

Online Supplement

Additional Detail on Qualitative Methods

Terminology

We defined telepsychiatry as diagnostic assessment and medication prescribing and related services. Telepsychiatry can be delivered by prescribing nurse practitioners, physician assistants, or psychiatrists. Teletherapy, on the other hand, referred to non-pharmacologic behavioral services such as psychotherapy and counseling. Telemental health is an umbrella term that can refer to any form of behavioral health services delivered via video including telepsychiatry and teletherapy.

Coding Procedure

To support analyses, we developed site summaries for each health center and populated a matrix. The lead author, a subject-matter expert in telehealth and qualitative data analysis, developed the first site summary and conducted a coding training for two additional team members involved in coding. Following training, each team member was assigned an additional 5-10 site summaries to develop with the template. Each summary was then reviewed by a second team member to ensure consistent application of codes. The coding team held regular meetings to resolve any discrepancies and to address questions in the application of codes.

We then conducted a supplemental matrix analysis, listing health centers as rows and salient categories that we developed from codes included in the site summaries as columns. Matrices have been used in qualitative data analysis to streamline the process of identifying similarities, differences, and trends in responses across groups of informants. A matrix provides a visual

display of data that facilitates the search for and a detailed analysis of patterns, themes, and other relationships and informs subsequent conclusions. In this particular case, the matrix allowed us to interpret each participant's comments in the context of the health center's particular telemental health services and models and facilitate cross site comparisons.

Thematic Analysis

We organized the results section by the topics covered in our interview guide. Themes, presented within each topic area, were built from sets of related codes. For example, within the topic of "telemental health goals and benefits," which was included as an explicit question in our interview protocol, we applied codes that were determined a priori such as "reduce travel requirements for patients" and "reduce wait times to access behavioral healthcare." However, new codes also emerged within this topic such as "allowing patients to select from a more gender-balanced provider mix (e.g. by offering video visits with a female provider in a clinic with only in-person male providers)." All of these codes were grouped then under the theme of "increasing access to patient-centered care." The themes that we presented in the manuscript were those that were often repeated (e.g., if a concept was expressed more than three times) and emphasized (e.g., if respondents were particularly opinionated about or dedicated significant time to a concept).