Table D20. Intervention components, part 4

| Author, YearTrial 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., 20101NA | NA | No | No | NA | NA | NA |
| Berg et al., 19972NA | NA | No | No | NA | NA | NA |
| Berger et al., 20053NA | NA | No |  NA |  NA |  NA | NA |
| Bogner et al., 20084NA | No | No | No | NA | NA | NA |
| Bogner et al., 20105NA | NA | No | No | NA | NA | NA |
| Bosworth et al., 20056V-STITCH | Patient/provider interaction | No |  NA | NA | NA | None |
| Bosworth et al., 20087TCYBBosworth et al., 20078TCYB Methods paper | Role of patient provider communication | No |  NA | NA | NA | None |
| Capoccia et al., 20049NA | No | No | No | NA | NA | NA |
| Carter et al., 200910NA | NA | No | No | NA | NA | None |
| Chernew et al., 200811NA | NA | No | No | NA | NA | None |
| Choudhry et al., 201012NA | NA | No | No | NA | NA | None |
| Choudhry et al., 201113MI FREEE | NA | No | No | NA | NA |   |
| Friedman et al., 199614NA | NA | No | No | NA | NA | It is not clear what type of "counseling" the computer gave to patients to encourage adherence. |
| Fulmer et al., 199915NA | NA | Yes | No |   |   |   |
| Grant et al., 200316NA | NA | Yes | No | NA | NA | compared Questionnaire only to Questionnaire plus education and provider feedback |
| Guthrie et al., 200117First Myocardial Infarction (MI) Risk Reduction Program | NA | No | NA | NA | NA | None |
| Hoffman et al., 200318NA | NA | No | No | NA | NA | NA |
| Hunt et al., 200819NA | NA | No | No | NA | NA | None |
| Janson et al., 200320NA | NA | No | No | NA | NA |   |
| Janson et al., 200921NA | No | No | No | NA | NA | NA |
| Johnson et al., 200623NR | NA | No | No | NA | NA | None |
| Johnson et al., 200622NR | NA | No | No | NA | NA | None |
| Katon et al., 200128NALudman et al., 200329NAVan Korff et al., 200330NA | Depression prevention specialists communicated with PCPs about patients | No | No | NA | NA | NA |
| Katon et al., 199524NA | NA | No |   |   |   |   |
| Katon et al., 199625NA | NA | No | No | NA | NA | None |
| Katon et al., 199926NAKaton et al., 200227NA | NA | No | No | NA | NA |   |
| Lee et al., 200631FAME | NA | No | No | NA | NA | None |
| Lin et al., 200632NA | NA | No | No | NA | NA | None |
| Maciejewski et al., 201033NA | NA | No | No | NA | NA | None |
| Mann et al., 201034The Statin Choice | NA | No | No | NA | NA |   |
| Montori et al., 201135NA | role of patient provider communication | no |   |   |   |   |
| Murray et al., 200736NA | NA | No | No | NA | NA | NA |
| Nietert et al., 200937NA | NA | No | No | NA | NA | None |
| Okeke et al., 200938NA | NA | No |   |   |   |   |
| Pearce et al., 200839Cardiovascular Risk Education and Social Support (CaRESS) Trial | NA | No | No | NA | NA | NA |
| Powell et al., 199540NA | NA | No | No | NA | NA | None |
| Powers et al., 201168NA | NA | No | NA | NA | NA |   |
| Pyne et al., 201141HIV Translating Initiatives for Depression Into Effective Solutions (HITIDES) | NA | No | No | NA | NA | NA |
| Rich et al., 199642NA | NA | No | NA | NA | NA | None |
| Rickles et al., 200543NA | NA | No | No | NA | NA | NA |
| Ross et al., 200444NR | NA | No |   | NA | NA | None |
| Rudd et al., 200445NA | NA | No | No | NA | NA | None |
| Rudd et al., 200946NA |   |   |   |   |   |   |
| Schaffer et al., 200447NA | NO | No | No | No | NA | NA |
| Schectman et al., 199448NA | NA | No | No | NA | NA | None |
| Schneider et al., 200849NA | NA | No |   |   |   |   |
| Schnipper et al., 200650NA | NA | No |   |   |   |   |
| Simon et al., 200651NA | NA | No | No | NA | NA |   |
| Sledge et al., 200652NA | NA | No |   |   |   |   |
| Smith et al., 200853NR | NA | No |   | NA | NA | None |
| Solomon et al., 199854NAGourley et al., 199855NA | NA | No | No | NA | NA | NA |
| Stacy et al., 200956NA | NA | No | NA | NA | NA |   |
| Taylor et al., 200357NA | NA | No |   |   |   |   |
| Vivian et al., 200258NA | NA | No | NA | NA | NA | None |
| Wakefield et al., 201160NA | NA | Yes | No | NA | NA |   |
| Waalen et al., 200959NA | NA | No |   |   |   |   |
| Weinberger et al., 200261NA | 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 TrialJones et al., 200963Statin 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, 0.3-2.6Difference in overall acceptability (clinician vs. clinician-researcher)Odds ratio (OR): 3.195% CI, 0.9-11.2p: 0.08Adjusted mean difference (AMD): 0.3195% CI, -0.37-0.98p: 0.38Difference in Knowledge Score (out of max 9 points)AMD: 1.695% CI, 0.3-2.8p: 0.02Difference in Decisional Conflict Scale (out of max 100 points)AMD: -6.895% CI, -17.6-4.0p: 0.22 | None |
| Williams et al., 201064NA | 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., 201065Better 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., 201066NA | NA | No | No | NA | NA | NA |
| Zhang et al., 201067NA | NA | No | No | NA | NA | None |