Table D5. Inclusion and exclusion criteria

| Author, YearTrial Name | Inclusion Criteria | Exclusion Criteria |
| --- | --- | --- |
| Bender et al., 20101NA | Fifty 18- to 65-year-old adults who had physician-diagnosed asthma for which they were prescribeddaily inhaled corticosteroid treatment participated.Participants were recruited through newspaper advertising and in cooperation with community allergy practices and they received $25 for each completed study visit. | (1) Any signiﬁcant disease or disorder that, in the opinion of the investigator, might inﬂuence the results of the study or the patient’s ability to participate in the study (this included other chronic health disorders, current substance abuse or dependence, mental retardation, or psychiatric disorder); and (2) current participation in any other asthma-related research or clinical trial. |
| Berg et al., 19972NA | 18 years of age and older with a medical diagnosis of asthma who were being treated with prescribed, regularly administered, inhaled medications other than as-needed bronchodilators;  | those with other respiratory disorders (i.e. other than asthma) or were current smokers were excluded |
| Berger et al., 20053NA | Currently using Avonex | NR |
| Bogner et al., 20084NA | (1) aged 50 years and older; (2) a systolic BP of 140 mm Hg or greater or diastolic BP of 90 mm Hg or greater for nondiabetic patients, or a systolic BP of 130 mm Hg or greater or a diastolic BP of 80 mm Hg or greater for patients with diabetes on at least 2 visits in the previous year, or a prescription for an antihypertensive medication within the past year; and (3) a diagnosis of depression or a prescription for an antidepressant medication within the past year. |  excluded: cognitively impaired, unable to communicate in English, resided in a care facility that provides medications on a schedule, and unable to use Medication Event Monitoring System (MEMS) caps |
| Bogner et al., 20105NA | Ages 50 and olderAn A1C >7 at their last primary care office visit or a prescription for an oral hypoglycemic agent within the past yearA diagnosis of depression or a prescription for an antidepressant within the past year  | Presence of mania or hypomania, psychotic syndrome, alcohol abuse or dependence, acutely suicidal or psychotic thoughts, cognitive impairment, residing in a care facility that provided medications on schedule, or inability/unwillingness to use the Medication Event Monitoring System (MEMS) |
| Bosworth et al., 20056V-STITCH | Diagnosis of hypertension by outpatient ICD diagnostic code on outpatient encounter forms, enrolled in Durham VAMC primary care clinic, prescription of hypertensive medication (ACE inhibitors, beta blockers, calcium channel blockers, diuretics, alpha1 blockers, and/or central alpha2 agonists) in the previous year | NR |
| Bosworth et al., 20087TCYBBosworth et al., 20078TCYB Methods paper | Seen in one of the two primary care clinics for at least one year; had a diagnosis of hypertension by outpatient diagnostic code; using a hypertensive medication at the time of baseline visits | not using or prescribed BP medication; spouse participating in study; not living in a surrounding eight county catchment area; receiving kidney dialysis; received organ transplant; planning a pregnancy; hospitalized for stroke; MI; coronary artery revascularization; diagnosis of metastatic cancer in prior 3 months; dementia diagnosis; resident of nursing home or receiving home health care; arm size too large for home BP monitor cuff; severely impaired hearing or speech |
| Capoccia et al., 20049na | The initial screening included an assessment for depressionusing the Primary Care Evaluation of Mental Disorders (PRIME-MD13) and two questionnaires to evaluate inclusion and exclusion criteria and alcohol use (Alcohol Use Disorders Identification Test [AUDIT]) | Exclusion criteria included (1) age of <18 years, (2) terminal illness, (3) psychosis, (4) recent (within the past 3 months) alcohol (AUDIT score of >8) or substance abuse, (5) two or more suicide attempts, (6) pregnancy or nursing, (7) limited command of the English language, and (8) unwillingness to use UWFMC as a source of care for the next 12 months. |
| Carter et al., 200910NA | Males or females over 21 years of age;Diagnosis of essential hypertension;Taking 0-3 antihypertensives;Patients without a diagnosis of diabetes :systolic BP (SBP) between 140-179 mm Hg or diastolic BP (DBP) 90-109 mm Hg;Patients with diabetes: SBP between 130-179 mm Hg or DBP 80-109 mm Hg | BP medication or dose change within 4 weeks of baseline visit;Stage 3 hypertension (Bp> 180/110 mm Hg);Evidence of hypertensive urgency or emergency;Myocardial infarction or stroke within 6 months prior to screening;New York Heart Association class III or IV heart failure;Unstable angina;Serious renal or hepatic disease;Pregnancy;Poor prognosis (life expectancy < 3 years);Dementia;Cognitive impairment |
| Chernew et al., 200811NA | Employees and dependents ages 18 - 64 years who were continuously enrolled for the relevant quarter and the entire previous quarter. | Age >65  |
| Choudhry et al., 201012NA | For the statin cohort: Filled a statin prescription between January 1, 2006, & December 31, 2007; Diagnosis of diabetes or vascular diseaseFor the clopidogrel cohort: Filled a clopidogrel prescription during the same time period as required for inclusion in the statin cohort | NR |
| Choudhry et al., 201113MI FREEE | Received both medical and prescription drug benefits through Aetna, discharged from hospital with principal or secondary diagnosis code of ICD-9-CM 410 (except when the 5th digit was 2) and a length of stay of 3-180 days. | Enrolled in a health savings account, age ≥65 at time of hospital discharge |
| Friedman et al., 199614NA | >60 years, under the care of a physician for hypertension, be prescribed antihypertensive medication, have a systolic Bp>160 mm Hg or diastolic Bp> 90 mm Hg based on an average of two determinations taken 5 minutes apart. | Diagnosis of a life threatening illness, not English speaking, did not have a telephone or could not use one, or refusal to participate. |
| Fulmer et al., 199915NA | Patient of the 2 recruitment sites; primary or secondary diagnosis of CHF; ≥65 years old; resident of Manhattan; no pre-pour medications order; use of an ACE inhibitor, calcium channel blocker, or beta-blocker; fluency in English or Spanish; experience in using a phone; Mini Mental-Status Examination score ≥20; home equipped with phone and modular phone jack; home not in high-crime building requiring security guard accompaniment for study staff | NR |
| Grant et al., 200316NA | 1. Type 2 Diabetes Mellitus in claims data confirmed by physician diagnosis found in the medical record during structured chart review; 2. At least one HbA1c and one cholesterol level measured in year before the study; 3. At least one clinic visit in the 6 months preceding the study | 1. Terminal illness per medical record; 2. Cognitive deficit per medical record; 3. could not communicate in spoken English |
| Guthrie et al., 200117First Myocardial Infarction (MI) Risk Reduction Program | Patients with risk scores >/=4 on a scale of -1 to +16 for men and -1 to +17 for women on the First Heart Attack Risk Test reflecting increased risk of a first MI, elevated total cholesterol despite dietary intervention | Previous MI, current therapy with a statin, membership in a federally funded health care program (except Medicare or plans for federal employees), Medicaid patients, women of childbearing potential |
| Hoffman et al., 200318NA | Patients over 18 years of age who were newly prescribed antidepressant drug therapy (defined as a prescription claim for antidepressant drug within the last 30 days, with no record of claims for an antidepressant for the 6 months previous to that time); and to have continuous enrollment during the pretreatment period (6 months before) and for at least 12 months after the initial prescription identification. | Excluded if: prescribed combination antidepressant and anxiolytic-type medications; taking clomipramine or fluvoxamine; received one of the following concomitant medications within 120 days before the antidepressant prescription: valpric acid, carbamazepine, lithium, or lamotrigine.  |
| Hunt et al., 200819NA | Patients with known hypertension, an office visit within the past 2 years, a last systolic Bp>160 mmHg and/or a last diastolic Bp>100 mmHg. | No BP reading in chart in the previous 2 years, had attended a visit with a pharmacy practitioner in the previous 6 months, or had transferred care out of network. |
| Janson et al., 200921NA | 18 to 55 years of age with moderate-to-severe persistent asthma (i.e., FEV1 <80% of predicted value, dailysymptoms, and 1 nighttime awakening per week), were nonsmokers with 5 or less pack-years of smoking history, and demonstrated spirometric evidence of reversible airﬂow obstruction or bronchial reactivity to inhaled methacholine | received systemic steroids within 4 weeks of study enrollment;with upper respiratory tract infection within 6 weeks of enrollment, pregnancy, or cardiac, gastrointestinal, psychiatric, or other lung disease; or with prior participation in a formal asthma education program; nonreversible airflow obstruction; current smokers |
| Janson et al., 200320NA | History of physician-diagnosed asthma; age between 18 and 55 years; nonsmoking (lifetime smoking history 5 pack-years; none in the last year); and bronchial hyper-responsiveness to inhaled methacholine (concentration causing a 20% fall in forced expiratory volume in 1 second [FEV1] of 8 mg/mL). Subjects with baseline FEV1 60% predicted, 20% variability, or fall in FEV1 with diluent did not undergo methacholine challenge | treatment with oral corticosteroids within 4 weeks; upper respiratory tract infection within 6 weeks; lung disease other than asthma; pregnancy; history of cardiac, gastrointestinal, or psychiatric disease; or prior participation in a formal asthma education program  |
| Johnson et al., 200622NR | between ages 21 and 85; prescribed cholesterol medication currently; able to read and speak English | NR |
| Johnson et al., 200623NR | between ages 18 and 80; prescribed medication to treat hypertension; able to read and speak English; not in the maintenance (M) stage of change once the quota for M was reached | excluded by provider |
| Katon et al., 199524NA | 20-item symptom checklist depression screening score ≥0.75; age 18-80; willing to take anti-depressant medication; diagnosed by PCP as meeting criteria for definite or probable major depression | CAGE score ≥2; current psychotic symptoms or suicidal ideation; dementia; pregnancy; terminal illness; limited command of English; plan to dis-enroll from the medical center insurance plan within next 12 months |
| Katon et al., 199625NA | Patients who were diagnosed with definite or probable major depression and who agreed to initiate antidepressant therapy were screened for eligibility. Eligibility was based on 1) a 20-item depression symptom checklist score of 0.75 or greater, 2) age 18 to 80 years, and 3) willingness to take antidepressant medication. | Current alcohol abuse (screening score of 2 or more on the CAGE questionnaire; current psychiatric symptoms or serious suicide ideation or plan; dementia; pregnancy; terminal illness; limited command of English; and plan to withdraw from the insurance plan within next 12 months. |
| Katon et al., 199926NAKaton et al., 200227NA | Receipt of a new antidepressant prescription (no prescriptions within the last 120 days) for diagnosis of depression or anxiety; having 4 or more residual major depressive symptoms or having recurrent depression (2 or more prior episodes) or dysthymia | Screening score of 2 or more on the CAGE alcohol screening questionnaire, pregnant or currently nursing; planning to dis-enroll from the HMO within the next 12 months; currently seeing a psychiatrist; limited command of English; recently used lithium or antipsychotic medication |
| Katon et al., 200128 NALudman et al., 200329NAVan Korff et al., 200330NA | 1) Remission of the index of depressive episode (defined as either less than 4 of the 8 DSM-IV depression criteria or four DSM-IV criteria with an SCL depression score <1.0; and 2) high risk of relapse (defined as a history of 3 or more lifetime depressive episodes or a history of dysthymic disorder. | 2+ score on the CAGE alcohol questionnaire, plans to dis-enroll from HMO within 12 months, recent use of mood stabilizer or antipsychotic medication, pregnancy or nursing, and current medication management by a psychiatrist, limited command of English, and recently using lithium or antipsychotic medication |
| Lee et al., 200631FAME | elderly men and women (>=65 years old); taking 4 or more chronic medications daily | did not live independently (assisted living or nursing home residents); presence of any serious medical condition for which 1 year survival was expected to be unlikely |
| Lin et al., 200632NA | Aged 18 years or olderEnrolled in a Group Health Cooperative health planAt least 2 fasting plasma glucose levels of >126 mg/dL or a random plasma glucose level of >200 mg/dLCurrent use of any diabetic medicationsInpatient or outpatient diagnosis of diabetesScore of 10 or higher on the PHQ-9 and a score of 1.1 or higher on the SCL-20 indicating persistent depression. | Not having diabetesHaving gestational diabetesCognitive impairmentTerminal illnessDisenrollment or planned disenrollment from the health planLanguage or hearing barrierPsychotic disorderBipolar disorderUse of mood-stabilizing or antipsychotic medication except those on anti-depressant allowed if still had persistent depressive symptoms.Current care by a psychiatrist |
| Maciejewski et al., 2010 33NA | People enrolled with the insurer (BCBSNC) for the entire study period and were taking a medication from at least 1 of the 8 drug classes evaluated | See inclusion criteria |
| Mann et al., 201034The Statin Choice | All adult English or Spanish speaking primary care patients with a diagnosis of diabetes. | NR |
| Montori et al., 201135NA | Women who were postmenopausal, age ≥50, bone mineral density levels consistent with osteopenia or osteoporosis, not already taking bisphosphonates or other osteoporosis medication (other than vitamin D and calcium), found eligible for bisphosphonate therapy by their clinician and had a follow-up appointment with that clinician, available for phone follow-up at 6 months | Inability to read English, major learning barriers impeding ability to provide consent or use the decision aid |
| Murray et al., 200736NA | 1) 50 yrs of age or older 2) Planned to receive all of their care, including prescribed medications, at Wishard Health Services 3) Diagnosis of heart failure confirmed by primary care physician 4) Regularly used at least 1 cardiovascular medication for HF, including any of the following: ACE inhibitor/ARB, beta-blocker, diuretic, digoxin, aldosterone antagonist 5) Not using or planning to use medication container adherence aid (pill box) 6) Access to a working telephone 7) Could hear within range of a normal conversation | 1) Dementia |
| Nietert et al., 200937NA | Had a prescription written for diabetes mellitus, hypertension, hyperlipidemia, heart failure, depression, and/or psychoses;Had at least 2 refills remaining for at least a 30 days' supply | NR |
| Okeke et al., 200938NA | Patients had diagnosis of open angle glaucoma, angle-closure glaucoma, glaucoma suspect, or ocular hypertension; ≥18 years old; using or prescribed a topical prostaglandin analog; able to return for 3- and 6-month follow-up visits; ≤75% adherence to eye drops during phase 1 of the study--a 3-month observational cohort. | Not able to understand the study, did not instill their own drops, incapable of using the dosing aid. |
| Pearce et al., 200839Cardiovascular Risk Education and Social Support (CaRESS) Trial | At least 21 years old and able to give informed consentEither type 2 diabetes based on chart review according to American Diabetes Association diagnostic criteria or the diagnosis of type 2 diabetes recorded by the PCP along with a HbA1C level >8.0%, random serum glucose level >200 mg/dL, or current prescription for an antidiabetic drug Hypertension with suboptimal control, with or without uncontrolled dyslipidemia Prepared to designate a support person with whom the patient would be in contact for the next 12 monthsNot pregnant or planning to become pregnant within the next 12 months Planning to be available for follow-up for at least the next 12 months | NS |
| Powell et al., 199540NA | A member of a specific large Midwestern HMO (i.e., receiving medical & prescription drug coverage through the plan);Had a pharmacy claim for benazepril, metoprolol, simvastatin, or transdermal estrogen | NR |
| Powers et al., 201168NA | Enrolled in primary care for at least 1 year; age ≥55 years; diagnosis of hypertension; received a prescription for hypertensive medication in previous year; systolic blood pressure >140 or diastolic blood pressure >90 based on their most recent blood pressure measurement within last 12 months; and had electrocardiogram within the last 5 years to evaluate the absence or presence of left ventricular hypertrophy | Hospitalized for a MI or coronary artery revascularization or had a diagnosis of metastatic cancer in the past 6 months; had a history of stroke; had active diagnosis of psychosis or dementia documented in medical record; were participating in another chronic disease self-management study; were resident of a nursing home; or did not have access to a telephon |
| Pyne et al., 201141HIV Translating Initiatives for Depression Into Effective Solutions (HITIDES) | Providers: doesn't address provider participation - not clear if all providers at participating clinics enrolled in the studyParticipants: (1) a current 9-item Patient Health Questionnaire (PHQ-9) depression score of 10 or higher and (2) current treatment in the VA HIV clinic. A PHQ-9 score of at least 10 has strong psychometric properties in primary care settings (e.g., 99% sensitivity and 91% specificity). | (1) No access to a telephone, (2) current acute suicidal ideation, (3) significant cognitive impairment as indicated by a score higher than 10 on the Blessed Orientation-Memory-Concentration Test, and (4) history of bipolar dis-order or schizophrenia.  |
| Rich et al., 199642NA | Patients aged 70 years or older who were admitted to a university teaching hospital with congestive heart failure as defined by presence of typical symptoms (e.g. exertional dyspnea, orthopnea, impaired activity tolerance) and physical findings (elevated jugular venous pressure, pulmonary rales, S3 gallop, dependent edema), in conjunction with radiographic evidence of pulmonary congestion and a favorable response to diuresis. | severe dementia defined as inability to assist with self-care, other life-threatening illnesses, patients discharged to long-term care facility |
| Rickles et al., 200543NA | no antidepressant use in the past 4months, were 18 years or older, were willing to pick up theirantidepressant from a study pharmacy during the next 4 months, had no hearing impairment, and planned to be in the local area during the next 4 months.  | Excluded if Beck Depression Inventory (BDI-II) score below 16, required a translator, were pregnant or nursing, were receiving medications for a psychotic or bipolar disorder, and/or had physical conditions requiring additional caution with their antidepressant.  |
| Ross et al., 200444NR | patients of a specialty clinic for heart failure at University of Colorado Hospital; spoke English; 18 years old or older; use of Web browser before | physicians, nurses, physician assistants, nurse practitioners |
| Rudd et al., 200946NA | Patients with rheumatoid arthritis, psoriatic arthritis, and inflammatory arthritis; had ≥1 visit with rheumatologist (the rheumatologist must have consented to helping with the study) | <18 years old; medical professionals; post-graduate degree; visual impairment affecting reading ability; non-English-speakers |
| Rudd et al., 200445NA | Eligible for hypertensive drug therapy according to JNC VI criteria (presence of coronary risk factors, age>60 years, or a family history of premature cardiovascular disease or target organ damage); mean of two BP values >=150/95 mmHg on two screening visits conducted on separate days at least 1 week apart | NR |
| Schaffer et al., 200447NA | NR | NR |
| Schectman et al., 199448NA | patients with hyperlipidemia requiring treatment with either niacin or BAS; did not previously take or currently taking niacin or BAS; access to a telephone | NR |
| Schneider et al., 200849NA | ≥65 years old, diagnosis of essential hypertension | cognitive impairment, visual impairment, severe arthritis, terminal illness that may result in death or impairment during study |
| Schnipper et al., 200650NA | Patients admitted on the general medicine service who were being discharged home and who could be contacted 30 days after discharge, spoke English; if cognitively impaired, they were included if they lived with someone who administered their meds regularly, could provide consent, and was willing to be the recipient of pharmacist interventions | NR |
| Simon et al., 200651na |  aged 18 years or Older, received a new antidepressant prescription from a psychiatrist (that is, no antidepressant use in the past 90 days according to computerized pharmacy data), received a visit diagnosis of a depressive disorder in the past 30 days, and had no recorded diagnosis of bipolar disorder or schizophrenia in the past two years. | Exclusion criteria Assessed during the baseline interview included a score on the SCL depression scale that was less than .5 (that is, remission of depression), regular use of antidepressant medication in the prior 90 days (that is, the index prescription was not actually a new prescription), and cognitive, language, or hearing impairment severeenough to preclude participation |
| Sledge et al., 200652NA | ≥18 years old, ≥2 medical or surgical hospital admissions during eligibility phase (12m prior to patient selection efforts) | Outliers who had hospital cost greater than 2 SDs of log transformed mean total cost, Charlson Comorbidity Index >5 |
| Smith et al., 200853NR | Discharge diagnosis of MI (International Classification of Diseases, Ninth Revision codes 410.xx) between December 1, 2003 (start of enrollment), and June 18, 2004 (end of enrollment), who were at least 18 years old and had a beta blocker prescription dispensed (first beta blocker prescription was the index) before June 18, 2004, health plan and prescription eligibility and to have survived between MI and intervention mailing | Died or lost health plan eligibility before intervention and during follow-up period |
| Solomon et al., 199854naGourley et al., 199855NA | For both groups: - could read and write English- signed informed consent- able to understand the study proceduresHypertension group:- currently receiving dihydropyridine therapy or dihydropyridine and diuretic therapy for hypertension- 18 years of age or olderCOPD group:- ambulatory COPD patient at the institution- received pulmonary function tests to document a diagnosis of COPD- currently being treated for a diagnosis of COPD per American Thoracic Society criteria- currently receiving a pharmacotherapeutic regimen that included at least one metered dose inhaler for treatment of COPD- mentally and physically capable of using an MDI/spacer inhaler- 40 years of age or older- had access to a telephone  | For both groups:- evidence of alcohol or drug abuse within the past year that would likely interfere with performance of the study- refused to give informed consent- had participated in any investigational drug trial within 30 days prior to enrollment or was scheduled to participate in any other study during conduct of the trialHypertension group:- symptomatic heart failure- currently taking any antihypertensive agent other than a dihydropyridine or a diureticCOPD group:- a history of severe, life-threatening COPD defined as a history of mechanical ventilation during the past year or a life expectancy of <6 months- had been hospitalized or had visited the emergency department during the past two weeks- had a lung infection in the two weeks prior to enrollment- decompensated congestive heart failure Class III or IV- had been diagnosed with any other lung disease except for concomitant asthma |
| Stacy et al., 200956NA | recently filled a prescription for a Statin, continuously enrolled in the plan with a pharmacy benefit for a minimum of 12 months prior to the date of the index statin; no pharmacy claims evidence of any lipid-lowering agent in the 6-month period prior to the index statin; 21 years of age or older; a statin prescription with a 30-day supply; remained continuously enrolled in plan with a pharmacy benefit for a minimum of 6 months after index statin date | NR |
| Taylor et al., 200357NA | Adult patients (18 years or older) who received care at the participating clinics and were identified as being at high risk for medication-related adverse events (presence of three or more of the following risk factors: five or more medications in the drug regimen, 12 or more doses per day, four or moremedication changes in the previous year, three or more concurrent diseases, a history of medication noncompliance,and the presence of drugs requiring therapeutic monitoring) | Significant cognitive impairment, a history of missed office visits, scheduling conflicts, or a life expectancy of lessthan one year |
| Vivian et al., 200258NA | older than 18 years old; confirmed diagnosis of essential hypertension (systolic Bp>140 mmHg or diastolic Bp>90 mmHg), receiving antihypertensive drug therapy (and BP>140/90 mmHg), receiving all drugs from a Veterans Affairs Medical Center pharmacy, not receiving care at the pharmacist-managed clinic until the study began | secondary cause of hypertension such as chronic renal disease, renovascular disease, pheochromocytoma, Cushing's syndrome, and primary aldosteronism; missed more than 3 appointment in the last year; in hypertensive crisis, diagnosis of NYHA class III or IV chronic heart failure, end-stage renal disease, a psychiatric disorder, severe hepatic dysfunction, terminal cancer, or other condition that limited life expectancy to less than a year |
| Waalen et al., 200959NA | Female, ≥60 years old, had uncomplicated osteoporosis (per National Osteoporosis Foundation guidelines), not previously identified as having osteoporosis | Secondary osteoporosis other than Vitamin D deficiency, unable to provide consent, spoke in a language precluding conversing with study staff |
| Wakefield et al., 201160 | Coexisting DM and HTN, a landline telephone in the home, receipt of primary care from the VA in the previous 12 months, and anticipation of receiving primary care for the duration of study enrollment | Legally blind, resided in a long-term care facility, or who had diagnoses indicating dementia or psychosis |
| Weinberger et al., 200261NA | Inclusion criteria for drugstores not described; Inclusion criteria for patients: filled a prescription formethylxanthines, inhaled corticosteroids, inhaled or oral sympathomimetics, inhaled parasympathetic antagonists, or inhaled cromolyn sodium during the preceding 4 months; (2) reported having COPD or asthma as an active problem; (3) were 18 years or older; (4) received 70% or more of their medications from a single study drugstore; (5) reported no significant impairment in vision, hearing, or speech that precluded participation; (6) did not reside in an institution (e.g., nursing home); and (7) provided written informed consent. | not reported |
| Weymiller et al., 200762Statin Choice Randomized TrialJones et al., 200963Statin Choice Randomized Trial | Had type 2 diabetesWere referred to the clinicHad no contraindications to statin useAble (no major hearing, visual, or cognitive impairment or did not require translation) and willing to provide informed consentAvailable for follow-up at 3 months | NR |
| Williams et al., 201064NA | Providers: Health system primary care providers (i.e., in the areas of family practice, internal medicine, and pediatrics) were invited to participate. Pt eligibility: a previous electronic prescription for an ICS between January 19, 2005, and April 30, 2007; age 5 to56 years as of April 30, 2007; continuous enrollment in the afﬁliated health maintenance organization (HMO) for at least 1 year before April 30, 2007; prescription drug coverage as of April 30, 2007; at least 1 physician diagnosis of asthma and at least 1 visit to a primary care provider in the year efore April 30, 2007. Patients meeting these criteria were invited by letter to participate in the study | Patient: diagnosis of chronic obstructive pulmonary or congestive heart failure after January 19, 2005;  |
| Wilson et al., 201065Better Outcomes of Asthma Treatment (BOAT) | KP members, aged 18–70 years, with evidence suggestive of poorly controlled asthma, were identiﬁed at ﬁve clinical sites using computerized records of overuse of rescue medications (a controller/[controller 1 rescue medication] ratio <0.5 and at least three b-agonist dispensings in the past year) or a recent asthma-related emergency department (ED) visit or hospitalization. | Intermittent asthma (brief exacerbations or symptoms less thanonce/wk), primary diagnosis of chronic obstructive pulmonary disease or emphysema, insufﬁcient pulmonary function reversibility (for ex-/currentsmokers and those without regular controller use), regular use of oralcorticosteroids, and current asthma care management. |
| Wolever et al., 201066NA | Patients were required to be English speaking, at least 18 years of age, have a diagnosis of type 2 diabetes for at least 1 year, be taking oral diabetes medication for at least 1 year, and have medical and pharmacy benefits available to the study team | Exclusion criteria included dementia, Alzheimer's disease, schizophrenia, or other cognitive impairment that would preclude informed consent |
| Zhang et al., 201067NA | Enrolled between January 2003 and December 2007 in Medicare Advantage products, had at least two claims with a diagnosis of hyperlipidemia, diabetes, or hypertension, and filled at least one prescription for the diagnosed condition (for diabetes, focused on patients taking oral diabetes medications), included patients also had to be continuously enrolled between 2004 and 2007, 24 months before and 24 months after Part D implementation. | NR |