that it is imperative to do the research now and not wait until the next epidemic.

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Editorial Note: This letter was shown to the corresponding author of the original article, who declined to reply on behalf of the authors.


CORRECTION

Error in Text and Table: In the Original Investigation titled “Effectiveness of Remote Patient Monitoring After Discharge of Hospitalized Patients With Heart Failure: The Better Effectiveness After Transition–Heart Failure (BEAT-HF) Randomized Clinical Trial,” published online February 8, 2016, in JAMA Internal Medicine,1 there was an error in the second sentence of the second paragraph of the Results section. The sentence should read as follows: “Telemonitoring adherence to greater than 50% of days was documented in 55.4% (396 of 715) of intervention patients at 30 days and in 51.7% (370 of 715) at 180 days, while telephone coaching adherence to greater than 50% of calls was 61.4% (439 of 715) of intervention patients at 30 days and 68.0% (486 of 715) at 180 days.” Also, in Table 3 incorrect information appeared. The 30 and 180-day quality-of-life scores for the Intervention group should have read 485 (30.2) and 383 (28.5), respectively. The 30 and 180-day quality-of-life scores for the Usual Care group should have read 503 (32.2) and 413 (32.6), respectively. In addition, the heading for quality-of-life score should read Quality-of-Life Score, No. (Mean). This article was corrected online.


Error in Supplement Sample Description: In the Research Letter by Cohen et al,1 “Caffeine Content of Dietary Supplements Consumed on Military Bases,” the supplement sample included the most popular dietary supplements sold as powders and tablets in addition to those sold as capsules. This article was corrected online.