Table 1. PICOTS Inclusion and Exclusion Criteria

|  | **Inclusion Criteria** | **Exclusion Criteria** |
| --- | --- | --- |
| Population | * Adults (18+ years) with a mental health condition or substance use disorder diagnosis (i.e., for a disorder listed in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*)
 | * Children (younger than age 18 years)
* Adults (18+ years) without a mental health condition or substance use disorder diagnosis
 |
| Interventions | * A telemedicine intervention for which a patient and provider have a real-time, 2-way interaction via telephone/audio call to exchange health information over a distance in any language regarding a diagnosed condition
* Audio care provided to individuals, couples, patient-caregiver dyads, or families (if the primary focus is on an adult with a mental health condition or substance use disorder diagnosis)
* Audio-only care may include an initial face-to-face intake and may be provided in conjunction with other asynchronous telehealth strategies (e.g., remote patient monitoring, email follow-up)
* Hybrid approaches that combine audio and other care or that supplement medication with audio care
* The audio component must be for the purpose of treating or managing the diagnosed mental health condition or substance use disorders
* Audio care may be facilitated or otherwise supported by an in-person health care staff member if that person is not an eligible provider type
* Providers: Audio care must be delivered by licensed health care professionals with whom in-person mental health visits are traditionally conducted and reimbursed (e.g., psychiatrists, psychiatric or mental health nurse practitioners, psychologists, clinical social workers, professional and clinical mental health counselors, and clinical addiction and substance use counselors)
 | * Asynchronous communication; email, text, or chat conversations; mobile applications that did not facilitate direct, real-time interaction with a health care professional
* Any purely educational activities
* Crisis lines
* Advice lines not for the purpose of treatment
* Interventions delivered to groups other than families
* Audio care for chronic physical conditions only where management of mental health or substance use is not the primary focus
* Telehealth consults between physicians
* Providers: Non-licensed health care professionals with whom in-person mental health visits are not traditionally conducted or reimbursed
 |
| Comparators |  |  |
| *For audio-only interventions* | * In-person care (which may include some asynchronous communication)
* Video-teleconferencing (which may include some asynchronous communication)
* Other usual care, including patients who receive no specified care
 | * No comparison
* Comparators with an audio component
 |
| *For hybrid interventions* | * The same intervention components as the intervention arm except for the audio care component and related supports (such as asynchronous messaging or remote monitoring tools) to isolate the impact of the audio care component
 | * No comparison
* Comparators with an audio component
 |

|  |  |  |
| --- | --- | --- |
| Outcomes |  |  |
| Clinical outcomes | * Clinically meaningful change\* (e.g., clinical response, remission) in validated condition- and symptom-specific measures (\*we qualitatively summarized scores on prioritized validated condition-/symptom-specific measures that were not interpreted by study authors as representing clinically meaningful change)
* Clinically meaningful change in validated measures of general health status
 | * Outcomes not listed as eligible
 |
| *Patient-reported outcomes* | * Validated measures of health and well-being
* Validated measures of quality-of-life
 | * Outcomes not listed as eligible
 |
| *Health care access and utilization* | * Access to care
* Kept appointments (vs cancellations and no-shows)
* Treatment completion (vs discontinuation or dropout)
* Medication adherence
* Type and length of inpatient or intensive outpatient mental health service use
* Emergency department visit rates
* Health care visit rates
 | * Studies that do not state a hypothesis for the intended direction of the effect
* Outcomes listed as eligible but are self-reported
* Outcomes not listed as eligible
 |
| *Experience* | * Quality of visit (including fidelity to the standard of care)
* Patient satisfaction with care
* Clinician satisfaction with care
 | * Outcomes not listed as eligible
 |
| *Patient harms* | * Any reported safety or harms outcomes
 | * N/A
 |
| Timing | * No restrictions on timing, length of intervention, or length of follow-up
 | * N/A
 |
| Setting | * Studies from countries that are similar to the United States[49](#_ENREF_49" \o "United Nations Development Programme, 2022 #2218)
* Patient and provider must be in different rooms for delivery of audio care
 | * Studies from countries that are not similar to the United States[49](#_ENREF_49)
* Patient and provider are in the same room for delivery of audio care
 |
| Study Design | * Randomized controlled trials
 | * Any other study design
 |

N/A, not applicable.