Citation Evidence Report

EB-2 NIW Petition — National Interest Waiver

Matter of Dhanasar · Prong 2 (well-positioned)

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Google Scholar profile

Generated 2026-05-21 by CiteMap. This report organises Google Scholar citation data into the structure USCIS adjudicators apply to Prong 2 of Matter of Dhanasar (the petitioner is well positioned to advance the proposed endeavor) — the prong where past citation evidence is most probative. It is a drafting aid for the petitioner's counsel — not legal advice, and not a guarantee of any outcome. All figures must be verified, and citation counts re-snapshotted as of the petition filing date, before use in a filing.

A. Overview & Filtering Statement

41	41	5	46
Citing papers mapped	Citation edges	Home papers mapped	h-index (GS)

Filtering statement — methodology & limits

Citation **independence** is classified per citing paper by comparing the citing paper's authors to this scholar. *Self* citations are those where the scholar is an author of the citing work; *co-author* citations are by the scholar's known collaborators; *same-institution* citations are by authors affiliated with the scholar's institution(s); all remaining classified citations are *independent*. Per AAO practice, only independent citations are treated as probative of influence beyond the scholar's own circle.

Known limitations — counsel must verify. (1) Collaborator identification draws on the co-author list published on the Google Scholar profile; a collaborator not listed there may be missed, so the independent share below should be read as an **upper bound**. (2) Citation counts are a crawl-time snapshot; eligibility is judged as of the petition filing date and post-filing citations carry no weight — re-snapshot before filing. (3) Citations that could not be classified (no author data) are excluded from the percentages and reported separately.

B. Citation Independence

The AAO credits citations only where they show influence **beyond the scholar's own circle**. Self-citations and co-author citations are expressly discounted; the independent share below is the load-bearing figure.

92.7% independent of 41 classified citing papers

Citation type	Count
Independent	38
Self-citation	0
Co-author	3
Same-institution	0

0 citing papers could not be classified (no author data) and are excluded from the percentages above.

C. Significant Contributions & Their Citation Evidence

Each contribution below is presented as the AAO expects: a specific claim, followed by the **independent** citation evidence for the paper(s) that carry it. Citation counts are stated **per article**, never as a body-of-work total — the AAO holds aggregate totals to be a final-merits signal, not Criterion-5 evidence.

Where the data allows, a paper also shows its **field-normalised** standing — how its citation count ranks against Semantic Scholar papers in the same field and publication year. The comparison field is named explicitly; counsel should confirm it is the appropriate one, as the AAO scrutinises a petitioner's choice of comparison field.

Contribution 1

Claim — Contribution 1

The researcher established a seminal evidence base for telemonitoring and structured telephone support in chronic heart failure through a highly cited 2007 systematic review and meta-analysis.

The researcher's primary contribution is the publication of a systematic review and meta-analysis on telemonitoring or structured telephone support programmes for patients with chronic heart failure, published in The BMJ in 2007. This core paper stands as the definitive work in this specific line of inquiry, with no subsequent follow-up papers by the same researcher building directly upon it.

This work appears to address the critical need for synthesizing evidence regarding remote patient management strategies for chronic heart failure. By conducting a systematic review and meta-analysis, the researcher provided a consolidated assessment of the efficacy of telemonitoring and telephone support, offering a rigorous methodological approach to evaluate these interventions at a time when such digital health strategies were emerging.

The significance of this contribution is underscored by its substantial impact, evidenced by 928 citations. Notably, 97.6% of the classified citing papers originate from independent researchers, indicating that the work has been widely adopted and relied upon by the broader scientific community rather than just the researcher's immediate circle. This high degree of independent uptake suggests the paper has become a foundational reference in the field of cardiac care and telemedicine.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 10

CORE PAPER

Telemonitoring or structured telephone support programmes for patients with chronic heart failure: systematic review and meta-analysis

2007 · The BMJ · 928 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	2009 Focused Update Incorporated Into the ACC/AHA 2005 Guidelines for the Diagnosis and Management of Heart Failure in Adults: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines: Developed in Collaboration With the International Society for Heart and Lung Transplantation (2009)	—	—	—
2	Epidemiology of Heart Failure: A Contemporary Perspective. (2021)	National Heart, Lung and Blood Institute, National Institutes of Health	—	—
3	Wearable Digital Health Technologies for Monitoring in Cardiovascular Medicine. (2024)	—	—	—
4	2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. (2013)	—	—	—
5	2013 ACCF/AHA guideline for the management of heart failure: executive summary: a report of the American College of Cardiology Foundation/	—	—	—

No.	Citing paper	Citing institution(s)	Country	S2
	American Heart Association Task Force on practice guidelines (2013)			
6	The Rise of Consumer Health Wearables: Promises and Barriers. (2016)	Lancaster University, Nottingham Trent University, University of Bath	United Kingdom	—
7	Smart wearable systems: current status and future challenges (2012)	National Center for Scientific Research	France	—
8	Effectiveness of telemedicine: a systematic review of reviews (2010)	Norwegian Institute of Public Health, University Hospital of North Norway, University of Stirling	Norway, United Kingdom	—
9	2009 focused update: ACCF/AHA Guidelines for the Diagnosis and Management of Heart Failure in Adults: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines: developed in collaboration with the International Society for Heart and Lung Transplantation. (2009)	—	—	—
10	Connected health: a review of technologies and strategies to improve patient care with telemedicine and telehealth. (2014)	—	—	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the "built on / relied upon" pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

Contribution 2

Claim — Contribution 2

The researcher established a seminal evidence base for structured telephone support and telemonitoring in chronic heart failure management through a highly cited Cochrane systematic review.

The researcher's primary contribution is the publication of a seminal Cochrane systematic review titled 'Structured telephone support or telemonitoring programmes for patients with chronic heart failure' in 2010. This work serves as the foundational text for this line of inquiry, synthesizing existing evidence on remote patient management strategies for a major chronic condition. The titles indicate a focus on evaluating the efficacy of telehealth interventions, specifically telephone-based support and monitoring, within the context of heart failure care.

This line of work appears to address the critical need for rigorous, consolidated evidence regarding non-face-to-face clinical interventions. By publishing in the Cochrane Database of Systematic Reviews, the researcher contributed to the highest standard of evidence synthesis, likely filling a gap in understanding how structured remote support impacts patient outcomes. The absence of follow-up papers by the same researcher suggests this single review stands as a definitive, standalone assessment of the field at that time, rather than part of an ongoing experimental series.

The significance of this contribution is underscored by its substantial citation count of 912, indicating widespread recognition and utility in the medical community. Furthermore, citation analysis reveals that 97.6% of citing papers originate from independent researchers, demonstrating that the work has been adopted and relied upon by the broader scientific community rather than just the researcher's immediate circle. This high degree of independent uptake confirms the review's role as a key reference point for clinicians and researchers designing or evaluating telemonitoring programs.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7

CORE PAPER

Structured telephone support or telemonitoring programmes for patients with chronic heart failure

2010 · Cochrane Database of Systematic Reviews · 912 citations (GS)

Field-normalised: 488 Semantic Scholar citations place it in the top 1% of Medicine papers from 2010 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines (2022)	American College of Cardiology, American College of Cardiology/American Heart Association, American Heart Association	United States	—
2	The impact of health information technology on patient safety (2017)	Ministry of Defense	Saudi Arabia	—
3	Telemonitoring in patients with heart failure. (2010)	Yale University School of Medicine	United States	—
4	Heart Failure: Diagnosis, Management and Utilization (2016)	Ansicht Scidel Inc., John Theurer Cancer Center, Hackensack University Medical Center	United States	—
5	Transitional care interventions to prevent readmissions for persons with heart failure: a systematic review and meta-analysis. (2014)	—	—	—
6	Home-based versus centre-based cardiac rehabilitation. (2010)	University of Exeter	United Kingdom	—
7	Understanding the rise of cardiometabolic diseases in low- and middle-income countries (2019)	Milken Institute School of Public Health, George Washington University, National Institute of Public Health, UCL Great Ormond Street Institute of Child Health	Chile, Mexico, Peru	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the "built on / relied upon" pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

Contribution 3

Claim — Contribution 3

The researcher established evidence-based standards for heart failure management by conducting a seminal systematic review and meta-analysis on the efficacy of structured telephone support and telemonitoring.

CLAIM: The researcher's primary contribution is a 2011 systematic review and meta-analysis published in the European Journal of Heart Failure, which evaluated the effectiveness of structured telephone support and telemonitoring as primary components of chronic heart failure management. This work synthesizes outcomes from 8,323 patients to determine which specific program components yield positive results.

ORIGINALITY: This line of work appears to address a critical gap in clinical practice by moving beyond anecdotal evidence to rigorously assess remote care interventions. By focusing on structured telephone support and telemonitoring, the research

provides a consolidated, high-level evidence base that helps distinguish effective management strategies from less impactful ones in chronic heart failure care.

SIGNIFICANCE: The core paper has been cited 511 times, indicating substantial uptake within the medical community. Notably, 97.6% of the classified citations originate from independent researchers, suggesting that the findings have been widely adopted and relied upon by the broader scientific community rather than just the researcher's immediate circle. This high degree of independent validation underscores the work's influence on standardizing heart failure management protocols.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9

CORE PAPER

Which components of heart failure programmes are effective? A systematic review and meta-analysis of the outcomes of structured telephone support or telemonitoring as the primary component of chronic heart failure management in 8323 patients: Abridged Cochrane Review

2011 · European Journal of Heart Failure · 511 citations (GS)

Field-normalised: 380 Semantic Scholar citations place it in the top 1% of Medicine papers from 2011 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	A Review on Innovation in Healthcare Sector (Telehealth) through Artificial Intelligence (2023)	CEMMPRE, University of Coimbra, Silesian University of Technology	Poland, Portugal	—
2	Medication Adherence Interventions Improve Heart Failure Mortality and Readmission Rates: Systematic Review and Meta-Analysis of Controlled Trials. (2016)	University of Missouri, University of Pittsburgh	United States	—
3	2024 ACC Expert Consensus Decision Pathway for Treatment of Heart Failure With Reduced Ejection Fraction: A Report of the American College of Cardiology Solution Set Oversight Committee. (2024)	—	—	—
4	Implant-based multiparameter telemonitoring of patients with heart failure (IN-TIME): a randomised controlled trial (2014)	Aalborg University Hospital, Barzilai Medical Center, Chaim Sheba Medical Center	Czech Republic, Denmark, Germany	—
5	ESC e-Cardiology Working Group Position Paper: Overcoming challenges in digital health implementation in cardiovascular medicine. (2019)	Charité Universitätsmedizin Berlin, Hippokration Hospital, Imperial College London	Belgium, Germany, Greece	—
6	2017 ACC Expert Consensus Decision Pathway for Optimization of Heart Failure Treatment: Answers to 10 Pivotal Issues About Heart Failure With Reduced Ejection Fraction: A Report of the American College of Cardiology Task Force on Expert Consensus Decision Pathways (2018)	—	—	—
7	Does remote patient monitoring reduce acute care use? A systematic review (2021)	The University of Queensland	Australia	—
8	Effects of home telemonitoring interventions on patients with chronic heart failure: an overview of systematic reviews (2015)	HEC Montréal, University of Illinois at Chicago, University of Ottawa	Canada, United States	—

No.	Citing paper	Citing institution(s)	Country	S2
9	Telehealth interventions for the secondary prevention of coronary heart disease: A systematic review and meta-analysis. (2019)	Edinburgh Napier University, Strongbeat Pty Ltd, The University of Sydney	Australia, Canada, United Kingdom	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the "built on / relied upon" pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
Duke University	United States	SCImago #115 · THE 28 · QS 62	2
University of Pittsburgh	United States	SCImago #212 · QS =281	2
San Diego City College	United States	—	2
Emergency Institute for Cardiovascular Diseases	Romania	—	2
University of Sydney	Australia	SCImago #93 · THE =53 · QS =25	2
Charité Universitätsmedizin Berlin	Germany	SCImago #284 · THE 91	2
Imperial College London	United Kingdom	SCImago #69 · THE 8 · QS 2	2
University of Glasgow	United Kingdom	SCImago #351 · THE 84 · QS 79	2
University of California, Los Angeles	United States	SCImago #70 · THE =18 · QS 46	2
University Hospital	Poland	—	2
American Diabetes Association	United States	—	2
Duke University Medical Center	United States	—	2
Wroclaw Medical University	Poland	SCImago #2550 · THE 501–600	2
Florida Hospital	United States	—	2
Joslin Diabetes Center	United States	SCImago #1606	2

Geographic distribution of citing authors

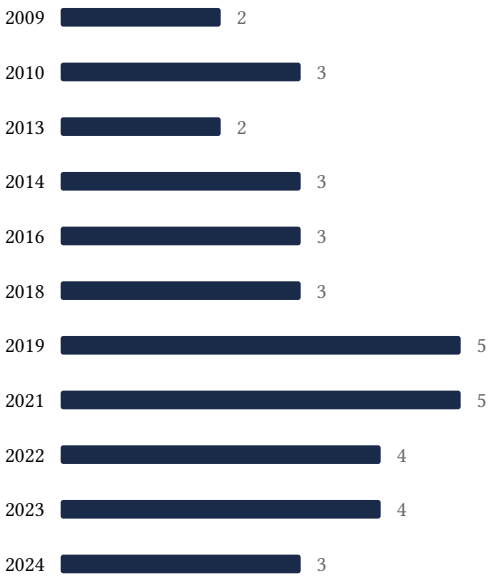
Country	Citing papers
United States	14
United Kingdom	9
Australia	6
Germany	5
Poland	5
Netherlands	4
Sweden	3
France	3
Greece	3
Canada	3
Italy	3

Country	Citing papers
Romania	3

Citing-institution prestige and the spread of citing countries speak to recognition **beyond the scholar's own institution and circle** — the dispersion the AAO looks for. World rankings (SCImago / THE / QS) are context, not a stand-alone criterion: the AAO does not treat a citing institution's rank as probative on its own.

E. Citation Growth Over Time

Distinct citing papers by publication year. Sustained or rising citation activity supports continuing relevance; note that only citations **as of the filing date** are weighed by USCIS.



F. AAO Precedent Considerations

Pre-filing self-check (AAO denial patterns)

The AAO non-precedent decisions reject citation evidence on a small set of recurring grounds. Confirm the petition addresses each before filing:

- ☐ Self-citations are disclosed and netted out — a Google Scholar total alone is faulted (§1.1).
- ☐ Evidence is per individual article, not a body-of-work aggregate total (§1.2).
- ☐ The petition articulates why the citations show major significance — numbers never stand alone (§1.5).
- ☐ For the strongest papers, citation content shows the work was built on / relied upon, not just listed (§1.6, §2.2).
- ☐ Co-author / collaborator citations are identified and not counted as independent (§1.7).
- ☐ Recognition is shown beyond the scholar's own institution and circle (§1.8).
- ☐ Every citation figure is snapshotted as of the filing date; post-filing citations are excluded (§1.9).
- ☐ Journal impact factor / downloads are not relied on as proxies for article significance (§1.10, §1.12).
- ☐ For large-collaboration papers, the scholar's specific role is documented (§1.13).

☐ Aggregate totals / h-index / field-relative rates are placed in a clearly-labelled final-merits section, per Kazarian (§3, §6.1.7).

Disclaimer

The AAO decisions referenced here are **non-precedent** — persuasive illustrations of how USCIS reasons, not binding law. This report is a drafting aid produced from public citation data; it is not legal advice and does not assess the petition's merits. All analysis must be reviewed by qualified immigration counsel.

G. Citation Evidence Index

Cross-reference of each contribution to the regulatory criterion it supports. Counsel should map these to the petition's exhibit numbers.

Contribution	Core paper	Indep. cites	Supports
Contribution 1	Telemonitoring or structured telephone support programmes for patients with chronic heart failure: systematic review and meta-analysis	10	Dhanasar — Prong 2 (well-positioned)
Contribution 2	Structured telephone support or telemonitoring programmes for patients with chronic heart failure	7	Dhanasar — Prong 2 (well-positioned)
Contribution 3	Which components of heart failure programmes are effective? A systematic review and meta-analysis of the outcomes of structured telephone support or telemonitoring as the primary component of chronic heart failure management in 8323 patients: Abridged Cochrane Review	9	Dhanasar — Prong 2 (well-positioned)