Online Data Supplement

Beyond Access: Factors Associated with Spirometry Underutilization Among Patients With a Diagnosis of COPD in Urban Tertiary Care Centers

Arianne K. Baldomero, MD MS^{1,23} Ken M. Kunisaki, MD MS^{1,2} Ann Bangerter, BS³ David B. Nelson, PhD³ Chris H. Wendt, MD^{1,2} Spyridon Fortis^{4,5} Hildi Hagedorn, PhD³ R. Adams Dudley, MD MBA^{1,23}

¹Pulmonary, Allergy, Critical Care, and Sleep Medicine, Minneapolis VA Health Care System, Minneapolis, Minnesota, United States

²Pulmonary, Allergy, Critical Care, and Sleep Medicine, University of Minnesota, Minneapolis, Minnesota, United States

³Center for Care Delivery and Outcomes Research, Minneapolis VA Health Care System, Minneapolis, Minnesota, United States

⁴Pulmonary, Critical Care, and Occupational Medicine, University of Iowa Hospital and Clinics, Iowa City, Iowa, United States

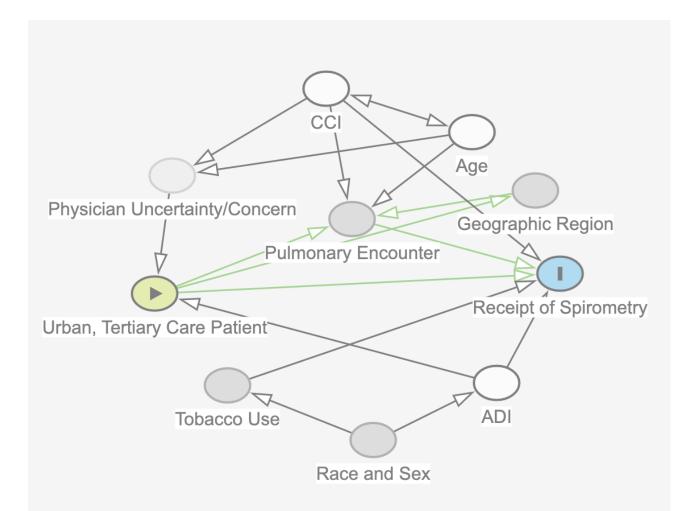
⁵Center for Access and Delivery Research and Evaluation, Iowa City VA Health Care System, Iowa City, Iowa, United States

Contents of Online Data Supplement:

Supplementary Table 1. International Classification of Diseases (ICD)-Ninth Revision and Tenth Revision COPD Diagnosis Codes
Supplementary Figure 1. Directed Acyclic Graph
Supplementary Table 2. Logistic Regression Analyses of Factors Associated with Spirometry Utilization

Supplementary Table 1. International Classification of Diseases (ICD)-Ninth	ı				
Revision and Tenth Revision COPD Diagnosis Codes					

ICD-9-Clin	ICD-9-Clinical Modification Diagnosis Codes					
490	Bronchitis, not specified as acute or chronic					
491	Chronic bronchitis					
491.0	Simple chronic bronchitis					
491.1	Mucupurulent chronic bronchitis					
419.20	Obstructive chronic bronchitis without exacerbation					
491.21	Obstructive chronic bronchitis with acute exacerbation Obstructive bronchitis with acute bronchitis					
491.22	Other chronic bronchitis					
491.8	Unspecified chronic bronchitis					
491.9	•					
492	Emphysema					
492.0	Emphysematous bleb					
492.8	Other emphysema					
496	Chronic airway obstruction, not elsewhere classified					
	nical Modification Diagnosis Codes					
J40	Bronchitis, not specified as acute or chronic					
J41	Simple and mucopurulent chronic bronchitis					
J41.0	Simple chronic bronchitis					
J41.1	Mucopurulent chronic bronchitis					
J41.8	Mixed simple and mucopurulent chronic bronchitis					
J42	Unspecified chronic bronchitis					
J43	Emphysema					
J43.0 J43.1	Unilateral pulmonary emphysema					
J43.1 J43.2	Panlobular emphysema Centrilobular emphysema					
J43.2 J43.8	Other emphysema					
J43.8 J43.9	Emphysema, unspecified					
J43.9	Other chronic obstructive pulmonary disease					
J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory					
J44.1	infection					
J44.9	Chronic obstructive pulmonary disease with (acute) exacerbation					
	Chronic obstructive pulmonary disease, unspecified					



Supplementary Figure 1. Directed Acyclic Graph (1). This directed acyclic graph represents associations between covariates (grey circles) and primary exposure (green circle, urban-dwelling, tertiary care center patient) and outcome (blue circle, receipt of spirometry). Green lines represent causal paths. Age, Area Deprivation Index (ADI), and Charlson Comorbidity Index (CCI) were identified as the minimal sufficient adjustment variables (white circle). These potential confounders were accounted for by adjusting the logistic regression models. Other covariates shown above are pulmonary encounter, geographic region, tobacco use, race, sex, and physician uncertainty/concern (light grey, unobserved). DAGitty software (2) was used to construct this directed acyclic graph.

	Odds Rat	io (95% Confidenc	e Interval)
	Model 1: Unadjusted	Model 2: Adjusted for Age, Comorbidities, and ADI	Model 3: Adjusted for all Covariates
Age			
40-54	1.00	-	1.00
55-64	1.19 (1.09-1.29)	-	1.20 (1.10-1.32)
65-74	1.20 (1.10-1.31)	-	1.24 (1.12-1.36)
75-84	0.81 (0.73-0.90)	-	0.88 (0.79-0.99)
≥85	0.43 (0.38-0.49)	-	0.52 (0.44-0.60)
Sex			
Male	1.00	1.00	1.00
Female	1.00 (0.88-1.14)	0.98 (0.86-1.12)	0.92 (0.80-1.06)
Race			
White	1.00	1.00	1.00
Black or African American	1.00 (0.94-1.06)	0.98 (0.92-1.04)	0.98 (0.92-1.05)
American Indian	0.99 (0.75-1.33)	0.95 (0.71-1.28)	1.00 (0.73-1.36)
Asian	0.88 (0.60-1.31)	1.06 (0.72-1.59)	1.10 (0.72-1.67)
Native Hawaiian	0.89 (0.65-1.23)	0.86 (0.63-1.19)	0.93 (0.66-1.31)
Declined	0.70 (0.62-0.78)	0.71 (0.63-0.81)	0.77 (0.67-0.87)
Area Deprivation Index*			
≤20	1.00	-	1.00
21-40	1.01 (0.93-1.11)	-	0.97 (0.88-1.08)
41-60	1.06 (0.97-1.16)	-	0.98 (0.88-1.08)
61-80	1.09 (1.00-1.19)	-	1.00 (0.90-1.11)
81-100	1.08 (0.99-1.18)	-	0.99 (0.89-1.09)
Smoking Status			
Never Smoker	1.00	1.00	1.00
Current or Former	0.98 (0.91-1.06)	0.92 (0.85-1.00)	0.94 (0.86-1.02)
Smoker			
Unknown	0.80 (0.73-0.88)	0.82 (0.74-0.90)	0.84 (0.76-0.93)
Comorbidities			
Congestive Heart Failure	1.08 (1.01-1.14)	-	1.08 (1.00-1.16)
Coronary Artery Disease	1.03 (0.98-1.08)	-	1.00 (0.94-1.07)

Supplementary Table 2. Logistic Regression Analyses of Factors Associated with Spirometry Utilization

Chronic Kidney Disease	0.93 (0.87-0.99)	-	0.91 (0.85-0.99)
Diabetes mellitus	0.99 (0.94-1.05)	-	0.89 (0.84-0.95)
Obesity	1.23 (1.16-1.31)	-	1.14 (1.06-1.22)
Geographic Region [‡]			
Midwest	1.00	1.00	1.00
Northeast	0.83 (0.76-0.91)	0.86 (0.78-0.94)	0.78 (0.71-0.86)
South	0.85 (0.79-0.91)	0.86 (0.80-0.92)	0.89 (0.83-0.96)
West	0.91 (0.84-0.98)	0.92 (0.84-1.00)	0.92 (0.85-1.00)
Pulmonary Specialty Care			
Yes	1.00	1.00	1.00
No	0.35 (0.33-0.38)	0.55 (0.52-0.58)	0.37 (0.34-0.40)

*Area Deprivation Index (ADI) provides percentile ranking of neighborhoods by census block groups based on the aggregated domains of income, education, employment, and housing quality (percentile ranged from 1 to 100, with higher scores indicating higher levels of socioeconomic disadvantage) (3).

[†]Charlson Comorbidity Index scores range from 0 to 33 with higher scores indicating greater disease burden and increased risk of death within 1 year (4).

[‡]Geographic regions were divided into four categories according to each patient's Veterans Integrated Services Networks (VISN) (5). Midwest includes VISNs 17, 19, and 23; Northeast includes VISNs 1, 2, 4, 10, and 12; South includes VISNs 20, 21, and 22; and West includes VISNs 5, 6, 7, 8, 9, 15, and 16.

References

- Lederer D, Bell S, Branson R, Chalmers J, Marshall R, Maslove D, et a. Control of Confounding and Reporting of Results in Causal Inference Studies. Guidance for Authors from Editors of Respiratory, Sleep, and Critical Care Journals. *Annals of the American Thoracic Society* 2019; 16.
- Textor J, van der Zander B, Gilthorpe M, Liśkiewicz M, Ellison G. Robust causal inference using directed acyclic graphs: the R package 'dagitty'. *International Journal of Epidemiology* 2022; 45: 1887-1894.
- Kind A, Buckingham W. Making Neighborhood-Disadvantage Metrics Accessible The Neighborhood Atlas. N Engl J Med 2018; 378: 2456-2458.
- 4. Quan H, Sundararajan V, Halfon P, Fong A, Burnand B, Luthi J, et a. Coding algorithms for defining comorbidities in ICD-9-CM and ICD-10 administrative data. *Medical Care* 2005; 43: 1130-1139.
- 5. U.S. Department of the Veterans Affairs. Veterans Integrated Services Networks (VISNs). Last updated: April 9, 2021 [Accessed: January 30, 2022]. Available from:

https://www.va.gov/HEALTH/visns.asp.