Appendix 2 (as supplied by the authors): Definitions of quality of care indicators for early-stage chronic kidney disease.(2,3)

Indicator Category	Numerator	Denominator
Screening for chronic kidney disease	Patients who receive a repeat outpatient serum creatinine test in the following 6 months, based on physician billing codes Patients who receive an outpatient urine albumin in the following 6 months, based on physician billing codes	Patients in the prevalent diabetes cohort with an initial outpatient eGFR <60 mL/min/1.73 m ² (sub-cohort 1)
	Patients who receive a repeat outpatient urine albumin test in the following 6 months, based on physician billing codes	Patients in the prevalent diabetes cohort with an initial outpatient ACR >3 mg/mmol (sub-cohort 2)
Monitoring of kidney function	Patients with an outpatient serum creatinine test in the following 18 months following the date of the second eGFR value, based on physician billing codes Patients with an outpatient urine albumin in the 18 months following the date of the second eGFR value, based on physician billing codes	Patients in the prevalent diabetes cohort with 2 eGFR values <60 mL/min/1.73 m ² separated by at least 3 months but less than 18 months (sub-cohort 3)
Use of appropriate medication	Patients who are not prescribed an NSAID for longer than 2 weeks at any time in the 1 year following the date of the second eGFR value Patients who are not simultaneously receiving both an ACE inhibitor and an ARB at any time in the 1 year following the date of the second eGFR value. This was defined as a prescription for an ARB filled during the continuous use of an ACE inhibitor or an ACE inhibitor filled during the continuous use of an ARB Patients who are prescribed an ACE inhibitor or ARB at any time in the 1 year following the date of the second eGFR value	Patients in the prevalent diabetes cohort with 2 eGFR values <60 mL/min/1.73 m² separated by at least 3 months but less than 18 months (sub-cohort 3) AND aged 66 and older
	Patients who are prescribed a statin at any time in the 1 year following the date of the second eGFR value	Patients in the prevalent diabetes cohort with 2 eGFR values <60 mL/min/1.73 m ² separated by at least 3 months but less than 18 months (sub-cohort 3) AND aged 66 to 80
Monitoring of ACE inhibitors and ARBs	Patients who receive an outpatient serum creatinine test 7 to 30 days after initial prescription date, based on physician billing codes	Patients in the prevalent diabetes cohort with 2 eGFR values <60 mL/min/1.73 m ² separated by at least 3

	Patients who receive an outpatient serum potassium test 7 to 30 days after initial prescription date, based on physician billing codes	months but less than 18 months (sub-cohort 3) AND aged 66 and older who received an initial
		prescription for an ACE inhibitor or ARB
Appropriate referral to a nephrologist	Patients who have an outpatient visit to a nephrologist (based on physician billing codes) in the 6 months from first evidence of meeting one of the referral criteria	Patients in the prevalent diabetes cohort who meet at least 1 criteria for referral to a nephrologist (subcohort 4): • eGFR <30 mL/min/1.73 m² • ACR >60 mg/mmol • eGFR <45 mL/min/1.73 m² and ACR >30 – 60 mg/mmol • eGFR <60 mL/min/1.73 m² and at least 5 mL/min/1.73 m² decline within 6 months
	Patients who have an outpatient visit to a nephrologist (based on physician billing codes) in the 1 year from first evidence of meeting one of the referral criteria	

Abbreviations: ACR, albumin-to-creatinine ratio; ACE, angiotensin converting enzyme; ARB, angiotensin II receptor blockers; eGFR, estimated glomerular filtration rate; NSAID, nonsteroidal anti-inflammatory drugs. References

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- 3. Referral guidance: KidneyWise Clinical Toolkit. Toronto: Ontario Renal Network; 2018. Available: www.ontariorenalnetwork.ca/en/kidney-care-resources/clinical-tools/primary-care-tools/kidneywise-contact-info (accessed 2019 Feb. 28).