Note: We were provided email confirmation from Erica Cruz that we can disregard the CONSORT guidelines as this is a secondary analysis of a randomized clinical trial, but we have provided the completed checklist for reviewers.

CONSORT 2010 checklist of information to include when reporting a randomised trial*

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract			
	1a	Identification as a randomised trial in the title	Although the original trial was randomized, the analysed data was not randomized.
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	Abstract, pg. 2
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	Background, par. 1, 2, 3
	2b	Specific objectives or hypotheses	Background, par. 4
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	Although the original trial was randomized, the data analysed was not randomized.
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	N/A
Participants	4a	Eligibility criteria for participants	Methods, par. 1
	4b	Settings and locations where the data were collected	Methods, par. 1
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	Methods, par. 2
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when	Original trial was

		they were assessed	randomized, but this analysis was not
	6b	Any changes to trial outcomes after the trial commenced, with reasons	This analysis with chart review outcomes was an offshoot of the original trial
Sample size	7a	How sample size was determined	Procedure Par 2
	7b	When applicable, explanation of any interim analyses and stopping guidelines	N/A
Randomisation:			
Sequence generation	8a	Method used to generate the random allocation sequence	Original trial was randomized, but this analysis was not
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	Original trial was randomized, but this analysis was not
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	Original trial was randomized, but this analysis was not
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	Original trial was randomized, but this analysis was not
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	Methods, par. 3
	11b	If relevant, description of the similarity of interventions	N/A
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	Methods, par. 2
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	Methods, par. 2

Results

Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	Results, par. 2
	13b	For each group, losses and exclusions after randomisation, together with reasons	Results par 1
Recruitment	14a	Dates defining the periods of recruitment and follow-up	Procedure, par. 2
	14b	Why the trial ended or was stopped	N/A
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Included at end of checklist
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	Results, par. 2
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	Results, par 4-5
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	We just calculate proportions throughout and don't calculate relative estimates
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	We don't have prespecified outcomes as this was an offshoot project of the main trial
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	N/A
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	Discussion, par. 4
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	Discussion, par 3 (implications)
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	Discussion, par. 1, 2, 3
Other information			
Registration	23	Registration number and name of trial registry	Trial Registration, pg. 3
Protocol	24	Where the full trial protocol can be accessed, if available	https://clinicaltrials

			.gov/ct2/show/NCT03583008
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	Grant Support, pg. 1

*We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming: for those and for up to date references relevant to this checklist, see www.consort-statement.org

Table 1. Comparison of Key Characteristics Recorded at Beginning of Intervention for Patients from Three Provider Groups

	Intervention	Controls
Characteristic	**Frequency (% out of 3578)**	**Frequency (% out of 1897)**
Age		
75+	2011 (56.2)	1100 (58.0)
65-74	1165 (32.6)	563 (29.7)
< 65	402 (11.2)	234 (12.3)
Gender		
Female	1638 (45.8)	820 (43.2)
Male	1940 (54.2)	1077 (56.8)
Median area level annual income		
≤ 400% poverty level	2328 (65.1)	1210 (63.8)
> 400%	1229 (34.3)	674 (35.5)
Missing	21 (0.6)	13 (0.7)
Race		
Non-White	257 (7.2)	103 (5.4)
White	3313 (92.6)	1789 (94.3)
Missing	8 (0.2)	5 (0.3)

Hispanic Ethnicity		
Hispanic	110 (3.1)	32 (1.7)
Non-Hispanic	2977 (83.2)	1618 (85.3)
Missing	491 (13.7)	247 (13.0)
Language Preference		
English	2904 (81.1)	1600 (84.3)
Non-English	199 (5.6)	65 (3.4)
Missing	475 (13.3)	232 (12.2)
Insurance		
Commercial	376 (10.5)	204 (10.8)
Medicare	2788 (77.9)	1507 (79.4)
Medicaid	7 (0.2)	6 (0.3)
Other / MA state health insurance exchange	254 (7.1)	113 (6.0)
Uninsured / self-pay	8 (0.2)	0 (0.0)
Missing	145 (4.1)	67 (3.5)
Individual CHA_2DS_2-VASc comorbidities		
CHF†	995 (27.8)	694 (36.6)
Hypertension	3036 (84.9)	1591 (83.9)
Diabetes	1108 (31.0)	574 (30.3)
Stroke / TIA	415 (11.6)	236 (12.4)
Vascular disease	426 (12.0)	224 (11.8)
CHA_2DS_2-VASc Score		
2	691 (19.3)	378 (19.9)
3	1003 (28.0)	514 (27.1)
4	974 (27.2)	489 (25.8)
5	536 (15.0)	322 (17.0)
6	261 (7.3)	122 (6.4)
7	86 (2.4)	53 (2.8)
8	24 (0.7)	15 (0.8)
9	3 (0.1)	4 (0.2)
Anticoagulant Use		

Warfarin	1367 (38.2)	843 (44.4)
Direct oral anticoagulant	1143 (31.9)	535 (28.2)
None	997 (27.9)	465 (24.5)
Missing	71 (2.0)	54 (2.8)
Antiplatelet Use		
Aspirin	1713	837
Other antiplatelet*	71	36
None	1794	1024
Anticoagulation provider		
Cardiology provider	2623 (73.3)	1464 (77.2)
PCP**	955 (26.7)	433 (22.8)
Visit with assigned provider* **		
Completed appointment	1848 (51.6)	1023 (53.9)
Did not complete appointment	1730 (48.4)	874 (46.1)
Anticoagulation eligible panel size of patient's assigned provider		
1-10	121 (3.4)	44 (2.3)
11-50	892 (24.9)	473 (24.9)
51-100	886 (24.8)	334 (17.6)
> 100	1679 (46.9)	1046 (55.1)

Abbreviations: PCP = primary care physician, CHF = congestive heart failure, TIA = transient ischemic attack
*Other antiplatelet medications include clopidogrel, ticlidopine, dipyridamole
**PCPs could come from internal medicine, geriatrics, or family medicine background
***Refers to whether the patient had a visit with his or her provider assigned at the beginning of study.