Appendix 1:

Focus group questions and prompt examples

Case Discussion

- 77-year-old woman
- Reduced mobility and falls, chronic pain, constipation, cognition, and polypharmacy
- PMH: cerebrovascular disease, CAD, hypertension, dementia, fibromyalgia, myositis, bipolar disorder, arthritis, remote duodenal ulcer, hypothyroidism
- Frustrated by loss of independence (daily assistance with washing and dressing)
- Retirement residence staff managing medications, LTC placement being considered
- · On admission: wheelchair-bound, heavily sedated, making interviewing and assessment difficult
- Near-falls attempting to self-transfer and could not stand unsupported, OH
- Creatinine clearance 30 mL/min (Cockcroft-Gault equation with ideal body weight)

Medication List

- Quinapril 40 mg daily
- · Amlodipine 5 mg daily
- · Diltiazem ER 360 mg daily
- Acebutolol 200 mg twice daily
- Nitroglycerin patch 0.6 mg/h ghs
- Nitroglycerin 0.4 mg spray prn
- Furosemide 40 mg daily
- Dipyridamole/ASA 200/25 mg bid
- Rosuvastatin 20 mg twice daily
- Levothyroxine 0.088 mg daily
- Tiotropium 18 mcg daily
- · Salbutamol 100 mcg, 2 puffs qid prn
- Galantamine ER 16 mg daily
- · Levofloxacin 250 mg daily
- Morphine 10 mg qhs

- · Acetaminophen 650 mg q46h prn
- · Cyclobenzaprine 5 mg tid
- · Glucosamine 500 mg bid
- Amitriptyline 75 mg qhs
- · Oxazepam 15 mg ghs
- · Lactulose 15 mL daily prn
- Magnesium hydroxide 311 mg 1–2 tablets ghs
- · Fibre in water
- Carter's liver pill 2 pills prn
- "Suppository"
- Cranberry 500 mg tid
- · Carbamazepine 200 mg bid
- · Omeprazole 20 mg daily

Ouestions

- In this patient, is there anything you could do within your scope of practice that could minimize this patient's use of medications?
 - Could any of the patient's symptoms be caused by a drug?
 - Could any of the patient's symptoms or syndromes be treated by something other than a drug?
- How would you like to communicate your role to other members of the team?
- · How would you like to communicate the information about your roles to patients and their families?
- How would you like to facilitate continuity of treatment and coordination of care across services and professionals?
- How would you like to decide takes on what role or task for a particular patient?
- What is the best way for your team to work together to manage such a patient: meetings, sequences, SOP?
- What are the principles and values your team has developed in working together? How were these developed?
- How would you like to decide on a plan for a patient?
- How would you like to include the patient in your planning and decision making?
- Is there anything important for interprofessional management of polypharmacy you feel has not been covered?

Appendix to: Farrell B, et al. Health care providers' roles and responsibilities in management of polypharmacy: results of a modified Delphi. *Can Pharm J* (Ott) 2018;151(6). DOI: 10.1177/1715163518804276.