**Statistical Appendix**

**Study variables and measurement scale construction**

In order to test the hypotheses proposed in the model, it was necessary to measure each of the above-mentioned constructs using different variables.

The variable to be explained is the *Intention to use telemedicine*. This variable measures the physician’s interest in taking part in telemedicine programmes. It is a dichotomous variable, where 0 means that the physician is not interested in telemedicine use, and 1 means that the physician is interested in telemedicine use.

The proposed hypotheses refer to how different variables may exert a direct or moderating influence on the physician’s interest in using telemedicine. Hypothesis 1 proposes that the perceived usefulness of telemedicine has a direct influence on the physician’s intention to use it. Hypothesis 1 is based on TAM and proposes that the physician perceives two types of benefit from telemedicine use: improved quality and reduced costs.

In order to test Hypothesis 1, the *Perceived usefulness* of telemedicine was measured using two dimensions: usefulness measured in terms of a) improving the quality of clinical practice and b) reducing costs associated with clinical practice. Both dimensions were obtained by performing exploratory factor analysis (EFA). This technique is used to analyse interrelations among a large number of variables and to explain these variables in terms of their common underlying dimensions. The objective is to find a way of condensing the information contained in a number of original variables into a smaller set of variables (factors) with a minimal loss of information.

Supplementary Table 1 shows the information relating to EFA analysis. All the variables of the correlation matrix showed high correlations and their determinant offered a value of 0.041. The Kaisser-Meyer-Olkin index value was 0.819 and Bartlett’s test of sphericity value was 307.158, with a significance of 0.000. This analysis explained 71.153% of the variance. Also, the Cronbach’s Alpha values confirmed the reliability of the scales. Additionally, the content and construct scales’ discriminant, convergent and nomological validity were also addressed. With regard to the content, the scales were developed following a major review of the literature.

Insert Supplementary Table 1.

Hypotheses 2 and 3 were also formulated according to the TAM proposal. They refer to the direct influence that the physician’s perception of (a) the ease-of-use of telemedicine and (b) the security and confidentiality that telemedicine offers has on the physician’s intention to use telemedicine. The variables *ease-of-use of telemedicine* and *security and confidentiality* were used for that purpose*.* In both cases, 10-point Likert scales were used to measure the physician’s perceived ease-of-use of telemedicine and the degree of patient information security and confidentiality that telemedicine offers, respectively.

Hypothesis 4 was formulated according to the TRA and TPB proposals. It refers to the influence that the physician’s social environment may exert on the physician’s intention to use telemedicine. Two particular groups may exert a considerable influence on the physician’s intention to use telemedicine. These are patients (H4.1) and physicians themselves (H4.2). In order to test these sub-hypotheses, the variables considered in the study were *patients’ interest* and *medical staff’s interest*. In both cases, 10-point Likert scales were used to measure the patients’ degree of interest in telemedicine and the medical staff’s interest in telemedicine, respectively.

Moreover, Hypothesis 4 proposes that the centre where the physician works exerts a dual effect on the intention to use telemedicine: a direct effect (H4.3) and a moderating effect (H4.4). In order to test these sub-hypotheses, the following variables were considered: *Board of directors’ incentivisation of telemedicine use* and *Incenadmon\*interMedic*. A 10-point Likert scale was used to measure Board of directors’ incentivisation of telemedicine use, indicating the funding of projects and the availability of technical equipment for telemedicine use. *Incenadmon\*interMedic* is a metric variable reflecting the moderating effect of the existence of the healthcare centre’s board of directors’ incentivisation of telemedicine on the medical staff’s interest in using telemedicine.

Hypothesis 5 refers to the moderating effect that patients, physicians and the healthcare centre may exert on the intention to use telemedicine. This moderating effect is determined by the influence that patients, the medical staff and the healthcare centre where they work have on the dimensions of the physician’s perceived usefulness of telemedicine (H5.1, H5.2, H5.3, H5.4, H5.5 and H5.6). In order to test the hypotheses, the following variables were constructed: **IntP\*up1**, **IntP\*UP2**, **IntM\*UP1**, **intM\*UP2**, **InAdmon\*UP1** and **InAdmon\*UP2.** They are all metric variables and were constructed by multiplying one variable by another.

**IntP\*up1**, **IntP\*UP2** are metric variables reflecting the moderating effects of the physician’s perception of how patients value telemedicine on the way in which the physician perceives that telemedicine (a) improves the quality if his or her clinical practice (**IntP\*up1** and H5.1) and (2) reduces the costs associated with his or her clinical practice ( **IntP\*UP2** and H5.2).

**IntM\*UP1**, **intM\*UP2** are metric variables reflecting the moderating effects of the physician’s perception of how the medical staff value telemedicine on the way in which the physician perceives that telemedicine (a) improves the quality if his or her clinical practice (**IntM\*UP1** and H5.3) and (2) reduces the costs associated with his or her clinical practice ( **intM\*UP2** and H5.4).

**InAdmon\*UP1** and **InAdmon\*UP2** are metric variables reflecting the moderating effects of the physician’s perception of how the healthcare centre’s board of directors values telemedicine on the way in which the physician perceives that telemedicine (a) improves the quality if his or her clinical practice (**InAdmon\*UP1** and H5.5) and (2) reduces the costs associated with his or her clinical practice (**InAdmon\*UP2** and H5.6).

Table 1 shows the above-mentioned variables and the hypotheses to which they refer.

Finally, Hypothesis 6 proposes that the physician’s personal context has an influence on his or her clinical practice. Specifically, it proposes that the ICT user profile of the physician – in his or her personal life – has an influence on professional ICT use. In order to test this hypothesis, the *ICT user profile* variable was used.

This variable was created by performing a hierarchical cluster analysis. The variables included in the analysis are related to the physician’s use of ICT in his or her private life. Particularly, we consider that the frequency of ICT use, intensity of ICT use, and degree of attitude towards innovation define the physician’s ICT user profile. Supplementary Table 2 shows the final centroid values for the three different clusters found, and Supplementary Table 3 shows the ANOVA values obtained by taking the groups defined by the clusters as a factor, and each variable in the analysis as a dependent variable.

Insert Supplementary Table 2 and Supplementary Table 3.

Taking the results obtained into account, ICT user profile was measured by a categorical variable that established the ICT user profile based on the user’s frequency and intensity of use, and on his or her degree of attitude towards innovation: 1 = basic user, 2 = intermediate user, and 3 = advanced user.

A basic user is someone who uses technology very little, in a basic way, and whose attitude towards technology is not very proactive. An intermediate user is someone who uses technology quite often and also uses relatively complex applications. Moreover, an intermediate user’s attitude towards technology is relatively inquisitive. Finally, an advanced user is someone who uses technology very often and also uses complex applications. Moreover, an advanced user is very innovative.

Insert Supplementary Table 4.