## Appendix 3 (as supplied by the authors): Description of each innovation (n=24)

Type of innovation		Scalability ranking (criteria assessed)			
Туре	Subtype	High (10- 16)	Medium (4 to 9)	Low (0 to 3)	Aim(s) of the innovation <sup>1</sup>
	Navigating			<b>V</b>	Adapt our service to reach a very vulnerable clientele who needs care.
	Navigating	$\square$			Communicate with the elderly alone to stimulate their cognition, help them with local services, help remind them to take their medication, detect falls at home, take their blood pressure and saturation, and transmit their vital signs to home care services, connect them with their families using artificial intelligence.
	Navigating	$\checkmark$			Improve access to a family physician for socially disadvantaged patients.
	Navigating	<b>V</b>			Implement and evaluate the integration of chronic disease prevention and management services by nurses and other professionals with training in this approach and work with the family medicine group
	Navigating	V			Support and guide patients on how to discuss their health with their caregivers and prepare their medical appointments to facilitate their active involvement in self-care.
	Navigating	<b>V</b>			Improve marginalized peoples' access to and quality of health services.
	Navigating	<b>V</b>			Reduce pressure on primary care services while contributing to patient empowerment.
Managing (n=15)	Navigating	$\checkmark$			Make pulmonary rehabilitation service and the related specialized interdisciplinary teams accessible.
	Navigating	<b>V</b>			Allow the user to be quickly supported by the right person in the right place while respecting the services that are already in place in the health system network as well as in the family medicine group.
	Collaborating				Facilitate the collaboration between healthcare professionals with a free access platform that uses knowledge transfer and the sharing of best clinical practices to optimise the quality of care to patients.
	Collaborating	<b>V</b>			Disseminate the results of health research to the general public.
	Collaborating			V	Systematize, in a collaborative and interdisciplinary manner, the management of work stoppages for common mental health problems.
	Collaborating		<b>V</b>		Modify the paradigm of approach and treatment of mental health disorders by the family physician.
	Prescription	V			Improve the safety of drugs by providing a collaborative service on electronic prescriptions while protecting patient data.

Type of innovation		Scalability ranking (criteria assessed)				
Туре	Subtype	High (10- 16)	Medium (4 to 9)	Low (0 to 3)	Aim(s) of the innovation <sup>1</sup>	
	Prescription		$\overline{\checkmark}$		Promote the self-management of chronic pain for reducing its functional impact	
Preventing (n=8)	Capacity building		<b>\</b>		Illustrate the usefulness of the PARS3 platform in a real world context though the use of a tool aiming to obtain information on the management of diabetes in a family medicine group in a context of continuous improvement quality.	
	Capacity building	$\checkmark$			Maintain skills, integrate evidence into practice, and establish standardized practices.	
	Capacity building	$\checkmark$			Foster the culture of care and the quality improvement of services.	
	Public health surveillance	<b>V</b>			To implement a routine prevention strategy to reduce the harmful effects of polypharmacy in older adults.	
	Public health surveillance	<b>V</b>			Personalize the treatments of patients in primary health care.	
	Public health surveillance		<b>V</b>		Collect anonymous, valid, and reliable information about primary care patients from electronic medical records (EMR) used by family physicians and nurse practitioners to facilitate research, monitoring and continuous improvement practices	
	Marshalling health services or health-related services		<b>V</b>		Promote a healthy lifestyle.	
	Restrictions on advertising, promotion or sponsorship of products				Optimize the use of medications by seniors.	
Therapeutic (n=1)	Assisting or promoting exercise	<b>V</b>			Improve the quality of life and decrease exacerbations and hospitalizations of patients with chronic obstructive pulmonary disease.	
Note: <sup>1</sup> We translated information provided in French; only two innovation teams provided this information in English.						