

Appendix 2: Themes with Exemplar Quotes from Focus Groups held with Family Physicians, Patients and Caregivers, and Palliative Home Care Teams (Expansion of Table 3)

CATEGORY	Family Physicians (FP) Themes	Patient & Caregivers Themes	Palliative Home Care (PHC) Themes
1) PATIENT'S RELATIONSHIP WITH FP NEEDS TO BE FOSTERED & VALUED	<p>-Value of FP-patient relationships for the patient</p> <p>-Colleagues to consider FPs part of the <u>patient's</u> team</p>	<p>-Encourage ongoing relationship with FP throughout illness so FPs have been in the loop</p> <p>-FPs can help patients/caregivers navigate system & illness course</p>	<p>-Encourage ongoing relationship with FP throughout illness so FPs have been in the loop</p>
Exemplar quotes:	<p><i>"And again...the relationship they've developed with their family doctor. And so, just make it easier to talk about these then...maybe they're more comfortable with bringing up their concerns about dying, or concerns about pain and suffering at the end of life. And concerns about taking care of the loved one, any of those things that would be easier to talk to, about the doctor you've known for 20 years or something."</i> FP 1, male</p>	<p><i>"the [family doctor said] I think the time has come.... And I think it sort of sent home to me that the role of the family physician is so important to work with the palliative care team and the patient."</i>-Caregiver FG 1</p> <p><i>"[F]P's should communicate – basically level set, "I know what you're going through. And by the way this is my role for patients going through this type of disease."</i> Pt/Caregiver FG 3, male</p>	<p><i>"there's the ones where a family member goes into the [FP] to keep up the relationship, and then the [FP] will call us and say, "This is what they're asking for. Is it appropriate?" "it's just somebody cares, they actually care enough to engage. And then what I find is then the clients are very protective of that relationship, they are very adamant you do not cut my physician out"</i> PHC, female</p>
2) COMMUNICATION	<p>-Enhanced Communication between care providers</p> <p>- Telecommunication & person-to-</p>	<p>-All of patient's team members communicate with <i>each other</i>, not through patient</p>	<p>-First point of contact b/w Home Care & FPs is crucial</p> <p>-Improved, ongoing 2-way communication with FP using telecommunications more</p>

	person modes needed		
<i>Exemplar quotes:</i>	<i>“if the patients visited them, identified new issues, changed meds , you had changed strategy... I’d like to hear from- from them probably more proactively to feedback to me.... I probably looked after the patient for years before that, so I kind of like to be kept maybe more in the loop from the palliative care team if I was to say anything”</i> FP 9, male	<i>“Here you had to broker these. It’s all fragmented... And nobody’s talking to each other, so you have to actually remove the conflicts. because even that we had to do the scheduling. The scheduling conflict was on me.”</i> Caregiver, F	<i>“you know you go to any meeting and there’s people calling in so I’m sure they’re doing it at other health care points, so maybe they [the FP] could do that, come into our rounds, especially for the really complex patients.”</i> PHC FG 2, female
3) TEAM TO HELP SUPPORT PROVIDERS → IMPROVED SUPPORT FOR PATIENT/FAMILY	-Team-Based Care within FM team to support patient -Team-Based Care with Palliative Home Care to support patient	-Psychosocial support is necessary for caregivers (beyond death) plus patients	-Palliative Home Care Manager Role: to advocate for & support patients/families -Palliative Home Care Manager Role: can be eyes and ears for FP
<i>Exemplar quotes:</i>	<i>“co-manage patients with somebody they know”</i> FP 3, male <i>“teams work because they’ve worked together”.</i> FP 5, female	<i>“I personally, at that time, actually needed a bit more support than I was getting. I tried to seek it out, and didn’t find it.”</i> Pt/Caregiver FG 1, female <i>“So a possible improvement is to consult with a caregiver and say, “How can we help you help your loved one?” So that would be a route that I didn’t see taken”</i> Caregiver FG 2, female	<i>“To be an advocate for the patient. And just to be the eyes and ears, right? For the patient. Yeah, and the family. And also to support the doctor if the doctor needs some support.”</i> PHC FG 1, female 1
4) UNDERSTANDING PALLIATIVE	-FPs to champion Palliative Approach to Care	-Early discussion of what Palliative Care really is so can accept help & understand this	-Health care system & public need to better

APPROACH TO CARE		in making treatment decisions (ACP and Goals of Care)	understand Palliative Care
Exemplar quotes:	<p><i>“My job is to try to help them choose the best possible treatment for them with what we know. I’m a partner with the patient. And an advisor. I think what I can do is focus more on the individual. I can say let’s talk about what might happen if this happened to you and your family; which path do you want to take. And it’s rewarding, in the sense that I am able to provide counsel.”</i></p>	<p><i>“It’s terminal, so you’re going to go in palliative care and that’s where the death, death, death, death, I don’t want that.”</i> Pt/Caregiver FG 1, female</p> <p><i>“For them they’re telling me it’s palliative care. There’s not a lot of options. And I didn’t accept that.”</i> Pt/Caregiver FG 3, male</p> <p><i>“He [My oncologist] said, and if your treatment limits your enjoyment of life what the heck is the whole point, eh? It’s kind of along the lines we can do lots of things to you, but I want to do things for you.”</i> Patient FG 1</p>	<p><i>“That can be hit and miss depending on the physician’s perception of palliative care, where they just believe [unintelligible]. That can be tricky, as well, because I think we have conversations where you’re like, “You studied medicine?” Like, it’s weird. We’re having this conversation that you don’t – like, he literally did not want to talk about palliative care. This is a weird conversation.”</i></p>
5) HEALTHCARE SYSTEM NEEDS	<p>-Need flexibility and nimbleness in system</p> <p>-Remuneration for FPs needs to improve (travel, telecommunication visits)</p>	<p>-System should support patients in the community, <i>not rely on informal caregivers</i></p> <p>-More resources for different levels of home care needed throughout trajectory</p> <p>-FPs need to be able to have longer appts</p> <p>-Use telecommunication technology to be able to be in easier contact with FPs for questions, <i>not necessarily home visits.</i></p>	<p>-Better transitions and handovers between care sectors</p> <p>-More resources for different levels of home care needed throughout trajectory</p>
Exemplar quotes:	<p><i>“And if somebody wants to be cared from home, and it would be beneficial to the patient to have their family doctor see them at home, it’s not a great</i></p>	<p><i>“The expectation of the medical system...is high [on family/informal caregivers]. I have a medical background and found it hard. I don’t know what people do if this is all new to them.”</i> Caregiver FG 2, female</p>	<p><i>“if we get the patients earlier in their trajectory we have more time to engage the [FP] as opposed to if we get them when they’re already in crisis”</i> PHC FG 2</p>

	<p><i>compensation for doing that. And especially in a city where you might have a patient that lives in the south end, or the north end, and it takes you an hour to drive there and then you don't get paid for your travel time. You don't get paid for this, and then it's the equivalent to getting paid for 15 minutes seeing a patient in the ...So if there's a way to compensate doctors fo doing the home visits specifically for palliative care, taking into account travel time out in the field."</i></p> <p>FP 1, male</p>	<p><i>"And it was all or nothing, and I think that would be probably my biggest problem with the service. Because I think at different stages of terminal cancer you need more services, and then you need less service."</i> Caregiver FG 1, female</p> <p><i>"So perhaps even in the billing, you know, how they bill, when you've got a palliative care patient, perhaps they [the FP] can bill a little bit longer to give them a half an hour that they might needs."</i> FG 2, caregiver female</p>	<p><i>"The average length of stay is one day till less than four months. And they're very sick and they're complicated. So if we're trying to find a new family doctor when we're looking at a one-month prognosis, it becomes very hard. We're too late to the party already. We didn't start palliative care early enough. And so if we could shift everything earlier – that I think we can develop relationships."</i></p>
6) EDUCATION	-Ongoing educational opportunities for providers	-Public education about what palliative care is	-Ongoing educational opportunities for providers
<ul style="list-style-type: none"> • <i>Exemplar quotes:</i> 		<p><i>"when you were told that well by this rude homecare person that he was palliative since day one, would it make a difference if the word was different? Like if you were offered that support from a family doctor without using the palliative word, just because I know that palliative care can start from day one. But people think death as soon as they hear it."</i></p> <p><i>"we thought palliative care was end-of-life care. And I think that's a common misconception."</i></p>	