# Process evaluation of five tailored programs to improve the implementation of evidence-based recommendations for chronic conditions in primary care

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## Additional file 5: Results of the qualitative analysis (aspects related to the use of the strategies)

| Assignment to the TICD checklist category | | Reasons why a strategy was used/not used or considered helpful / unhelpful (themes derived from inductive analysis) | Example quotations |
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| Individual health care professional factors | Knowledge and skills | Extent to which the strategy conveys useful / new knowledge and skills | • The workshop was helpful, (…) I could answer questions of patients more easily afterwards (GE).<br>• I completed the web program, but I haven't got new insights (NL).<br>• Yes, the e-course is excellent (...) one learns techniques and that is good (NW). |
| | Awareness and familiarity | Extent to which the strategy raises awareness | • I already did this before the intervention, but now I am more aware of it (NL).<br>• Most of us knew this from before, but the discussion increased my awareness (NW).<br>• It increased my awareness and perhaps I am more likely to ask patients to demonstrate the technique of inhalation (PL). |
| | Intention and motivation | Extent to which the strategy motivates the target group | • This helped us a lot. The staff was more motivated and as you can see we have realized most of the issues we have elaborated (GE).<br>• We didn't know what this was all about, but the information inspired me to take the CME-course (NW). |
| | | Extent to which the target group feels responsible for using the strategy | • It certainly should be done because it is our duty (PL).<br>• It is not a task of the practice nurse to identify a depression (NW). |
| | | Extent to which the target group sees a need or priority for the strategy | • We do all this already and this is why there was nothing to change (GE).<br>• I've looked at them, but I don't use them. I don't think that the content of the referral affects our partners' priorities (NW). |
| | Attitude towards guidelines in general | Extent to which the strategy finds a balance between structuring care and allowing flexibility/individual care | • I need the checklist only if I don't have knowledge. I think you should trust the doctors more! They have knowledge and they don't need checklists (GE).<br>• The checklist with information on what should be done is not necessary. I do not hold rigidly to what is written there (NL).<br>• The use of a check list probably will not improve care at all (PL).<br>• Yes, this template was useful. It helped me to structure my referral. (NW). |
| | Professional behaviour / self-monitoring and feedback | Extent to which the strategy includes reminders / ongoing support for the requested behaviour | • We gave them the bag and then it worked quite well. The patients even reminded us, when we had forgotten about it (GE).<br>• The majority of the patients really appreciated the literature, they appreciated that it wasn't just a leaflet given to them, but that there was follow-up (UK). |
| | | Extent to which the target group was reminded of the offered strategy / to which knowledge transfer was sustainable | • I haven't paid attention to the websites, from now on I will do that (NL).<br>• I don't remember that I received this kind of information (NW).<br>• This was already some months ago. In the meantime, other information has been stored on my hard disk (GE). |
| Professional interactions | Communication and influence and team processes | Extent to which the strategy implies interactive elements, exchange of experiences, team work or feedback | • What was most helpful for us: the experiences of the other colleagues (GE).<br>• That was pretty confrontational, which acted as a wake-up call (NL).<br>• The meeting improved our communication with other healthcare professionals in the community (NW). |
| Patient factors | Patient needs, preferences and knowledge | Extent to which the strategy is valuable for and accepted by patients | • The patients often addressed us because of the posters you gave us. This was something the patients concentrated on (GE).<br>• This have been particularly useful for patients who live some distance from my practice (NW).<br>• It was their goal and not something that I set, it was what they defined and what they wanted to get to (UK). |

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| Guideline factors / recommended clinical intervention or behaviour | Accessibility | Extent to which the strategy is at hand (e.g. integrated into practice software) | • *If the checklist was digital, we would probably use it (GE).*<br>• *The referral forms were OK, but to use them, they should have been integrated in my practice software (NW).*<br>• *The inhaler devices were always on my desk, so I used it (PL).* |
| | | Extent to which the target group for the strategy is present / defined | • *After the outreach visit we made a plan and decided that some patients could contact me or the practice staff regularly. The patients who received this service were very happy with it (NW).*<br>• *I didn't have to recommend the psychical exercise group because there were no patients with mild depressive symptoms (NL).*<br>• *Patients who do not attend consultations due to depression are rare in my practice (NW).* |
| | Feasibility | Extent to which the strategy is intuitive / functional/easy to use | • *I did not give patients the information card because there was an error on the card (NL).*<br>• *We used the booklets mainly because they had photographs in it (UK).* |
| | | Extent to which the strategy requires the use of technologies (e.g. internet connection) | • *Almost no one of our patients was able to use this tablet. The health care assistant had to read it to them (GE).*<br>• *The internet connection was slow, so we stopped using the online lectures, printing the PDF hand-outs instead (NW).*<br>• *Patients in my group are not really into twitter, even if they had internet they wouldn't use twitter (NL).* |
| | Effort | Extent to which the use of the strategy demands time or helps to save time | • *I did not look at the web program, I was too busy (NL).*<br>• *Meeting with relatives is very useful and saves me a lot of time in my practice, because various family members know different things about the patient (NW).* |
| | Compatibility | Extent to which the strategy fits with pre-existing habits / structures and personal preferences | • *We are not using the posters any more, because we generally don't like it, if there is so much paper on the walls in the practice (GE).*<br>• *We personally don't work with strive targets for patients. So I did not fill it out on the information card (NL).*<br>• *I don't give this kind of information, I have little experience with such services (NW).* |
| | Quality of evidence | Extent to which the strategy includes information about evidence | • *Very useful; when patients are informed that my recommendations are consistent with national guidelines, they are more receptive (NW).*<br>• *Yeah, I would (use it), because it is a resource that's designed around the NICE guidelines (UK).* |
| Incentives and resources | Availability of necessary resources | Extent to which the strategy provides necessary resources / useful tools | • *The internet tools you showed us on the tablet, to check side effects quickly, that was helpful (GE).*<br>• *I've read the folder together with the patient, this project has really provided valuable tools for the GP (NW).* |
| | Financial incentives and disincentives | Extent to which the strategy includes reimbursement / requires personal commitment | • *It is a strong motivation that the activities merit for my speciality (NW).*<br>• *I should do it at home and that does not motivate me at all (NL).*<br>• *It (the workshop) took too much time. I had to close my practice and reschedule all appointments (GE).* |

GE = Germany, NL = The Netherlands, NW = Norway, UK = United Kingdom, PL = Poland