

**Table G.5. Interaction Between Randomization Group and Patients' Ratings of Their Clinician's Quality of Communication in Associations With Study Outcomes<sup>a</sup>**

Outcome	No. of Patients/ No. of Clinicians <sup>b</sup>	Tx Group <sup>c</sup>		Quality of Care <sup>d</sup>		Interaction <sup>e</sup>	
		$\beta$	<i>p</i>	$\beta$	<i>p</i>	$\beta$	<i>p</i>
<b>Aim 1: Events at Target Visit</b>							
Occurrence of discussion <sup>f</sup>	492/124	2.020	< 0.001	0.026	0.318	-0.012	0.743
<b>Aim 2: Concordance at 3 Months<sup>g</sup></b>	289/116	0.549	0.076	0.008	0.745	0.015	0.672
<b>Aim 3: Depression and Anxiety</b>							
Standard PHQ-8 score, 3 months <sup>h</sup>	488/124	0.342	0.398	0.025	0.436	0.026	0.543
Standard GAD-7 score, 3 months <sup>i</sup>	490/124	0.088	0.857	9.476	0.357	-16.100	0.261
Standard PHQ-8 score, 6 months <sup>h</sup>	487/124	0.313	0.500	0.024	0.469	-0.040	0.477
Standard GAD-7 score, 6 months <sup>i</sup>	490/124	-0.167	0.764	6.443	0.533	7.906	0.625

a Results were based on complex regression models with patients clustered under clinicians, estimated with restricted maximum likelihood. Each model included 3 predictors (randomization group, QOC latent construct, and the product of those 2 variables), with automatic adjustment for patient age, gender, and racial/ethnic minority status.

- b Number of patients/number of clinician clusters. These sample sizes are larger than those shown for the main analyses for the study because they include patients whose only contribution was to the construction of the latent QOC variable.
- c 0 = control; 1 = intervention.
- d Quality of communication was a continuous latent variable measured at baseline with the 4 communication ratings judged to have been best supported by the intervention and without constraints designed to produce invariance between treatment groups or over time. Because of large floor effects, the 4 indicators were designed as censored from below.
- e Term computed as the product of the randomization group indicator (0 = control, 1 = intervention) and the QOC latent construct.
- f Binary outcome (0 = no discussion, 1 = discussion occurred).
- g Binary outcome (1 = treatment preference and actual treatment at 3 months were both life extension or comfort care; 0 = treatment preference at 3 months was life extension and actual treatment was comfort care, or the reverse; or patient wasn't sure about preference or actual treatment). In addition to the automatic adjustments for patient gender, age, and racial/ethnic minority status, adjustment was made for treatment preference at 3 months (life extension or comfort care); patients with other values on this adjustment variable were excluded.
- h Continuous variable, estimated with robust linear regression. In addition to the automatic adjustments for patient gender, age, and racial/ethnic minority status, adjustment was made for the standard Patient Health Questionnaire scale score at baseline.
- i Variable defined as censored from below. In addition to the automatic adjustments for patient gender, age, and racial/ethnic minority status, adjustment was made for the standard generalized anxiety disorder scale score at baseline.