Supplementary Table 1. Overview of factors – enablers and/or barriers – that influence nationwide upscaling of telemonitoring.

Domain	Contextual factors	Detailed description	Barrier, Enabler or Both	Number of times mentioned in publications
Context of diffusion	Norms & Attitudes	HCP think that patients become too dependent on technology[27 31 39]	Barrier	4
		HCP have scepticism or reservations about TM[28 31 35]	Barrier	3
		There must be a perceived usefulness and usability of equipment [27 31 39]	Both	3
		TM is convenient for patients [27 31 37]	Enabler	3
		HCP have a positive attitude (towards usefulness, feasibility, potential) [29 31 37]	Enabler	3
		There is concern amongst HCP that acting on the TM data provided could lead to overtreatment[27 31]	Barrier	2
		HCP consider use of TM relevant [21 28]	Enabler	2
		HCP have high expectations of working with TM[36]	Both	2
		TM makes patients anxious [27 31]	Barrier	2
		HCP think that TM can increase workload and make planning more difficult[35 36]	Barrier	2
		Make patients feel more empowered to take a pro-active approach to their health[27] or should be empowered to engage with technologies for selfmanagement and self-care purposes[40]	Enabler	2
		HCP perceive a shift to technology making medical decisions or support in medical decision making[29 37]	Both	2
		Although the HCP had high perceptions and expectations of working with TM, these were not positively reflected in the actual experiences.[36]	Barrier	1
		HCP expect to manage caseload more efficiently[35]	Enabler	1
		Change personal practice[27]	Both	1
		Concerns about the impact of telehealth on nursing roles[35]	Barrier	1
		HCP experience a lack of advantage[28]	Barrier	1

		HCP who have the knowledge and experience in TM, tend to have a less positive attitude compared with technical professionals, who might be driven by their greater enthusiasm for technology in general.[29]	Both	1
		HCP think that TM is more expensive than conventional treatment[29]	Barrier	1
		Technical professionals are more confident about patient compliance then HCP [29]	Both	1
		HCP concern about privacy protection[29]	Barrier	1

		HCP concern about the loss of control over the medical treatment[29]	Barrier	1
		HCP think that patient acceptance is a factor of influence[37]	Both	1
		Use of telehealth is an important new skill for HCP, as was the ability to understand trends in the management of long-term conditions[31]	Enabler	1
		HCP see TM as an opportunity for professional career development[31]	Enabler	1
		HCP consider "Our centre is innovative" [21]	Enabler	1
		Patients need to accept their old age and health condition, before they use TM [39]	Both	1
		Reducing the level of face-to-face contact with the patients was a concern for professionals, but this concern was not universally shared by patients, some of whom experienced the non-face-to-face contact as additional and efficient input.[27]	Enabler	1
		HCP have concerns about the appropriateness of telehealth for the very severely ill[31]	Barrier	1
		Early positive experiences and the sharing of success were identified as key enablers for staff acceptance. Early negative experiences of telehealth have a long-lasting impact on staff acceptance and the predominant view among participants[35]	Both	1
		HCP state that telemonitoring provides higher patient satisfaction (related to home-monitoring) and does not require hospital staff to visit patients at home [38]	Enabler	1
	Organisational structure & process	Security and privacy aspects that influence implementation [21 24 28 32 38 40]	Both	6
		Rules and protocols on the implementation of the system and responsibility for incoming data[21 28 35 36 40]	Both	5
		Certain processes / coordination support implementation of TM [28 32 35 36]	Both	4

		Use of TM enables clinical decision support and influence adoption of guidelines [24 26 27]	Enabler	3
		Regular data sharing had a motivating effect on patients, as they were aware that at some point the readings may be reviewed [27] or is a possible limitation[40]	Both	2
		A wide program of change management to support healthcare transformation and adoption of new working practices [24 40]	Both	2
		Reduce admissions or readmissions [21 36]	Enabler	2
		Creating central databases making the transmitted data accessible to the treating physician and serving as data registries that benefit medical research [24]	Enabler	1
		Set up appropriate vendor agreements and infrastructure [24]	Both	1
		Protocols on the acceptable length of time between the moment of incoming patient data and the response of the HCP(response-reaction time) [36]	Both	1
		Difficult to obtain relevant data about patients and ensuring that relevant data –	Barrier	1

		limited tailoring to individual patient - is shared with HCP [35]		
		Limited options for discharging patients who will benefit from continued use [35]	Barrier	1
		Referral routes should be opened up for patients with other conditions and with less complex needs [35]	Both	1
		A changing environment is a barrier [35]	Barrier	1
		The introduction (the way of communication, red.) to frontline staff influences implementation [35]	Both	1
		Organisational size influences implementation of TM [25]	Both	1
	Resources	Costs / financing of TM [21 24-26 28 35-38]	Both	9
		Knowledge of HCP / training of frontline staff [21 24 28 32 35-37 40]	Both	8
		Reimbursement as an element of financial resources[21 24 26 28 33 37 38 40]	Both	8
		The TM-system access to the EMR / interfacing of technologies [24 26 27 32 35 37]	Both	6
		Design of telemonitoring system / usability [26 27 32 37 39 40]	Both	6
		Availability of equipment [21 28 35 37]	Both	5
		Sufficient staffing [26 28 32 37 40]	Both	5

		Time for implementation TM [27 32 35]	Both	5
		Lack of evidence for TM [21 24 26 40]	Both	4
		Engage stakeholders in system design [32 35 40]	Both	4
		(Lack of)Cloud acces, internet access or cellular access [28 32 37]	Both	3
		Organisational readiness [25 33]	Both	2
		Significant income disparities which impact the ability to enforce guidelines and advance adoption of TM [24]	Barrier	2
		An externally resourced system for installation, technical support, maintenance and de-installation [35 37]	Both	2
		Local “champions” [35]	Both	1
		Top management support [25 40]	Both	1
		Staff to assume monitoring and management responsibilities for patients outside the hospital [26]	Both	1
		On-boarding process to a TM project. [37]	Both	1
		(Patient)education to address concerns regarding the use of remote monitoring , specifically for older adults, as an enabler [40]	Enabler	1
		Assessment of added value should be calculated [38]	Enabler	1
	Policies & Incentives	Addressing security, social and ethical issues to enable implementation of TM [24 28 32 37 38]	Both	5
		A (lack of) vision of an organisation on implementing TM [21 28 35]	Both	3
		Worldwide, European and statelevel policies and legal and regulatory frameworks [24 26 40]	Both	3
		New or adjusted workflows, care paths or data management [24 27 37]	Both	3
		Consensus statements and national guidelines [22 24]	Both	2
		Reimbursement or alternative payment models as a financial incentive for organisations [24 26]	Both	2
		Target patients, volume of population, data load and work intensity within organisations [28 35 37]	Both	3
		Interoperability standards crucial to the success of scaling remote patient monitoring programs [32]	Both	1

		Policy and practice developments affecting health care services [35]	Both	1
		Importance of TM for health authorities [21]	Enabler	1
	Networks & Linkages	Collaboration non-profit or public-private organisations [22 24 26 35 40]	Both	5
		Not being able to collaborate with other hospitals or clinics and primary care providers [28 32]	Barrier	2
		Professional organisations in collaboration with national societies can play an important role in catalysing reimbursement and adoption [24]	Enabler	1
	Media & Change Agents	Advocates, early adopters and local champions enable implementation of TM [24 35]	Enabler	2
		Create (and increase) awareness in the general clinical community of the potential that remote monitoring has [37 40]	Enabler	2
		A standardized initiation video call to inform and instruct each participating centre[37]	Enabler	1
		(Lack of) guidelines from health care authorities [21]	Both	1
		Device manufacturer that invest in TM [24]	Enabler	1
		The dynamics in the COVID-19 pandemic may have impacted the use of TM[37]	Enabler	1
		Consensus on the implementation and research agenda can pave the road to the widespread use of digital health servicies[38]	Enabler	1
		A national repository could act as the first port of call where policy makers, clinicians and users could access information on remote monitoring projects[40]	Enabler	1
		Information about strategies to educate and empower patients were provided[37]	Enabler	1
		Professional societies can review and potentially endorse TM applications that offer valuable decision support and empower the physician's relationship to the patient [24]	Enabler	1

HCP= Health Care Professional, **TM**= Telemonitoring