

**Supplementary File S3.** Some examples of direct quotes for each of the reasons pointed out by participants to use or not use EyeFundusScope, organised into themes.

<b>Why not use EyeFundusScope in the public health sector</b>
<b>Lack of time</b>
<b>Quotes</b>
<p>“We lack time.”</p> <p>“We do not have time to add this to our competencies.”</p> <p>“We already have little time to carry out all the tasks, which adds to the confusion.”</p> <p>“(…) will be one more task that MGF [family medicine specialists] doctors will have to deal with.”</p> <p>“At USF [primary healthcare unit], there is no time for more answers.”</p> <p>“It would be beneficial if it weren't for the brutal daily workload of the USF [primary healthcare unit] that makes it impossible to add one more task.”</p>
<b>Lack of knowledge or training to take pictures.</b>
<b>Quotes</b>
<p>“It takes much practice to justify not going to the ophthalmologist.”</p> <p>“I think that USF professionals do not have the knowledge or training to capture and interpret images.”</p> <p>“There are no Orthoptists in ACES [primary healthcare unit].”</p>
<b>No guaranteed follow-up</b>
<b>Quotes</b>
<p>“Because it has no speciality, not giving follow-up if necessary.”</p>
<b>Better be seen by an ophthalmologist.</b>
<b>Quotes</b>
<p>“When used by other professionals who are not in the field of Ophthalmology, such as Ophthalmologists and Senior Technicians of Diagnosis and Therapy of Orthoptics, it tends to make several errors in the detection of Diabetic Retinopathy, as well as it will not be possible to diagnose/refer the user in real-time information on other eye conditions/pathologies that are currently detected in the Diabetic Retinopathy Screening.”</p>
<b>It does not replace ophthalmologist assessment.</b>
<b>Quotes</b>
<p>“I think it does not replace assessment by an ophthalmologist.”</p> <p>“Differentiated area.”</p> <p>“Users with indication should make an annual appointment with the ophthalmologist.”</p>
<b>Already have a national screening program.</b>
<b>Quotes</b>
<p>“If the screening [program] remains as it is.”</p> <p>“Loss of ability to screen by usual means.”</p>
<b>The device should be used in the hospital.</b>
<b>Quotes</b>
<p>“Must be for hospital use.”</p>
<b>No need if there are enough ophthalmologists</b>
<b>Quotes</b>
<p>“If there is a hospital response from the speciality, it does not justify.”</p>
<b>If not integrated into the existing screening program</b>
<b>Quotes</b>
<p>“Only if integrated into the regional diabetic retinopathy screening program.”</p>
<b>Why not use EyeFundusScope in the private or social health sector</b>
<b>Enough available ophthalmologists</b>
<b>Quote</b>
<p>“There are several ophthalmologists available, and the observation made by specialists is more detailed, not just covering the fundus of the eye; this is very useful.”</p> <p>“Better access to ophthalmology”</p> <p>“Recourse to an ophthalmologist generally available”</p> <p>“I think they always have ophthalmologists on the team who can do the on-site assessment.”</p> <p>“It is usually easy to articulate with a short-term ophthalmology appointment.”</p>
<b>Inaccessible to patients</b>
<b>Quote</b>

<p>“Private - I don't work in that sector, and my patients don't have access.”</p> <p>“Patient accessibility”</p>
<p><b>Screening should be in the NHS.</b></p>
<p><b>Quote</b></p>
<p>“Must be a resource available in the public service.”</p> <p>“NHS preference for later appropriate forwarding.”</p> <p>“No need if there is on NHS.”</p> <p>“As screening is not so useful in the private sector.”</p> <p>“Screening should be organised on a population basis.”</p> <p>“The SNS can respond.”</p> <p>“As long as in use on the SNS.”</p> <p>“The SNS should be primarily responsible for screening and surveillance of the population.”</p> <p>“If there is in the public, the private does not need to have.”</p> <p>“No, it is part of the primary health care of the vision of the DGS [General Directorate of Health (NHS)].”</p> <p>“If public services are well equipped.”</p> <p>“I believe that the NHS has more than the ability to respond to its patients adequately; it is enough to equip the institutions properly.”</p> <p>“If public services are provided with these means.”</p>
<p><b>The focus should be on more complex techniques.</b></p>
<p><b>Quote</b></p>
<p>“They should target more complex techniques.”</p>
<p><b>Lack of interoperability between NHS and private/social</b></p>
<p><b>Quote</b></p>
<p>“Inability to read results by NHS doctors.”</p> <p>“Lack of integration in clinical data shared in Electronic Records.”</p> <p>“Difficulty referring to the NHS.”</p> <p>“Lack of interconnection of services.”</p> <p>“The information is lost.”</p> <p>“Possibility of loss of information in the primary healthcare unit.”</p>
<p><b>No communication with ophthalmology</b></p>
<p><b>Quote</b></p>
<p>“I don't see any use if it doesn't serve to refer to ophthalmology.”</p>
<p><b>Better be seen by an ophthalmologist.</b></p>
<p><b>Quote</b></p>
<p>“When used by other professionals who are not in the field of Ophthalmology, such as Ophthalmologists and Senior Technicians of Diagnosis and Therapy of Orthoptics, it tends to make several errors in the detection of Diabetic Retinopathy, as well as it will not be possible to diagnose/refer the user in real-time information about other eye pathologies/conditions that are currently detected.”</p>
<p><b>Useless</b></p>
<p><b>Quote</b></p>
<p>“Useless”</p> <p>“They already have other more complex tools.”</p>
<p><b>No guaranteed follow-up</b></p>
<p><b>Quote</b></p>
<p>“There is no guaranteed correct clinical follow-up.”</p> <p>“Option for systematic follow-up of chronic diseases very weak.”</p>
<p><b>Additional costs to patients</b></p>
<p><b>Quote</b></p>
<p>“Increases the cost to the patient.”</p> <p>“It should only be used in an ophthalmology context. Otherwise, it will be used as a justification for extra consultations in private.”</p> <p>“Unless it's free.”</p> <p>“Would be another cost to the patient.”</p>
<p><b>NHS more specialised in complex cases</b></p>
<p><b>Quote</b></p>
<p>“More robust NHS in the management of difficult cases.”</p> <p>“In the event of altered cases, they would be forwarded to the public sector, resulting in a greater workload for professionals from public entities who did not diagnose (ex: screening done by a private doctor, if positive - write a</p>

letter to go to the MGF [Family Medicine doctor] to refer to Ophthalmology. Another unnecessary bureaucratic task for MGF.”

### **Why use EyeFundusScope in the public health sector**

#### **Increased access to DR screening**

##### **Quote**

“Increase screening”  
“Opportunistic screening”  
“It can increase early detection of DR.”  
“Enable more extensive screening in the population.”  
“Increase the reach of diabetic retinopathy screening.”  
“Follow-up high number of diabetics”  
“Being able to do it opportunistically and avoid the annual/biannual mobilisation of the professionals who have been doing it.”  
“Increase the number of people screened.”  
“This is where most diabetics are monitored.”  
“Patient accessibility to the exam”  
“It avoids the displacement of users to screening centres, thus increasing adherence.”  
“It is necessary to track wherever patients go.”  
“Streamlining the detection of eye fundus pathology, given the waiting time for Ophthalmology appointments; also in services far from the location where funduscopy and its interpretation is accessible.”

#### **More rapid to obtain a diagnosis**

##### **Quote**

“It simplifies the process and reduces the time for a diagnosis.”  
“Ophthalmology takes much time to give feedback after a referral.”  
“Fundamentally so that the despite of diabetic retinopathy is more timely.”  
“Because we don't have an ophthalmology answer.”  
“Quick response”

#### **Avoid referrals to ophthalmology.**

##### **Quote**

“Internal Medicine + MGF [family medicine] can avoid clogging ophthalmology services.”  
“Allows to overcome the poor response of the hospital consultation and, on the other hand, reduce some consultation requests that are sometimes unnecessary.”  
“Screen cases that require follow-up by an ophthalmologist.”  
“Reduce waiting lists for appointments.”  
“Pressure reduction for Ophthalmology appointments”  
“Screening of users to send the ophthalmology consultation”

#### **Increases the quality of patient care**

##### **Quote**

“Probably improves follow-up and evaluation of patients.”  
“For better observation and detection of pathologies.”  
“Health gains in early detection and follow-up of patients”  
“Complements follow-up of patients with diabetes.”  
“For diagnostic certainty.”

#### **Optimise resources**

##### **Quote**

“Better time management”  
“It would make it possible to streamline DR screening (releasing patients without DR from the speciality appointment, streamlining access for patients with DR to the same appointment).”

#### **Early diagnosis**

##### **Quote**

“Early diagnosis of pathology”  
“Screening for eye pathologies”

#### **Helpful**

##### **Quote**

“Added value.”  
“Added value for the patient”  
“There is the need.”

#### **Practical**

<b>Quote</b>
<p>“Practical diagnostic tool”</p> <p>“Facilitating the diabetic retinopathy screening process.”</p> <p>“Ease for patients.”</p> <p>“Easy handling”</p>
<b>Security</b>
<b>Quote</b>
<p>“Keeps doctor and patient apart.”</p>
<b>Why use EyeFundusScope in the private or social health sector</b>
<b>Increased access to DR screening</b>
<b>Quote</b>
<p>“Every screening opportunity is important.”</p> <p>“To guarantee diabetic retinopathy screening for patients followed only in private.”</p> <p>“Accessibility”</p> <p>“All [health units] must present these services.”</p> <p>“It should be available in these places for more patients to access this exam.”</p> <p>“Ease of access”</p> <p>“Improving the screening capacity of patients by allowing them greater accessibility.”</p> <p>“If it is a good screening, it can increase the coverage.”</p> <p>“Because a group of patients do not come to the public sector.”</p> <p>“For patients who do not attend the public sector.”</p> <p>“Increase adherence to screening.”</p> <p>“Increase the number of people screened.”</p> <p>“Proximity screening”</p> <p>“Follow-up of a high number of patients with diabetes”</p>
<b>Easy referral to ophthalmology</b>
<b>Quote</b>
<p>“Because they might have ophthalmologists.”</p> <p>“If there is a valence of ophthalmology.”</p>
<b>More rapid to obtain a diagnosis</b>
<b>Quote</b>
<p>“Quickly assess the eye situation.”</p> <p>“Faster detection of pathologies”</p> <p>“Possibility of providing quick and easy access to an Ophthalmology opinion”</p> <p>“Delays in the instituted diabetic retinopathy screening - this would be done right at the appointment.”</p> <p>“Fastest MCD [complementary means of diagnosis]”</p> <p>“Promote rapid referral and appropriate treatment.”</p> <p>“Faster diagnostics”</p> <p>“As long as it is a tool that allows a more immediate evaluation, it only brings benefits.”</p> <p>“Obtain an immediate image, and then the Ophthalmologist responds in Telemedicine.”</p> <p>“Other hospital appointments that follow diabetics could take an image without waiting for an ophthalmology appointment.”</p> <p>“Delays in ophthalmology appointments”</p>
<b>Practical</b>
<b>Quote</b>
<p>“Easier examination of the fundus of the eye”</p> <p>“It is a good ophthalmologic observation instrument.”</p> <p>“Simple method”</p> <p>“Especially if it simplifies screening for diabetic retinopathy.”</p>
<b>Quality</b>
<b>Quote</b>
<p>“Because the observation can be shared and discussed among colleagues, which increases the sensitivity of the diagnosis.”</p> <p>“Complements follow-up of patients with diabetes.”</p> <p>“As support in medical offices.”</p> <p>“Improved patient response”</p> <p>“Added value in acute and chronic pathology”</p> <p>“It would increase the quality of care.”</p>

<b>Avoid referrals to ophthalmology.</b>
<b>Quote</b>
<p>“Avoid referrals to speciality.”</p> <p>“[Obtain] opinion of Ophthalmology, without duplicating appointments.”</p> <p>“To triage patients for ophthalmology appointments.”</p> <p>“Reduce waiting lists for appointments.”</p> <p>“To reduce the waiting time for an appointment with ophthalmology.”</p> <p>“Useful in triage situations by optimising the response.”</p>
<b>Early diagnosis</b>
<b>Quote</b>
<p>“Health gains in early detection and follow-up of patients”</p> <p>“For more frequent evaluation.”</p> <p>“Allow for a more anticipatory response.”</p> <p>“Eye health screenings/surveillance”</p> <p>“With greater surveillance, there is a decrease in health problems.”</p>
<b>Helpful</b>
<b>Quote</b>
<p>“Yes, there is of interest.”</p> <p>“It is relevant.”</p> <p>“It is relevant.”</p>