## MATERIAL SUPPLEMENTARY

## Table. Level of consensus of the evaluated items

Procedure	Item	% of participants in agreement
	ption of teleconsultation algorithm	0.40/
Content	1. All health professionals involved are included	84%
	2. All aspects to consider on a teleconsultation are included	73%
	All steps of teleconsultation are included	71%
	4. All the possible options for the correct action during a	68%
	teleconsultation are included	0070
Utility	5. It is useful for preparing teleconsultations	77%
•	6. It is useful for carrying out teleconsultations	77%
	7. It is useful in clinical practice for monitoring patients	79%
	with asthma	
	8. It is useful for nurses	79%
	9. It is useful for family medicine physicians	77%
	10. It is useful for physicians other than family medicine	71%
	11. It is useful for pharmacists	71%
	f teleconsultation according to the algorithm	
Automation	12. It should be automatized through a management system	97%
Notification and	13. SMS for notifying and reminding the patient the	93%
reminder of the	connection through a reliable platform	
connection	14. Email for notifying and reminding the patient the	79%
	connection through a reliable platform	
	15. Specific app for notifying and connecting to the teleconsultation	92%
	16. Send ACT together with the notification	89%
	17. Send TAI-10 together with the notification	88%
Resources for	18. Ensure patients have their action plan on hand	97%
the patient	19. Ensure patients have their inhalers on hand	95%
	20. Ensure patients have a peak flow meter and registration of values on hand	88%
Review of	21. Physicians review medical records	95%
medical records	22. Nurses review medical records	89%
	23. Pharmacists review medical records	44%
Review of	24. Physicians review electronic pharmacy refill records	89%
collection of	25. Nurses review electronic pharmacy refill records	84%
medication	26. Pharmacists review electronic pharmacy refill records	83%
C. Teleconsultati	on according to the algorithm	
Items to assess	27. Treatment adherence	100%
during	28. Existence of comorbidities	99%
teleconsultation	29. Inhalation technique	99%
	30. Trigger and aggravating factors	89%
	31. Control of symptoms	80%

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Assessment of adherence  32. Review electronic pharmacy refill records 33.  34. Review patient-reported TAI-10  Assessment of comorbidities  Assessment of inhalation technique  35. Identify comorbidities that can contribute to poor asthma control or increase the risk of exacerbation  36. Refer the patient to the nurse to check the technique in person  37. Refer the patient to the community pharmacist to check the technique in presential visit  38. Have a camera to see the patient performing the technique  39. Have a video of the patient performing the technique  40. Offer tutorial videos of the inhalation technique  41. Remind how to avoid trigger and aggravating factors  42. Identify trigger and aggravating factors for symptoms and/or exacerbation  43. Review self-care counselling for asthma  44. Inquire about the use of rescue medication  45. Inquire about the use of oral corticosteroids since the last visit  46. Inquire about the number of exacerbations since the last visit  47. Inquire about the presence of night and/or day  99%
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symptoms
48. Review patient-reported ACT 97%
49. Review peak flow records 85%
D. Closing of teleconsultation according to the algorithm
Adjustments 50. Review and adjust treatment to the situation of the 100%
patient
51. Review and adjust action plan together with the patient   100%
Schedule of 52. Schedule next visit 97%
following visits 53. Schedule an in-person visit if poor control 96%
54. Schedule another teleconsultation if good control and 95%
no need for treatment adjustment
55. Consider an upcoming visit with pharmacist if good 97%
control
56. Consider an upcoming visit with nurse if good control 80%

ACT, Asthma Control Test; SMS, Short Message Service; TAI-10, 10-item Test of Adherence to Inhalers.

Colour legend: No consensus ≤70%; Consensus ≥70%