

**Table 1: Frequency of selected characteristics in visits conducted by providers receiving intervention versus controls**

	After AD Intervention				Before AD Intervention	
	Both Groups of Providers Frequency (% out of 113)	AD Providers Frequency (% out of 36)	Non-AD Providers* Frequency (% out of 77)	P-value for Comparison of AD with non-AD Providers	AD Providers Frequency (% out of 35)	P-value for Comparison of AD Providers Before and After Intervention
Type of visit						
Scheduled / comprehensive	105 (93)	34 (94)	71 (92)	1.000	35 (100)	0.493
Sick / focused or other	8 (7)	2 (6)	6 (8)		0 (0)	
Patient started AC within 3 months of the visit	22 (19)	9 (25)	13 (17)	0.319	9 (26)	1.000
AF mentioned in provider note	64 (57)	25 (69)	39 (51)	0.069	25 (71)	1.000
AC mentioned in provider note	50 (44)	23 (64)	27 (35)	0.005	22 (63)	1.000
Multiple AC options documented	6 (5)	2 (6)	4 (5)	1.000	10 (29)	0.012
CHA2DS2-VASc score documented	12 (11)	6 (17)	6 (8)	0.193	9 (26)	0.396
Risk of stroke qualitatively (i.e. high medium or low or elevated) or quantitatively	4 (4)	4 (11)	0 (0)	0.009	0 (0)	0.115
Bleeding risk mentioned	1 (1)	1 (3)	0 (0)	0.319	1 (3)	1.000
Evidence of any of the following in the provider note						
Bleeding risk factors addressed**	2 (2)	2 (6)	0 (0)	0.100	0 (0)	0.493

Evidence of amount of time spent talking about AC	1 (1)	0 (0)	1 (1)	1.000	0 (0)	1.000
Discussion of AC resumption after a bleeding event	1 (1)	1 (3)	0 (0)	0.319	2 (6)	0.614
Evidence that one of the special topics from academic detailing mentioned in provider note***	6 (5)	5 (14)	1 (1)	0.012	1 (3)	0.199
Evidence of discussion of AC with patient	8 (7)	6 (17)	2 (3)	0.013	14 (40)	0.037
Discussion included benefits of AC	3 (3)	3 (8)	0 (0)	0.031	7 (20)	0.189
Discussion included risks of AC	2 (2)	2 (6)	0 (0)	0.100	2 (6)	1.000
Evidence of patient involvement in discussion (e.g. patient declined AC, patient wanted to discuss with another person)	6 (5)	6 (17)	0 (0)	0.001	13 (37)	0.064
Provider makes a recommendation regarding AC	4 (4)	3 (8)	1 (1)	0.095	5 (14)	0.478

\*Including encounters with patients of providers who received electronic messaging but did not participate in academic detailing OR encounters with patients of control providers

\*\* Specifically, reviewers reviewed modifiable factors - alcohol, previous labile INR, hypertension, aspirin/NSAID use.

\*\*\* Topics included AC use in the elderly, number of falls needed to offset benefit of AC, and timeline for resumption of AC.