## Supplemental Data: Additional quotes by theme

| Key points | Sub-points | Supporting Quotes |
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| **Acceptable information to inform decision-making** | | |
| High-quality, personalized information about bone health including treatment options | Informative interactions | I just felt that it was very thorough (age 53; OA). |
| | | I [received] good information and it’s interesting finding out facts and I like that (age 65; NO). |
| Provided personalized information | | She was going off of my results and it was really nice to have that personal attention…I think it helped because of that personal interaction (age 56; NO). |
| | | It’s more personal and it is more to the point and you can ask those specific questions and get answers (age 58; OA). |
| Nurse case-manager answered patients’ questions regarding bone health and/or treatment options | [The nurse case-manager] listened to questions that I had. I had a little concern about my calcium intake because I understood that new research suggested that you lower your calcium, but increase your vitamin D intake. My concern was that if I was becoming osteopenic [sic] taking this amount of calcium, how would that improve if I took less even though I take more vitamin D? So she [the nurse case-manager] just said that this [is] what the research has shown. So we came to a balance (age 56; NO). |
| | | Well [the nurse case-manager] was really |
| Key points                        | Sub-points                                           | Supporting Quotes                                                                                                                                 |
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| Discussed bone health with nurse compared to other providers | Facilitated by amount of time provided                | She read information to me and we discussed it…Even though I was late and she had other people waiting, she did take time for me. We did talk…Life is complicated enough as it is and sometimes just taking half hour or a block of time to just to take time to discuss and have a conversation about all of it I know I found it reassuring, right? (age 60; NO) You know, take as long as I needed to explain things or just to feel like when I was talking to her, that this is what [the nurse case-manager] there for and so therefore it’s okay to talk about bone health or whatever bone medication question (age 53; OA). |
| Limited discussion of bone health with family physicians due to other priorities of the physician or patient | It definitely was much more quality time than in the doctor’s office…Given how busy family physicians are, you don’t really get a lot of time to talk to them so they don’t spend a lot of time telling you what you could be doing. It’s usually “Here’s your pills, there’s the door.” Not quite that bad but you get what I mean. Where with [the nurse case-manager], she would sit down and she took me through different options and things that I could be doing or things, that might work. Whereas you don’t usually get that much one-on-
| Key points | Sub-points | Supporting Quotes |
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| one with your doctor (age 60; NO). | When you go to your physician, she has patients waiting outside and that’s makes it more, you think you have to be rushed to get out of her office but with [the nurse case-manager], you had more time. I felt more comfortable to discuss things, which was different from your family doctor. It felt like I had more time. [The nurse case-manager] made me feel relaxed to discuss things more in depth and detailed than the family doctor (age 73; OA). | And our time with our medical practitioners is so tight as it is and you have a host of questions and you never often get to them right? (age 56; NO). |
| [My family physician] didn’t really ask me anything about it [referring to her BMD test results] because at that point I mean I was pretty chilled and there were other things I wanted to talk to him about in that short period…you’re there for your physical and, you sort of feel like you have to rush a number of things that you’re talking about (age 53; OA). | Trusted expert | Nurse case-manager was knowledgeable about bone health, explaining |
| | She is more informative about the bone health. I think my physician was more generalized…Right because she’s coming from a bone density perspective where as my physician was general health. (age 56; NO). |
### Key points

| Sub-points | Supporting Quotes |
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| BMD results and treatment options, including side effects or how to take supplements | When you get the medication home and you read the side effect things it’s a bit daunting and so I think having had that conversation it was good and then also I think it was nice to have her [the nurse case-manager] there to be able to access her knowledge later on (age 53; OA). |
| Patients would prefer case-managed approach for other conditions because of expertise or knowledge | The approachability of a nurse practitioner that touches questions more people have, I think works much better from a nursing perspective because their thinking a little bit more holistically even more than a family doctor, right? And they also understand the homecare and they understand the whole context because that’s the training of a nurse practitioner (age 60; NO). |
| Trusted advice because perceived nurse case-manager as an expert or honest | She mentioned, “The latest study shows…” So it’s nice when they say things like that. “Oh, they’re reading journals and studies”. That’s important and I definitely got the feeling of that with [the nurse case-manager] that she knew what’s going on (age 65; NO). |
| Respectful interactions | I felt that she was honest, so I took her advice (age 73; OA). |
| Patients felt listened to or not dismissed | I think the other difference [with the nurse case-manager] was I felt that it was heard. It wasn’t just dismissed because there wasn’t a physician sitting looking at the computer screen, scrolling down, you know, medication and appointments to see |
| Key points | Sub-points | Supporting Quotes |
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|            |            | what we’re [going to] do next. So I actually felt it was heard…that somebody actually heard me in the first place…It meant that I had somebody to listen to me (age 56; NO). |
|            |            | We went over different kinds of medication and discussed which one [was best for me] because about 4 years ago, I had actually taken Aclasta, which was an injection like an IV…but I didn’t [want to] take any more needles cause I get too many. So that’s why we came up with a pill form (age 52; OA). |
|            |            | Just knowing where I am with the calcium intake that I had. I did say to [the nurse case-manager], “How do you know that I won’t you lose more [calcium] by going down to this level?” And she said, “Well, it’s a valid question.” She did not dismiss [my question], which I appreciated (age 56; NO). |
|            | Non-judgemental attitude regarding patients’ decisions | [The nurse case-manager] didn’t make me feel guilty or anything (laughing). It was just fact and go forward (age 79; OR). |
|            |            | I mean everybody knew that I didn’t [want to] go on the phosphates [sic] so that didn’t seem to be an issue and I explained what I was doing instead. She [nurse case-manager] explained everything and seemed to accept what I was doing…The study would like me to do the phosphates [sic] because that’s recommended but I |
### Key points

| Supporting Quotes |
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| really don’t like phosphates [sic]. So many of my friends have been on them and have had fractures and all the stuff that I have either read or heard about phosphates [sic]. They don’t build good bone and they have side effects. So I do zero pharmaceuticals. That’s my choice… It wasn’t, you know, “You [have to] do this or you [have to] do that”. It wasn’t any of that. So I was surprised because I thought being part of the study would demand or you have to be on the phosphates (sic) to do this study. But she [nurse case-manager] said, “No”…I was pleased that I was given that choice (age 79; OR). |

### Reasonable and accessible care provided

| Case-managed approach was reasonable | Satisfied with the amount of time required |
|-------------------------------------|-------------------------------------------|
|                                     | Not a burden; accommodating                |
|                                     | It was very easy. It was not an onerous study to be in and if this were adopted as a gold of standard this does not take much time even [for] a very busy person (age 60; NO). |
|                                     | It wasn’t bad…I just came here [clinic location] once before and all the rest was either filling out forms or on the phone, the follow up. So no, it wasn’t a burden (age 58; OA). |
|                                     | It worked well with my schedule. [The nurse case-manager] was very accommodating; you know whatever time slot I needed because we were gone for about three months in the winter so she worked around that for me (age 63; OA). |

| Timely | She [the nurse case-manager] was very |
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| Sub-points |
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| Supporting Quotes |
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| She [the nurse case-manager] was very |
| **Key points** | **Sub-points** | **Supporting Quotes** |
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| manner         | efficient, that’s for sure (age 52; OA). |
|                | It happened in a timely manner which was stunning to me. Because I have a very bad back and getting MRIs is a year and half wait…Yet [the nurse case-manager] told me exactly what was [going to] happen, when it was [going to] happen and it happened. And it’s like, “Well that was refreshing”. And it’s totally outside the experiences I’ve had in the last 20 years in the Alberta health system. I don’t know how she managed to do that. I would think if a doctor ordered a bone density test it could be months but it was just, “Here’s your dates” (age 60; NO). |
| Preferred in-person mode of delivery | I might have read it [referring to written material only]. I would [have] filed it away for later. But usually when you get something like that, you fast glance through it at first and then put it aside. And, like I said, [might have] read it…I mean I don’t mind the written material for, you know, just the facts afterwards. But I’d prefer being face to face to somebody and talking (age 60; NO). |
|                | I think it was good coming to see her because she also had the skeleton and showed me that various things on that to which was wouldn’t have happened over the phone (age 71; OA). |
| Provided coordinated | Appreciated coordinated | I didn’t even have to come pick up paperwork. She faxed everything on to |
| Key points | Sub-points | Supporting Quotes |
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| care       | care        | each healthcare place where it was closest to me and everything happened within maybe 3 days. That included getting my bone density and my blood work…And then when I chose what medication, when we went over that, she actually even phoned the pharmacists and I just picked it up [the prescription] (age 52; OA). |
|            |             | I didn’t have to have another bone density because I had had one in January of 2015. And I hadn’t even remembered that I had, had it. So [the nurse case-manager] just looked online. I guess they can track things. And she found the results there so we didn’t have to have another bone density test. And she’s told me that I need to have another one in 2017 (age 65; NO). |
| Offered easier access to follow-up care. | Ability to access follow-up care | I’ve called her a couple of times about different questions she gets back to me or email very promptly...And then also being able to follow [up] if I forgot something or if something occurred to me, I felt like I would be able to contact her, you know? Like there was somebody there because sometimes you think about it after and, “Well why didn’t I ask that”?...You can’t just phone and talk to [family physicians] or get them, not usually. I mean, maybe some doctors but certainly not with the one that I have now (age 53; OA). |
|           |             | I feel like I could phone [the nurse case-manager] at any time (age 65; NO). |
| Refusers  | No          | Most information comes as an email or |
### Key points

| Sub-points | Supporting Quotes |
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| possibly less satisfied | something referring you to something… I think by email is where I get a lot of information. Getting something in the mail is fine too. I don’t really have a preference (age 79; OR). |
| preference regarding mode of delivery or preferred telephone rather than in person contact | If it could be done through email or mail it would be easier. I mean, if it’s something physical and you’re going to put me through machines, that’s fine [to be in person]. But if it was just for interviewing, it would be easier to do it over the phone (age 66; OR). |

### Appropriate information to meet patient needs

| "Aha moment" | I remember having an aha moment and thinking oh I didn’t know that was related to that. Like I remember having one of those moments, I can’t tell you what it was about right at the moment. But I do have the memory of thinking oh, like the light bulb went on… I would say it was life changing because without that I would be on my merry way just doing the same thing…. I think a lot of people don’t have this kind of interaction, they don’t have this aha moment until it’s way too late (age 56; NO). It hit home a little bit (age 63; OA). |
| Increased awareness, knowledge and/or confidence | It actually made me focus more on my health rather than just letting it slide so it centered me by having to come on what I need to do, because it’s not what somebody else could do for you ultimately. I have to take the pill or do the |
| Key points | Sub-points | Supporting Quotes |
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|            | activity, right, in order for it to benefit me. So that was a big thing to actually ok you need to do this, nobody else can do it for you, you need to do it and that was a very good part of that interaction with [the nurse case-manager] to realize that…Cause sometimes you just, you just you don’t, you focus on it, you could let it slide, now I don’t have that option, I know I don’t have the option of letting it slide cause if I do then I am going to have more breaks (age 56; NO). | [The nurse case-manager] followed up with me; it makes you do it...You just let things go and life goes on and you just don’t take the time to do it so it makes you aware that you need to look after yourself (age 58; OA). |
|            | Seriousness of OP or importance of bone health | It was huge finding out how bone density, how osteoporosis can affect your life. Because I had minimized when it was somebody else, but when I realized, when [the nurse case-manager] explained the ins and outs of what it is and you know the path that was on, if you carry on this way without making any changes, you know, your possibly looking at more fractures, you’re more than likely to have more fractures down the road. I would say it was life changing because without that I would be on my merry way just doing the same thing. Not thinking about it and when it happens it’s too late, right? I can’t do anything about it then…But that made |
### Key points

| Sub-points | Supporting Quotes |
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|            | me realize that if I did have a severe break, that independence that I so much enjoy would not be there, it would not be like it is. I wouldn’t enjoy the way that I do right now and that was a big moment to realize that that’s where you’re heading if you don’t make any changes (age 56; NO). |
|            | She really made me realize that it, you know, especially when I found out my bone density was as bad as it was I thought “Oh dear, maybe I do need to go on phosphates [sic] for a year”…So that was made clear to me as well this is serious, you know? (age 79; OR). |
| Status of their bone health | She looked very carefully at my bone density and was able to show me that although I was average overall that there was an area which needed a little extra attention...But her analysis that I’ve described to you previously was what caught my attention and said, “Ok I’ve learned something about myself that I didn’t know” (age 59; NO). |
| Treatment options to | And that there are medications that you could take and things like that that I |
## Key points

| Sub-points       | Supporting Quotes                                                                                                                                                                                                 |
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| support bone health | always thought. I always thought once you have osteoporosis you were pretty much done for but I didn’t realize there was sort of preventative medications (age 60; NO).                       |
|                  | I had osteoporosis so she recommended certain medications I should be taking and also how much vitamin like calcium and vitamin D I should be taking every day and these are very important because I was in the past [and] I didn’t think it was important…You know, regular exercise and stuff like that she recommended (age 73; OA). |
|                  | Somebody who was an expert was helping, you know? She was able to explain why the Alendronate and why not something else and I’d heard terrible things about some of the drugs and so she was able to kind of put that in perspective for me and kind of tell me it wasn’t as probably as bad as I [think] in the balance of probability it would be worse not to go on it than to, you know, be worried about these possibly side effects (age 53; OA). |
|                  | One of the things that I was very surprised at and I’ve been passing along the information was it’s not the amount of calcium you have in a day it’s how you have to have it spread out…I’ve changed that and in the morning I eat yogurt so I don’t have my calcium then, I have it a little later in the day (age 65; NO). |
| Key points | Sub-points | Supporting Quotes |
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|            | Because there are a lot of different ways to take those types of medications. Like there is a once a week, a once a month (age 58; OA). |
|            | I was mostly grateful for [the] blood work and I was really shocked to find out my vitamin D level was low (age 56; NO). |
|            | Then also coming out of the blood work turned out that my vitamin D was low and so [it was] suggested that I increase vitamin D (age 53; OA). |
| Reinforced knowledge to support bone health | I don’t think there was anything terribly new there, she went through quite carefully the vitamin and calcium supplements that I’m already taking and I think I concluded from there that that I was pretty close (age 59; NO). |
|            | [The nurse case-manager] elaborated more on what I already knew cause I knew quite [a] bit of it before (age 71; OA). |
| Increased confidence in knowledge | From reading the paperwork about the osteoporosis, I just gained confidence in the fact that everything that I’m doing to you know as far as exercise goes and healthy eating and the supplements, that this is part of going forward. It’s not about poor me (age 60; NO). |
|            | I feel more confident now since I’ve been taking all this medications which is Alendronate and, medication in |
| Key points | Sub-points | Supporting Quotes |
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|            |            | conjunction with my vitamin D and calcium ...I felt like I was getting involved with my health and not just sitting at home (age 73; OA). |
| Inconsistent information about bone health and treatment options between providers | Examples of consistent information | [My family physician] even corroborated [the nurse case-manager’s] instruction on the vitamin D because she had become aware and she said, “You should uptake your vitamin D, we’ve discovered this” (age 56; NO). They both gave the same advice (age 71; OA). |
|            | Examples of inconsistent information | I thought, “Well I didn’t really [want to] take anything [bisphosphonate] until I saw my doctor.” And he said, “You can take them if you want to but you don’t really have to.” He say’s because I didn’t have osteoporosis... He was saying that my fracture was a trauma fracture it wasn’t of the fragility one (age 66; OR). I did say that from my own interest that I would like to have another bone density done in a year because a naturopath said he has helped other people within a years’ time to increase their bone density (age 79; OR). |
| Considered necessary and responsive to patient needs | Initiating appropriate treatment i.e., bisphosphates and/or | The tests were necessary just because that’s how we figured out what was wrong to begin with. I think it was a very good idea and very much a part of my overall health (age 60; NO). |
| Key points | Sub-points | Supporting Quotes |
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| supplements | I started taking Alendronate and I started counting my calcium that I was taking every day I had to go purchase calcium pills, extra vitamin D. I wasn’t taking the right amount of those two so in that way it wasn’t just you know like a social visit (laughing) (age 73; OA). |
| Family physician might not discuss bone health or BMD results | I’ve had a previous fracture about 10 years ago on the other arm but the conversation never [came] up at the doctor’s office. Never and I go see him like once or twice a year because I’m a type 2 diabetic. But the conversation hadn’t come up anywhere else…In retrospect, after I went to see [my family physician] the next time, he was surprised to have had these [BMD] results forwarded to him. And I think he was a little bit sheepish because I’ve passed the age where I probably should have [one] (age 60; NO). I think it was a big benefit for me at least and for anybody who would have a bone fracture. You like to know that you’re getting some kind of support other than just sitting at home and doing nothing about it. Because I was going to my medical doctor all along and somehow it got missed along the way. So it was great having [the nurse case-manager] to advise me and support me (age 73; OA). I think definitely it would be a necessary program for having people not fall through the cracks (age 53; OA). |
| Key points | Sub-points | Supporting Quotes |
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| Patients responsible to discuss bone health with family physicians | I don’t fault my doctor. If I had said, “Well what about such and such” [requesting a BMD test] she would have either told me or said, “Look I’ll set up.” Because she’s that [kind of] a doctor. But I’ve never asked for it (age 65; NO). |
| | I still chastise myself for not having had a bone density to realize this was happening you know because it [would have] showed something 2 years ago...I tend to ignore things when it comes to my health sometimes, if it isn’t in your face sort of thing. Yah, I think that was my responsibility [to request a BMD test from family physician] (age 79; OR). |