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https://doi.org/10.18549/PharmPract.2020.4.2133

Online Appendix. TIDieR checklist

Medication review with Follow up (MRF)

TIDieR

Medication review with Follow up (MRF)

Why:	A Medication Review with Follow up (MRF) is a professional service where community pharmacists collaborate with other members of the health care team and the patient to prevent and solve drug related problems (DRP) for the improvement of clinical outcomes. MRF healthcare plans include tailored interventions and a monitoring process to improve the level of control of health problems. The important philosophical and operational difference to the usual type 3 or advanced medication review is that although not having access to medical records MRF has a protocol that includes a follow up over a period of time and is focused on clinical outcomes particularly control of the disease.
What (material):	Pharmacies in the intervention group (IG) provided MRF during 6 months using the Dader method. Guidance is provided at: https://pharmacypractice.org/journal/index.php/pp/article/view/300
What (procedures):	The Dader methodology for MRF includes three stages: (1) Analysis of patients' medication therapy: face to face patients' interview to obtain information on their health problems and medicines, assessment of the pharmacotherapy to identify uncontrolled health problems as well as DRPs potentially related to pharmacotherapy failures. (2) Care plan: Interventions directed to the physician or to the patient to prevent or solve drug related problems and improve the level of control of health problems. (3) Follow up: Assessment of interventions' results and continuance with patients' care plan. Pharmacists within the IG were trained both for data collection and for MRF provision. Before the beginning of the study, they received a 5-day off-site training program. During service provision, they also received on-site support by a practice change facilitator (visits monthly as well as weekly telephone and email contact). When possible, local general practitioners were contacted before the begining of the Program to provide them with information about the service MRF.
Who provided:	The service was provided by 178 volunteer community pharmacists. Pharmacist weren´t required to have any previous expertise. Pharmacies involved in the Program were required to have a separate consultation area.
How (mode of delivery; individual or group):	Face to face individual contacts were performed by community pharmacists on a monthly basis with the patient in the separate consultation area.
Where:	Contacts were made in a separate consultation area at the participating community pharmacies. No additional infrastructure was required.
When and how much:	MRF was delivered during 6 months on a monthly basis. Additional contacts with the patient and other health professionals were made when necessary.

Tailoring:	Pharmacists developed a health care plan which included tailored interventions with the patient and/or with other health professionals and a monitoring process to improve the level of control of health problems.
Modification:	N/A
How well (planned):	Pharmacists performed a total of 1676 interventions to the 688 patients receiving the service in an attempt to solve the 1561 Drug Related Problems (DRPs) identified (a mean of 2,4 interventions per patient and 1.1 interventions per DRP).
How well (actual):	Only 974 interventions delivered to the physician or to the patient were accepted (58.1%)

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TIDieR
Template for Intervention Description and Replication

The TIDieR (Template for Intervention Description and Replication) Checklist*:

Information to include when describing an intervention and the location of the information

Item number	Item	Where located **	
		Primary paper (page or appendix number)	Other † (details)
	BRIEF NAME		
1.	Provide the name or a phrase that describes the intervention.	_____page 1_	_____
	WHY		
2.	Describe any rationale, theory, or goal of the elements essential to the intervention.	___ page 3___	_____
	WHAT		
3.	Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL).	_ page 5____	Pharmaceutical Care Research Group, University of Granada (Spain). . Pharmacotherapy follow-up: The Dader method (3rd revision: 2005). Pharm Pract (Granada) [Internet]. 2006Apr.20 [cited 2020Jul.26];4(1):44-3. Available from: https://pharmacypractice.org/journal/index.php/pp/article/view/300
4.	Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities.	page 5 and appendix 1___	_____
	WHO PROVIDED		
5.	For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given.	page 5 and appendix 1___	_____
	HOW		
6.	Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group.	page 5 and appendix 1___	_____
	WHERE		
7.	Describe the type(s) of location(s) where the intervention occurred, including any	page 5 and appendix 1	_____

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	necessary infrastructure or relevant features.		
	WHEN and HOW MUCH		
8.	Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose.	page 5 and appendix 1	_____
	TAILORING		
9.	If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how.	page 5 and appendix 1	_____
	MODIFICATIONS		
10.‡	If the intervention was modified during the course of the study, describe the changes (what, why, when, and how).	N/A	_____
	HOW WELL		
11.	Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them.	page 5, 8 and appendix 1	_____
12.‡	Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned.	Page 9	_____

** **Authors** - use N/A if an item is not applicable for the intervention being described. **Reviewers** – use '?' if information about the element is not reported/not sufficiently reported.

† If the information is not provided in the primary paper, give details of where this information is available. This may include locations such as a published protocol or other published papers (provide citation details) or a website (provide the URL).

‡ If completing the TIDieR checklist for a protocol, these items are not relevant to the protocol and cannot be described until the study is complete.

* We strongly recommend using this checklist in conjunction with the TIDieR guide (see *BMJ* 2014;348:g1687) which contains an explanation and elaboration for each item.

* The focus of TIDieR is on reporting details of the intervention elements (and where relevant, comparison elements) of a study. Other elements and methodological features of studies are covered by other reporting statements and checklists and have not been duplicated as part of the TIDieR checklist. When a **randomised trial** is being reported, the TIDieR checklist should be used in conjunction with the CONSORT statement (see www.consort-statement.org) as an extension of **Item 5 of the CONSORT 2010 Statement.** When a **clinical trial protocol** is being reported, the TIDieR checklist should be used in conjunction with the SPIRIT statement as an extension of **Item 11 of the SPIRIT 2013 Statement** (see www.spirit-statement.org). For alternate study designs, TIDieR can be used in conjunction with the appropriate checklist for that study design (see www.equator-network.org).

TIDieR checklist