

Appendix C

Table S1 Coding tree: Four themes with corresponding subthemes and codes extracted from the interviews with general practitioners (N=11) with the number of citations in brackets (n) (translated from German to English by FD)

1. Merit of medication adherence		
perceived importance	current measuring method	content of consultations
<ul style="list-style-type: none"> - important (3) - substantial - valuable - necessary 	<ul style="list-style-type: none"> - dispensing data (3) - patient interview (2) - measuring the outcome (e.g., INR values) - optimal method missing 	<ul style="list-style-type: none"> - side effects (3) - how medication is taken (2) - if medication is taken (2) - entire medication list - punctual intakes - treatment duration - intake time - stocks at home
2. Determinants for monitoring adherence		
patient-related	outcome-related	therapy-related
<ul style="list-style-type: none"> - every patient (3) - older individual (2) - shortly before admission to a nursing home - psychiatric patient - co-dependent couples 	<ul style="list-style-type: none"> - blood pressure uncontrolled (5) - treatment failure despite medication adaption - diseases without a biological marker - chronic adjustment problem 	<ul style="list-style-type: none"> - every therapy (3) - chronic therapies (e.g., pain management, HIV, epilepsy, antidepressants, hypertension, heart failure, diabetes, asymptomatic diseases) - acute therapies (e.g., acute antiviral/antibiotic therapies, symptomatic diseases) - complex therapies (e.g., polypharmacy, sporadic regimen, complex disease)

3. Comments on adherence report				
content & layout		archiving	essential elements	understanding
<ul style="list-style-type: none"> - practical relevance: 6,9 ± 2,3 (mean ± SD) - clearly arranged (3) - nice for feedback (2) - findings should match the patient's statement - too complex - fits on a single sheet - excellent - slightly overloaded 		<ul style="list-style-type: none"> - report filed in the EHR (5) - no need to file the report (2) 	<ul style="list-style-type: none"> - dot chart (3) - findings (2) - name of medicine - traffic lights - recommendations - numbers - what prevents them from being adherent 	<ul style="list-style-type: none"> - the interpretation was straightforward: yes (9), no (2) - clear (5) - nice to have - as expected - "I was surprised" - unreadable
suggested improvements			impact on decision making	
<ul style="list-style-type: none"> - calculation formulas are redundant - colours are not well visible after scanning - dot chart bigger - red colour for traffic lights - evaluation part is not necessary if adherence is adequate - add information on experienced side effects - add the reason for the monitoring - shorter 			<ul style="list-style-type: none"> - discussed it with the patient (3), especially the dot chart - implementation of the recommendation (2) - implementation at own discretion 	
4. Factors facilitating the implementation of AMoPac				
process	report transmission	reading time	collaboration with pharmacy	
<ul style="list-style-type: none"> - simple - open - communicated - clear - distribution of tasks - standardized 	<ul style="list-style-type: none"> - electronically via mail (8) or integrated (2) is preferred - integrated transmission is not always reliable - should be easy - via post: additional workload (shredding, scanning) 	<ul style="list-style-type: none"> - 1-2 minutes (5) - little time (3) - 5 minutes (2) - no time 	<ul style="list-style-type: none"> - already good collaboration (4) - challenging when patients visit different pharmacies (2) - GP prefers self-dispensing medication (2) - ideal in case of polypharmacy - GP orders, pharmacy realizes - favourable to have a contact person - no problem with another control instance - not independent, political issues - concerns about someone interfering - communication is difficult (e.g., via fax) 	

EHR: electronic health reports, GP: general practitioner, INR: international normalized ratio, SD: standard deviation