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	Patient & Caregivers	Palliative Home Care
	(FP)	Themes	(PHC) Themes
	Themes		
1) PATIENT'S	-Value of FP-	-Encourage ongoing	-Encourage ongoing
RELATIONSHIP WITH FP NEEDS	patient	relationship with FP throughout	relationship with FP
TO BE FOSTERED	relationships for	illness so FPs have been in the	throughout illness so
& VALUED	the patient	loop	FPs have been in the
	-Colleagues to	-FPs can help	loop
	consider FPs part	patients/caregivers navigate	
	of the patient's	system & illness course	
	team	.,	
Exemplar quotes:	"And againthe	"the [family doctor said] I think the	"there's the ones where a
	relationship they've	time has come And I think it sort	family member goes into
	developed with their family doctor. And so,	of sent home to me that the role of the family physician is so important	the [FP] to keep up the relationship, and then the
	just make it easier to	to work with the palliative care	[FP] will call us and say,
	talk about these	team and the patient."-Caregiver	"This is what they're asking
	thenmaybe they're	FG 1	for. Is it appropriate?"
	more comfortable		"it's just somebody cares,
	with bringing up their	"[F]P's should communicate –	they actually care enough
	concerns about dying,	basically level set, "I know what	to engage. And then what I
	or concerns about	you're going through. And by the	find is then the clients are
	pain and suffering at the end of life. And	way this is my role for patients going through this type of disease."	very protective of that relationship, they are very
	concerns about	Pt/Caregiver FG 3, male	adamant you do not cut my
	taking care of the	Ty caregiver 10 3, maic	physician out" PHC, female
	loved one, any of		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	those things that		
	would be easier to		
	talk to, about the		
	doctor you've known		
	for 20 years or		
	something." FP 1,		
	marc		
2)	-Enhanced	-All of patient's team members	-First point of contact
COMMUNICATIO	Communication	communicate with each other,	b/w Home Care & FPs is
N	between care	not through patient	crucial
	providers		
			-Improved, ongoing 2-
	<u>                                     </u>		way communication with FP using
	Telecommunicatio		telecommunications
	n & person-to-		more
			more

Exemplar quotes:  "if the patients visited them, identified new issues, changed medis 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 polliative care team if I was to say anything FP 9, male  3) TEAM TO HELP SUPPORT FOR PATIENT/FAMILY  Exemplar quotes:  Exemplar quotes:  "jet the patients wisited them, identified new issues, changed and continued and the scheduling. The scheduling conflict was on me." Caregiver, F  PSychosocial support is necessary for caregivers (beyond death) plus patients  "co-manage patients with somebody they know" FP 3, male "co-manage patients with somebody they know" FP 3, male "ceams work because they've worked together", FP 5, female  Exemplar quotes:  Exemplar quotes:  "Co-manage patients with somebody they know" FP 3, male "ceams work because they've worked together", FP 5, female  Exemplar quotes:  "Co-manage patients with somebody they know" FP 3, male "co-manage patients with somebody they know" FP 3, male "co-manage patients with somebody they know" FP 3, male "co-manage patients with somebody they know" FP 3, male "co-manage patients with somebody they know" FP 3, male "co-manage patients with somebody they know" FP 3, male "co-manage patients with somebody they know" FP 3, male "co-manage patients with somebody they know" FP 3, male "co-manage patients with somebody they know" FP 3, male "co-manage patients with somebody they know" FP 3, male "co-manage patients with somebody they know" FP 3, male "co-manage patients with somebody they know" FP 3, male "co-manage patients with somebody they know" FP 3, male "co-manage patients with some beautients of the patient. And in the formity in the patient. And in the patient. And in the formity in the patient. Yeah, and they would be a noute that i didn't see token" Carejver FG 2, female  4)  UNDERSTANDING PALIJATIVE  PICS 1, female 1  -Early discussion of wha		person modes		
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APPROACH TO CARE		in making treatment decisions (ACP and Goals of Care)	understand Palliative Care
Exemplar quotes:	"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."	"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." Pt/Caregiver FG 1, female  "For them they're telling me it's palliative care. There's not a lot of options. And I didn't accept that." Pt/Caregiver FG 3, male  "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." Patient FG 1	"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."
5) HEALTHCARE SYSTEM NEEDS	-Need flexibility and nimbleness in system	-System should support patients in the community, not rely on informal caregivers	-Better transitions and handovers between care sectors
	-Remuneration for FPs needs to improve (travel, telecommunication visits)	-More resources for different levels of home care needed throughout trajectory -FPs need to be able to have longer appts	-More resources for different levels of home care needed throughout trajectory
		-Use telecommunication technology to be able to be in easier contact with FPs for questions, not necessarily home visits.	
Exemplar quotes:	"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	"The expectation of the medical systemis 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." Caregiver FG 2, female	"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" PHC FG 2

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	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 theSo 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." FP 1, male	"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." Caregiver FG 1, female  "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." FG 2, caregiver female	"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."
6) EDUCATION	-Ongoing educational opportunities for providers	-Public education about what palliative care is	-Ongoing educational opportunities for providers
• Exemplar quotes:		"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."  "we thought palliative care was end-of-life care. And I think that's a common misconception."	