Online-Appendix

What can diagnostic algorithms do for primary care?

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Table S1: Attitudes with regard to diagnostic algorithms.

Question: *Which of the following statements do you tend to agree with? (Multiple answers possible)*
(N=3,110)

	Agree	Rotated Component Matrix			
		Comp. 1 (Variance Explan.: 25.1%)	Comp. 2 (Variance Explan.: 11.5%)	Comp. 3 (Variance Explan.: l.: 9.2%)	Comp. 4 (Variance Explan.: 8.2%)
Algorithms produce more clarity in differential diagnosis	55%	.782	.047	-.059	-.014
Many algorithms are not close enough to application or orientated to practice	43%	-.044	-.166	.725	-.102
Algorithms contribute to ensuring the most standardised and consistent procedure by physicians which is possible	59%	.417	.195	-.131	.511
Algorithms serve to economise medicine	36%	-.026	.136	-.127	.707
Algorithms are a valuable support if I would like security in clarification of symptoms	54%	.131	.754	-.012	-.173
Suggestions for actions giving algorithms are often not equivalent with my personal experience as a doctor	19%	-.247	-.028	.788	.037
Algorithms accelerate the work sequences in the surgery	25%	.337	.724	.104	.152
Often, there is not enough time for an application of algorithms in everyday surgery life	46%	.018	.303	-.618	.073

	Agree				
Algorithms make a better comprehensibility of diagnosis paths possible	47%	.478	.272	-.294	.293
Algorithms are often products of the pharmaceutical industry so that certain drugs can be prescribed more quickly	15%	.190	-.151	.364	.495
Algorithms facilitate cooperation between general practitioners and specialists	18%	.152	.626	-.079	.294
I prefer to rely on my own mode of procedure rather than a diagnosis algorithm	25%	.241	-.013	-.608	-.128
It is occasionally difficult for me to assess the quality of algorithms	49%	.079	-.521	.128	.428
		Extraction Method.: Principal Component Analysis Rotation Method.: Varimax, Kaiser Normalization Rotations converge in 7 iterations Total Variance Explained: 54 % Kaiser-Meyer-Olkin Sampling Adequacy: .76 Bartlett Significance Level: p < 0.001			

Table S2: Requirements of diagnostic algorithms.

Question: *What must a diagnosis algorithm provide from your point of view so that it can be used in general practitioners' treatment? (Multiple replies possible)* (N=3.110)

		Rotated Component Matrix			
	Agree	Comp. 1 (Variance Explan.: 24.1%)	Comp. 2 (Variance Explan.: 12.5%)	Comp. 3 (Variance Explan.: l.: 11.5%)	Comp. 4 (Variance Explan.: 10.5%)
It must be evidence-based, the benefit empirically proven	64%	-.027	.790	.011	.242
It must contain 'red flags', i.e. particularly important indicators identifying a clinical picture in need of clarification	76%	.202	.715	.164	-.061
It must have been included in guidelines (S3) and may only then be recommended	26%	.092	.237	-.134	.723
It must be as simple as possible to apply	84%	.216	.354	.536	-.220
It must be tailor-made to fit the specific perspective of a general practitioner	55%	.026	.043	.818	.186
It must give specific statements about when to wait with controls and when a transfer to a specialist or to a specialised hospital has to take place	41%	.661	.020	.100	.195
It must make statements about specific laboratory reference figures (e.g. for blood examinations)	32%	.751	.044	.146	-.087
In the clarification steps, it must concern itself with medication which may be connected with the symptoms	29%	.694	.148	-.051	.091
It must be coherent with the fees ordinance, with the result that the recommendations for action given by	42%	.106	-.097	.346	.657

the algorithm are cost-covering for the doctor					
		Extraction Method.: Principal Component Analysis			
		Rotation Method.: Varimax, Kaiser Normalization			
		Rotations converge in 5 iterations			
		Total Variance Explained: 59 %			
		Kaiser-Meyer-Olkin Sampling Adequacy: .71			
		Bartlett Significance Level: p < 0.001			