

Supplementary file 2: Research checklist. The COREQ (Consolidated criteria for reporting qualitative research)

Supplement to: EW Verkerk, SA van Dulmen, GP Westert, L Hooft, P Heus, RB Kool, To do or not to do programme collaborators. Reducing low-value care. What can we learn from eight de-implementation studies in the Netherlands?

Criteria	Detailed information	Where is the information stated?
Domain 1: research team and reflexivity		
Personal characteristics		
1. Interviewer	EWV and PH performed the interviews and analysed the documents	Page 11
2. Credentials	EWV: MSc PH: MSc, PhD	Page 1 and 2
3. Occupation	EWV: PhD candidate PH: assistant professor	Page 1 and 2
4. Gender	Female	This checklist
5. Experience and training	EWV is trained in qualitative research and had experience interviewing healthcare professionals and policymakers. PH is also trained and experienced in qualitative research.	This checklist
Relationship with participants		
6. Relationship established	EWV and PH had met the project leaders before interviewing them for this study. They had contact about the progress of the projects about every three months for the duration of the projects. EWV and PH were aware that this relationship should not hinder them in asking critical questions. In contrary, they felt that it helped the project leaders to be open about the barriers and facilitators that they encountered.	This checklist
7. Participant knowledge of the interviewer	The reasons for the study were described in the e-mail with which the project leaders were approached. Participants were aware of the occupations of EWV and PH.	This checklist
8. Interviewer characteristics	EWV and PH were not clinicians, which enabled them to more objectively observe the projects and ask critical questions.	This checklist
Domain 2: study design		
Theoretical framework		
9. Methodological orientation and theory	We used a theoretical thematic analysis, in which the analysis is driven by a pre-existing frame. We used the Grol and Wensing framework of the determinants of change to categorize the barriers and facilitators that we found.	Page 11
Participant selection		
10. Sampling	We interviewed the project leaders of the eight projects. They were selected by an independent committee from 42 submitted project proposals, based on their societal impact, quality of study design, feasibility, and variation in specialty.	Page 8
11. Method of approach	All project leaders were invited to participate and received information about the interviews by email. They were asked to submit log books they kept to document the project's progress, and reports on their results and process evaluations.	Page 11
12. Sample size	We interviewed one or two project leaders of each project, 13 participants in total.	This checklist
13. Non-participation	Project leaders of all eight selected projects were interviewed and all eight projects submitted their log books and reports.	Page 11
Setting		

14. Setting of data collection	We conducted face-to-face interviews with the project leaders at the location of their choice, mostly their workplace.	This checklist
15. Presence of non-participants	Only the project leader(s) and interviewers were present.	This checklist
16. Description of sample	The sample of project leaders worked as a clinician, a healthcare researcher, or both.	This checklist
Data collection		
17. Interview guide	We first developed a semi-structured interview guide based on the MRC guide for process evaluation of complex interventions. Then, we tailored the guide to the characteristics of each project. The interviews included open-ended questions about the barriers and facilitating factors, their experiences with different components of their project and their lessons for other project leaders. At the start of the study, we developed the formats for the log books and reports that the project teams completed.	This checklist and page 11
18. Repeat interviews	We did not perform repeat interviews.	This checklist
19. Audio/visual recording	The interviews were audio-recorded and summarized.	This checklist
20. Field notes	We did not make any field notes.	This checklist
21. Duration	The interviews ranged in length from one hour to 1,5 hours.	This checklist
22. Data saturation	We monitored and evaluated eight projects that targeted different low-value care practices and used different strategies. Because the projects were so heterogeneous, data saturation was not applicable. We are, however, confident that we have identified the most important lessons for de-implementation projects.	This checklist
23. Transcripts returned	Reports of the audiotaped interviews were sent to the project leaders for correction and confirmation. Two project leaders corrected the reports.	This checklist
Domain 3: analysis and findings		
Data analysis		
24. Number of data coders	EWV coded the interviews, log books and reports and classified the codes. The coding and description of results were verified by PH and discussed until consensus was reached.	Page 11
25. Description of the coding tree	The classified codes are presented in supplementary files 3 and 4.	Supplementary files
26. Derivation of themes	We used the Grol and Wensing framework of the determinants of change to categorize the barriers and facilitators that we found. The experiences with strategy components were categorized per strategy component.	Page 11
27. Software	We used Atlas.ti 8.4.20 for coding.	This checklist
28. Participant checking	Participants were asked to provide feedback on the findings.	This checklist
Reporting		
29. Quotations presented	We do not report any quotations.	NA
30. Data and findings consistent	The member check of the participants and their co-authorship to this paper reduces the risk of any inconsistencies between the data and findings.	This checklist
31. Clarity of major themes	We described in the text the barriers and facilitators that were encountered most frequently as being the most important. This selection was made by EWV and PH.	This checklist
32. Clarity of minor themes	See 31.	This checklist

Reference: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care* 2007; **19**, 349–357. doi: 10.1093/intqhc/mzm042