

SUPPLEMENTARY MATERIAL

ONLINE INTERVENTION DESCRIPTION *Nutrition* programming centred on achieving a guideline-based (1,2) protein intake of 1.2–1.5 g/kg/day. At the baseline nutrition virtual visit, the dietitian: (1) reviewed the 3-day food record, (2) conducted a nutritional assessment, (3) provided a protein intake target and general nutrition counselling, and (4) set up the calendar of videoconference sessions. During the three 1-to-1 sessions (approximately 30 minutes each through the program), with the patient, the dietitian reviewed and revised the nutritional goals visible in the app, and discussed possible barriers and solutions to dietary change. During group sessions, the dietitian delivered education concerning cirrhosis nutrition including topics about protein, meal planning, and food preparation. For the *Exercise* programming, patients were encouraged to take part in 3 full-body resistance/aerobic exercise sessions (1 virtual group class + 2 follow along home exercise videos) (3). At the baseline exercise virtual visit, the exercise specialist: (1) reviewed the baseline physical function testing, (2) walked through the exercise features in the app, and (3) reviewed the goal of carrying out 3 sessions per week as well as possible barriers and solutions to carrying out this goal. During the ten 1-to-1 sessions (approximately 10 minutes per week through the program), with the patient, the exercise specialist reviewed any challenges with the prescribed exercises and tailored them as required. *Behaviour change* theoretical frameworks to guide interventions have been associated with greater adherence and sustained changes to health-related behaviours (4–6). Heal-Me cirrhosis is guided by the capability, opportunity, motivation, behaviour (COM-B) model (7). The 12 specific behaviour change “ingredients” have been described using the behaviour change technique taxonomy version 1 (BCTv1) (8). These include goal setting, problem solving, review of behaviour goals, behaviour demonstration, behaviour feedback, discrepancy between behaviour and the goal, social support, social reward, focus on past success, graded tasks, comparative imagining of future outcomes and information about health consequences (8). These were practically implemented in the program during trainer interactions, live group sessions, videos, and program elements. Gamification features included points

earned for protein entry and participation in follow-along videos which progressed to badges at notable milestones.

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