Appendix 4 Data extraction form for published literature search

		Reviewer response (not more than 1 sentence)
1.	Citation	First Author:
		Title:
		Journal:
		Year:
5.	What type of publication is this paper?	☐ original research study (observational study, randomized controlled trial etc.)
		☐ editorial/commentary/news and views
		☐ review/meta-analysis
		☐ protocol
		☐ RCT
		☐ Review
		☐ other:_____
12.	Is there a communication component to the tool?	☐ Yes
		☐ No If no, do not continue.
14.	Is the communication component the primary feature or a supplemental feature?	☐ Primary
		☐ Supplemental
16.	What is the primary functioning of the communication component of the tool?	☐ Unstructured (Patient-provider free-form communication)
		☐ Structured (Tailored feedback)
18.	Is the tool findable (website url etc.)?	☐ URL:
		☐ No, further information about the tool could not be found
20.	What is the country of origin?	Please specify:
21.	At what stage of study is the tool?	☐ Development
		☐ Feasibility and piloting
		☐ Evaluation
		☐ Implementation
		☐ Other: _____
26.	In what context or setting is the tool used?	☐ Healthcare
		☐ Non-healthcare
		☐ Other, please specify: _____
		If non-healthcare tools, exclude
		Further description, if needed:
30.	What clinical/disease area is the tool focused on?	☐ Cardiovascular disease
		☐ Cancer

		☐ Stroke
		☐ Chronic respiratory diseases
		☐ Diabetes
		☐ Mental health
		☐ Non-specific
		☐ Other: _____
38.	What is the primary purpose of the tool?	☐ Patient-healthcare provider communication
		☐ Communication that is not between patients and healthcare providers
		☐ Health information storage, such as an EHR
		☐ Other: _____
42.	List all other functions of the tool beyond that mentioned in 6.	Description:
43.	Have any published studies been conducted which evaluated this tool?	☐ Yes
		☐ What study design?:
		☐ Randomized controlled trial
		☐ Observational study
		☐ Cohort
		☐ Case-control study
		☐ Non-randomized controlled trial
		☐ Controlled before and after study
		☐ Qualitative study
		☐ Cross-sectional study
53.	If observational study, is it prospective or retrospective?	☐ Prospective
		☐ Retrospective
55.	Is this study a randomized controlled trial?	☐ Yes
		☐ If it was evaluated with the Medical Research Council Framework for Complex Interventions, check phase:
		☐ Phase I
		☐ Phase II
		☐ Phase III
		☐ Phase IV
		☐ No
		Description:
63.	If answered yes to 8, what outcomes were measured?	Description:

64.	What was the study sample size?	Description:
65.	What is the length of follow-up?	Description: ☐ N/A
67.	What medium does it use?	☐ Website-based ☐ Cellular Phone-based Secure Messaging Service ("texting") ☐ Software-based connected by internet ☐ Web-based app ☐ Native app ☐ Hybrid web and native app ☐ Other: _____
74.	Is this tool a component of another system/platforms (i.e. EHR, care plan)??	☐ Yes 　☐ If yes, how: _____ ☐ No 　☐ If no, are there future plans for connectivity: 　　☐ Yes, how: _____ 　　☐ No
80.	What credentials are used for logging in?	☐ Email address ☐ Password ☐ Username ☐ Banking credentials ☐ Other: _____
85.	What form of communication does the tool work by?	☐ Synchronous communication ☐ Asynchronous communication (end-users do not have to use the tool in real-time) ☐ Other: _____
88.	If asynchronous communication, is it time-limited?	☐ Yes ☐ No
90.	Does the tool engage patients and/or caregivers?	☐ Select all that apply 　☐ Adult patients (default) 　☐ Children 　☐ Family Caregivers 　☐ Parents 　☐ Paid Caregivers

96.	What type of health care provider is intended to use the tool?	☐ Nurse
		☐ Physician
		☐ Physician Assistant
		☐ Pharmacist
		☐ Allied Health Professional (Physiotherapist, Dietician, Social Worker, Psychologist etc.)
		☐ Other: _____
102.	What is the study context/setting of use?	☐ Academic
		☐ Business (i.e. CVS, Walmart)
		☐ Integrated healthcare organization (i.e. Kaiser Permanente)
		☐ Primary care
		☐ Tertiary care outpatient clinics
		☐ Inpatient hospital units
		☐ Other: _____
109.	What area of clinical specialty is/are the end-users?	Describe:
110.	Does the tool allow for team-based communication (more than a single health care provider can communicate)?	☐ Yes
		☐ No
		☐ Unclear
113.	Does the patient communicate with their own healthcare provider?	☐ Yes
		☐ No
		☐ Unclear
116.	How is the tool made	☐ Freely available
		☐ Registration required to use
		☐ Payment required
		☐ User pays
		☐ Organizational license
		☐ Other form of monetary revenue: _____
122.	What is the name of the tool?	Description: