

**Table S1**

Characteristics (age and sex) of the FPs (item 16 of the COREQ checklist: domain 2, Settings, Sample description).

<b>Family Physicians</b>	<b>Age</b>	<b>Sex</b>
Family physician 1	63	M
Family physician 2	68	M
Family physician 3	51	F
Family physician 4	52	M
Family physician 5	43	M
Family physician 6	37	M
Family physician 7	49	M
Family physician 8	37	M
Family physician 9	47	M
Family physician 10	41	F
Family physician 11	61	F
Family physician 12	33	M
Family physician 13	40	M
Family physician 14	63	M
Family physician 15	64	M
Family physician 16	60	M
Family physician 17	55	M
Family physician 18	54	F
Family physician 19	58	M
Family physician 20	54	M
Family physician 21	43	M
Family physician 22	46	M
Family physician 23	49	M
Family physician 24	66	M

**Interview duration: Item 21 of the COREQ checklist: domain 2, data collection, duration.**

<b>Family physicians</b>	<b>Interview duration (minutes)</b>
Family physician 1	6
Family physician 2	9
Family physician 3	8
Family physician 4	10
Family physician 5	20
Family physician 6	15
Family physician 7	13
Family physician 8	16
Family physician 9	18
Family physician 10	10
Family physician 11	15
Family physician 12	10
Family physician 13	28
Family physician 14	13
Family physician 15	6
Family physician 16	18
Family physician 17	19
Family physician 18	8
Family physician 19	26
Family physician 20	11
Family physician 21	25
Family physician 22	11
Family physician 23	22
Family physician 24	13

## **Appendix S1**

### **Initial interview guide for GP+**

(Questions accompanied by follow-up questions if necessary)

**1. How would you define the place of geriatrics in your activity?**

*Is geriatrics an important part of your work?*

*How would you define its place in your activity?*

**2. How did you hear about this project?**

**3. What made you want to participate in the project?**

*What difficulties or obstacles did you encounter in the care of your elderly patients?*

*What were your initial expectations for improving your care?*

*What difficulties have you encountered with your patients in getting them to join the project? (Did it change the relationship with these patients?)*

**4. In the management of patients, it was necessary to have another professional associated with the GP. What did you think of their involvement in the management of patients?**

**5. For patient management, external support could be provided by a territorial facilitator. What did you think of this role?**

*Do you ever go directly to the telephone platform? Under what circumstances?*

**6. If there were areas for improvement, what would they be?**

**7. Has the project changed the way you communicate with pharmacists or nurses?**

**8. Do you think that participating in this project has changed your medical practice? In what way?**

*What has this project changed in the care of elderly patients?*

## Final interview guide for GP+

(Questions accompanied by follow-up questions if necessary)

### **1. How would you define the place of geriatrics in your activity?**

*Is geriatrics an important part of your work?*

*How would you define its place in your activity?*

### **2. How did you hear about this project?**

### **3. What made you want to participate in the project?**

*What difficulties or obstacles did you encounter in the care of your elderly patients?*

*What were your initial expectations for improving your care?*

*What difficulties have you encountered with your patients in getting them to join the project? (Did it change the relationship with these patients?)*

### **4. When managing patients, it was necessary to have at least one nurse or pharmacist involved in the project with the GP. How has their involvement changed the management of your patients?**

### **5. For the management of patients, external help could be provided by a territorial facilitator. How did this role change your involvement in the project?**

*Do you ever go directly to the telephone platform? Under what circumstances?*

### **6. In your opinion, what could be the areas of improvement of this project? If you wanted to make changes to the project, what would they be?**

### **7. Has the project changed the way you communicate about patients with pharmacists or nurses?**

### **8. (Question 7bis): How is coordination carried out within the framework of the PAERPA project, the Valenciennois geriatric network? What is the role of the attending physician in the PAERPA project?**

### **9. Do you think that participating in this project has changed your medical practice? In what way?**

*What has this project changed in the care of elderly patients?*

## Initial interview guide for GP-

(Questions accompanied by follow-up questions if necessary)

1. What is the place of geriatrics in your activity?
2. How did you hear about the PAERPA project?
3. Why did you refuse to participate in the project?
4. Do you know the role of the pharmacist in this PAERPA project?

- *If so: can you describe it to me? What do you think of it?*

- *If not: the pharmacist is responsible for providing therapeutic information on the day of discharge (with delivery of the treatment thanks to the prescription given to the patient on discharge) and an evaluation at 1 month. What do you think about this?*

5. Do you know the role of the territorial facilitator in this project?

- *If so: can you describe it to me? What do you think of it?*

- *If not: the territorial DAT coordinator acts as a link between the town and the hospital. She is responsible for informing private health professionals about the PAERPA project and the possible initiation of a conciliation PPS for one of their patients. It provides support and monitoring of the PPS. What do you think about it?*

6. What could have been offered to you that would have convinced you to participate in the project?

- *more funding?*

7. Who do you contact to deal with geriatric problems, medical or otherwise, in your daily practice?
8. Do you have anything else to add?

## Final interview guide for GP-

(Questions accompanied by reminders if necessary)

1. What is the place of geriatrics in your activity?
2. How did you hear about the PAERPA project?
3. Why did you refuse to participate in the project?
4. What could have been offered to you that would have convinced you to participate in the project?

- more funding?

5. How are you organised to take care of the elderly, compared to other GPs who are in difficulty?

*What advice could you give to combat the important factors of hospitalisation in geriatrics, such as undernutrition, depression, over-medication and falls?*

6. Who do you contact to deal with geriatric problems, medical or not, in your daily practice?

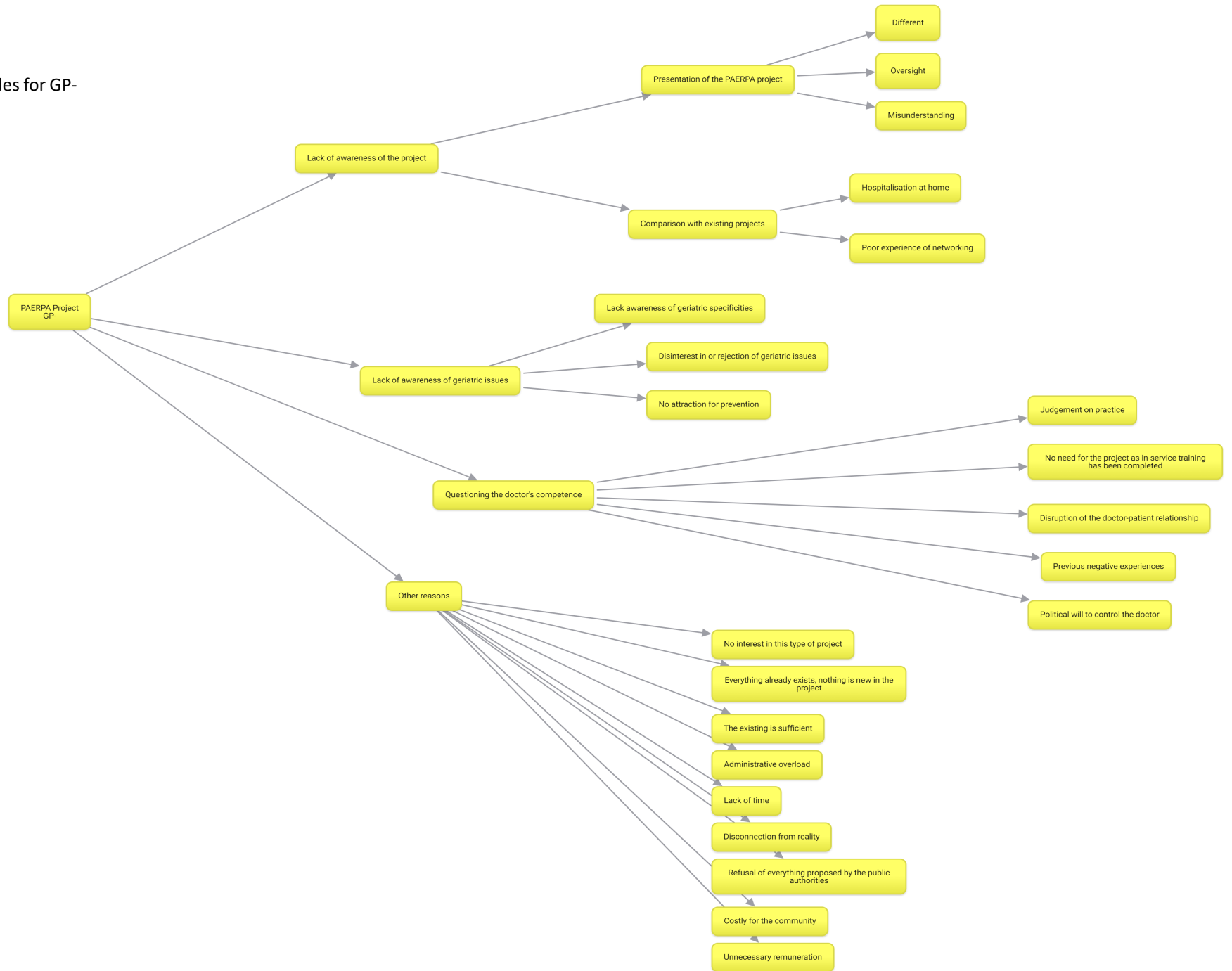
*Do you use networks? CLIC, MAIA? Memory/geriatric consultations?*

7. What if you had someone to help you, especially with the administrative side?

8. Do you have anything else to add?

**Figure S1**

Coding tree and subnodes for GP-



**Figure S2**

Coding tree and subnodes for GP+

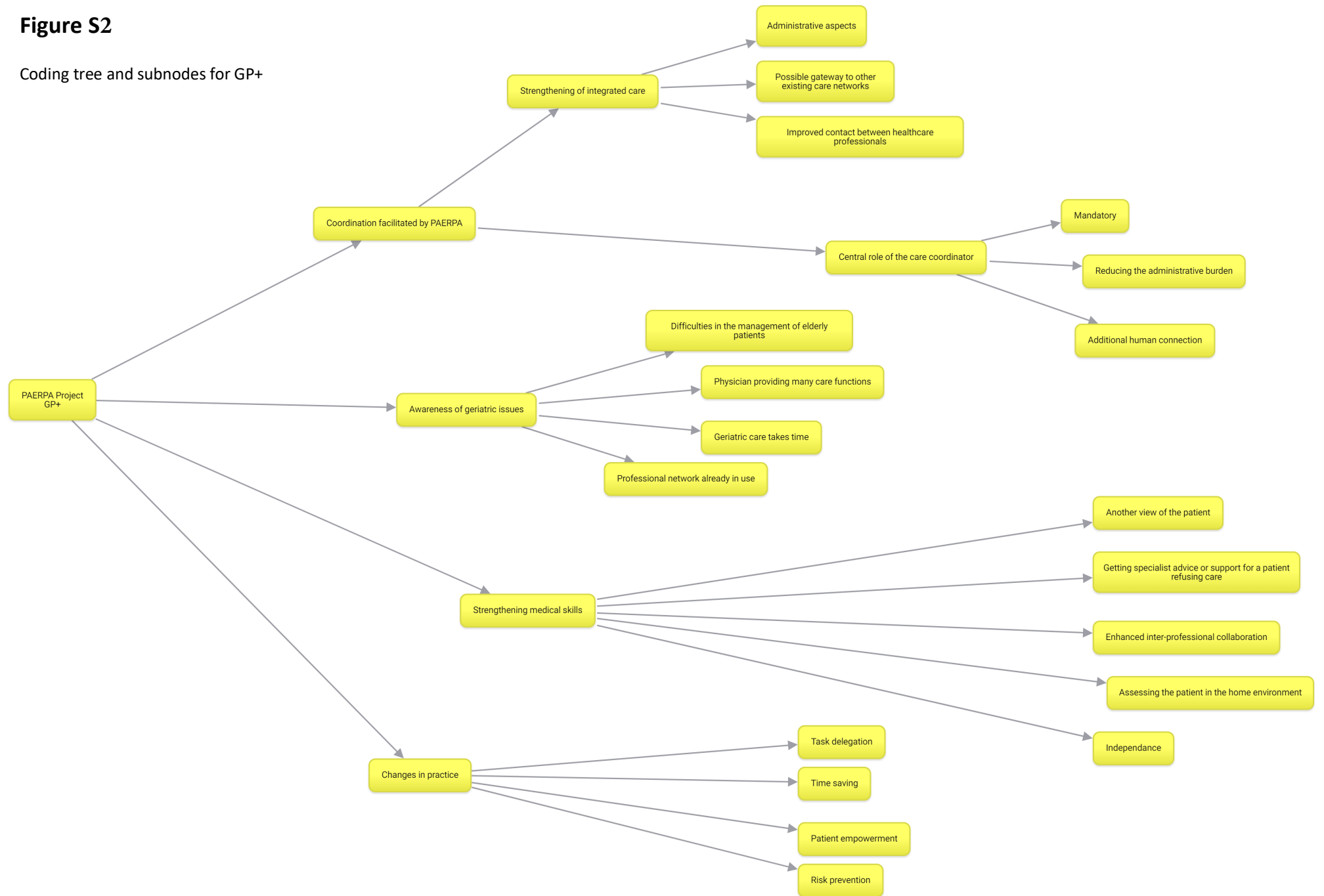




Figure S3 – Grounded theory scheme

Central role of geriatric awareness. Declination of GP+ and GP- perceptions from this focus point

