

Supplemental Table 1 Statements in the *General Aspects* area

Statement	Outcomes		
	Round 1	Round 2	Ranking
General consideration			
The mortality of patients with cystic fibrosis is influenced by the level of adherence to the therapeutic prescriptions received	D	D	—
The morbidity of patients with cystic fibrosis is influenced by the level of adherence to the therapeutic prescriptions received	D	D	—
Initiatives aimed at assessing the adherence of patients to treatment are limited by the difficulty in measuring adherence	D	D	—
Initiatives aimed at supporting the adherence of patients to treatment are limited by the difficulty in measuring adherence	D	D	—
Definition			
Adherence is following the right treatment at the right dosages (drugs/activities) and with the expected course of treatment	NC	—	—
Adherence is an individual behavior comprising the degree of concordance with the medical advice received and the persistence of the behavior itself (ie, continued treatment for the recommended duration)	H	—	3
Adherence means agreeing to one's own treatment plan and committing to follow it	H	—	1
Often the patient does not adhere to treatment involuntarily	NC	—	—
Often the patient is not adhering because he doesn't want to follow the instructions received	NC	—	—
Influencing factors			
Adherence is influenced by the difficulty in combining the patient's lifestyle and obligations imposed by therapies	H	—	2
Adherence is influenced by the high burden of treatment	H	—	4
The adherence to treatment is influenced by the fact that the patient cannot accept feeling different from others	NC	—	—
Adherence to treatment is influenced by the subjective belief that drugs are not effective or are potentially toxic	NC	—	—
Adherence to treatment is influenced by the patient's clinical status	NC	—	—
Adherence to treatment is influenced by cultural factors (patient/ family education)	NC	—	—
Adherence to treatment is influenced by social factors	D	D	—
Adherence to treatment is influenced by the attitude of the family (hyper or hypo involvement)	D	D	—

Statement	Outcomes		
	Round 1	Round 2	Ranking
Adherence to treatment is influenced by the attitude of the family (logistics/organizational difficulties)	D	D	—
Adherence to treatment is influenced by the attitude of friends	NC	—	—
Adherence to treatment is influenced by embarrassment	NC	—	—
Adherence is influenced by the attitude of the physician	NC	—	—
Adherence is influenced by the attitude of the treating team	D	NC	—
Adherence is influenced by the physician's ability to communicate	H	—	7
Adherence is influenced by the treating team's communication skills	H	—	6
Individual characteristics			
Adherence is influenced by the age of the patient	NC	—	—
Adherence is especially a problem for the adolescent patient	D	N	—
Adherence is a problem especially in adolescence (for physician and treating team)	D	D	—
Adherence is a problem especially for the young adult patient	NC	—	—
Adherence is a problem experienced differently by gender	NC	—	—
Behavioral characteristics			
Adherence is influenced by forgetting to follow treatment	NC	—	—
Adherence is influenced by the tendency to deny the disease	D	NC	—
Adherence is influenced by the tendency to defer the care (incorrect perception of risks)	D	D	—
Adherence is influenced by the tendency to defer care (insufficient knowledge of the pathology)	NC	—	—
Adherence is conditioned by the means of drug administration	D	NC	—
Adherence is influenced by the reluctance to take treatments in public	D	D	—
Adherence is influenced by the difficulty of entering treatments in daily lifestyle	D	D	—
Psychological characteristics			
Adherence is conditioned by psycho-emotional conditions	H	—	5
Adherence is conditioned by doubt (about effectiveness of treatment)	NC	—	—

Abbreviations: D = Disagreement; H = High level of agreement; NC = No consensus.

Rankings were assigned only to statements with a high level of agreement after Round 2 was completed.

Supplemental Table 2 Statements in the *Roles and Relational Aspects* area

Statement	Outcomes		
	Round 1	Round 2	Ranking
Role of the healthcare team			
Adherence is influenced by the size and organization of the facility of care	NC	—	—
Adherence is influenced more by the physician	NC	—	—
Adherence is influenced more by the single component than by the team	NC	—	—
Adherence is influenced more by the team than by the single component	D	D	—
Adherence is influenced by how therapeutic interventions that the patient must follow are organized	D	D	—
Adherence is influenced by the accuracy of information received by the patient from the physician	D	H	12
Adherence is influenced by the accuracy of information received by the patient from the care team	H	—	5
Adherence is influenced by the consistency of interventions dedicated to its support	H	—	8
Adherence is influenced by the understanding and sharing of interventions dedicated to its support	H	—	2
Adherence is influenced by healthcare provider's ability to explain multiple aspects of the treatment	H	—	11
To influence adherence, it is necessary to understand the reasons behind the obstacles experienced by patients	H	—	6
To influence adherence, it is necessary to build a relationship with the patient	H	—	1
Interventions on adherence require a change in the behavior of individuals	D	D	—
To take action on adherence requires a specific training path of the individual's physicians	D	D	—
To take action on adherence requires a specific training path of the individual's treating team	D	D	—
Patient resistance			
Adherence decreases when patients often decide to live a normal life regardless of the consequences	D	D	—
To improve adherence, is helpful to have an open and gradual approach to dialogue	H	—	3

Statement	Outcomes		
	Round 1	Round 2	Ranking
Team/patient relationship			
To improve adherence, a structured motivational approach is useful	H	—	7
A directive approach with the patient (what to do) increases adherence	NC	—	—
A directive approach with the patient (what to do) reduces adherence	NC	—	—
Listening to the patient attitude (what does he do? why?) increases adherence	H	—	4
Listening to the patient attitude (what does he do? why?) reduces adherence	L	—	—
The ability to influence adherence increases with understanding (what does he know? what does he want?)	D	H	9
The change in adherence behavior is a path made by the patient	NC	—	—
The change in adherence behavior is a path made by physicians and the treating team	NC	—	—
A clear prescription of treatment is sufficient to induce the change	D	NC	—
The patient should be put in a situation where he can guide his own change	H	—	10

Abbreviations: D = Disagreement; H = High level of agreement; L = Low level of agreement; NC = No consensus.

Rankings were assigned only to statements with a high level of agreement after Round 2 was completed.

Supplemental Table 3 Statements in the *Management Aspects* area

Statement	Outcomes		
	Round 1	Round 2	Ranking
Healthcare provider's cultural approach			
It is judged primarily on the quality of care than the quality of adherence	NC	—	—
Priority is to negotiate the adherence related to the current patient's availability (negotiating priorities)	D	D	—
Priority is to favor the patient's (and caregiver) involvement	H	—	1
Priority is to pay attention to the patient and his needs	H	—	3
Priority is to take care of the development and cultural growth (oriented to adherence) of the treating team	D	D	—
Priority is to take care of the development and cultural growth (oriented to adherence) of the physicians	D	D	—
Patient-centeredness			
Building and consolidating the strengths within the family influences adherence	H	—	19
Creating time to share positive information and appreciating the results obtained influence adherence	H	—	6
Making perceptible the fact that the healthcare provider understands how the patient is living with his condition influences adherence	H	—	21
Using negotiation and taking into account the patient's opinion influences adherence	H	—	14
Using negotiation and taking into account the physician's opinion influences adherence	D	D	—
The team should strive for sincerity and openness from patients and families in order to receive quality information to improve adherence	H	—	12
Focus on patient's expectations			
The patient's expectations play an important role in the management of adherence	H	—	13
Patients have a higher probability of adherence when they feel emotionally supported by the physician and by the healthcare provider team	H	—	7
Patients have a higher probability of adherence when they feel emotionally supported by the physician	H	—	20
Quality of communication			
A communication-oriented approach to problem solving improves adherence	H	—	8

Statement	Outcomes		
	Round 1	Round 2	Ranking
The quality of communication between the team, the patient, and the family improves adherence because it makes the patient (and the caregiver) feel part of the team	H	—	5
The treating team should adopt a structured method of communication (questions, listening, paraphrasing, etc.)	H	—	18
Quality of communication means trying to speak the same language	D	H	17
Quality of communication means listening and understanding the expectations and beliefs of the patient	H	—	2
Quality of communication means helping to make informed choices	H	—	11
Quality of communication means being able to distinguish the excuses from the reasons	D	D	—
Quality of communication means being able to find the motivation and the patient involvement	H	—	4
Quality of communication means to understand without criticizing (make judgments)	H	—	15
Quality of communication means correcting inappropriate behavior	D	D	—
Quality of communication means reinforcing and rewarding good behavior	D	D	—
Quality of communication means negotiating gradual and achievable goals (step by step)	H	—	10
Quality of communication means being able to measure and reward progress	H	—	16
Quality of communication means being able to use the progress to consolidate the adherence	H	—	9

Abbreviations: D = Disagreement; H = High level of agreement; NC= No consensus.

Rankings were assigned only to statements with a high level of agreement after Round 2 was completed.

Supplemental Table 4 Differences in opinion between HCPs for statements in the *General Aspects* area

Statement	Total Panel* (n 85)	Physicians (n 36)	Physio-therapists (n 19)	Psych-ologists (n 14)	Nurses (n 13)
General consideration					
The morbidity of patients with cystic fibrosis is influenced by the level of adherence to the therapeutic prescriptions received	No	Yes	No	No	No
Definition					
Adherence is an individual behavior comprising the degree of concordance with the medical advice received and the persistence of the behavior itself (ie, continued treatment for the recommended duration)	Yes	Yes	No	Yes	Yes
Adherence means agreeing to one's own treatment plan and committing to follow it	Yes	Yes	No	Yes	No
Influencing factors					
Adherence is influenced by the difficulty in combining the patient's lifestyle and obligations imposed by therapies	Yes	Yes	Yes	Yes	No
Adherence is influenced by the high burden of treatment	Yes	Yes	Yes	No	No
Adherence is influenced by the physician's ability to communicate	Yes	Yes	Yes	Yes	No
Adherence is influenced by the treating team's communication skills	Yes	Yes	Yes	Yes	No
Psychological characteristics					
Adherence is conditioned by psycho-emotional conditions	Yes	Yes	Yes	Yes	No

*Total panel for the first round also included one dietician, one biologist and one social worker.

Supplemental Table 5 Differences in opinion between HCPs for statements in the *Roles and Relational Aspects* area

Statement	Total Panel* (n 85)	Physicians (n 36)	Physio-therapists (n 19)	Psych-ologists (n 14)	Nurses (n 13)
Role of the healthcare team					
Adherence is influenced by the accuracy of information received by the patient from the physician	Yes	No	Yes	Yes	Yes
Adherence is influenced by the accuracy of information received by the patient from the care team	Yes	No	Yes	Yes	Yes
Adherence is influenced by the consistency of interventions dedicated to its support	Yes	No	Yes	Yes	No
To influence adherence, it is necessary to understand the reasons behind the obstacles experienced by patients	Yes	Yes	Yes	Yes	No
Team/patient relationship					
To improve adherence, a structured motivational approach is useful	Yes	Yes	No	No	Yes
Listening to the patient attitude (what does he do? why?) increases adherence	Yes	Yes	No	Yes	No
The patient should be put in a situation where he can guide his own change	Yes	No	Yes	Yes	Yes

*Total panel for the first round also included one dietician, one biologist and one social worker.

Supplemental Table 6 Differences in opinion between HCPs for statements in the *Management Aspects* area

Statement	Total Panel* (n 85)	Physicians (n 36)	Physio- therapists (n 19)	Psych- ologists (n 14)	Nurses (n 13)
Healthcare providers cultural approach					
Priority is to pay attention to the patient and his needs	Yes	No	Yes	Yes	Yes
Patient-centeredness					
Making perceptible the fact that the healthcare provider understands how the patient is living with his condition influences adherence	Yes	Yes	No	Yes	Yes
Focus on patient's expectations					
Patients have a higher probability of adherence when they feel emotionally supported by the physician and by the healthcare provider team	Yes	Yes	No	Yes	Yes
Patients have a higher probability of adherence when they feel emotionally supported by the physician	Yes	Yes	No	Yes	Yes
Quality of communication					
The treating team should adopt a structured method of communication (questions, listening, paraphrasing, etc.)	Yes	No	Yes	No	Yes
Quality of communication means being able to find the motivation and the patient involvement	Yes	Yes	Yes	Yes	No
Quality of communication means to understand without criticizing (make judgments)	Yes	Yes	Yes	Yes	No
Quality of communication means negotiating gradual and achievable goals (step by step)	Yes	Yes	Yes	No	Yes
Quality of communication means being able to measure and reward progress	Yes	Yes	No	No	Yes

*Total panel for the first round also included one dietician, one biologist and one social worker.