| Appropriateness | Usefulness | Impact & Sustainability | Facilitators & Barriers | Other |
|---|---|---|---|---|
| **Why does the intervention fit well?** | **What is useful?** | **What happened as a result of the intervention?** | **What helps with promoting and using Shared Access?** | Preference for paper forms to register U12CM/SW |
| | **Summary: Multimodal usefulness** | | | |
| [Infrastructure] There is an IT help line handling the registration U12CM/SW US12 US6 | Poster is useful, for example, for setting up a conversation U12CM/SW U12CNC U12MD US12 US6 UC6 RFG12 RPA | No change in the volume of messaging U12CM/SW U12CNC U12MD RPA PSh12 PGa12 | [We need it] Need for an identified care partner on file to connect and communicate with the clinic U12CM/SW RFG12 | Preference for digital registration U12CM/SW |
| [Workflow] Part of routine care U12CM/SW US6 UC6 RFG12 | Brochure is useful in explaining patients shared access and the process, it is clear and concise RPA US6 | No increase in personal workload U12CM/SW | [We need it] It is important for safe, respectful, or non-confusing communication to be identified as a care partner U12CM/SW UC12 RPA RMD PGa6 | Do not know about where the poster QR leads you to U12CM/SW |
| | Brochure is available just to hand out for patients to take home US6 PSh6 PGli6 PSh12 PGli12 | | [We need it] need it to be an age friendly health system, part of our investment in robust structure PCliCh | Overall increase in patient portal interactions, unrelated to shared access US6 UC6 |
| | Brochure has a convenient QR code UC6 PGli6 | | | One of the clinics stopped accepting new patients during the intervention US6 |
| [Workflow] Part of a new patient visit U12CM/SW UC12 | Shared access info can be generated in after-visit summary U12CM/SW UC12 UC6 | Seeing more messages from care partners using shared access credentials U12CM/SW U12MD UC12 UC6 RPA PGli6 | [We need it] Shared access is a way for a care partner communicate with the clinic independently, with patient permission, sometimes about sensitive issues RFG12 RPA | Use of portal messaging mundanely, not for medical issues U12CM/SW UC6 |
| [Workflow] Part of phone conversations US6 | | | | |
| [Workflow] Part of social worker procedures, informally and case-by-case U12CM/SW US6 RSW | Having a dot phrase as a tool that provides a script U12CNC US12 US6 | Seeing more patients that have shared access set up RMD UC6 | [We need it] Pointing out to patients that it [shared access] is important U12CNC UC12 | Use of portal messaging for urgent issues instead of having appointments U12CM/SW UC12 |
| [Infrastructure] Part of the training of clinical staff which was not before U12CNC US6 UC6 | Does not take much time U12MD UC12 US12 PGa6 PGa12 PGli12 | Can sometimes take a lot of time and bring in family dynamics UC12 RMD | [We need it] It reflects the needs of our patient population U12CNC PSh12 | Education of patients and care partners on patient portal messaging U12CNC |
| [Workflow] Part of a new patient packet that is sent out U12CNC US6 | **What is not useful?** | [Does not take much time] It does not take more than one minute to cover shared access during rooming RPA PGa12 | [Alignment] Speculating that patient portal is governed by an EHR vendor so granting shared access is separate from our health system's forms U12CNC | Poster is used a teaching tool for trainees how to communicate with patients UC6 |
| [Workflow] Part of advance care planning conversations UC6 PGa6 | | | | |

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| [Infrastructure] Shared access procedures are delegated to staff away from clinicians UC12 UC6 US6 PSh6 PGa12 | I do not use tip sheets U12CM/SW US6 | [Does not take much time] The conversation about shared access is very quick as care partners agree right away PSh12 | [Alignment] Dot phrase with language on legal requirement to comply with using shared access not patient credentials U12CNC US12 US6 UC6 | Patient portal allowing to share hyperlinks and other attachments versus over the phone UC6 |
| [Part of routine care, subtheme] It sometimes come up at the visit, for some patients, but most do not bring it up organically U12MD UC12 | Not much traction after using dot phrase UC12 | [Does not take much time] It is not disruptive, another quick thing to do. That thing is "different" from regular clinic rooming aspects RFG12 RPA | [Alignment] Citing the health system's requirement to use shared access, due to HIPAA U12MD PGa6<br>[Alignment] Care partners messaging in their own charts about patients is obviously not allowed and triggers the IT response, dot phrase PIT | Asking to bring this intervention to a sister clinic as internal medicine has many geriatric patients US6 |
| [Part of routine care, subtheme] It happens naturally for almost all patients as patient portal and if they have a care partner are discussed at visits RPA | [variability] Some clinicians and staff do not use educational materials UC12 US12 UC6 RFG12 | We have implemented an option to invite a proxy using patient portal [no paper], if a care partner is also in the system RIT | [Mix Privacy] Considering shared access versus logging in as a patient to be a patient privacy issue, so patient can message privately RPA | |
| [Infrastructure] Clinicians know what the process in the clinic is U12MD UC12 RFG12 PGa12 | I do not use talking points, use my own language PSh12 | No change in IT health support calls volume or online forms volume requests, no extra work RIT UIT PIT | [Alignment] Feeling that shared access is the right/correct and legal thing to do, while it is wrong logging in under other's name U12MD RPA | |
| [Workflow] Comes up at patient portal conversations when care partners use patient login or send messages about patients from their personal portal account UC12 RIT PSh12 PGa12 | **What would be good for future use and improvement?** | | [We need it] Our clinic might be the first place where a care partner is identified and given shared access that helps with this patient's interactions with other doctors in our health system RFG12 | |
| [Infrastructure] There is a dedicated staff champion RFG12<br>[Infrastructure] The role of clinical champion is important for culture change PCliCh | Have a snapshot of patient portal menu to explain what it is U12CM/SW | **Do you plan to sustain the intervention?** | Explaining patients that shared access helps to feel less overwhelmed with care RMD | |
| [variability] Part of the culture for some clinicians but adherence varies RFG12 RMD | Shared access would allow care partners to stay in contact with the clinic after the patient death for 6 months while the patient account is closed RFG12 | We want to continue using the educational materials U12CNC U12MD RFG12 PSh12 | [We need it] It is an investment that saves time for the clinic downstream RSW<br>Patient changing their password and care partner cannot longer log in as patient US6 | |

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| [Infrastructure] Clinic has a capability to offer help with registering while in the clinic RPA UC6 | Including shared access in the totality of patient centered advance care planning, including using champions and fellows models PCliCh | | There is an education opportunity moment when patients reach out to activate back their access deactivated because of care partners were logging in with patient credentials RIT | |
| [Part of routine care, subtheme] If a patient comes in with a family member, especially more than once or non-English speaker ow with cognitive issues, it seems appropriate to talk about shared access with them PSh12 PSh6 PGa12 | Much of clinical champion work can be delegated to clinical team members and administrative leadership, it is a team sport PCliCh | | As a provider, referring to personal experience being a care partner who uses shared access for their loved ones PSh12 PSh6 UC6 | |
| [Part of routine care, subtheme] During primary care visit or when a provider prepares for that visit, they might come up with realization that they should be taking with a family member PSh12 | | | [preference to this from patients' survey directly] Shared access is something that care partners and patients are really looking for PSh12 | |
| | | | **What impedes promoting and using Shared Access?** | |
| | | | Competing priorities during the visit, not enough time U12CNC UC12 US12 US6 PGli6 | |
| | | | Difficult to explain shared access to patients with diminished capacity and/or cognitive impairment UC6 | |
| | | | Some clinicians do not see talking about shared access as the best use of their time and expertise U12MD UC12 | |
| | | | [Mix Privacy] Considerations of abuse, though a care partner not being in control of patient account, as they use shared access, might alleviate U12MD RPA RSW PGa6 PGa12 | |
| | | | Staff not knowing if their discussions with patients resulted | |

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| | | | in patients signing up for shared access or not US6 | |
| | | | Patient credentials for log in is good enough US6 PGa6 PSh6 PGa12 (+ surveys R P U )<br>Especially if an issue is important, providers will respond any way, undermining the need to have own credentials US6<br>Care partners receiving the same information whether logging in as a patient or as through shared access UC6 | |
| | | | [Mix Privacy] Providers not knowing how to navigate privacy of messaging with care partners and with patients at the same time UC6 | |
| | | | [Mix Privacy] Providers not knowing how to navigate multiple family members using shared access or difficult family dynamics PSh6 PGa12 | |

21 focus group or individual interview

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| U12CM/SW<br>U12CNC<br>U12MD<br>UC12<br>US12<br>UIT | RFG12<br>RPA<br>RMD<br>RSW<br>RIT | PSh12<br>PGa12<br>PGli12<br>PIT<br>PCliCh |
| UC6<br>US6 | | PGa6<br>PSh6<br>PGli6 |