Table D20. Intervention components, part 4

| Author, Year  Trial Name | Other | Were there direct comparisons between components of interventions? | If yes to previous question, was there a difference between components? | If yes to the previous question, describe the relevant comparisons | Specify differences (results) | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| Bender et al., 20101 NA | NA | No | No | NA | NA | NA |
| Berg et al., 19972 NA | NA | No | No | NA | NA | NA |
| Berger et al., 20053 NA | NA | No | NA | NA | NA | NA |
| Bogner et al., 20084 NA | No | No | No | NA | NA | NA |
| Bogner et al., 20105 NA | NA | No | No | NA | NA | NA |
| Bosworth et al., 20056 V-STITCH | Patient/provider interaction | No | NA | NA | NA | None |
| Bosworth et al., 20087 TCYB  Bosworth et al., 20078 TCYB Methods paper | Role of patient provider communication | No | NA | NA | NA | None |
| Capoccia et al., 20049  NA | No | No | No | NA | NA | NA |
| Carter et al., 200910 NA | NA | No | No | NA | NA | None |
| Chernew et al., 200811 NA | NA | No | No | NA | NA | None |
| Choudhry et al., 201012 NA | NA | No | No | NA | NA | None |
| Choudhry et al., 201113 MI FREEE | NA | No | No | NA | NA |  |
| Friedman et al., 199614 NA | NA | No | No | NA | NA | It is not clear what type of "counseling" the computer gave to patients to encourage adherence. |
| Fulmer et al., 199915 NA | NA | Yes | No |  |  |  |
| Grant et al., 200316 NA | NA | Yes | No | NA | NA | compared Questionnaire only to Questionnaire plus education and provider feedback |
| Guthrie et al., 200117 First Myocardial Infarction (MI) Risk Reduction Program | NA | No | NA | NA | NA | None |
| Hoffman et al., 200318 NA | NA | No | No | NA | NA | NA |
| Hunt et al., 200819  NA | NA | No | No | NA | NA | None |
| Janson et al., 200320 NA | NA | No | No | NA | NA |  |
| Janson et al., 200921 NA | No | No | No | NA | NA | NA |
| Johnson et al., 200623 NR | NA | No | No | NA | NA | None |
| Johnson et al., 200622 NR | NA | No | No | NA | NA | None |
| Katon et al., 200128  NA  Ludman et al., 200329  NA  Van Korff et al., 200330  NA | Depression prevention specialists communicated with PCPs about patients | No | No | NA | NA | NA |
| Katon et al., 199524 NA | NA | No |  |  |  |  |
| Katon et al., 199625 NA | NA | No | No | NA | NA | None |
| Katon et al., 199926 NA  Katon et al., 200227 NA | NA | No | No | NA | NA |  |
| Lee et al., 200631 FAME | NA | No | No | NA | NA | None |
| Lin et al., 200632 NA | NA | No | No | NA | NA | None |
| Maciejewski et al., 201033 NA | NA | No | No | NA | NA | None |
| Mann et al., 201034 The Statin Choice | NA | No | No | NA | NA |  |
| Montori et al., 201135 NA | role of patient provider communication | no |  |  |  |  |
| Murray et al., 200736 NA | NA | No | No | NA | NA | NA |
| Nietert et al., 200937 NA | NA | No | No | NA | NA | None |
| Okeke et al., 200938 NA | NA | No |  |  |  |  |
| Pearce et al., 200839 Cardiovascular Risk Education and Social Support (CaRESS) Trial | NA | No | No | NA | NA | NA |
| Powell et al., 199540 NA | NA | No | No | NA | NA | None |
| Powers et al., 201168 NA | NA | No | NA | NA | NA |  |
| Pyne et al., 201141 HIV Translating Initiatives for Depression Into Effective Solutions (HITIDES) | NA | No | No | NA | NA | NA |
| Rich et al., 199642 NA | NA | No | NA | NA | NA | None |
| Rickles et al., 200543 NA | NA | No | No | NA | NA | NA |
| Ross et al., 200444 NR | NA | No |  | NA | NA | None |
| Rudd et al., 200445  NA | NA | No | No | NA | NA | None |
| Rudd et al., 200946 NA |  |  |  |  |  |  |
| Schaffer et al., 200447 NA | NO | No | No | No | NA | NA |
| Schectman et al., 199448 NA | NA | No | No | NA | NA | None |
| Schneider et al., 200849 NA | NA | No |  |  |  |  |
| Schnipper et al., 200650 NA | NA | No |  |  |  |  |
| Simon et al., 200651 NA | NA | No | No | NA | NA |  |
| Sledge et al., 200652 NA | NA | No |  |  |  |  |
| Smith et al., 200853 NR | NA | No |  | NA | NA | None |
| Solomon et al., 199854 NA  Gourley et al., 199855 NA | NA | No | No | NA | NA | NA |
| Stacy et al., 200956 NA | NA | No | NA | NA | NA |  |
| Taylor et al., 200357 NA | NA | No |  |  |  |  |
| Vivian et al., 200258 NA | NA | No | NA | NA | NA | None |
| Wakefield et al., 201160 NA | NA | Yes | No | NA | NA |  |
| Waalen et al., 200959  NA | NA | No |  |  |  |  |
| Weinberger et al., 200261 NA | yes | No | No | NA | NA | There was a peak flow control group in addition to the control group; the intent of giving that group peak flow meters, instructions on its use, and monitoring calls on PEFR (which the control group did not receive) was to control for the active ingredient of self-monitoring rather than to evaluate the effect of peak flow meters on medication adherence. There were too many differences between the peak flow group and the pharmaceutical care group to evaluate the effect of components. |
| Weymiller et al., 200762  Statin Choice Randomized Trial  Jones et al., 200963 Statin Choice Randomized Trial | Role of patient provider communication | Yes | Yes | Effect of mode of delivery (i.e., by a clinician during patient visits or by a clinician-researcher before patient visits) on statin adherence at 3 month follow-up, overall acceptability of decision aid, Knowledge Score, & Decisional Conflict Scale score | Odds ratio for adherence to statins at 3 month follow-up by mode of delivery (clinician vs. clinician-researcher)  OR: 0.895% CI, 0.3-2.6  Difference in overall acceptability (clinician vs. clinician-researcher)  Odds ratio (OR): 3.1  95% CI, 0.9-11.2  p: 0.08  Adjusted mean difference (AMD): 0.31  95% CI, -0.37-0.98  p: 0.38  Difference in Knowledge Score (out of max 9 points)  AMD: 1.6  95% CI, 0.3-2.8p: 0.02  Difference in Decisional Conflict Scale (out of max 100 points)  AMD: -6.8  95% CI, -17.6-4.0  p: 0.22 | None |
| Williams et al., 201064 NA | the intervention supposed to increase communication but the intervention only provided information and did not address communication beyond what provided to UC care group | Yes | No | NA. Also, results described under KQ1 | NA | Direct components of the intervention were assessed, because "usual care" included education on adherence. The intervention did not result in a difference in adherence rates because the utilization of the intervention was low. Adherence was better among patients whose physicians viewed adherence data more frequently |
| Wilson et al., 201065 Better Outcomes of Asthma Treatment (BOAT) | Engaging patient to become more involved in their own care through shared decision making | Yes | Yes | Compared two different methods of case management -- SDM and CDM. Results described under KQ1 | Differences presented in worksheet 2 for outcomes. | There were 2 intervention arms; responses reflect shared decision making arm |
| Wolever et al., 201066 NA | NA | No | No | NA | NA | NA |
| Zhang et al., 201067 NA | NA | No | No | NA | NA | None |