

Appendix 2. Description of the Intervention using the 12-item TIDieR checklist

Brief Name:	Telemedicine IMPACT Plus (TIP).
Why:	TIP represented the two crucial elements of patient-centered concepts: the patient-centered clinical method (6) and the integration of care (8).
What: Materials and Processes:	The three components of the intervention process were: the pre phase where the nurse met the referred patient to plan an interdisciplinary case-conference tailored to the patient's goals; the case-conference itself, with a unique group of providers, starting with the question to the patient "What are your goals for this session?" ending with an outline of a care plan; and the post phase in which the nurse met with the patient to clarify and enact the care plan.
Who provided:	Attendees at the case-conference were: the patient; the nurse and the family physician who kept track of the recommendations in order to coordinate care post conference; the specialists (usually psychiatry and internal medicine as well as others) and the allied health professionals (social worker, pharmacist and others) who provided ideas and advice. Providers were, for the most part, experienced with the intervention, which had been in existence for 10 years prior to the study and had demonstrated feasibility.
How:	Depending on the proximity of the case-conference room to the referring family physician, the case-conference occurred face-to-face or by telemedicine with the patient and the nurse (and sometimes the family physician) at the patients' home or family physicians' office joining the other providers via video-link. The pre and post visits were all face-to-face with the nurse and the patient present. Each patient received an individualized intervention.
Where:	Nine locations from which referrals were made: family health teams; solo family physicians informally affiliated with the family health teams; and emergency departments.
When & How Much:	There was one case-conference per patient. The number and type of providers varied at each patient's case-conference. The nurse visits (pre and post case-conference) varied by patient need.
Tailoring:	The constellation of providers was tailored according to the patient's needs as decided by the patient and the nurse. The number of nurse visits was tailored to the patient's needs.
Modifications:	The intervention, already responsive to patients' needs, was not modified in any systematic way over the months of the study.
How Well: Planned	For 40 intervention patients, we assessed: the number of nurse hours; the number and type of providers; the presence or not of the family physician.
How Well: Actual	Number of nurse hours pre, range 2-5, median=2, mean=2.4. Number of nurse hours post, range 1-4, median=1, mean=1.7 Number of providers, range 2-10, median=6, mean=5.7 Family Physician Present, 70% of time