Supplemental Table. Crude frequency and percentage for each focal chronic condition across the ICD 9 to 10 transition.[1]

	Crude Frequency and Percentage		Mixed Effects Logistic Regression [2]
	ICD-9 January 2015 – September 2015	ICD-10 October 2015 – December 2016	p-value
Inpatient	N=5033	N=8481	
Asthma	763 (15.2%)	1305 (15.4%)	0.948
Hypertension	403 (8.0%)	752 (8.9%)	0.136
CKD	129 (2.6%)	251 (3.0%)	<0.001
DM	452 (9.0%)	889 (10.5%)	0.209
Stroke	36 (0.7%)	77 (0.9%)	0.251
Emergency Room	N=85968	N=142580	
Asthma	7846 (9.1%)	14710 (10.3%)	<0.001
Hypertension	1466 (1.7%)	2418 (1.7%)	<0.001
CKD	149 (0.2%)	240 (0.2%)	<0.001
DM	1308 (1.5%)	2214 (1.6%)	<0.001
Stroke	24 (0.0%)	41 (0.0%)	<0.001

[1] This may include multiple counts from the same person by the ICD code type.

[2] For ICD-10 compared to ICD-9. As in Yoon & Chow (2017), we found similar percentages, indicating stability over the ICD transition, but some significant odds ratios in the comparison models (considering multiple visits by individuals, but not adjusting for age, race/ethnicity, gender). These are likely seen in the ED data because the sample is so large as the percentages in some case are almost identical. Cite: Yoon J, Chow A. Comparing chronic condition rates using ICD-9 and ICD-10 in VA patients FY2014-2016. BMC Health Serv Res. 2017;17(1):572.