

## **SUPPLEMENTAL LEGEND:**

**Supplemental Text S1:** Survey Questions

**Supplemental Figure S1:** Geographic location of respondents

**Supplemental Table S1:** Characteristics of Survey Respondents

**Supplemental Figure S2:** Time and resources available to implement the domain management approach, according to respondents.

**A:** Distribution of time allotted for patient office visits; **B:** Percentage of respondents that reported having personnel available to help with domain and subdomain assessments

## Supplemental Text S1: Survey Questions

Q1. Do you provide outpatient care of older adults with heart failure?

- Yes
- No
  - If no, skip to end of survey

Q2. How frequently do you provide outpatient care for older adults with heart failure?

- 4-5 days per week
- 2-3 days per week
- 1 day per week

Q3. What proportion of your outpatient practice is comprised of older adults (ages>65 years) with heart failure?

- 75-100%
- 50-74%
- 25-49%
- <25%

Q4. Which domains do you routinely assess in your outpatient care of older adults with heart failure? (Select all that apply)

- a. Comorbidity burden

- If a is selected:

Q5. How do you assess **comorbidity burden**?

- If a is selected:

Q6. How does identification of **high comorbidity burden** impact your clinical management?

- b. Polypharmacy

- If b. is selected:  
Q7. How do you assess **polypharmacy**?
- If b. is selected:  
Q8. How does identification of **polypharmacy** impact your clinical management?
- c. Nutritional status
  - If c. is selected:  
Q9. How do you assess **nutritional status**?
  - If c. is selected:  
Q10. How does identification of **malnutrition** impact your clinical management?
- d. Sensory impairment
  - If d. is selected:  
Q11. How do you assess **sensory impairment**?
  - If d. is selected:  
Q12. How does identification of **sensory impairment** impact your clinical management?
- e. Cognition
  - If e. is selected:  
Q13. How do you assess **cognition**?
  - If e. is selected:  
Q14. How does identification of **cognitive impairment** impact your clinical management?
- f. Depression  
If f. is selected:

Q15. How do you assess **depression**?

- If c. is selected:

Q16. How does identification of **depression** impact your clinical management?

- g. Anxiety

- If g. is selected:

Q17. How do you assess **anxiety**?

- If c. is selected:

Q18. How does identification of **anxiety** impact your clinical management?

- h. Frailty

- If h. is selected:

Q19. How do you assess **frailty**?

- If h. is selected:

Q20. How does identification of **frailty** impact your clinical management?

- i. Function

- If i. is selected:

Q21. How do you assess **Function**?

- If i. is selected:

Q22. How does identification of **malnutrition** impact your clinical management?

- j. Mobility

- If j. is selected:

Q23. How do you assess **mobility status**?

- If j. is selected:

Q24. How does identification of **impaired mobility** impact your clinical management?

○ k. Fall risk

○ If k. is selected:

Q25. How do you assess **fall risk**?

○ If k. is selected:

Q26. How does identification of **high fall risk** impact your clinical management?

○ l. Social Isolation

○ If l. is selected:

Q27. How do you assess **social isolation**?

○ If l. is selected:

Q28. How does identification of **social isolation** impact your clinical management?

○ m. Loneliness

○ If m. is selected:

Q29. How do you assess **loneliness**?

○ If m. is selected:

Q30. How does identification of **loneliness** impact your clinical management?

○ n. Financial means/wherewithal

○ If n. is selected:

Q31. How do you assess **financial means**?

○ If n. is selected:

Q32. How does identification of **financial struggle** impact your clinical management?



Q35. If this is part of a dedicated program that is sensitive to geriatric conditions, please provide the title/description of the program.

Q36. For which heart failure subtypes do you conduct these “geriatric-based” assessments? (Select all that apply)

- HFpEF
- HFrEF
- Aortic Stenosis
- Other valvular disease

Q37. What additional personnel do you utilize to conduct these assessments? (Select all that apply)

- Other physicians
- Nurse practitioner
- Physician Assistant
- Registered Nurse
- Medical Assistant
- Pharmacist
- Research Assistant/Coordinator
- Non-medical personnel/volunteer
- None; I do these assessments on my own

Q38. Are there any practical comments/advice that you want to provide about conducting these “extra” assessments for older adults with heart failure?

Q39. Is there anything else that you would like to share with us regarding the care of older adults with heart failure?

End of Survey.



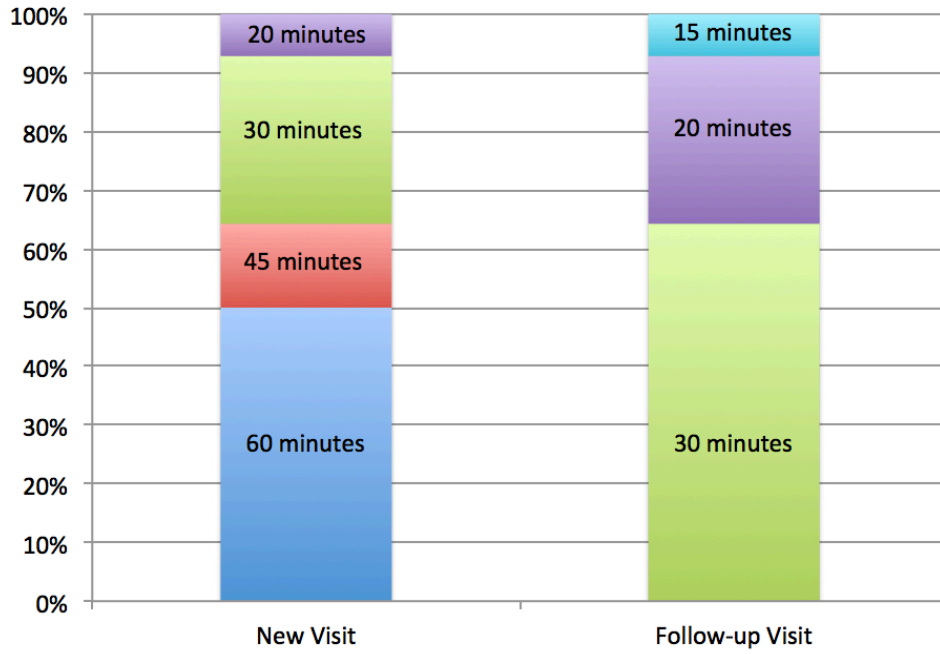


**Supplemental Table S1.** Characteristics of Survey Respondents

<b>Respondent</b>	<b>Gender</b>	<b>Clinical Training</b>	<b>Years in Practice</b>	<b>Affiliation</b>	<b>Number of Clinic Days per Week</b>	<b>Proportion of Practice that Comprise Older adults with HF*</b>	<b>Dedicated Program</b>
1	Male	Cardiology, Heart Failure	10-15	Academic	2-3	50-74%	HFpEF Program
2	Male	Cardiology, Heart Failure	<5	Academic	1	75-100%	HFpEF Program
3	Female	Cardiology	>15	Academic	2-3	25-49%	N/A
4	Female	Cardiology, Geriatrics	<5	Academic	1	<25%	Geriatric Cardiology Program
5	Female	Cardiology	< 5	Academic	1	25-49%	N/A
6	Male	Cardiology, Heart Failure	10-15	Academic	4-5	50-74%	N/A
7	Male	Cardiology, Heart Failure	10-15	Private	4-5	25-49%	N/A
8	Male	Cardiology, Heart Failure	>15	Academic	2-3	75-100%	N/A
9	Male	Cardiology	5-10	Academic	1	<25%	Geriatric Cardiology Program
10	Female	Geriatrics	< 5	Academic	1	75-100%	Geriatric Cardiology Program
11	Female	Cardiology, Heart Failure	5-10	Private	4-5	75-100%	Post-Acute Care

							Program
12	Male	Cardiology, Geriatrics	>15	Academic	1	75-100%	Geriatric Cardiology Program
13	Male	Cardiology	10-15	Academic	1	25-49%	N/A
14	Male	Cardiology	>15	Academic	1	<25%	N/A

\*Heart failure

**A****B**