

Reference	Location	project	Research Design	Qualitative Methodology	Participants	Target Topic(s)	Research Aims
Bowie et al. 2016	Scotland	Safety and Improvement in Primary Care	qualitative	semistructured interviews	11 General Practice teams, 27 participants (9 physicians, 7 nurses, 11 practice managers)	patient safety	to explore general practitioner team perceptions and experiences of participating in a large-scale safety and improvement pilot programme to develop and test a range of interventions that were largely new to this setting.
Bray et al. 2009	USA, North Carolina	North Carolina Chronic Disease Management Collaborative	qualitative	semistructured interviews	13 practices, 25 individuals (providers and staff)	diabetes CVD cancer preventive health	to better understand and describe the characteristics and/or activities of primary care practices that are associated with sustaining QI initiatives
Brown et al. 2014	Australia	Australian Primary Care Collaboratives	qualitative	semistructured interviews	40 interviews (12 program managers, 10 physicians, 11 practice managers, 5 practice nurses, 2 implementers)	diabetes, access, coronary heart disease, chronic obstructive pulmonary disease, chronic disease prevention and self management, ehealth	to improve our understanding of primary health care collaboratives in terms of: how collaboratives are accessed (uptake); how collaboratives are implemented and employed (use); How we can promote the uptake of collaboratives to other General Practices (spread)
Burton et al. 2018	USA, 12 states	Childrens Health Insurance Program Reauthorization Act (CHIPRA)	qualitative	semistructured interviews	223 interviews (95 implementers, 99 practice team members, 29 stakeholders)	Patient Centred Medical Home implementation	to identify which aspects of collaboratives were viewed by organisers as working well and which were not.
Butler et al. 2014	USA, Veteran's Health Administration (VHA)	Patient Aligned Care Teams (PACT)	mixed methods	qualitative survey questions	56 clinics, 353 primary care staff.	Patient Centred Medical Home implementation	to assess participant's views on the virtual collaborative's usefulness, impact and acceptability and to explore variations by role, practice setting, prior training and overall engagement in collaborative activities
Chin et al. 2004	USA, mid west.	Health Disparities Collaborative	mixed methods	semistructured interviews	19 health centres.(Team leaders and members)	diabetes	to evaluate the effectiveness of the initiative after the first year and to identify facilitators and barriers to quality improvement
Devers et al. 2013	USA, 9 states	Childrens Health Insurance Program Reauthorization Act (CHIPRA)	qualitative	semistructured interviews	147 practices, 256 interviews. (71 state staff, 8 professional association staff, 14 coaches, 98 practice staff, 65 other stakeholders)	Patient Centred Medical Home implementation	1) what collaborative approaches have states chosen and how are they implementing those approaches to date? 2) What additional strategies are states using to facilitate quality improvement and practice transformation? 3) What do demonstration staff, practice staff and other stakeholders cite as the strengths and weaknesses of these collaborative and additional quality improvement approaches?
Donahue et al. 2013	USA, North Carolina	North Carolina Improving Performance in Practice (NC IPIP)	qualitative	narrative descriptions of practice progress	18 primary care practices	diabetes, asthma	to develop and test a model of the natural history of practice transformation, giving attention to barriers and facilitators of the process
Donahue et al. 2018	USA, North Carolina, South Carolina, Virginia.	I3 POP Collaborative	mixed methods	semistructured interviews	29 teaching practices in 23 primary care residency programs	triple aim achievement	to examine change in triple aim measures and identify factors associated with improvement
Franx et al. 2012	Netherlands	Depression Quality Improvement Collaborative	qualitative	semistructured group interviews	8 teams 80 clinicians and support staff (20 physicians, 8 psychologists, 6 psychiatrists, 11 social workers, 5 physiotherapists, 7 mental health nurses, 2 pharmacists, 10 project managers, 9 local staff)	depression	to provide insight into the perceptions of the participating clinicians on the implementation of stepped care for depression into their daily routines.
Gingold et al. 2016	USA, national sample		mixed methods	group interviews (4-7 participants)	16 teams	immunisation	to describe both quantitative and qualitative data collected about immunisation delivery practices and QI efforts before during and after the intervention
Green et al. 2006	Canada, British Columbia.	Vancouver Island Health Authority Chronic Disease Management Collaborative	qualitative	key informant interviews, process observation, document review	30 physicians	chronic disease care: diabetes; congestive cardiac failure; depression	to identify critical success factors enabling the translation of clinical and operational knowledge about effective and efficient chronic care management into primary care practice
Harris et al. 2013	Canada, South Western Ontario	Partnerships for Health	mixed methods	semistructured interviews	55 interviews (7 physicians, 38 allied health providers, 10 administrators)	diabetes	1) to determine the effect of a QI program on clinical process and outcomes measures for diabetes 2) to assess how the level of program involvement effected the results 3)to obtain the views of program participants regarding the elements that influenced improvement in diabetes clinical processes and outcomes
Harris et al. 2015	Canada, Ontario	Partnerships for Health	mixed methods	semistructured interviews	42 individuals (31 clinicians, 4 program administrators, 7 coaches)	diabetes, colorectal cancer screening, access, team functioning	to examine the impact of the collaborative program on diabetes management, colorectal screening, advanced access, and team functioning.
Hespe et al. 2018	Australia	Australian Primary Care Collaboratives	qualitative	semistructured interviews	15 program staff and participants (9 practice staff, 3 support organisation staff, 3 implementation staff)	coronary heart disease, diabetes, chronic obstructive pulmonary disease, chronic disease prevention and self-management, and health care access and care redesign	to identify enablers and barriers to implementation of an existing Australian quality improvement program and to identify strategic directions that primary health care organisations can use in the ongoing development of quality improvement in this environment

Jones et al. 2007	Australia, Victoria	AMQIP	mixed methods	interviews, focus groups	11 general practices. (9 patients interviewed. General practitioners and allied health participated in 3 focus groups, 4 interviews)	osteoarthritis	to provide an overview of the outcomes of a pilot study that aimed to optimise General Practice management of patients with osteoarthritis of the hip and knee
Jones et al. 2013	Australia, Victoria		mixed methods	semistructured interviews	15 general practitioners	care planning	to promote best practice in GP management of patients diagnosed with chronic disease in particular using particular care items and an on-line care planning tool.
Kotecha et al. 2015	Canada, Ontario	Quality Improvement and Innovations Partnership (QIIP)	qualitative	semistructured interviews	10 teams 42 interviews (31 with team members, 4 with collaborative administrators, 7 with practice coaches	diabetes, colorectal cancer screening, access, team functioning	to examine the influence of the learning collaborative program on the development of interdisciplinary team functioning within participating primary health teams
Kyle et al. 2019	USA.	Academic Innovations Collaborative	mixed methods	interviews	12 academic practices. 48 interviews (22 physicians, 8 nurses, 7 care coordinators, 4 program managers, 3 admin assistants, 2 leaders, 1 medical assistant 1 nurse practitioner)	team based care, colorectal cancer screening, paediatric early intervention	to measure progress towards team-based care and to understand practice transformation
Lipman et al. 2016	USA. 4 states.		mixed methods	interviews	21 physicians	chronic kidney disease screening and management	to assess the conduct, content and fidelity of an intervention to increase the diffusion of evidence based guidelines for chronic kidney disease
Main et al. 2009	USA	Improving Depression Care	qualitative	field notes, semistructured interviews,	16 practices. 2 practice champions from each.	depression	to examine primary care practices' adoption of effective change processes
McAllister et al. 2013	USA, national sample		mixed methods	semistructured interviews	12 paediatric practices. Parents, physician champions, care coordinators	Patient Centred Medical Home implementation	to characterize attributes of transformed pediatric medical homes.
Meredith et al. 2006	USA, national sample	Depression Breakthrough Series	mixed methods	document analysis and semistructured interviews	17 organisations	depression	to examine in detail the process of implementing and maintaining change to understand how teams adopt innovative and evidence-based practices for depression care
Nease et al. 2008	USA, national sample	Improving Depression Care	mixed methods	interviews, field notes	16 primary care practices	depression	to describe the use of a modified quality improvement collaborative to improve primary care of depression that emphasises change management strategies for small primary care practices.
Nease et al. 2010	USA	Improving Depression Care	qualitative	semistructured interviews	15 practices	depression	to report on both the change management processes and the depression care improvements that practices were using 2 years after the conclusion of our Improving Depression Care Initiative
O'Reilly et al. 2019	Australia, Victoria	Good4Mum	mixed methods	interviews and focus groups	15 general practices	gestational diabetes	to determine whether a quality improvement collaborative based in general practice would improve post partum diabetes screening, weight monitoring and diabetes prevention planning in women with previous gestational diabetes
Palmer et al. 2012	New Zealand, Auckland	EQUIPPED program	mixed methods	interviews and focus groups	15 general practices (support and implementation staff)	system redesign, cardiovascular disease, diabetes, and self-management support	to improve clinical outcomes, facilitate planned care and promote quality improvement within participating practices in Auckland
Paquette-Warren et al. 2014	Canada, South Western Ontario	Partnerships for Health	qualitative	program documentation, participant observation, in depth interviews	47 sites. 106 teams. 103 individuals (10 implementers, 93 participants)	diabetes	to capture 1) details about the program's origin/structure/implementation process, participant characteristics, and participation rates to determine if the program was implemented as intended. 2) perceptions of implementers and participants regarding the effectiveness of program activities.
Peterson et al. 2015	Sweden		mixed methods	document analysis: project reports, meeting evaluations, project documentation	23 teams (16 primary care units, 7 internal medicine departments)	diabetes	to evaluate whether and how a collaborative, using the online National Diabetes Register as a tool and measurement system, could influence clinical practice and outcomes for patients with diabetes.
Rinke et al. 2016	USA, national sample	Quality Improvement Innovations Network (QIIN)	mixed methods	semistructured interviews	12 practices (11 paediatric, 1 family)	genetic diagnosis in children	to gain deeper insights into each practice's learning and implementation process
Shaw et al. 2012	USA, New Jersey	Supporting Colorectal Cancer Outcomes through Participatory Enhancements (SCOPE)	qualitative	audio recordings and field notes from collaborative and local meetings	5 practices	colorectal cancer screening	to explore 1) How did QIC participants engage with the discussions, ideas and resources encountered in the collaborative 2) How did the collaborative participants draw on what they encountered at the local collaborative meetings? 3) What conversations and activities took place during each practices quality improvement implementation process?

Shaw et al. 2013	USA, New Jersey	Supporting Colorectal Cancer Outcomes through Participatory Enhancements (SCOPE)	mixed methods	field notes, observation, interviews, audio recordings	12 intervention practices	colorectal cancer screening	to assess practice-level variation in intervention fidelity and experiences
Taliani et al. 2013	USA, Pennsylvania		qualitative	semistructured interviews	25 practices 136 interviews	Patient Centred Medical Home implementation, diabetes care	to examine the development of care management within 25 heterogenous primary care practices in southeastern Pennsylvania implementing the Patient Centre Medical Home focussed initially on diabetes care