Appendix 2 Selection of CFIR constructs for the T0 interview topic guide

CFIR construct	Explanation *	Included	Reasons for not being included
Intervention characteristics			
Intervention source	Stakeholder's perception about development of de intervention (i.e. internal or external)	No	The ABCC-tool is implemented in a group of HCPs during an effectiveness trial. To maintain a comparable starting point, none of the HCPs could have participated in the development process.
Evidence strength and quality	Stakeholder's perception on the quality and validity of evidence supporting the intervention	No	The evidence supporting the ABCC-tool's desired outcomes is being gathered in the ongoing effectiveness trial. Thus, HCPs could not evaluate this at the starting point of the implementation study.
Relative Advantage	Stakeholders' perception of the advantage of implementing the intervention as opposed to another	Yes	-
Adaptability	Stakeholder's perception of the degree to which the intervention can be adapted to local needs	No	As the ABCC-tool is currently being evaluated, changes on the tool are not allowed. The goal of the study is to identify improvements, to be implemented after the study period.
Trialability	The ability to test the intervention on a small scale in the organization	No	As the implementation of the ABCC-tool takes place in a limited amount of patients (i.e. about 5 to 10 per practice), evaluating trialability within a trial seems trivial.
Complexity	The stakeholder's perceived difficulty with the intervention (e.g. duration, scope, disruptiveness, intricacy and number of required steps to use)	Yes	-
Design quality and packaging	Stakeholder's perceived excellence in how the intervention is presented	No	Evaluation of design and packaging was not included because part of the difficulty with design and packaging will come forth as an indication of complexity, while difficulty with the design will most probably come from patients, not HCPs, in this setting. Patients are interviewed separately in another study.
Cost	Costs of the intervention and costs associated with implementing the intervention	No	The ABCC-tool is free from direct costs, as the third party collaborators offer the tool freely. While indirect costs may also arise from changing the consultation, we expect that this may not be reflected in the HCPs experiences. A reflection of maintenance will be included in the T2 interview, which will include a reflection on the cost-benefit balance.
Outer setting			
Patient needs	The HCP's knowledge and priority on the patient's needs, as well as barriers and facilitators (e.g. patient-centeredness and skills of the patient)	Yes	-

Cosmopolitanism	The degree to which a network is present with other organizations	No	Though general practices are highly networked within other primary healthcare providers (i.e. such as physical therapy and psychology), the use of the ABCC-tool is possible only in the general practice.
Peer pressure	The competitive pressure to implement the intervention	No	Competition is less influential in primary care in the Netherlands as anyone is allowed free GP care. Competition may play a role in decisions at the buy-in of care between the provider and insurer, but the evidence of the ABCC-tool is not yet sufficient to influence those decisions.
External policies and incentives	A combination of all external strategies, policy and regulations that influence implementation of the intervention.	Yes	-
Inner setting			
Structural characteristics	The social characteristics of the organization (i.e. including age and size)	Yes	-
Networks and communications	The characteristics of the social network within the organization (i.e. nature and quality, and both formal and informal)	Yes	-
Culture	A combination of the norms, values and basic assumptions of the organization	Yes	-
Implementation climate	An umbrella-construct reflecting the absorptive capacity for change, receptivity, and reward for using the intervention. Sub-constructs of Implementation Climate (IC) are marked below	Yes	-
Tension for change (IC)	Stakeholder's perception of the current situation as tolerable or needing change	Yes	-
Compatibility (IC)	Stakeholder's perception of the degree of alignment of individual values with those that the intervention represents	Yes	-
Relative priority (IC)	The shared perception of importance of the intervention within the organization	Yes	-
Organizational incentives and rewards (IC)	The extrinsic incentives that result from using the intervention (e.g. goal awards, performance reviews, promotions, or stature)	No	Besides a compensation of working hours, no kind of rewards are coupled to using the ABCC-tool. Because of the strongly guideline-oriented primary care in the Netherlands, extrinsic incentives can only apply when the ABCC-tool is proven a best practice. And the evidence for that is still being gathered (i.e. effectiveness being some of that evidence).
Goals and feedback (IC)	The degree to which goals with respect to the intervention are communicated, acted upon, and feedback is given.	Yes	-

Learning climate (IC)	The stakeholders perception of whether the internal climate allows for: 1) leaders to express need for assistance and input, 2) team members to feel essential and valued, 3) individuals to feel psychologically safe, and 4) sufficient time and space for reflective thinking and evaluating	Yes	-
Readiness for implementation	An umbrella-construct reflecting the organization's commitment to implementing the intervention. Sub-constructs of Readiness for Implementation (RI) are marked below	Yes	-
Leadership engagement (RI)	Stakeholder's perception of the commitment, involvement and accountability of leaders and managers in the organization	Yes	-
Available resources (RI)	Stakeholder's perception of the resources needed for the implementation of the intervention (e.g. money, training, physical space, and time)	Yes	-
Access to knowledge and information (RI)	The stakeholder's perception of the access to digestible information about the intervention and how to incorporate it into the daily work tasks	No	HCPs received a brief document and poster on how the intervention works and how to use it in conversation. No training was provided, nor were there other experts or colleagues to discuss the intervention with because these HCPs are the first to use it. The results of this implementation study will eventually guide the development of a case-based training. However, at this phase we expected fewer experiences with the access to knowledge, and chose to leave it out for the sake of the interview duration.
Individual characteristics			
Knowledge and beliefs about the intervention	The stakeholder's individual attitudes and values with respect to the intervention, as well as familiarity with facts, truths and principles related to the intervention	Yes	
Self-efficacy	The stakeholder's individual belief in their own capabilities to execute the implementation of the intervention	Yes	
Individual stage of change	Characterization of the phase of change in which the individual is (i.e. towards a skilled, enthusiastic and sustained use)	No	Assessing the individual stage of change would invoke a more rigorous assessment, causing the total time span of the interview to fall well past 60 minutes. While acknowledging the importance of the stage of change, the selection of constructs did not include it.
Individual identification	The stakeholder's perception of their relation and commitment to their organization	Yes	

with the organization			
Other personal attributes	A broad construct containing all personal traits of the stakeholder (e.g. intellectual ability, motivation, values, competence, capacity and learning style)	Yes	
Process			
Planning	The degree to which a scheme or method for implementation is designed in advance, and the quality of these schemes	No	All process-constructs are left out of the interview for several reasons: 1) The HCPs are not likely capable to reflect on this as they are primarily involved in executing the intervention, but not in the other processes 2) General practices are mostly too small of an organization to have distinguished roles (i.e. opinion leaders, implementation leaders etc.). In most cases, this is one and the same person in a single practice. These constructs are more relevant for larger scale implementation projects (i.e. such as within an entire care group)
Engaging	An umbrella-construct reflecting the attraction and involvement of the appropriate individuals in the implementation and use of the intervention. Sub-constructs of Engagement (E) are marked below	No	
Opinion leaders (E)	The individuals in the organization that formally influence attitudes and beliefs in the organization (i.e. experts and peers)	No	
Formally appointed internal implementation leaders (E)	The individuals that are responsible for the implementation within the organization (e.g. coordinator, manager, or leader)	No	
Champions (E)	The individuals who dedicate themselves to implementing the intervention (e.g. through supporting, marketing, or overcoming resistance in the organization)	No	
External Change Agents (E)	The individuals outside of the organization who formally influence or facilitate implementation of the intervention	No	
Executing	Executing the intervention according to plan	No	
Reflecting and evaluating	Feedback about the progress and quality of the implementation, including regular debriefing about the progress	No	

Explanation and selection of CFIR constructs for the T0 interview guide. *All explanations are from the CFIR codebook, available at: https://cfirguide.org/guide/app/#/guide_select. The organization for all constructs is a general practice.