

Table S1 Search terms

PubMed

((("HIT"[All Fields] OR "health information technology"[All Fields] OR "health IT"[All Fields] OR "Electronic Health Records"[MESH] OR "Electronic Medical Record"[All Fields] OR "EMR"[All Fields] OR "Health Records, Personal"[Mesh] OR (Epic[All Fields] AND "mychart"[All Fields]) OR (Cerner[All Fields] AND "patient portal"[All Fields]) OR "Microsoft Health"[All Fields] OR "Google Health"[All Fields] OR "GE Healthcare"[All Fields] OR "Telemedicine"[Mesh] OR "telecare"[All Fields] OR "Consumer Health Information"[Mesh] OR ("mobile applications"[MeSH] AND "health"[All Fields]))

AND

("patient preference"[MeSH] OR "consumer behavior"[MeSH] OR ("patients"[MeSH] OR "caregivers"[Mesh] OR "end-user"[All Fields] OR "end user"[All Fields] OR "consumer"[All Fields]) AND ("preference"[All Fields] OR "perception"[MeSH] OR "priority"[All Fields] OR "Health Priorities"[Mesh] OR "stated preference"[All Fields] OR "stated choice"[All Fields] OR "rating"[All Fields] OR "ranking"[All Fields] OR "perspective"[All Fields] OR "preference-based approach"[All Fields] OR "preference-based method"[All Fields] OR "tradeoff"[All Fields] OR "trade-off"[All Fields] OR "TTO"[All Fields] OR "BWS"[All Fields] OR "best worst scaling"[All Fields] OR "best-worst scaling"[All Fields] OR "maximum differential"[All Fields] OR "maxdiff"[All Fields] OR "max diff"[All Fields] OR "discrete choice experiment"[All Fields] OR "DCE"[All Fields] OR "discrete choice"[All Fields] OR "Conjoint analysis"[All Fields] OR "ngene"[All Fields] OR "conjoint.ly"[All Fields] OR "sawtooth"[All Fields] OR "Point allocation"[All Fields] OR "magnitude estimation"[All Fields] OR "pairwise comparison"[All Fields] OR "budget allocation"[All Fields] OR "self explicated method"[All Fields] OR "self-explicated method"[All Fields] OR "direct assessment"[All Fields] OR "direct elicitation"[All Fields]))))

AND

("patient preference"[MeSH] OR "consumer behavior"[MeSH] OR ("patients"[MeSH] OR "caregivers"[Mesh] OR "end-user"[All Fields] OR "end user"[All Fields] OR "consumer"[All Fields])

Web of Science

("HIT" OR "health information technology" OR "health it" OR "EHR" OR "electronic health record" OR "EMR" OR "electronic medical record" OR "patient portal" OR (Epic AND "mychart") OR (Cerner AND "HealtheLife") OR "Microsoft Health" OR "Google Health" OR "GE Healthcare" OR ("mobile application" AND "health") OR ("health portal" AND "web") OR "personal health record" OR "PHR" OR "ehealth" OR "e-health" OR "electronic health" OR "telecare" OR "telemedicine" OR "telehealth" OR "mobile health technology" OR "mobile health application" OR "m-health" OR "mhealth" OR "consumer health information" OR "social media" OR "instagram" OR "facebook" OR "twitter" OR "snapchat")

AND

("Patient Preference" OR "Consumer Behavior" OR "preference" OR "perception" OR "priority" OR "Health Priorities" OR "stated preference" OR "stated choice" OR "rating" OR "ranking" OR "perspective" OR "preference-based approach" OR "preference-based method" OR "tradeoff" OR "trade-off" OR "TTO" OR "BWS" OR "best worst scaling" OR "best-worst scaling" OR "maximum differential" OR "maxdiff" OR "max diff" OR "discrete choice experiment" OR "DCE" OR "discrete choice" OR "Conjoint analysis" OR "ngene" OR "conjoint.ly" OR "sawtooth" OR "Point allocation" OR "magnitude estimation" OR "pairwise comparison" OR "budget allocation" OR "self explicated method" OR "self-explicated method" OR "direct assessment" OR "direct elicitation")

AND

("patient" OR "caregiver" OR "enduser" OR "end user" OR "end-user" OR "Consumer")

SCOPUS

(TITLE-ABS ("HIT" OR "health information technology" OR "health it" OR "electronic health record" OR "ehr" OR "electronic medical record" OR "emr" OR "personal health record" OR "health record, personal" OR ("epic" AND "mychart") OR ("cerner" AND "patient portal") OR "microsoft health" OR "google health" OR "gehealthcare" OR "telemedicine" OR "telecare" OR "consumer health information" OR ("mobile application" AND "health")))

AND

(TITLE-ABS ("patient" OR "caregiver" OR "enduser" OR "end user" OR "end-user" OR "consumer"))

AND

(TITLE-ABS ("patient preference" OR "preference" OR "stated-preference" OR "stated preference" OR "preference based approach" OR "preference-based approach" OR "preference based method" OR "preference-based method" OR "consumer behavior" OR "perception" OR "perspective" OR "priority" OR "health priority" OR "health priorities" OR "stated choice" OR "rating" OR "ranking" OR "tradeoff" OR "trade-off" OR "TTO" OR "BWS" OR "best-worst scaling" OR "best worst scaling" OR "maximum differential" OR "maxdiff" OR "max diff" OR "discrete choice experiment" OR "DCE" OR "discrete choice" OR "conjoint analysis" OR "ngene" OR "conjoint.ly" OR "sawtooth" OR "point allocation" OR "budget allocation" OR "magnitude estimation" OR "pairwise comparison" OR "self explicated method" OR "self-explicated method" OR "direct assessment" OR "direct elicitation"))) AND (LIMIT-TO (DOCTYPE , "ar")) AND (LIMIT-TO (LANGUAGE , "English"))

Table S2 Key hit preference findings

1 st author, year (ref number)	Key findings
Brick, 1997, (71)	In the case that a doctor was not available to treat a chronic condition, 47% of respondents would use telemedicine, 27% would go out of town, 25% would wait for the doctor, and 1% had no preference. Younger respondents and those w/ higher income tended to choose telemedicine for chronic conditions. In the case of an emergency, 58% of respondents would go out of town, 41% would use telemedicine, and 1% had no preference.
Lowitt, 1998, (72)	Veteran's preferred video examination close to home over traveling 2 hours for in-person visit and preferred video examination with a dermatologist over in-person examination. Both of these preferences were stronger among younger participants.
Tsuji, 2003, (65)	Japanese respondents were WTP an average of ¥4519 (~\$37 USD) per month for telehealth. WTP was decomposed into four main components, three of which had a significant effect on the regression equation: Stabilizing illness (¥349), Enhancement of health consciousness (¥1834), and less anxiety in day-to-day life (¥929).
Hassol, 2004, (81)	Patients preferred e-mail communication for getting prescription renewals (64%) and for getting answers to general medical questions (53%), but preferred in-person communication for instructions about treatment (46%) and getting test results (36%). Telephone and written communication types were not preferred for any healthcare interaction.
Dick, 2004, (95)	Before a telehome care trial, over half (59%) of adults with recently hospitalized children expressed strong preference for using telehome care support over standard care. Following the trial, preferences in favor of telehome care increased significantly and did not differ by demographics or clinical diagnosis.
Bradford, 2004, (67)	55% of respondents were WTP \$20 USD for access to telemedicine but only 19% were WTP \$40 USD. Age had a marginally significant negative effect on WTP, suggesting older patients may have lower WTP for access to telemedicine.
Bradford, 2005, (66)	Hypertensive patients had a lower WTP at all price ranges for telemedicine compared to CHF patients. WTP is also lower among older patients compared to younger patients, and patients with a longer travel time to the clinic were WTP more for telemedicine.
Qureshi, 2007, (68)	73% of Patients with a history of psoriasis or melanoma chose telemedicine over in-person care when it offered faster care. Most of these respondents (95%) were WTP for the service (\$5-500, median \$25). Only 19% of the cohort preferred telemedicine when time for service was the same, with 58% WTP for the service (\$10-\$125, Median \$25).
Mofid, 2007, (73)	52 patients choose to be evaluated via teledermatology and 46 choose a face-to-face consultation. Patient's reporting excellent health status were more likely to choose teledermatology whereas patients with possible skin cancer diagnosis were more likely to choose face-to-face consultation. Younger patients (<56) were more likely to choose telemedicine, but this was not significant (P<0.06).
Basoglu, 2012, (58)	The remote clinical service attribute with the highest average importance score among a cohort of diabetes and obesity patients in Istanbul, Turkey was Input Effort (27.380) followed by availability face-to-face communication (24.684), response time (18.349), technical support (15.237), and cost (14.350).
Vandelanotte, 2011, (74)	Prior to performing a physical activity intervention, text mode (61.4%) was the most preferred delivery modality followed by the combined video and text mode (26.9%) then video mode (11.7%). After performing the intervention in which patients were either matched or unmatched with their preferred modality, 20% of participants in the matched group changed preferences and 34% of participants in the mismatched group changed preferences, but these changes in preferences were not significant to baseline preferences.
Park, 2011, (59)	The five most important telemedicine service attributes were service cost (29%) followed by availability of comprehensive diabetes care (12%), mobile phone telecommunication (12%), a General Hospital provider (11%), and Assurance of service through direct contact (9%). WTP was largest for comprehensive diabetes care at \$14 USD. The five least preferred attributes were type of service provider (0%) followed by responsiveness (4%), Privacy/security (4%), 24-hr accessibility (5%), and Reliability (6%).
Basu, 2011, (86)	Preferences for the delivery of imaging results differed depending on whether results were normal or abnormal, with 'whichever is fastest' (31%) and 'telephone' (35%) being the most preferred methods respectively. More respondents preferred receiving normal results through email (22% normal, 8% abnormal) while the opposite was true for in-person (8% normal, 21% abnormal). Most respondents preferred to communicate any result type with a physician.
Ranney, 2012, (48)	Nearly half of all respondents indicated that a technology-based intervention would be their first choice for each of the seven intervention topics. Age was the only variable with significant associations for intervention preference, with younger (<25) participants preferring technology-based interventions for unintentional injury and peer violence. The second most preferred intervention for all topics was in-person interview.
Jung, 2012, (75)	Korean respondents preferred telemedicine to traditional care (73.3% vs 16.7%). Patients < 50 years old were more likely to prefer telemedicine than older patients and patients with a higher income were also more likely to prefer telemedicine. There was no association between the respondent's awareness of telemedicine and their preferences for telemedicine.
Johnson, 2012, (82)	Patient's had similar preference for online access to normal, Indeterminate, and seriously abnormal radiologic reports. 'Want to see results immediately' was the most preferred option followed by 'after 3 days', 'only after talking with physician', 'after 7 days', or 'not at all' for each report type.
Grande, 2013, (61)	The most important factor in determining user's willingness to share EHR data was "use of data" (64.3%), followed by "data user" (32.6%) and "data sensitivity" (3.1%). Participants were least willing to share data for marketing purposes as compared to research or quality improvement purposes. Willingness to share for African Americans and Hispanics differentiated less than whites between these three different research uses.
Cabitza, 2015, (99)	The PHR functionality with the highest mean rank was booking appointments followed by appointment reminders, a Free-text Diary, the ability to Upload medical documentation, and messaging. Sharing-related features, such as sharing data with doctors, peers, or other institutions were given the lowest rankings.
Quinlivan, 2014, (83)	Nearly half of pregnant women visiting an antenatal clinic preferred hospital-held paper-based system and One third preferred a personally controlled electronic health record. Preferences did not differ by age, computer access, internet availability, and familiarity with computers.
Muench, 2014, (87)	More than 90% of respondents preferred behavioral intervention messages that did not include textese, a sad emoticon, incorrect grammar, or an external locus of control. Clear preferences (selected by >75% of respondents) for one message type were seen in ten of the message dyad groupings. Differences in preferences were seen based on demographics such as sex, age, and educations as well as personality trait variables.
Ahn, 2014, (60)	Monthly service fee was the most important telemedicine service attribute (40.34%), followed by reply time (14.55%), wearable device type (14.01%) and device price (11.78%). Respondents were WTP \$69 USD per month to receive personalized service and \$525 USD to switch from a smartphone to a wearable device.
Stephen, 2014, (69)	The average WTP for telecare among carers of people with dementia was £310 when answering an open-ended question and £242 for a bounded question. Carers who rated the dementia as moderate severity provided significantly higher WTP values when answering the open-ended questions.
Lal, 2015, (77)	The most preferred format for receiving mental health intervention information was mixed formats (47.8%), followed by text (31.3%), video (14.9%), graphics (3.0%), audio (1.5%), and Other/no preference (1.5%)
Stypulkowski, 2015, (76)	The most preferred method of postoperative follow-up appointment among veteran respondents was face-to-face (50.1%), followed by no preference (21.4%), landline call (12.4%), televisit (9.0%), smartphone (4.0%), and secure email (2.8%)
Choudhry, 2015, (102)	Overall, patients prefer receiving biopsy results over the phone followed by face-to-face, voice message, and email. Among the sub-group of patients (40.5%) that stated they had different preferences for abnormal vs. normal biopsy results, preferences for abnormal results were similar to the overall results, but for normal results voice-message was most preferred followed by email, over the phone, and online patient portal. Younger, more educated persons preferred electronic methods (patient portal & email) for normal biopsy results.
Cabarus, 2015, (92)	Most participants (63%) preferred that the ordering provider communicate imaging results. Academic medical center patients expressed similar preferences for mail, e-mail, and online portal delivery modalities (33%, 31%,36% respectively) while county hospital patients preferred mail followed by e-mail, and online patient portal (55%, 28%, 17%, respectively).
Determann, 2016, (54)	Three latent classes of PHR users were found based on preferences: refusers, reluctant adopters, and eager adopters. Data storage provider was the most important attribute for eager and reluctant adopters. Cost was most decisive attribute for refusers. Independent organizations and care providers were the most preferred "storage providers" for all classes. Only 20% of respondents were influenced to uptake a PHR due to its characteristics.
Patil, 2016, (45)	Respondents preferred devices/systems that stored "identification data w/ information on lifelong health conditions" and preferred that doctors, nurses, and paramedics had access to the data. Respondents were averse to additional access by emergency services and to sharing data with pharmaceutical companies, academic researchers, and health insurance companies. Younger respondents had stronger positive preferences for the storage of any health information including sensitive lifelong conditions, sexual health, and mental health conditions.
White, 2016, (100)	Fifteen EHR functions were ranked by Cystic Fibrosis patients. The top three EHR functions by mean rank score were: "Access to your clinical measurements", "Access to your list of medications", & "Access to your full summary record". The three lowest ranked functions were "Access a knowledge portal", "Comment on errors in EHR", and "Comment on experience of care".
Granger, 2016, (88)	The delivery modality that most of the cohort preferred for general intervention information was a Desktop Computer (24.2%) followed by None of the options (19.7%), laptop computer (15.8%), tablet (12.9%), e-mail (11.5%), and smartphone (10.2%). For personalized info, they preferred None of the options (20.6%) followed by Desktop computer (19.9%), e-mail (16.0%), laptop computer (13.2%), smartphone (10.2%), and tablet (10.1%). Respondents were more likely to prefer a tablet or smartphone as the modality for generalized and personalized interventions if they had more familiarity with that modality. Younger Participants and those with a university education were more likely to prefer smartphones for both personalized and general health interventions.
Wallin, 2016, (78)	In two different samples (sample 1, sample 2), most participants significantly preferred face-to-face interventions (66.9%, 65.1%) over internet-based therapies (6.5%, 2.6%) and over an equal preference for both (20.8%,21.7%). A small portion of participants preferred no intervention at all (5.8%, 10.6%). Preferences were not significantly different between samples, but use of online support for health problems was a significant predictor of preferring Internet-based interventions or both intervention types in both samples.
Spinks, 2016, (50)	Participants were WTP 110 AUD to have teledermoscopy with a dermatologist as a screening option for melanoma. Participants were averse to skin self-examination and preferred screening/diagnosis when results were reviewed by a dermatologist, had a high detection rate, fewer non-cancerous mole removals to find one melanoma, and less time spent away from usual activities
Kaambwa, 2018, (49)	Participants significantly preferred telehealth services be available to someone at a lower cost living 15-100km away from a clinic that had some experience with technology. Participants also preferred that all aspects of care could be addressed with telehealth but that some assessments were still done face-to-face. women felt more strongly than men that all or some assessments be conducted face-to-face.
Ray, 2016, (89)	Most adolescents were interested in receiving test results, followed by appointment reminders, and discharge instructions. Email was the preferred modality for discharge instructions, physician referrals, and test results but text message was preferred for medication and appointment reminders.
Cranen, 2017, (70)	Chronic pain patients preferred rehabilitation that incorporated only face-to-face physician consultations, utilized feedback monitoring technology, with exercise done individually at a Gym. When creating hypothetical telerehabilitation scenarios, only one had more utility than traditional care: 75% of consultations done over video, feedback monitoring technology utilized, exercise performed individually at a gym.
Marchell, 2017, (96)	After experiencing three different examination methods, Patients significantly preferred receiving in-person examinations (mean rank: 1.19) compared to remote examinations. Mean ranked scores for store-and-forward (2.40) vs. live video (2.41) were not significantly different.
Andino, 2017, (97)	Median WTP for video visits was \$20 (Max: \$174, IQR: \$39.25) on a scale that ranged from \$0–\$200. Interest in video visits received a median score of 72 (IQR: 51.25) on a scale from 0–100.
Chang, 2017, (47)	The estimated household WTP for telehealth was \$4.39 USD per month. This value was higher for households living more than 20 miles away (\$6.22) and with higher income (\$5.85). The marginal utility was highest for "very fast" and "fast" upload and download speeds.
Brazeal, 2018, (103)	Respondents preferred to receive breast biopsy results over the telephone (71.6%) followed by in-person (22.4%), email (5.6%), US mail (4.0%), and online portal (2.4%). African-American women, women w/o internet access, and single women were more likely to have a preference for face-to-face notification.
Wildenbos, 2018, (55)	Respondents preferred access to a patient portal via computer (laptop/desktop) but respondents younger than 65 were less negative towards using tablets to access records. Direct publication of health information was preferred over waiting 2 weeks for publication regardless of whether the information was discussed with a provider. Respondents strongly preferred the option to have an online in-patient consult and the possibility to ask questions online.
Russell, 2018, (101)	App features that were ranked in the top five (out of 21 features) by older adults (>55) were Drug interaction warnings followed by medication list, medication alerts, refill reminders, and individual medication information. Apps features that were never ranked in the top five include finding a pharmacy and pharmacy information.
Cronin, 2018, (85)	Two cohorts of individuals (healthy & depressed/anxiety) had similar preferences for viewing health assessment results after completing an online dashboard health assessment. Most preferred simple graphic & text (57.7%,53.5%) followed by comparison of score to other populations (25.1%, 29.9%), simple graphic (12.1%, 10.8%), and text only (5.0%, 5.8%).
Apolinario-Hagen, 2018, (94)	Therapist guided self-help internet interventions (39.0%) were the most preferred delivery mode followed by Videoconferencing psychotherapy (22.8%), unguided self-help internet intervention (19.8%), and no internet therapy at all (18.8%). No differences in preferences by demographics were seen but experience with psychotherapy and awareness of internet therapies significantly predicted preferences for guided internet therapies.
Boyde, 2018, (57)	Most respondents preferred a cardiac rehabilitation program with a short length (4 weeks), a program time that was outside of working hours, and a program start within 2 weeks of discharge. Exercise within a group was preferred and using telehealth was disliked. Respondents overall had a preference against delivery of lifestyle information by smart phone. The researchers Identified 5 latent classes of respondents.
Snoswell, 2018, (51)	Respondents were WTP \$1.18 AUD to change from GP to mobile teldermoscopy. Respondents preferred to have results viewed by teledermoscopy dermatologist rather than standard GP but did not have significant preference for screening type method (teldermoscopy, Skin cancer clinic visit, or Visit GP).
Deidda, 2018, (52)	Overall, respondents preferred intromenia (visit at hospital) for cardiology services over telemedicine but heterogeneity in individual preferences was found. Respondents preferred lower cost and shorter wait times. One cluster of individuals who were mostly female and spent more on cardiology services were more favorable towards telemedicine.
Nayyar, 2018, (62)	The most important factor for determining aesthetic surgery information preferences was the type of social medial platform that was used (Facebook most preferred) for all three surgery patient groups. Patient's also preferred delivery of comprehensive information, a live video delivery mechanism, and the surgeon as the messenger.
Saraswathula, 2018, (84)	Most patients prefer communication of biopsy results over the telephone (51%), followed by provider in person (31%), and patient portal (18%). The most frequently selected "longest acceptable weight time" was 3-5 days for all three communication methods. Patient's who prioritized clear explanations were more likely to prefer in-person communication.
Plinsinga, 2019, (90)	Most of the respondents that were interested in joining a support group preferred the online format (48.7%) followed by In-person meeting (25.9%), email (22.4%), and phone (2.9%).
Morland, 2019, (98)	Most veteran's ranked home-based telehealth (HBT, 42.8%) as their first choice followed by in-person-in-home (31.7%) and office-based telehealth (OBT, 25.6%). HBT was significantly preferred over OBT. Older women were more likely to prefer HBT over OBT, but No age-group differences were found for men
Offermann-van Heek, 2019, (64)	Data access (27.5%) had the highest relative importance among four AAL technology attributes followed by data handling (24.7%), safety (24.7%), and relief (23.1%). Respondent's preferred that their "most trusted people" had access to data and least preferred "relatives" to have data access and preferred "short-term" over "long-term" data handling. Two demographically distinct groups were defined through LCA analysis: "Care Novices" that placed higher importance in data handling (27.0% vs 12.6%) and "Care Experienced" that valued data access more (44.6% vs 33.8%)
Chudner, 2019, (53)	Patients expressed higher preference in-clinic consultations compared to video consultation. "Quality of consultation" was the most important attribute followed by "Time until appointment", "Relationship to physician", and "Queuing time before consultation". The Probability of choosing video-consultation was 68% among patients.
Nagao, 2019, (79)	More Children preferred a tablet-based method for audiometry services (59%) and this preference was stronger in 6 years old compared to 7–12 years old. Linear regression suggests that test preference negatively effects test results conducted with the tablet method but not with the conventional method.
Woolen, 2018, (56)	Patients preferred faster receipt of imaging results from physicians over the telephone. The cohort preferred immediate receipt through patient portal If made to wait more than 6 days to get the results in office or more than 11 days to get the results by telephone. Older respondents preferred receipt through telephone or in office over patient portal.
Edwards, 2020, (93)	Most Parents preferred to receive imaging results from the child's doctor either in-person (37%) or by phone/email (26%). Other respondents preferred to receive results from a radiologist in person (16.0%), by a paper copy from the radiology department (6.9%), Secure patient portal (6.1%), and through mail (3.1%). No significant differences were seen between preferences for radiologist over a child's doctor by parent demographics (child's age, distance to hospital, etc.)
Lim, 2020, (63)	Respondents strongly preferred a shorter app registration time and governance of health data by the government or medical centre as compared to a private consultancy firm or no governance. Respondents were also averse to providing research data to pharmaceutical companies. Younger people, those with a higher education, and women were more willing to use a health app for health administration.
Nguyen, 2020, (91)	The app gamification option for adherence reporting that was preferred by most participants was collecting points with the app (34%), followed by a ranking system (18%), and receiving medals (15%). However, 35% of participants did not provide any information concerning their preferences.
Barsom, 2020, (80)	Among 50 colorectal patients, 29 elected to receive follow-up care face-to face and 21 choose a video consultation (VC). Private use of VC was significantly higher in the VC-group and patients choosing VC follow-up tended to live farther away, but this was not a significant association.
Slightam, 2020, (46)	Veteran tablet recipients reported similar preferences for the video visits vs in-person visits: 32.1% preferred video, 31.8% preferred in-person, and 35.7% preferred either. Veterans were more likely to prefer video-based care if they reported barriers to VA settings, had a substance use disorder, and believed they could address all concerns before the end of the appointment. Veterans were less likely to prefer video-based care if they had many chronic conditions.