



# Correction to: Health-economic evaluation of home telemonitoring for COPD in Germany: evidence from a large population-based cohort

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In the original article, the observation period for a small share of the control group was misspecified and led to increased hospital costs and increased inpatient utilization in the control group. We thus redefined the index date for the control group to the date of invitation by the sickness fund to participate in the program (index date is now patient-specific for both groups).

Minor corrections apply to the sample descriptives (Fig. 1, Table 1, Table A1) as the analysis now comprised 651 telemonitoring participants and 7079 individuals in the standard care group. Main changes apply to the abovementioned parameters (see Table 2) as telemonitoring no longer reduced total costs compared to standard care but is cost neutral (ATT: €82.82,  $p > 0.05$ ). The main driver was hospitalisation costs (ATT: –€158.50,  $p > 0.1$ ). Telemonitoring enrollees used healthcare (all-cause and COPD-related)

equally intensely yet with a tendency for shorter hospital stays (–1.00 days,  $p = 0.052$ ). The mortality hazard ratio remained lower in the intervention arm (HR 0.48, 95% CI 0.29–0.81). Dividing the cohort into mild/ moderate COPD ( $FEV_1 \geq 50\%$ ) and into severe/ very severe COPD ( $FEV_1 < 50\%$ ) shows a tendency for costs savings in the less sick subgroup (mild/moderate: –€403.19,  $p = 0.542$ ; severe/ very severe: €391.38,  $p = 0.513$ ). Reductions in mortality and healthcare utilisation were greater for (very) severe COPD cases. Results are robust to sensitivity analyses.

This study demonstrates that telemonitoring for COPD reduces mortality, at no increase in healthcare costs and utilisation at 12 months. Since no significant cost savings were achieved, on average, the telemonitoring programme cannot be considered a dominant technology (i.e. ICER: € 146 per avoided year of life lost).

A fully corrected version of the text, all tables and figures can be obtained from the authors upon request or as part of the online supplementary material of this correction.

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The original article can be found online at <https://doi.org/10.1007/s10198-016-0834-x>.

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**Table 2** Outcomes for the telemonitoring and control group now reads

	TM (651)		Control (7079)		DiD estimation		SE
	Base-line	Follow-up	Baseline	Follow-up	ATT <sup>a</sup>		
Total costs (in €)	6799	8314	6948	8381	83		421
Inpatient treatment	3393	4296	3863	4925	-158		387
Thereof due to COPD	1431	1298	1656	1441	82		172
Outpatient treatment	1114	1288	986	1081	78	**	35
Pharmaceuticals	2120	2496	1943	2153	165	*	88
Rehabilitation	171	234	157	221	-2		42
Indicators for healthcare utilisation							
Average length of hospital stay	6.18	9.33	6.17	10.16	-0.83	*	0.46
Thereof due to COPD	4.98	9.62	5.01	10.65	-1.00	*	0.51
Inpatient bed days	9.87	9.97	11.58	12.23	-0.55		0.77
Thereof due to COPD	4.74	3.39	5.21	4.03	-0.18		0.37
Inpatient stays	1.09	1.06	1.20	1.15	0.03		0.06
Thereof due to COPD	0.51	0.36	0.55	0.37	0.02		0.03
Thereof ED visits due to COPD	0.31	0.21	0.32	0.24	-0.01		0.03
Proportion hospitalized (in %)	93.86	50.23	96.48	50.72	2.13		2.27
Thereof due to OPD	74.81	22.27	78.03	21.95	3.55		2.39
Thereof in ED due to COPD	49.16	14.29	49.01	15.42	-1.28		2.40
Physician visits	15.17	16.98	13.32	13.85	1.28	***	0.26
Thereof due to COPD	6.09	8.08	5.07	6.16	0.90	***	0.13
Prescriptions	36.72	41.49	34.01	36.63	2.16	***	0.60
Indicators for mortality							
All-cause mortality (in %)	n.a. <sup>b</sup>	3.23	n.a. <sup>b</sup>	6.57	-3.34	***	n.a

\* ≤ 0.1, \*\* ≤ 0.05, \*\*\* ≤ 0.01

<sup>a</sup>Average treatment effect for the treated represents excess resource utilisation attributable to TM

<sup>b</sup>Baseline values are not applicable because individuals were only eligible if alive at index date

**Supplementary Information** The online version contains supplementary material available at <https://doi.org/10.1007/s10198-020-01258-w>.

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