

Table S-1: Case Example Illustrating the Process of Measurement Based Care in the Personalized PARTNERS Study.

Study Time Point	Research Team Actions	Treating Psychiatrist Actions
Recruitment	<ul style="list-style-type: none"> ● Contacted referred patient via telephone to explain the study ● Completed pre-screening questions for eligibility ● Emailed read-only version of informed consent form to review ● Scheduled time for follow-up call (may evolve into consent call) 	<p>During initial consult visit:</p> <ul style="list-style-type: none"> ● Reviewed inclusion/exclusion criteria ● Asked patient about their willingness to participate in research ● Referred patient to research team
Consent	<ul style="list-style-type: none"> ● After 3 days, called back to read and review informed consent form ● Emailed participant REDCap e-consent link to sign electronically ● Completed study attestation form ● Completed consent checklist, filed consent form, completed call documentation in research database, assigned ID number ● Emailed signed copy of consent form to participant ● Scheduled baseline assessment 	
Baseline	<ul style="list-style-type: none"> ● Completed baseline assessment, including Suicide Risk Management Protocol (SRMP), with participant via telephone: 	<ul style="list-style-type: none"> ● Acknowledged SRMP results, confirmed that no follow up actions were required ● Completed provider preferences survey ● Reviewed baseline results

	<ul style="list-style-type: none"> ● <i>BOMC = 0</i> ● <i>PHQ-9 score = 23</i> ● <i>HAM-D (four items) score = 5</i> ● <i>SRMP (if indicated) = Part A: 2, Part B: 1</i> ● <i>Psychotropic medication = None</i> ● <i>Previous medications = None</i> ● Reviewed participant's health records ● Confirmed eligibility and completed eligibility checklist (emailed to Principal Investigator to sign) ● Emailed Provider Preferences Form to treating psychiatrist ● Used algorithm to generate treatment recommendations: <ul style="list-style-type: none"> ● <i>Sertraline</i> 86 ● <i>Escitalopram</i> 74 ● <i>Venlafaxine</i> 67 ● <i>Duloxetine</i> 58 ● <i>Bupropion</i> 49 ● Emailed scores and recommendations to treating psychiatrist ● Documented assessment results, adverse events, and SRMP in health 	<ul style="list-style-type: none"> ● Met with participant for first follow-up appointment, reviewed baseline results with participant, prescribed sertraline 25 mg daily
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<p>Week 2</p>	<p>records and research database; added to Supervision Tracking Log emailed to all treating psychiatrists</p> <ul style="list-style-type: none"> ● Scheduled first appointment with treating psychiatrist ● Reviewed participant issues/progress during weekly research meetings ● Emailed REDCap survey link to participant: <ul style="list-style-type: none"> ● <i>PHQ-9 score = 13</i> ● <i>SRMP (if indicated) = Part A:1, Part B: 1.</i> ● <i>Medication = Sertraline 25mg</i> ● <i>Symptoms reported by participant = Nausea/Vomiting (severe) - onset date: Feb 17, 2023 (ongoing); sleepiness/sedation (severe) - onset date: Feb 17, 2023 (ongoing)</i> ● After 2 days, called to prompt completion (1 missed call) ● After receiving survey results, called participant to complete SRMP (1 missed call) ● Emailed SRMP results to treating psychiatrist 	<ul style="list-style-type: none"> ● Confirmed no follow up action required for SRMP ● Met with participant to assess adverse events and review treatment plan. No dose increase due to adverse events. ● Provided instructions on suicide, crisis line numbers, ER, etc.
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<p>Week 4</p>	<ul style="list-style-type: none"> ● Documented adverse events (medication adherence not explicitly asked =unclear) ● Completed review of health records ● Documented assessment results, adverse events, and SRMP in health records and research database; added to Supervision Tracking Log to send to all treating psychiatrists ● Reviewed participant issues/progress in regular research meetings ● Emailed REDCap survey link to participant: <ul style="list-style-type: none"> ● <i>PHQ-9 score = 19</i> ● <i>SRMP (if indicated) = Part A: 2, Part B: 1</i> ● <i>Medication = at the time of survey assessment, sertraline 25mg. At the time of the SRMP call, the dosage increased to 50mg.</i> ● <i>Symptoms reported by participant = None</i> ● After 2 days, called to prompt completion (1 missed call) 	<ul style="list-style-type: none"> ● Confirmed no follow-up action required for SRMP ● Met with participant to discuss PHQ score, and explored reasons for increase in depression score (e.g., assessed external stressors); reviewed treatment plan. The sertraline dose was increased to 50 mg OD.
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<p>Week 6</p>	<ul style="list-style-type: none"> ● After receiving survey results, called participant to complete SRMP (6 missed calls) ● Emailed SRMP results to treating psychiatrist ● Documented adverse events (medication adherence not explicitly asked =unclear) ● Completed review of health records ● Documented assessment results, adverse events, and SRMP in health records and research database; added to Supervision Tracking Log to send to all treating psychiatrists ● Reviewed participant issues/progress in regular research meetings ● Emailed REDCap survey link to participant: <ul style="list-style-type: none"> ● <i>PHQ-9 score = 17</i> ● <i>SRMP (if indicated) = N/A</i> ● <i>Medication = Sertraline 50mg</i> ● <i>Symptoms reported by participant = Fatigue (severe) – onset date: 3/19/2023 (resolved on 3/24/2023)</i> 	<ul style="list-style-type: none"> ● Reviewed the supervision Log: Minor improvements in PHQ-9 score on sub-optimal medication dosage. Due to the participant’s sensitivity to adverse effects, the sertraline dosage was increased slowly.
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<p>Week 8</p>	<ul style="list-style-type: none"> ● Documented adverse events (medication adherence not explicitly asked =unclear) ● Completed review of health records ● Documented assessment results, adverse events, and SRMP in health records and research database; added to Supervision Tracking Log to send to all treating psychiatrists ● Reviewed participant issues/progress in regular research meetings ● Emailed REDCap survey link to participant: <ul style="list-style-type: none"> ● <i>PHQ-9 score = 15</i> ● <i>SRMP (if indicated) = N/A</i> ● <i>Medication = Sertraline 50mg</i> ● <i>Symptoms reported by participant = None</i> ● Documented adverse events (medication adherence not explicitly asked =unclear) ● Completed review of health records ● Documented assessment results, adverse events, and SRMP in health records and research database; added to Supervision Tracking Log to send to all treating psychiatrists 	<ul style="list-style-type: none"> ● Met with participant to review treatment plan, adverse events. The sertraline dose was increased to 75 mg OD.
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<p>Week 12</p>	<ul style="list-style-type: none"> ● Reviewed participant issues/progress in regular research meetings ● Called to schedule final assessment (3 missed calls, rescheduled once) ● Completed final assessment via telephone: <ul style="list-style-type: none"> ● <i>PHQ-9 score = 11</i> ● <i>HAM-D (four items) score = 3</i> ● <i>SRMP (if indicated) = N/A</i> ● <i>Medication = Sertraline 75mg</i> ● <i>Symptoms reported by participant = Asthenia/lassitude/fatigability (moderate) - onset date: 4/27/2023 (ongoing); Decreased appetite without weight loss (moderate) - onset date: 4/27/2023 (ongoing)</i> ● Completed review of health records ● Documented adverse events (medication adherence not explicitly asked =unclear) ● Documented assessment results, adverse events, and SRMP in health records and research database; added to Supervision Tracking Log to send to all treating psychiatrists 	<ul style="list-style-type: none"> ● Met with participant to review treatment plan, adverse events. ● PHQ-9 score decreased by > 50% from the initial score: the participant responded to sertraline. ● Offered to continue follow up until the participant reached remission (PHQ-9 score ≤ 7).
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	<ul style="list-style-type: none"> ● Reviewed participant issues/progress in regular research meetings ● Informed treating psychiatrist of participant's completion in the study ● Based on PHQ-9 scores in final assessment, referred to another MDD research study 	
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BOMC: Blessed Orientation-Memory-Concentration test. Ham-D: Hamilton Depression Rating Scale. PHQ-9: Patient Health Questionnaire, 9-item version. SRMP: Suicide Risk Management Protocol. Notes on follow-up: The patient did achieve remission with sertraline, but it took longer than anticipated. One month after completing the study, the patient reported skin-related adverse events with sertraline 100 mg daily. At that time, sertraline was switched to desvenlafaxine 50–100 mg OD. Moreover, the patient was referred for low-intensity weekly cognitive behavioural therapy, which they reported as being helpful. The patient was discharged after reaching remission.

Table S-2. Results of Logistic Regression Predicting Completion of the Study.

	B	S.E.	Wald	Sig.	Exp(B)	95% C.I. for Exp(B) Lower	95% C.I. for Exp(B) Upper
Marriage status			1.705	0.426			
Socio-economic status			1.330	0.514			
Education			0.732	0.947			
Sex			0.572	0.903			
ATHF score	0.067	0.217	0.096	0.757	1.069	0.699	1.636
Age	0.023	0.038	0.376	0.540	1.024	0.950	1.103
Baseline PHQ-9 score	-0.002	0.070	0.001	0.978	0.998	0.870	1.145

B (Coefficient): unstandardized regression coefficient. SE (Standard Error): the standard error of the coefficient. Wald χ^2 : Wald chi-square test statistic for each predictor. P: p-value for each predictor's effect. Exp (B) (Odds Ratio): Exponentiated B, indicating the odds ratio. 95 % CI (Lower) and 95 % CI (Upper): confidence intervals for Exp (B). ATHF: Antidepressant Treatment History Form. PHQ-9: Patient Health Questionnaire, 9-item version.