Supplementary file 1 – Semi-structure interview questions

Demographic Questions:

1. What is your age range?

○ 21-30 years	○ 31-40 years	○ 41-50 years	○ >50 years

2. What is your gender?

○ Male	○ Female	○ Other

3. What is your highest level of training?

○ Undergraduate	○ Graduate certificate	○ MPhil	○ PhD
○ Undergraduate (Hons)	○ Graduate diploma	○ Professional Masters	○ Other (Please indicate):

4. How long have you been working as a registered health professional?

○ Less than 1 year	○ 6 to 10 years	○ 16 to 20 years
○ 1 to 5 years	○ 11 to 15 years	○ 21 years or more

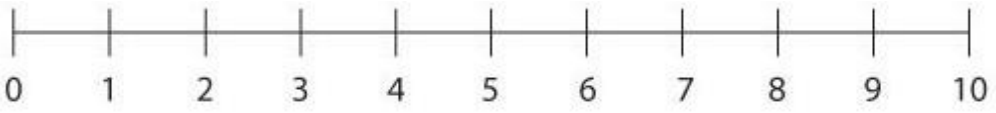
5. How much time (as an approximate percentage) of your career have you spent working in these practice settings?

Metropolitan ____ %	Regional _____%	Rural or remote ____%

6. In the last month, what is your average number of consultations per week across these modalities?

Telephone Number = ____	Videoconference Number = ____	In-person Number = ____

7. On a scale of 1 to 10, what is your knowledge and experience with telehealth, with 0 being no knowledge and experience, and 10 being very knowledgeable and experienced?



8. Do you charge an out-of-pocket cost for non-concessional patients?

○ Yes	○ No	○ Other (please specify):

Example questions for semi-structured interview:

Interviewer to provide brief explanation of the research project to the participant:

For this research project, we are hoping to explore your perspectives on providing telehealth services in primary care. We are interested in hearing about your experiences and opinions with videoconference and telephone consultations, and how the coronavirus (COVID-19) pandemic may have affected your clinical practice. Given the recent changes to funding for telehealth services, we would also like to hear about your ideas on telehealth reimbursement and telehealth in the future. Remember, we are interested in your opinions and there are no right or wrong answers.

1. Tell me about how you have used telehealth in your work?

   Prompts:

   - If none (why not)?
   - Was COVID-19 your initial experience?
   - Time points: before or during COVID-19 (after funding)
   - telephone or videoconference?
   - Has telehealth changed your clinical practice?

2. We know that there are different reasons clinicians choose video or telephone; what factors influence your decisions regarding whether you use video or telephone?

   Prompts:

   - When is either appropriate to use?
   - Context dependent – clinical presentation?
   - Benefits/Advantages to each?

3. Do you think that telehealth has changed the quality of patient care you provide? If so, how?

   Prompts:

   - Telephone versus videoconference?
   - Clinical presentation/reasons for appointment affect this?

4. What feedback have you received from patients regarding telehealth services?
   a. Is there different feedback for videoconference of telephone?

   Prompts:

- Patient specific requests for services?
- Patient demand for telehealth?
- Positive or negative?

5. Some general practices have had to adapt their practice and workflows to incorporate telehealth. During COVID-19, what telehealth-related business changes have taken place at your practice, if any?

Prompts:

- (If none) why?
- Booking protocols or formats?
- Personnel or adjusted workflows?
- Telehealth changes: people changed to virtual?

6. From your perspective, what are your thoughts on funding for videoconference and telephone consultations?

Prompts

- Does it depend on context or value?
- Telehealth be comparable to in-person?
- Tiered approach to reimbursement?

7. What would be needed for you to be able to increase your use of videoconference consultations?

Prompts

- External training or support?
- Patient or clinic factors?
- Funding or reimbursement?

8. What do you think the future looks like for the role of telehealth in primary care in Australia?

9. Is there anything further you wish to share?

Prompts

- Is there anything that can further support you?

10. Would you be willing to be contacted regarding future research conducted by the investigators on related topics?
    a. Is there anyone else willing to chat to us?

Supplementary file 2 –Trustworthiness and Reflexivity

Trustworthiness Trustworthiness ensures the rigor of qualitative research.[20, 24] Lincoln and Guba[22] developed criteria to enhance this trustworthiness which includes credibility, transferability, dependability, and confirmability.		
Trustworthiness criteria	**Definition of criteria**	**How was this criterion enhanced to contribute to the trustworthiness of the study findings?**
Credibility	Credibility ensures that study findings are presented in confidence by the researcher, which involves their recognition of their own interpretation and representation of the data.[22, 24]	To enhance credibility, an ongoing peer-debrief process with all research authors was conducted, where coding, descriptions and direct quotes were discussed to help with review and generation of higher order themes. The first author (KD) reflected upon their own experiences while analysing the data in order to understand how her own biases potentially informed data interpretation. These were further clarified with authors CS, HH and AS during three peer-debrief sessions which enabled review and finalisation of higher order themes and sub-themes.
Transferability	Transferability ensures that study findings provide in-depth information for researchers to determine or judge the generalizability of the findings within other contexts.[22, 23]	Thick descriptions, meaning detailed and comprehensive accounts, of GP perceptions on telehealth was able to be obtained through semi-structured interviews. GPs provided their own opinions on telehealth use in primary care and some spoke for longer than what they had intended as they were being probed for more in-depth explanations of experiences with telehealth during COVID-19.
Dependability	Dependability ensures that the study findings are achieved through a research process which is logical, traceable and clearing documented.[22, 24]	Dependability was improved by having a clearly documented and logical methodological process.[22] Both the interviews and data analysis were conducted by author KD. However, she clarified her own interpretations of the data through her reflexive notes and discussed these interpretations with the other research authors through a peer debrief process. KD also immersed herself into the data,

		which is an important process for gaining growing insights on the research question and KD regularly documented her reflective thoughts.[24]
Confirmability	Confirmability ensures that study findings are clearly derived from the data, which is further facilitated by the researcher's own interpretations. [22, 24]	Author KD kept an audit trail of reflexive notes which documented her own explanation and interpretation of the data. KD went back to the transcripts to check that the findings were being driven by the data. Peer debriefing was conducted through the stages of project conception and data analysis to further enhance confirmability. Author CS independently coded a selection of transcripts (20%) which was discussed with KD.
Reflexivity Reflexivity is important for recognizing how the researchers' relationship with the data, and their own bias, can inform the study findings.[22, 24] A reflexive journal helped KD document a methodological research process, and her own personal reflections, as she engaged with the data.[24] KD acknowledged that she has opinions on telehealth, and the underutilization of videoconference modes, which may have influenced her own interpretation of the data. KD was often concerned that the findings were not being driven by the data, so she regularly went back to the transcripts. KD read back through the transcripts to check how the initial codes led to the generation of themes, and the peer-debriefing sessions helped her reflect on her own analysis of the data. KD noted that she is not associated with general practice or government groups, and felt that discussions could be guided by participants, which would make it less likely for GPs to feel influenced to respond in a certain manner.		