| **#** | **Time period** | **Perceived behavioral control** | **Objective facilitating factors in the environment** | **Compatibility** | **Cause** | **Effect** | **Source** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |
| 2 | Present | Involved parties (VRS providers) fell back on the old-school relational model, with everyone building their own look-up directory and keeping it in synch via APIs [they wanted to go with the tried and tested] |  |  | [See Ex\_ExEff#2] |  | ETC1\_DI, Pos. 24 |
| 3 | Present |  | It is more difficult to hire for blockchain solutions than traditional relational models |  | There are fewer people who have the required knowledge to fix node, i.e., blockchain issues on the way | [See Ex\_FacilCon#2] | ETC1\_DI, Pos. 24 |
| 4 | Present |  |  | All kinds of companies have built great software solutions, but they end up forcing physicians to change the ways they are used to working | “One of the first things I look at now that I’m an investor, and I’m looking at companies that have cool technology solutions to enable data transfer is, you know, “How easily does it integrate into the workflow of the doctor or the nurse?”, and I can’t tell you how many or I can tell you, there’s so many companies I’ve met that have these really cool, you know, software solutions they built to do all kinds of analytics and dashboards and, you know, beautiful ways of representing data, but it ends up forcing the clinician to completely change the way they’re used to working to support whatever needs to be done with this platform [quote].” | [See Ex\_ExEff#7] | CS2\_A2\_DI, Pos. 24 |
| 5 | Present |  | Providing sufficient training is challenging |  | Providing sufficient training is challenging as there is already a massive shortage of healthcare personnel and training someone means taking them away from the job they are supposed to be doing |  | HITV1\_DI, Pos. 16 |
| 6 | Present | Physicians do not trust that they are knowledgeable enough to use the EMR software, so that no human error occurs |  |  | Physicians are afraid that they do forget something or do it wrong when typing in information in an EMR |  | HITV1\_DI, Pos. 22-24 |
| 7 | Present |  |  | When workflows are changed, somebody wins and somebody loses, i.e., it is not a zero-sum game |  | [See Ex\_FacilCon#8] | PV2\_CDE3\_DI Pos. 28 |
| 8 | Present |  |  | People do not want to change their workflows | People [providers] are busy treating patients and want to go home at the end of the day | People feel a loss in control or a loss in the quality of work | PV2\_CDE3\_DI Pos. 28 |
| 9 | Present | There are different generational levels of comfort with leveraging technology |  |  |  |  | PV2\_CDE3\_DI Pos. 28 |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 | Present |  | Not sufficient training about the full capacity and capabilities of the technology, such as EHRs |  |  | They are doing things in very clunky ways | FA1\_DI, Pos. 12 |
| 13 | Present |  |  | Process redesign does not always accompany the introduction of a new technology, e.g., when going from paper to EHRs they still had to write down all the information just that the former process entailed pen and paper and the new process a digital medium |  | People are disaffected by the new technology | FA1\_DI, Pos. 14 |