Table 2. Key Study Characteristics Presented by Condition and Intervention Purpose

| **Targeted Condition** | **Intervention Purpose** | **Author (Year)** | **Key Population Characteristicsa** | **Intervention** | **Comparator** **(Type, N)** |
| --- | --- | --- | --- | --- | --- |
| **Focus:b Intervention** | **Audio Component** | **Typec (N)** | **Other Supportsd** |
| Depression | Supplement with audio care | Kivelitz (2017)[13](#_ENREF_13) | Inpatient treatment‡  | Transition: Aftercare case management  | 6 calls over 12 weeks; 20–30 minutes/call | Audio-only (99) | N/A | UC (referred or directed to seek care as needed, 100) |
|  |  | Bombardier (2013)[14](#_ENREF_14), [15](#_ENREF_15) | Multiple sclerosis‡ | Monitor: Telephone-based physical activity promotion  | 7 sessions over ~3 months; 30 minutes/call | Audio-only with supports (44) | Information and resources such as exercise tapes provided upon request | Waitlist (no care, 48)  |
|  |  | Pihlaja (2020)[16](#_ENREF_16) | - | Monitor: Internet-based CBT with telephone support | 8 weekly calls; 15 minutes/call | Audio-only with supports (50) | Internet-delivered CBT modules, asynchronous messaging (email) | Internet-based CBT with asynchronous support (asynchronous messaging, 50)  |
|  |  | Lindner (2014)[17](#_ENREF_17) | - | Monitor: Internet-based CBT with telephone support | 7 weekly calls; 10 minutes/call | Audio-only with supports (19) | Internet-delivered CBT modules, asynchronous messaging (email) | Internet-based CBT with email support (asynchronous messaging, 19) |
|  |  | Anderson (2018)[18](#_ENREF_18) | HIV/AIDS,‡ Rural,‡ BIPOC§ | Treat: UC plus telephone-based therapy IPT  | Weekly for 9 weeks; 1 hour/session | Audio-only (75) | N/A | UC (referred or directed to seek care as needed, 72) |
|  |  | Naik 2019[19](#_ENREF_19) | Diabetes,‡ Veterans,‡ BIPOC,§ older adults,§ have disabilities,§ low-income§  | Treat: UC plus Healthy Outcomes Through Patient Empowerment intervention  | 9 calls over 6 months; starting as 30–40 minutes and reduced to 15 minutes/session | Audio-only with supports (136)  | Workbooks to guide sessions and define and track progress  | Enhanced UC (educational or community-based resource, 89) |
|  |  | Lerner (2020)[20](#_ENREF_20) | Veterans,‡ BIPOC§ | Treat: Integrated care plus Be Well at Work | 8 visits over 4 months and 1 booster session; 50 minutes/session | Hybrid with supports (139) | Homework to test new strategies and integrate new strategiesd | Integrated care (in-person care, 114) |
|  | Replace other care with audio care | Alegria (2014)[21-23](#_ENREF_21) | Low-income,ⴕ Latino immigrantsⴕ | Treat: Telephone Engagement and Counseling for Latinos  | 6–8 sessions over ~2 months; 45–50 minutes/session | Audio-only with supports (87) | CBT workbook | (1) UC (referred or directed to seek care as needed, 86) |
|  |  |  |  |  |  |  |  | (2) Face-to-face Engagement and Counseling for Latinos (in-person care, 84) |
|  |  | Kirkness (2017)[24](#_ENREF_24) | Post-stroke‡ | Treat: Brief telephone psychosocial-behavioral intervention | 6 sessions; ranging from 10–80 minutes/session | Audio-only with supports (37) | Manual outlining intervention content | (1) UC (referred or directed to seek care as needed, 28) |
|  |  |  |  |  |  |  |  | (2) Brief in-person psychosocial-behavioral intervention (in-person care, 35) |
|  |  | Himelhoch (2013)[25](#_ENREF_25) | HIV/AIDS,‡ low-income,‡ BIPOCⴕ  | Treat: Telephone-based CBT  | 11 sessions over 14 weeks; 45 minutes/session | Audio-only with supports (16) | CBT workbook | Face-to-face psychotherapy (in-person care, 18) |
| Depression (continued) |  | Mohr (2012)[26-30](#_ENREF_26) | BIPOC§ | Treat: Telephone-based CBT | 18 sessions over 18 weeks; 45 minutes/session | Audio-only with supports (163) | CBT workbook | Face-to-face CBT (in-person care, 162) |
| Post-traumatic stress disorder | Supplement with audio care | Rosen (2013)[31](#_ENREF_31) | Inpatient treatment,‡ Veterans,‡ BIPOC§ | Transition: UC plus telephone monitoring and support | 6 calls over 3 months after; average 16.4 minutes/call  | Audio-only with supports (412) | Referral | UC (referred or directed to seek care as needed, 425) |
|  | Rosen (2017)[32](#_ENREF_32) | Veterans,‡ BIPOCⴕ  | Transition: UC plus telephone care management | 6 calls over 3 months; average 25.1 minutes/call | Hybrid (191) | N/Ad | UC (in-person care, 165) |
|  |  | Gallegos (2015)[33](#_ENREF_33) | Veterans,‡ Rural§ | Transition: Telephone-based CBT  | 4 total sessions, at baseline, 1, 3, and 6 months; 45–60 minutes/session | Audio-only (123) | N/A | Waitlist (no care, 150) |
| Insomnia | Supplement with audio care | Sunnhed (2020)[34](#_ENREF_34) | - | (1) Monitor: Telephone-based cognitive therapy | Weekly for 10 weeks; 15 minutes/call  | Audio-only with supports (72)  | Internet-delivered self-help program with corresponding exercises | Waitlist (no care, 74) |
|  | (2) Monitor: Telephone-based behavioral therapy | Weekly for 10 weeks; 15 minutes/call | Audio-only with supports (73) | Internet-delivered self-help program with corresponding exercises | Waitlist (no care, 74) |
|  | Arnedt (2013)[35](#_ENREF_35) | BIPOC§ | Treat: Telephone-based CBT for insomnia  | 4–8 weekly sessions; 15-60 minutes/session | Audio-only with supports (15) | Mailed treatment modules | Information pamphlet (educational resource, 15) |
| Schizophrenia spectrum disorder | Replace other care with audio care | Beebe (2017)[36](#_ENREF_36) | BIPOC§ | Monitor: Telephone intervention problem solving | Weekly; duration NR | Audio-only (NR) | N/A | UC (in-person care, NR) |
| Any substance use disorder | Supplement with audio care | Timko (2019)[37](#_ENREF_37) | Inpatient psychiatry treatment,‡ veterans,\* BIPOC§ | Transition: UC plus telephone monitoring | Weekly calls for 3 months; ~15 minutes/call | Audio-only (207) | N/Ad | UC (in-person care, 199) |
|  |  | Timko (2019)[38](#_ENREF_38) | Inpatient detoxification,‡ veterans\* | Transition: UC plus enhanced telephone monitoring | Weekly for 12 weeks; 15 minutes/call | Audio-only (148) | N/Ad | UC (in-person care, 150) |
| Replace other care with audio care | McKellar (2012)[39](#_ENREF_39) | Intensive outpatients,‡ Veterans,ⴕ BIPOC,§ Rural§ | Transition: Telephone case monitoring | 12 weekly calls; 10–15 minutes/call | Audio-only with supports (213) | Participant workbook | UC (in-person group-based care, 454) |
| Alcohol use disorder | Supplement with audio care | Lucht (2021)[40](#_ENREF_40) | Inpatient detoxification‡  | Transition: UC plus SMS intervention | Calls dependent on participant responses to text messages; intended to be brief | Audio-only with supports (230) | Referral, asynchronous messaging (text messages) | UC (referred or directed to seek care as needed, 233) |
|  |  | McKay (2022)[41](#_ENREF_41) | Intensive outpatients,‡ BIPOCⴕ | (1) Monitor: UC plus telephone monitoring and counseling | 16 calls over 12 months; 15-30 minutes/call | Hybrid (59) | N/Ad | (3) UC (in-person care, 65) |
| Alcohol use disorder (continued) |  |  |  |  | (4) UC plus Addiction Comprehensive Health Enhancement Support System (in-person care with supports, 68) |
|  |  |  |  | (2) Monitor: UC plus telephone monitoring and counseling plus Addiction Comprehensive Health Enhancement Support System | 16 calls over 12 months; 15–30 minutes/call | Hybrid with supports (70) | Smartphone program that collects data to estimate relapse risk and provides encouragement and resources when risk is highd | (3) UC (in-person care, 65) |
|  |  |  |  |  | (4) UC plus Addiction Comprehensive Health Enhancement Support System (in-person care with supports, 68) |
| Cocaine use disorder  | Supplement with audio care | McKay (2013)[42-44](#_ENREF_42) | Intensive outpatients,‡ veterans,\* BIPOCⴕ | (1) Monitor: UC plus telephone monitoring and counseling | 39 calls over 24 months; 20 minutes/call | Hybrid (106) | N/Ad | UC (in-person care, 108) |
|  | (2) Monitor: UC plus telephone monitoring and counseling plus incentives | 39 calls over 24 months; 20 minutes/call | Hybrid with supports (107) | Gift couponsd | UC (in-person care, 108) |

BIPOC, Black, Indigenous, and people of color; CBT, cognitive behavioral therapy; IPT, interpersonal psychotherapy; N, number; N/A, not applicable; NR, not reported; SMS, short message/messaging service; UC, usual care.

a § indicates more than 25% of the study sample, ⴕ indicates more than 50% of the study sample, and ‡ (or \*) indicates 100% of the study sample belongs (or is assumed to belong) to this population group.

b Intervention focus refers to whether the intervention focuses on facilitating a transition in care, monitoring a condition, or treating a condition.

c Intervention type refers to whether the intervention involved synchronous interaction with provider via audio-only (audio-only) or via a mix of audio and in-person (hybrid) and whether the intervention included other intervention components (with supports).

d Intervention includes ongoing in-person visits (i.e., is a hybrid intervention). Timko (2019) interventions are considered audio-only and not hybrid since the intervention being tested is an audio intervention for transitioning care that occurs after discharge from an inpatient setting (i.e., the audio and in-person visits are not occurring simultaneously).[37](#_ENREF_37), [38](#_ENREF_38)