

**Appendix 1 (as supplied by the authors): Proportion of patients achieving intermediate targets and unadjusted and adjusted generalised estimating equations\*  
by practice size (quintiles) in 1997 and 2005**

Target; quintile	1997 n = 49 970			2005 n = 105 065		
	Proportion of patients achieving target, mean %	Unadjusted OR (95% CI)	Adjusted OR (95% CI)	Proportion of patients achieving target, mean %	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
<b>Blood pressure &lt;140/80 mm Hg</b>						
1	17.9	1	1	38	1	1
2	16.4	0.89 (0.76-1.05)	0.83 (0.70-0.98)‡	37.2	0.96 (0.86-1.08)	0.96 (0.85-1.07)
3	16.1	0.87 (0.74-1.04)	0.89 (0.76-1.04)	35.9	0.91 (0.81-1.03)	0.92 (0.82-1.04)
4	17.2	0.97 (0.82-1.14)	0.99 (0.85-1.16)	35	0.87 (0.78-0.97)‡	0.88 (0.79-0.98)‡
5	18.4	1.01 (0.85-1.19)	0.98 (0.82-1.16)	36	0.93 (0.81-1.06)	0.92 (0.8-1.06)
Total (mean %)	17.2			36.4		
<b>Cholesterol ≤ 5 mmol/L</b>						
1	23	1	1	71.6	1	1
2	20	0.90 (0.73-1.11)	0.89 (0.75-1.08)	72.5	1.02 (0.93-1.13)	1.03 (0.93-1.15)
3	22.2	0.85 (0.70-1.05)	0.84 (0.68-1.03)	72.2	0.98 (0.88-1.09)	0.99 (0.89-1.11)
4	18.2	0.88 (0.71-1.08)	0.86 (0.71-1.05)	72.3	1.04 (0.92-1.17)	1.03 (0.91-1.17)
5	22.2	0.94 (0.76-1.16)	0.94 (0.76-1.16)	73.2	1.08 (0.96-1.22)	1.1 (0.97-1.4)
Total (mean %)	19.8			72.9		
<b>HbA1c ≤ 7.0%</b>						
1	40.7	1	1	44.2	1	1
2	40.7	0.97 (0.75-1.23)	0.98 (0.76-1.28)	46.8	1.07 (0.95-1.21)	1.06 (0.94-1.19)
3	40.3	0.90 (0.68-1.2)	0.87 (0.65-1.2)	46.4	1.08 (0.96-1.21)	1.06 (0.94-1.2)
4	44.5	1.12 (0.86-1.46)	1.11 (0.84-1.45)	44.2	1.01 (0.90-1.13)	1.0 (0.89-1.13)
5	30.7	0.77 (0.54-1.09)	0.79 (0.55-1.14)	46.6	1.06 (0.94-1.21)	1.05 (0.93-1.19)
Total (mean %)	39.3			45.6		

Note: CI = confidence interval, HbA1c = glycated hemoglobin, OR = odds ratio

\* Models were adjusted for age, sex, duration of diabetes, body mass index, socio-economic status and number of comorbid conditions.

1 = smallest practices, 5 = largest practices.

‡p < 0.05.

Appendix to: Vamos EP, Pape UJ, Bottle A, et al. Association of practice size and pay-for-performance incentives with quality of diabetes management in primary care.

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