

Supplemental file 1. Data extracted from included studies

Cardiac rehabilitation or cardiovascular disease

Study	Research design	Objective	PCC term	PCC definition or measurement	Findings
Esmaeili 2016 Iran (25)	Qualitative interviews with 18 cardiac inpatients (10 women)	Explore patient views about patient-centred care	Patient-centred	Acknowledged the lack of a standard definition of patient-centred care, though noted it included treating patients with great respect, involving them in healthcare decision-making, and acknowledging their need	Patient views about components of patient-centred care: Managing patient's uncertainty Providing flexible care that addressed patient needs, expectations and preferences Empathizing with patients Making informed, shared/independent decisions about care Establishing therapeutic communication

Preventive Care

Study	Research design	Objective	PCC term	PCC definition or measurement	Findings
Liang 2017 United States (26)	Analysis of survey data for 16,654 patients aged 65+ with at least one chronic condition collected from 2009-2013 (56% women, mean age 74.3)	Examine association between patient-centred care and receipt of preventive services: blood pressure, blood cholesterol, routine checkup, blood stool test, breast exam, mammography, Pap smear, exercise education, diet education	Patient-centred	Patient-centred care (PCC) assessed by 9 survey questions (based on Institute of Medicine definition of PCC): <u>Whole-person care</u> <ul style="list-style-type: none"> Confidence in provider for new and minor health problems Confidence in provider for preventive care Confidence in provider for ongoing health problems Confidence in provider for referrals to other health professionals <u>Patient engagement</u> <ul style="list-style-type: none"> Asks about medication/treatment from other providers Asks patient to be involved in decisions <u>Enhanced access to care</u> <ul style="list-style-type: none"> No difficulty accessing provider by phone Provider has evening/weekend hours 	<ul style="list-style-type: none"> The PCC group was more likely than the non-PCC group to receive 8 types of preventive services The partial PCC group had a greater likelihood than the non-PCC group of receiving 7 types of preventive services

				<ul style="list-style-type: none"> • No difficulty accessing provider after hours 	
Peters 2010 Australia (27)	Qualitative interviews with 15 women aged 30-65	Explore factors influencing decisions about routine Pap testing or mammography	Woman-centred	<p>Factors identified by women and labelled as woman-centred by authors were:</p> <ul style="list-style-type: none"> • Access to female physician • Holistic care; either due to time to discuss various issues or access to multidisciplinary team • Woman-only environment • Opportunity to ask questions and have testing explained 	<p>Factors that influenced routine screening:</p> <ul style="list-style-type: none"> • Safe environment • Continuity of care • Woman-centred service
Lasser 2008 United States (28)	Qualitative observation of 7 primary care providers and 18 elderly patients (78% women, mean age 71.9)	Explore influence of patient-centred communication on agreeing to flu vaccine and colorectal cancer screening	Patient-centred	<p>Patient-centred communication was described by the authors as:</p> <ul style="list-style-type: none"> • Sharing of power and responsibility • Use of empathy • Treating patient like a person • Rapport and trust 	<p>Factors influencing preventive services were:</p> <ul style="list-style-type: none"> • Primary care provider vaccination of the patient • Primary care provide introduces the discussion • Persistence of primary care provider • Primary care provider cultural competence • Patient-centred communication

Family planning

Study	Research design	Objective	PCC term	PCC definition or measurement	Findings
Callegari 2017 United States (29)	Concept analysis (review of select literature)	To describe a patient-centred approach to reproductive life planning	Patient-centred	Authors described a patient-centred approach as providing education to patients that integrates evidence-based recommendations with patient preferences, recognizing that patients' individual values and preferences should be an integral factor in decisions made about their health care	<p>Components of a patient-centred approach:</p> <ul style="list-style-type: none"> • Asking open-ended questions that allow women to express ambivalent or mixed feelings about pregnancy • Working collaboratively with women to identify strategies that meet their needs in the setting of ambivalence • Recognizing that some women who do not have an active intention to pursue pregnancy may welcome unintended pregnancy

					<ul style="list-style-type: none"> • Recognizing that some women may not value planning, or may feel that planning is not attainable due to their life circumstances • Providing nonjudgmental counseling and support, which respects women's reproductive autonomy • Tailoring information delivery to women's preferences and needs, based on open conversations about reproductive goals
Morse 2017 United States (30)	Concept analysis (review of select literature)	To describe a patient-centred approach to family planning	Patient-centred	<p>Authors describe a patient-centred approach as:</p> <ul style="list-style-type: none"> • Putting women at the forefront to optimize reproductive choices • Understanding patients' cultural, ethnic, racial and social background • Non-coercive 	<p>Components of a patient-centred approach:</p> <ul style="list-style-type: none"> • Establish continuity of care • Earn patient trust • Acknowledge different values around childbearing • Inquire about reproductive preferences • Ask about patient contraceptive preferences • Talk about proper use of contraceptive methods
Dehlendorf 2016 United States (31)	Analysis of survey data from 348 women (mean age 26.8 years) from 2009-2012	Assess whether quality of interpersonal care during contraceptive counseling is associated with contraceptive use	Patient-centred	<p>Interpersonal Quality in Family Planning scale developed for this study was based on published quality measures reflecting patient-centered care and qualitative research on women's preferences for contraceptive counseling:</p> <ul style="list-style-type: none"> • Respecting me as a person • Showing care and compassion • Letting me say what mattered about my birth control method • Giving me opportunity to ask questions • Taking my preferences about birth control seriously 	<ul style="list-style-type: none"> • 41% were still using their chosen contraceptive methods at 6 months • Patients who reported high quality interpersonal care of family planning were more likely to maintain use of chosen contraceptive method (OR 1.8, 95% CI 1.1 to 3.0)

				<ul style="list-style-type: none"> • Considering my personal situation when advising about birth control • Working out a plan for birth control with me • Giving me enough information to make the best decision about my birth control method • Telling me how to take or use my birth control method most effectively • Telling me the risks and benefits of the birth control method I chose • Answering all my questions 	
Pilgrim 2014 United States (32)	Analysis of survey data from 748 women (mean age 24) attending family planning clinics from 2008-2009	Examine quality of care and satisfaction with care in family planning programs	Patient-centred	<p>Client-Clinician Centeredness Scale asks if the clinician:</p> <ul style="list-style-type: none"> • Explained medical words • Encouraged me to ask questions • Gave me enough time to say what I thought was important • Listened carefully to what I had to say • Explained why tests were being done • Made me feel comfortable by talking about personal things • Was interested in me as a person 	<p>Satisfaction with care was associated with:</p> <ul style="list-style-type: none"> • Convenient clinic hours • Clear check-in process • Clinical aids used during appointment • Higher scores on Client-Clinician Centeredness Scale
Yee 2011 United States (33)	Qualitative interviews with 30 postpartum women (mean age 26.6 years)	Explore views about postpartum contraception counseling content and communication	Patient-centred	<p>Features of positive communication labelled by authors as patient-centred:</p> <ul style="list-style-type: none"> • Answering questions • Frequent discussions • Providing written information • Feeling supported • Feeling connected to provider • Provider-initiated counseling • Being allowed to choose 	<p>Valued features of counseling were:</p> <ul style="list-style-type: none"> • Communication that was personalized, comprehensive and delivered in an empathic manner • Multimodal teaching approach (both discussion and reading material) • Balance of not too much information with reminders

Depression

Study	Research design	Objective	PCC term	PCC definition or measurement	Findings
Wang 2017 China (34)	Analysis of survey data from 291 patients (53.5% women, mean age 49.4) and 71 physicians	Examine preferences for patient-centred communication	Patient-centred	<p>Patient-Practitioner Orientation Scale comprised of 18 items:</p> <ul style="list-style-type: none"> Caring subscale (9 items): physicians should care about the patient as a whole, and caring about emotions and good interpersonal relations are key to the medical encounter Sharing subscale (9 items) – patients and physicians should share power and control, and physicians should share as much information as possible 	<ul style="list-style-type: none"> Physicians scored higher in Caring (4.7 vs 4.08, $p<0.05$) Patients scored higher in Sharing (3.13 vs 2.94, $p<0.05$)
Finney Rutten 2016 United States (35)	Analysis of survey data from 3,630 adults (54.7% women, 55% age 18-49, 26.4% age 50-64, 18.5% 65+) from 2012-2013	To examine whether patient-centred communication is associated with self-efficacy by chronic illness burden	Patient-centred	<p>Patient-centred communication questions based on Epstein & Street asked if providers:</p> <ul style="list-style-type: none"> Allowed you to ask all the health-related questions you had Payed attention to feelings and emotions Involved you in decisions as much as you wanted Made sure you understood things you needed to do to take care of your health Helped you deal with feelings of uncertainty about your health or health care 	<ul style="list-style-type: none"> Health-related self-efficacy was lower among those with greater illness burden (11.06, $p=0.0002$) Those without depression/anxiety had higher health self-efficacy (4.34, $p=0.01$) Higher ratings of patient-centred communication were associated with health self-efficacy (0.26, $p<0.0001$), ans was greater among those with depression/anxiety (0.19, $p<0.0001$)
Rossum 2016 United States (36)	Survey of 792 patients (75.0% women) from 83 primary care clinics from 2007-2009	Examine link between patient-centred care and depression improvement	Patient-centred	<p>Patient Assessment of Chronic Illness Care survey measured how patient-centred, proactive, planned, and collaborative patients found their care:</p> <ul style="list-style-type: none"> Treatment preferences Concerns and questions Clinicians considered your goals and values when recommending treatments 	<ul style="list-style-type: none"> At 6 months, 37% of 792 patients ages 18–88 achieved depression remission, and 79% rated their care as good-to-excellent Measures of patient-centredness associated with remission at 6 months: asked for ideas and preferences regarding treatment ($p=0.04$), asked about

				<ul style="list-style-type: none"> • Provided treatment plans you could do in your daily life • Asked about side effects of treatment • Encouraged to attend community programs • Told about changes to make in daily life that could help • Given written information • Referred to a nurse or other clinician who works with the physician to help you • Called by a health professional who works with your physician to follow-up on how treatment was working <p>Depression severity was self-rated using the PHQ-9 and remission was defined as a score < 5.0</p> <p>Depression care quality was assessed with: over the past month, how would you rate the quality of care you have received for depression at your primary care clinic (excellent to poor)?</p>	<p>concerns or questions (p=0.03), provided with treatment plans (p=0.04), asked to complete a depression screen (p=0.01) and asked about thoughts of suicide or self-harm (p=0.008)</p> <ul style="list-style-type: none"> • Soliciting patient preferences for care and questions or concerns= (0.0001), providing treatment plans (p=0.0002), feeling that providers asked about values and preferences (p<0.0001), utilizing depression scales (p<0.0001) and asking about side effects (p<0.0001) positively associated with quality ratings
Jani 2012 Scotland (37)	Qualitative observation of 356 visits with 25 GPs in deprived areas (107 patients, 67.3% women) and 303 visits with 20 GPs in affluent areas (56 patients, 78.6% women)	Assess if depression care is patient-centred	Patient-centred care	<p>Physician empathy assessed with the Consultation and Relational Empathy (CARE) questionnaire measure:</p> <ul style="list-style-type: none"> • Making you feel at ease • Letting you tell your “story” • Really listening • Being interested in you as a whole person • Fully understanding your concerns • Showing care and compassion • Being positive • Explaining things clearly • Helping you to take control • Making a plan of action with you 	<ul style="list-style-type: none"> • Mean consultation length was similar in deprived and affluent areas • Mean CARE measure was lower in deprived areas (p=0.003) compared with affluent areas • Mean global score of Measure of Patient Centred Communication was lower in deprived areas (p=0.004), as were the components of exploring disease and illness, and finding common ground

				<p>Verbal communication assessed with the Measure of Patient-Centred Communication:</p> <ul style="list-style-type: none"> • Exploring disease and illness experience • Understanding the whole person • Finding common ground <p>Non-verbal communication assessed with Mehrabian's schemata for number of:</p> <ul style="list-style-type: none"> • Smiles, and their duration • Positive facial expressions • Head nods • Supportive gesticulations • Gaze toward patient, and their duration • Use of computer and notes ,and their duration 	<ul style="list-style-type: none"> • GPs in deprived areas looked at patients for shorter times (p=002), had fewer head nods (p=001), and fewer positive facial expressions (p=0.013)
Chapman 2008 United States (38)	Qualitative observation of 88 consults with 6 female standardized patients to 46 general practitioners for discussions of depression	Assess link between patient-centred communication and physician personality	Patient-centred	<p>Communication assessed with the Measure of Patient-Centred Communication (MPCC):</p> <ul style="list-style-type: none"> • Exploring disease and illness experience • Understanding the whole person • Finding common ground <p>Physician personality assessed with NEO Personality Inventory</p> <ul style="list-style-type: none"> • Anxiety • Vulnerability • Tender mindedness • Dutifulness • Openness to feelings 	<ul style="list-style-type: none"> • Physicians who were more open to feelings engaged in greater communication about the patient's illness experience (MPCC component 1; p=0.05) • Higher dutifulness was associated with higher scores on component 2 (whole person; p=.03) but lower scores on component 3 (finding common ground; p= 0.02) • Greater anxiety or vulnerability was associated with lower component 3 (common ground) scores (p= 0.03)