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## **Supplementary Material**

**Article Title:** Influence of Care Delivery Models on Quality of Diabetes Care Among Individuals With Schizophrenia

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### **List of Supplementary Material for the article**

1. [Table 1A](#) Process of diabetes care and outcomes among individuals with coexisting schizophrenia and diabetes by three care delivery models
2. [Table 1B](#) Specialty of diabetes care providers in relation to process of diabetes care and outcomes among patients with coexisting schizophrenia and diabetes who received care from the sole-physician model
3. [Table 2A](#) Process of diabetes care and outcomes among individuals with coexisting schizophrenia and diabetes by three care delivery models
4. [Table 2B](#) Specialty of diabetes care providers in relation to process of diabetes care and outcomes among patients with coexisting schizophrenia and diabetes who received care from the sole-physician model
5. [Table 3A](#) Process of diabetes care and outcomes among individuals with coexisting schizophrenia and diabetes by three care delivery models
6. [Table 3B](#) Specialty of diabetes care providers in relation to process of diabetes care and outcomes among patients with coexisting schizophrenia and diabetes who received care from the sole-physician model
7. [Table 4A](#) Incidence Rate Ratios (IRRs) and Odds Ratios for Process of Diabetes Care and Outcomes among Individuals with Coexisting Schizophrenia and Diabetes by Three Care Models
8. [Table 4B](#) Specialty of Diabetes Care Providers in Relation to Process of Care and Outcomes among Individuals with Coexisting Schizophrenia and Diabetes Who Received Care from the Sole-Physician Model



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9. [Table 5A](#) Incidence Rate Ratios (IRRs) and Odds Ratios for Process of Diabetes Care and Outcomes among Individuals with Coexisting Schizophrenia and Diabetes by Three Care Models
10. [Table 5B](#) Specialty of Diabetes Care Providers in Relation to Process of Care and Outcomes among Individuals with Coexisting Schizophrenia and Diabetes Who Received Care from the Sole-Physician Model
11. [Table 6](#) Incidence Rate Ratios (IRRs) and Odds Ratios for Process of Diabetes Care and Outcomes among Individuals with Coexisting Schizophrenia and Diabetes by Three Care Models

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**Supplementary Table 1A. Process of diabetes care and outcomes among individuals with coexisting schizophrenia and diabetes by three care delivery models. (Individuals with schizophrenia were defined as those who had any diagnosis of schizophrenia in at least three outpatient visits or one inpatient admission within one year.)**

	No. recommended examinations		Rate of attending recommended number of DM-related visits		1-Year ACSCs		3-Year ACSCs	
	IRR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
<b>Type of Delivery Model</b>								
Different facilities	1	Reference	1	Reference	1	Reference	1	Reference
Colocation Model	1.1	1.1 to 1.2	1.5	1.3 to 1.8	1.2	0.9 to 1.7	1.2	0.9 to 1.5
Same Physician Model	1.1	1.0 to 1.2	2.5	2.0 to 3.0	2.0	1.4 to 3.0	1.6	1.2 to 2.1

**Supplementary Table 1B. Specialty of diabetes care providers in relation to process of diabetes care and outcomes among patients with coexisting schizophrenia and diabetes who received care from the sole-physician model (Individuals with schizophrenia were defined as those who had any diagnosis of schizophrenia in at least three outpatient visits or one inpatient admission within one year.)**

	No. recommended examinations		Rate of attending recommended number of DM-related visits		1-Year ACSCs		3-Year ACSCs	
	IRR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
<b>Specialty of Diabetes Providers</b>								
Non-Psychiatry	1	Reference	1	Reference	1	Reference	1	Reference
Psychiatry	0.6	0.6 to 0.6	0.7	0.6 to 0.9	0.4	0.3 to 0.6	0.6	0.5 to 0.8

**Supplementary Table 2A. Process of diabetes care and outcomes among individuals with coexisting schizophrenia and diabetes by three care delivery models. (Individuals with schizophrenia were defined as those who had received a diagnosis of schizophrenia from a psychiatrist.)**

	No. recommended examinations		Rate of attending recommended number of DM-related visits		1-Year ACSCs		3-Year ACSCs	
	IRR	95% CI	OR	95% CI	IRR	95% CI	OR	95% CI
<b>Type of Delivery Model</b>								
Different facilities	1	Reference	1	Reference	1	Reference	1	Reference
Colocation Model	1.1	1.1 to 1.2	1.4	1.2 to 1.7	1.2	0.9 to 1.7	1.1	0.9 to 1.5
Same Physician Model	1.1	1.1 to 1.2	2.6	2.1 to 3.2	2.2	1.5 to 3.2	1.7	1.3 to 2.3

**Supplementary Table 2B Specialty of diabetes care providers in relation to process of diabetes care and outcomes among patients with coexisting schizophrenia and diabetes who received care from the sole-physician model (Individuals with schizophrenia were defined as those who had received a diagnosis of schizophrenia from a psychiatrist.)**

	No. recommended examinations		Rate of attending recommended number of DM-related visits		1-Year ACSCs		3-Year ACSCs	
	IRR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
<b>Specialty of Diabetes Providers</b>								
Non-Psychiatry	1	Reference	1	Reference	1	Reference	1	Reference
Psychiatry	0.6	0.6 to 0.7	0.7	0.6 to 0.9	0.5	0.3 to 0.7	0.6	0.5 to 0.8

**Supplementary Table 3A. Process of diabetes care and outcomes among individuals with coexisting schizophrenia and diabetes by three care delivery models. (Individuals with diabetes were defined as those who had at least 3 diabetes-related physician visit or one inpatient admission with any diagnosis of ICD-9-CM codes 250, excluding 250.x1 or 250.x3.)**

	No. recommended examinations		Rate of attending recommended number of DM-related visits		1-Year ACSCs		3-Year ACSCs	
	IRR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
<b>Type of Delivery Model</b>								
Different facilities	1	Reference	1	Reference	1	Reference	1	Reference
Colocation Model	1.2	1.1 to 1.2	1.5	1.3 to 1.7	1.1	0.9 to 1.5	1.2	0.9 to 1.5
Same Physician Model	1.3	1.2 to 1.4	3.2	2.6 to 3.8	1.8	1.3 to 2.4	1.9	1.5 to 2.4

**Supplementary Table 3B. Specialty of diabetes care providers in relation to process of diabetes care and outcomes among patients with coexisting schizophrenia and diabetes who received care from the sole-physician model. (Individuals with diabetes were defined as those who had at least 3 diabetes-related physician visit or one inpatient admission with any diagnosis of ICD-9-CM codes 250, excluding 250.x1 or 250.x3.)**

	No. recommended examinations		Rate of attending recommended number of DM-related visits		1-Year ACSCs		3-Year ACSCs	
	IRR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
<b>Specialty of Diabetes Providers</b>								
Non-Psychiatry	1	Reference	1	Reference	1	Reference	1	Reference
Psychiatry	0.6	0.6 to 0.6	0.7	0.5 to 0.8	0.7	0.5 to 0.9	0.7	0.5 to 0.9

**Supplementary Table 4A. Incidence Rate Ratios (IRRs) and Odds Ratios for Process of Diabetes Care and Outcomes among Individuals with Coexisting Schizophrenia and Diabetes by Three Care Models. (Adjusting for the characteristics of patients only)**

	No. recommended examinations		Rate of attending recommended number of DM-related visits		1-Year ACSCs		3-Year ACSCs	
	IRR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
<b>Type of Delivery Model</b>								
Different facilities	1	Reference	1	Reference	1	Reference	1	Reference
Colocation Model	1.0	1.2 to 1.3	1.9	1.6 to 2.2	1.4	1.0 to 1.9	1.4	1.2 to 1.8
Same Physician Model	1.3	0.9 to 1.0	2.3	2.0 to 2.7	1.7	1.3 to 2.2	1.7	1.4 to 2.1

**Supplementary Table 4B. Specialty of Diabetes Care Providers in Relation to Process of Care and Outcomes among Individuals with Coexisting Schizophrenia and Diabetes Who Received Care from the Sole-Physician Model (Adjusting for the characteristics of patients only)**

	No. recommended examinations		Rate of attending recommended number of DM-related visits		1-Year ACSCs		3-Year ACSCs	
	IRR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
<b>Specialty of Diabetes Providers</b>								
Non-Psychiatry	1	Reference	1	Reference	1	Reference	1	Reference
Psychiatry	0.7	0.6 to 0.7	0.8	0.7 to 1.1	0.5	0.4 to 0.7	0.7	0.5 to 0.9

**Supplementary Table 5A. Incidence Rate Ratios (IRRs) and Odds Ratios for Process of Diabetes Care and Outcomes among Individuals with Coexisting Schizophrenia and Diabetes by Three Care Models. (Adjusting for the characteristics of patients and schizophrenia physicians)**

	No. recommended examinations		Rate of attending recommended number of DM-related visits		1-Year ACSCs		3-Year ACSCs	
	IRR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
<b>Type of Delivery Model</b>								
Different facilities	1	Reference	1	Reference	1	Reference	1	Reference
Colocation Model	1.2	1.2 to 1.3	1.8	1.9 to 2.7	1.4	1.0 to 1.9	1.4	1.1 to 1.7
Same Physician Model	0.9	0.9 to 1.0	2.3	1.6 to 2.1	1.4	1.0 to 1.0	1.5	1.2 to 1.8

**Supplementary Table 5B. Specialty of Diabetes Care Providers in Relation to Process of Care and Outcomes among Individuals with Coexisting Schizophrenia and Diabetes Who Received Care from the Sole-Physician Model (Adjusting for the characteristics of patients and schizophrenia physicians)**

	No. recommended examinations		Rate of attending recommended number of DM-related visits		1-Year ACSCs		3-Year ACSCs	
	IRR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
<b>Specialty of Diabetes Providers</b>								
Non-Psychiatry	1	Reference	1	Reference	1	Reference	1	Reference
Psychiatry	0.7	0.6 to 0.7	0.8	0.7 to 1.1	0.5	0.4 to 0.7	0.7	0.5 to 0.9

**Supplementary Table 6. Incidence Rate Ratios (IRRs) and Odds Ratios for Process of Diabetes Care and Outcomes among Individuals with Coexisting Schizophrenia and Diabetes by Three Care Models. (Adjusting for the characteristics of patients, schizophrenia and diabetes physicians)**

	No. recommended examinations		Rate of attending recommended number of DM-related visits		1-Year ACSCs		3-Year ACSCs	
	IRR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
<b>Type of Delivery Model</b>								
Different facilities	1	Reference	1	Reference	1	Reference	1	Reference
Colocation Model	1.1	1.1 to 1.2	1.6	1.3 to 1.9	1.2	0.9 to 1.7	1.2	0.9 to 1.5
Same Physician Model	1.3	1.2 to 1.4	3.2	2.5 to 4.0	1.3	0.9 to 2.1	1.2	0.9 to 1.6