Supplementary Material

Table1S.Questions of the guideline implementability appraisal (GLIA) instrument

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| **Global considerations** |
| Q1 | Do the organization(s) and author(s) who developed the guideline havecredibility with the intended users of the guideline? |
| Q2 | Is the patient population eligible for the guideline clearly defined? |
| Q3 | Does the guideline document suggest possible strategies for dissemination and implementation? |
| Q4 | Is the guideline supported with tools for application e.g., a summary document, a quick reference guide, educational tools, patients' leaflets, online resources or computer software? |
| Q5 | If any guideline recommendations are considered more important than others, does their presentation or formatting reflect this? |
| Q6 | Is it clear in what sequence the recommendations should be applied? |
| Q7 | Is the guideline internally consistent, i.e., without contradictions between recommendations or between text recommendations and flowcharts, summaries, patient education materials, etc.? |
| **Decidability** |
| Q8 | Would the guideline's intended audience consistently determine whether each condition in the recommendation has been satisfied? That is, is each and every condition described clearly enough so that reasonable practitioners would agree when therecommendation should be applied? |
| Q9 | Are all reasonable combinations of conditions accounted for, i.e., is therecommendation comprehensive? |
| Q10 | If there are more than one condition in the recommendation, is the logical relationship among all conditions (ANDs and ORs) clear? |
| **Executability** |
| Q11 | Is the recommended action (what to do) stated specifically and unambiguously? That is, would members of the intended audience execute the action in a consistent way? In situations where two or more options are offered, the executability criterionis met if the user would select an action only from the choices offered. |
| Q12 | Is sufficient detail provided or referenced (about how to do it) to allow the intended audience to perform the recommended action, given their likelybaseline knowledge and skills? |
| **Effect on process of care** |
| Q13 | Can the recommendation be carried out by current non-performers withoutsubstantial increases in provider time, staff, equipment, etc.? |
| Q14 | Can the recommendation be tried without full provider commitment? For example, buying and installing expensive equipment to comply with a recommendation is not easily reversible. |
| **Presentation & formatting** |
| Q15 | Is the recommendation easily identifiable, e.g., summarized in a box, typed in bold, underlined, presented as an algorithm, etc.? |
| Q16 | Is the recommendation (and its discussion) concise? |

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| **Measurable outcomes** |
| Q17 | Can criteria be extracted from the guideline that will permit measurement of adherence to this recommendation? Measurement of adherence requires attentionto both the actions performed and the appropriateness of the circumstances under which they are performed. |
| Q18 | Can criteria be extracted from the guideline that will permit outcomes of thisrecommendation to be measured? |
| **Apparent validity** |
| Q19 | Is the justification for the recommendation stated explicitly? |
| Q20 | Is the quality of evidence that supports the recommendation explicitly stated? |
| **Novelty / innovation** |
| Q21 | Can the recommendation be performed by the guideline’s intended userswithout the acquisition of new competence (knowledge, skills)? |
| Q22 | Is the recommendation compatible with existing attitudes and beliefs of theguideline’s intended users? |
| Q23 | Is the recommendation consistent with patient expectations? In general,patients expect their concerns to be taken seriously, benefits of interventions to exceed risks, and adverse outcomes to fall within an acceptable range. |
| **Flexibility** |
| Q24 | Does the recommendation specify patient or practice characteristics (clinical and non-clinical) that require (or permit) individualization? For example,immediate angioplasty and MR imaging may not be available in all settings. |
| Q25 | Does the recommendation consider coincident drug therapy and common comorbid conditions? |
| Q26 | Is there an explicit statement by the guideline developer regarding the strength of this recommendation? Note: There is a difference between quality of evidence (item 20) and stringency of a policy. Potential statements to satisfy this criterion mightinclude “Strong recommendation”, “Standard”, Clinical option”, etc. |
| Q27 | If patient preference is considered does the recommendation propose mechanisms for how it is to be incorporated? |
| **Computability** |
| Q28 | Are all patient data needed for this recommendation available electronically in the system in which it is to be implemented? |
| Q29 | Is each condition of the recommendation defined at a level of specificitysuitable for electronic implementation? |
| Q30 | Is each recommended action defined at a level of specificity suitable forelectronic implementation? |
| Q31 | Is it clear by what means a recommended action can be executed in an electronic setting, e.g., creating a prescription, medical order, or referral,creating an electronic mail notification, or displaying a dialog box? |

**Table2S**. Guideline assessment according to the guideline implementability appraisal instrument (GLIA) (global considerations).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Q 1 | Q 2 | Q 3 | Q 4 | Q 5 | Q 6 | Q 7 | Scores |
| ES | 5/6 | 6/7 | 2/3 | 5/5 | 6/5 | 7/6 | 7/7 | 78.6% |
| CHEP | 7/6 | 6/7 | 1/2 | 1/2 | 5/6 | 7/6 | 7/7 | 71.4% |

ES, the Endocrine Society; CHEP, the Canadian Hypertension Education Program.

**Table3S.** The ES guideline assessment according to the guideline implementability appraisal instrument (GLIA) (screening, confirmation, subtype classification and treatment).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| QuestionsRecommendations | Screening | Confirmation | Subtype classification | Treatment |
| Rec.1 | Rec.2 | Rec.3 | Rec.4 | Rec.5 | Rec.6 | Rec.7 | Rec.8 | Rec.9 |
| Question 8 | 7/6 | 3/4 | 4/5 | 6/7 | 6/6 | 6/7 | 7/6 | 6/6 | 6/7 |
| Question 9 | 7/6 | 4/5 | 4/5 | 6/5 | 5/6 | 5/6 | 6/6 | 6/7 | 6/7 |
|  Question 10 | 7/7 | 4/5 | 6/5 | 5/6 | 5/6 | 6/7 | 6/6 | 7/6 | 7/7 |
|  Question 11 | 7/5 | 4/5 | 4/5 | 7/6 | 6/6 | 6/7 | 7/7 | 7/7 | 5/6 |
|  Question 12 | 0/0 | 4/5 | 5/6 | 5/4 | 2/3 | 4/5 | 6/6 | 6/7 | 6/7 |
|  Question 13 | 0/0 | 5/5 | 6/5 | 5/5 | 2/3 | 3/2 | 5/6 | 7/6 | 6/7 |
| Question 14 | 0/0 | 5/5 | 6/5 | 4/3 | 2/3 | 2/3 | 5/5 | 7/6 | 6/6 |
| Question 15 | 5/6 | 6/7 | 6/6 | 5/5 | 6/5 | 5/6 | 5/6 | 6/6 | 6/5 |
| Question 16 | 5/6 | 5/6 | 5/4 | 5/6 | 5/5 | 6/5 | 6/5 | 7/6 | 6/5 |
| Question 17 | 0/0 | 5/6 | 5/4 | 5/5 | 5/4 | 5/5 | 5/5 | 6/6 | 5/5 |
| Question 18 | 0/0 | 1/2 | 1/2 | 1/1 | 3/3 | 3/2 | 2/3 | 2/2 | 2/3 |
| Question 19 | 6/6 | 5/6 | 6/6 | 6/7 | 6/6 | 7/6 | 6/6 | 6/6 | 6/6 |
| Question 20 | 7/7 | 7/7 | 7/7 | 7/7 | 7/7 | 7/7 | 7/7 | 7/7 | 7/7 |
| Question 21 | 7/7 | 7/7 | 5/5 | 5/5 | 2/3 | 2/2 | 5/5 | 7/7 | 6/7 |
| Question 22 | 5/6 | 7/6 | 7/6 | 7/6 | 6/7 | 6/6 | 7/6 | 6/7 | 6/7 |
| Question 23 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 |
| Question 24 | 0/0 | 1/2 | 1/2 | 0/0 | 0/0 | 0/0 | 5/5 | 0/0 | 6/6 |
| Question 25 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 4/4 | 4/4 | 5/5 |
| Question 26 | 7/7 | 7/7 | 7/7 | 7/7 | 7/7 | 7/7 | 7/7 | 7/7 | 7/7 |
| Question 27 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 4/5 | 0/0 | 0/0 |
| Question 28 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 |
| Question 29 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 |
| Question 30 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 |
| Question 31 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 |
| Scores | 41.4% | 50.6% | 50.6% | 50.9% | 46.1% | 48.5% | 62.8 % | 61.6% | 63.7% |
| Median | 46% | 50.6% | 48.5% | 62.7% |

ES, the Endocrine Society

**Table4S.** The CHEP guideline assessment according to the guideline implementability appraisal instrument (GLIA) (screening, confirmation, subtype classification and treatment)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| QuestionsRecommendations | Screening | Confirmation | Subtype classification | Treatment |
| Rec.1 | Rec.2 | Rec.3 | Rec.4 | Rec.5 | Rec.6 | Rec.7 | Rec.8 |
| Question 8 | 7/6 | 5/5 | 5/5 | 6/7 | 6/7 | 6/7 | 7/6 | 6/7 |
| Question 9 | 7/6 | 4/5 | 5/4 | 6/5 | 5/6 | 5/6 | 6/6 | 7/6 |
|  Question 10 | 7/6 | 6/5 | 6/5 | 5/6 | 5/6 | 6/7 | 6/6 | 7/6 |
|  Question 11 | 7/5 | 6/6 | 5/5 | 7/6 | 6/6 | 6/7 | 7/6 | 7/6 |
|  Question 12 | 0/0 | 4/5 | 5/6 | 5/4 | 2/3 | 4/5 | 6/6 | 6/7 |
|  Question 13 | 0/0 | 5/5 | 6/5 | 5/5 | 2/3 | 3/2 | 5/6 | 7/6 |
| Question 14 | 0/0 | 5/5 | 6/5 | 4/3 | 2/3 | 2/3 | 6/5 | 7/6 |
| Question 15 | 5/5 | 4/5 | 4/5 | 5/5 | 4/5 | 4/5 | 5/5 | 5/4 |
| Question 16 | 5/6 | 5/6 | 5/6 | 5/6 | 5/6 | 6/5 | 6/5 | 6/5 |
| Question 17 | 0/0 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 |
| Question 18 | 0/0 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 | 1/2 |
| Question 19 | 3/4 | 3/4 | 3/4 | 3/4 | 3/4 | 3/4 | 3/4 | 3/4 |
| Question 20 | 7/7 | 7/7 | 7/7 | 7/7 | 7/7 | 7/7 | 7/7 | 7/7 |
| Question 21 | 7/7 | 7/7 | 5/5 | 5/5 | 2/3 | 2/2 | 6/6 | 7/7 |
| Question 22 | 7/6 | 7/6 | 7/6 | 7/6 | 6/7 | 6/6 | 7/6 | 6/7 |
| Question 23 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 |
| Question 24 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 6/6 |
| Question 25 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 5/5 |
| Question 26 | 7/6 | 7/6 | 7/6 | 7/6 | 7/6 | 7/6 | 7/6 | 7/6 |
| Question 27 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 4/5 |
| Question 28 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 |
| Question 29 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 |
| Question 30 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 |
| Question 31 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 | 0/0 |
| Scores | 39.6% | 47% | 46.4% | 47% | 40.2% | 43.2% | 50.6% | 60.4% |
| Median | 43.3% | 46.4% | 43.5% | 55.5% |

CHEP, the Canadian Hypertension Education Program