Supplementary file 5: Experiences with strategy components

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?

Strategy component	Implementation	Mechanism of impact
Education	Six projects provided education for clinicians about lvc (1, 2, 3, 4, 5, 6). Two aimed at improving communication skills (3, 5). Educational meetings were hard to schedule (3,4). Not all clinicians could be present (2, 3, 5). In one project, an e-learning method was used as a replacement (5). Using existing structures helped attendance (1, 4).	Educational meetings for clinicians were useful (1, 2, 3, 5, 6). Education helped to explain lvc to patients (5). Information about side effects (1) and scientific evidence (6) was useful. Educational meetings helped to create a consensus (3). Clinicians fell back into old patterns because of a lack of repetition (5). Educational material was useful (4, 6). The terminology used caused resistance (1, 3).
Clinical champions	Two projects appointed clinical champions (3, 4).	Clinical champions who left the department, or worked in the laboratory instead of near patients, had less influence (3, 4).
Feedback	Five projects gave feedback to clinicians (1, 3, 4, 5, 6). One project was not able to collect feedback data per hospital promptly(2). Data collection for feedback was time consuming (4, 6). It took a while before any improvement was visible in the data (6).	Comparing their results to peers (5, 6) and seeing improvements in their own performance (6), motivated clinicians. Some clinicians' first response was scepticism towards the validity of the data (4). Clinicians did not always discuss lvc with selected patients because they felt it would cost too much time (1).
Patient information	Seven projects used patient information (1, 2, 3, 4, 5, 7, 8). One project stimulated the spread of patient information in the hospitals that participated, but this failed (6). Some clinicians did not distribute educational material as well as they could have (2, 4, 5). The hospital that requested only digital and not printed material did not distribute it to patients (3).	Patient information was useful (3, 5). Patients liked to re-read information (7). Some clinicians felt the information would be difficult for patients (4). Clinicians noticed that the information led to more requests for lvc (5). Some patients did not read the e-learning because they felt it would it would cost a lot of time (8).
Organisational changes	Two projects implemented organisational changes, such as improvements in ordering systems or patient records (4, 6). Changing the ordering system is difficult and slow (6).	Organisational changes helped to change previously held routines (4, 6). Routine attention helped clinicians to remember the message (6).
Financial incentives	One project tried to arrange a shared savings contract with insurers, but this could not be achieved within the time frame of the project (3).	