

Supplementary Data

SUPPLEMENTARY TABLE S1. COMPARISON OF TOPIC DISCUSSION ACROSS ONCOLOGY
AND PALLIATIVE CARE VISITS (ONLINE ONLY)

	<i>Early, integrated palliative care intervention visits, N=68</i>	
	<i>Oncologists</i>	<i>Palliative care clinicians</i>
SYMPTOM MANAGEMENT	34	34
Assessing symptoms	34	34
Appetite	21	24
Bleeding	14	2
Cachexia/weight loss	6	13
Dyspnea/cough	28	26
Edema	0	4
Emotional and mood symptoms	5	14
Fatigue	18	20
General symptoms	13	11
Gastrointestinal/genitourinary	18	25
Nausea/vomiting	11	14
Neurological symptoms	10	7
Other symptoms	25	20
Pain	18	26
Sexuality/intimacy	0	0
Skin issues	15	4
Sleep	12	22
Treating symptoms	32	33
Appetite	2	10
Bleeding	1	0
Cachexia/weight loss	0	2
Dyspnea/cough	11	10
Edema	3	6
Emotional and mood symptoms	3	10
Fatigue	8	16
General symptoms	0	1
Gastrointestinal/genitourinary	11	22
Nausea/vomiting	10	6
Neurological symptoms	2	2
Other symptoms	13	5
Pain	18	22
Sexuality/intimacy	0	0
Skin issues	3	1
Sleep	2	12
Coordinating symptom management	7	6
Discussing and providing referral for symptom management	0	0
Encourage disclosure of symptoms now and in the future	11	14
Evaluating symptom management	25	29
Ask if symptom management strategies are effective	17	28
Discuss future evaluation of new symptom management strategies	11	10
Encourage and or empower patient and caregiver to self-manage their symptoms	5	12
Make changes to previous symptom management strategies	14	17
Medication check	16	22
Preparing for anticipated symptoms	13	11
MEDICAL UNDERSTANDING	34	33
Discuss cancer response to treatment	30	30
Inform patient of new medical information	22	5
Review patient progress on current or past treatments	26	29
Discuss illness prognosis	5	18
Assess and discuss patient and caregiver understanding of patient prognosis	3	15

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SUPPLEMENTARY TABLE S1. (CONTINUED)

	<i>Early, integrated palliative care intervention visits, N=68</i>	
	<i>Oncologists</i>	<i>Palliative care clinicians</i>
Discuss what impacts prognosis (treatment, care, etc.)	4	4
Inform patient and caregiver of prognosis	1	2
Request patient and caregiver preference for discussing prognosis	0	4
Understanding and expectations of illness process	17	17
Assess patient and caregiver understanding and expectations of illness process	1	4
Inform patient and caregiver of illness process	16	14
Understanding and expectations of treatment process	31	27
Assess patient and caregiver understanding and expectations of treatment process	4	20
Inform patient and caregiver of treatment process	31	24
TREATMENT DECISION MAKING	34	34
Discuss how patient experiencing treatment and (or) disease experience (general)	26	23
Discuss treatment options and considerations	34	27
Address concerns regarding treatment or disease (any questions)	34	22
Discuss clinical trials	19	10
Discuss second opinions	3	1
Discuss treatment discontinuation	3	5
Discuss treatment efficacy	15	3
Help evaluate benefits, risks, burdens, and side effects	15	14
Treatment related to patient attitudes, values, and life goal alignment	2	17
Treatment related to patient quality of life	22	16
Negotiate treatment decisions between patients and caregivers	18	11
Inquire and affirm patient preferences for decision making	4	13
Decision-making style	1	4
Patient attitudes, values, and treatment-life goal alignment	3	11
Patient quality of life	1	4
Provide recommendations and suggestions regarding treatment or care	17	8
Request feedback from patient and caregiver regarding recommendation	2	3
Support patient decisions	1	9
Emphasize patient autonomy	1	6
Give patient and caregiver permission to change mind	1	1
Involve caregiver to degree patient wants	0	7
Support patient and caregiver decision to start or stop treatment	1	2
Support patient and caregiver decision to stop or refuse treatment	1	0
Emphasizing and reinforcing their partnership with patients and caregivers	30	34
Trust-building with patient and caregiver	21	28
Encourage patient disclosure of symptoms, side effects, and any concerns	21	26
Establish patient (dis)comfort with discussing issues	0	1
Reassure patient that discussions (end-of-life, etc.) will be raised as needed	0	2
Reinforce partnership between patient, caregivers, and health care team	5	21
Understanding of patient experience	27	34
Clarify patient experience	18	17
Discuss and validate patient wishes, values, concerns, and emotions	14	34
Discuss lifestyle changes related to illness	12	21
Discuss patient outside context of illness	18	30
COPING WITH ILLNESS	4	27
Ask about past coping methods (positive and negative)	1	7
Discuss and advocate for different coping methods	4	26
Accepting living with illness	1	11
Acknowledging limitations due to disease	0	1
Defining what is in their control	0	10
Maintaining hope	0	6
Behavioral approaches	1	13
Activity pacing	0	5
Breathing	0	0
Exercise	0	0
Help and encourage patient to maintain normal life outside of illness	0	6
Meditation	0	1
Relaxation techniques	1	5

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SUPPLEMENTARY TABLE S1. (CONTINUED)

	<i>Early, integrated palliative care intervention visits, N=68</i>	
	<i>Oncologists</i>	<i>Palliative care clinicians</i>
Sleep hygiene	0	3
Cognitive approaches	0	3
Brainstorm positive experiences	0	0
Distraction	0	2
Problem solving	0	1
Life review	0	0
Consider patients legacy	0	0
Discuss how patient wants to spend remaining time	0	0
Reflect on patients' life experiences	0	1
Social support	1	14
Emotional	0	11
Finding and using social support	0	6
Informational	0	1
Instrumental	0	8
Spiritual	2	7
Discuss personal religious beliefs and or practices	2	4
Discuss religious affiliation	0	1
Discuss spiritual traditions	0	2
Involve chaplain	0	1
Help patient reflect on difficulties of illness	0	7
Help patient review how his or her life has changed	0	1
Strengthen patient's belief in his or her coping ability	0	2
SUPPORTING CAREGIVERS AND LOVED ONES	16	30
Supporting caregivers (caregiver present during encounter)	13	28
Discuss effect of illness on caregiver	1	7
Assess caregiver's need for assistance in caregiving	0	2
Discuss challenges of caregiving	1	6
Discuss relationship between patient and caregiver	8	25
Discuss changes in relationship	3	12
Elicit how patient and caregiver have related to each in the past	0	8
Help caregiver deal with patient's illness	1	9
Assess and support caregiver desire for hope	0	6
Assist caregiver engage in self-care	1	2
Discuss coping strategies for caregiver	0	1
Emphasize need for caregiver to have social support	0	3
Teach caregiver skills to help patient cope	0	3
Understanding caregiver experience	5	16
Clarify caregiver experience	5	15
Discuss and validate caregiver values, concerns, and experience	4	13
Discuss caregiver outside context of illness	1	2
Supporting loved ones (family, friends, and others <i>not</i> present at visit)	3	8
Discuss effect of illness on loved one	1	5
Assess loved one's need for assistance in coping	1	0
Discuss loved one's challenges with coping	0	2
Discuss relationship between patient and loved one	2	6
Discuss changes in relationship	0	0
Elicit how patient and loved one have related to each in the past	0	1
ADVANCE CARE PLANNING	9	14
Coordinating advance care planning with caregivers	1	5
Discussing advance care options	9	15
Code status	3	11
Comfort care	2	1
Funeral planning	1	3
Health care proxy	1	10
Home care	2	3
Hospice	8	9
Location of death preferences	0	2
Will	0	4
Referencing and discussing future conversations about advance care planning	1	6

Highlighted rows indicate a first-level (high-level, broad) coding. First-level codes are in all caps and highlighted in dark gray. Second-level codes are highlighted in medium gray. Third-level codes (if they do not have any subcodes) have no highlighting. If a third-level code has subcodes, the third-level code is highlighted in light gray.