

Appendix 11 (as supplied by the authors)

Results for studies investigating knowledge and understanding outcomes (n = 5)

Study (design)	Disease cluster	Type of intervention (comparators)	Intervention component combination	Specific outcome	Description of results	Effect measure (95% CI; between-group p-value)		
Patient knowledge acquisition (n = 2)								
Bowles 2009 RCT; 2- and 3-month follow-up	CHF + DM	<u>Information and health technology</u> (Telemedicine): Telephone (in-person visits + telephone) vs. TM (in-person visits + TM) vs. Control (in-person visits only)	DM + ED + TM	Medication knowledge, behavior and severity of symptoms (difference between groups using the OSPRS0)	There was a significant interaction between medication knowledge and the number of nursing visits	p = 0.02*		
					For patients who received 12 or more visits, there was a significant increase in knowledge for the TM patients compared with telephone patients	p = 0.03*		
					Diet knowledge, behavior and severity of symptoms	There was a significant interaction between diet knowledge, behaviour, severity of symptoms, nursing visits and group	p = 0.04*	
Wu CJ 2012 RCT; 2-week follow-up	DM + CVD	<u>Self-management:</u> Peer support based Cardiac-Diabetes Self-Management Program (Peer-CDSMP) vs. Control	ED + REM + SM	Diabetes knowledge (diabetes knowledge questions)	The intervention group had significantly higher level of knowledge compared with the control group: Mean 2.4 (SD 2.1) vs. Mean 1.0 (SD 1.7)	Between group changes over time: Mann-Whitney U-test: 1.9; p < 0.05*		
Provider level of knowledge or skills (n = 3)								
McSweeney 2011 RCT; 15-week follow-up	DEP + DEM	<u>Coordination of care:</u> Multidisciplinary specialist mental health consultation vs. Usual care	CP + TEAM	Change in antidepressant treatment strategy	At follow-up, more people in the intervention group had a change in their antidepressant treatment strategy (i.e., initiation, recommendation for increase, or switch in antidepressant class) than the control group	59% vs. 19%; p = 0.02*		
Morgan 2013 RCT; 6-month follow-up	DM + CVD	<u>Coordination of care:</u> TrueBlue Model of Collaborative Care (nurse-led collaborative care) vs. Control	CM + CP + ED + SM	Patient referred to exercise program	More patients in the intervention group were referred to an exercise program than those in the control at follow-up	36% vs 9%; p < 0.001*		
				Patient referred to a mental health worker	More patients in the intervention group were referred to a mental health worker than those in the control at follow-up	36% vs. 21%; p < 0.001*		
Schnipper JL, 2010 RCT; 30-day follow-up	DM + CVD	<u>Information and health technology:</u> CAD/DM Smart Form vs. Control	DM + ED + REM	Proportion of deficiencies addressed by PCPs in CAD/DM management	Overall proportion of deficiencies addressed by PCPs in the intervention vs. usual care groups	11.4% vs. 10.1%; Odds ratio: 1.14; CI 1.02 to 1.28; p = 0.02*		
				Performance measure				
					Documentation of up-to-date LDL-C result	The groups did not differ for documentation of documentation of up-to-date LDL-C result	48% vs. 47%; p = 0.92	
					Documentation of Lipid therapy started/changed if LDL-C above goal	The groups did not differ for documentation of lipid therapy started/changed if LDL-C above goal	3.2% vs. 3.1%; p = 0.89	
		Documentation of up-to-date BP result	The groups did not differ for documentation	31.7% vs. 23.8%; p = 0.06				

						of up-to-date BP result	
						Documentation of change in antihypertensive therapy if BP above goal	The groups did not differ for documentation of change in antihypertensive therapy if BP above goal 12.6% vs. 10.8%; p = 0.16
						Documentation of smoking status	The groups did not differ for documentation of smoking status 2.9% vs. 2.7%; p = 0.86
						Documentation of smoking cessation medication started if active smoker	The groups did not differ for documentation of smoking cessation medication started if active smoker 0.6% vs. 0.6%; p = 0.9
						Documentation of up-to-date height and weight documented	The groups did not differ for documentation of up-to-date height and weight documented 5.4% vs. 3.6%; p = 0.07

**QOL = quality of life; BDI = Beck Depression Inventory; PCS = physical component score of the SF-36; MCS = mental component score of the SF-36; PHQ-9 = patient health questionnaire; HSCL-20 = Hopkins symptom checklist; PAID = problem areas in diabetes scale; BPI = brief pain inventory; ALF = aggregate locomotor function; BP = blood pressure; DMSES = diabetes self-efficacy scale; SDSCA = summary of diabetes self-care activities; HAM-D = Hamilton depression rating scale; PFSDQ-M = pulmonary functional status and dyspnea questionnaire – modified; BDOC = bed days of care; OARS multidimensional functional assessment = objective tools that measure cognitive status and functional level and two subjective tools that measure patient satisfaction with care and self-rated health status; EBASD = even briefer assessment scale for depression; CSDD = Cornell Scale for Depression in Dementia; GDS = geriatric depression scale; RAID = rating anxiety in dementia; BEHAVE-AD = ; OSPRSO = Omaha System Problem Rating Scale for Outcomes; SDS = Sheehan Disability Scale; CHF = congestive heart failure; COPD = chronic obstructive pulmonary disease; DEP = depression; DEM = dementia; AT = arthritis; OA = osteoarthritis; CKD = chronic kidney disease; DM = diabetes; CVD = cardiovascular disease

†Effect size measured using Cohen's d (0.8 = large effect; 0.5 = medium effect; 0.2 = small effect).