Appendix F. Interventions

Publicly Available

Title	Intervention Described	Consider for Inclusion	Evidence Level	Rationale
Carpal tunnel syndrome: treatment options	Yes	No	Strong	Tool to support shared decisionmaking.
Crohn's disease: medication options	Yes	No	Strong	Tool to support shared decisionmaking.
Culturally competent teams provide comprehensive diabetes care management and education, improving outcomes for underserved patients	Yes	Yes	Strong	Team approach to care has ability to improve outcomes, communication, shared decision making.
Healthcare via cell phones: a systematic review	Yes	Yes	Strong	Process of enhancing patient engagement and communication via mobile technologies.
Heartburn: treatment options	Yes	No	Strong	Tool to support shared decisionmaking.
If Not for the Pause	Yes	Yes	Suggestive	Description of a situational awareness technique of pausing to identify contextual factors affecting care.
Individual and family engagement in the Medicaid population: emerging best practices and recommendations	Yes	Yes	Moderate	Description of successful approaches to engaging patients from vulnerable populations. Consideration for use in guide development.
Knee osteoarthritis: self-management options	Yes	No	Strong	Tool to support shared decisionmaking.
Mental health conditions: return to work or not?	Yes	No	Strong	Tool to support shared decisionmaking.
Patient and family engagement strategies	Yes	Yes	Moderate	Summary of engagement strategies, including approaches to improve family engagement in care.
Patient safety culture in primary care: developing a theoretical framework for practical use	Yes	No	Moderate	Evidence synthesis with recommendations for improving safety culture.
The emerging role of cell phone technology in ambulatory care	Yes	Yes	Moderate	Synthesis of evidence of using cell phone technology (text, email) to improve ambulatory care.
The patient engagement imperative	Yes	No	Moderate	Description making the case for engagement to patients and providers.
Why the medical home works: a framework	Yes	Yes	Moderate	Description of the power of the medical home model to improve quality and patient safety.
A cluster randomised controlled trial evaluating the effectiveness of eHealth-supported patient recruitment in primary care research: the TRANSFoRm study protocol	Yes	No	Moderate	Study protocol. The intervention has not been evaluated but it is well described.
Hospital Checklist	No	Yes	Moderate	Evidence-based checklist to improve patient engagement in safety in the hospital setting. May be applicable for revision for primary care. Review for elements.

Title	Intervention Described	Consider for Inclusion	Evidence Level	Rationale
Patient involvement in patient safety: what factors influence patient participation and engagement?	Yes	No	Strong	Review study of the factors influencing engagement that affect patient safety. Important for consideration during guide development. Strategies are also discussed.
Shared decision making learnings and recommendations	Yes	Yes	Moderate	Model of shared decisionmaking. Older model and more recent tools, such as SHARE, are more readily available.
The use of text messaging to improve attendance in primary care: a randomized controlled trial	No	No	Moderate	Descriptive study of the use of text messages to improve attendance at primary care visits. Strategy to improve engagement among disengaged patients.
Working conditions in primary care: physician reactions and care quality.	No	No	Moderate	Important to consider given the perceived burdens of patient engagement to a primary care provider.
2011 report to Congress: national strategy for quality improvement in health care	Yes	No	Strong	Evidence-based synthesis of the National Quality Strategy. Evidence to ground the need for engagement as part of the strategy and to improve safety.
A new definition of patient engagement: what is engagement and why is it important?	Yes	No	Moderate	Evidence-based report on patient engagement and its importance. Inclusion for background support and identifying levers for patients and providers to consider in guide development.
Cluster-randomized trial of a mobile phone personalized behavioral intervention for blood glucose control	No	No	Strong	Examines the impact of mobile coaching and management of diabetes to improve health outcomes.
Coordinated, intensive medical, social, and behavioral health services improve outcomes and reduce utilization for frequent emergency department users	Yes	No	Moderate	Complex team and organizational behavior change to reduce resource utilization. Question feasibility.
Creating a personal medical record	Yes	No	Strong	Evidence-based intervention developed by AHRQ for creating a personal medical record
Empowering patients as partners in health care	Yes	No	Moderate	Position on the power of engagement to improve health care quality and safety.
Engaging the patient as observer to promote hand hygiene compliance in ambulatory care.	Yes	Yes	Moderate	Case study of having patients serve an auditing function for hand hygiene compliance.
Features of mobile diabetes applications: review of the literature and analysis of current applications compared against evidence-based guidelines	No	No	Strong	Literature review on the use of mobile applications to engage patients in quality health care outcomes. Process may be useful for consideration to improve patient safety.
Five steps to safer health care: patient fact sheet	Yes	No	Moderate	Fact sheet describing how patients can be better partners to improve patient safety.
Guide to Patient and Family Engagement in Hospital Quality and Safety	Yes	No	Strong	Scoping review of the literature of patient engagement strategies for patient safety and quality in hospitals.

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Impact of health portal enrollment with email reminders on adherence to clinic appointments: a pilot study	Yes	No	Moderate	Evidence of improved outcomes and communication from the use of patient portals with electronic reminders.
Is ambulatory patient safety just like hospital safety, only without the "stat"?	No	No	Moderate	Descriptive perspectives on the differences between acute and ambulatory care safety.
Mining patients' wisdom for safer care	No	No	Suggestive	Description of how to use patient complaints as part of a patient safety program. Consider as part of evaluation recommendations.
Mobile engagement a viable way to engage Medicaid patients	Yes	No	Moderate	Evidence indicates that mobile technologies, including text messaging and email, improve patient engagement.
Patient engagement: an investigation at a primary care clinic	Yes	No	Moderate	Patient engagement improved safety. Discusses strategies to increase engagement in primary care
Periodic home visits, specialist visits, and followup enhances access and improves outcomes for low-income children with asthma	Yes	No	Moderate	Home-visit approach to enhancing patient outcomes.
Primary care managers supported by information technology systems improve outcomes, reduce costs for patients with complex conditions	Yes	No	Moderate	Strategies to improve patient outcomes through supportive technologies for complex patients in primary care. Team model of care.
Primary care our first line of defense	Yes	No	Moderate	Position paper on the value of primary care in the health system. Relevant in terms of building the case for strengthening primary care.
Putting pre-visit planning into practice	Yes	No	Moderate	Well-described approach to previsit planning to improve patient engagement and patient outcomes and improve provider satisfaction.
Supporting patient engagement in the patient-centered medical home	Yes	No	Moderate	Guidelines for patient engagement in medical homes. Provides practical recommendations for improvement.
The Joint Commission Primary Care Medical Home (PCMH) Model	Yes	No	Moderate	Guidelines from The Joint Commission on establishing a patient-centered medical home. Engaging patients is central to this approach.
The Patient and Family Engagement Module of the CUSP (Comprehensive Unit-based Safety Program) Toolkit	Yes	No	Strong	Patient engagement module within the CUSP toolkit provides guidelines for structured communication and working with patients in hospitals.
To prevent healthcare errors patients are urged to speak up	Yes	Yes	Strong	Speak-Up! Program from The Joint Commission provides several materials, including videos, brochures, and downloadable posters, to encourage patients and families to speak up for safer health care.

Title	Intervention Described	Consider for Inclusion	Evidence Level	Rationale
2015 annual progress report to Congress: national strategy for quality improvement in health care	Yes	Yes	Strong	Background information. National Quality Strategy continues to identify Keep Patients Safe and Engage Patients as top priorities for the U.S. health care system.
5 ways to fuel patient engagement	Yes	Yes	Suggestive	Report on recommendations to improve patient engagement in care.
A 2020 vision of patient-centered primary care	Yes	Yes	Moderate	Report on recommendations for patient-centered care and interventions to support them.
A framework for encouraging patient engagement in medical decision making	Yes	Yes	Moderate	Framework to guide shared decisionmaking. Requires development.
A streamlined approach to prescription management	Yes	Yes	Moderate	Guidelines for primary care practices on how to manage medication reconciliation. Requires development.
Advancing the practice of patient and family-centered care in primary care and other ambulatory settings	Yes	Yes	Moderate	IPFCC provides guidelines for advancing patient-centered care in primary care settings. Guidelines and recommendations report.
Assessing mHealth: opportunities and barriers to patient engagement	Yes	Yes	Moderate	Report detailing the opportunities of mHealth to reduce barriers to care, improve health literacy, and improve engagement for underserved patients.
Be more involved in your healthcare: tips for patients	Yes	Yes	Strong	Evidence-based guidelines for patients on how to be more involved for safety and higher quality care. May require some updates for cultural and health literacy considerations and to strengthen care linkages for primary care.
Better care coordination requires streamlined, efficient, secure clinical communication	Yes	Yes	Moderate	Guidelines on how to get the most out of the electronic health record.
Bringing patients into the patient-centered medical home: lessons learned in a large primary care practice	No	Yes	Suggestive	Case study of impact of PCMH approach to engage patients and improve health outcomes.
Building a culture of engagement for Medicare/Medicaid enrollees: health plan approaches	Yes	Yes	Suggestive	Engagement as an approach to improve health outcomes.
Clearing the error	Yes	Yes	Moderate	Addresses diagnostic error. Material was developed with patient input. May be possible to focus interventions on evidence-based practices already in place to address some of the recommendations.
Detecting, addressing, and learning from patient perceived breakdowns in care	Yes	Yes	Strong	Large scale demonstration project of making it easy for patients to speak up about breakdowns in care.
Developing a primary care patient measure of safety (PC PMOS): a modified Delphi process and face validity testing	No	Yes	Strong	Evaluation approach. May be recommended to practices as a way to measure and assess practice-level safety from the patient's perspective.

Title	Intervention Described	Consider for Inclusion	Evidence Level	Rationale
Diagnostic error: safe and effective communication to prevent diagnostic errors	No	Yes	Moderate	Guidelines on how to improve communication to prevent diagnostic error. May inform Guide development strategies to reach patients and providers.
Diagnostic errors in primary care: lessons learned	Yes	Yes	Strong	Review of evidence of diagnostic errors in primary care. Recommendations on how to close the gaps are reviewed. Requires additional development of some of the recommendations.
Dissatisfaction among Wisconsin physicians is part of serious national trend	No	Yes	Strong	Report of primary care physician burnout. While not guidelines, recommendations on how to overcome issues of burnout and improve provider satisfaction are discussed. Will be an important lever for Guide adoption.
Effective patient-doctor communication	Yes	Yes	Moderate	Guidelines on how to improve the doctor-patient relationship through enhanced communication.
Engagement with automated patient monitoring and self-management support calls: experience with a thousand chronically-ill patients	Yes	Yes	Strong	Improved engagement through self-monitoring and management support. Limited feasibility for primary care practices.
Engaging patients and families in the medical home	Yes	Yes	Strong	Guidelines and tools to support engagement of patients and families within medical home.
Engaging patients in their health and healthcare	No	Yes	Moderate	Report of evidence of approaches to engaging patients in their health.
Enhancing patient safety in pediatric primary care: implementing a patient safety curriculum	Yes	Yes	Moderate	Description of a patient safety curriculum for primary care practices. Competencies of the curriculum are discussed.
Facilitating reconciliation with electronic medical record and identifying more discrepancies	Yes	Yes	Moderate	Medication reconciliation in primary care to improve patient safety. Recommendations to identify errors.
Fast and frugal tools for shared decision-making: how to develop Option Grids	Yes	Yes	Strong	Process to developing and using OptionGrids are discussed.
General advice on safe medication use	Yes	Yes	Moderate	Guidelines for patients to improve safe and effective medication use.
Guide to patient and family engagement: environmental scan report	Yes	Yes	Strong	Robust synthesis of the evidence around patient and family engagement in hospital settings to improve safety and quality. Many of the strategies for hospital safety identified may be translated to primary care.
Health information technology and physician-patient interactions: impact of computers on communication during outpatient primary care visits	No	Yes	Moderate	Review of the impact of computers on patient-provider interaction during medical encounters. May be important for usability if a computer-based intervention is recommended.

Title	Intervention Described	Consider for Inclusion	Evidence Level	Rationale
Health navigators support self-management with primary care patients, leading to improved behaviors and lower utilization	Yes	Yes	Moderate	Evidence of improved outcomes using care navigators. Feasibility of the model is questionable on a large scale due to investment. Process of care navigation is discussed.
How to keep data flowing without overwhelming patients and providers	Yes	Yes	Moderate	Description of how to use mobile technologies to improve communication with patients. Approaches have implications for the Guide.
Medical home for patients with disabilities and chronic conditions improves access and self-management skills, leading to more healthy days, fewer hospitalizations	Yes	Yes	Moderate	Encouraging self-management skills can lead to improved outcomes. Consider applying self-management approaches for chronic disease toward behaviors to improve patient safety.
Improving office practice: working smarter, not harder	No	Yes	Moderate	Description of how simple changes to structures and processes within primary care can improve patient outcomes and provider satisfaction. Important implications of this study for planning Guide interventions to enhance adoption.
Improving patient safety through teamwork and communication	Yes	Yes	Strong	Description of evidence-based approaches to improving teamwork and communication to improve patient safety. Patient engagement not central, but may consider ways to modify interventions to reframe patient as part of the team.
Improving patient-centered communication: results of a randomized controlled trial	Yes	Yes	Strong	Strategies to improve patient-provider communication. Interventions are described. May be relevant to how we plan patient and provider education materials and guidelines.
In Connecticut: improving patient medication management in primary care	Yes	Yes	Strong	Description of efforts to improve medication management, adherence, and safety in primary care. Interventions are described. Development required.
Information chaos in primary care: implications for physician performance and patient safety.	Yes	Yes	Moderate	Implications are described from information overload in primary care and its impact on safety. Has influencing factors related to Guide implementation that should be considered.
Innovation in practice: mobile phone technology in patient care	Yes	Yes	Moderate	Use of mobile phone technology to support primary care. Description of interventions and outcomes.
Instruments to assess the perception of physicians in the decision-making process of specific clinical encounters: a systematic review.	No	Yes	Strong	Systematic review of assessment methods of physician's shared decisionmaking communication styles. Evaluation metrics.
Interventions for improving the adoption of shared decision making by healthcare professionals	Yes	Yes	Strong	Systematic review of shared decisionmaking activities in primary care. Different models and approaches are discussed.

Title	Intervention Described	Consider for Inclusion	Evidence Level	Rationale
Little shop of errors: an innovative simulation patient safety workshop for community health care professionals	Yes	Yes	Moderate	Simulation activity to improve patient safety in community health. Intervention described. May serve as a model for role play or other low-fidelity simulation opportunities.
Mobile text messaging for health: a systematic review of reviews	No	Yes	Strong	Evidence suggests that text messaging may be a way to improve health outcomes in select patients. May be a dissemination and engagement strategy for the right patients.
In-office education via hand-held electronic device enhances patient knowledge without burdening primary care staff	Yes	Yes	Moderate	Study examining the use of mobile health strategies to improve patient education in office settings; may be a feasible approach to getting patients questions recorded for the care team. Intervention is described.
National agenda for action: patients and families in patient safety: nothing about me, without me	Yes	Yes	Moderate	Goal of the program is to ensure that decisions about patient care are conducted with the patient. Strategies may be important for inclusion in the Guide development process.
Navigating the path ahead: a roadmap for patient and family engagement	Yes	Yes	Moderate	Framework for patient and family engagement. May be applicable to consider influencing factors for engagement as we build interventions.
New 2011 survey of patients with complex care needs in eleven countries finds that care is often poorly coordinated	Yes	Yes	Moderate	Recommendations on ways to improve teamwork, collaboration, and care coordination.
Online patient access to visit notes generates positive early reviews from patients and primary care physicians	Yes	Yes	Strong	Online access to physician notes improves engagement and efficiency of care. May also improve safety.
Online tools and services activate plan enrollees and engage them in their care, enhance efficiency, and improve satisfaction and retention	Yes	Yes	Strong	Online access to medical records, secure email, an electronic health risk assessment, educational information, test results, and appointment scheduling improves engagement.
Online tutorial and interactive workshop support physicians in employing shared decisionmaking with patients, reducing antibiotic use for acute respiratory infections	Yes	Yes	Moderate	Shared decisionmaking workshop improved uptake and affected patient decisionmaking; online approach changed patient and provider behavior. Described intervention.
Outcome-relevant effects of shared decision making	No	Yes	Moderate	Review of impact of shared decisionmaking.
Partnering to improve quality and safety: a framework for working with patient and family advisors	Yes	Yes	Moderate	Evidence-based framework for improving patient safety with patients and families as advisors.
Pathways for Patient Safety: Creating Medication Safety	Yes	Yes	Moderate	Strategies for improving medication safety.
Pathways for Patient Safety: Working as a Team	Yes	Yes	Moderate	Strategies for teamwork to improve safety.

Title	Intervention Described	Consider for Inclusion	Evidence Level	Rationale
Pathways for Patient Safety: Assessing Where You Stand	Yes	Yes	Moderate	Strategies for assessing patient safety in the organization. Review for assessment recommendations.
Patient + Family Engagement in Healthcare	Yes	Yes	Moderate	Review of the relevant approaches to engagement and setting the stage for why engagement is important. Descriptions.
Patient access to an electronic health record with secure messaging: impact on primary care utilization	Yes	Yes	Moderate	Impact of electronic messaging and patient portal. Consider approaches as part of the Guide.
Patient and carer identified factors which contribute to safety incidents in primary care: a qualitative study	No	Yes	Moderate	Evidence of contributing factors to reduced patient safety in primary care. Important to consider when building the Guide to advise on which gaps in patient safety to target.
Patient education and staff training significantly improves medication reconciliation in outpatient clinics	Yes	Yes	Moderate	Training to improve medication reconciliation; targeted to providers. Need to review education for decision on inclusion.
Patient engagement in patient safety: barriers and facilitators	Yes	Yes	Moderate	Important to consider the barriers and facilitators of patient safety in primary care as we build the Guide. Mitigating the barriers will enhance adoption.
Patient engagement remains cornerstone of primary care's future	Yes	Yes	Suggestive	Description of importance of patient engagement for primary care.
Patient Engagement.	Yes	Yes	Moderate	Resources detailing the importance of engagement.
Patient notepad improves communication with physicians, including likelihood of having questions answered	Yes	Yes	Moderate	Notepads improved partnership through patients asking questions and engaging in communication with physicians.
Patient safety in primary care	No	Yes	Moderate	Description of the field of patient safety in primary care. Consensus report and review of evidence. Helps to frame the problems and solutions.
Patient safety in primary care has many aspects: an interview study in primary care doctors and nurses	No	Yes	Moderate	Descriptive study on patient safety in primary care and the factors influencing it.
Patient safety in the ambulatory setting	No	Yes	Strong	Systematic review of the field of ambulatory patient safety. Evidence to support the inclusion of approaches to enhance safety.
Patients' perceptions of sharing in decisions: a systematic review of interventions to enhance shared decision making in routine clinical practice.	No	Yes	Strong	Systematic review of shared decisionmaking on engagement.
Primary care physician and health coach teams improve outcomes and reduce costs for complex patients	Yes	Yes	Moderate	Health coaching improves patient outcomes. May also affect patient safety through engagement. Consider approach for the Guide.

Title	Intervention Described	Consider for Inclusion	Evidence Level	Rationale
Primary care practices improve patient satisfaction with communication of outpatient laboratory test results	Yes	Yes	Moderate	Processes to improve communication of laboratory tests. Interventions described.
Reconciliation of patient and provider medication lists reduces discrepancies and enhances medication safety in physician clinics	Yes	Yes	Moderate	Medication reconciliation. Similar to others in the list.
Reducing diagnostic error through medical home-based primary care reform	Yes	Yes	Moderate	Describes approaches to reducing diagnostic error. Interventions are described. Interventions would need development.
Relationship continuity: when and why do primary care patients think it is safer?	Yes	Yes	Moderate	Describes the strength of relationship-based care from the patient's perspective.
Safety is personal: partnering with patients and families for the safest care	Yes	Yes	Strong	Report outlining approaches to partnering with patients and families to improve patient safety.
Seeking high reliability in primary care: leadership, tools, and organization	No	Yes	Moderate	High-reliability tools and techniques for primary care. Important interventions to enhance standards and practice functioning.
Seven steps to patient safety for primary care	Yes	Yes	Moderate	Guidelines for improving patient safety. Targets providers and practices.
Shared decision making — the pinnacle of patient-centered care	Yes	Yes	Strong	Review of shared decisionmaking on engagement.
Shared decision making: a model for clinical practice	No	Yes	Moderate	Shared decisionmaking model. Review components to determine feasibility for practice adoption.
Simple strategies to avoid medication errors	Yes	Yes	Moderate	Strategies for patients and providers to avoid medication errors in practice. Consider as part of a comprehensive medication bundle.
Smart partners guide to your health	Yes	Yes	Suggestive	Guide to help patients become more engaged in their health and health decisionmaking.
Study finds OpenNotes Initiative boosts patient engagement, safety	Yes	Yes	Strong	OpenNotes improves patient engagement and outcomes and may improve patient safety. Improves medication adherence. Explore as case study and possible intervention.
Supporting shared decision making using an Option Grid for osteoarthritis of the knee in an interface musculoskeletal clinic: a stepped wedge trial	Yes	Yes	Moderate	Shared decisionmaking using Option Grids improves outcomes. Option Grids are an enabling tool to support shared decisionmaking. Intervention description.
Team-developed care plan and ongoing care management by social workers and nurse practitioners result in better outcomes and fewer emergency department visits for low-income seniors	Yes	Yes	Moderate	Team-based care to improve outcomes. Interventions well described.

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Texting while doctoring: a patient safety hazard	No	Yes	Moderate	Review of the evidence around the distractions in medicine due to mobile technologies and information overload. The importance of situational awareness is discussed
The effectiveness of mobile-health technologies to improve health care service delivery processes: a systematic review and meta-analysis	No	Yes	Strong	Systematic review of the evidence of impact of mobile health technologies on health care delivery. Discusses barriers and facilitators.
The frequency and nature of medical errors in primary care: understanding diversity across the studies	No	Yes	Moderate	Considerations of diversity on patient safety and medical errors in primary care.
The impact of a primary care e-communication intervention on the participation of chronic disease patients who had not reached guideline suggested treatment goals	No	Yes	Moderate	Impact of goal setting and electronic communication for improving patient engagement in chronic disease self-management. Strategies may also be applied to improving patient safety.
The impact of patient participation in health decisions within medical encounters: a systematic review	Yes	Yes	Strong	Systematic review of shared decisionmaking.
The Patient and Family Engagement Trigger Tool	Yes	Yes	Moderate	Evaluation method for patient engagement.
The patient is in: patient involvement strategies for diagnostic error mitigation	No	Yes	Moderate	Descriptive review of patient engagement to mitigate diagnostic errors. Recommendations to improve safety are discussed.
The Patient Safety and Clinical Pharmacy Services Collaborative (PSPC)	No	Yes	Moderate	Collaborative to improve patient safety in pharmacy services. Strategies to improve medication adherence and safety.
The results are in: patient experience matters	No	Yes	Suggestive	Mining patient complaints as a measure of patient safety. May consider as a safety measure.
The SHARE Approach: achieving patient-centered care with shared decision making: a brief for administrators and practice leaders. Workshop Curriculum: Tool 9	No	Yes	Strong	Shared decisionmaking. Tools to support effective communication; consider each tool separately.
The SHARE Approach: communicating numbers to your patients: a reference guide for health care providers. Workshop Curriculum: Tool 5	Yes	Yes	Strong	Shared decisionmaking. Tools to support effective communication; consider each tool separately
The SHARE Approach: essential steps of shared decision making: expanded reference guide with sample conversation starters	Yes	Yes	Strong	Shared decisionmaking. Tools to support effective communication; consider each tool separately
The SHARE Approach: essential steps of shared decision making: quick reference guide	Yes	Yes	Strong	Shared decisionmaking. Tools to support effective communication; consider each tool separately
The SHARE Approach: health literacy and shared decision making: a reference guide for health care providers. Workshop Curriculum: Tool 4	No	Yes	Strong	Shared decisionmaking. Tools to support effective communication; consider each tool separately

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The SHARE Approach: overcoming communication barriers with your patients: a reference guide for health care providers. Workshop Curriculum: Tool 3	Yes	Yes	Strong	Shared decisionmaking. Tools to support effective communication; consider each tool separately
The SHARE Approach: putting shared decision making into practice: a user's guide for clinical teams. Workshop Curriculum: Tool 8	Yes	Yes	Strong	Shared decisionmaking. Tools to support effective communication; consider each tool separately
The SHARE Approach: taking steps toward cultural competence: a fact sheet. Workshop Curriculum: Tool 7	Yes	Yes	Strong	Shared decisionmaking. Tools to support effective communication; consider each tool separately
The SHARE Approach: using the teach-back technique: a reference guide for health care providers. Workshop Curriculum: Tool 6	Yes	Yes	Strong	Shared decisionmaking. Tools to support effective communication; consider each tool separately
The value of consumer access and use of online health records	Yes	Yes	Moderate	Review of the evidence of open notes approaches to offer patients access to health records. Supplementary materials.
Trust, temporality and systems: how do patients understand patient safety in primary care? A qualitative study	No	Yes	Moderate	Discusses patient safety in primary care from the patient's perspective. Study outlines important motivating factors for patients.
Types and origins of diagnostic error in primary care settings	No	Yes	Moderate	Report outlines the opportunities for diagnostic error in primary care. Important to consider as we build solutions to identify which potential gaps in safety we could influence with the Guide.
Using action plans to help primary care patients adopt healthy behaviors: a descriptive study	No	Yes	Moderate	Description of intervention to encourage goal setting and action planning for health with patients and family members. Intervention described. Requires development.
Using digital technology to engage and communicate with patients: a survey of patient attitudes	Yes	Yes	Moderate	Survey methods used to estimate patients interest in using technology to communicate with providers. Consider the approach as part of a comprehensive toolkit for patient-provider communication.
Using e-health tools to engage patients and caregivers	Yes	Yes	Moderate	Summary of evidence on use of e-health tools to engage patients and caregivers in care. May consider approaches presented to reach patients.
Using health text messages to improve consumer health knowledge, behaviors, and outcomes	Yes	Yes	Moderate	Text messages had improved health outcomes; similar to others on the list. Intervention described.
Using patient portals in ambulatory care settings	Yes	Yes	Moderate	Description of how and why to use patient portals, including meaningful use. Resource documentation for providers.

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Who gives a tweet: assessing patients' interest in the use of social media for health care	No	Yes	Moderate	Patients are interested in using social media for health; providers are less enthusiastic. Important implications for how to engage patients and potential for dissemination opportunities.
What you can do to make healthcare safer: a consumer fact sheet	Yes	Yes	Strong	Guidelines for patients for improving safety in ambulatory care.
Pharmacy safety and service – what you should expect: a consumer fact sheet	Yes	Yes	Strong	How to work with a community pharmacy to improve patient safety and medication safety. May consider as part of the plans.
Checklist for Getting the Right Diagnosis	Yes	Yes	Strong	Evidence-based checklist to mitigate diagnostic error. May require some modifications for primary care; could be mixed with other interventions as part of an intervention bundle.
Reducing diagnostic error in ambulatory practices. ten things I could do tomorrow	Yes	Yes	Strong	Guidelines for improving safety in ambulatory care from the patient perspective.
Taking charge of your healthcare: your path to being an empowered patient	Yes	Yes	Moderate	Description of approaches to becoming an empowered patient.
Talking to your doctor or nurse	Yes	Yes	Moderate	Guidelines for talking to physician or nurse. Similar to other tools available. Consider collapsing as part of a communication toolkit for patients.
How to talk to your doctor or nurse	Yes	Yes	Moderate	Guidelines for talking to physician or nurse. Similar to other tools available. Consider collapsing as part of a communication toolkit for patients.
Tips for talking to your primary care doctor	Yes	Yes	Moderate	Guidelines for talking to physician or nurse. Similar to other tools available. Consider collapsing as part of a communication toolkit for patients.
Talking with your doctor	Yes	Yes	Moderate	Guidelines for talking to physician or nurse. Similar to other tools available. Consider collapsing as part of a communication toolkit for patients.
How to talk to your doctor or any member of your healthcare team [the Conversation Project]	Yes	No	Moderate	Guidelines for talking to physician or nurse. Similar to other tools available. Consider collapsing as part of a communication toolkit for patients.
The emotional side of healthcare: six tips for talking to your doctor	Yes	Yes	Moderate	Guidelines for talking to physician or nurse. Similar to other tools available. Consider collapsing as part of a communication toolkit for patients.
Speak Up: Help Prevent Errors in Your Care	Yes	Yes	Strong	Speak-Up! Program from The Joint Commission provides several materials, including videos, brochures, and downloadable posters, to encourage patients and families to speak up for safer health care.

Title	Intervention Described	Consider for Inclusion	Evidence Level	Rationale
Speak Up: Help Avoid Mistakes With Your Medicines	Yes	Yes	Strong	Speak-Up! Program from The Joint Commission provides several materials, including videos, brochures, and downloadable posters, to encourage patients and families to speak up for safer health care.
Patient safety: ten things you can do to be a safe patient	Yes	Yes	Moderate	Evidence-based guidelines for how to prevent medical errors. Many can be extrapolated to the primary care environment.
20 tips to help prevent medical errors	Yes	Yes	Moderate	Evidence-based guidelines for how to prevent medical errors. Many can be extrapolated to the primary care environment.
Preparing for a doctor's visit	Yes	No	Suggestive	Guidelines for patients on how to prepare to be an active and engaged member of the team. Similar to several other tools identified. Review and collapse across interventions.
Preparing for a Doctor's Visit	Yes	Yes	Suggestive	Video to help set expectations for a physician visit, including encouragement from providers to ask questions.
Your 1-3-6-12 month plan to be an empowered patient	Yes	Yes	Moderate	Guidelines for achieving safer care in a 12-month approach. Quarterly milestones for safer care. Consider reviewing for common themes that may be included in the Guide for patient-facing interventions.
Ten things patients should know	Yes	Yes	Moderate	Guidelines for the 10 things patients should know to receive safe care. Similar guidelines exist that are publicly developed. Should compare and identify any additional elements that should be considered for primary care specifically.
Why Families for Patient Safety	Yes	No	Suggestive	Family engagement strategies for improving patient safety.
Prevent medication mix-ups	Yes	Yes	Suggestive	Guidelines for patients to prevent medication errors. Similar to other guidelines.
10 things you should know about opioid safety	Yes	Yes	Strong	Guidelines for patients about risks of opioid prescriptions.
What is SBAR	Yes	No	Strong	Structured communication techniques; may be encouraged to support patients engaging in health care using structured communication.
Removing barriers to better, safer care. manual for clinicians, 2nd edition	Yes	Yes	Strong	Guidelines for clinicians on how to provide safer care.
My Medicine List – A List That Could Save a Life	Yes	No	Suggestive	Medication lists have been identified as a key component of medication reconciliation for patients. Guidelines for patients.

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How To Create a Pill Card	Yes	Yes	Suggestive	Medication lists have been identified as a key component of medication reconciliation for patients. Guidelines for patients.
Brochure for patients	Yes	Yes	Moderate	Evidence-based brochure to enhance decisionmaking and communication to improve safety.
Master List of Medicines	Yes	Yes	Suggestive	Medication lists have been identified as a key component of medication reconciliation for patients. Guidelines for patients.
Daily Medicine Schedule	Yes	Yes	Suggestive	Medication lists have been identified as a key component of medication reconciliation for patients. Guidelines for patients.
New medicines: questions to ask the doctor	Yes	Yes	Strong	Guidelines for patients to improve knowledge and awareness about medications. Encourage patient-provider communication.
My Medicine Record	Yes	Yes	Suggestive	Medication lists have been identified as a key component of medication reconciliation for patients. Guidelines for patients.
Wallet Medicine Card	Yes	Yes	Suggestive	Medication lists have been identified as a key component of medication reconciliation for patients. Guidelines for patients.
Who What Where Why When Tool Kit	Yes	Yes	Moderate	Toolkit to help caregivers manage care for a friend, relative, or other family member. Similar to other resources for health care management.
A dozen questions to help you understand your medicines	Yes	Yes	Strong	Guidelines for patients to improve knowledge and awareness about medications. Encourage patient-provider communication.
10 important questions to help you be "Medicine Smart™"	Yes	Yes	Strong	Guidelines for patients to improve knowledge and awareness about medications. Encourage patient-provider communication.
Make the Most of Your Medical Appointment	Yes	Yes	Strong	Recommendations for encouraging patients to engage in their care and be prepared for the medical appointment.
Managing Your Medications	Yes	Yes	Suggestive	Medication lists have been identified as a key component of medication reconciliation for patients. Guidelines for patients.
Get the Most From Your Medicines	Yes	Yes	Suggestive	Medication lists have been identified as a key component of medication reconciliation for patients. Guidelines for patients.

Title	Intervention Described	Consider for Inclusion	Evidence Level	Rationale
Pill Identifier	Yes	No	Suggestive	Web resource to identify which pill a patient is taking. May consider linking to this if we select a medication intervention.
Medicines made easy brochure	Yes	Yes	Suggestive	Guidelines for managing medications for patients. Clear guidelines. May provide source material for intervention development.
My Personal Medication Record	Yes	Yes	Suggestive	Medication lists have been identified as a key component of medication reconciliation for patients.
Medication Review Form – Brown Bag Program	Yes	Yes	Strong	Evidence-based approach to encourage patients to bring medications into the primary care practice for reconciliation.
Brown Bag Medicine Review	Yes	Yes	Strong	Evidence-based approach to encourage patients to bring medications into the primary care practice for reconciliation.
My Medicine List Wallet Card	Yes	Yes	Suggestive	Medication lists have been identified as a key component of medication reconciliation for patients.
Medication Tracker	Yes	Yes	Suggestive	Medication lists have been identified as a key component of medication reconciliation for patients.
Doctor Visit Worksheet	Yes	Yes	Suggestive	Worksheet for patients to take to doctor's office. Similar to others in the list. Consider collapsing.
Medication Guide	Yes	Yes	Suggestive	Medication lists have been identified as a key component of medication reconciliation for patients.
Universal Medication Form	Yes	Yes	Suggestive	Medication lists have been identified as a key component of medication reconciliation for patients.
Medications List	Yes	Yes	Suggestive	Medication lists have been identified as a key component of medication reconciliation for patients.
My Medication List	Yes	Yes	Suggestive	Medication lists have been identified as a key component of medication reconciliation for patients.
Know Your Medications - It Could Save Your Life	Yes	Yes	Suggestive	Medication lists have been identified as a key component of medication reconciliation for patients.
My Medicine List	Yes	Yes	Suggestive	Medication lists have been identified as a key component of medication reconciliation for patients.
My Medicine List - For Providers	Yes	Yes	Suggestive	Medication lists have been identified as a key component of medication reconciliation for patients.
Personal Medication Record	No	No	Suggestive	Medication lists have been identified as a key component of medication reconciliation for patients.
My Medications mobile app	Yes	Yes	Suggestive	Mobile application to support patients' management of medications and sharing them with their providers. Costs $0.99 on the Apple App store.

Title	Intervention Described	Consider for Inclusion	Evidence Level	Rationale
Decision Support Web app	Yes	Yes	Suggestive	Potential resource for patients on how to prepare for decision support around treatment options.
AHRQ Health Literacy Universal Precautions Toolkit	Yes	Yes	Strong	Evidence-based interventions to support language and literacy in practice.
"Ask Me 3"	Yes	Yes	Strong	Evidence-based intervention to encourage patients to speak up and ask questions of their care providers to improve patient safety.
Patient and Family Advisory Council Toolkit	Yes	Yes	Moderate	Toolkit for developing patient and family advisory councils.
Creating Patient and Family Advisory Councils	Yes	Yes	Moderate	Toolkit for developing patient and family advisory councils.
Patient and Family Advisory Board	Yes	Yes	Moderate	Description of the core competencies for establishing patient and family advisory boards focusing on quality and safety.
Patient and Family Advisory Boards - Evidence	Yes	Yes	Moderate	Description of the core competencies for establishing patient and family advisory boards focusing on quality and safety.
PFAC	Yes	Yes	Moderate	Well-described steps to establish a PFAC.
Preparing for collaboration with patients	Yes	Yes	Moderate	Evidence-based description of organizational readiness approaches to improve patient partnerships.
AHRQ Patient Safety Advisory Councils	No	Yes	Strong	Evidence-based toolkit and tools to establish patient and family partnerships in care.
PFAC patient safety	Yes	Yes	Moderate	Well-described steps to establish a PFAC.
The universal patient compact	Yes	Yes	Strong	NPSF published guidelines for establishing expectations for the therapeutic relationship. May consider as part of the overall Guide to encourage notion of patient as part of a team. Concern around disengaged patients or those in the early stages of engagement.
2012 SAFE CARE Patient Safety Education Program	Yes	Yes	Strong	Evidence-based educational curriculum for patients and family members to improve their safety within the health care system.
Partnering with patients and families to design a patient- and family-centered health care system: recommendations and promising practices	Yes	Yes	Strong	Thorough review of the evidence on improving patient-centered care, including teamwork and communication. Strategies should be considered during Guide development.
Partnering with Patients and Families to Enhance Safety and Quality: A Mini Toolkit	Yes	Yes	Moderate	Toolkit provides a brief how to guide for organizations on how to better engage patients and families to improve patient safety.

Title	Intervention Described	Consider for Inclusion	Evidence Level	Rationale
H2Pi Road to Success	Yes	Yes	Moderate	Tools and guidelines to improve patient safety. Primarily grounded in the hospital setting.
Better Together - organizational self-assessment	Yes	Yes	Moderate	Evaluation and self-assessment; readiness for patient partnership. Long organizational assessment of readiness. Modifications needed for primary care.
Better Together - brochure	Yes	Yes	Moderate	Brochure for patient partnerships.
Building the Future for Patient Safety: Developing Consumer Champions – A Workshop and Resource Guide	Yes	No	Moderate	Description of the output of one of the first workshops bringing together patients and providers and researchers to develop goals for improving patient safety through partnerships.
Patient Safety Advisory Councils - AHRQ guide	Yes	Yes	Strong	Guidelines and tools to support development of PFAC. Modifications needed for primary care are minor.
How to start a Patient Advisory Council	Yes	Yes	Strong	Getting starting with a PFAC. Minor modifications needed for primary care practices.
Creating a Patient and Family Advisory Council: A Toolkit for Pediatric Practices	Yes	Yes	Strong	Getting starting with a PFAC. Minor modifications needed for primary care practices.
Patient and Family Advisory Council - Getting Started Toolkit	Yes	Yes	Strong	Getting starting with a PFAC. Minor modifications needed for primary care practices.
How to create an accurate medication list in the outpatient setting through a patient centered approach	Yes	Yes	Moderate	Approaches to creating and maintaining accurate medication lists. Consider along with other medication resources to craft optimal "medication" bundle for patients, providers, and practice staff.
Creating an accurate medication list in the outpatient setting	Yes	Yes	Moderate	Approaches to creating and maintaining accurate medication lists. Consider along with other medication resources to craft optimal "medication" bundle for patients, providers, and practice staff.
Healthcare and Patient Partnership Institute FREE Hospital Training Guides	Yes	No	Moderate	Tools, toolkits, videos, and other marketing and collateral materials for patients and providers to improve hospital safety. Some interventions may be adapted for use in primary care.
Engaging Health Care Users: A Framework for Healthy Individuals and Communities	Yes	No	Strong	Evidence-based framework for engaging individuals and communities in care.
Implementation guide to reducing harm from high-alert medications	Yes	No	Strong	Guidelines to alert medical professionals about high-risk medications.
Speaking Together Toolkit	Yes	No	Strong	Guidelines for patients and providers on how to communicate within the clinical care team.
Sample Action Plan to Improve Health Literacy	Yes	Yes	Strong	Evidence-based guidelines to improving health literacy. Guidelines for providers.

Title	Intervention Described	Consider for Inclusion	Evidence Level	Rationale
Five steps to safer healthcare(AHRQ)	Yes	Yes	Moderate	Brochure of 5 easy steps for patients and families to take to improve safety.
Patient Toolkit for Diagnosis	Yes	Yes	Moderate	Based on expert panel and patient input, this toolkit from the Society to Improve Diagnosis in Medicine is a 5-page document to guide patients through preparing for doctor visits to become more actively engaged in care.
Medication management: a family caregiver's guide	Yes	Yes	Suggestive	Experiences ground this guide to help caregivers improve the care of their loved ones. Tool includes note section for conversations with doctors and medication list.
Smart partners to guide your health	Yes	Yes	Moderate	Guide developed by Kaiser Permanente to improve partnerships with patients in care.
Patients and families as advisors in primary care: broadening our vision	Yes	Yes	Moderate	Review of the evidence base. Good background and summary of interventions and approaches.
Team STEPPS for Office-Based Care (AHRQ)	Yes	Yes	Strong	Several modules within the TeamSTEPPS program would be applicable for primary care to improve safety. Huddles and structured communication were recommended by expert panels.
Steps Forward	Yes	Yes	Moderate	Several online modules available for free from the American Medical Association on improving practice efficiency and effectiveness. Several modules should be considered for inclusion.
Patient's Toolkit for Diagnosis	Yes	Yes	Moderate	Toolkit to help patients work with providers on diagnosis.
DECISION+2	Yes	Yes	Moderate	Well-described intervention of shared decisionmaking in primary care.
OpenNotes	Yes	Yes	Strong	Large demonstration project with significant evidence on patient engagement through electronic portal. Would require some modification of toolkit for primary care practices without a portal. Process of sharing notes is encouraged.
Medication Use Safety Training for Seniors	Yes	Yes	Moderate	Online educational campaign to improve medication use by seniors. Could be adapted for use within the Guide.
A simple intervention promoting patient safety improvements in small internal medicine practices (Marsteller, Qual Prim Care, 2010, PMID 21114911)	Yes	Yes	Moderate	Web-guided approach is safe, feasible, and cost effective, empowering patients with colitis to manage their symptoms.
Engaging the patient as observer to promote hand hygiene compliance in ambulatory care (Bittle, Jt Comm J Qual Patient Saf, 2009, PMID 19886091)	Yes	Yes	Moderate	Engaging patients in patient safety surveillance was feasible. Patient as an observer was successful at improving hand hygiene.

Title	Intervention Described	Consider for Inclusion	Evidence Level	Rationale
Diagramming patients' views of root causes of adverse drug events in ambulatory care: an online tool for planning education and research (Brown, Patient Educ Couns, 2006, PMID 16879943)	No	Yes	Moderate	Evidence is important for consideration during Guide development.
Communicating about health care: observations from persons who are deaf or hard of hearing (Iezzoni, Ann Intern Med, 2004, PMID 14996677)	No	Yes	Moderate	Health equity considerations for Guide intervention recommendations are needed.

May Be Publicly Available

Title	Intervention Described	Consider for Inclusion	Evidence Level	Rationale
Patient Aligned Care Teams	No	Yes	Strong	Well-described program of adopting patient-centered medical homes within the Veterans Affairs health system. Improved safety, quality, and outcomes were achieved. Tools are not publicly available on VA Web site

Not Publicly Available

Title	Intervention Described	Consider for Inclusion	Evidence Level	Rationale
Mobile phone–based remote patient monitoring system for management of hypertension in diabetic patients	No	Yes	Moderate	Not directly evaluating safety.
Patchy "coherence": using normalization process theory to evaluate a multi-faceted shared decision making implementation program (MAGIC)	Yes	No	Strong	Evaluation methodology.
The New York Patient Engagement Index is out!	Yes	No	Moderate	Patient engagement index measure. Not publicly available.
Option Grids: shared decision making made easier	Yes	Yes	Strong	Tool to support shared decisionmaking.
The Empowered Patient® journal	Yes	No	Suggestive	Journal for patients to track their health care.
The Empowered Patient® pocket guides	Yes	No	Suggestive	Pocket guides for staying safe in the health care system.
The Empowered Patient® quick reference guide - factsheets & checklists	Yes	No	Suggestive	Checklists and fact sheets to improve safety.
The empowered patient: hundreds of life-saving facts, action steps and strategies you need to know	Yes	No	Moderate	Description of things patients need to know to be safe within the health care system.

Title	Intervention Described	Consider for Inclusion	Evidence Level	Rationale
SBAR outpatient communication technique	Yes	No	Strong	Evidence of structured communication within health care to improve safety. This tool is developed and available from other sources that are publicly available.
Drug Interaction Checker	Yes	No	Suggestive	Web resource to identify which pill a patient is taking. May consider linking to this if we select a medication intervention.
Medication Tracker (iMedications) mobile app	Yes	No	Suggestive	Mobile application. Not publicly available
MedCoach Medication Reminder mobile app	Yes	Yes	Suggestive	No evidence of improvement but offers reminders to take medications at different times of day. Interface looks like a pill box.
Best Practices in Physician Communication: Self-Scoring Profile	Yes	Yes	Moderate	Physician self-assessment of communication competencies.
Partnering with patients and families to enhance safety and quality	Yes	Yes	Moderate	Consensus report and tools to engage patients and families as partners in care.
Patient Activation Measure® (PAM®)	No	No	Strong	Potentially use as a recommended evaluation measure for level of patient activation and engagement.
Patient Safety Tools for Physician Practices	Yes	Yes	Moderate	Several tools for physician practices aimed at improving practice safety. Similar to others within this list. Review to ensure comprehensiveness of approaches are outlined for the Guide.
Physician Practice Patient Safety Assessment	Yes	No	Moderate	Evaluation.
Pathways for patient safety	Yes	No	Moderate	Description of opportunities to improve patient safety in office-based practices.
The Impact of Patient and Family Advisory Councils	Yes	No	Moderate	Overview of how to build patient advisory committees. Toolkit includes how to get started, what questions to ask prospective patients, and how to set agendas for the first meeting.
PINCER - Pharmacist led Information Technology Intervention to Improve Teamwork and Communication	Yes	Yes	Strong	Well-described intervention on team-based care to improve safety systems in primary care. Intervention is described.
Choosing Wisely Campaign	Yes	Yes	Suggestive	Choosing wisely is an approach to eliminate unnecessary testing.
Self-management goal setting in a community health center: the impact of goal attainment on diabetes outcomes (Anderson, Diabetes Spectr, 2010)	Yes	Yes	Moderate	Self-management to improve diabetes care in Hispanic patients. Intervention described. Would require development.
Veterans' Medicines Advice and Therapeutics Education Services (MATES) Program	Yes	Yes	Moderate	Intervention to improve medication safety with prescriber feedback. Educational materials for practitioners.

Title	Intervention Described	Consider for Inclusion	Evidence Level	Rationale
The development and evaluation of an extended adherence support programme by community pharmacists for elderly patients at home (Raynor, Int J Pharm Pract, 2000)	Yes	Yes	Moderate	Well-described intervention of integrating community pharmacists into the care community to improve patient care.
Care Program Approach (CPA)	Yes	Yes	None	Description of the CPA model and impact on patient safety for patients with mental health disorders.
Educating seniors to be patient safety self-advocates in primary care (Elder, J Patient Saf, 2008)	Yes	Yes	Moderate	Patient education to improve patient safety self-advocacy. Well-described intervention. Self-confidence for self-care improved.
Interventions to facilitate shared decision making to address antibiotic use for acute respiratory infections in primary care (Coxeter, Cochrane, 2015, PMID 26560888)	Yes	Yes	Strong	Describes systematic review of efforts to enhance shared decisionmaking. Interventions are described.
Patient safety improvement programmes for primary care. Review of a Delphi procedure and pilot studies by the LINNEAUS collaboration on patient safety in primary care (Verstappen, Eur J Gen Pract, 2015, PMID 26339837)	Yes	Yes	Strong	Review of safety improvement programs in primary care. Evidence may affect what we include in the Guide; more background and informing intervention choice.
A multicomponent intervention to improve primary care provider adherence to chronic opioid therapy guidelines and reduce opioid misuse: a cluster randomized controlled trial protocol (Lasser, J Subst Abuse Treat, 2015, PMID 26256769)	Yes	No	Suggestive	Well-described intervention. Protocol, no outcomes.
Design of the POINT study: Pharmacotherapy Optimisation through Integration of a Non-dispensing pharmacist in a primary care Team (POINT) (Hazen, BMC Fam Pract, 2015, PMID 26135582)	Yes	No	Suggestive	Alternative care team models. Protocol description only. No outcomes.
Electronic health record tools to care for at-risk older drivers: a quality improvement project (Casey, Gerontologist, 2015, PMID 26055773)	Yes	No	Suggestive	Electronic tool to enhance decisionmaking around senior driving capacity.
Chronic disease management programmes for adults with asthma (Peytremann-Bridevaux, Cochrane, 2015, PMID 26014500)	Yes	No	Strong	Self-management support improved asthma outcomes.
Effectiveness and feasibility of a software tool to help patients communicate with doctors about problems they face with their medication regimen (EMPATHy): study protocol for a randomized controlled trial (Billimek, Trials, 2015, PMID 25873349)	Yes	No	Suggestive	Study protocol but interesting intervention. Intervention is well described.

Title	Intervention Described	Consider for Inclusion	Evidence Level	Rationale
Results of the chronic heart failure intervention to improve medication adherence study: a randomized intervention in high-risk patients (Granger, Am Heart J, 2015, PMID 25819861)	Yes	Yes	Moderate	Alternative care team model improved patient outcomes and clinic efficiency. Nurse-led care model for heart failure.
Patient and professional user experiences of simple telehealth for hypertension, medication reminders and smoking cessation: a service evaluation (Cottrell, BMJ Open, 2015, PMID 25795698)	Yes	Yes	Moderate	Telehealth and reminders improved medication adherence; feasibility is questionable.
Text messaging to improve hypertension medication adherence in African Americans: BPMED intervention development and study protocol (Buis, JMIR Res Protoc, 2015, PMID 25565680)	Yes	Yes	Moderate	Text messages improved health outcomes. May indicate an alternative supplementary approach for patient-provider communication.
Knowledge-based personal health system to empower outpatients of diabetes mellitus by means of p4 medicine (Breso, Methods Mol Biol, 2015, PMID 25417090)	Yes	Yes	Moderate	Web-based patient empowering system that continuously monitors patient health status in patients with diabetes. Tool was acceptable to providers and patients. Limited applicability for patient safety and engagement.
Effective Feedback to Improve Primary Care Prescribing Safety (EFIPPS): a pragmatic three-arm cluster randomised trial: designing the intervention (ClinicalTrials.gov registration NCT01602705) (Barnett, Implement Sci, 2014, PMID 25304255)	Yes	Yes	Moderate	Study protocol. The intervention has not been evaluated but it is well described.
Educating orally anticoagulated patients in drug safety: a cluster-randomized study in general practice (Vormfelde, Dtsch Arztebl Int, 2014, PMID 25283757)	Yes	Yes	Strong	Patient education improved safety. Approaches to education of patients should be considered.
Description of a practice model for pharmacist medication review in a general practice setting (Brandt, Pharm Pract, 2014, PMID 25243030)	Yes	Yes	Moderate	Care team model integrating pharmacists for medication review improved prescribing patterns and safety, particularly in patients with polypharmacy.
Integrating interdisciplinary pain management into primary care: development and implementation of a novel clinical program (Dorflinger, Pain Med, 2014, PMID 25234837)	Yes	Yes	Moderate	Pain care service for primary care practices. Improved outcomes after 1-year.
MAXimising Involvement in MUltiMorbidity (MAXIMUM) in primary care: protocol for an observation and interview study of patients, GPs and other care providers to identify ways of reducing patient safety failures (Daker-White, BMJ Open, 2014, PMID 25138807)	Yes	Yes	Moderate	Study protocol to identify opportunities for patient safety failures in primary care through field research and ethnography.

Title	Intervention Described	Consider for Inclusion	Evidence Level	Rationale
Primary care-based, pharmacist-physician collaborative medication-therapy management of hypertension: a randomized, pragmatic trial (Hirsch, Clin Ther, 2014, PMID 25085406)	Yes	Yes	Moderate	Alternative care team models engaging pharmacists demonstrated improved patient outcomes. Feasibility concerns.
Sore throat: effective communication delivers improved diagnosis, enhanced self-care and more rational use of antibiotics (van der Velden, Int J Clin Pract Suppl, 2013, PMID 24238425)	Yes	Yes	Moderate	Program improves self-care and reduces antibiotic use.
Preventing Hospital Admissions by Reviewing Medication (PHARM) in primary care: an open controlled study in an elderly population (Leendertse, J Clin Pharm Ther, 2013, PMID 23617687)	Yes	Yes	Moderate	Program uses pharmacist review of medications to reduce hospital readmissions.
Reducing the risk of adverse drug events in older adults (Pretorius, Am Fam Physician, 2013, PMID 23547549)	Yes	Yes	Moderate	Screening tool for older persons' potentially inappropriate prescriptions and screening tool to alert doctors to the right treatment reduced adverse events in elderly patients. Interventions described. No tools available.
Mobile phone messaging for facilitating self-management of long-term illnesses (de Jongh, Cochrane, 2012, PMID 23235644)	Yes	Yes	Moderate	Mobile phone messaging improves self-management.
Training family physicians in shared decision-making to reduce the overuse of antibiotics in acute respiratory infections: a cluster randomized trial (Légaré, CMAJ, 2012, PMID 22847969)	Yes	Yes	Moderate	Shared decisionmaking models.
Improving medication safety in primary care using electronic health records (Nemeth, J Patient Saf, 2010, PMID 21500611)	Yes	Yes	Moderate	Strategies to improve medication safety are described.
Medicine-related questions handled by community pharmacists: an exploratory study (Rutter, Int J Pharm Pract, 2009, PMID 20214274)	Yes	Yes	Moderate	Community pharmacists provide good-quality service and are easily accessible to all people. May improve medication adherence and prescribing.
"They don't ask me so I don't tell them": patient-clinician communication about traditional, complementary, and alternative medicine (Shelley, Ann Fam Med, 2009, PMID 19273869)	No	Yes	Moderate	Description of communication barriers in primary care. Implications for the Guide.
Design and implementation of a web-based patient portal linked to an electronic health record designed to improve medication safety: the Patient Gateway medications module (Schnipper, Inform Prim Care, 2008, PMID 18713531)	Yes	Yes	Moderate	Patient portal improved medication adherence and medication safety. Enhancements to the portal were required.

Title	Intervention Described	Consider for Inclusion	Evidence Level	Rationale
Improving medication safety: influence of a patient-specific prescriber feedback program on rate of medication reviews performed by Australian general medical practitioners (Roughead, Pharmacoepidemiol Drug Saf, 2007, PMID 17476702)	Yes	No	Moderate	Provider feedback improved medication safety by changing prescribing behavior. Does not engage patients but describes alternative care support models.