

Author, year		
Studies included by Inglis <i>et al.</i> <sup>48a</sup>	Studies included by Klersy <i>et al.</i> <sup>58b</sup>	Comment
<b>STS vs usual care; TM vs usual care</b>		
Cleland <i>et al.</i> 2005 (TEN-HMS) <sup>49</sup>	Cleland <i>et al.</i> 2005 (TEN-HMS) <sup>49</sup>	RCT (three arm), patients discharged from hospital (and received intervention) within 28 days of exacerbation of HF (assumed majority received intervention <28 days from discharge)
Mortara <i>et al.</i> 2009 (HHH) <sup>88,143</sup>		RCT (three arm), stable HF patients
<b>STS vs usual care</b>		
Angermann <i>et al.</i> 2007 (INH) (Abstract) <sup>144</sup>		RCT, patients discharged from hospital (and received intervention) within 28 days of exacerbation of HF, telephone-based human interaction
Barth 2001 <sup>72</sup>	Barth 2001 <sup>72</sup>	RCT, patients discharged from hospital (and received intervention) within 28 days of exacerbation of HF, telephone-based human interaction
DeBusk <i>et al.</i> 2004 <sup>74</sup>	DeBusk <i>et al.</i> 2004 <sup>74</sup>	RCT, patients discharged from hospital (and received intervention) within 28 days of exacerbation of HF, telephone-based human interaction
Laramie <i>et al.</i> 2003 <sup>77</sup>	Laramie <i>et al.</i> 2003 <sup>77</sup>	RCT, patients discharged from hospital (and received intervention) within 28 days of exacerbation of HF, telephone-based human interaction
Rainville 1999 <sup>78</sup>		RCT, patients discharged from hospital (and received intervention) within 28 days of exacerbation of HF, telephone-based human interaction
Riegel <i>et al.</i> 2002 <sup>79</sup>	Riegel <i>et al.</i> 2002 <sup>79</sup>	RCT, patients discharged from hospital (and received intervention) within 28 days of exacerbation of HF, telephone-based human interaction
Riegel <i>et al.</i> 2006 <sup>80</sup>	Riegel <i>et al.</i> 2006 <sup>80</sup>	RCT, patients discharged from hospital (and received intervention) within 28 days of exacerbation of HF, telephone-based human interaction
Tsuyuki <i>et al.</i> 2004 (REACT) <sup>81</sup>		RCT, patients discharged from hospital (and received intervention) within 28 days of exacerbation of HF, telephone-based human interaction; excluded by Klersy <i>et al.</i> <sup>58</sup> because of the following reason: not pertinent
Wakefield <i>et al.</i> 2008 <sup>82</sup>		RCT, patients discharged from hospital (and received intervention) within 28 days of exacerbation of HF, telephone-based human interaction
DeWalt <i>et al.</i> 2006 <sup>89</sup>		RCT, stable HF patients, telephone-based human interaction
Galbreath <i>et al.</i> 2004 <sup>87</sup>	Galbreath <i>et al.</i> 2004 <sup>87</sup>	RCT, stable HF patients, telephone-based human interaction
Gattis <i>et al.</i> 1999 (PHARM) <sup>90</sup>		RCT, stable HF patients, telephone-based human interaction
GESICA investigators 2005 (DIAL) <sup>91</sup>	GESICA investigators 2005 (DIAL) <sup>91</sup>	RCT, stable HF patients, telephone-based human interaction
Ramachandran <i>et al.</i> 2007 <sup>106</sup>		RCT, stable HF patients, telephone-based human interaction; excluded by Klersy <i>et al.</i> <sup>58</sup> because of the following reason: not pertinent
Sisk <i>et al.</i> 2006 <sup>92,125</sup>	Sisk <i>et al.</i> 2006 <sup>92,125</sup>	RCT, stable HF patients, telephone-based human interaction
Tonkin <i>et al.</i> 2009 (CHAT) (Abstract) <sup>93,145,146</sup>		RCT, stable HF patients, telephone-based interactive response system, telephone-based human interaction; excluded by Klersy <i>et al.</i> <sup>58</sup> because of the following reason: not pertinent

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Studies included by Inglis <i>et al.</i> <sup>48a</sup>	Studies included by Klersy <i>et al.</i> <sup>58b</sup>	Comment
<b>TM vs usual care</b>		
Antonicelli <i>et al.</i> 2008 <sup>71</sup>		RCT, patients discharged from hospital (and received intervention) within 28 days of exacerbation of HF, transmitted data reviewed by medical staff (including medical support) during office hours
Capomolla <i>et al.</i> 2004 <sup>73</sup>		RCT, patients discharged from hospital (and received intervention) within 28 days of exacerbation of HF, transmitted data reviewed by medical staff (including medical support) during office hours
Goldberg <i>et al.</i> 2003 (WHARF) <sup>75</sup>	Goldberg <i>et al.</i> 2003 (WHARF) <sup>75</sup>	RCT, patients discharged from hospital (and received intervention) within 28 days of exacerbation of HF, transmitted data reviewed by medical staff (including medical support) 7 days a week but not 24/7
Kielblock <i>et al.</i> 2007 <sup>76</sup>	Kielblock <i>et al.</i> 2007 <sup>76</sup>	RCT, patients discharged from hospital (and received intervention) within 28 days of exacerbation of HF, medical support available 24/7 (note: classified as cohort study by Klersy <i>et al.</i> <sup>58</sup> )
Woodend <i>et al.</i> 2008 <sup>83</sup>	Woodend <i>et al.</i> 2008 <sup>83</sup>	RCT, patients discharged from hospital (and received intervention) within 28 days of exacerbation of HF, transmitted data reviewed by medical staff (including medical support) during office hours
Balk <i>et al.</i> 2008 <sup>94</sup>		RCT, stable HF patients, transmitted data reviewed by medical staff (including medical support) during office hours
Blum <i>et al.</i> 2007 (MCCD) (Abstract) <sup>95,147</sup>		RCT, stable HF patients, transmitted data reviewed by medical staff (including medical support) during office hours
de Lusignan <i>et al.</i> 2001 <sup>96</sup>		RCT, stable HF patients, transmitted data reviewed by medical staff (including medical support) during office hours; excluded by Klersy <i>et al.</i> <sup>58</sup> because of the following reason: not pertinent
Giordano <i>et al.</i> 2009 <sup>97</sup>		RCT, stable HF patients, transmitted data reviewed by medical staff (including medical support) during office hours
Soran <i>et al.</i> 2008 (HFHC) <sup>98</sup>		RCT, stable HF patients, transmitted data reviewed by medical staff (including medical support) 7 days a week but not 24/7
Villani <i>et al.</i> 2007 (ICAROS) (Abstract) <sup>99</sup>		RCT, stable HF patients, transmitted data reviewed by medical staff (including medical support) during office hours; excluded by Klersy <i>et al.</i> <sup>58</sup> because of the following reason: study protocol
Zugck <i>et al.</i> 2008 (HiTel) (Abstract) <sup>148</sup>		RCT, stable HF patients, transmitted data reviewed by medical staff (including medical support) during office hours
<b>Cardiovascular implanted devices with monitoring vs cardiovascular implanted devices without monitoring (usual care)</b>		
	Bourge <i>et al.</i> 2008 <sup>105</sup>	RCT, stable HF patients
<b>Other</b>		
	Blue <i>et al.</i> 2001 <sup>149</sup>	TM, RCT; excluded by Inglis <i>et al.</i> <sup>48</sup> because of the following reason: intervention included home visits
	Dunagan <i>et al.</i> 2005 <sup>150</sup>	STS, RCT; excluded by Inglis <i>et al.</i> <sup>48</sup> because of the following reason: intervention included home visits
	Jerant <i>et al.</i> 2001 <sup>151</sup>	TM, RCT; excluded by Inglis <i>et al.</i> <sup>48</sup> because of the following reason: intervention included home visits
	Kashem <i>et al.</i> 2008 <sup>152</sup>	TM, RCT; excluded by Inglis <i>et al.</i> <sup>48</sup> because of the following reason: web-based intervention
	Kasper <i>et al.</i> 2002 <sup>153</sup>	TM, RCT; excluded by Inglis <i>et al.</i> <sup>48</sup> because of the following reason: intervention included home visits

Krumholz <i>et al.</i> 2002 <sup>154</sup>	TM, RCT; excluded by Inglis <i>et al.</i> <sup>48</sup> because of the following reason: frequent clinic and home visits
McDonald <i>et al.</i> 2002 <sup>155</sup>	TM, RCT; excluded by Inglis <i>et al.</i> <sup>48</sup> because of the following reason: frequent clinic visits with unstructured telephone follow-up
Schwarz <i>et al.</i> 2008 <sup>156</sup>	TM, RCT; excluded by Inglis <i>et al.</i> <sup>48</sup> because of the following reason: intervention involved caregivers as well as the patient with HF
Adamson <i>et al.</i> 2003 <sup>157</sup>	Cardiovascular implanted monitoring devices, cohort study without contemporaneous control group
Gambetta <i>et al.</i> 2007 <sup>158</sup>	TM, cohort study, stable HF patients
Hudson <i>et al.</i> 2005 <sup>159</sup>	TM; excluded by Inglis <i>et al.</i> <sup>48</sup> because of the following reason: not a RCT (before-and-after study)
Myers <i>et al.</i> 2006 <sup>160</sup>	TM, cohort study, stable HF patients
Morguet <i>et al.</i> 2008 <sup>161</sup>	TM; excluded by Inglis <i>et al.</i> <sup>48</sup> because of the following reason: not a RCT (cohort study with stable HF patients)
Oeff <i>et al.</i> 2005 <sup>162</sup>	TM; excluded by Inglis <i>et al.</i> <sup>48</sup> because of the following reason: not a RCT (before-and-after study)
Roth <i>et al.</i> 2004 <sup>163</sup>	TM, cohort study without contemporaneous control group
Scalvini <i>et al.</i> 2004 <sup>164</sup>	TM; excluded by Inglis <i>et al.</i> <sup>48</sup> because of the following reason: not a RCT (cohort study without contemporaneous control group)
Scalvini <i>et al.</i> 2005 <sup>165</sup>	TM; excluded by Inglis <i>et al.</i> <sup>48</sup> because of the following reason: not a RCT (cohort study with stable HF patients)
Scalvini <i>et al.</i> 2006 <sup>166</sup>	TM; excluded by Inglis <i>et al.</i> <sup>48</sup> because of the following reason: GP monitoring vs home-based monitoring (cohort study)
Scholfield <i>et al.</i> 2005 <sup>167</sup>	TM, before-and-after study

CHAT, Chronic Heart-failure Assistance by Telephone; DIAL, Randomized Trial of Telephone Intervention in Chronic Heart Failure; GESICA, Grupo de Estudio de Sobrevida en la Insuficiencia Cardíaca en la Argentina; HFHC, Heart Failure Home Care; HHH, Home or Hospital in Heart Failure; HiTel, Heart In – sufficiency TELEmonitoring Study; ICAROS, Integrated Care vs Conventional Intervention in Cardiac Failure Patients: Randomized Open Label Study; INH, Interdisciplinary Network for Heart Failure; MCCD, Medicare Coordinated Care Demonstration; PHARM, Pharmacist in Heart Failure Assessment Recommendation and Monitoring; REACT, Review of Education on ACE Inhibitors in Congestive Heart Failure Treatment; WHARF, Weight Monitoring in Heart Failure.

- a The criteria for inclusion were as follows: *population* – patients (aged  $\geq 18$  years) with a definitive diagnosis of HF and recently discharged from an acute care setting to home (excluding nursing homes or convalescent homes) or recruited while managed in the community setting; *interventions* – STS or TM interventions initiated by a health-care professional and targeted towards the patient and not caregivers; delivered as the only HF disease management intervention, without home visits or intensified clinic follow-up; *comparator* – consisted of standard post-discharge care without intensified attendance at cardiology clinics or clinic-based HF disease management programme or home visits; *outcomes* – death (from any cause), hospitalisation (from any cause or HF related), length of stay, cost of the intervention or cost reductions, QoL, acceptability and adherence; *study design* – RCTs; *other criteria* – full peer-reviewed journals published between January 2006 and November 2008 (this review updated a previously published review by the same authors that examined the period between 1966 and May 2006).
- b The criteria for inclusion were as follows: *population* – patients with chronic HF; *interventions* – telephone monitoring approach including regularly scheduled structured telephone contact between patients and health-care providers (with or without home visits) and reporting of symptoms and/or physiological data; a technology-assisted monitoring approach relying on information communication technology, with transfer of physiological data collected via remote (at the patient's home) external monitors or via cardiovascular implantable electronic devices; *comparator* – usual care approach, which referred to in-person visits at the doctor's office, at a multidisciplinary outpatient clinic or at an emergency department without additional telephone calls to and from the patient; *outcomes* – death (from any cause), first hospitalisation (from any cause or HF related) and composite of individual outcomes; *study design* – RCTs and cohort studies; *other criteria* – full-text articles in peer-reviewed journals published between January 2000 and October 2008 and published in English, Spanish, German, French or Italian.