Appendix A: Interview Guide for health care professional

Thank you for agreeing to participate in our interview today. We wish to discuss your experience in managing dyslipidemia (or high cholesterol) in order to better understand how we might help family physicians treat dyslipidemia (or high cholesterol). We have a proposed intervention and would like your assistance in how to enrich it.

1. Experience managing dyslipidemia

Please describe any challenges or difficulties that you experience in identifying and managing patients with dyslipidemia?

- Do you use any resources to guide you in the management of these patients?
    - Canadian Cardiovascular Society Guidelines
    - Diabetes Canada Guidelines
    - TOP guidelines

In addition to measuring a patient's lipids, what are some other parameters that you consider when assessing a patient for dyslipidemia, and how to optimally manage this condition?

2. Dyslipidemia-related practices

In your practice, do you find it helpful to quantify a patient's LDL-cholesterol or get a lipid panel?

If yes,

- Are there certain populations in whom you find this test most helpful?
- What is your chosen method/diagnostic test to do so?
    - Fasting or random lipid profile
        - Total cholesterol
        - HDL-cholesterol
        - LDL-cholesterol
    - ApoB
- How does this information change your clinical practice?
- How often do you repeat cholesterol testing for patients with with conditions that puts them at high risk for cardiovascular disease (i.e. previous clinical cardiovascular disease, diabetes, chronic kidney disease)?

If no,

- Why is it not particularly helpful?
    - Don't know which test to do
    - Don't know how to order it
    - Don't know in whom it is indicated

Campbell DJT, *et al. BMJ Open* 2020; 10:e038469. doi: 10.1136/bmjopen-2020-038469

- Don't know what to do with the results

In thinking about your practice, what proportion of your patients with conditions that put them at high risk for cardiovascular disease (i.e. previous myocardial infarction, stroke, diabetes, and/or chronic kidney disease) have had their lipid profile assessed in the past 12 months?

What are some of the reasons this does not happen (in your practice and in others')?

- Didn't think it was indicated/for whom it is indicated
- Too many things to attend to
- Not perceived to be an important issue amongst all other disease/conditions that FPs manage
- Patient factors (doesn't go for test)

3. Intervention

If we wanted to increase the use of statins among people at high risk for cardiovascular disease (i.e. previous clinical cardiovascular disease, diabetes, chronic kidney disease), what might be done? What tools, resources, prompts may help facilitate increased treatment of dyslipidemia?

In your opinion, what type of educational intervention is most effective in disseminating clinical practice guidelines to family physicians? (i.e. conferences, local lectures, treatment recommendations on lab results).

We are considering the use of a facilitated relay strategy, where patient's information from Calgary Laboratory Services is used to identify those who have indications for statin therapy. Those who are not currently filling statin prescriptions at the pharmacy would receive a letter from the lab indicating that they may benefit from statins. They will be encouraged to bring this letter in to discuss this with you.

How would family physicians respond to receiving a letter from the lab prompting them to consider starting their patient on statin treatment?

- What would be the characteristics of such a letter that would make it more likely to succeed?
    - Short/Pictorial/Colorful

Would it be more helpful to have this information specific about one named patient, or rather have an audit of your entire practice that would indicate what proportion of eligible patients with statin-indicated conditions are currently being treated with statins? (i.e. Audit and Feedback)

How should such an intervention either on a specific patient or about your entire practice be received?

- Mail/Fax/EMR/combo

How would such an intervention be processed in your office?

- Who would open the envelope?
- What would they do with it? (give it to you, put it in the patient's chart)
- How likely would you be to see this information?

Who should this letter be coming from in order to have it received in the most positive way possible?

- A non-clinical academic researcher (Dr. XXXX)
- Head of the Calgary Laboratory Services (Dr. Christopher Naugler)
- A lipid specialist (Dr. Sonia Butalia, Alex Leung)
- An academic family doctor (Dr. Kerry McBrien)
- A respected community family doctor
- The lead of Dyslipidemia Guidelines (Dr. Todd Anderson)
- Dr. Cello Tonelli, Associate Vice-President (Research) at the University of Calgary
- Dr. Richard Lewanczuk, Senior Medical Director for Primary Care, Chronic Disease Management, Community and Rural for Alberta Health Services
- Someone else

Would it be helpful to receive a reminder or follow-up letter?

- How much later should this be sent, so as to be useful and not annoying?

If the intervention provided you with patient-oriented material about this subject, and asked you to share it with your patients, how would you feel about doing so?

- What content should be included in this patient-oriented material to enhance statin use?
- What format should this material be in? Electronic, hard-copy? How should it be delivered? Mail, email?
- Would you share it in a clinical setting?
- Would you be willing to mail it to patients directly?

Do you have any additional comments or suggestions for developing an intervention to increase the use statins in people at high risk for cardiovascular disease (i.e. previous clinical cardiovascular disease, diabetes, chronic kidney disease) in primary care?

Thank you for participating in today's interview. Using the information you provided, we will work on developing an intervention to improve the treatment of dyslipidemia in patients who are at high risk for cardiovascular disease (i.e. previous clinical cardiovascular disease, diabetes, chronic kidney disease)?

Appendix B: Focus Group Guide for patients

Thank you for agreeing to participate in our focus group today. There are many risk factors for heart attacks and stroke. Today we want to focus on one risk factor being high cholesterol. High cholesterol is a major risk factor for heart attacks, strokes and circulatory problems. There are no symptoms of high cholesterol and it is diagnosed by a lab test that your doctor would order. Importantly, we work for the University of Calgary and have no relationship with any medication companies.

We wish to discuss your experience in managing *cholesterol* with medications in order to better understand how we might help family physicians (*doctors)* treat high cholesterol.

1. **Experience with high cholesterol**

Think about the last time your doctor has sent you for a cholesterol test. Did your doctor talk to you about the results? Treatment? What kind of treatment was discussed (diet, exercise, a medication)?

Put yourself in the position of being told that you need to take a medication for your cholesterol. What factors would make you more likely to take it? What factors would make you not want to take it? Reasons, side effects, costs

- Would you use any resources to help you decide?
    - Doctor
    - Dietician
    - Internet
    - Family, friends

What would you think if your doctor told you that your cholesterol wasn't all that high, but because of your other health conditions she wanted to start you on a cholesterol lowering medication to reduce your risk of heart attack and stroke?

Do you think it would be helpful to get the actual result of your cholesterol level sent directly from the lab to you?

Currently, cancer screening programs send letters to patients about their results and next steps. What are your thoughts for something similar for high cholesterol?

What about information about recommended treatments and potential side effects? Would you find this to be invasive of your privacy (i.e. info from the lab about treatment and not your doctor)?

How would you feel about taking a letter with these recommendations to your doctor to discuss about a medication for high cholesterol?

How do you feel your doctor would respond to you bringing this information?

What things on the letter would make it helpful?

-length, colour, graphics,

Who should this letter be coming from in order to have it received in the most positive way possible?

- A non-clinical academic researcher (Dr. XXXX)
- Head of the Calgary Laboratory Services (Dr. Christopher Naugler)
- A lipid specialist (Dr. Sonia Butalia, Alex Leung)
- An academic family doctor (Dr. Kerry McBrien)
- A respected community family doctor
- The lead of Dyslipidemia Guidelines (Dr. Todd Anderson)
- Dr. Richard Lewanczuk, Senior Medical Director for Primary Care, Chronic Disease Management, Community and Rural for Alberta Health Services
- Someone else

Would it be helpful to receive a reminder or follow-up letter?

- How much later should this be sent, so as to be useful and not annoying?

Do you have any additional comments or suggestions for developing an way to increase the use the treatment of people with high cholesterol?