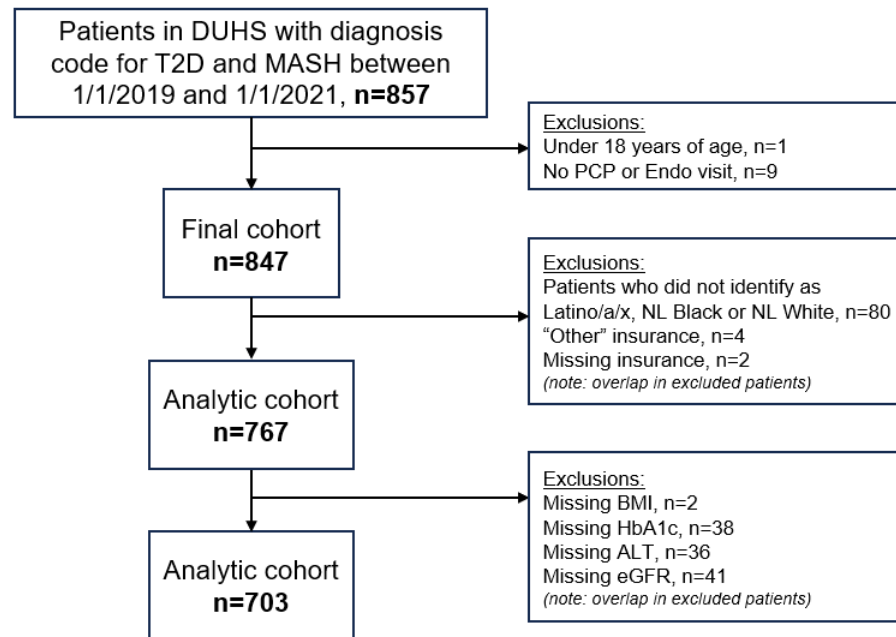


Supplemental Material

Supplementary Figure 1:



Abbreviations: DUHS=Duke University Healthcare System; T2D=type 2 diabetes; MASH=metabolic dysfunction-associated steatohepatitis; PCP=Primary Care Physician; BMI=body mass index; HbA1c=hemoglobin A1c; ALT=alanine aminotransferase; eGFR=estimated glomerular filtration rate.

Supplementary Table 1: Unadjusted model results

Outcome	Latino/a/x	NL Black	NL White	Latino/a/x vs. NL White, OR (95% CI)	NL Black vs. NL White, OR (95% CI)	p-value
EBP	17 (43.59%)	35 (34.65%)	214 (34.13%)	1.77 (0.60, 5.24)	0.47 (0.14, 1.57)	0.488
GLP-1 RA	16 (41.03%)	33 (32.67%)	193 (30.78%)	1.56 (0.81, 3.03)	1.09 (0.70, 1.71)	0.401
Pioglitazone	4 (10.26%)	3 (2.97%)	38 (6.06%)	1.49 (0.78, 2.87)	1.02 (0.66, 1.59)	0.248

Supplementary Table 2: Sensitivity analysis- odds of evidence-based T2D pharmacotherapy for MASH, with addition of fractures as a covariate (n=703)

Covariate	aOR for EBP (95% CI)	p-value
Race/ethnicity*		
Latino/a/x vs. NL White	1.85 (0.79, 4.34)	0.21
NL Black vs. NL White	0.78 (0.45, 1.37)	
Age		
< 59 years, 1 year increase	1.01 (0.98, 1.04)	0.15
> 59 years, 1 year increase	0.96 (0.91, 1.00)	
Female sex vs. male	1.05 (0.71, 1.55)	0.81
Insurance group		
Managed care vs. Government	1.60 (0.93, 2.76)	0.06
Private vs. Government	1.23 (0.74, 2.06)	
Self-pay vs. Government	0.28 (0.08, 1.05)	
Comorbidities (yes vs. no)		
Congestive heart failure	0.57 (0.27, 1.18)	0.13
Coronary artery disease	0.73 (0.41, 1.30)	0.29
Cerebrovascular disease	0.66 (0.29, 1.51)	0.33
Peripheral vascular disease	1.00 (0.32, 3.09)	1.00
Chronic lung disease	0.93 (0.54, 1.58)	0.78
Any malignancy	0.92 (0.53, 1.60)	0.76
Metastatic solid tumor	0.33 (0.08, 1.39)	0.13
Dementia	1.81 (0.37, 8.97)	0.47
Depression	1.04 (0.64, 1.68)	0.88
Fractures	1.54 (0.85, 2.77)	0.15
BMI		
Mean BMI <34, 1 unit increase	1.13 (1.05, 1.21)	<0.01
Mean BMI >34, 1 unit increase	1.02 (0.98, 1.06)	
Clinical care (yes vs. no)		
Endocrinology visit	3.11 (2.06, 4.71)	<0.01
Family medicine visit	1.12 (0.74, 1.70)	0.59
Internal medicine visit	1.37 (0.86, 2.17)	0.18
Urgent care visit	1.00 (0.66, 1.52)	1.00
PCP title		
DO vs. MD	0.83 (0.43, 1.62)	0.12
NP vs. MD	0.40 (0.20, 0.82)	
PA vs. MD	0.90 (0.44, 1.85)	
Unspecified vs. MD	1.32 (0.61, 2.85)	
# of outpatient visits, 1 unit increase	1.03 (1.00, 1.06)	0.03
Laboratory values		
Mean Hemoglobin A1c (%), 1 unit increase	1.30 (1.14, 1.49)	<0.01
Mean ALT (IU/L), 5 units increase	0.99 (0.96, 1.02)	0.53
Mean eGFR (mL/min/1.73m ²), 5 unit increase	0.99 (0.95, 1.04)	0.72
Mean FIB-4 score		
High risk vs. low risk	0.56 (0.35, 0.91)	0.05
Indeterminate vs. low risk	0.57 (0.34, 0.92)	
Missing vs. low risk	0.71 (0.35, 1.45)	

*Primary covariate of interest. Results from multivariable logistic regression model. Abbreviations: aOR=adjusted OR; EBP=evidence-based T2D pharmacotherapy (prescription for pioglitazone and/or glucagon-like peptide-1 receptor agonist); NL=non-Latino/a/x; BMI=body mass index; PCP=primary care physician; DO=doctor of osteopathic medicine; MD=Medical doctor; NP= nurse practitioner; PA=physician assistant; ALT=alanine aminotransferase; eGFR=estimated glomerular filtration rate; FIB-4=fibrosis-4. Model was adjusted for: age, sex, insurance status, FIB-4 category, BMI,

hemoglobin A1c ALT, eGFR, comorbidities (coronary artery disease, heart failure, cerebrovascular disease, peripheral vascular disease, dementia, chronic lung disease, malignancy, depression), and whether patients had any encounter in a family medicine, internal medicine, urgent care or endocrinology clinics (yes/no for each).