APPENDIX 5: TIMELINE OF INTERVENTION IMPLEMENTATION (ACTIVE INTERVENTION PERIOD)

Step 1	2018 MAR.	• Objectives of the intervention were published and disseminated via multiple channels (material in print, online, e-mails, unit meetings). • Press release (for laypeople) about the intervention. • Concise, practical written material distributed for physicians and caregivers (also easily accessible online). • ***Real-time nationwide evaluation tool (dashboard) based on EHR data made available for monitoring the progress of the intervention.***
	2018 JUN.	• Progress report and general positive feedback.
	2018 AUG.–OCT.	• Educational meetings held by opinion leaders.
	2018 OCT.	• Progress report and constructive feedback.
Step 2	2019 JAN.	• Progress report and feedback.
	2019 FEB.	• Reminder letters to all physicians and unit* leaders.
	2019 MAR.	• Status report for each unit and specialty† group.
	2019 MAR.–JUN.	• Identification of noncompliant units and physicians. • Educational meetings held by opinion leaders‡. • Meetings with chief physicians of noncompliant units. Focus meetings in selected units. Outreach visits. Individual feedback to noncompliant physicians.
Step 3	2019 SEP.	• Status report by individual physicians. • Status report and thank you letter to everyone about progress. • Individual feedback to top 50 noncompliant (most actively prescribing) physicians. • Progress report.
	2019 DEC.	• Personalized letter and phone calls to those physicians who were actively recommending CCM.
	2020 JAN.–MAR.	• Progress report.
	2020 SEP.	• Final contact to those physicians who were still actively recommending CCM.
	2020 SEP.–OCT.	
	2020 DEC.	• End of active intervention.
Intervention evaluation	2021 FEB.	• Evaluation according to predefined metrics.

*Terveystalo has over 300 units nationwide.
†Over 50 specialties.
‡Opinion leaders and experts from within the company and invited speakers.
CCM, cough and cold medicine. EHR: Electronic health record.