

## Appendix 5 (as supplied by the authors): Supplemental results

Impact of individual intervention provider and contextual facilitators and barriers on providers' abilities to conduct obesity management visits

Intervention Provider ID	Clinical Role	Confidence & Personal Views	Patient/team relations & clinic environment	Summary
26 (10)* <b>MAJOR BARRIERS</b>	<ul style="list-style-type: none"> <li>- Strong emphasis on diabetes with an assortment of other patient groups.</li> <li>- In their previous clinic, had more weight management.</li> </ul>	<ul style="list-style-type: none"> <li>- Acknowledges avoidance of weight management due to feelings of awkwardness, lack of skill set &amp; feelings of dread for these visits.</li> <li>- Very positive views towards intervention.</li> <li>- Reports that she writes down goals.</li> <li>- Finds 'task focused' work easier, such as diabetes, or her other work in tertiary care. Weight is not 'task focused.'</li> </ul>	<ul style="list-style-type: none"> <li>- Still working on developing long-term relationships with patients.</li> <li>- Still in the process of developing collegial relations with other providers in clinic.</li> <li>- Lacks referrals from the physicians for weight management.</li> <li>- Perceives minimal interest in weight management by the physicians.</li> </ul>	<p><b>Major Issues:</b></p> <ul style="list-style-type: none"> <li>- Clinic environment &amp; lack of referrals.</li> <li>- Lack of confidence in addressing weight.</li> <li>- Lack of patient &amp; colleague relationships.</li> </ul> <p><b>Indirect issues:</b></p> <ul style="list-style-type: none"> <li>- Recent move to new clinic.</li> </ul> <p><b>Positives:</b></p> <ul style="list-style-type: none"> <li>- Positive 5AsT views.</li> </ul>
9 (6)* <b>MAJOR BARRIERS</b>	<ul style="list-style-type: none"> <li>- Previous emphasis on chronic disease, diabetes, and physicals (varied).</li> <li>- Does not see many patients for weight management at new clinic.</li> </ul>	<ul style="list-style-type: none"> <li>- Newer practitioner.</li> <li>- Lack of confidence bringing up weight and was not familiar with the 5As approach.</li> <li>- Likes the 5As approach, but has not applied it.</li> <li>- Feels more confident and knowledgeable since the intervention.</li> </ul>	<ul style="list-style-type: none"> <li>- Still in the process of developing longer term relationships with patients.</li> <li>- Still in the process of developing collegial relations with other providers in clinic.</li> <li>- Although the clinic team is open to new ideas/resources, the clinic is very busy, which hinders communication and limits her capacity.</li> </ul>	<p><b>Major Issues:</b></p> <ul style="list-style-type: none"> <li>- Referrals for chronic disease &amp; weight management currently go to another provider in the clinic.</li> </ul> <p><b>Indirect Issues:</b></p> <ul style="list-style-type: none"> <li>- Has not developed collegial relations with clinic staff yet.</li> <li>- Lacks some confidence in weight management.</li> </ul>

		<ul style="list-style-type: none"> <li>- Positive views of the intervention.</li> <li>- Feels she will be more comfortable addressing 5AsT with clinic team, once she has developed stronger relations with them.</li> </ul>	<ul style="list-style-type: none"> <li>- Although clinic is focused on improving access for patients, she perceives that PCN education programs are underutilized.</li> <li>- Perceives that weight management is not a priority in the clinic.</li> </ul>	<p><b>Positives:</b></p> <ul style="list-style-type: none"> <li>- Can see applicability of intervention &amp; thinks it will impact her work, particularly physicals.</li> </ul>
7 (11)* <b>MAJOR BARRIERS</b>	<ul style="list-style-type: none"> <li>- Emphasis on geriatric management, women's health, and infant care</li> </ul>	<ul style="list-style-type: none"> <li>- Strong patient relationships.</li> <li>- Routinely brings up weight with patients, but lacks confidence in overall weight management.</li> <li>- Was not familiar with the 5As before the intervention.</li> <li>- Positive views of intervention.</li> <li>- Feels she discusses weight more often since the intervention.</li> </ul>	<ul style="list-style-type: none"> <li>- Lacks referrals from physicians.</li> <li>- Feels comfortable talking to physicians about messaging &amp; concerns, but time is a barrier.</li> <li>- Very supportive clinic environment.</li> <li>- Clinic team is sometimes resistant to change.</li> </ul>	<p><b>Major Issues:</b></p> <ul style="list-style-type: none"> <li>- No weight management referrals.</li> </ul> <p><b>Indirect Issues:</b></p> <ul style="list-style-type: none"> <li>- Lack of confidence in managing weight.</li> <li>- Time constraints inhibit communication with physicians.</li> </ul> <p><b>Positives:</b></p> <ul style="list-style-type: none"> <li>- Comfortable asking about weight, asks often.</li> <li>- Very supportive clinic.</li> </ul>
19 (8)* <b>MAJOR BARRIERS</b>	<ul style="list-style-type: none"> <li>- Performs a wide variety of tasks, usually works alongside the physician.</li> </ul>	<ul style="list-style-type: none"> <li>- Lacks confidence in discussions of weight management and root cause assessments.</li> <li>- Was not familiar with 5As.</li> <li>- Uncomfortable with some sessions of intervention.</li> <li>- Since the intervention, has been using 'ASK' more.</li> </ul>	<ul style="list-style-type: none"> <li>- Strong collegial relations with physicians and clinic team.</li> <li>- Perceives minimal interest in weight management at clinic.</li> <li>- Supportive environment with good, open communication.</li> </ul>	<p><b>Major Issues:</b></p> <ul style="list-style-type: none"> <li>- Lack of confidence with weight management and root cause assessment.</li> </ul> <p><b>Positives:</b></p> <ul style="list-style-type: none"> <li>- Supportive clinic environment.</li> </ul>

<p>8 (12)*</p> <p><b>BARRIERS &amp; FACILITATORS</b></p>	<ul style="list-style-type: none"> <li>- Strong emphasis on diabetes &amp; prenatal.</li> <li>- Some cognitive screening for elderly patients.</li> <li>- Doesn't see patients specifically for weight management.</li> </ul>	<ul style="list-style-type: none"> <li>- Likes the 5As approach, but not completely comfortable yet.</li> <li>- Feels more comfortable bringing up weight once relationship is established.</li> <li>- Positive views of intervention.</li> </ul>	<ul style="list-style-type: none"> <li>- Physicians and clinic team are supportive and collaborate spontaneously at times.</li> <li>- Very good work environment.</li> <li>- Feels staff would be receptive to resources.</li> <li>- Perceives that physicians in her clinic may not be addressing weight with patients.</li> </ul>	<p><b>Indirect Issues:</b></p> <ul style="list-style-type: none"> <li>- Sees patients for diabetes, not weight management.</li> <li>- Not comfortable bringing up weight unless circumstances are right.</li> <li>- Weight is not focused on in the clinic.</li> </ul> <p><b>Positives:</b></p> <ul style="list-style-type: none"> <li>- Very good work environment.</li> <li>- Collaboration, team support, solid communication.</li> </ul>
<p>29 (10)*</p> <p><b>BARRIERS &amp; FACILITATORS</b></p>	<ul style="list-style-type: none"> <li>- Strong emphasis on chronic disease management, diabetes, prenatal, and patient education.</li> </ul>	<ul style="list-style-type: none"> <li>- Lacks confidence in addressing weight without first developing a relationship with patient or when patient is pregnant.</li> <li>- Likes the intervention, but not confident on how to apply it.</li> </ul>	<ul style="list-style-type: none"> <li>- Still working on developing long-term relationships with patients.</li> <li>- Gets a few referrals for weight management, but feels some referrals are inappropriate.</li> <li>- Supportive clinic environment.</li> <li>- Perceives a lack of information sharing.</li> </ul>	<p><b>Major Issues:</b></p> <ul style="list-style-type: none"> <li>- Lack of confidence in addressing weight.</li> <li>- Short time at clinic, little opportunity to build relationships with patients.</li> </ul> <p><b>Indirect Issues:</b></p> <ul style="list-style-type: none"> <li>- Some inappropriate referrals.</li> </ul> <p><b>Positives:</b></p> <ul style="list-style-type: none"> <li>- Gets some referrals for weight management.</li> <li>- Positive clinic environment.</li> </ul>

<p>3 (7)*</p> <p><b>BARRIERS &amp; FACILITATORS</b></p>	<ul style="list-style-type: none"> <li>- Emphasis on chronic disease and follow-up.</li> <li>- Space limitations in clinic make it difficult to see patients.</li> </ul>	<ul style="list-style-type: none"> <li>- Lacks confidence discussing weight when embedded with other issues.</li> <li>- Likes the intervention and new information.</li> <li>- Feels more confident since intervention, using the tools, and conducting a root cause assessment.</li> <li>- Has seen some changes using ‘Ask’ (one of the 5AS).</li> </ul>	<ul style="list-style-type: none"> <li>- Perceives that physicians provide inconsistent messaging.</li> <li>- Gets some referrals for weight management.</li> <li>- Uncomfortable bringing up issues with clinic team or suggesting new ideas.</li> <li>- Does not feel the clinic team is open to change.</li> </ul>	<p><b>Major Issues:</b></p> <ul style="list-style-type: none"> <li>- Space limitations.</li> <li>- Uncomfortable bringing up changes or suggestions at clinic.</li> <li>- Physicians provide inconsistent messaging.</li> </ul> <p><b>Positives:</b></p> <ul style="list-style-type: none"> <li>- Feels more comfortable with weight management since intervention.</li> <li>- Receiving some referrals from physicians.</li> </ul>
<p>11 (12)*</p> <p><b>POSITIVE FACILITATORS</b></p>	<ul style="list-style-type: none"> <li>- Emphasis on women’s health, prenatal, and chronic disease.</li> </ul>	<ul style="list-style-type: none"> <li>- Believes weight management needs to be addressed in discussions of chronic disease.</li> <li>- Very comfortable with weight management, but does not bring it up as much as she feels she should.</li> <li>- Had not heard of the 5As before intervention, but likes the approach.</li> <li>- Open to new ideas, feels comfortable suggesting changes.</li> </ul>	<ul style="list-style-type: none"> <li>- Perceives physicians do not see her as a resource for weight management and does not feel she is being used to her full capacity in terms of her potential role.</li> <li>- Good collaboration with dietician.</li> <li>- Good clinic communication and is a supportive, learning environment.</li> <li>- Weight is addressed by most physicians at clinic.</li> </ul>	<p><b>Indirect issues:</b></p> <ul style="list-style-type: none"> <li>- Does not address weight as often as she feels she should.</li> <li>- Focused more on women’s health rather than chronic disease.</li> <li>- Is not sure the physicians are using her to her full capacity.</li> </ul> <p><b>Positives:</b></p> <ul style="list-style-type: none"> <li>- Comfortable asking about weight &amp; does some weight management.</li> <li>- Good clinic communication.</li> <li>- Some physicians focus on weight.</li> <li>- Likes intervention, anticipates impact.</li> </ul>

<p>22 (9)*</p> <p><b>POSITIVE FACILITATORS</b></p>	<ul style="list-style-type: none"> <li>- Strong emphasis on chronic disease management and primary care</li> <li>- Sees patients to get them started on weight management</li> </ul>	<ul style="list-style-type: none"> <li>- Comfortable discussing weight &amp; asks patients occasionally.</li> <li>- Feels confident, but motivation is seen as a barrier.</li> <li>- Some familiarity with 5As.</li> <li>- Very positive about intervention.</li> </ul>	<ul style="list-style-type: none"> <li>- Good communication in clinic.</li> <li>- Very supportive environment.</li> <li>- Clinic team is open to new resources and ideas.</li> </ul>	<p><b>Major Issues:</b></p> <ul style="list-style-type: none"> <li>- Limited time in the clinic.</li> </ul> <p><b>Positives:</b></p> <ul style="list-style-type: none"> <li>- Comfortable with weight management.</li> <li>- Aware of needs to change,</li> <li>- Positive clinic environment, good communication.</li> </ul>
<p>28 (12)*</p> <p><b>POSITIVE FACILITATORS</b></p>	<ul style="list-style-type: none"> <li>- Conducts a variety of activities including weight management &amp; diabetes.</li> <li>- Most of her weight management visits are embedded.</li> </ul>	<ul style="list-style-type: none"> <li>- Comfortable with weight management and routinely asks, but likes to have a patient relationship first.</li> <li>- Was not really familiar with the 5As, but really enjoyed intervention.</li> <li>- Anticipates changing her practice to incorporate some of the information from the sessions.</li> </ul>	<ul style="list-style-type: none"> <li>- Feels she is able to work to her full capacity.</li> <li>- Good open communication in clinic between physicians and clinic staff.</li> <li>- Some messaging concerns but she feels those are being addressed.</li> <li>- Is sharing with the physician messaging learned in the clinic, addressing issues as they arise.</li> </ul>	<p><b>Indirect Issues:</b></p> <ul style="list-style-type: none"> <li>- Some messaging concerns with providers, but feels it is being addressed.</li> <li>- Sees mostly embedded weight issues</li> </ul> <p><b>Positives:</b></p> <ul style="list-style-type: none"> <li>- Good clinic communication.</li> <li>- Sees some patients for weight management.</li> <li>- Comfortable addressing weight.</li> </ul>
<p>27 (11)*</p> <p><b>POSITIVE FACILITATORS</b></p>	<ul style="list-style-type: none"> <li>- Strong emphasis on chronic disease management.</li> <li>- Does not usually see patients specifically for weight management.</li> </ul>	<ul style="list-style-type: none"> <li>- Lacks confidence asking, but does so often.</li> <li>- Feels more confident since the intervention and asks about weight more often.</li> <li>- Positive views of intervention and is starting to see change</li> </ul>	<ul style="list-style-type: none"> <li>- Strong team collaboration with PCN members.</li> <li>- Does not feel as though she is being used to her full capacity.</li> <li>- Communicates well with team.</li> <li>- One physician uses her more than the others.</li> </ul>	<p><b>Indirect Issues:</b></p> <ul style="list-style-type: none"> <li>- Some messaging issues with physicians.</li> <li>- Not many referrals.</li> </ul> <p><b>Positives:</b></p>

		and more collaboration in clinic.	<ul style="list-style-type: none"> <li>- Is working with front-end colleague who will book directly with her now regarding weight.</li> <li>- Some negative approach to change, some resistance from physicians for follow through on new ideas or innovations.</li> <li>- Feels comfortable sharing new information with the physicians.</li> <li>- Not getting many referrals.</li> </ul>	<ul style="list-style-type: none"> <li>- Discusses weight with most patients even though not many weight management visits.</li> <li>- Fairly confident, already changing because of the intervention.</li> <li>- Examples of collaboration.</li> </ul>
4 (6)*  <b>POSITIVE FACILITATORS</b>	- Emphasis on chronic disease management & prenatal care	<ul style="list-style-type: none"> <li>- Comfortable with weight management visits and patient centered approach.</li> <li>- Was not familiar with 5As before, but likes the approach and has used some of the tools.</li> <li>- Feels she has made changes in her practice since the intervention.</li> </ul>	<ul style="list-style-type: none"> <li>- Good supportive team environment, with appropriate referrals made to team members to divide up weight management tasks.</li> <li>- Gets weight management referrals.</li> <li>- Good communication and shared messaging.</li> <li>- Clinic staff not open to new ideas.</li> </ul>	<b>Positives:</b> <ul style="list-style-type: none"> <li>- Good communication &amp; shared messaging between providers.</li> <li>- Confident asking about weight.</li> <li>- Gets physician referrals.</li> <li>- Anticipates positive change from the intervention.</li> </ul>
21 (10)*  <b>POSITIVE FACILITATORS</b>	- Strong emphasis on chronic disease management. (e.g., chronic obstructive pulmonary disease, diabetes, weight management) & strong focus on prenatal care	<ul style="list-style-type: none"> <li>- Routinely brings up weight with patients</li> <li>- Very confident, discusses the issues often.</li> <li>- Positive reviews of the intervention</li> <li>- Likes the 5As framework &amp; states she is more conscious of using the 5As</li> </ul>	<ul style="list-style-type: none"> <li>- Strong patient relationships,</li> <li>- Has longer appointments.</li> <li>- Identifies asynchronous clinic times for dietician &amp; mental health worker as a barrier to collaboration</li> <li>- Good relations with physicians &amp; team</li> <li>- Highly cooperative clinic culture</li> </ul>	<b>Positives:</b> <ul style="list-style-type: none"> <li>- Sees patients for weight management &amp; gets referrals.</li> <li>- Good clinic communication &amp; shared messaging.</li> <li>- Positive 5AsT views.</li> </ul>

			<ul style="list-style-type: none"> <li>- Deliberate high functioning communication in clinic</li> <li>- Positive &amp; optimistic when thinking about making changes in her clinic</li> </ul>	
20 (12)* <b>POSITIVE FACILITATORS</b>	<ul style="list-style-type: none"> <li>- Has a diverse patient group with an emphasis on chronic disease, diabetes, and phone counselling,</li> </ul>	<ul style="list-style-type: none"> <li>- Comfortable with broad range of influential factors.</li> <li>- Comfortable bringing up weight.</li> <li>- Appreciates the 5As approach</li> <li>- Excited about the intervention.</li> </ul>	<ul style="list-style-type: none"> <li>- Good communication &amp; sharing of information with clinic team.</li> <li>- Supportive learning environment.</li> <li>- Positive &amp; respectful atmosphere for patients.</li> </ul>	<p><b>Positives:</b></p> <ul style="list-style-type: none"> <li>- Sees patients for chronic disease &amp; discusses weight.</li> <li>- Good clinic communication &amp; shared messaging.</li> <li>- Positive 5AsT views.</li> </ul>

\* number of sessions attended out of a total of 12 sessions