**Supporting Information**

**Table S1A. Cost tally sheets for detailed care components**

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| --- | --- | --- |
|  | **Public** | **Private** |
| **Care components** | **Hospital 1 (a)** | **Hospital 2 (b)** | **Clinic 1 (c)** | **Clinic 2 (d)** |
| **Consultations** |  |  |  |  |
| Cost of medical consultation – generalist or specialist  |  |  |  |  |
| Ophthalmology consult |  |  |  |  |
| Nephrology Consult |  |  |  |  |
| Cardiology consult |  |  |  |  |
| Podiatry Consult |  |  |  |  |
| **Hospitalization** |  |  |  |  |
| Package if available (For\_\_\_\_\_ Days) |  |  |  |  |
| Daily cost of hospital room (common room) |  |  |  |  |
| Daily cost of hospital room (single room) |  |  |  |  |
| **Specialized treatments** |  |  |  |  |
| Minor surgery |  |  |  |  |
| Major surgery (including amputation) |  |  |  |  |
| Rehabilitation / physical therapy (1 session) |  |  |  |  |
| Dialysis (1 session) |  |  |  |  |
| Dialysis (package) |  |  |  |  |
| Catheter for dialysis |  |  |  |  |
| Catheterization |  |  |  |  |
| Laser photocoagulation |  |  |  |  |

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| **Table S1A (cont.)**  |
|  | **Public** | **Private** |
| **Care component** | **Hospital 1 (a)** | **Hospital 2 (b)** | **Clinic 1 (c)** | **Clinic 2 (d)** |
| **Tests or examinations** |  |  |  |  |
| Fasting glucose test |  |  |  |  |
| Fasting glucose test with spectrophotometer |  |  |  |  |
| Urine glucose test |  |  |  |  |
| Glycated hemoglobin test |  |  |  |  |
| Semi quantitative urine protein test |  |  |  |  |
| Proteinuria test with electrophoresis (24h) |  |  |  |  |
| Blood lipids (Chol, TG, HDL-C, LDL-C) |  |  |  |  |
| Electrocardiogram (ECG) |  |  |  |  |
| Chest X-ray |  |  |  |  |
| Keto-Diastix® box of 50 strips (blood biology) |  |  |  |  |
| Hemogram |  |  |  |  |
| Echo doppler (Acidosis) |  |  |  |  |
| Biopsy (diabetic foot) |  |  |  |  |
| Antibiogram (diabetic foot) |  |  |  |  |
| Renal Ultrasound (End Stage Renal Disease) |  |  |  |  |
| Vascular Ultrasound (diabetic foot) |  |  |  |  |
| Electrolytes blood test (sodium, potassium) |  |  |  |  |
| Electrolytes blood test (sodium, potassium, calcium) |  |  |  |  |
| Proteinemia |  |  |  |  |
| Creatinine blood test |  |  |  |  |
| Urinary urea nitrogen test |  |  |  |  |
| Urinary electrolytes test (sodium, potassium) |  |  |  |  |
| Urinary creatinine test |  |  |  |  |
| MRI (Magnetic Resonance Imaging)  |  |  |  |  |
| Scanner examination (without injection of contrast dye)  |  |  |  |  |
| Scanner examination (with injection of contrast dye) |  |  |  |  |
| Bone radiography (diabetic foot) |  |  |  |  |
| Retinography[[1]](#footnote-1) |  |  |  |  |
| Urine bacteriology |  |  |  |  |
| Urine culture (ECBU) |  |  |  |  |
| Exercise electrocardiogram testing  |  |  |  |  |
| Cardiac Ultrasound |  |  |  |  |
| Coronarography |  |  |  |  |
| Arteriography of the lower limbs |  |  |  |  |

**Table S1B.** Drug price tally sheet

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Type of drugs** | **Public Pharmacies (Generics)** | **Private pharmacies (Specialty drugs)** |
| **Pharmacy (a)**  | **N** | **Pharmacy (b)** | **N** | **Pharmacy (c)** | **N** | **Pharmacy (d)** | **N** |
| Glibenclamide(daonil®) *5mg (bulk, if not conditioned)* *A box of 20 tablets*  | Oral hypoglycemic agents |  |  |  |  |  |  |  |  |
| Metformin® 500 mg *(en bulk, if not conditioned)**1 box of 100 tablets* |  |  |  |  |  |  |  |  |
| Glucophage® *850mg**1 box of 30 tablets* |  |  |  |  |  |  |  |  |
| Amarel® *4mg**1 box of 30 tablets* |  |  |  |  |  |  |  |  |
| Insulin *1 flacon de 10 ml*  |  |  |  |  |  |  |  |  |  |
| Oxacilline® 500 mg*1 box of 12 tablets* | antibiotics |  |  |  |  |  |  |  |  |
| Vastarel® 35mg *1 A box of 60 tablets* | Vasodilator  |  |  |  |  |  |  |  |  |
| Captopril® 25mg*1 box of 30 tablets* | Antihypertensive |  |  |  |  |  |  |  |  |
| Ramipril® 5mg*1 box of 90 tablets* |  |  |  |  |  |  |  |  |
| Valsartan® 80 mg *1 box of 30 tablets* |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Aspirin® 100 mg *1 box of 30 tablets* |  antiplatelet agents |  |  |  |  |  |  |  |  |
| Plavix® 75 mg (Clopidogrel)*1 A box of 30 tablets* |  |  |  |  |  |  |  |  |
| Lasilix® 40 mg*1 box of 100 tablets* | Diuretics |  |  |  |  |  |  |  |  |
| Lasilix spécial® 500mg *1 box of 30 tablets* |  |  |  |  |  |  |  |  |
| Calcium Carbonate 500 mg*1 box of 30 tablets* | In hypertension and nephropathy |  |  |  |  |  |  |  |  |
| Simvastatin *40mg* (Zocor®)*1 box of 28 tablets* | Lipid-lowering agents |  |  |  |  |  |  |  |  |
| Atorvastatin (Tahor®) *80mg**1 box of 20 tablets* |  |  |  |  |  |  |  |  |
| Potex® 4000 UI (EPO)*1 syringe* | For dialysis |  |  |  |  |  |  |  |  |

**Table S1C. Medical supplies tally sheet**

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| --- | --- | --- |
|  | **Public Pharmacies**  | **Privates Pharmacies**  |
|  | **Pharmacy (a)** | **Pharmacy (b)** | **Pharmacy (c)** | **Pharmacy (d)** |
| 1 box of 50 strips Accu Chek®  |  |  |  |  |
| 1 box of 50 strips One Touch® |  |  |  |  |
| 1 glucometer |  |  |  |  |
| 1 syringe of insulin (keto acidosis) |  |  |  |  |
| 1 l I.V.solute (keto acidosis) |  |  |  |  |
| 1 infusion catheter (keto acidosis) |  |  |  |  |
| box sterile gauze (diabetic foot) |  |  |  |  |
| 1 ordinary bandage (diabetic foot) |  |  |  |  |
| 1 bottle dermal Betadine (diabetic foot) |  |  |  |  |
| 1 bottle of Septivon (diabetic foot) |  |  |  |  |
| Small prosthesis (foot) |  |  |  |  |
| Large prosthesis (full leg) |  |  |  |  |
| 1 pair of orthopedic shoes |  |  |  |  |

1. If the retinography is included in the cost of the ophthalmology consult, this line is to remain blank [↑](#footnote-ref-1)