**Table S1. PCP Demographic Distribution vs National Targets**

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| **Criteria**  | **Target Study Distribution**  | **National Distribution** |
| **Training: Family Practice to Internal Medicine ratio** | Family Practice | 60% | 58% |
| Internal Medicine  | 40% | 42% |
| **Sex: Female to Male ratio**  | Female | 40% | 37% |
| Male | 60% | 63% |
| **Age**  | Less than 40 years | 30% | 41% |
| 40 – 54 years | 40% | 35% |
| 56 years and older | 30% | 24% |
| **Region** | Northeast | 20% | 20% |
| Midwest  | 20% | 22% |
| West  | 25% | 24% |
| South  | 35% | 34% |
| **Practice Setting** | Urban | 80% | 84% |
| Rural | 20% | 16% |
| **Practice Size**  | Solo practitioner: | 25% | 25% |
| 2 to 3 physicians: | 25% | 22% |
| 4 to 10 physicians: | 35% | 35% |
| 11+ physicians: | 10% | 12% |

**Table S2. CPV Patient Cases**

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| **No** | **Name**  | **Summary Description**  |
| 1 | Ms. Sutter | 45/F, new patient comes in complaining of low back pain and asks for an opioid prescription. Evaluation shows patient is positive for benzodiazepines (unexpected) and negative for opiates, suggesting drug diversion.  |
| 2 | Mr. Henry | 66/M, polypharmacy patient seeing multiple physicians/providers presents with palpitations. Evaluation shows patient has 3 severe DDIs causing a prolonged QT interval.  |
| 3 | Ms. Leely | 72/F, polypharmacy patient suffering from frequent falls comes to establish care with you. Evaluation shows severe interaction and contraindication with a recently prescribed antibiotic and the patients regularly prescribed medications.  |
| 4 | Ms. Manny | 32/F, has HIV and worsening depression. Evaluation shows severe interaction with an unknown OTC supplement which has caused depression and HIV control to worsen.  |
| 5 | Mr. Matheson | 52/M, polypharmacy patient on Coumadin and pain meds. Evaluation shows increased INR and sleeping time because of DDI with an OTC H2 blocker. |
| 6 | Mr. Hampton | 35/F, bipolar patient has a rash treated with an oral antifungal. Evaluation shows interaction with the antifungal and her carbamazepine, increasing dose levels. |
| 7 | Mrs. Frankfurt | 42/F, polypharmacy patient with previous substance abuse comes in for increasing anxiety. While initial assessment pointed to medication diversion, DDI testing shows food interaction with grapefruit as the cause of anxiety.  |
| 8 | Ms. Betty | 67/F, polypharmacy patient and frequent urgent care visitor comes in for increased somnolence. Evaluation shows DDIs stemming from antibiotics and other prescription meds causing frequent falls and elevated blood pressure. |
| 9 | Mr. Anderson | 58/M, recently discharged from the hospital and comes in with increased pain and tremulousness. Evaluation shows symptoms caused by a DDI with a new smoking cessation aid. |