ANNALS OF FAMILY MEDICINE

Online Supplementary Material

Supplemental Figure 1. Effect of efficacy and access on averting adverse health outcomes.
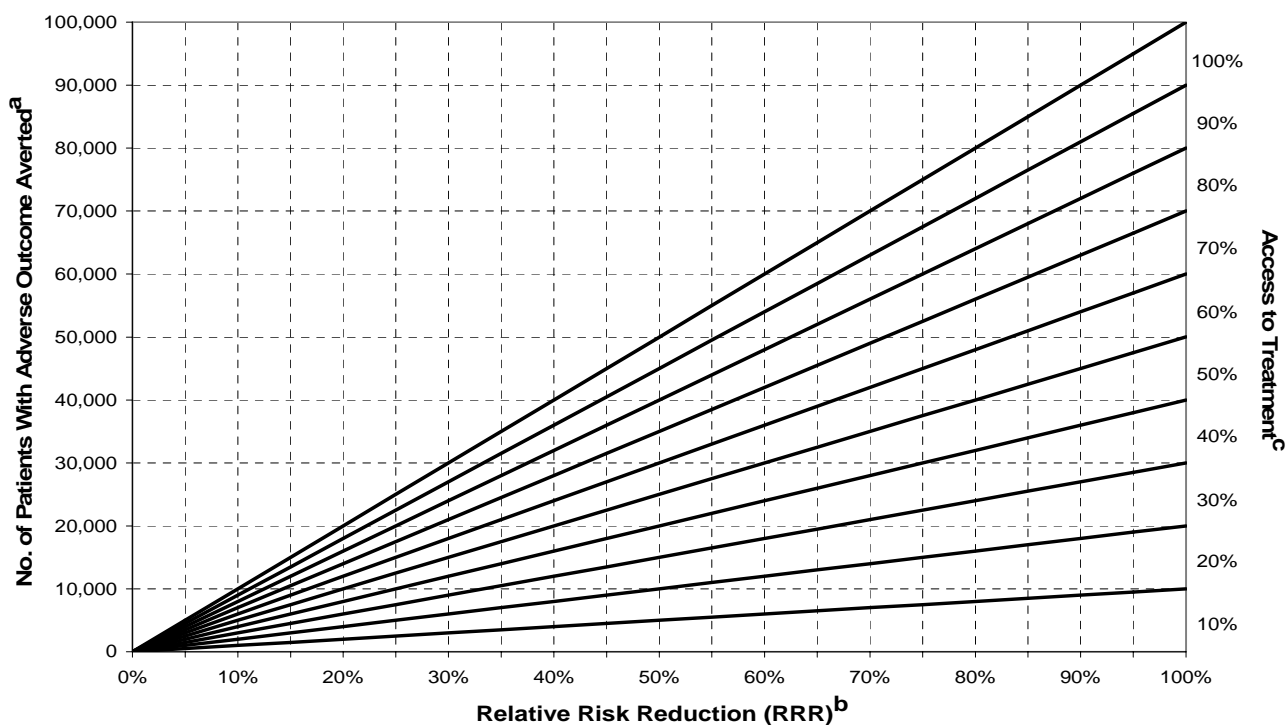
Note: The nomogram assumes a hypothetical population in which 100,000 patients are destined to experience an adverse health outcome (eg, stroke, death). *a.* The number of patients in the cohort of 100,000 whose adverse outcome will be averted by treatment. *b.* The efficacy of a drug or other treatment in reducing the risk of the adverse outcome (eg, a relative risk reduction [RRR] = 0.40 means that the treatment will reduce the risk of the adverse outcome by a relative 40%). *c.* The proportion of the eligible patient population that receives the treatment. The nomogram shows that dramatic, often unrealistic, increases in RRR must be achieved to avert outcomes as effectively as improved access. To use the nomogram, select the RRR (*b*, x-axis) of a treatment and plot the location on the graph that corresponds with the frequency with which eligible patients receive the treatment (*c*, right-hand y-axis). The corresponding value on the left-hand y-axis (*a*) is the number of patients in the cohort of 100,000 whose adverse outcome will be averted. Move the plot vertically to a higher proportion with access (*c*) to determine how many more adverse outcomes (*a*) will be averted by improved delivery. From this location, move the plot horizontally to the right to determine how much RRR (*b*) must be increased to avert as many adverse outcomes. A specific example is provided in the full article, in which Figure 1 enlarges a portion of this nomogram.