**Appendix 4: Synthesis of Results**

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| **Reference** | **Country** | **Element of Chronic Care Model (predominat)** | **Interventions** | **Outcomes** | **Disease** | **Place** | **Efectiveness** |
| Kent P, Chalmers Y.A decade on: has the use of integrated care pathways made a difference in Lanarkshire? J Nurs Manag. 2006 Oct;14(7):508-20. | Reino Unido | decision support | Audit and feedback; Clinical multidisciplinary teams; Presence and organisation of quality monitoring mechanisms. | professional adherence to guideline; patient education; | Asthma | Hospital | Effective |
| Coberley CR, McGinnis M, Orr PM, Coberley SS, Hobgood A, Hamar B, Gandy B, Pope J, Hudson L, Hara P, Shurney D, Clarke JL, Crawford A, Goldfarb NI. Association between frequency of telephonic contact and clinical testing for a large, geographically diverse diabetes disease management population. Dis Manag. 2007 Apr;10(2):101-9. | EUA | decision support | Changes in physical structure, facilities and equipment; Other patient orientated interventions. | service use; patient physiological measure of disease | Diabetes Mellitus | Managed Care Organization | No significant results |
| Kurt Bestehorn, Christina Jannowitz, Barbara Karmann, David Pittrow and Wilhelm Kirch. Characteristics, management and attainment of lipid target levels in diabetic and cardiac patients enrolled in Disease Management Program versus those in routine care: LUTZ registry. BMC Public Health. 2009; 9: 280. | Alemanha | decision support | Distribution of educational materials for profissionals; Audit and feedback; Provider incentives; Other patient orientated Interventions. | physiological measure of disease, patient risk behavior, patient adherence to treatment/ patient education | Multiple diseases | Primary Health Care | Effective |
| Fagan PJ, Schuster AB, Boyd C, Marsteller JA, Griswold M, Murphy SM, Dunbar L, Forrest CB. Chronic care improvement in primary care: evaluation of an integrated pay-for-performance and practice-based care coordination program among elderly patients with diabetes. Health Serv Res. 2010 Dec;45(6 Pt 1):1763-82 | EUA | health care organisation | Professional reminders; Other financial interventions; Changes to the setting/site of service delivery. | physiological measure of disease; service use; costs | Diabetes Mellitus | Managed Care Organization + Primary Health Care | Effective |
| Sandhoff BG, Nies LK, Olson KL, Nash JD, Rasmussen JR, Merenich JA. Clinical pharmacy cardiac risk service for managing patients with coronary artery disease in a health maintenance organization. Am J Health Syst Pharm. 2007 Jan 1;64(1):77-84. | EUA | decision support | Local opinion leaders; Communication and case discussion between distant health professionals; Other patient orientated interventions. | health status, physiological measure of disease | Coronary disease | Managed Care Organization | Effective |
| Cleveringa FG, Gorter KJ, van den Donk M, Rutten GE. Combined task delegation, computerized decision support, and feedback improve cardiovascular risk for type 2 diabetic patients: a cluster randomized trial in primary care. Diabetes Care. 2008 Dec;31(12):2273-5. | Holanda | decision support | Distribution of educational materials for professionals; Audit and feedback; Revision of professional roles | physiological measure of disease; patient risk behaviour | Diabetes Mellitus | Primary Health Care | Effective |
| Bray K, Turpin RS, Jungkind K, Heuser G. Defining success in diabetes disease management: digging deeper in the data. Dis Manag. 2008 Apr;11(2):119-28. | EUA | self management support | Educational meetings for professionals; Patient mediated interventions; Professional reminders; Distribution of educational materials for patients; Patient education sessions; Self management. | Patient physiological measure of disease; patient risk behaviour; patient health status; patient education; patient adherence to treatment | Diabetes Mellitus | Primary Health Care | Effective |
| Berg GD, Wadhwa S. Diabetes disease management results in Hispanic Medicaid patients. J Health Care Poor Underserved. 2009 May;20(2):432-43. | EUA | self management support | Distribution of educational materials for professionals; Educational meetingsfor professionals;  Patient mediated interventions; Professional reminders; Patient education sessions; Self management; Call back reminder notice for patients. | patient service use; patient health status; risk behavior; costs, physiological measure of disease | Diabetes Mellitus | Managed Care Organization | Effective |
| Wee SL, Tan CG, Ng HS, Su S, Tai VU, Flores JV, Khoo DH. Diabetes outcomes in specialist and general practitioner settings in Singapore: challenges of right-siting. Ann Acad Med Singapore. 2008 Nov;37(11):929-35 | Singapur | health care organisation | Educational meetings for professionals; Audit and feedback; Continuity of care; Changes to the setting/site of service delivery; Presence and organisation of quality monitoring mechanisms. | health status, physiological measure of disease | Diabetes Mellitus | Primary Health Care | Effective |
| Eapen ZJ, Reed SD, Curtis LH, Hernandez AF, Peterson ED. Do heart failure disease management programs make financial sense under a bundled payment system? Am Heart J. 2011 May;161(5):916-22. | EUA | self management support | Distribution of educational materials for patients; Patient education sessions; Motivational counselling for patients;  Self management. | estimate expected inpatient costs with routine outpatient care | Heart failure | Managed Care Organization | Results expected |
| Steuten, L., Bruijsten, M. and Vrijhoef, H. Economic evaluation of a diabetes disease management programme with a central role for the diabetes nurse specialist. Eur. Diab. Nursing. 2007; 4: 64–71 | Holanda | health care organisation | Distribution of educational materials for professionals; Educational meetings for professionals; Audit and feedback; Revision of professional roles; Continuity of care; Changes to the setting/site of service delivery; Changes in medical records systems; Changes in scope and nature of benefits and services; Distribution of educational materials for patients; Patient education sessions; Self management. | physiological measure, costs, quality of life, risk behavior | Diabetes Mellitus | Primary Health Care | Effective |
| McEwen LN, Hsiao VC, Nota-Kirby EM, Kulpa GJ, Schmidt KG, Herman WH. Effect of a managed care disease management program on diabetes care. Am J Manag Care. 2009 Sep;15(9):575-80. | EUA | decision support | Distribution of educational materials for professionals; Audit and feedback Professional reminders; Clinical multidisciplinary teams; Changes in medical records systems; Distribution of educational materials for patients; Call back reminder notice for patients. | physiological measure of disease, patient risk behavior | Diabetes Mellitus | Managed Care Organization | Effective |
| Frølich A, Bellows J, Nielsen BF, Brockhoff PB, Hefford M. Effective population management practices in diabetes care - an observational study. BMC Health Serv Res. 2010 Sep 21;10:277. | Dinamarca | not aplicable | Distribution of educational materials for professionals; Educational meetings for professionals; Audit and feedback; Professional reminders. | physiological measure of disease | Diabetes Mellitus | Managed Care Organization | Effective |
| Herrin J, Nicewander DA, Hollander PA, Couch CE, Winter FD, Haydar ZR, Warren SS, Ballard DJ. Effectiveness of diabetes resource nurse case management and physician profiling in a fee-for-service setting: a cluster randomized trial. Proc (Bayl Univ Med Cent). 2006 Apr;19(2):95-102. | EUA | delivery system design | Distribution of educational materials for professionals; Educational meetings for professionals; Educational outreach visits for professionals; Audit and feedback; Fee-for-service; Capitation; Revision of professional roles; Changes to the setting/site of service delivery; Distribution of educational materials for patients; Patient education sessions. | patient health status | Diabetes Mellitus | Managed Care Organization | No effective results |
| Coberley CR, Puckrein GA, Dobbs AC, McGinnis MA, Coberley SS, Shurney DW. Effectiveness of Disease Management Programs on Improving Diabetes Care for Individuals in Health-Disparate Areas. Dis Manag. 2007; 10 (3). | EUA | delivery system design | Community programs for patients; Call back reminder notice for patients. | physiological measure of disease, patient risk behavior | Diabetes Mellitus | Managed Care Organization | Effective |
| Windt R, Glaeske G. Effects of a German Asthma Disease Management Program Using Sickness Fund Claims Data. Journal of Asthma, Early Online:1–6, 2010 | Alemanha | self management support | Distribution of educational materials for professionals; Patient mediated interventions; Audit and feedback; Clinical multidisciplinary teams; Continuity of care; Changes to the setting/site of service delivery; Distribution of educational materials for patients; Patient education sessions; Self management;  Call back reminder notice for patients. | professional adherence to guideline; patient education; service use, | Asthma | Managed Care Organization | Effective |
| Gray J, Millett C, Saxena S, Netuveli G, Khunti K, Majeed A. Ethnicity and quality of diabetes care in a health system with universal coverage: population-based cross-sectional survey in primary care.J Gen Intern Med. 2007 Sep;22(9):1317-20. | Reino Unido | health care organisation | Changes in medical records systems; Presence and organisation of quality monitoring mechanisms. | functional status, physiological measure of disease, risk behavior | Diabetes Mellitus | Primary Health Care | No effective results |
| Linden A, Berg GD, Wadhwa S. Evaluation and sustainability of the healthy learners asthma initiative. Dis Manag. 2007 Oct;10(5):266-72. | EUA | self management support | Audit and feedback; Fee-for-service; Clinical multidisciplinary teams; Distribution of educational materials for patients; Patient education sessions; Self management Call back reminder notice for patients. | Patient service use; risk behaviour | Asthma | Managed Care Organization | Effective |
| Kemple AM, Hartwick N, Sitaker MH, Harmon JJ, Clark K, Norman J. Exploring the feasibility of combining chronic disease patient registry data to monitor the status of diabetes care. Prev Chronic Dis. 2008 Oct;5(4):A124 | EUA | clinical information system | Changes in medical records systems. | physiological measure of disease; | Diabetes Mellitus | Primary Health Care | Effective |
| Chew LD, Schillinger D, Maynard C, Lessler DS. Glycemic and lipid control among patients with diabetes at six U.S. public hospitals. J Health Care Poor Underserved. 2008 Nov;19(4):1060-75 | EUA | clinical information system | Presence and organisation of quality monitoring mechanisms; Changes in medical records systems. | physiological measure of disease; | Diabetes Mellitus | Hospital | Effective |
| Glazer S, Diesto J, Crooks P, Yeoh H, Pascual N, Selevan D, Derose S, Farooq M.Going beyond the kidney disease outcomes quality initiative: hemodialysis access experience at Kaiser Permanente Southern California. Ann Vasc Surg. 2006 Jan;20(1):75-82. | EUA | health care organisation | Clinical multidisciplinary teams; Presence and organisation of quality monitoring mechanisms. | health status | Kidney failure, chronic | Managed Care Organization | Effective |
| Ahmann AJ. Guidelines and performance measures for diabetes. Am J Manag Care. 2007 Apr;13 Suppl 2:S41-6. | EUA | decision support | Audit and feedback; Changes in medical records systems; Provider incentives. | health status; professional adherence to guidelines; quality improvements | Diabetes Mellitus | Primary Health Care + Hospital | No results |
| Dall TM, Roary M, Yang W, Zhang S, Chen YJ, Arday DR, Gantt CJ, Zhang Y. Health care use and costs for participants in a diabetes disease management program, United States, 2007-2008. Prev Chronic Dis. 2011 May;8(3):A53. Epub 2011 Apr 15. | EUA | self management support | Distribution of educational materials for patients; Motivational counselling for patients. | costs, physiological measure of disease ; service use | Diabetes Mellitus | Managed Care Organization | Effective |
| Chin MH, Drum ML, Guillen M, Rimington A, Levie JR, Kirchhoff AC, Quinn MT, Schaefer CT. Improving and sustaining diabetes care in community health centers with the health disparities collaboratives. Med Care. 2007 Dec;45(12):1135-43. | EUA | health care organisation | Educational meetings for professionals; Distribution of educational materials for professionals; Educational outreach visits for professionals; Audit and feedback; Clinical multidisciplinary teams; Communication and case discussion between distant health professionals; Changes to the setting/site of service delivery; Changes in scope and nature of benefits and services; Presence and organisation of quality monitoring mechanisms; Staff organization; Distribution of educational materials for patients; Patient education sessions; Motivational counselling for patients; Brief intervention for patients; Self management; Call back reminder notice for patients. | patient education; Physiological measure of disease, risk behavior, | Diabetes Mellitus | Managed Care Organization | Effective |
| Ely AC, Banitt A, Befort C, Hou Q, Rhode PC, Grund C, Greiner A, Jeffries S, Ellerbeck E. Kansas primary care weighs in: a pilot randomized trial of a chronic care model program for obesity in 3 rural Kansas primary care practices.J Rural Health. 2008 Spring;24(2):125-32. | EUA | delivery system design | Distribution of educational materials for professionals; Audit and feedback; Professional reminders;  Revision of professional roles; Clinical multidisciplinary teams; Skill mix changes; Continuity of care; Communication and case discussion between distant health professionals; Changes to the setting/site of service delivery; Changes in medical records systems; Changes in scope and nature of benefits and services; Presence and organisation of quality monitoring mechanisms; Staff organization; Changes in medical liability; Distribution of educational materials for patients; Patient education sessions; Motivational counselling for patients; Self management; Call back reminder notice for patients. | Patient Health Status | Obesity | Primary Health Care | No effective results |
| Stark RG, Schunk MV, Meisinger C, Rathmann W, Leidl R, Holle R. Medical care of type 2 diabetes in German disease management programmes: a population-based evaluation. Diabetes Metab Res Rev. 2011 May;27(4):383-91 | Alemanha | health care organisation | Patient mediated interventions; Audit and feedback; Profesional Reminders Other financial interventions; Other provider and patient orientated interventions; Changes to the setting/site of service delivery; Changes in scope and nature of benefits and services; Self management | Patient physiological measure of diseases; risk behavior, Patient health status; professional adherence to guideline; patient adherence to treatment; | Diabetes Mellitus | Managed Care Organization | Effective |
| Foliaki S, Fakakovikaetau T, D'Souza W, Latu S, Tutone V, Cheng S, Pearce N. Reduction in asthma morbidity following a community-based asthma self-management programme in Tonga. Int J Tuberc Lung Dis. 2009 Jan;13(1):142-7. | Reino de Tonga | self management support | Distribution of educational materials for professionals; Educational outreach visits for professionals; Patient mediated interventions; Audit and feedback; Professionals reminders; Other patient Interventions; Clinical multidisciplinary teams; Skill mix changes; Continuity of care; Presence and functioning of adequate mechanisms for dealing with patients’ suggestions and complaints; Changes to the setting/site of service delivery; Changes in medical records systems; Changes in scope and nature of benefits and services; Staff organization; Changes in medical liability; Management of patient complaints; Distribution of educational materials for patients; Patient education sessions, Motivational counselling for patients; Brief intervention for patients; Community programs; Self management; Call back reminder notice for patients. | Patient service use; patient adherence to treatment; patient health status | Asthma | Managed Care Organization | Effective |
| Tinkelman D, Wilson S. Regression to the mean: a limited issue in disease management programs for chronic obstructive pulmonary disease. Dis Manag. 2008 Apr;11(2):103-10. | EUA | decision support | Distribution of educational materials for professionals; Audit and feedback; Self management. | Patient service use; Costs; | Pulmonary disease, chronic obstructive | Hospital | No effective results |
| Roubideaux Y, Noonan C, Goldberg JH, Valdez SL, Brown TL, Manson SM, Acton K. Relation between the level of American Indian and Alaska Native diabetes education program services and quality-of-care indicators. Am J Public Health. 2008 Nov;98(11):2079-84. doi: 10.2105/AJPH.2007.110478. | EUA | self management support | Distribution of educational materials for professionals; Audit and feedback; Clinical multidisciplinary teams; Continuity of care; Distribution of educational materials for patients; Patient education sessions; Brief intervention for patients; Self management. | risk behavior, physiological mesaure of disease | Diabetes Mellitus | Managed Care Organization | Effective |
| Millett C, Saxena S, Ng A, Mainous A 3rd, Majeed A. Socio-economic status, ethnicity and diabetes management: an analysis of time trends using the health survey for England. J Public Health (Oxf). 2007 Dec;29(4):413-9. | Reino Unido | health care organisation | Audit and feedback; Provider incentives; Continuity of care; Brief intervention for patients. | Patient physiological measure of disease | Diabetes Mellitus | Primary Health Care | Effective |
| Taylor JK, Schoenbaum M, Katon WJ, Pincus HA, Hogan DM, Unutzer J. Strategies for identifying and channeling patients for depression care management. Am J Manag Care. 2008 Aug;14(8):497-504. | EUA | self management support | Clinical multidisciplinary teams; Changes in scope and nature of benefits and services; Distribution of educational materials for patients;  Patient education sessions; Self management. | patients health status; | Diabetes Mellitus | Managed Care Organization | Effective |
| Distiller LA, Brown MA, Joffe BI, Kramer BD. Striving for the impossible dream: a community-based multi-practice collaborative model of diabetes management. Diabet Med. 2010 Feb;27(2):197-202. | África do Sul | health care organisation | Distribution of educational materials for professionals; Educational meetings for professionals; Educational outreach visits for professionals; Audit and feedback; Capitation; Clinical multidisciplinary teams; Continuity of care. | patient physiological measure of disease, service use | Diabetes Mellitus | Managed Care Organization | Effective |
| Kahn LS, Fox CH, Carrington J, Desai U, Bartlett DP, Lyle H, Kowalski M. Telephonic nurse case management for patients with diabetes and mental illnesses: a qualitative perspective. Chronic Illn. 2009 Dec;5(4):257-67. | EUA | delivery system design | Motivational counselling for patients; Self management Call back reminder notice for patients. | service use and patient education | Diabetes Mellitus | Primary Health Care | Effective |
| Chiou SJ, Campbell C, Horswell R, Myers L, Culbertson R. Use of the emergency department for less-urgent care among type 2 diabetics under a disease management program. BMC Health Serv Res. 2009 Dec 7;9:223. | Taiwan/Formosa | decision support | Distribution of educational materials for professionals; Distribution of educational materials for patients; Self management. | patient service use, physiological measure of disease | Diabetes Mellitus | Managed Care Organization | Effective |
| Foster G, Taylor SJ, Eldridge SE, Ramsay J, Griffiths CJ. Self-management education programmes by lay leaders for people with chronic conditions. Cochrane Database Syst Rev. 2007 Oct 17;(4): CD005108. | Reino Unido | self management support | Distribution of educational materials for patients: Patient education sessions; Self management. | health status, service use, physiological measure of disease, risk behaviour | Multiple diseases | Primary Health Care + Hospital | No significant results |
| Afifi AA, Morisky DE, Kominski GF, Kotlerman JB. Impact of disease management on health care utilization: evidence from the "Florida: A Healthy State (FAHS)" Medicaid Program. Prev Med. 2007 Jun;44(6):547-53. | EUA | self management support | Educational meetings for professionals; Local opinion leaders; Changes in physical structure, facilities and equipment; Presence and functioning of adequate mechanisms for dealing with patients’ suggestions and complaints. | Health status, service use, | Multiple diseases | Hospital | Effective |
| Steuten L, Vrijhoef B, Van Merode F, Wesseling GJ, Spreeuwenberg C. Evaluation of a regional disease management programme for patients with asthma or chronic obstructive pulmonary disease. Int J Qual Health Care. 2006 Dec;18(6):429-36. Epub 2006 Oct 10. | Holanda | decision support | Distribution of educational materials for professionals; Continuity of care; Clinical multidisciplinary teams. | Health status; service use,adherence to treatment; costs, physiological measure of disease, risk behavior, satisfaction | Multiple diseases | Primary Health Care + Hospital | Effective |
| Meulepas MA, Jacobs JE, Smeenk FW, Smeele I, Lucas AE, Bottema BJ, Grol RP. Effect of an integrated primary care model on the management of middle-aged and old patients with obstructive lung diseases.Scand J Prim Health Care. 2007 Sep;25(3):186-92. | Holanda | delivery system design | Educational meetings for patients; Professionals reminders; Clinical multidisciplinary teams; Skill mix changes; Changes to the setting/site of service delivery; Changes in scope and nature of benefits and services; Patient education sessions; Motivational counselling for patients; Revision of professional roles. | health status, physiological measure of disease, risk behavior | Multiple diseases | Primary Health Care | Effective |
| Berra K, Ma J, Klieman L, Hyde S, Monti V, Guardado A, Rivera S, Stafford RS. Implementing cardiac risk-factor case management: lessons learned in a county health system. Crit Pathw Cardiol. 2007 Dec;6(4):173-9. | EUA | delivery system design | Distribution of educational materials for professionals; Educational meetings for professional; Audit and feedback; Clinical multidisciplinary teams; Continuity of care; Changes in physical structure, facilities and equipment; Changes in scope and nature of benefits and services; Staff organization; Changes in medical liability; Management of patient complaints; Distribution of educational materials for patients; Patient education sessions; Motivational counselling for patients; Brief intervention for patients; Self management; Call back reminder notice for patients. | Patient physiological measure of disease; patient health status | Coronary disease | Hospital | Effective |
| Chew DP, Carter R, Rankin B, Boyden A, Egan H. Cost effectiveness of a general practice chronic disease management plan for coronary heart disease in Australia.Aust Health Rev. 2010 May;34(2):162-9. | Australia | health care organisation | Provider incentives; Institution incentives; Presence and organisation of quality monitoring mechanisms. | costs, health status | Coronary disease | Primary Health Care | No results |
| Berthiaume JT, Davis J, Taira DA, Thein KK.A managed care organization's use of integrated health management to improve secondary prevention of coronary artery disease. Am J Manag Care. 2007 Mar;13(3):142-7. | EUA | health care organisation | Distribution of educational materials Educational outreach visits for professionals; Provider incentives; Institution grant/allowance; Continuity of care; Presence and organisation of quality monitoring mechanisms; Other professional and patient orientated interventions. | quality | Coronary disease | Managed Care Organization | Effective |
| Millett C, Gray J, Wall M, Majeed A. Ethnic Disparities in Coronary Heart Disease Management and Pay for Performance in the UK. J Gen Intern Med. 2009 January; 24(1): 8–13. | Reino Unido | health care organisation | Other financial interventions. | physiological measure of disease, risk behavior | Multiple diseases | Primary Health Care | Effective |
| Gilmer TP, Roze S, Valentine WJ, Emy-Albrecht K, Ray JA, Cobden D, Nicklasson L, Philis-Tsimikas A, Palmer AJ.Cost-effectiveness of diabetes case management for low-income populations.Health Serv Res. 2007 Oct;42(5):1943-59. | EUA | self management support | Education sessions for patients; Community programs; Self management; Call back reminder notice for patients. | costs; quality of life; physiological measure of disease | Diabetes Mellitus | Managed Care Organization | Effective |
| Seto E, Istepanian RS, Cafazzo JA, Logan A, Sungoor A. UK and Canadian perspectives of the effectiveness of mobile diabetes management systems. Conf Proc IEEE Eng Med Biol Soc. 2009;2009:6584-7 | Canadá | self management support | Changes in physical structure, facilities and equipment; Changes in medical records systems; Changes in scope and nature of benefits and services; Self management; Call back reminder notice for patients. | physiological measure of disease | Diabetes Mellitus | Hospital | Effective |
| Scott A, Schurer S, Jensen PH, Sivey P. The effects of an incentive program on quality of care in diabetes management.Health Econ. 2009 Sep;18(9):1091-108. | Australia | health care organisation | Other financial interventions; Ownership; accreditation; and affiliation status of hospitals and other facilities. | physiological measure of disease | Diabetes Mellitus | Primary Health Care | Effective |
| Maggini M. IGEA--a chronic disease management project for people with diabetes. Ann Ist Super Sanita. 2009;45(4):349-52. | Italia | delivery system design | Distribution of educational materials for professionals; Educational meetings for professionals; Continuity of care; Changes in medical records systems self management. | no results | Diabetes Mellitus | Primary Health Care | No results |
| Derose SF, Nakahiro RK, Ziel FH. Automated messaging to improve compliance with diabetes test monitoring. Am J Manag Care. 2009 Jul;15(7):425-31. | EUA | delivery system design | Call back reminder notice for patients; Changes in physical structure, facilities and equipment. | adherence to treatment/ patient education | Diabetes Mellitus | Managed Care Organization | Effective |
| McRae IS, Butler JR, Sibthorpe BM, Ruscoe W, Snow J, Rubiano D, Gardner KL. A cost effectiveness study of integrated care in health services delivery: a diabetes program in Australia. BMC Health Serv Res. 2008 Oct 6;8:205. | Australia | clinical information system | Patient mediated interventions; Audit and feedback; Continuity of care. | costs, quality of life; physiological measure of disease | Diabetes Mellitus | Primary Health Care | Effective |
| Rothe U, Müller G, Schwarz PE, Seifert M, Kunath H, Koch R, Bergmann S, Julius U, Bornstein SR, Hanefeld M, Schulze J. Evaluation of a diabetes management system based on practice guidelines, integrated care, and continuous quality management in a Federal State of Germany: a population-based approach to health care research. Diabetes Care. 2008 May;31(5):863-8. doi: 10.2337/dc07-0858. Epub 2008 Mar 10. | Alemanha | health care organisation | Distribution of educational materials for professionals; Educational meetings for professionals; Local consensus processes; Provider incentives; Patient education sessions. | health status; physiological measure of disease | Diabetes Mellitus | Primary Health Care | Effective |
| Lu KY, Lin PL, Tzeng LC, Huang KY, Chang LC. Effectiveness of case management for community elderly with hypertension, diabetes mellitus, and hypercholesterolemia in Taiwan: a record review. Int J Nurs Stud. 2006 Nov;43(8):1001-10. Epub 2005 Dec 27. | Taiwan/Formosa | delivery system design | Educational meetings for professionals; Revision of professional roles; Clinical multidisciplinary teams; Changes to the setting/site of service delivery; Patient education sessions; Motivational counselling for patients; Call back reminder notice for patients; | physiological measure of disease; patient functional status | Multiple diseases | Primary Health Care | Effective |
| Thiebaud P, Demand M, Wolf SA, Alipuria LL, Ye Q, Gutierrez PR.Impact of disease management on utilization and adherence with drugs and tests: the case of diabetes treatment in the Florida: a Healthy State (FAHS) program.Int J Nurs Stud. 2006 Nov;43(8):1001-10. | EUA | self management support | Distribution of educational materials for professionals; Educational outreach visits for professionals; Audit and feedback; Brief intervention for patients; Call back reminder notice for patients; | service use, physiological measure of disease | Multiple diseases | Managed Care Organization | Effective |
| Dejesus RS, Chaudhry R, Leutink DJ, Hinton MA, Cha SS, Stroebel RJ.Effects of efforts to intensify management on blood pressure control among patients with type 2 diabetes mellitus and hypertension: a pilot study.Vasc Health Risk Manag. 2009;5:705-11. | EUA | self management support | Educational meetings for professionals; Educational outreach visits for professionals; Clinical multidisciplinary teams; Formal integration of services; Changes to the setting/site of service delivery; Distribution of educational materials for patients; Patient education sessions; Self management. | physiological measure of disease | Multiple diseases | Primary Health Care | No effective results |
| Katz BP, Holmes AM, Stump TE, Downs SM, Zillich AJ, Ackermann RT, Inui TS. The Indiana Chronic Disease Management Program's impact on medicaid claims: a longitudinal, statewide evaluation. Med Care. 2009 Feb;47(2):154-60. | EUA | delivery system design | Patient mediated interventions; Audit and feedback; Clinical multidisciplinary teams; Continuity of care; Changes to the setting/site of service delivery; Changes in scope and nature of benefits and services; Staff organization; Distribution of educational materials for patients; Patient education sessions; Motivational counselling for patients; Self management Call back reminder notice for patients. | Costs | Multiple diseases | Managed Care Organization | Effective |
| Schouten LM, Niessen LW, van de Pas JW, Grol RP, Hulscher ME. Cost-effectiveness of a quality improvement collaborative focusing on patients with diabetes. Med Care. 2010 Oct;48(10):884-91. | Holanda | health care organisation | Distribution of educational materials for professionals; Educational meetings for professionals; Educational outreach visits for professionals; Patient mediated interventions; Audit and feedback; Clinical multidisciplinary teams; Presence and organisation of quality monitoring mechanisms. | costs, physiological measure of disease, quality of life | Multiple diseases | Primary Health Care | Effective |
| Bourbeau J, Collet JP, Schwartzman K, Ducruet T, Nault D, Bradley C. Economic benefits of self-management education in COPD. Chest 2006;130;1704-1711 | Canadá | self management support | Distribution of educational materials for professionals; Educational meetings for professionals; Professional reminders; Provider salaried service; Clinical multidisciplinary teams; Changes in scope and nature of benefits and services; Distribution of educational materials for patients; Patient education sessions; Brief intervention for patients; Self management | costs, health status, service use | Pulmonary disease, chronic obstructive | Hospital | Effective |
| García García M, Valenzuela Mújica MP, Martínez Ocaña JC, Otero López Mdel S, Ponz Clemente E, López Alba T, Gálvez Hernández E. Results of a coordination and shared clinical information programme between primary care and nephrology. Nefrologia. 2011;31(1):84-90. | Espanha | clinical information system | Educational meetings for professionals; Local consensus processes; Communication and case discussion between distant health professionals; Changes in medical records systems. | physiological measure of disease, service use | Multiple diseases | Primary Health Care | Effective |
| Smeulders ES, van Haastregt JC, Ambergen T, Stoffers HE, Janssen-Boyne JJ, Uszko-Lencer NH, Gorgels AP, Lodewijks-van der Bolt CL, van Eijk JT, Kempen GI. Heart failure patients with a lower educational level and better cognitive status benefit most from a self-management group programme.Patient Educ Couns. 2010 Nov;81(2):214-21. | Holanda | self management support | Educational meetings for professionals; Distribution of educational materials for patients; Patient education sessions; Self management. | risk behaviour, quality of life and service use | Heart failure | Hospital | Effective |
| Landon BE, Hicks LS, O'Malley AJ, Lieu TA, Keegan T, McNeil BJ, Guadagnoli E. Improving the management of chronic disease at community health centers.N Engl J Med. 2007 Mar 1;356(9):921-34. | EUA | decision support | Educational meetings for professionals; Educational outreach visits for professionals; Local opinion leaders; Communication and case discussion between distant health professionals; Presence and organisation of quality monitoring mechanisms. | health status, physiological measure of disease, risk behavior | Multiple diseases | Primary Health Care | Effective |
| Rice KL, Dewan N, Bloomfield HE, Grill J, Schult TM, Nelson DB, Kumari S, Thomas M, Geist LJ, Beaner C, Caldwell M, Niewoehner DE.Disease management program for chronic obstructive pulmonary disease: a randomized controlled trial.Am J Respir Crit Care Med. 2010 Oct 1;182(7):890-6. | EUA | self management support | Changes in physical structure, facilities and equipment; Distribution of educational materials for patients; Patient education sessions; Call back reminder notice for patients. | service use, quality of life | Pulmonary disease, chronic obstructive | Managed Care Organization | Effective |
| Luzinski CH, Stockbridge E, Craighead J, Bayliss D, Schmidt M, Seideman J.The community case management program: for 12 years, caring at its best.Geriatr Nurs. 2008 May-Jun;29(3):207-15. | EUA | delivery system design | Distribution of educational materials for professionals; Revision of professional roles; Clinical multidisciplinary teams; Continuity of care; Patient education sessions; Motivational counselling for patients; Self management. | costs, service use | Multiple diseases | Hospital | No effective results |
| Bird S, Noronha M, Sinnott H.An integrated care facilitation model improves quality of life and reduces use of hospital resources by patients with chronic obstructive pulmonary disease and chronic heart failure.Aust J Prim Health. 2010;16(4):326-33. | Australia | self management support | Educational meetings for professionals; Educational outreach visits for professionals; Patient mediated interventions; Clinical multidisciplinary teams; Continuity of care; Distribution of educational materials for patients; Self management | patients service use; | Multiple diseases | Hospital | Effective |