Supplementary files

Supplementary table 1. Quotes of participants

Theme	Referral Number	Quote	Participant's number	Subgroup
1	1.1	Telemonitoring contributes to an improvement of the quality of care as patients can be monitored more frequently or even continuously.	6	Health care professional
1	1.2	They noticed that my blood pressure was way too high. The next day I received a call from my physician, my medication was adjusted and I could collect my new medicine the next day at the pharmacy.	14	Patient
1	1.3	The biggest advantage is transforming care from being fragmented to semi-continuous. So instead of only measuring the blood pressure in the outpatient clinic monthly or yearly, we can now measure the blood pressure more often in the comfort of home.	23	ICT-developer
1	1.4	It is great, especially for arrhythmias, we have had great success with that. Patients usually consult the general practitioner, then they are referred to the cardiologist, who then performs a 24-hour Holter monitoring and finds nothing. With the help of mHealth they can now record an EKG during an episode of palpitations.	5	Health care professional
1	1.5	I compare this with the financial sector. We used to visit the post-office or bank where you brought your savings book or you consulted them for your mortgage. Nowadays, we can do a lot of these things ourselves, as these processes are now more accessible. mHealth also provides more clarity about your health and helps you to understand and cooperate with your physician.	11	Patient
1	1.6	I was called by a nurse a couple of times to check up on me. That was very nice, to have someone ask you: "How are you feeling". It makes it more human and I feel cared for.	12	Patient
1	1.7	Patients will not have to be physically in the hospital. You are moving certain parts of current care outside the hospital walls, to the living room of the patient.	2	Health care professional
1	1.8	Contacts between patients and physicians will be less time and location dependent and that makes care for chronic patients more scalable.	16	Manager

2	2.1	Patients are now very active in managing their health by performing these measurements, which also repeatedly confronts them with their disease.	9	Patient
2	2.2	If you feel like you always have to be in control, you might get miserable from performing measurements. It might take over your life.	12	Patient
2	2.3	With a previous monitoring program patients also had the assumption that they were continuously being watched and that they were safe at all times.	1	Health care professional
2	2.4	If all kinds of vital parameters get measured, but you don't understand the units and you do not know what the maximum or minimum is, you cannot really understand what it means. Even if you get nice looking graphs in the mobile app.	11	Patient
2	2.5	It generates a lot of data and also a lot of noise, which you are required to analyze to make sure there is nothing relevant you miss. That generates a lot of work.	2	Health care professional
2	2.6	I can imagine that an unstable heart failure patient will be more motivated to perform the measurements. (…) But in a patient that is stable, the benefits will not be so clear and performing measurements every day will be stressful.	6	Health care professional
2	2.7	Again, you have to select certain groups of patients, but you also have to assess every patient individually whether they will benefit from mHealth or not. You should not just administer mHealth to everybody.	4	Health care professional
3	3.1	The technology has been available for some time and I think it is safe to say that it is safe to use.	6	Health care professional
3	3.2	Patients of 70 years or older have more difficulty in handling new technologies, especially in the first few weeks. But it's just like a new television, once you get used to it, it is fine.	22	ICT-developer
3	3.3	It really depends on the system that you are using, you need adequate software with the right software developer that really looks into privacy and security.	19	Manager
3	3.4	Yes it is complicated to integrate our data in multiple EMR systems. It is not easy.	20	ICT-developer

3	3.5	You have to work with different platforms and it is not connected with the EMR of the patient. Other health care professionals cannot see the data of the mHealth program. For instance when the cardiologist start monitoring a patient, the lung specialist cannot see these data.	21	ICT-developer
4	4.1	Because we initially only need a research nurse, and not a doctor, only if needed. Which makes it more cost-effective.	7	Health care professional
4	4.2	The biggest benefit will be less outpatient clinic visits, which results in less travel time and less formal care for the patient. (…) Because if you prevent one ER visit, you make up for the costs of weeks of telemonitoring.	21	ICT-developer
4	4.3	So, it still is not yet integrated in daily practice. I would love to use it in patients, however, currently I do not have this possibility yet.	3	Health care professional
4	4.4	But the workload will not be less, because you still need a team that assesses all the generated data. We are currently studying the amount of workload this generates.	2	Health care professional
4	4.5	Eventually, it will be more work in the beginning, but it has to replace care. It should not be just an extra gadget.	15	Manager
4	4.6	I think currently only little costs are saved, as a lot of work is still being duplicated	21	ICT-developer
4	4.7	By scaling up it has to get a lot more cost-efficient. The value of mHealth programs has yet to be proven for the government and health insurance companies.	18	Manager
4	4.8	We are not there yet. Acceptation, payment, volume, procedures and logistics all need improvements.	16	Manager
4	4.9	When you want to implement a new technology, you have to set-up a business case, which has to comply with all kinds of rules. This is an extra barrier, which is also present in other branches, but in the hospital it is even more complex.	15	Manager

4	4.10	You want to make sure that you can declare the care you delivered to the patient at home and not in the outpatient clinic to the health insurance company. Initially, this was not possible, however this has been made possible now. To prepare the old system for this new kind of care a lot had to be changed and still has to change.	18	Manager
4	4.11	What generates resistance, is maybe the fact that the group which has to cooperate to make mHealth work, will initially encounter a loss of income, as patients will visit the hospital less frequently. Which is probably a beneficial effect for health care as a whole, but is not helpful at the start.	19	Manager
4	4.12	Actually, you at the expense of your own income, simultaneously you have to innovate.	7	Health care professional

Supplemental material

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Supplementary figure 1. Frequency of subthemes. A: mentioned **benefits** and **drawbacks** of mHealth, B: Challenges in mHealth. Size of the words correspond to the frequency of subthemes.