

## Supplementary Material for

### **Informing telehealth service delivery for cardiovascular disease management: exploring the perceptions of rural health professionals**

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**Table S1. Standards for Reporting Qualitative Research Checklist**

No.	Topic	Addressed in manuscript [section, line number]	Additional information, not included in manuscript in order to ensure readability and meet word limits.
<b>Title and Abstract</b>			
S1	Title	Lines 2-3	
S2	Abstract	Lines 4-22	
<b>Introduction</b>			
S3	Problem formulation	Throughout introduction	
S4	Purpose or research question	Lines 73-75	
<b>Methods</b>			
S5	Qualitative approach and research paradigm		This research adopted a qualitative approach (thematic analysis) within the interpretative paradigm, appropriate as it reflects the intention to understand phenomena from the perspectives of health professional participants. <sup>1</sup>
S6	Researcher characteristics and reflexivity		All members of the research team have Doctor of Philosophy qualifications, with the exception of [blinded for review], who is a PhD candidate. The research team comprised a breadth of experience, across a variety of health discipline backgrounds including dietetics, medicine and nursing, with varied roles across healthcare provision, health professional education and research. Given the nature of the rural community in which this research was conducted, some participants were known to the interviewer via professional relationships prior to their involvement in the study.
S7	Context	Methods: Setting	
S8	Sampling strategy	Methods: Sampling	There were no inclusion criteria specific to current or previous experiences with telehealth, to allow for a broad range of perspectives.
S9	Ethical issues pertaining to human subjects	Lines 79-81	Ethical issues included participant confidentiality and informed consent. Participants chose a pseudonym to use in interviews and all research data are stored securely and confidentially.
S10	Data collection methods	Lines 118-20	Telephone interviews were offered in order to minimise participant burden, however, all participants elected to complete the interview face-to-face. Participants who indicated they wished to do so (n=6) were provided with a transcript to review. Participants were able to alter their transcript to clarify responses, if they wished. One participant did so.
S11	Data collection instruments and technologies		A copy of the interview guide has been included as Additional File 2

S12	Units of study	Lines 134-7	
S13	Data processing	Lines 124-5	
S14	Data analysis	Lines 121-32	
S15	Techniques to enhance trustworthiness		Trustworthiness enhancing techniques such as member checking are generally considered ineffective in interpretative research, as they assume knowledge is objective and discoverable. <sup>1,2</sup> This paper, and interpretative research more generally, attempt to describe a range of truths, as individuals perceive them. Transcribed verbatim interview transcripts were returned only to participants who indicated they wished to receive them in order to clarify their responses (as per S10). Regular meetings were held between members of the research team to discuss findings in the context of our own experiences, and existing literature, as the research progressed.
<b>Results/findings</b>			
S16	Synthesis and interpretation	Throughout results	Themes developed.
S17	Links to empirical data	Quotes included throughout results.	
<b>Discussion</b>			
S18	Integration with prior work, implications, transferability and contribution(s) to the field	Throughout discussion	
S19	Limitations	Lines 272-75	
<b>Other</b>			
S20	Conflicts of interest	Title page	
S21	Funding	Title page	

## References

1. Scotland J. Exploring the Philosophical Underpinnings of Research: Relating Ontology and Epistemology to the Methodology and Methods of the Scientific, Interpretive, and Critical Research Paradigms. *English Language Teaching*. 2012;5(9).
2. Varpio L, Ajjawi R, Monrouxe LV, O'brien BC, Rees CE. Shedding the cobra effect: problematising thematic emergence, triangulation, saturation and member checking. *Med Educ*. 2017;51(1):40-50.

## File S1. Interview Guide

### Interview Guide

In this part of the interview, I will be asking you for your opinion on telehealth and its role in the future of healthcare delivery. We are planning on using this information to increase the chances of telehealth emerging as a feasible solution for some of the healthcare barriers in the region. Specifically, we are interested in hearing about these things in the context of heart health, and people in the population who may be at risk of developing CVD.

For the purposes of this interview, we are defining telehealth as the provision of healthcare remotely / across distance using telephones, smart phones, video-conferencing or other web based technologies.

In your opinion, what needs to be in place for you to think that telehealth is something that should be offered to patients?

Which health services, or aspects of health services, do you think could be delivered adequately via telehealth?

What needs our immediate attention going forward with the development of telehealth services?

What challenges might come our way when implementing telehealth, and how might we meet them?

How can we support each other, as university researchers and health professionals, in taking the next steps with telehealth?