



Appendix 3

**This appendix was part of the submitted manuscript and has been peer reviewed.
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Appendix to: Liu H, Laba T, Massi L, et al. Facilitators and barriers to implementation of a pragmatic clinical trial in Aboriginal health services. *Med J Aust* 2015; 203: 24-27. doi: 10.5694/mja14.00581.

Appendix 3: Additional quotes illustrating the principal themes

1. Health service governance of the research

We signed a memorandum of understanding (MOU) for the research protocol at the commencement of the trial. And that, you know MOU in some ways is something of a landmark document because it contains concepts that I don't think have been placed in others.

(GP 23, urban service)

We've got a community jury as well to make sure it is good research, and I think this was good research. So the polypill trial had to pass that community jury.

(GP 27, urban service)

The other thing that was really helpful was the way the service was engaged by the George Institute so that the community all knew about polypill. They'd engaged with the board very well, the board and the service had agreement so the CEO and the manager in the service knew about it.

(GP 3, urban service)

2. Motivation to participate

I don't care if I'm the guinea pig.... Like I just said, one was a selfish reason, to see if we can get all my stuff in to one pill. But also to me it was looking at more efficient ways of helping our people.

(Patient 30, remote service)

You're contributing to something, and it's not just about you; it's about how it might help the rank and file right across the nation....if I can help my people live longer, live better lifestyles, healthier lifestyles, then I want to be a part of that. I just want to be part of that group that does that.

(Patient 10, urban service)

If they're not compliant as you would like them to be, maybe the research is indicating that people who are on a study do sort of lift their game a bit because they're part of something bigger than themselves.

(AHW 47, urban service)

They (the ACCHS) held a launch day and people were asking questions. So there was a lot of engagement, a lot of patients knew about it, knew someone who could be on it; and there was a general awareness that helped in raising the discussion [about the polypill].

(GP 8, urban service)

Being an Aboriginal doctor.....I've seen young guys sitting in front of me, younger than me, have heart attacks and I just worry so much about our young guys..... that's where I've seen the place for the polypill...

(GP 28, urban service)

For any new medication it's important to get it to Aboriginal and Torres strait Islanders as part

of the population and particularly when it's anything to do with diabetes or cardiovascular risk – I see it as part of our role as a good practice, to be a part of research and to make sure that we can provide valuable access to Aboriginal and Torres Strait Islander patients to researchers for good research..

(GP 27, urban service)

It didn't make me downhearted that I was on the Control Group. Because I think on the Control Group I got to talk about more about what I was taking and how I was taking them and about my health, so it was good.

(Patient 1, urban service)

3. *Balancing research and service delivery*

I think (the trial) has been a good thing. The workload doesn't add on because we have the team for support here. And it's just like any other pill really, just prescribe it. It was easy enough; it was already on our system so we just prescribe it just like any other.

(GP 5, urban service)

We've had [difficulties in] keeping up the impetus of referral to [the trial]. But it's not just recruitment. Once they're in, it tends to cause confusion in their management.particularly confusion around their medications and people entering the medications correctly into Medical Director (the electronic medical record system); ...confusion about what they were on when they then went to hospital... And at times the patients not really understanding what they were on.

(GP 3, urban service)

There's a lot more paperwork and administration type of stuff which is a bit painful when you're really busy, having to stop and think, I've got to write that up, I've got to do that.

(Pharmacist 7, supporting an urban service)

4. Research capacity building challenges

...It (participation) was good for the AMS (Aboriginal Medical Service) reputation... [the trial] is a good thing in that it is increasing research capacity and Indigenous research capacity at our clinic.

(GP 33, urban service)

I think it was more good fortune than anything else that we actually made it to the finishing line to tell you the truth. You know three or four months ago had you asked me I would have thought it was all going to end in a screaming mess....staffing's been a problem the whole way through really. I think we've actually had about three or four sort of individuals that have been identified as actually the local supports or go-to people for the trial. Three or four people within a period of 18 months to 2 years.

(GP 46, remote service)

I think it's been really well implemented research. There's been support at every point along the way, and particularly having people on site who were able to troubleshoot and...knew what our needs were...

(GP 22, urban service)

With the polypill study has given me a great insight with the cardiac combination of pills, an

insight into each individual and their compliance with their usual medication compared to the polypill, and also looking at their blood pressure...like doing the cholesterol check and the albumin creatine ratio test as well. I think with this polypill the results and outcomes will be very interesting. And I think [through the trial], I have grown as a person.

(Research nurse 31, urban service)

Biggest benefit is the ongoing organisational connection between the AMS and research organisation. It's not just the polypill trial we're involved in and I think that's certainly a huge benefit to the AMS. There's service delivery outcomes and there's service development outcomes that have come out of that sort of connection.

(GP 46, remote service)