;.0001</b>
Perceived mental health Fair/Poor vs. Excellent/very good/good)	1.187	0.965	1.459	0.1039
Lifestyle habits-Kind of alcohol consumption in the past 12 months (vs. Regular)				
Occasional	0.865	0.738	1.015	0.0758
Has not drunk	0.921	0.767	1.105	0.3736
Lifestyle habits-Kind of smoker (vs. Regular)				
Occasional	<b>1.263</b>	<b>1.067</b>	<b>1.495</b>	<b>0.0066</b>
Never	0.897	0.599	1.345	0.6002
Body mass index (vs. Normal weight)				
Underweight	<b>1.719</b>	<b>1.168</b>	<b>2.531</b>	<b>0.0060</b>
Overweight	<b>1.183</b>	<b>1.009</b>	<b>1.386</b>	<b>0.0379</b>
Obese class 1	<b>1.491</b>	<b>1.235</b>	<b>1.800</b>	<b>&lt;.0001</b>
Obese class 2	<b>1.787</b>	<b>1.368</b>	<b>2.335</b>	<b>&lt;.0001</b>
Obese class 3	<b>2.098</b>	<b>1.560</b>	<b>2.821</b>	<b>&lt;.0001</b>

Table footnotes: P-values <.05 are reported in bold



***Supplemental digital content 3: Multivariable logistic regression model exploring associations between CT groups' membership and perceived general health***

<b>Participants characteristics</b>	<b>Adjusted OR</b>	<b>95% Confidence interval</b>		<b>p-value</b>
<b>Care trajectories</b>				
Care trajectories membership (vs Low utilization group)				
High utilization/specialists	<b>1.553</b>	<b>1.321</b>	<b>1.826</b>	<b>&lt;.0001</b>
Moderate utilization/ED	<b>1.247</b>	<b>1.064</b>	<b>1.460</b>	<b>0.0063</b>
Very high utilization/arthritis-related hospitalizations	<b>1.783</b>	<b>1.461</b>	<b>2.177</b>	<b>&lt;.0001</b>
Moderate utilization/arthritis-related physicians	<b>1.483</b>	<b>1.266</b>	<b>1.737</b>	<b>&lt;.0001</b>
<b>Sociodemographic profile</b>				
Age (years)	1.003	0.998	1.008	0.2583
Sex (women vs. men)	<b>0.636</b>	<b>0.565</b>	<b>0.715</b>	<b>&lt;.0001</b>
Race/ethnicity (Non-Caucasian vs. Caucasian)	1.343	0.825	2.186	0.2362
Indigenous (Yes vs No)	0.725	0.403	1.306	0.2840
Country of birth (Canada vs. other)	0.799	0.593	1.075	0.1380
Education level (vs. No secondary education diploma)				
Secondary education diploma	<b>0.671</b>	<b>0.566</b>	<b>0.796</b>	<b>&lt;.0001</b>
Post-secondary education diploma	<b>0.644</b>	<b>0.566</b>	<b>0.733</b>	<b>&lt;.0001</b>
University education diploma	<b>0.491</b>	<b>0.401</b>	<b>0.603</b>	<b>&lt;.0001</b>

Marital status (In a relationship vs. Not in a relationship)	1.124	0.992	1.274	0.0670
Household income (\$) (vs. < 20 000)				
20 000 -39 999	<b>0.702</b>	<b>0.612</b>	<b>0.805</b>	<b>&lt;.0001</b>
40 000 - 59 999	<b>0.496</b>	<b>0.411</b>	<b>0.597</b>	<b>&lt;.0001</b>
60 000 -79 999	<b>0.546</b>	<b>0.431</b>	<b>0.692</b>	<b>&lt;.0001</b>
≥ 80 000	<b>0.436</b>	<b>0.337</b>	<b>0.562</b>	<b>&lt;.0001</b>
Region of residence (Non-remote region vs. Remote region)	1.088	0.960	1.232	0.1858
Geographic area (Rural vs. Urban)	1.116	0.991	1.257	0.0693
CCHS cycle (vs 2007-2008)				
2009-2010	0.977	0.845	1.129	0.7492
2011-2012	<b>0.742</b>	<b>0.641</b>	<b>0.858</b>	<b>&lt;.0001</b>
2013-2014	<b>0.826</b>	<b>0.710</b>	<b>0.961</b>	<b>0.0132</b>
Drug insurance status (Covered vs. Not covered)	<b>1.180</b>	<b>1.020</b>	<b>1.365</b>	<b>0.0258</b>
<b>Healthcare</b>				
Access to a pain clinic (Yes vs. No)	<b>1.311</b>	<b>1.065</b>	<b>1.612</b>	<b>0.0105</b>
Access to a family physician (Yes vs. No)	0.912	0.765	1.086	0.2999
Number of different prescribers in the past 12 months	<b>1.034</b>	<b>1.020</b>	<b>1.049</b>	<b>&lt;.0001</b>
RA medical claims (Yes vs. No)	<b>1.550</b>	<b>1.265</b>	<b>1.899</b>	<b>&lt;.0001</b>
OA medical claims (Yes vs. No)	0.974	0.866	1.094	0.6534
Medical claims related to other arthritis conditions except RA and OA (Yes vs. No)	<b>1.198</b>	<b>1.073</b>	<b>1.338</b>	<b>0.0013</b>

<b>Pain symptoms</b>				
Self-reported pain symptoms -Pain intensity (Moderate/Severe vs. None/Mild)	<b>1.946</b>	<b>1.728</b>	<b>2.192</b>	<b>&lt;.0001</b>
Self-reported pain symptoms -Pain interference (Some/Most vs. None/A few)	<b>3.141</b>	<b>2.728</b>	<b>3.616</b>	<b>&lt;.0001</b>
Back pain, except fibromyalgia and arthritis ( Yes vs. No)	<b>1.531</b>	<b>1.372</b>	<b>1.709</b>	<b>&lt;.0001</b>
<b>General health profile</b>				
Charlson Comorbidity Index in the past 12 months	<b>1.116</b>	<b>1.075</b>	<b>1.159</b>	<b>&lt;.0001</b>
Perceived mental health Fair/Poor vs. Excellent/very good/good)	<b>7.185</b>	<b>5.806</b>	<b>8.892</b>	<b>&lt;.0001</b>
Lifestyle habits-Kind of alcohol consumption in the past 12 months (vs. Regular)				
Occasional	<b>0.484</b>	<b>0.427</b>	<b>0.550</b>	<b>&lt;.0001</b>
Has not drunk	<b>0.598</b>	<b>0.515</b>	<b>0.693</b>	<b>&lt;.0001</b>
Lifestyle habits-Kind of smoker (vs. Regular)				
Occasional	<b>1.631</b>	<b>1.413</b>	<b>1.883</b>	<b>&lt;.0001</b>
Never	1.364	0.976	1.907	0.0693
Body mass index (vs. Normal weight)				
Underweight	<b>1.429</b>	<b>1.031</b>	<b>1.980</b>	<b>0.0319</b>
Overweight	<b>1.138</b>	<b>1.003</b>	<b>1.291</b>	<b>0.0446</b>
Obese class 1	<b>1.377</b>	<b>1.179</b>	<b>1.608</b>	<b>&lt;.0001</b>
Obese class 2	<b>1.860</b>	<b>1.471</b>	<b>2.352</b>	<b>&lt;.0001</b>
Obese class 3	<b>2.087</b>	<b>1.605</b>	<b>2.714</b>	<b>&lt;.0001</b>

Table footnotes: P-values <.05 are reported in bold

***Supplemental digital content 4: Multivariable logistic regression model exploring associations between CT groups' membership and pain interference using multiple imputation data***

<b>Participants characteristics</b>	<b>Adjusted OR</b>	<b>95% Confidence interval</b>		<b>p-value</b>
<b>Care trajectories</b>				
Care trajectories membership (vs Low utilization group)				
High utilization/specialists	1.038	0.870	1.238	0.6820
Moderate utilization/ED	0.968	0.818	1.145	0.7035
Very high utilization/arthritis-related hospitalizations	<b>1.340</b>	<b>1.108</b>	<b>1.620</b>	<b>0.0026</b>
Moderate utilization/arthritis-related physicians	0.972	0.798	1.183	0.7764
<b>Sociodemographic profile</b>				
Age (years)	0.995	0.989	1.002	0.1492
Sex (women vs. men)	<b>0.864</b>	<b>0.755</b>	<b>0.988</b>	<b>0.0402</b>
Race/ethnicity (Non-Caucasian vs. Caucasian)	1.030	0.705	1.506	0.8780
Indigenous (Yes vs No)	1.223	0.7036	2.127	0.4814
Country of birth (Canada vs. other)	0.809	0.642	1.020	0.0740
Education level (vs. No secondary education diploma)				
Secondary education diploma	<b>1.219</b>	<b>1.005</b>	<b>1.478</b>	<b>0.0529</b>
Post-secondary education diploma	<b>1.196</b>	<b>1.039</b>	<b>1.376</b>	<b>0.0145</b>
University education diploma	1.170	0.936	1.462	0.1781

Marital status (In a relationship vs. Not in a relationship)	0.897	0.779	1.034	0.1408
Household income (\$) (vs. < 20 000)				
20 000 -39 999	0.946	0.813	1.101	0.4750
40 000 - 59 999	0.856	0.670	1.094	0.2314
60 000 -79 999	0.899	0.702	1.150	0.3992
≥ 80 000	0.945	0.697	1.281	0.7187
Region of residence (Remote region vs. Non-remote region)	0.963	0.812	1.142	0.6714
Geographic area (Rural vs. Urban)	1.066	0.904	1.255	0.4598
CCHS cycle (vs 2007-2008)				
2009-2010	0.987	0.832	1.170	0.8763
2011-2012	<b>1.281</b>	<b>1.090</b>	<b>1.506</b>	<b>0.0027</b>
2013-2014	0.936	0.791	1.108	0.4423
2015-2016	0.399	0.025	6.346	0.5487
Drug insurance status (Covered vs. Not covered)	1.077	0.897	1.293	0.4385
<b>Healthcare</b>				
Access to a pain clinic (Yes vs. No)	1.101	0.880	1.376	0.4058
Access to a family physician (Yes vs. No)	1.040	0.885	1.223	0.6321
Number of different prescribers in the past 12 months	1.013	0.997	1.028	0.1251
RA medical claims (Yes vs. No)	1.146	0.912	1.439	0.2463
OA medical claims (Yes vs. No)	<b>1.267</b>	<b>1.098</b>	<b>1.462</b>	<b>0.0036</b>
Medical claims related to other arthritis conditions except RA and OA (Yes vs. No)	<b>1.253</b>	<b>1.091</b>	<b>1.439</b>	<b>0.0045</b>

<b>Pain symptoms</b>				
Self-reported pain symptoms -Pain intensity (Moderate/Severe vs. None/Mild)	<b>24.328</b>	<b>17.866</b>	<b>33.128</b>	<b>&lt;.0001</b>
Back pain, except fibromyalgia and arthritis ( Yes vs. No)	<b>1.440</b>	<b>1.270</b>	<b>1.633</b>	<b>&lt;.0001</b>
<b>General health profile</b>				
Charlson Comorbidity Index in the past 12 months	0.999	0.956	1.045	0.9710
Perceived general health (Fair/Poor vs. Excellent/very good/good)	<b>3.129</b>	<b>2.595</b>	<b>3.773</b>	<b>&lt;.0001</b>
Perceived mental health Fair/Poor vs. Excellent/very good/good)	1.287	0.987	1.679	0.0923
Lifestyle habits-Kind of alcohol consumption in the past 12 months (vs. Regular)				
Occasional	<b>0.827</b>	<b>0.715</b>	<b>0.957</b>	<b>0.0141</b>
Has not drunk	0.868	0.738	1.021	0.0924
Lifestyle habits-Kind of smoker (vs. Regular)				
Occasional	<b>1.316</b>	<b>1.113</b>	<b>1.555</b>	<b>0.0034</b>
Never	0.950	0.658	1.372	0.7871
Body mass index (vs. Normal weight)				
Underweight	<b>1.531</b>	<b>1.058</b>	<b>2.214</b>	<b>0.0276</b>
Overweight	<b>1.159</b>	<b>0.973</b>	<b>1.381</b>	<b>0.1189</b>
Obese class 1	<b>1.477</b>	<b>1.266</b>	<b>1.723</b>	<b>&lt;.0001</b>
Obese class 2	<b>1.787</b>	<b>1.370</b>	<b>2.331</b>	<b>0.0003</b>
Obese class 3	<b>1.871</b>	<b>1.382</b>	<b>2.532</b>	<b>0.0005</b>

Table footnotes: P-values <.05 are reported in bold

***Supplemental digital content 5: Multivariable logistic regression model exploring associations between CT groups' membership and perceived general health using multiple imputation data***

<b>Participants characteristics</b>	<b>Adjusted OR</b>	<b>95% Confidence interval</b>		<b>p-value</b>
<b>Care trajectories</b>				
Care trajectories membership (vs Low utilization group)				
High utilization/specialists	<b>1.464</b>	<b>1.288</b>	<b>1.664</b>	<b>&lt;.0001</b>
Moderate utilization/ED	<b>1.178</b>	<b>1.039</b>	<b>1.335</b>	<b>0.0096</b>
Very high utilization/arthritis-related hospitalizations	<b>1.789</b>	<b>1.525</b>	<b>2.098</b>	<b>&lt;.0001</b>
Moderate utilization/arthritis-related physicians	<b>1.362</b>	<b>1.201</b>	<b>1.545</b>	<b>&lt;.0001</b>
<b>Sociodemographic profile</b>				
Age (years)	<b>1.005</b>	<b>1.001</b>	<b>1.009</b>	<b>0.0205</b>
Sex (women vs. men)	<b>0.712</b>	<b>0.648</b>	<b>0.782</b>	<b>&lt;.0001</b>
Race/ethnicity (Non-Caucasian vs. Caucasian)	1.226	0.869	1.730	0.2240
Indigenous (Yes vs No)	0.883	0.565	1.381	0.5490
Country of birth (Canada vs. other)	<b>0.803</b>	<b>0.665</b>	<b>0.970</b>	<b>0.0260</b>
Education level (vs. No secondary education diploma)				
Secondary education diploma	<b>0.657</b>	<b>0.569</b>	<b>0.746</b>	<b>&lt;.0001</b>
Post-secondary education diploma	<b>0.665</b>	<b>0.595</b>	<b>0.744</b>	<b>&lt;.0001</b>
University education diploma	<b>0.495</b>	<b>0.420</b>	<b>0.583</b>	<b>&lt;.0001</b>
Marital status (In a relationship vs. Not in a relationship)	<b>1.147</b>	<b>1.040</b>	<b>1.266</b>	<b>0.0061</b>

Household income (\$) (vs. < 20 000)				
20 000 -39 999	<b>0.741</b>	<b>0.662</b>	<b>0.830</b>	<b>&lt;.0001</b>
40 000 - 59 999	<b>0.545</b>	<b>0.470</b>	<b>0.633</b>	<b>&lt;.0001</b>
60 000 -79 999	<b>0.506</b>	<b>0.419</b>	<b>0.610</b>	<b>&lt;.0001</b>
≥ 80 000	<b>0.422</b>	<b>0.345</b>	<b>0.516</b>	<b>&lt;.0001</b>
Region of residence (Remote region vs. Non-remote region)	1.090	0.987	1.205	0.0798
Geographic area (Rural vs. Urban)	1.091	0.990	1.202	0.0840
CCHS cycle (vs 2007-2008)				
2009-2010	0.965	0.843	1.105	0.6369
2011-2012	<b>0.755</b>	<b>0.661</b>	<b>0.862</b>	<b>&lt;.0001</b>
2013-2014	<b>0.832</b>	<b>0.725</b>	<b>0.954</b>	<b>0.0103</b>
2015-2016	0.624	0.234	1.6654	0.3658
Drug insurance status (Covered vs. Not covered)	<b>1.195</b>	<b>1.065</b>	<b>1.342</b>	<b>0.0029</b>
<b>Healthcare</b>				
Access to a pain clinic (Yes vs. No)	<b>1.364</b>	<b>1.155</b>	<b>1.611</b>	<b>0.0003</b>
Access to a family physician (Yes vs. No)	0.995	0.873	1.134	0.9429
Number of different prescribers in the past 12 months	<b>1.033</b>	<b>1.022</b>	<b>1.045</b>	<b>&lt;.0001</b>
RA medical claims (Yes vs. No)	<b>1.520</b>	<b>1.285</b>	<b>1.798</b>	<b>&lt;.0001</b>
OA medical claims (Yes vs. No)	0.917	0.833	1.010	0.0812
Medical claims related to other arthritis conditions except RA and OA (Yes vs. No)	<b>1.286</b>	<b>1.174</b>	<b>1.409</b>	<b>&lt;.0001</b>



<b>Pain symptoms</b>				
Self-reported pain symptoms -Pain intensity (Moderate/Severe vs. None/Mild)	<b>1.438</b>	<b>1.195</b>	<b>1.732</b>	<b>&lt;.0001</b>
Self-reported pain symptoms -Pain interference (Some/Most vs. None/A few)	<b>2.983</b>	<b>2.496</b>	<b>3.565</b>	<b>&lt;.0001</b>
Back pain, except fibromyalgia and arthritis ( Yes vs. No)	<b>1.6492</b>	<b>1.494</b>	<b>1.821</b>	<b>&lt;.0001</b>
<b>General health profile</b>				
Charlson Comorbidity Index in the past 12 months	<b>1.120</b>	<b>1.087</b>	<b>1.154</b>	<b>&lt;.0001</b>
Perceived mental health Fair/Poor vs. Excellent/very good/good)	<b>7.575</b>	<b>6.332</b>	<b>9.062</b>	<b>&lt;.0001</b>
Lifestyle habits-Kind of alcohol consumption in the past 12 months (vs. Regular)				
Occasional	<b>0.508</b>	<b>0.459</b>	<b>0.563</b>	<b>&lt;.0001</b>
Has not drunk	<b>0.658</b>	<b>0.584</b>	<b>0.741</b>	<b>&lt;.0001</b>
Lifestyle habits-Kind of smoker (vs. Regular)				
Occasional	<b>1.684</b>	<b>1.487</b>	<b>1.907</b>	<b>&lt;.0001</b>
Never	1.246	0.957	1.623	0.1111
Body mass index (vs. Normal weight)				
Underweight	1.307	0.995	1.716	0.0524
Overweight	<b>1.108</b>	<b>0.998</b>	<b>1.229</b>	<b>0.0554</b>
Obese class 1	<b>1.364</b>	<b>1.202</b>	<b>1.548</b>	<b>&lt;.0001</b>
Obese class 2	<b>1.771</b>	<b>1.430</b>	<b>2.193</b>	<b>&lt;.0001</b>
Obese class 3	<b>2.062</b>	<b>1.658</b>	<b>2.565</b>	<b>&lt;.0001</b>

Table footnotes: P-values <.05 are reported in bold