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**Appendix A – Survey filled out by respondents**

*The survey was implemented in REDCap™, but the questions used are listed below.*

1. Institution

2. Name of person filling out form

3. What genomic scenario(s) are these responses related to?

- Pharmacogenomics
- Genomic medicine (non-PGx)

4. Do you currently offer or have plans to offer institution-authored content relevant for your [eMERGE/CSER] scenario(s)?

- Yes
- No

5. If “No” to Question 4, what other resources you are offering that are relevant for your [eMERGE/CSER] scenarios?

6. Please indicate if you currently offer or have plans to offer institution-authored content relevant for your [eMERGE/CSER] scenario(s) (select all that apply)

- Currently – Providers
- Plan to – Providers
- Currently – Patients
- Plan To – Patients

7. How is the content you currently or plan to offer for PHYSICIANS managed and delivered? (select all that apply)

- Paper/pamphlet handouts
- Defined in the EHR to be printed or sent electronically
- External PDFs hosted on a web server or file share
- Content management system / website
- Other (please list)

8. How is the content you currently or plan to offer for PATIENTS managed and delivered? (select all that apply)

- Paper/pamphlet handouts
- Defined in the EHR to be printed or sent electronically
- External PDFs hosted on a web server or file share
- Personal health record / patient portal
- Content management system / website
- Other (please list)

9. Does your institution currently (or plan to) offer LOCALLY host content to support PHYSICIAN decisions

- Yes – Plan to
- Yes – Currently
- No

10. Does your institution currently (or plan to) use REMOTELY hosted content to support PHYSICIAN decisions

- Yes – Plan to
- Yes – Currently
- No

11. Does your institution currently (or plan to) offer LOCALLY host content to support PATIENT education

- Yes – Plan to
- Yes – Currently
- No

12. Does your institution currently (or plan to) use REMOTELY hosted content to support PATIENT education

- Yes – Plan to
- Yes – Currently
- No

13. Please indicate your level of agreement with the following statements about content to support PHYSICIAN decisions under your [eMERGE/CSER] scenario(s):

Choose one: Agree strongly | Agree moderately | Agree slightly | Disagree slightly | Disagree moderately | Disagree strongly

- a. New content needs to be developed to support physician decisions
- b. Existing resources provide the content needed to support physician decisions, and is/will be used at our site
- c. Content to support physician decisions is site-specific
- d. Content to support physician decisions is generalizable to other sites

13a. Any additional comments?

14. Please indicate your level of agreement with the following statements about content to support PATIENT education under your [eMERGE/CSER] scenario(s)

Choose one: Agree strongly | Agree moderately | Agree slightly | Disagree slightly | Disagree moderately | Disagree strongly

- a. New content needs to be developed to support patient education
- b. Existing resources provide the content needed to support patient education, and is/will be used at our site
- c. Content to support patient education is site-specific
- d. Content to support patient education is generalizable to other sites

14a. Any additional comments?

## Appendix B – Respondent free text comments

*The following comments are taken from respondent replies to questions 13a (Providers) and 14a (Patients) from the survey in Appendix A.*

### Providers

- “Although provider (not just physicians!) need content, resources such as PharmGKB and local institutions generally can provide some guidance. We truly need a shared patient resource for content, that can be customized as needed for patient populations.”
- “CPIC guidelines are useful, but are generally too detailed for quick consumption by busy physicians. We are using these as a reference (providing links) but abstracting key information into a brief information document.”
- “We use materials from external organizations to develop site specific materials.”
- “Site-specific content development and curation is VERY important because each site has different clinical practice, workflows, and more importantly, culture.”
- “We feel there is a level of local customization that is needed. Content may be shareable, but some sites may want to customize the delivery.”
- “At present there are no readily available resources for physician materials around next generation sequencing results (our genomic medicine project) I responded moderately to both site specific and generalizable as some aspects of content will need to be site specific while thinks related to methods and approaches are more likely to be generalizable.”
- “The answers to this question are the opinion of the individual filling out the survey, not institutional consensus. There is no mechanism to gather institutional consensus on opinion statements for surveys.”

### Patients

- “If built correctly, core patient content could build the support structure for subsequently localized content. Would love to work on this project!”
- “Site-specific content development and curation is VERY important because each site has different clinical practice, workflows, and more importantly, culture.”
- “The answers to this question are the opinion of the individual filling out the survey, not institutional consensus. There is no mechanism to gather institutional consensus on opinion statements for surveys.”