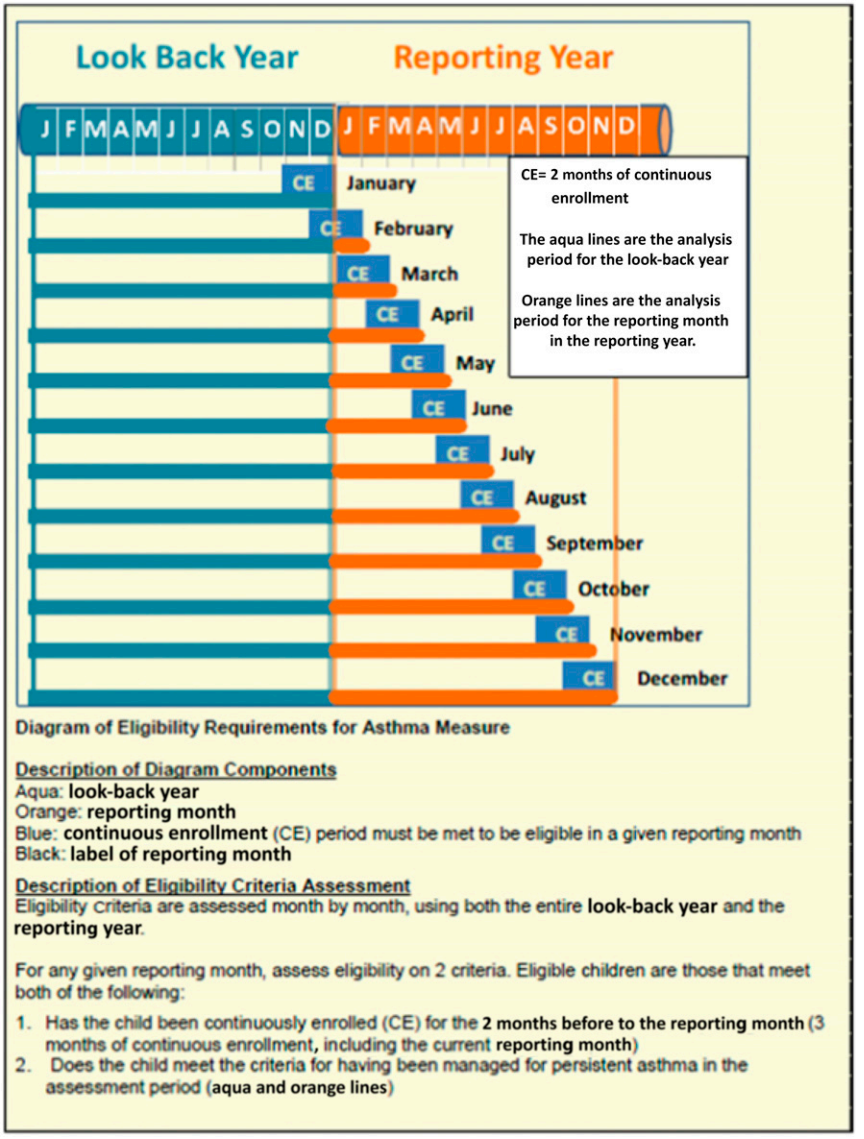
Supplemental Information



SUPPLEMENTAL FIGURE 2
Eligibility algorithm diagram. CE, continuous enrollment.

SUPPLEMENTAL TABLE 5 Inclusion and Exclusion Criteria for Estimating the Denominator of Children With Identifiable Asthma

Criteria
Inclusion criteria met simultaneously
Children were enrolled for 3 consecutive months, including the month being assessed, and
Children had evidence of claims sufficient to meet the eligibility criteria for identifiable asthma. Identifiable asthma was present when there was evidence of previous hospitalization with asthma as primary or secondary diagnosis or other qualifying events.
Other qualifying events after 5 y old
One or more previous ambulatory visits with asthma as the primary diagnosis, or
Two or more ambulatory visits with asthma as a diagnosis, or
One ambulatory visit with asthma as a diagnosis and at least 1 asthma-related prescription, or
Two or more ambulatory visits with a diagnosis of bronchitis.
Other qualifying events at any age
Three or more ambulatory visits with diagnosis of asthma and/or bronchitis, or
Two or more ambulatory visits with a diagnosis of asthma and/or bronchitis and $\geq$1 asthma-related prescriptions.
Exclusion criteria
Children with concurrent or preexisting chronic obstructive pulmonary disease, cystic fibrosis, or emphysema were excluded.
Children who were not consecutively enrolled for at least 3 mo (the reporting month and 2 mo previous) in the reporting insurance plan.

Patients who changed insurance plans during the look-back period (the measurement month, all previous months in the measurement year, and the year before the measurement year) were still included because inclusion did not require continuous enrollment for the entire look-back period.

SUPPLEMENTAL TABLE 6 Relative ED Visit Rate Estimates Comparing Fully Participating to Control Practices From 2014 to 2017

	Coefficient	*P*	95% Confidence Interval	
			Lower	Upper
Treatment, participant versus control	0.90	.59	0.62	1.32
Time, 2017 vs 2014	1.11	.47	0.84	1.46
Treatment × time interaction	0.56	.002	0.39	0.80
Age categories, y				
6–11 vs 3–5	0.58	<.0005	0.45	0.75
12–17 vs 3–5	0.81	.11	0.63	1.05
18–21 vs 3–5	1.08	.72	0.72	1.62
Sex				
Female versus male	1.04	.67	0.86	1.27
Unknown versus male	0.93	.77	0.55	1.54
Insurance, Medicaid versus non-Medicaid	1.73	<.0005	1.36	2.20
Practice size				
500–1499 vs <500 patients	0.96	.89	0.57	1.64
>1500 vs <500 patients	1.71	.11	0.88	3.32
Practice specialty				
Mixed versus family medicine	1.41	0.67	0.88	0.97
Organizational structure, independent versus hospital owned	5.29	0.70	0.20	1.93
HSA, metropolitan versus other	6.73	0.84	0.10	2.37
FQHC or RHC versus not	2.87	1.30	0.00	11.93
Pediatric versus family medicine	1.24	.43	0.73	2.13

Metropolitan refers to 1 HSA in the state. The treatment × time interaction coefficient is the relative change in ED visit rates for participating versus control practices from 2014 to 2017. This can be estimated from marginal rates from Table 3 ([9.5÷15.29]÷[18.80÷16.97] = 0.561) The coefficient for treatment × time interaction can be interpreted as a 44% larger decrease in the ED visit rate from 2014 to 2017 for the participating compared to control practices.