

Online Supplementary Material

Tabenkin H, Eaton CB, Roberts MB, Parker DR, McMurray JH, Borkan J. Differences in cardiovascular disease risk factor management in primary care by sex of physician and patient. *Ann Fam Med*. 2010;8(1):25-32.

<http://www.annfammed.org/cgi/content/full/8/1/25/DC1>

Supplemental Appendix 1. Chart Audits and Data Collection

Chart audits were performed by trained research assistants. A standardized protocol was used to train the research assistants and to abstract data from the medical records. Ten research assistants (RAs) received extensive training for the baseline abstraction, which included 2 training sessions during which the RAs reviewed the training manual.

Initially all RAs reviewed 10 pilot charts. These charts were also abstracted by one of the investigators (D.R.P.). To be eligible to begin chart abstraction, the RA had to have a >90% agreement on critical variables of interest between the RAs and the investigator. To examine reproducibility, 5% of the baseline charts were re-abstracted between RAs, and 2.5% were re-abstracted by the same RA. The rate agreement between and within abstractions was >95%.

RAs entered chart data directly into laptop computers using Microsoft Access (Microsoft Access, 2002, Seattle, Washington). Data were uploaded to the network weekly and were renewed and cleaned by the data manager. Outlier ranges were predetermined, and when the RAs entered values outside the normal ranges, they were required to confirm that the values were correct.



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Supplemental Appendix 2. ATP III Guideline Coronary Heart Disease (CHD) Risk Categorization Definitions

Low-risk patients: 0-1 CHD risk factors.

Moderate risk patients: ≥ 2 risk factors and $< 10\%$ 10-year risk of CHD by Framingham Risk Score.

High-risk patients: ≥ 2 risk factors and 10%-20% 10-year risk of CHD by Framingham Risk Score.

CHD equivalent risk: diabetes, CHD, peripheral vascular disease, or $\geq 20\%$ 10-year risk of CHD by Framingham Risk Score.

Reference

US Department of Health and Human Services; National Institutes of Health; National Heart Lung and Blood Institute. *Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Final Report*. NIH Publication No. 02-5215. Sep 2002:1-284. US Department of Health and Human Services; National Institutes of Health; National Heart Lung and Blood Institute. *Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Final Report*. NIH Publication No. 02-5215. Sep 2002:1-284.



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Supplemental Appendix 3. Definition of Cardiovascular Risk Factor Management

Lipid disorder management: obesity documented, whether the patient was at low-density lipoprotein goal or on lipid-lowering medication; whether the patient received diet advice or advice to lose weight; or whether the patient received advice to quit smoking or participate in physical activity and was offered lipid-lowering medication.

Hypertension management: blood pressure under control, advice to quit smoking, advice for diet or weight loss, referral to nutritional counseling, advice for physical activity, whether on blood pressure-lowering medication, and obesity documentation.

Weight management for those with a body mass index greater than 30: whether the patients receive advice for diet or weight loss and advice for physical activity.

Diabetes mellitus: hemoglobin A_{1c} and microalbumin measured, diabetes mellitus under control, blood pressure under control, low-density lipoprotein at goal, on medication for diabetes, on aspirin treatment, on angiotensin-converting enzyme inhibitor/angiotensin receptor blocker treatment, and recommendation for lifestyle changes (physical activity, diet, or weight loss advice).

Smoking management: smoking cessation recommendation.