

## eMethods:

### Description of standard and enhanced laboratory prompts:

For physicians in the standard eGFR prompt group, the standard eGFR laboratory prompt continued to appear below the serum creatinine for patients identified as having CKD:

*In outpatients with stable kidney function, estimated GFR is a more accurate marker of kidney function than serum creatinine. Chronic kidney disease is defined by  $GFR < 60$  ml/min/1.73m<sup>2</sup> for more than 3 months. Published guidelines recommend that patients with  $GFR < 30$  ml/min/1.73m<sup>2</sup> be referred to a Nephrologist (see [www.akdn.info](http://www.akdn.info)).*

For physicians randomized to the enhanced eGFR prompt, the following was appended below the serum creatinine for patients with CKD:

*This patient has reduced kidney function and is at risk for cardiovascular events and progression to kidney failure. The National Kidney Foundation recommends:*

- 1 *Measure random urine albumin-to-creatinine ratio*
- 2 *Institute an ACEi or ARB in patients with diabetes, or those with an Alb:Cr >35mg/mmol*
- 3 *Referral to a Nephrologist if  $GFR < 30$  ml/min/1.73m<sup>2</sup>*
- 4 *Assess and treat modifiable risk factors for CV and renal disease: a) target BP less than 130/80 mmHg, b) target LDL-C < 2.5 mmol/L, c) if diabetic, target A1C < 7.0%*

*The above recommendations are general in nature and may not apply to all patients. Further information is available at [www.akdn.info](http://www.akdn.info)*

### Definition of secondary outcomes

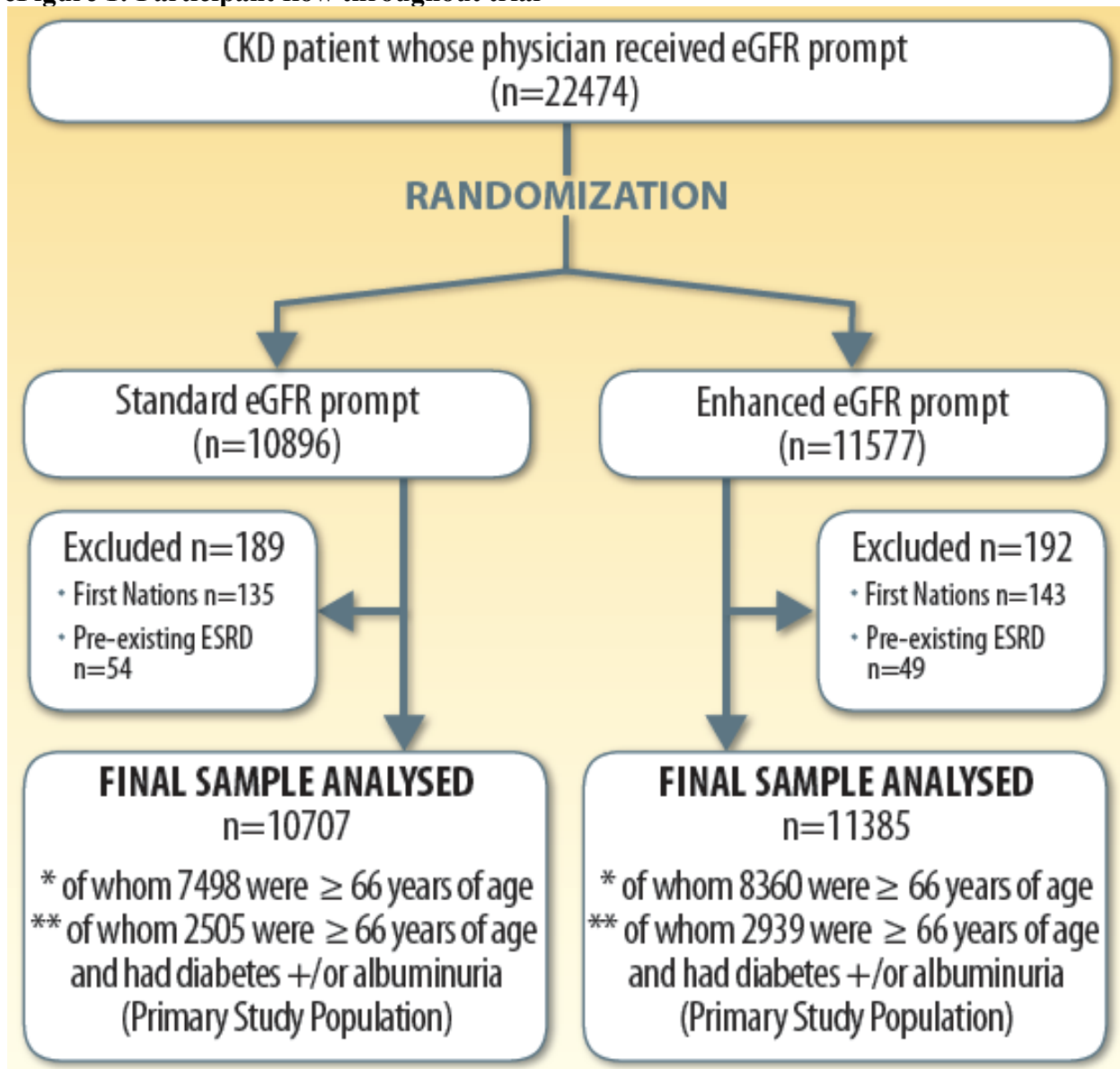
- Proportion of elderly CKD patients filling a prescription for a cholesterol lowering drug (defined as any statin, fibrate or ezetimibe prescription) within one year, irrespective of baseline use
- Proportion of elderly CKD patients filling a prescription for an additional antihypertensive medication from a different therapeutic class within one year. As we did not have information on blood pressure, we used the prescription of a new antihypertensive medication in a different therapeutic class (defined as diuretics, ACE inhibitor /angiotensin receptor blocker, beta blocker, dihydropyridine and nondihydropyridine calcium channel blocker, and “other” antihypertensives (i.e. alpha blockers, direct vasodilators) as a proxy for an attempt to improve blood pressure control.
- Proportion of CKD patients over age 18 with a subsequent measurement of urine albumin (or protein within sensitivity analyses), lipids, and hemoglobin A1C (in patients with diabetes) among patients with no measure in the prior six months.

- Proportion of CKD patients over age 18 with eGFR  $<30$  ml/min/1.73m<sup>2</sup> who had a visit to a Nephrologist in the subsequent year, among those patients who have not seen a Nephrologist in the prior 4 years (of note, since referral was recommended in both groups for patients with eGFR  $<30$  ml/min/1.73m<sup>2</sup>, a difference was not anticipated, but differences in the types of patients referred was also examined).
- Proportion of CKD patients over age 18 experiencing a clinically relevant composite outcome between the index date of eGFR measurement and March 31, 2009, as determined from our administrative and laboratory data sources (death, end stage renal disease, doubling of serum creatinine, and hospitalization for myocardial infarction, heart failure, or stroke)(40). Although measurement of clinical outcomes was planned a priori, this composite outcome was defined after patient enrolment but prior to statistical analysis.

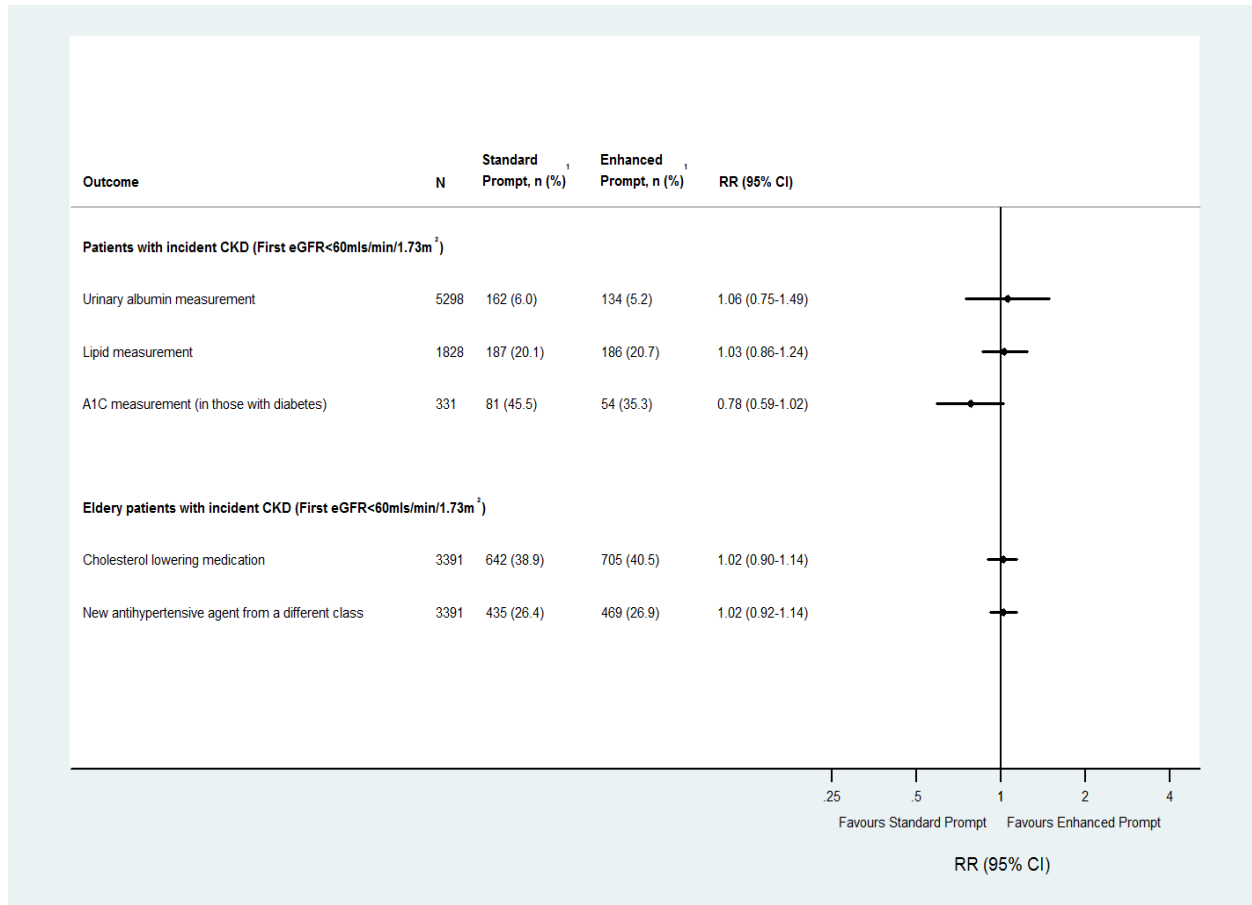
**eTable: Demographics and Characteristics of Primary Care Practices and Physicians**

<i>Primary Care Practice Characteristics at baseline</i>	<b>Standard prompt</b>	<b>Enhanced prompt</b>
<b>Number of Primary Care Practices</b>	45	45
<b>Urban/Rural Status, n (%)</b>		
<b>Urban (population ≥ 25,000)</b>	37 (82.2)	36 (80.0)
<b>Rural (population &lt; 25,000)</b>	8 (17.8)	9 (20.0)
<i>Primary Care Physicians</i>		
<b>Number of Physicians, n</b>	180	174
<b>Physicians per clinic, median [interquartile range]</b>	3 [2,15]	3.5 [2, 16]
<b>Gender, n (%)</b>		
<b>Male</b>	117 (65.0)	116 (66.7)
<b>Practicing ≥ 10 Years, n (%)</b>		
<b>Yes</b>	150 (83.3)	150 (86.2)

eFigure 1: Participant flow throughout trial



**eFigure 2: Secondary outcomes among incident CKD patients receiving standard and enhanced prompts**



<sup>1</sup> Percentages represent subjects with outcome out of the number of subjects in the subgroup of interest.