Supporting Information

Supplementary material

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix 1
Priority Setting Matrix presented to workshop participants

DOMAIN 1: How do we structure and implement our virtual care services?

Key questions	Detailed questions
How do we best integrate virtual care services with existing care pathways?	How do we define and describe virtual care as it evolves?
	How do we co-design/co-produce virtual care/hybrid services? How do we ensure all key stakeholders are involved?
	How do you select which service approach you will use for virtual care delivery e.g., central versus distributed across services?
	How do we allow for variation even within settings to support appropriate implementation and elements of access within safe practice and care?
	What organisational, disease and population specific factors influence the design of a virtual model of care?
	What models of care are suitable for virtual care services? Which aren't and how do we define those?
	What features are unique to each virtual model of care and what can be transferred across conditions?
	How do we maintain positive working relationships with key stakeholders such as specialists?
	What barriers are there to establishing virtual care models?
How do we integrate acute, primary, community and ambulance care in virtual care services?	How can we structure virtual care services to best support general practitioners and ambulance services?
	What communication tools support general practitioners and acute care communication?
	How do we promote virtual care services with primary, community and ambulance services?
How do we optimise our technology use and integration?	How do we effectively and efficiently select vendors and understand each vendor's capability and compare vendors?
	How do we work with vendors to improve their maturity, capability, and capacity?
	How do we tailor vendor products to fit within our virtual care services?
	How do we optimise the integration of existing devices into our virtual care services such as removing analogue steps?
	How do we expand on and evaluate the use of new technologies and devices into our virtual care services?
	How do we supply devices to patients at scale? How do we ensure the right monitoring devices/technology is provided to patients at the right time and place (that is determined by clinical care)?

	How do we work with options for communities where connectivity is a problem e.g., virtual hubs in community centres?
	What are the optimal human resource requirements to be able to look after the technical requirements for virtual care services?
	How do we improve interoperability across virtual care services systems?
	How do we maintain the privacy and security of information in virtual care services?
	How do we enhance the sharing of information and data between acute, primary, community and ambulance care in virtual care services?
	How do we introduce and/or improve e-prescribing in the context of virtual care services?
	How do we measure digital maturity and readiness for introducing virtual care services?
	How do we integrate and improve clinical decision support such as the detection of deterioration in a remote patient?
	How do we improve the experience of consumers, clinicians, and administrative staff in the use of virtual care services and technologies?
	How do we ensure the technology developed is designed specifically for the priority groups using virtual care services e.g., ensuring paediatric patients have specifically designed tools?
How do we maintain equity of access in virtual care services?	What factors such as culture, socioeconomic, age, location, disability, sexual identity and health and digital literacy impact on equity of access to virtual care services?
	What resources can best support consumers with virtual care services and technologies?
	How can we increase consumer acceptance, engagement and compliance with virtual care services?
How do we work with external authorities and enablers such as eHealth NSW to optimise virtual care services?	How do we clarify roles and responsibilities across service and centralised government teams?

What changes or challenges do we need to address regarding existing policies and governance frameworks to support virtual care services?	How do we adapt and evaluate existing clinical and ICT governance to support virtual care services?
How do we support new ways of collaboration and working between teams such as ICT and clinical?	What key barriers exist between teams such as culture, timelines, approaches to project management and language?
	How do we support a shared understanding between clinical and ICT services?

DOMAIN 2: How do we evaluate our virtual care services?

Key questions	Detailed questions
How do we demonstrate that virtual care services are effective?	Are virtual care services and virtual care models as safe and effective as traditional face-to-face models?
	How do we measure safety and effectiveness in virtual care services?
	How do we get results focused information to persuade senior decision makers - and quickly?
	How do we keep champions engaged and balance careful piloting with pressure to demonstrate activity?
What outcomes do we measure?	What mode of delivery works for which patient population?
	What mode of delivery works best for which condition and activity/service offering?
	What data should we collect for evaluation?
	Can we collect a common set of data points across sites?
	How do we emphasise producing interim evaluation results - to address above (many research projects take too long)?
How do we measure the overall experience of our consumers?	How do we build this into our ongoing virtual care services development?
	Do virtual care services support patient autonomy and empowerment?
How do we measure the overall experience of our clinical and administrative teams?	How do we build this into our ongoing virtual health model development?

How do we evaluate the experiences of key external stakeholders?	How do we measure the experiences of key external stakeholders that are key to successful delivery such as specialists?
What evaluation approach should we apply?	Could we develop a common evaluation approach/framework across sites?
	How could we benchmark across sites at a local, state, national and international level?

DOMAIN 3: How do we fund our virtual care services?

Key questions	Detailed questions
What economic models support ongoing funding?	How do we ensure that virtual care services attract sufficient funds, including acute and subacute payments for services?
	How do we work with state and federal funding agencies to ensure ongoing funding including block funding?
	What economic evaluation and budget impact analyses are required to justify funding models?

DOMAIN 4: How do we develop and support virtual care services workforce?

Key questions	Detailed questions
What competencies are required of health professionals and administrative and managerial staff to deliver optimal care in the context of virtual care services?	How can we develop the workforce skills required for effective delivery of virtual care? E.g., communication, recognising deterioration, technical skills
	What do universities and other educational institutions need to do to ensure that graduates are equipped with skills and competencies to operate in virtual care services?
	What, if any, changes are needed for indemnity cover of clinicians providing virtual care?
How do we ensure clinicians employed in virtual care services maintain competencies in face-to-face care?	How much face-to-face time is required to maintain skills and connection with patients when practising in a virtual care service?
	What models should be explored to ensure that clinicians remain current with clinical skills and practice when employed in virtual care settings?
How do we best structure and deploy workforce to support virtual care services?	What changes to existing role descriptions are needed to support virtual care services?
	What changes to existing state awards and professional regulatory requirements are needed to support virtual care services?
	What new service roles may best support virtual care services rollout?

	What is the optimal workforce design and structure of virtual care services?

DOMAIN 5: How do we share learnings and undertake continuous improvement?

Key questions	Detailed questions
How do we learn from what others have done at a state, national and international level?	Where do we find information on best practice and others' experiences?
	What factors need to be regularly audited and should these be shared?
How do we establish processes to share experiences on an ongoing basis at a state, national and international level?	What processes currently exist and how can we enhance these or develop and champion new approaches?

DOMAIN 6: How can we ensure consistency in high quality care is delivered and mitigate risk?

Appendix 2

Standards for Reporting Qualitative Research (SrQR) Checklist

No.	Topic	Item	Page No.
	Title and abstract		
S1	Title	Concise description of the nature and topic of the study identifying the study as qualitative or indicating the approach (e.g., ethnography, grounded theory) or data collection methods (e.g., interview, focus group) is recommended	1
S2	Abstract	Summary of key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results, and conclusions	1
	Introduction		
S3	Problem formulation	Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement	3
S4	Purpose or research question	Purpose of the study and specific objectives or questions	3-4
	Methods		
S5	Qualitative approach and research paradigm	Qualitative approach (e.g., ethnography, grounded theory, case study, phenomenology, narrative research) and guiding theory if appropriate; identifying the research paradigm (e.g., postpositivist, constructivist/interpretivist) is also recommended; rationale	5-6
S6	Researcher characteristics and reflexivity	Researchers' characteristics that may influence the research, including personal attributes, qualifications/experience, relationship with participants, assumptions, and/or presuppositions; potential or actual interaction between researchers' characteristics and the research questions, approach, methods, results, and/or transferability	4
S7	Context	Setting/site and salient contextual factors; rationale	4
S8	Sampling strategy	How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g., sampling saturation); rationale	4-5

S9	Ethical issues pertaining to human subjects	Documentation of approval by an appropriate ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security issues	6
S10	Data collection methods	Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources/methods, and modification of procedures in response to evolving study findings; rationale	4-6
S11	Data collection instruments and technologies	Description of instruments (e.g., interview guides, questionnaires) and devices (e.g., audio recorders) used for data collection; if/how the instrument(s) changed over the course of the study	4-6
S12	Units of study	Number and relevant characteristics of participants, documents, or events included in the study; level of participation (could be reported in results)	4-5
S13	Data processing	Methods for processing data prior to and during analysis, including transcription, data entry, data management and security, verification of data integrity, data coding, and anonymization/de-identification of excerpts	5-6
S14	Data analysis	Process by which inferences, themes, etc., were identified and developed, including the researchers involved in data analysis; usually references a specific paradigm or approach; rationale	5-6
S15	Techniques to enhance trustworthiness	Techniques to enhance trustworthiness and credibility of data analysis (e.g., member checking, audit trail, triangulation); rationale	5-6
Results/findings			
S16	Synthesis and interpretation	Main findings (e.g., interpretations, inferences, and themes); might include development of a theory or model, or integration with prior research or theory	6-10
S17	Links to empirical data	Evidence (e.g., quotes, field notes, text excerpts, photographs) to substantiate analytic findings	Table 4

	Discussion		
S18	Integration with prior work, implications, transferability, and contribution(s) to the field	Short summary of main findings; explanation of how findings and conclusions connect to, support, elaborate on, or challenge conclusions of earlier scholarship; discussion of scope of application/generalizability; identification of unique contribution(s) to scholarship in a discipline or field	10-12
S19	Limitations	Trustworthiness and limitations of findings	11
	Other		
S20	Conflicts of interest	Potential sources of influence or perceived influence on study conduct and conclusions; how these were managed	Title page
S21	Funding	Sources of funding and other support; role of funders in data collection, interpretation, and reporting	Title page