Appendix 1: Detailed Description of Possibility Statements derived from Family Physician Appreciative Inquiry Interviews

	Possibility Statement	Description
1)	**Everyone (All clinicians, healthcare professionals, patients, caregivers, family) will value the longitudinal family physician-patient relationships with the patient as the focus.**	-more education and understanding about the family physician's central role in a patient's care as a care coordinator of any/all health concerns while providing continuity of care throughout a longitudinal relationship. -acknowledging and understanding the broad scope of a family physician's practice including supporting patient's family/unpaid caregivers throughout the illness and into bereavement, if necessary.
2)	**All colleagues will consider the family physician as part of the *patient's* team.**	- regardless of where a patient is receiving care in the healthcare system, a patient never stops being their family physician's patient. - FP's are consistently part of the patient's care team; when medical colleagues include them in care planning, discharge planning and ongoing care of their mutual patients, the patient and their family benefit from coordinated and collaborative care. - investing in relationships with these patient team members will improve care for patients.
3)	**There will be flexibility and nimbleness in system to respond to individual patient/family needs.**	-healthcare system needs to allow for more flexibility to more nimbly respond to the unique needs and challenges that individual patients and families face.
4)	**Each family physician will have a high-functioning team (within Family Medicine) to support the patient along with the family physician.**	- having multidisciplinary team support within their individual family medicine practice is an essential and valuable support in meeting the needs of patients with palliative care in their practices. - access to team members as nursing staff, clinical pharmacists, social workers helps FPs to more effectively support patients and families and better meet their needs.

5) There will be enhanced multi-directional communication between *all clinicians and c*are providers, leveraging technology as appropriate. The onus of the communication between clinicians must *not* fall on the patients and their caregivers.	- includes the use of technology such as secured messaging or interactive electronic medical records to facilitate two-way communication. - be purposeful to carve out time through booked teleconference calls between specialists and family physicians, or home care providers and family physicians to discuss shared care of patients. -collaboratively manage concerns and/or pre-emptively managing inevitable changes.
6) Family physicians will champion the "Palliative Approach to Care" for their patients.	-leverage FPs to champion the Palliative Approach to Care at the appropriate times in the patient's illness trajectory. -FP can use the rapport built from the ongoing relationship with the patient, and the medical knowledge of the patient's context to provide support and education about illness trajectories, treatment options and overall goals of care that could guide decision-making with the patient and family.
7) There will be ongoing, affordable and easily accessible educational opportunities for all healthcare providers who support patients with palliative care needs.	-ongoing support and educational opportunities are needed to support FPs who have different comfort and experience levels with providing support to patients with palliative care needs within their scope as a family physician.
8) Remuneration for family physicians will be improved to better support the needed time (including travel time) and flexibility required to support patients in the community with palliative care needs ie: home visits, phone calls, team conferences virtually.	- FPs must be compensated for travel time and taking time away from their clinics to maximally supporting patients in the community with palliative care needs, especially if their clinical condition were to deteriorate so that they are more house-bound.