

Appendix S1: TiDIER CHECKLIST

| Item | |
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| Provide the name or a phrase that describes the intervention | A four-month, pragmatic, interdisciplinary intervention for the prevention and management of chronic diseases aimed at supporting self-management of patients with multimorbidity in primary care. |
| Describe any rationale, theory or goal of the elements essential to the intervention | See protocol: Stewart M, Fortin M; Patient-Centred Innovations for Persons with Multimorbidity Team*. Patient-Centred Innovations for Persons with Multimorbidity: funded evaluation protocol. <i>CMAJ Open</i> . 2017;5(2): E365–E372. doi:10.9778/cmajo.20160097 |
| Materials: describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in the training of the intervention providers | Added information : Each healthcare professional was given a training handbook containing information about each intervention component. No specific material was used during interventions. Instead, healthcare professionals used their material. |
| Procedures: Describe each of the procedures, activities and /or processes used in the intervention, including any enabling or support activities | Patients were assessed for eligibility by family physicians or registered nurses. Each eligible patient was provided with a one-hour initial assessment by a primary care nurse to create an intervention plan focused on their needs and according to their objectives and; to direct patients to other healthcare professionals (nutritionists, kinesiologists or the respiratory therapist) according to their intervention plan. Each patient's intervention had to be based on the educational and coaching content of the training (patient-centered care approach for patients with multimorbidity, self-management support, and motivational interviewing). Interdisciplinary meetings |

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| | between family physicians, nurses and other health professionals were to be held to discuss cases and harmonize the intervention plan.” |
| For each category of intervention provider, describe their expertise, background, and any specific training given. | Practice Nurse; Nutritionists; Kinesiologists; Respiratory therapists. The training was given to all healthcare professionals who worked with chronic diseases patients. This involved being trained on patient-centered care approach for patients with multimorbidity, self-management support, and interprofessional collaboration and motivational interviewing. Their training lasted an average 7.8 hours. |
| Describe the modes of delivery (such as face-to-face or by some other mechanism, such as internet or telephone) of the intervention, and whether it was provided individually or in a group | Interventions were provided individually and face-to-face. |
| Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features | Recruitment and intervention was undertake in the patient’s FMGs. |
| Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule and their duration, intensity or dose. | Once recruited, patients had an initial assessment with the nurse during approximately one hour. Based on patients’ centered care, no specific number of sessions was planned. Therefore, patients could see healthcare professionals as much (or as little) as they wanted during a 4-month period. In average, patients had 2.6 hours of interventions throughout the 4-month period. |
| If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when and how. | See above. |
| If the intervention was modified during the course of the study, describe the changes (what, why, when and how) | N/A |

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| Planned: if intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them. | Intervention adherence was assessed after intervention completion by the research team. |
| Actual: if intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned. | Intervention adherence will be discussed in another paper that is now in the publication process. |