**Supplementary Table 1 Schedule of the Focus group**

Four rounds were held during the day in which participants discussed their blue-sky visions for the use of anticoagulants in the future (Round 1), metrics for the achievement of this vision (Round 2), barriers to implementation (Round 3), and future work of the group (Round 4). The facilitator was responsible for ensuring that the schedule was adhered to. All participants participated in all four rounds.

| Time | Activity | Facilitator's Lead | Participants |
|---|---|---|---|
| **11.00** | Welcome and Background Research | | |
| **11.10** | *Round 1. Back-casting Exercise (intro)* | In 2024, wouldn't be great if…. where you think we are going. [1] | Facilitator |
| **11.15** | Plenary Session 1 | | All |
| **11.35** | Coffee break | | |
| **11.45** | *Round 2. Metrics for Achievement (intro)* | How do we know when we get there? If we had metrics – goals of HSE? Dept? Financial? People? Stakeholder? Cost? Patient empowerment? … – what does success look like? | Facilitator |
| **11.50** | Group Breakout Session 1 | | All |
| **12.15** | Plenary Session 2 | | All |
| **12.45** | *Round 3. Removing Barriers (intro)* | What do we want it to look like? Don't worry about how we get there. … Try to see what the future will look like. | Facilitator |
| **12.50** | Group Breakout Session 2 | | All |
| **13.10** | Plenary Session 3 | | All |
| **13.30** | Lunch | | |
| **14.30** | Recent Research Updates | | All |
| **14.45** | *Round 4. Future Work of Group* | What are the key deliverables from the group? | Facilitator |
| **14.50** | Plenary Session 4 | | All |
| **15.30** | End | | |

[1] "Forward thinking relates to belief that tomorrow will be based on today. Backward thinking, sometimes called backward casting, looks at where we would like to be. The future is not preordained, the future may be designed."

Plenary Session indicates general discussion with all following breakout sessions.

**Supplementary Table 2 Initial Coding Analyst 1**

| Code | Files | References |
|---|---|---|
| Attitudes towards warfarin | 2 | 17 |
| Barriers to effective treatment | 2 | 10 |
| Data collection issues | 1 | 4 |
| Patient adherence | 2 | 5 |
| Lack of Resources | 2 | 12 |
| Time constraints | 2 | 5 |
| Legal issues | 2 | 4 |
| Metrics for success | 2 | 16 |
| Patient empowerment | 2 | 27 |
| Barriers to patient empowerment | 2 | 9 |
| Doctor-patient relationship | 2 | 8 |
| Technological advances | 2 | 10 |
| Switching to NOACs | 2 | 69 |
| Barriers to change | 2 | 26 |
| Drivers of change | 2 | 42 |
| Costs | 2 | 15 |
| Education | 2 | 15 |
| Shared vision for future | 1 | 8 |
| Systematic Approach to treatment | 2 | 78 |
| Care providers | 2 | 22 |
| Location of medical care | 2 | 18 |
| Data driven environment | 2 | 7 |
| Monitoring | 2 | 7 |
| Access | 2 | 8 |
| Policy | 2 | 6 |
| Safety | 2 | 5 |
| Screening | 2 | 11 |

**Supplementary Table 3 Initial Coding Analyst 2**

| Name | Files | References |
|---|---|---|
| **Anticoagulant issues** | 2 | 22 |
| Drug safety | 2 | 11 |
| Warfarin symptoms | 2 | 11 |
| **Barriers to change** | 2 | 71 |
| Clinician pressures | 2 | 13 |
| Guideline uncertainties | 2 | 19 |
| Healthcare system challenges | 2 | 25 |
| Institutional barriers | 2 | 14 |
| **Clinician IT** | 2 | 14 |
| Clinician IT empowerment | 2 | 7 |
| Data quality issues | 2 | 7 |
| **Medical pathway** | 2 | 42 |
| Medical pathway redesign | 2 | 16 |
| Preventative health | 2 | 11 |
| Stakeholder integration | 2 | 15 |
| **Patient interventions** | 2 | 23 |
| Patient education | 2 | 18 |
| Patient-clinician interaction | 1 | 5 |
| **Patient IT** | 2 | 14 |
| Patient inconvenience | 2 | 7 |
| Patient IT empowerment | 2 | 7 |

**Supplementary Table 4 Final Coding and Themes**

| Themes and Sub-Themes | Files | References |
|---|---|---|
| **Anticoagulant issues** | 2 | 22 |
| Drug safety | 2 | 11 |
| Warfarin symptoms | 2 | 11 |
| Attitudes towards warfarin | 2 | 17 |
| **Systematic treatment in the medical pathway** | 2 | 42 |
| Medical pathway redesign | 2 | 16 |
| Preventative health | 2 | 11 |
| Stakeholder integration | 2 | 15 |
| Care providers | 2 | 22 |
| Location of medical care | 2 | 18 |
| Data driven environment | 2 | 7 |
| **Patient empowerment** | 2 | 27 |
| Barriers to patient empowerment | 2 | 9 |
| Doctor-patient relationship | 2 | 8 |
| Patient education | 2 | 18 |
| Patient-clinician interaction | 1 | 5 |
| Education | 2 | 15 |
| Patient inconvenience | 2 | 7 |
| **Technological advances** | 2 | 10 |
| Clinician IT | 2 | 14 |
| Clinician IT empowerment | 2 | 7 |
| Patient IT | 2 | 14 |
| Patient IT empowerment | 2 | 7 |
| **Shared vision for future** | 1 | 8 |
| Future Work of Group | 2 | 9 |
| Metrics for success | 2 | 16 |
| **Barriers to effective treatment** | 2 | 10 |
| Data collection issues | 1 | 4 |
| Lack of Resources | 2 | 12 |
| Time constraints | 2 | 5 |
| Patient adherence | 2 | 5 |
| Legal issues | 2 | 4 |
| Clinician pressures | 2 | 13 |
| Healthcare system challenges | 2 | 25 |
| Institutional barriers | 2 | 14 |
| Data quality issues | 2 | 7 |
| **Switching to NOACs** | 2 | 69 |
| Barriers to change | 2 | 26 |
| Barriers to change | 2 | 71 |
| Costs | 2 | 15 |
| Guideline uncertainties | 2 | 19 |
| Drivers of change | 2 | 42 |

**Supplementary Table 5 Focus Group Participants**

| | |
|---|---|
| Advanced Nurse Practitioner | 1 |
| Geriatrician - Stroke | 1 |
| Patient | 1 |
| General Practitioner | 2 |
| Health Economists | 2 |
| Pharmacist | 2 |

**Supplementary Table 6 Standards for Reporting Qualitative Research**

| | | Reporting Item | Page Number |
|---|---|---|---|
| | **Title** | Concise description of the nature and topic of the study identifying the study as qualitative or indicating the approach (e.g. ethnography, grounded theory) or data collection methods (e.g. interview, focus group) is recommended | 1 |
| **2.** | **Abstract** | Summary of the key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results and conclusions | 2 |
| **3.** | **Introduction** | | |
| 4. | Problem formulation | Description and significance of the problem / phenomenon studied: review of relevant theory and empirical work; problem statement | 3 |
| 5. | Purpose or research question | Purpose of the study and specific objectives or questions | 4 |
| **6.** | **Methods** | | |
| 7. | Qualitative approach and research paradigm | Qualitative approach and guiding theory if appropriate; identifying the research paradigm is also recommended; rationale. | 4 |
| 8. | Researcher characteristics and reflexivity | Researchers' characteristics that may influence the research, including personal attributes, qualifications / experience, relationship with participants, assumptions and / or presuppositions; potential or actual interaction between researchers' characteristics and the research questions, approach, methods, results and / or transferability | n/a as facilitator used |
| 9. | Context | Setting / site and salient contextual factors; rationale | 4 |
| 10. | Sampling strategy | How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g. sampling saturation); rationale | 4 |
| 11. | Ethical issues pertaining to human subjects | Documentation of approval by an appropriate ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security issues | 5,17 |
| 12. | Data collection methods | Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources / methods, and modification of procedures in response to evolving study findings; rationale | 4 |
| 13. | Data collection instruments and technologies | Description of instruments (e.g. interview guides, questionnaires) and devices (e.g. audio recorders) used for data collection; if / how the instruments(s) changed over the course of the study | 4,24 |
| 14. | Units of study | Number and relevant characteristics of participants, documents, or events included in the study; level of participation (could be reported in results) | 4,7,16,25 |
| 15. | Data processing | Methods for processing data prior to and during analysis, including transcription, data entry, data management and security, verification of data | 5-6,21-23 |

| | | | |
|---|---|---|---|
| | | integrity, data coding, and anonymisation / identification of excerpts | |
| 16. | Data analysis | Process by which inferences, themes, etc. were identified and developed, including the researchers involved in data analysis; usually references a specific paradigm or approach; rationale | 5-6 |
| 17. | Techniques to enhance trustworthiness | Techniques to enhance trustworthiness and credibility of data analysis (e.g. member checking, audit trail, triangulation); rationale | 5-6 |
| **18.** | **Results/findings** | | |
| 19. | Syntheses and interpretation | Main findings (e.g. interpretations, inferences, and themes); might include development of a theory or model, or integration with prior research or theory | 7-14 |
| 20. | Links to empirical data | Evidence (e.g. quotes, field notes, text excerpts, photographs) to substantiate analytic findings | 7-16 |
| **21.** | **Discussion** | | |
| 22. | Integration with prior work, implications, transferability and contribution(s) to the field | Short summary of main findings; explanation of how findings and conclusions connect to, support, elaborate on, or challenge conclusions of earlier scholarship; discussion of scope of application / generalizability; identification of unique contributions(s) to scholarship in a discipline or field | 15-16 |
| 23. | Limitations | Trustworthiness and limitations of findings | 16 |
| **24.** | **Other** | | |
| 25. | Conflicts of interest | Potential sources of influence of perceived influence on study conduct and conclusions; how these were managed | 17 |
| 26. | Funding | Sources of funding and other support; role of funders in data collection, interpretation and reporting | 17 |

Source: [29]