

Study	Outcome measures (provider or professional, process, health or clinical and financial) including effects (significant effects are in italics)
Ciccone (2010) [26]	<p>Health or clinical:</p> <p><i>Physical activity (days p/w): + (P&lt;.001)<sup>a</sup></i></p> <p><i>Time spent on PA<sup>b</sup>: + (P&lt;.001)<sup>a</sup></i></p> <p>+ <i>Self efficacy, coping, to be able to access social support<sup>c</sup></i></p> <p>+ <i>Self-monitoring: increase with extra 20-27%<sup>c</sup></i></p> <p>+ <i>Diastolic and systolic BP<sup>d</sup>: (P&lt;.001)<sup>a</sup></i></p> <p>+ <i>Statistical significant change (10-20%: BMI<sup>e</sup>, LDL<sup>f</sup>, systolic BP, and total cholesterol)<sup>c</sup></i></p> <p>– HDL<sup>g,c</sup></p> <p>+ <i>High-density lipoprotein level<sup>f</sup></i></p> <p>+ <i>Adoption of healthy diet increase from 39.4% to 80.7%<sup>c</sup></i></p> <p>+ <i>Vitality; average in follow-up 5.28 higher than starting score<sup>c</sup></i></p> <p>+ <i>Satisfaction<sup>c</sup></i></p> <p>Provider or professional:</p> <p>High satisfaction from physicians and care managers relate to effective collaborate between care managers and physician<sup>c</sup></p>
Smith (2008) [31]	<p>Process:</p> <p>Process of diabetes care: – (P=.41)<sup>h</sup></p> <p>Financial:</p> <p><i>Total cost: + (P=.02)<sup>h</sup></i></p> <p><i>Outpatient cost: + (P=.04)<sup>h</sup></i></p> <p>Health or clinical:</p> <p>Metabolic and cardiovascular risk control</p> <p><i>Smoking cessation: + (P=.04)<sup>h</sup></i></p> <p><i>Aspirin use: + (P=.001)<sup>h</sup></i></p> <p>– Other metabolic and cardiovascular outcomes (eg, LDL-C levels, BP, and cardio metabolic drugs)<sup>a</sup></p>
Carallo (2015) [25]	<p>Health or clinical:</p> <p><i>HbA1c<sup>i</sup>: + (P=.01)<sup>a</sup></i></p> <p><i>BMI: + (P=.03)<sup>a</sup></i></p> <p><i>LDL cholesterol: + (P=.003)<sup>a</sup>; + (P=.001)<sup>j</sup></i></p> <p>– BP, triglycerides, and waist<sup>c</sup></p>
Gurwitz (2014)	<p>Health or clinical:</p> <p>Number of PCP<sup>k</sup> visits after discharge within:</p>

[30]	<p>7 days: – HR: 0.95 (95% CI 0.83-1.1)<sup>h</sup></p> <p>14 days: – HR: 0.98 (95% CI 0.89-1.1)<sup>h</sup></p> <p>30 days: – HR: 0.99 (95% CI 0.91-1.1)<sup>h</sup></p> <p>Rehospitalization in 30-day period after discharge: – HR for 0.94 (95% CI 0.81-1.1)<sup>h</sup></p>
DICE [27]	<p><i>Costs:</i></p> <p>– Costs mean costs per visit £8 (95% CI £5.23-£ 12.12) in usual care and £1.70 (£1.16-£2.47) in intervention<sup>c,h</sup></p> <p>Health or clinical: (metabolic control, psychosocial status, knowledge, beliefs and control, and satisfaction with treatment)</p> <p>– Metabolic control (HbA1c, BMI, creatine, systolic BP, and diastolic BP)<sup>c,h</sup></p> <p>+ <i>Support for non-insulin dependent patients</i><sup>c,h</sup></p> <p>– Eating problems anxiety, depression, and support (for both insulin and non-insulin dependent)<sup>d</sup></p> <p>– Support (for insulin dependent patients)<sup>c</sup></p> <p>– Knowledge<sup>c,h</sup></p> <p>+ <i>Belief in medical control for non-insulin dependent patients (0.5 to 6.3)</i><sup>h</sup></p> <p>– Personal control, situation control, satisfaction with treatment, wellbeing for insulin and non-insulin dependent patients, and medical control for insulin dependent<sup>c,h</sup></p> <p>Satisfaction with treatment: Non-insulin dependent 95% CI –3.3 to 0.9)<sup>c,h</sup>; insulin dependent 95% CI –6.0 to 1.8)<sup>c,h</sup></p> <p>– Disruption of normal activities<sup>c,h</sup></p> <p>– Number of consultations and admissions<sup>c,h</sup></p>
Drummond [29]	<p>Financial:</p> <p>+ Integrated care saved patients 39.52 pounds sterling per year, the hospital 3.06 pounds sterling (average) per patient per year and GPs 2.41 pounds per patient per year.</p> <p>Health or clinical:</p> <p>Sleep disturbance:</p> <p>– No. of nights disturbed/week: 1.01 (95% CI 0.85-1.21)<sup>c,h</sup></p> <p>– No. of days of restricted activity/month: 1.20 (95% CI 0.78-1.84)<sup>c,h</sup></p> <p>Use of bronchodilators and inhaled and oral steroids:</p> <p>– No. of bronchodilators prescribed: 0.95 (95% CI 0.83-1.09)<sup>c,h</sup></p> <p>– No. of inhaled steroids prescribed: 0.98 (95% CI 0.88-1.09)<sup>c,h</sup></p> <p>– No of courses of oral steroids used: 0.97 (95% CI 0.79-1.20)<sup>c,h</sup></p> <p>Psychosocial outcomes:</p> <p>Anxiety: 0 (95% CI –0.56 to 0.63)<sup>c,h</sup>; self-efficacy: 0 (95% CI –0.05 to 0.09)<sup>c,h</sup>;</p>

	<p>living with asthma scale: 0 (95% CI -0.10 to 0.11)<sup>c,h</sup>; depression: 1 (95% CI 0.89-1.11)<sup>c,h</sup></p> <p>Patients' perceptions (%):</p> <ul style="list-style-type: none"> <li>+ <i>choosing IC</i> (<math>P &lt; .05</math>)<sup>h</sup>; + <i>perceiving disadvantages of IC</i> (<math>P &lt; .05</math>)<sup>h</sup>;</li> <li>+ <i>perceiving advantages of IC</i> (<math>P &lt; .05</math>)<sup>h</sup>;</li> <li>+ <i>perceiving attributes of GP and advantage of IC</i> (<math>P &lt; .05</math>)<sup>h</sup>;</li> <li>+ <i>no. (%) "very satisfied" with medical care over past year</i> (<math>P &lt; .05</math>)<sup>h</sup></li> </ul> <p>- Number of general practice consultations and hospital admissions 1.11 (95% CI 0.95 - 1.31)<sup>c,h</sup></p> <p>- No of general practice asthma consultations: 1.11 (95% CI 0.95-1.31)<sup>c,h</sup></p> <p>- No of hospital admissions for asthma: 1.31 (95% CI 0.87-1.96)<sup>c,h</sup></p> <ul style="list-style-type: none"> <li>+ <i>Hospital admissions (owning peak flow meter at start)</i> (<math>P &lt; .05</math>)<sup>h</sup></li> <li>+ <i>No. of disturbed nights (owning peak flow meter at start)</i> (<math>P &lt; .05</math>)<sup>h</sup></li> </ul>
<p>McGhee (1994) [28]</p>	<p>Provider:</p> <p>61.2% of GP<sup>l</sup> preferred shared care to continue and 13.6% not, 25.2% was not sure.</p> <p>32% preferred shared care (over usual, outpatient –or NP care)</p> <p>Process</p> <ul style="list-style-type: none"> <li>+ Complete review Shared versus Outpatient care <math>P &lt; .001</math></li> <li>+ Complete review Shared versus NP<sup>m</sup> clinic care <math>P &lt; .05</math></li> </ul> <p>Financial:</p> <p>Costs per complete review (total including patient and NHS): shared care: £80.86; Outpatient care £71.32; NP clinic care £43.67</p> <p>Health or clinical</p> <ul style="list-style-type: none"> <li>- Clinical outcomes, for example, blood pressure<sup>c,n</sup></li> </ul> <p>Shared care patients: 48.2% preference for shared care to outpatient care, 22% no preference, and 29.8% for outpatient care.</p>
<p>Casas (2006) [21]</p>	<p>Health or clinical:</p> <ul style="list-style-type: none"> <li><i>Number of readmissions:</i> + (<math>P = .03</math>)<sup>h</sup></li> <li><i>Rate of readmissions:</i> + (<math>P = .03</math>)<sup>h</sup></li> <li><i>Difference per year:</i> + (<math>P = .003</math>)<sup>h</sup></li> <li><i>Survival without readmissions:</i> + (<math>P = .03</math>)<sup>h</sup></li> <li>Deaths (total): - (<math>P = .67</math>)<sup>h</sup></li> <li>Doctor visits (Barcelona) - (<math>P = .44</math>)<sup>h</sup></li> <li>Doctor visits (Leuven) - (<math>P = .45</math>)<sup>h</sup></li> </ul>
<p>Garcia-Aymerich (2007)</p>	<p>Health or clinical:</p> <p>Clinical:</p>

<p>[22]</p>	<p><i>Dyspnea</i> + (<math>P=.30</math>)<sup>h</sup>; <i>BMI</i> + (<math>P=.01</math>)<sup>h</sup>; <i>FEV<sub>1</sub></i> - (<math>P=.57</math>)<sup>h</sup>; <i>FEV<sub>1</sub>/FCV</i>: - (<math>P=.86</math>)<sup>h</sup>; <i>PaO<sub>2</sub></i> (mmHg): - (<math>P=.36</math>)<sup>h</sup>; <i>PaCO<sub>2</sub></i> (mmHg): - (<math>P=.59</math>)<sup>h</sup></p> <p>Quality of life</p> <p>Health related quality of life: - (<math>P=.56</math>)<sup>h</sup></p> <p>Generic health-related quality of life: - (<math>P=.27</math>)<sup>h</sup></p> <p>Lifestyle:</p> <p>Current smoking: - (<math>P=.35</math>)<sup>h</sup></p> <p>Physical activity: - (<math>P=.78</math>)<sup>h</sup></p> <p>Self-management:</p> <p>Knowledge about:</p> <p><i>Name of disease</i> + (<math>P=.005</math>)<sup>h</sup>; <i>exacerbation identification</i>: + (<math>P&lt;.001</math>)<sup>h</sup>; <i>early treatment of exacerbation</i>; + (<math>P=.04</math>)<sup>h</sup></p> <p>Adherence to oral treatment (MAS scale): (- <math>P=.57</math>)<sup>h</sup></p> <p>Adherence to inhaled treatment (IAS scale): (+ <math>P=.009</math>)<sup>h</sup></p> <p>Medical treatment - (<math>P&gt;.05</math>)<sup>h</sup></p> <p>Satisfaction - (<math>P=.18</math>)<sup>h</sup></p>
<p>Jefford (2008) [32]</p>	<p>Provider or professional:</p> <p><i>Confidence</i>: + (<math>P=.03</math>)<sup>h</sup></p> <p>Knowledge of adverse effects - (<math>P=.37</math>)<sup>h</sup></p> <p>Knowledge of reasons for referral: - (<math>P=.32</math>)<sup>h</sup></p> <p><i>Satisfaction</i> + (<math>P=.002</math>)<sup>h</sup></p> <p><i>Perception of information</i>:</p> <p><i>Usefulness of correspondence</i> + (<math>P&lt;.001</math>)<sup>h</sup></p> <p><i>Instructiveness of information</i> + (<math>P&lt;.001</math>)<sup>h</sup></p> <p><i>Easy understanding</i> + (<math>P&lt;.005</math>)<sup>h</sup></p> <p><i>Right length</i> + (<math>P&lt;.001</math>)<sup>h</sup></p>
<p>Lalonde (2008) [23]</p>	<p>Process:</p> <p>- Pharmaceutical opinions prior study<sup>c</sup></p> <p>+ <i>Pharmaceutical opinions during the study</i><sup>c</sup></p> <p>- Refusals prior and during study<sup>c</sup></p> <p>Provider or professional:</p> <p>+ <i>Knowledge: 95% CI -13% to -0.5%</i><sup>c,h</sup></p> <p>Satisfaction rated as “excellent”:</p> <p>Workshop (77%)<sup>a,c</sup></p> <p>Communication-network program (23%)<sup>a,c</sup></p> <p>Consultation service (27%)<sup>a,c</sup></p>
<p>Santschi</p>	<p>Health or clinical:</p>

<p>(2011) [24]</p>	<p><i>Systolic BP: + (P=.02)<sup>h</sup></i>  <i>Diastolic BP: – (P=.35)<sup>h</sup></i>  <i>BP control (&lt;130/80 mmHg): – (P=.13)<sup>h</sup></i>  <i>Number of hypertension drug related problems at baseline (P=.62)<sup>h</sup></i>  <i>Process:</i>  <i>Number of written recommendations: + (P=.007)<sup>h</sup></i>  <i>Hypertension related recommendations</i>  <i>+ (P=.009)<sup>h</sup></i></p>
<p>Wulff (2013) [33]</p>	<p><i>Process:</i>  <i>Number of GPs contacting hospital: +(P=.008)<sup>h</sup></i>  <i>Patient contact with GPs proportion ratio≥1 contact during daytime</i>  <i>in follow-up: – (P=.25)<sup>h</sup></i>  <i>Patient contact with GPs proportion ratio≥1 contact during out-of-hours:</i>  <i>+ (P=.02)<sup>h</sup></i>  <i>Provider or professional:</i>  <i>GPs’ evaluation of received patient specific information positive effect (3 out of 20):</i>  <i>Information about psychological effects:</i>  <i>+ (P=.002)<sup>h</sup>;</i>  <i>Social effects of cancer illness: + (P=.04)<sup>h</sup></i>  <i>GPs missed to be informed about information already given to patient by</i>  <i>specialist: + (P=.04)<sup>h</sup></i></p>

<sup>a</sup>intervention group.

<sup>b</sup>PA: physical activity.

<sup>c</sup>Researchers did not provide (specific) *P*-values.

<sup>d</sup>BP: blood pressure.

<sup>e</sup>BMI: body mass index.

<sup>f</sup>LDL: low-density lipoprotein.

<sup>g</sup>HDL: high-density lipoprotein.

<sup>h</sup>intervention versus control group.

<sup>i</sup>HbA1: glycated hemoglobin.

<sup>j</sup>control group.

<sup>k</sup>PCP: primary care physician.

<sup>l</sup>GP: general practitioner.

<sup>m</sup>NP: nurse practitioner.

<sup>n</sup>shared care, outpatient care, and nurse practitioner clinic care.

