

**Appendix 8 (as supplied by the authors)**  
Results for studies investigating health behavior outcomes (n = 9)

Study (design)	Disease cluster	Type of intervention (intervention vs. comparator)	Intervention component combination	Specific outcome	Description of results	Effect measure (95% CI; between-group p-value)
<b>Compliance: Medication behaviour and adherence (n = 5)</b>						
<b>Lin 2003</b> <i>RCT; 6-month follow-up</i>	DEP + AT	<u>Coordination of care:</u> <i>IMPACT-DP (Improving Mood-Promoting Access to Collaborative Treatment: Depression with Arthritis vs. Usual care)</i>	CM + DM + TEAM	Antidepressant use	Antidepressant use increased from baseline to follow-up in the intervention group (43% to 66%) compared with control group (47% to 52%)	66% vs. 52%; p < 0.001*
<b>Morgan 2013</b> <i>RCT; 6-month follow-up</i>	CVD + DM	<u>Coordination of care:</u> <i>TrueBlue Model of Collaborative Care (nurse-led collaborative care) vs. Control</i>	CM + CP + ED + SM	Taking antidepressants	Neither group showed statistically significant changes in the number of patients taking antidepressant medications from baseline to follow-up	Not reported
<b>Williams 2004</b> <i>RCT; 12-month follow-up</i>	DEP + DM	<u>Coordination of care:</u> <i>IMPACT-DP (Improving Mood – Promoting Access to Collaborative Treatment: Diabetes and depression) vs. Usual care</i>	CP + DM + ED + TEAM	Antidepressant use	At follow-up, patients in the intervention group were significantly more likely to use antidepressants or psychotherapy than were patients in the usual care group	82% vs. 61%; p<0.001*
				Mean number of months using antidepressants	At follow-up, patients in the intervention group reported antidepressant use for a mean 6.6 (SD +/-4.9) months of the 12-month study period compared with those in the usual care group: mean 4.6 months (SD +/-5.2)	6.6 (SD 4.9) vs. 4.6 (SD 5.2); p<0.001*
<b>Bowles 2009</b> <i>RCT; 2- and 3-month follow-up</i>	CHF + DM	<u>Information and health technology:</u> <i>Telephone (in-person visits + telephone) vs. TM (in-person visits + TM) vs. Control (in-person visits only)</i>	DM + ED + TM	Medication behaviour	There was a significant interaction between nursing visits and medication behavior. Behaviour scores declined significantly more in the telephone and TM group than in the control group, particularly in those who had more in-person visits	p = 0.01*
<b>Williams A 2012a</b> <i>RCT; 10-month follow-up</i>	DM + CKD	<u>Self-management:</u> <i>Medication Self-Management Intervention vs. Usual care</i>	DM + ED + SM	Adherence to prescribed medications	There was no difference between groups for adherence to prescribed medications using pill counts	Mean adherence rate for Intervention vs. Control: 58.4% vs 66%; p = 0.162

Use of services or interventions: Mental health service use and other use of services (n = 6)							
<b>Lin 2003</b> <i>RCT; 6-month follow-up</i>	DEP + AT	<u>Coordination of care:</u> <i>IMPACT-DP (Improving Mood-Promoting Access to Collaborative Treatment: Depression with Arthritis vs. Usual care)</i>	CM + DM + TEAM	Mental health service use or psychotherapy	Mental health service use or psychotherapy increased more in the intervention group (8% at baseline to 47% follow-up) than the usual care group (7% at baseline to 16% at follow-up)	47% vs 16%; p < 0.001*	
<b>Morgan 2013</b> <i>RCT; 6-month follow-up</i>	CVD + DM	<u>Coordination of care:</u> <i>TrueBlue Model of Collaborative Care (nurse-led collaborative care) vs. Control</i>	CM + CP + ED + SM	Attends mental health worker	More patients in the intervention group attended a mental health worker at follow-up than control patients	23% vs 10%; p = 0.044*	
<b>Williams 2004</b> <i>RCT; 12-month follow-up</i>	DEP + DM	<u>Coordination of care:</u> <i>IMPACT-DP (Improving Mood – Promoting Access to Collaborative Treatment: Diabetes and depression) vs. Usual care</i>	CP + DM + ED + TEAM	Mental health specialty visit or psychotherapy	The intervention group reported significantly more mental health specialty visits or psychotherapy during the previous 3 months than usual care	43% vs. 16%; p < 0.001*	
<b>Martin-Lesende I, 2013</b> <i>RCT; 12-month follow-up</i>	CHF + COPD	<u>Information and health technology</u> <i>(Telemedicine): Home TM vs. Standard care</i>	ED + TM	Telephone contacts between patients and health professionals	Intervention group patients had more telephone contacts with health professionals than those in control group	Mean 22.6 (SD 16.1) vs. mean 8.6 (SD (7.2); p = 0.001*	
				Home nursing visits	Intervention group patients had fewer home nursing visits, but groups did not differ	Mean 15.3 (SD 11.6) vs. mean 25.4 (SD 26.3); p = 0.3603	
Health enhancing lifestyle or behavioural outcomes: Physical activity (n = 4)							
<b>Morgan 2013</b> <i>RCT; 6-month follow-up</i>	DM + CVD	<u>Coordination of care:</u> <i>TrueBlue Model of Collaborative Care (nurse-led collaborative care) vs. Control</i>		CM + CP + ED + SM	Exercises 30 min/day	A significantly greater number of patients exercised in the intervention group compared with controls	60% vs. 29%; p < 0.001*
<b>White KM, 2012</b> <i>RCT; 6-week follow-up</i>	DM + CVD	<u>Cognitive-behavioural:</u> <i>Extended-Theory of Planned Behavior Intervention vs. Control</i>		ED + SM	Physical activity (1-week)	For the intervention participants, there was evidence of significant short-term improvement in self-reported physical activity behaviour	Significant time-by-condition effects for intention (p = 0.002)*, perceived behavioural control (p = 0.036)*, and subjective norm (p < 0.001)*

					and degree of planning to engage in such activities after the conclusion of the intervention sessions; participants in the control condition maintained only moderate levels of planning and activity during this time	
				Physical activity (6-weeks)	Intervention participants did not report any significant improvement (or maintenance) in their level of planning and self-reported behaviour at the 6-week post-intervention follow-up	Data not provided.
<b>Williams 2004</b> <i>RCT; 12-month follow-up</i>	DM + DEP	<u>Coordination of care:</u> <i>IMPACT-DP (Improving Mood – Promoting Access to Collaborative Treatment: Diabetes and depression) vs. Usual care</i>	CP + DM + ED + TEAM	Exercise days	Patient in the intervention group showed a significantly greater increase in exercise days at 12 months:	Between group difference 0.50; CI 0.12 to 0.89; p = 0.01*
<b>Becker A 2011</b> <i>Mixed-methods; 6-week follow-up</i>	DM + CVD	<u>Information and health technology:</u> <i>Computer-based Counseling system (CBCS)</i>	ED + SM	Attitude toward physical activity: change in cognitive components (2 scales from 0 to 8 on how participants feel and what they think when they visualize doing regular physical activity)	There was a significant positive change in the affective attitude component from baseline to follow-up	Baseline mean: 6.25 (SD 2.18); follow-up mean: 6.65 (SD 1.81); Z -2.469; p < 0.05*
					There was a significant positive change in the cognitive affective attitude component from baseline to follow-up.	Baseline mean: 7.09 (SD 1.46); follow-up mean: 7.27 (SD 1.40); p < 0.05*

\*\*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; DMSSES = diabetes self-efficacy scale; SDSCA = summary of diabetes self-care activities; HAM-D = Hamilton depression rating scale; PFDQ-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)