

Online Supplementary Materia

Baskerville NB, Liddy C, Hogg W. Systematic review and meta-analysis of practice facilitation within primary care settings. *Ann Fam Med.* 2012;10(1):63-74.

<http://www.annfammed.org/content/10/1/63/suppl/DC1>

Supplemental Table 1. Excluded Studies With Low Methodological Performance Scores (n = 21)

Author, year	Score	Design	Alloc	BL	ITT	Reason for Exclusion
Rebelsky et al ¹ 1996	1	Case study	N	N	N	Qualitative analysis of 30 physicians exposed to facilitation 5 years later
McKenzie et al ² 1999	1	Case study	N	N	N	Qualitative analysis of nurse facilitation project implementation
Fullard et al ³ 1984	1	Case study	N	N	N	Qualitative description of nurse facilitation
Lawrence et al ⁴ 1996	2	QED	N	N	N	Qualitative before and after evaluation of facilitated TQM for CVD and CA
Hearnshaw et al ⁵ 1998	2	Case study	N	N	N	Qualitative analysis of facilitated TQM in primary care
Nagykaldi et al ⁶ 2003	2	QED	N	N	N	Descriptive before and after study (no control) of practice enhancement for diabetes
Jones et al ⁷ 1992	2	QED	N	N	N	Descriptive before and after study (no control) of facilitation for diabetes
Geboers ⁸ et al 1999	3	QED	N	N	N	Before and after (no control) qualitative analysis of facilitated TQM in primary care
Cox et al ⁹ 1999	3	Case study	N	N	N	Case study of a facilitated CQI intervention
Horowitz et al ¹⁰ 1996	3	RCT	N	N	N	Unmatched groups of 4 practices comparing academic detailing versus facilitated CQI
Carney et al ¹¹ 1992	3	Case study	N	N	N	Case study of 50 practices implementing the CPCP facilitator model
Bordley et al ¹² 2001	3	QED	N	N	N	Small (n = 4) before and after study (no control) of facilitation for child preventive services
Hulscher et al ¹³ 1997	4	CCT	N	N	N	Nonrandomized trial (n = 95) of facilitation of CVD guidelines, unmatched groups at baseline
Crotty et al ¹⁴ 1993	4	Case study	N	N	N	Case study of 2 practices implementing the Oxford facilitator model
Frijling et al ¹⁵ 2003	4	CCT	N	N	N	Nonrandomized trial (n = 617) of facilitation of CVD guidelines, unmatched groups at baseline
Fullard et al ¹⁶ 1987	4	CCT	N	N	N	Nonrandomized trial (n = 6), no ICC adjustment for units of analysis at patient level

Continued

Author, year	Score	Design	Alloc	BL	ITT	Reason for Exclusion
Bashir et al ¹⁷ 2000	4	CCT	N	N	N	Nonrandomized trial (n = 12) of facilitation of psychiatric care, unmatched groups at baseline
Szcsepura et al ¹⁸ 1994	5	RCT	N	N	N	Randomized trial (n = 52) of facilitation of preventive services, unmatched groups at baseline
McCowan et al ¹⁹ 1997	5	RCT	N	Y	Y	Randomized trial (n = 12) of facilitation of asthma guidelines, unmatched groups at baseline
Hearnshaw et al ²⁰ 1994	5	RCT	N	N	N	Randomized trial (n = 8) of facilitation of practice improvement, no statistical results reported
Kauth et al ²¹ 2010	5	RCT	N	N	Y	Randomized trial (n = 20) of facilitation for adoption of CBT, unmatched groups at baseline

Alloc = allocation concealed; BL = blinding, single or double; CA = cancer; CBT = cognitive behavior therapy; CCT = controlled clinical trial; CQI = continuous quality improvement; CVD = cardiovascular disease; ICC = intraclass correlation; ITT = intent to treat; N = no (not reported); QED = quasi-experimental before and after study; RCT = randomized controlled trial; TQM = total quality management; Y = yes (reported).

References

1. Reblsky MS, Sox CH, Dietrich AJ, Schwab BR, Labaree CE, Brown-McKinney N. Physician preventive care philosophy and the five year durability of a preventive services office system. *Soc Sci Med*. 1996;43(7):1073-1081.
2. McKenzie A, Grylls J. Diabetic retinal photographic screening: a model for introducing audit and improving general practitioner care of diabetic patients in a rural setting. *Aust J Rural Health*. 1999;7(4):237-239.
3. Fullard E, Fowler G, Gray M. Facilitating prevention in primary care. *Br Med J (Clin Res Ed)*. 1984;289(6458):1585-1587.
4. Lawrence M, Packwood T. Adapting total quality management for general practice: evaluation of a programme. *Qual Health Care*. 1996;5(3):151-158.
5. Hearnshaw H, Reddish S, Carlyle D, Baker R, Robertson N. Introducing a quality improvement programme to primary healthcare teams. *Qual Health Care*. 1998;7(4):200-208.
6. Nagykaldi Z, Mold JW. Diabetes Patient Tracker, a personal digital assistant-based diabetes management system for primary care practices in Oklahoma. *Diabetes Technol Ther*. 2003;5(6):997-1001.
7. Jones JN, Marsden P. Improved diabetes care in a UK health district. *Diabet Med*. 1992;9(2):176-180.
8. Geboers H, van der Horst M, Mokink H, et al. Setting up improvement projects in small scale primary care practices: feasibility of a model for continuous quality improvement. *Qual Health Care*. 1999;8(1):36-42.
9. Cox S, Wilcock P, Young J. Improving the repeat prescribing process in a busy general practice. A study using continuous quality improvement methodology. *Qual Health Care*. 1999;8(2):119-125.
10. Horowitz CR, Goldberg HI, Martin DP, et al. Conducting a randomized controlled trial of CQI and academic detailing to implement clinical guidelines. *Jt Comm J Qual Improv*. 1996;22(11):734-750.
11. Carney PA, Dietrich AJ, Keller AA, Landgraf J, O'Connor GT. Tools, teamwork, and tenacity: an office system for cancer prevention. *J Fam Pract*. 1992;35(4):388-394.
12. Bordley WC, Margolis PA, Stuart J, Lannon C, Keyes L. Improving preventive service delivery through office systems. *Pediatrics*. 2001;108(3):E41.
13. Hulscher MEJL, van Drenth BB, van der Wouden JC, Mokink HGA, van Weel C, Grol RPTM. Changing preventive practice: a controlled trial on the effects of outreach visits to organise prevention of cardiovascular disease. *Qual Health Care*. 1997;6(1):19-24.
14. Crotty M, Litt JC, Ramsay AT, Jacobs S, Weller DP. Will facilitators be acceptable in Australian general practice? A before and after feasibility study. *Aust Fam Physician*. 1993;22(9):1643-1647.
15. Frijling BD, Hulscher MEJL, van Leest LATM, et al. Multifaceted support to improve preventive cardiovascular care: a nationwide, controlled trial in general practice. *Br J Gen Pract*. 2003;53(497):934-941.
16. Fullard E, Fowler G, Gray M. Promoting prevention in primary care: controlled trial of low technology, low cost approach. *Br Med J (Clin Res Ed)*. 1987;294(6579):1080-1082.
17. Bashir K, Blizard B, Bosanquet A, Bosanquet N, Mann A, Jenkins R. The evaluation of a mental health facilitator in general practice: effects on recognition, management, and outcome of mental illness. *Br J Gen Pract*. 2000;50(457):626-629.

Online Supplementary Data

<http://www.annfammed.org/content/10/1/63/suppl/DC1>

18. Szczepura A, Wilmot J, Davies C, Fletcher J. Effectiveness and cost of different strategies for information feedback in general practice. *Br J Gen Pract.* 1994;44(378):19-24.
19. McCowan C, Neville RG, Crombie IK, Clark RA, Warner FC. The facilitator effect: results from a four-year follow-up of children with asthma. *Br J Gen Pract.* 1997;47(416):156-160.
20. Hearnshaw H, Baker R, Robertson N. Multidisciplinary audit in primary healthcare teams: facilitation by audit support staff. *Qual Health Care.* 1994;3(3):169-172.
21. Kauth MR, Sullivan G, Blevins D, et al. Employing external facilitation to implement cognitive behavioral therapy in VA clinics: a pilot study. *Implement Sci.* 2010;5(75):75.