

Appendix S4. Key elements influencing the intervention implementation based on CFIR domains

Domains	Barriers	Facilitators
A. Intervention characteristics		Quotes
1. Familiarity with interventions principles		Participants reported that they were already successfully applying certain principles being part of the intervention. Participants' prior experiences or practices in interdisciplinary collaboration, motivational approach and research
2. Appreciation of intervention components and relative advantage		Most of the participants believe the intervention was well designed and innovative. For example, healthcare professionals highly appreciated the intervention's approaches, such as the patient-centred care and motivational approaches.
4. Complexity	Some concepts were difficult to explain to patients and not applicable to everyone. It was challenging to use the motivational approach	
B. Outer setting		
1. Health system reorganization	The health reform context has influenced the ordinary course of the intervention implementation, particularly in terms of coordination and monitoring.	
C. Inner setting		
1. Internal organization	Staff turnover/holidays and vacations Lack of infrastructures in some FMGs negatively impacted interprofessional collaboration and interdisciplinarity.	Coordination/monitoring of patient appointments Sharing patient records
2. Compatibility	The principles of the intervention were not compatible with the family physicians' philosophy and practice. This likely hindered interprofessional collaboration and negatively influenced physician involvement	the approaches advocated by the intervention such as interprofessional collaboration, motivational approach, self-management as well as the patient-centered care approach correspond to their values and vision as healthcare professionals.

D. Characteristics of individuals		
1. Leadership engagement		<p>Managers involvement and commitment have certainly facilitated the implementation of the intervention.</p> <p>The presentation and promotion of the intervention with healthcare professionals working in the FMGs, conducted jointly by a group of researchers and managers, was highly appreciated.</p>
E. Process of implementation		
1. Communication		<p>Communication, both face-to-face and through telephone meetings, has helped maintain interaction between healthcare professionals during implementation.</p>