Supplemental Methods - RAND/UCLA appropriateness method

In our appropriateness surveys, adapted of the RAND/UCLA appropriateness method[1], an intervention was considered appropriate if its median score was ≥7 without discordance. Discordance was present if ≥33% of participants attributed a score ≤3 to the proposed intervention. An intervention was considered "inappropriate" if its median score was ≤3, without discordance (discordance is when ≥33% of the scores ≥7). When the median score was between 4 and 6 or if discordance was observed, the appropriateness of the intervention was uncertain and was discussed again at the next meeting. The following paragraphs provide a narrative description of how it was done. Table S3 summarizes the development of process indicators. It indicates for each category of indicators the number of indicators in the initial input, the number reframed or rejected, the number added during enrichment, and the number in the final selection. In both the table and the description, the term "reframed" indicates the indicator was either modified, redefined or split into several indicators; we considered it as deleted (-) from the list of indicators in the initial input at survey 1 or 2. The term "rejected" indicates that the researchers simply removed an indicator from the list (-). "Enrichment" refers to the addition (+) of indicators that were not included in the surveys. The "final selection" is the final result (=) of the process, excluding reframed and rejected indicators, including indicators added during enrichment.

A total of 42 indicators were presented by a researcher and discussed prior to the first appropriateness survey. After the first survey, a total of 33 indicators were selected, 6 were reframed and 3 were rejected. Three indicators (namely, assessment of stress level, cholesterol/lipid intake and recommendation on salt intake) were selected even though they had no consensus in the survey because of their relevance according to the practice guidelines. Likewise, 2 indicators that had not been approved by participants in the survey (namely, salt and cholesterol intake assessment) were reframed by the researchers and resubmitted in the second survey because of their relevance. Three indicators pertaining to follow-up and treatment of hypertension, dyslipidemia and diabetes were rejected because of difficulties in data collection.

In the second appropriateness survey, participants could assess 15 other indicators. A total of 8 of those indicators were selected, 1 indicator was reframed and 6 were rejected by the researchers. Of those rejected indicators, 1 indicator (namely, assessment of adherence to stress management technique) had met no consensus in the survey. Three indicators related to of assessment of follow-up and counseling on lifestyle habits and 2 indicators of evaluation of general and cardiovascular health had been approved by participants in the survey, but researchers rejected them because of difficulties in data collection.

Researchers enriched the list with 48 additional indicators, of which 8 were created to evaluate the use of local programs and tools (related to the use of the health booklet, the reference to educational programs offered in the region and application of collective prescriptions).

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[1] Fitch K, Bernstein SJ, Aguilar MS, et al. *The RAND/UCLA appropriateness method user's manual*. Santa Monica, CA: Rand Corp.; 2001.