Appendix 1 <u>Supplemental Table 1:</u> Cohort Selection

Step	N	Description	
1	140,733	All incident cases of dementia (according to the	
		Dementia algorithm and RAIHC/CCRS) between	
		1 Jan 2010 and 31 Dec 2012	
2	132,479	Exclude those with 65>age>105 or missing sex	
5	132,432	Exclude those with a death date before their	
		dementia diagnosis	
6	130,566	Exclude those who were ineligible on dementia	
		diagnosis (index) date, those ineligible at any time	
		before death or before end of 5 year follow up	
7	109,909	Exclude those with incident LTC admission prior	
		to dementia diagnosis date	
8	109,238	Exclude those with incident LTC admission on	
		dementia diagnosis date	
9	108,757	Exclude those with missing rurality and income	
		quintile	

Supplemental Table 2: Variables and databases used in the study

Variable	Database		
Age	Registered Persons Database		
Sex	Registered Persons Database		
Death date	Registered Persons Database		
Income Quintile	Postal codes from Registered Persons		
	Database linked to Statistics Canada Census		
	Data		
Residential	Registered Persons Database		
Setting			
Primary Care	Client Agency Program Enrolment Database		
Model			
Chronic	Refer to Supplemental Table 2		
Conditions			
Dementia	Canadian Institute for Health Information –		
Diagnosis	Discharge Abstract Database, Ontario		
	Health Insurance Plan, Ontario Drug Benefit		
	Database, Resident Assessment Instrument –		
	Home Care database, and the Continuing		
	Care Reporting System		
All-Cause	Registered Persons Database		
Mortality			

<u>Supplemental Table 3:</u> Ontario Health Insurance Plan (OHIP), International Classification of Diseases, Version 9 (ICD-9), and Version 10 (ICD-10) diagnostic codes for categorization of comorbidities.

Condition [reference for validated algorithm]	ICD 9 / OHIP	ICD 10	ODB*
Acute Myocardial Infarction (AMI) [1]	410	I21, I22	
Osteo- and other Arthritis:			
(A) Osteoarthritis	715	M15-M19	
(B) Other Arthritis (includes Synovitis,	727, 729, 710, 720,	M00-M03,	
Fibrositis, Connective tissue disorders,	274, 716, 711,718,	M07, M10,	
Ankylosing spondylitis, Gout Traumatic	728, 739	M11-M14,	
arthritis, pyogenic arthritis, Joint	,	M20-M25,	
derangement, Dupuytren's contracture,		M30-M36,	
Other MSK disorders)		M65-M79	
Arthritis - Rheumatoid arthritis [2]	714	M05-M06	
Asthma [3]	493	J45	
(all) Cancers	140-239	C00-C26, C30-	
		C44, C45-C97	
Cardiac Arrhythmia	427 (OHIP) / 427.3	I48.0, I48.1	
	(DAD)		
Congestive Heart Failure [4]	428	I500, I501,	
		I509	
Chronic Obstructive Pulmonary Disease [5]	491, 492, 496	J41, J43, J44	
Coronary syndrome (excluding AMI)	411-414	I20, I22-I25	
Dementia [6]	290, 331 (OHIP) /	F00, F01, F02,	Cholinesterase
	046.1, 290.0, 290.1,	F03, G30	Inhibitors
	290.2, 290.3, 290.4,		
	294, 331.0, 331.1,		
	331.5, F331.82		
	(DAD)		
Diabetes [7]	250	E08-E13	
Hypertension [8]	401, 402, 403, 404,	I10, I11, I12,	
	405	I13, I15	
Inflammatory Bowel Disease (IBD) [9]	555,556	K50, K51	

(O1) M (1 III	201 202 207 207	F04 F050
(Other) Mental Illnesses	291, 292, 295, 297,	F04, F050,
	298, 299, 301, 302,	F058, F059,
	303, 304, 305, 306,	F060, F061,
	307, 313, 314, 315,	F062, F063,
	319	F064, F07,
		F08, F10, F11,
		F12, F13, F14,
		F15, F16, F17,
		F18, F19, F20,
		F21, F22, F23,
		F24, F25, F26,
		F27, F28, F29,
		F340, F35,
		F36,
		F37, F430,
		F439, F453,
		F454, F458,
		F46, F47, F49,
		F50, F51,
		F52, F531,
		F538, F539,
		F54, F55, F56,
		F57, F58, F59,
		F60,
		F61, F62, F63,
		F64, F65, F66,
		F67, F681,
		F688, F69,
		F70,
		F71, F72, F73,
		F74, F75, F76,
		F77, F78, F79,
		F80, F81, F82,
		F83, F84, F85,
		F86, F87, F88,
		F89, F90, F91,
		F92, F931,
		F932, F933,
		F938, F939,
		F94, F95, F96,
		F97, F98
Mood, anxiety, depression and other	296, 300, 309, 311	F30, F31, F32,
nonpsychotic disorders	, , ,	F33, F34 (excl.
r 2		F34.0), F38,
		F39, F40, F41,
	I.	

		F42, F43.1,
		F43.2, F43.8,
		F44, F45.0,
		F45.1, F45.2,
		F48,
		F53.0, F68.0,
		F93.0, F99
Osteoporosis	733	M81, M82
Renal failure	403, 404, 584, 585,	N17, N18,
	586, v451	N19, T82.4,
		Z49.2, Z99.2
Stroke (excluding transient ischemic attack)	430, 431, 432, 434,	I60,I64
	436	

NOTES:

- Abbreviations: DAD=Discharge Abstract Database; ICD = International Classification of Disease; ODB = Ontario Drug Benefit Claims database; OHIP = Ontario Health Insurance Plan Claims Database
- All available health administrative data (OHIP, DAD, ODB) prior to index is used to ascertain disease status, with the exception of AMI (1 year prior to index), Cancer (2 years), Mood Disorder (2 years) and Other Mental Illnesses (2 years) as these conditions are considered episodic
- *ODB prescription drug records are not available for the majority of persons under the age of 65
- AMI, Asthma, COPD, CHF, Dementia, Diabetes, Hypertension, IBD, and Rheumatoid Arthritis are based on validated case algorithms/ ICES cohorts (see 1-9 below, respectively). All other conditions required at least one diagnosis code recorded in acute care (DAD) or two diagnosis codes recorded in physician billings (OHIP) within a twoyear period.

References:

- 1. Austin PC, Daly PA, Tu JV. A multicenter study of the coding accuracy of hospital discharge administrative data for patients admitted to cardiac care units in Ontario. American Heart Journal 2002;144:290–6.
- 2. Widdifield J, Bernatsky S, Paterson JM, Tu K, Ng R, Thorne JC, Pope JE, Bombardier C. Accuracy of Canadian health administrative databases in identifying patients with rheumatoid arthritis: a validation study using the medical records of rheumatologists. Arthritis Care Res 2013; 65(10): 1582-1591.
- 3. Gershon AS, Wang C, Guan J, Vasilevska-Ristovska J, Cicutto L, To T. Identifying patients with physician-diagnosed asthma in health administrative databases. Can Respir J 2009;16:183–8.
- 4. Schultz SE, Rothwell DM, Chen Z, Tu K. Identifying cases of congestive heart failure from administrative data: a validation study using primary care patient records. Chronic Diseases and Injuries in Canada 2013;33:160–6.

- 5. Gershon AS, Wang C, Guan J, Vasilevska-Ristovska J, Cicutto L, To T. Identifying Individuals with Physician Diagnosed COPD in Health Administrative Databases. Copd 2009;6:388–94.
- 6. Jaakkimainen RL, Bronskill SE, Tierney MC, Herrmann N, Green D, Young J, et al. Identification of Physician-Diagnosed Alzheimer's Disease and Related Dementias in Population-Based Administrative Data: A Validation Study Using Family Physicians' Electronic Medical Records. J Alzheimers Dis.; 2016 Aug 10;54(1):337–49
- 7. Hux JE, Ivis F, Flintoft V, Bica A. Diabetes in Ontario: Determination of prevalence and incidence using a validated administrative data algorithm. Diabetes Care 2002;25:512–6.
- 8. Tu K, Campbell NR, Chen ZL, Cauch-Dudek KJ, McAlister FA. Accuracy of administrative databases in identifying patients with hypertension. Open Med 2007;1:e18–26.
- 9. Benchimol EI, Guttmann A, Mack DR, Nguyen GC, Marshall JK, Gregor JC, Wong J, Forster AJ, Manuel D. Validation of international algorithms to identify adults with inflammatory bowel disease in health administrative data from Ontario, Canada, J Clin Epidemiol. 2014; 67(8):887-96