

## Supplementary information

### Months 1–3

The District Offices for General Practice ( $n=23$ ) in The Netherlands organised one or two conferences per district for the practices ( $n = 800$ ) that were recruited to receive the intervention. These conferences provided the GPs ( $n = 1000$ ) and practice assistants with information about the aim and protocol of the project, the assessment and recording of cardiovascular risk factors, and the appropriate measurement of blood pressure. The participants also received a manual with written protocols, background information, and instructions for adequate use of the practice computer. Thereafter, the facilitators provided explicit support via four outreach visits per practice with a visit lasting about 60 minutes.

### Months 4–6

The facilitator made the first visit and discussed with the practice team how to select the group of 60-year-old patients (that was a group of approximately 30 patients in a standard practice of 2350 patients) and then the patients within this group with a particularly high cardiovascular risk (that were about 10 patients). The facilitator provided guidance on the use of the computer for the selection of patients, provision of reminders, and proper recording of the risk factors. The facilitator also provided advice with regard to appropriate blood pressure measurement and stimulated the use of written protocols, special patient clinics for the assessment of risk factors, and the delegation of tasks to the practice assistant(s).

### Months 5–11

The facilitator made a second visit and asked the practice team about the actual selection of patients. The facilitator and the practice team also discussed the assessment of the various cardiovascular risk factors in the selected group of patients: that is, assessment of the risk-factor profiles of those 60-year-old patients with a high cardiovascular risk and measurement of the blood pressure of the other 60-year-old patients. The practices were free to either call the selected patients in for assessment or simply assess the risk factors during a regular practice visit.

### Months 12–19

The facilitator made a third visit and asked the practice team about the actual assessment of the cardiovascular risk factors. The facilitator and the practice team also discussed the selection of a new group of 60-year-old patients and the selection and assessment of other groups of patients at high cardiovascular risk. The practice team was free to formulate their own specific categories of high-risk patients, but the facilitator recommended the selection and assessment of all patients with diabetes first.

### Months 20–24

The facilitator made a fourth visit and asked the practice team about the project activities. The facilitator and the practice team also discussed the role of the general practice in providing support for smoking cessation. The implementation of the Dutch MCI for smoking cessation was discussed, in particular, and most of the district offices also organised training sessions on the use of the MCI.

In addition to the above, the facilitator made telephone calls to the practice team between the different visits in order to discuss the progress, answer questions, and provide advice. The facilitators were allowed to vary the amount of time between the visits and also to make three or five (as opposed to the standard four) visits to a particular practice when deemed appropriate. As part of the intervention, the district and national staffs sent letters to the practice teams to inform them of the preliminary results and progress of the project.

*Box 1. A 2-year intervention to improve the assessment and recording of cardiovascular risk factors*