

Supplementary file 2: Distribution of studies across socio-ecological contextual levels of influence.

Level of Influence	Number of studies	Reference
Individual	5	(1-5)
Interpersonal	2	(6, 7)
Provider	14	(8-21)
System	11	(22-32)
Multi-level	14	(9, 33-45)

Individual level studies

Five studies were identified in the individual category. The authors of these studies sought to understand the point of view of patients attending general practice with regard to ACP. Two studies involved a patient survey with researchers seeking to explore attitudes, barriers and enablers; (1, 3) one study mapped prevalence of ACP discussions with patients in practice; (2) two studies included a before and after consultation patient survey. (4, 5)

Interpersonal level studies

Two studies were identified in the interpersonal category. In one interview study researchers sought to understand if previous experience with illness and end of life care was associated with readiness to participate in ACP.(6) Researchers in the second study sought to determine if a positive experience of care in general practice was associated with the likelihood of having an ACP discussion. (7)

Provider level studies

The provider level of study was the most common focus of research in and about general practice with fourteen studies identified. Ten studies involved researchers trying to understand GP perceptions of ACP. Four of these involved GP surveys, (8, 11, 15, 16) four employed the technique of focus group discussion, (14, 19, 21, 46) and two conducted interviews. (17, 18) Within this, three focused on knowledge, (8, 11, 16) and seven focused on attitudes. (14-19, 46) One study sought to audit GP practice in initiating discussion. (13) Researchers in two studies explored the role of non GP providers. (12, 21) Researchers in two studies sought to test educational interventions. (10, 20)

System level studies

Eleven heterogeneous studies were identified at the system level. Two studies explored the effect of different models of care in practice, one in real time, (26) and one retrospectively.(22) Seven studies considered different interventions relating to tools, (5, 24, 25, 30, 32) and processes, (23, 29) with a focus on screening and or enabling the patient through technology; one study sought to determine views on a system wide approach (27) and one study conducted an ACP prevalence audit.(31)

Multi-level studies

A multi-level study was one that had relevance across multiple levels of the socio-ecological perspective. 14 studies categorized in this way used multi step processes and more complex research methods than other levels. Three randomized control trials reported level of efficacy of three different interventions tested in general practice.(33, 37, 40) These studies sought to variously test two different approaches to patient and doctor appointment;(37) undertake an educational intervention for provider motivation, (40) and to test efficacy of health record (33). One undertook a complex qualitative study addressing known barriers (45) Others explored patient and GP attitudes to participation with multi-level surveys,(36, 37) and one interview study. (41) Four studies described as complex interventions explored alternative models of care, (38, 39, 43, 44) and three studies described a mixed methods approach all aimed at determining patient and provider

satisfaction with advance care planning while conceptualizing approaches to normalize ACP activity. (9, 35, 42)

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