Supplement Table. Codes applied within each panel discussion by sub-theme

| Sub-theme | Practitioner panel | Patient-Caregiver panel |
|-----------------------------|---|--|
| Quality as the patient and | l caregiver experience of care | |
| Respect for autonomy | Patient autonomy and choice | Patient autonomy and choice |
| and person- | Patient centeredness | Patient centeredness |
| centeredness | Convenience or disruption to patients | Convenience or disruption to patients |
| Transparency and | Sharing information | Sharing information |
| sharing information | Transparency, disclosure to patients | Transparency, disclosure to patients |
| Timeliness | Timeliness | Timeliness |
| | Following up or closing the loop | Following up or closing the loop |
| | Disconnect between documentation and action | |
| Quality as technical comp | | |
| Clear purpose and | (no codes applied) | Following up or closing the loop |
| action | | Actionability, action follows assessment |
| Adhering to best | Best medical care or practice | (no codes applied) |
| medical practice | Practices that may be flawed | |
| | Clinical importance, relevance | |
| | Evidence quality | |
| Mitigating side effects | Consideration of side effects | (no codes applied) |
| | Unintended consequences | |
| Quality as the structure of | f health systems | |
| Feasibility of enacting a | Feasibility and operationalization | Feasibility and operationalization |
| practice | Incentive structures | Actionability, action follows assessment |
| | Linking processes to measures | |
| Health system resources | Health system costs of care | (no codes applied) |
| and costs | Policy and external influences | |
| | Context of implementation – existing practices, | |
| | available resources | |
| Equitable care for all | Equitable care | Equitable care |
| patients | Concerns about variation in practice due to | Concerns about variation in practice due to |
| | provider characteristics | provider characteristics |