

Author and year	Type of review	Target condition	Rare conditions included? (using orphanet) Note in some instances - not enough info to determine so these were grouped under chronic conditions only	Setting	Eligibility criteria	Programmes reviewed	Age of participants in review	Methodology/ Design of programmes reviewed	Country of programmes reviewed
Adli et al (2006)	Systematic review	Depression	No	Not specified	Not specified	Not specified	Not specified across studies	Open trials, Multisite algorithm trials, collaborative care trials and depression and diabetes trials (design not stated)	Not specified
Allen et al (2014)	Systematic review	Chronic illnesses	Not to knowledge as not specified	Inpatient setting, follow up in community	1990-2013 Peer-reviewed Transitional care intervention vs standard hospital discharge RCT design English outcomes of quality indicators for older people	12 articles	> 60	All randomised controlled trials	USA (n=7), Australia (n=3), Denmark (n=1), France (n=1)
Archer et al (2012)	Cochrane systematic review	Diagnosis of depression (including acute, chronic, persistent, remitted, subthreshold, postnatal) or anxiety (including generalised anxiety, panic, PTSD, phobias, social anxiety, health anxiety and obsessive compulsive disorder)	No	Variety of healthcare settings but predominantly delivered in primary care or community settings (excluding inpatient/specialist mental health)	Randomised controlled trials including cluster RCTs males or females with a diagnosis of depression or anxiety. Could also have long term condition as well as a common mental health condition delivered in a variety of healthcare settings but predominantly primary and community settings Meet four collaborative care criteria (multi-professional approach, structured management plan, scheduled patient follow ups, enhanced inter-professional communication compared to usual care measured primary outcomes - changes in depression/anxiety and secondary outcomes: medication, social functioning, quality of life, patient satisfaction	79 articles (90 individual comparisons)	79 (88%) adults 18-64 years, 2 (2%) on adolescents under 18 and 9 (10%) on those 65+	All randomised controlled trials (21 were cluster randomised controlled trials)	76% US, 11% UK, 6% other European countries (Germany and the Netherlands), 7% from other countries (Canada, Chile, India, Puerto Rico)
Barr et al (2017)	Systematic review	Chronic diseases (studies reviewed included: medically complex conditions, depression, hypertension, obesity, Parkinson's disease, diabetes, chronic obstructive pulmonary disease, heart failure/arrhythmia, cancer)	No	Not specified	Peer reviewed English How ICT supports or might support interprofessional collaboration through enhanced communication	6 articles	Not specified	Qualitative (n=3), descriptive (n=2), mixed methods (n=1)	Canada, Denmark, England, Netherlands and USA
Bearne et al (2016)	Systematic review and meta-analysis	Rheumatoid arthritis	No	Not specified	Randomised controlled trials evaluating multidisciplinary team any setting (inpatient, outpatient or day patient) control group of interventions not involving Multidisciplinary teams Participants > 18 with rheumatoid arthritis data on disability using certain measures	12 publications	> 18	Randomised controlled trials (n=10), follow up studies (n=2)	Netherlands (n=5), Sweden (n=2), America (n=1), France (n=1), Austria (n=1)
Bettger et al (2012)	Systematic review	Acute stroke or myocardial infarction	No	Acute care setting and community setting (Hospital or inpatient setting, home, community setting)	Adult populations (18+) hospitalised for acute stroke or myocardial infarction Randomised controlled trials, prospective or retrospective observational studies, registry studies of transitional care interventions vs usual care used certain intervention components measured outcomes at patient and system level	52 articles (44 studies)	>18	Randomised controlled trials, prospective or retrospective observational studies, registry studies of transitional care interventions vs usual care	US (n=6), UK (n=10), Australia (n=7), Canada (n=5), Norway (n=4), Denmark (n=2), Brazil (n=1), Finland (n=1), Germany (n=1), Iran (n=1), Italy (n=1), Mexico (n=1), Netherlands (n=1), New Zealand (n=1), Poland (n=1), Sweden (n=1)
Betz et al (2016)	Systematic review	Special health care needs (studies reviewed included: type 1 diabetes mellitus, sickle cell disease, solid organ transplants, juvenile idiopathic arthritis, other diagnostic categories including cystic fibrosis, non-categorical developmental disabilities, inflammatory bowel disease, perinatally acquired human immunodeficiency virus)	Yes (Sickle cell disease, juvenile idiopathic arthritis, cystic fibrosis)	Not specified	Research articles 2004-2013 English Topics pertaining to health care transition service models or programs	17 studies	Adolescents and emerging adults (n=9), adolescents (n=6), adults (n=2)	Prospective designs (n=4), Cross sectional design (n=4), two group comparison (n=5), Cross sectional designs integrating both prospective and retrospective elements (n=3), prospective pre and post testing of the intervention (n=1), evaluation of HCT program (n=1)	US (n=6), Canada (n=3), Australia (n=3), Italy (n=2), UK (n=1), France (n=1), Australia/UK (n=1)
Bhawra et al (2016)	Systematic review	Chronic conditions (studies included: chronic conditions, sickle cell disease, type 1 diabetes)	Yes (Sickle cell disease)	Primary care	Paediatric population Transition Primary care Chronic medical and mental health conditions	3 studies	Paediatric population / patients and families	Retrospective cohort (n=1), uncontrolled cohort (n=1), time series comparative study (n=1)	USA (n=2), Canada (n=1)
Binks et al (2007)	Comprehensive review	Cerebral palsy and spina bifida (studies reviewed included: cerebral palsy, spina bifida, ill-defined conditions, CF, JIA, cancer, diabetes, CHD, other chronic conditions)	Yes (Spina bifida, cystic fibrosis, juvenile idiopathic arthritis)	Not specified	Health care transitions of people with other conditions previously experienced in childhood but now common in adulthood literature on cerebral palsy and spina bifida peer review after 1990	149 articles	Children, youth and young adults, adults	Discussion (36%), qualitative (17%), survey (23%), secondary analyses (19%), case series report (14%)	USA, UK, Canada, Australia, Sweden, Italy, Germany/Netherlands, Japan, Norway, New Zealand
Boland et al (2013)	Systematic literature review and meta-analysis	Chronic obstructive pulmonary disease	No	Hospital setting and primary care setting	Some patients with COPD + COPD results presented separately At least two disease management interventions original empirical research reported costs and effects minimum duration of 12 months comparator = usual care or no intervention	16 articles, 11 different studies	Mean age ranged from 57-70	Randomised controlled trials (n=7), pre-post (n=2), case-control (n=2)	Netherlands (n=3), UK (n=1), France (n=1), Norway (n=1), USA (n=3), Canada (n=1), New Zealand (n=1)
Bongaerts et al (2017)	Systematic review and meta-analysis	Type 2 diabetes mellitus	No	Primary or secondary care	Individuals with type 2 diabetes CCM intervention (minimum duration of 6m) vs control intervention biochemical outcomes, patient reported outcomes and diabetes complications	12 articles on 8 programmes	Not reported for all studies	Cluster randomised controlled trials	Not reported for all studies
Bower et al (2006)	Systematic review and meta-regression	Depression	No	Primary care	Patients with depressive symptoms or diagnosed depressive disorders in primary care settings Primary care = provision of medical care by professional who provide first contact and ongoing care to patients regardless of patient's age, gender of problem	28 studies: outcome data on antidepressant use. 34 studies: outcome data on depressive symptoms	Adults or older adults	Not specified	USA (n=27), Sweden (n=1), Chile (n=1), UK (n=4), The Netherlands (n=1)
Breland et al (2015)	Narrative reviews	Depression (Studies included = depression + cancer, HIV/AIDS, multiple sclerosis)	No	Outpatient, non mental health setting (including speciality medical or nonstandard primary care settings)	Peer reviewed 1990-2013 English Adult participants with medical condition outpatient non mental health setting Quantitative measure of depression severity use standardised assessment to assess depression assessed a model of care	Nine studies	Adults	Randomised controlled trial (n=6), non randomised controlled trial (n=1), uncontrolled trial (n=2)	Los Angeles, Southeast Scotland, Indiana, Durham, Boston, Atlanta/GA/Houston/Little Rock, Calgary, Canada,
Brooks et al (2017)	Systematic literature search	Chronic digestive diseases	No	Not specified	Published English	Not specified	Paediatric to adult transition	Empirical studies	Not specified
Burke et al (2018)	Scoping review	Long term health conditions - juvenile idiopathic arthritis and epilepsy	Yes (Juvenile idiopathic arthritis)	Not specified	Transitioning from paediatric to adult care (primary aim) include patients, parents, carers and healthcare professionals focused on other conditions or JIA and epilepsy Quantitative or qualitative methods Outcomes of transition reported Health related outcomes Experiences of transition 2001-2006 English	31 studies	Adolescents/young adults/ parents	Qualitative (n=8), quantitative (n=23)	UK, USA, The Netherlands, Belgium,
Busetto et al (2016)	Systematic review	Type 2 diabetes	No	Primary care studies (n=27), hospitals, medical centres and community base centres or practices (n=18)	Implementation of integrated care intervention type 2 diabetes 2003-2013 English, German, Dutch, Spanish or Swedish Systematic reviews/meta-analyses	44 studies	Adults	Qualitative studies (n=8), randomised controlled trials (n=10), non-randomised controlled trials (n=5), descriptive quantitative studies (n=15), mixed methods studies (n=6)	United States (n=29), European union (n=12) – Germany, Italy, Spain, Belgium, Netherlands and England. Three studies elsewhere – Japan, Canada, Israel
Butler et al (2011)	Systematic review	Depression primarily, mental health conditions	No	Primary care settings	All mental health conditions except developmental disorders and dementia - focused analysis on depression because numbers were too small controlled trials and quasi experimental design studies that addressed outpatient primary care by primary care practitioners working with mental health specialists United States only	33 clinical trials comprising 145 articles, 27 focused on depression	Not specified	Controlled trials and quasi experimental design studies	United States
Cairo et al (2018)	Systematic review	Anorectal malformations	Yes (Anorectal malformations (a group of rare diseases)	Chronic medical and surgical conditions	Anorectal malformations + transition of care from paediatric to adult care teams in setting of chronic medical and surgical conditions address long term complications and functional outcomes for anorectal malformations	22 studies	Paediatric to adult transition	Cohort and case control studies, cross sectional studies, reviews, mixed methods participatory design, opinion article, conference abstract	United Kingdom, United States, Germany, multinational, Italy, Holland, Japan, Austria, Sweden, China,
Campbell et al (2016)	Systematic review	Chronic conditions (diabetes mellitus, cystic fibrosis, muscular dystrophy, congenital heart disease, cerebral palsy, autism, juvenile idiopathic arthritis, solid organ transplantation, i and epilepsy). Included studies = cystic fibrosis, inflammatory bowel disease, type 1 diabetes, heart disease, spina bifida	Yes (Cystic fibrosis, muscular dystrophy, juvenile idiopathic arthritis, spina bifida)	Specified in three studies (Tertiary care hospital units, outpatient clinics, hospitals and support groups)	Randomised controlled trials, controlled before and after studies, interrupted time series studies evaluated effectiveness of any intervention aiming to improve transition for adolescents from paediatric to adult services adolescents between 12-19 years any chronic condition that required ongoing care Z any care model aimed at improving transition	4 studies	Adolescents between 12 and 19 years old	Randomised controlled trials	USA (n=2), Canada (n=1), Australia (n=1)
Cape et al (2010)	Systematic review and meta-analysis	Depression	No	Primary care	Randomised trials of adult primary care patients with a diagnosis / symptoms of depression	5 studies	Adults	Randomised trials	US, UK, Italy, Taiwan
Chhabra et al (2012)	Systematic review	Not specified	No	Long term care settings (e.g. NHS, SNFs, residential care facilities, assisted living facilities, home for the age, hospice care)	Evaluated an intervention involving medication reconciliation in patients transferred to/from long-term care settings	14 studies	Older adults	Quasi experimental design, randomised controlled trial,	US (n=4), Sweden, Belgium, Australia,
Chu et al (2015)	Systematic review	Chronic illness. Studies included: Type 1 diabetes (n=4), sickle cell disease (n=1)	Yes (Sickle cell disease)	Paediatric to adult healthcare	Adolescents and young adults aged 14-25 years with chronic medical illnesses discrete transition interventions that were formal hospital or clinic affiliated programmes that fulfilled one of the six Got transitions core elements	5 studies	Adolescents and young adults aged 14-25	Retrospective observational cohort study, Pre/post retrospective observational cohort studies, retrospective observational study, randomised controlled trial,	US, UK, Canada, Italy, Australia

Chuah et al (2017)	Systematic review	HIV and mental health	No	Micro, meso and macro level – primary healthcare sector, HIV sector and mental health sector	Quantitative and qualitative studies describing or evaluating a management or organisational change policy or intervention within an existing health system Integrating HIV and chronic disease care Integrate services for one or more mental health conditions with HIV.	45 studies (39 full papers, 6 conference abstracts)	Not specified	Quantitative (n=26) - Randomised controlled trials (n=7), non-randomised interventions (n=5), cohort studies (n=5), case series studies (n=3), cross sectional studies (n=3), retrospective record reviews (n=3). Qualitative (n=2), mixed methods studies (n=2), program/model descriptions (n=14)	USA (n=32), UK (n=3), Canada (n=1), Australia (n=1), France (n=1), South Africa (n=2), Uganda (n=3), Zimbabwe (n=1), Tanzania (n=1)
Coelho et al (2014)	Critical review	Chronic kidney failure, multiple sclerosis, obesity, pulmonary hypertension, diabetes mellitus, asthma, chronic obstructive pulmonary disease, heart failure, coronary disease and arterial hypertension	No	Not specified for all studies (4 articles described programmes developed in primary healthcare setting in collaboration with hospitals or managed care organisations)	Publications in English, French, Spanish, Portuguese about diseases in human beings populations over 19 with more than one of the conditions mentioned in target condition	61 studies	Over 19 years old	Research support (n=15), Randomised controlled trials (n=12), evaluation studies (n=9), comparative studies (n=8), Reviews (n=3), Controlled clinical trials (n=3), cohort studies (n=3), quasi-experimental design (n=2), case studies (n=2), multi-centre studies (n=1), meta-analysis (n=1)	USA (n=32), Netherlands, UK, Germany, Australia
Coffey et al (2017)	Systematic review	Not specific but health conditions covered included: Cardiac conditions, diabetes, various unspecified conditions)	No but unspecified	Wide range of settings including GP practice, home, schools, community and health centres	Whole population including new mothers, infants and children, adolescents, children with complex needs, including disabilities, older adults, adults with chronic illness, adults with mental health issues, people in need of palliative care, vulnerable populations any intervention that manages nursing and midwifery care in community any measure of patient centered process, service or economic outcome, any measures of barriers/enablers, recommendations community based nursing and midwifery services delivering care across a wide range of settings including GP practice, home, schools, community and health centres reviews, peer reviewed papers 2005-2015	9 studies	Adults, older adults	Meta-analysis (n=1), systematic review with meta-analysis (n=1), systematic reviews (n=3) and randomised controlled trials (n=4)	US (n=2), Australia (n=2), Netherlands (n=2), UK (n=1), New Zealand (n=1), China (n=1)
Collet et al (2010)	Critical review	Psychiatric disorders and severe behavioural problems in nursing home patients. Included studies: DCD patients with a diagnosis of dementia (n=5), double care demanding patients with a primary somatic condition and DCD patients with diagnosis of dementia. Average of three comorbid somatic diseases - diabetes, cerebrovascular disease and CVD most present	No	Nursing home and hospital settings	English or Dutch Adults over 55 Study population of nursing home patients with either somatic illness or dementia with psychiatric disorders or severe behavioural problems studies using inpatient intervention combining psychiatric care and nursing home care studies yielding quantitative data combining both psychiatric care and nursing home care	8 studies	Adults over 55	Restrospective cohort study (n=1), prospective case series (n=3), randomised controlled trials (n=4)	US (n=5) predominantly
Coventry et al (2014)	Systematic review and meta-regression	Depression or mixed anxiety	No	Primary care or community settings	Randomised controlled trials/clustered randomised controlled trials of collaborative care delivered in primary care settings or community settings included adults over 18 with a primary diagnosis of depression or mixed anxiety compared effectiveness of collaborative care with standard/enhanced usual care. measured change in self-reported or observer rated depression scores	74 articles	Adults over 18	Randomised controlled trials	25 conducted outside of US, 4% conducted in low to middle income countries
Coyne et al (2017)	Integrative literature search	Chronic illness. Included studies: diabetes, transplant, sickle cell anaemia, congenital adrenal hyperplasia	Yes (Sickle cell anaemia, congenital hyperplasia)	Range of settings (Paediatric to adult care)	Primary research articles that focus on outcomes after transfer of care to adult providers in youth with chronic illness	19 articles	Youth	Retrospective design, quasi-experimental design, longitudinal surveys, cross sectional design, retrospective chart review, prospective pre testing and post testing of intervention, prospective non-blinded RCT, non-experimental cross sectional descriptive, longitudinal secondary data	Not all specified but include urban settings, The Netherlands, England, Germany, Canada
Craven et al (2006)	Systematic evaluation and descriptive meta-analysis	Mental health conditions	No	Primary health care	Experimental methodology (RCTs and intervention studies) measures outcomes met criteria for collaboration	38 studies	Studies included children and adolescents, adults, Adults over 18	Experimental method (RCTs/intervention studies)	UK, US, Australia,
Cronin et al (2017)	Systematic review	Chronic diseases (respiratory, cardiovascular, diabetes, musculoskeletal diseases) prevalent in Ireland. Included studies: Stroke, diabetes, cardiovascular disease and COPD	No	Integrated stroke service defined as a setting where all relevant institutions (hospitals, nursing homes, rehabilitation centres, GP and home care providers work together	Adults over 18 years At least one or more chronic disease Managed by an integrated care programme 2 report economic evaluation	6 studies	Adults over 18	Economic evaluations (n=3), partial economic evaluations (n=3)	Netherlands (n=2), UK, Italy, Australia, US
Crowley et al (2011)	Systematic literature review	Chronic illnesses (physical or mental). Included studies: patients with diabetes mellitus, cystic fibrosis and organ transplant recipients	Yes (Cystic fibrosis)	Paediatric to adult care	Involved a health service intervention during period of transition from paediatric to adult care evaluated changes in health outcomes following transfer outcomes were compared between an intervention and control group or pre intervention and post intervention	9 studies	Paediatric to adult transition	Standard intervention vs control design (n=4), retrospective analysis (n=4)	Not specified
Cucciare et al (2015)	Narrative review	Substance use disorder	No	Primary care to speciality substance use disorder care	2000-2013 Articles containing phrases such as theoretical framework, conceptual approach, improving care transition, substance use disorder	17 articles	Not all specified but includes young adults and older adults	Reviews, qualitative methods, quasi experimental, cross sectional design	US (n=16), Australia (n=1)
Dallimore et al (2018)	Mixed method systematic review	Chronic kidney disease	No	Developed world (comparable health systems to UK), health social care and other educational settings	Studies that refer to chronic kidney disease and young people focused on transition report on interventions to support transition from child/paediatric to adult health service present views of young people with CKD/families with CKD young people aged 14-25	30 articles	Young people aged 14-25	Cross sectional survey, cohort study, mixed methods, secondary data analysis, focus group, ethnography/case study, retrospective cohort study, qualitative study, single center program retrospective chart review, evaluation of transition program, review of transition issues, conference presentation, case control study	Norway, US, UK, EU, North America, Australia, New Zealand, Canada, Japan, Germany, Holland, Netherlands, Egypt
Damery et al (2016)	Umbrella review of systematic reviews and meta-analyses	One or more chronic diseases (hypertension, depression, diabetes, coronary heart disease, stroke, transient ischaemic attack, chronic obstructive pulmonary disease, cancer, heart failure, dementia and arthritis). Included studies were chronic disease (n=15), heart failure (n=14), COPD (n=12), stroke (n=5), stroke and cardiac conditions (n=2), mental health (n=1), heart failure and COPD combined (n=1)	No	Care crossing the boundary between at least two health and or social care settings (including primary, secondary or community)	Systematic reviews and meta analyses Published after 2000 Evaluated interventions to facilitate integrated health and or social care services Experimental or quasi experimental study design English Adult patients with one or more chronic conditions Interventions crossed boundary between at two or more settings)	50 articles	Adult patients	narrative reviews (n=21), meta-analyses (n=26), reviews of reviews (n=3)	Canada, UK, Netherlands, USA, Ireland, Switzerland, Norway, Japan, Hong Kong, Spain, Denmark, Greece
Davies et al (2008)	Systematic review	Chronic disease, mental health or aged/palliative care	No	Primary healthcare sector	Australia, Canada, New Zealand, UK, US, or Netherlands Experimental studies (RCTs/ quasi experimental studies) or evaluation studies (trials, pilots, intervention studies, controlled before and after, comparative studies) focused on coordination of care involving primary healthcare sector	85 articles	Not specified	Experimental studies (RCTs and quasi Experimental studies) or evaluation studies (trials, pilots, intervention studies, controlled before and after, comparative studies)	US, Australia, UK, Canada, New Zealand, Netherlands (most conducted in US, Australia or UK)
De Bruin et al (2011)	Systematic review	Diabetes (n=14), depression (n=4), heart failure (n=8), chronic obstructive pulmonary disease (n=6)	No	Primary health care, community planning	Evaluated programs the met operational definition of disease management reported economic outcomes of care	31 papers	Not specified	RCTs (n=18), quasi experimental studies (n=3), cross sectional studies (n=3), descriptive studies (n=2), before and after studies (n=2), prospective observational studies (n=2), longitudinal analysis (n=1)	USA (n=20), Italy (n=3), UK (n=2), Australia (n=2), Netherlands (n=1), Taiwan (n=1), Thailand (n=1), Sweden (n=1)
De Bruin et al (2011b)	Systematic review	Chronic disease	No	Not specified	Did have criteria but not specified	18 papers - 8 schemes	Not specified	Not specified	USA (n=6), Germany (n=1), Australia (n=1)
de Bruin et al (2012)	Systematic literature review	Multiple chronic conditions. Studies included: frail people with multiple not specified conditions (n=15), older people with combination of chronic conditions including diabetes, heart failure, COPD, dementia and arthritis (n=5).	No	Settings varied from home care organisations and community centers to primary care practices, hospitals, specialised clinics and managed care organisations	Met operational definition of comprehensive care multiple chronic conditions intervention study evaluating impact of comprehensive care programs	42 papers - 33 studies	18 and over	RCTs (n=14), pre-test post-test (n=8), controlled clinical trials (n=5), cluster RCTs (n=3), post-test (n=2), case control (n=1)	USA (n=17), Canada (n=4), Australia (n=3), Italy (n=1), Norway (n=1), UK (n=1), both Netherlands and USA (n=1)
Desmedt et al (2016)	Systematic review	Chronic conditions - type 2 diabetes mellitus (n=18), schizophrenia (n=6), multiple sclerosis (n=2)	No	Different levels of health system	Randomised controlled trials, non-randomised controlled trials, before and after studies, observational studies and modelling studies studies included a cost analysis dealt with type 2 diabetes mellitus, schizophrenia, multiple sclerosis integrated care models - more than two chronic care model components	26 articles included	Not specified	RCTs (n=12), before after studies (n=6), retrospective studies (n=6), prospective studies (n=2)	US (n=13), Germany (n=3), UK (n=2), France, China, Austria, Singapore, New Zealand, Taiwan, Italy

Doug et al (2011)	Systematic review	Life limiting conditions: 1) Life threatening conditions for which curative treatment is feasible but can fail (e.g. cancer, cardiac abnormalities, irreversible organ failure), 2) conditions that entail long periods of intensive treatment aimed at prolonging life and allowing participation in normal activities (e.g. cystic fibrosis, duchenne muscular dystrophy, HIV/AIDS), 3) Progressive conditions without curative treatments, where intervention is exclusively palliative, but may continue for many years (e.g. batten disease, mucopolysaccharidosis, Creutzfeldt jakob disease), 4) conditions associated with severe neurological disability that are not progressive but can entail weakness and susceptibility to health complications leading to premature death (e.g. brain or spinal cord injuries)	Yes (Cystic fibrosis, duchenne muscular dystrophy, batten disease, mucopolysaccharidosis, Creutzfeldt-Jakob disease)	Child and adult services and interfacebetween healthcare providers.	Young people aged 13-24 years with palliative care conditions situational transition - child to adult or between healthcare providers Original articles, reviews, systematic reviews, consensus policies, guidelines and survey recommendations	92 papers	13-24	No studies reporting findings from RCTs, comparative trials or economic evaluation of transition programs and only one systematic review on transition	USA (n=42), UK (n=27), Australia (n=11), Canada (n=8), Denmark (n=1), Switzerland (n=1), Germany (n=1), South Africa (n=1)
Drewes et al (2012)	Meta-regression	Heart failure	No	Primary health care / secondary care settings	Heart failure as main condition adult patients as main receivers interventions addressing at least two Chronic Care Model components	15 systematic reviews, 46 primary studies	Adults	Randomised controlled trials (n=32), non-randomised controlled trials (n=4), before and after studies (n=9), chart review (n=1)	USA, Spain, UK, Portugal, Scotland, Netherlands, Italy, Sweden, New Zealand, Canada, Argentina, Australia, Ireland
Ehrlich et al (2009)	Conceptual review	Chronic disease	No	Primary care	English 2000-2008 Primary care Z Journal articles that relate to description of coordinated care for people with chronic disease in primary care setting include an explicit definition of coordinated care	20 studies	Not specified	Not specified	Not specified
Ekers et al (2013)	Systematic review and meta-analysis	Depression and long-term physical conditions (included: arthritis, diabetes, stroke, cancer, chronic pain, coronary, multiple, HIV)	No	Community or primary care settings	Randomised controlled trials specifically trained general nurse delivered brief proactive follow up (collaborative care or similar) was compared to treatment as usual participants who were adults (16+), treated in primary or community care settings, with a primary diagnosis of depression + one or more long term physical health problems	14 studies	Adults (16+)	Randomised controlled trials	USA, UK, Netherlands, Australia
Elissen et al (2013)	Meta-analysis	Diabetes	No	Primary healthcare , ambulatory care	diabetes mellitus adult patients as main receivers at least two components of chronic care model	15 systematic reviews, 61 empirical studies	Adult patients	Systematic reviews (n=15), RCTs (n=41), controlled clinical trials (n=6), before-after studies (n=4), observational studies (n=10)	
Farooq et al (2013)	Literature review	Depression or common mental health condition	No	Any healthcare setting	1982-2012 randomised controlled evaluation stepped care model vs standard service patients diagnosed with a depressive disorder or common mental disorder collaborative care intervention any healthcare setting	Not specified	Not specified	Randomised controlled trials	Developing countries
Feltner et al (2014)	Systematic review and meta-analysis	Heart failure	No	Academic medical centres, department of veterans affairs hospitals and community hospitals	Studies of adults recruited during or within 1 week of an index hospitalization for Heart failure that compared a transitional care intervention with another eligible intervention or with usual care interventions include 1 or more of the following components: education of patient or caregiver delivered before or after discharge, planned or scheduled outpatient clinic visits, telemonitoring, structured telephone support, transition coach or case management, or interventions to increase provider continuity required studies to report a readmission rate, mortality rate or composite outcome	47 trials	Adults with a mean age of 70	Randomised controlled trials	US (n=26), other developed countries (n=21)
Flanagan et al (2017)	Umbrella review - review of systematic reviews	Chronic conditions (hypertension, depression, diabetes, coronary heart condition, stroke, transient ischemic attack, chronic obstructive pulmonary disease, cancer, heart failure, dementia and arthritis)	No	At least two health and social care settings - primary, secondary and community	Systematic reviews integrated care interventions during or after 2000 written in English adults undergoing management of one or more chronic conditions interventions implemented in at least two health or social care settings chronic conditions	41 systematic reviews	Adults	narrative reviews (n=17), quantitative (n=21), reviews of reviews (n=3)	Canada (n=10), USA (n=9), Netherlands (n=8), UK (n=7), Ireland (n=3), Japan (n=1), Switzerland (n=1), Sweden (n=1), China (n=1)
Franx et al (2013)	Review	Mental health conditions	No	Primary care mental health settings	All designs 2010-2013 focused on implementation strategy of standardised collaborative PC-MH program based on chronic care management components	18 studies	Not specified	Randomised controlled trials (n=2), quasi-experimental trial (n=1), qualitative studies (n=5), range of observational studies with mixed methods designs	Not specified
Fraser et al (2018)	Systematic review	Not specified	Not known	Primary care settings (general practice or primary care, family medicine, geriatric care, paediatric care, public health medicine and practice focused on women's health). Settings of included studies: : nine in primary care practice settings, six in public health community clinics, four in academic health care systems, remaining in assisted living settings, a detoxification unit, a community hospital	RCTs and cluster randomised trials interventions undertaken in integrated primary care settings, where interprofessional teams were comprised in part of social workers integrated care 2000-2016	32 reports - 26 RCTs	Mainly adult, but nine older adults and two parents of children and 1 on adolescents	Randomised controlled trials	US (all but three), one in Hong Kong and two in Canada
Fuller et al (2011)	Narrative review	Mental health	No	Primary care	Primary care (multifaceted and comprising first level of contact) primary mental healthcare linkage (process used to connect two or more services in provision of clinical primary mental health care - one link involving a primary healthcare practitioner, other linkage any health or human service entity including hospital or community based specialists, private practitioners or non health agencies study conducted in comparable health system to Australia (UK, Europe, USA, Canada, New Zealand) English Analytic or descriptive designs	119 studies , focused on 42 RCTs in quantitative analysis	Adults, older adults	Analytic designs (randomised and controlled trials, cohort studies, case control studies, pre/post studies) or descriptive designs (surveys, questionnaires, audit and case studies). Designs included = systematic review (n=5), RCT (n=69), quasi experimental (n=14), cohort (n=13), descriptive (n=57)	Australia, New Zealand, UK, Europe, USA and Canada
Gallagher et al (2017)	Systematic review	Atrial fibrillation	No	Hospital - emergency and outpatients	Use of an integrated care approach Focus on holistic and comprehensive AF management presence of control group minimum 6 month follow up	3 studies	Mean age was 66.9±15.4 years	Randomised controlled trial (n=2), before and after (n=1)	Netherlands, Australia and Canada
Garralda et al (2016)	Systematic review	Cancer or advanced chronic diseases	No	Spanish context: integration of palliative care into primary care, palliative care units in long term and general hospitals, home care situations and wider health regions	Evidence addressing models, guidelines and pathways in interprofessional care in cancer and chronic advanced disease strategies of IPC two or more of Emmanuel's criteria of IPC	12 guidelines and pathways in cancer and non-malignant disease, 35 documents in Spanish context	Not specified	Not specified	Spain
Gensichen et al (2006)	Systematic review	Major depression	No	Primary health care / community based settings	Patients with major depression or depressive episode based on DSM-V criteria case management as intervention (and further elements - coordination and assessment of treatment and arrangement of referrals) follow up 6-12m interventions located in community based care principle outcomes = severity of depression symptoms randomised controlled trials	13 studies	Not specified	Randomised controlled trials	Not specified
Gilbody et al (2006)	Cumulative meta-analysis and review	Depression	No	Primary care	Randomised controlled trials patients with depression managed in primary care settings using a collaborative approach collaborative care defined as a multifaceted intervention involving combinations of 3 distinct professionals working collaboratively within primary care setting	37 studies	Not specified	Randomised controlled trials	US and non US
Goeman et al (2016)	Systematic review	Dementia	No	Not specified but indicative of home setting	Written in English 2003-2014 examined key worker type support roles for people living at home and carers of people with dementia living at home a range of key worker roles	36 articles	Not specified for all interventions	RCTs (n=24), qualitative (n=8), mixed methods (n=2), case report (n=1), cohort study (n=1)	International: USA, Europe, UK, Hong Kong, Australia, Canada, different places
Gohler et al (2006)	Systematic meta-analysis	Congestive heart failure	No	Not specified	1966-2005 all-cause mortality, all cause rehospitalisation outcomes randomised clinical trials compared disease management with usual care 3 months minimum follow up interventions ranged from education on self-monitoring and knowledge to electronic home monitoring and had to schedule interventions after discharge	36 studies	Mean age ranged from 56-79 years old	Randomised controlled trials	Argentina, Australia, Canada, France, Germany, Ireland, Italy, New Zealand, Sweden, Netherlands, UK, Spain, USA

Haldane et al (2018)	Systematic review	HIV and/or AIDS with coronary heart disease, chronic CVD, cerebrovascular diseases (stroke), hypertension, diabetes	No	Different settings - seven community/mobile settings, 5 HIV clinics. Integration reported entirely at meso level	Integrated HIV with CVDs and their risk factors coronary heart disease or cerebrovascular diseases included all studies in health facilities at community that reported on effects of integrated HIV and AIDS and chronic disease services including screening and/or treatment using quantitative or qualitative and mixed methods included reports of patient's perspectives on integrations	14 articles	Not specified	Quantitative, qualitative, mixed methods. Included studies: Retrospective record review, cohort study, program description, cross sectional survey, qualitative,	Majority from Sub-saharan Africa, but also USA, UK,
Hayes et al (2012)	Cochrane systematic review	Not specified.	Not known	Eight studies were delivered through primary and community care services, five were delivered in schools and three were in the wider community. No studies were based in hospitals but two recruited from hospital services.	Randomised or quasi randomised controlled trials, controlled before or after studies, interrupted time series design all types and age groups any intervention of collaboration between health and local government agencies collaboration outcomes - mortality, morbidity, behavioural change	16 studies (narrative synthesis), meta-analysis (n=11)	All ages	RCTs/cluster RCTs (n=7), CCTs (n=4), CBAs (n=4), ITS (n=1)	UK (n=7), Denmark (n=1), Sweden (n=1), Norway and Denmark (n=1), Netherlands (n=1), US (n=2), Canada (n=1), Israel (n=1), Australia (n=1)
Health Quality Ontario (2013)	Evidence-based analysis - systematic review and meta-analysis	Chronic disease (chronic obstructive pulmonary disease, coronary artery disease, congestive heart failure, atrial fibrillation, diabetes, stroke, chronic wounds)	No	outpatient community setting primary care providers - acute care / specialists	English language full reports published before 2012 tools and systems for electronic health information exchange that facilitate provider-provider communication in outpatient setting one or more chronic disease	11 studies	Adults	Randomised controlled trials (n=4), observational studies (n=7)	Australia, Netherlands, UK, US
Health Quality Ontario (2013b)	Evidence-based analysis - systematic review and meta-analysis	Patients with diabetes, heart failure, chronic obstructive pulmonary disease, atrial fibrillation, stroke, coronary artery disease, chronic wounds or multiple chronic conditions	No	Not specified	English language full reports 2002-2012 RCTs, systematic reviews, meta-analyses, prospective observational and retrospective studies adult patients provider level or clinic level continuity interpersonal continuity or management continuity studies with patients with chronic condition at least 1 outcome of interest	23 studies	Adults	systematic reviews (n=8), observational (n=15)	Taiwan, Canada, Korea, USA,
Heath et al (2017)	Systematic review	Long-term conditions. Included studies: asthma, arthritis, cancer, cystic fibrosis, congenital heart disease, cerebral palsy, diabetes, epilepsy, marfan syndrome, sickle cell disease, spina bifida	Yes (Cystic fibrosis, Marfan syndrome, sickle cell disease, spina bifida)	Child to adult services	Qualitative findings of primary research exploring parents' understanding and experiences of role as child with LTC transitions to adulthood 10-24 years old long term conditions = physical illnesses that are prolonged, do not resolve spontaneously and are rarely cured completely	32 papers included	10-24 years old	Qualitative studies	Switzerland, UK, Canada, US, Australia, Netherlands
Hoelt et al (2018)	Systematic review	Mental health conditions	No	Primary care	English language published prior to 2013 peer reviewed and grey literature task sharing of rural mental health care delivery in high income countries telehealth programs focused on consultation to rural primary care providers	23 programs	Not specified	Described a program or tested an intervention or focused on policy. Many studies were descriptive.	High income countries
Homer et al (2008)	Systematic review	Children with special health care needs	Unclear (Possible as search terms included spina bifida, sickle cell anaemia, cystic fibrosis)	Medical home	Quantitative studies focusing on population of children with special health care needs aged 0-18 years United States 1986-2006 Peer reviewed journal English primary or secondary data analysis include adults but were required to report data on children separately	33 articles reporting on 30 studies	Children aged 0-18 (+ adults if reported children separately)	Randomised controlled trials (n=6), pre post intervention with comparison (n=1), pre post intervention without comparison (n=4) cohort (n=3), cross sectional (n=16)	United States
Hopman et al (2016)	Systematic review	Multiple chronic conditions or frailty.	No	Primary, secondary, community	English language papers 2011-2014 program met operational definition of comprehensive care program aim was to provide care for patients with multiple chronic disease/frailty intervention study evaluating effectiveness	19 articles - 18 studies	older adults, frail patients, adults with complex health needs,	RCTs (n=7), pre-test post-test (n=5), cluster RCT (n=3), post-test (n=2), quasi randomised controlled trial (n=1)	USA (n=12), Canada (n=3), Australia (n=1), Japan (n=1), Netherlands (n=1)
Huang et al (2013)	Systematic review and meta-analysis	Depression and diabetes mellitus	No	Primary care	Male and female patients of any age with a diagnosis of both depression and diabetes collaborative care intervention (4 criteria: multi-professional patient care, structured management plan, scheduled patient follow up, enhanced inter-professional communication control - usual care / enhanced usual care outcome measures - depression treatment response, depression remission, haemoglobin A1c control, adherence to medication clinical randomised controlled trials or cluster randomised controlled trials primary care setting	8 articles	Any age	Clinical randomised controlled trials or cluster randomised controlled trials	United States
Huffman et al (2018)	Narrative overview	Heart disease	No	Not specified	Not specified	8 studies outlined in results table	Not specified	Not specified	Not specified
Hussain et al (2014)	Systematic review	Psychiatric disorders	No	Hospital setting	English language publications evaluated effects of IMC for MIPD when compared with usual care or another model randomised controlled trials and quasi experimental studies adults only	4 studies	Adults	RCTs (n=2), interrupted time series (n=1), controlled before after study (n=1)	Netherlands (n=2), USA (n=1), UK (n=1)
Jackson et al (2013)	Systematic review	Chronic illness	No	Primary care	Peer reviewed interventions that met PCMH definition interventions delivered to patient populations representing multiple diseases conducted among adult or child primary care patients follow up of at least 6 months Randomised controlled trial or observational study	60 papers - 31 unique studies (19 effectiveness, studies)	Adults/children	Randomised controlled trial (n=9) or observational study (n=10)	United States (n=18), Canada (n=1)
Kamper et al (2014)	Cochrane systematic review	Chronic low back pain	No	Not specified	RCTs published in peer reviewed journals investigate people with nonspecific chronic LBP who were older than 18 MBR intervention	41 studies	18 and over	Randomised controlled trials	Europe (n=33), Iran (n=3), North America (n=3), Australia (n=2)
Ke et al (2018)	Systematic review	Breast cancer, colorectal and adolescent and young adult cancer survivors	No	Not specified	Addressed cancer reported on principles and framework of a model	25 articles	Not specified	Not specified	General or contextualised in Australia, Canada, Italy, Europe, South Korea, USA
Kerr et al (2017)	Realist review	Life limiting conditions. Studies included: Cystic fibrosis most represented, followed by HIV. Populations included young adults with life limiting conditions, palliative care, cystic fibrosis, cerebral palsy, human immunodeficiency virus and acquired immunodeficiency syndrome, congenital heart disease, Duchenne muscular dystrophy, spinal muscular atrophy, malignant neoplasms, cancer, end stage renal disease, nephrotic syndrome and multiple sclerosis	Yes (Cystic fibrosis, acquired immunodeficiency syndrome, Duchenne muscular dystrophy, spinal muscular atrophy, nephrotic syndrome?)	Child to adult transition	Relevant to transition to adult services young adults life limiting conditions	78 papers	Young adults	Literature reviews (n=11), observational designs (n=65), clinical trials (n=2)	17 countries in five continents, 31 from SA, 19 from UK
Khan et al (2010)	Cochrane review	Guillain-Barre syndrome	Yes (Guillain-Barre syndrome)	Inpatient (hospital ward or specialist rehabilitation unit), outpatient (hospital or community) or home based setting. All studies included were conducted in in-patient rehabilitation settings, one with a community follow up arm	Randomised and quasi randomised controlled trials and controlled clinical trials multidisciplinary rehabilitation care in GBS compared with multidisciplinary care in different settings participants over 18 inpatient or outpatient or home settings, outcomes focus on impairment, disability, limitation in activity, restriction in participation, environmental or personal context	3 studies	18 years and over	Observational studies (one case control study, 2 retrospective cohort studies)	Turkey, USA, UK
Kooij et al (2017)	Systematic review	Chronic diseases, including diabetes, chronic obstructive pulmonary disease, congestive heart failure, cardiovascular disease, hypertension, asthma or cancer. Included studies: COPD (n=2), chronic kidney disease (n=2), diabetes (n=3), hypertension (n=1), asthma (n=1), multiple conditions (n=2)	No	Primary care physicians operating outside of hospital or physician practices and speciality healthcare professionals	English language studies describing a randomised controlled trial, non-randomised controlled study or single group before and after study shared care intervention supported by IT developed for people with a chronic disease including diabetes, COPD, congestive heart failure, CVD, hypertension, asthma or cancer, involved healthcare providers were primary care physicians operating outside hospitals or physician practices and speciality healthcare professionals outcome measures focusing on at least health or clinical, process, provider or professionals and financial outcomes	13 studies	Not specified	Cluster RCTs (n=11), controlled trial and pre-post feasibility study	Canada (n=2), Italy (n=2), Scotland (n=3), US (n=2), Australia (n=1), Denmark (n=1), Spain (n=1), Spain and Belgium (n=1)
Kruis et al (2013)	Cochrane systematic review	Chronic obstructive pulmonary disease	No	Primary (n=8), secondary (n=12), tertiary care (1 study), combination of primary and secondary care (n=5)	RCTs in which IDM programs or interventions are controlled to controls in people with COPD people with a clinical diagnosis of COPD studies where IDM consisted of strategies to improve care for participants with COPD - organisational, professional, patient directed and financial incentives outcomes - health related quality of life, maximal or function exercise capacity, exacerbation related outcomes	26 studies	Adults	26 cluster randomised controlled trials	Netherlands (n=5), Spain (n=4), Australia (n=3), UK (n=3), US (n=3), Denmark (n=2), Sweden (n=2), Brazil (n=1), Canada (n=1), Japan (n=1), New Zealand (n=1)
Krumholz et al (2006)	Review	Heart failure, depression, diabetes	No	Majority of studies = outpatient setting incorporating mix of hospital based clinical visits and some in patients' homes	Interventions designed to improve outcomes and/or reduce medical resource use in patients with heart failure, diabetes or depression Used clearly defined protocols incorporating two components of disease management	Not specified	Not specified	Interventions	Not specified
Le Berre et al (2017)	Systematic review	chronic disease (including: rheumatoid arthritis, cancer, COPD, diabetes, CHF, coronary artery disease, hypertension, chronic liver disease, chronic renal failure, dementia or cognitive impairment and other chronic conditions such as multiple CD, a geriatric profile, frailty, polymedication	No	Hospital and primary care setting	Patients 65+ with at least one chronic disease who have been hospitalized and are being discharged back home transitional care interventions comparison usual care outcomes - all cause mortality, all cause readmission, all cause ED visits, all cause readmission days and QoL randomised controlled trials English/French	92 studies	65+	Randomised controlled trials	UK (n=7), Spain (n=7), Denmark (n=4), Sweden (n=4), Italy (n=3), Netherlands (n=3), Germany (n=2), Austria (n=2), Belgium (n=1), Finland (n=1), Ireland (n=1), Slovenia (n=1), Switzerland (n=1), many different European countries (n=1), USA (n=27), Canada (n=5),

Le Roux et al (2017)	Systematic review	Chronic conditions.	No	Paediatric to adult healthcare	Evaluated health service intervention involving transition from paediatric to adult care collected data after transfer compared outcomes between intervention and control group or pre and post quantitative studies only	39 studies	Paediatric to adult transition	Interventions	Not specified
Lemmens et al (2009)	Systematic review	Asthma and COPD (COPD = 18, asthma = 16, both = 2)	No	Primary care/ambulatory care/community health planning	Evaluated effectiveness of disease management programmes consisting of multiple interventions targeted at patients > 16 years with a principal diagnosis of asthma or COPD experimental, randomised controlled trials and controlled clinical trials or quasi experimental, controlled before and after studies or time series designs intervention vs usual care objective measure of outcomes relating to goals of disease management	36 studies, 40 papers	Over 16 years	Experimental randomised controlled trials and controlled clinical trials or quasi experimental, controlled before and after studies or time series designs	US, Australia, UK, Canada, Spain & Belgium, Malta, Spain, Denmark, The Netherlands, China, Belgium, New Zealand, Germany,
Lemmens et al (2013)	Critical review	Chronic obstructive pulmonary disease	No	Primary care / ambulatory care	Reported a systematic review or meta-analysis, focused on interventions consisting of 2 or more components of CCM focused on COPD as main condition focused on adult patients After 1995	8 systematic reviews and 29 primary papers	Adult patients	Descriptive reviews (n=4), meta-analyses (n=4), RCTs (n=20), controlled clinical trials (n=2), controlled before-after trials (n=2), pre post studies (n=5)	Not specified
Lemmens et al (2015)	Systematic review and meta-analysis	Chronic illness. Studies included: diabetes and mental illness, depression, somatic diseases in combination with mental illness, cancer, epilepsy and depression, non-specified chronic medical condition and depression	No	Primary healthcare programs (n=4), outpatient/community facilities (n=4), hospital (n=2)	English language papers 1995-2014 program met definition of integrated care program aim of program to treat patients with psychological comorbidity and interventions were addressing both psychological and somatic diseases intervention study evaluating effectiveness of integrated care programs	15 articles	Some studies specify >18, others not specified	RCTs (n=7), before after studies (n=3)	USA (n=9)
Lewis et al (2017)	Systematic literature review	Chronic conditions included but also some that are not chronic conditions. Conditions include: AIDS/HIV, mental health conditions, substance abuse, tobacco use, depression, diabetes, reducing substance use in pregnancy and health promotion	No	Indigenous-serving healthcare organisations	Address behavioural and medical aspects of health indigenous populations intervention study	9 articles	Not specified	Interventions	US and Canada
Lim et al (2018)	Systematic review and meta-analysis	Type 2 diabetes	No	Not specified	RCTs 2000-2016	181 trials (including 12 companion prospective follow up studies)	Mean age was 59.6 years	RCTs	Most trials conducted in high-income nationals with only 10 from upper and lower middle income countries
Lion et al (2014)	Systematic review	Chronic illnesses	No	Not specified	Peer reviewed literature 2001-2011 plan of care that met definition included IPCs that were developed by the patient or family with a care coordinator patients with at least one chronic condition	15 studies	Children and adults	Nonrandomised controlled trial, randomised controlled trial, uncontrolled pre-post cohort, cluster RCT, matched prospective cohort, RCT with crossover to intervention, uncontrolled pre-post cohort, controlled retrospective cohort	United states
Lupari et al (2011)	Systematic review	Multi-morbid chronic conditions	No	Home based intervention	RCTs, controlled before and after studies of case management interventions case management interventions aimed at improving clinical care, multidisciplinary collaboration and managed/care coordination for older people with multiple chronic conditions	8 articles	Older adults	RCTs, controlled before and after studies	USA (n=2), UK (n=6)
MacInnes et al (2018)	Integrative review	Heart failure	No	Primary care or primary and secondary care	English language 2000-2017 adults with heart failure integrated or multidisciplinary practice primary care or primary care and secondary care data on outcomes qualitative, quantitative and mixed methodologies	17 articles	Adults	RCTs (n=8), case studies (n=5), comparative designs (n=4)	US (n=6), UK (n=3), Sweden (n=2), Australia (n=2), New Zealand (n=1), Spain (n=1), Republic of Ireland (n=1), not specified (n=1)
Mackie et al (2016)	Systematic review	Long term conditions	No	Setting related to community environment - patient's own homes/within residential homes	Community environment - patient's own home or within residential homes integrated health and social care - over 18s, multiple long term conditions studies after 2006 community health and social care research studies conducted in UK grey literature English language studies health professionals enablers or barriers	7 studies	18+	Not specified	UK only
Manderson et al (2012)	Systematic review	Chronic illnesses	No	Transition across multiple care settings	Older adults with chronic illnesses patients making transitions across healthcare settings roles and responsibilities of patient or system navigator position involved patient or system navigation intervention undertook an RCT with specific outcomes	15 articles - 9 studies	Older adults	RCTs	US (n=6), Canada (n=2), Australia (n=1)
Martinez-Gonzalez et al (2014)	Meta-review	Chronic non-communicable diseases. Included studies: Chronic heart failure (n=12), diabetes mellitus (n=7), COPD (n=7), asthma (n=5), hypertension (n=3), cancer (n=2), rheumatoid arthritis (n=2)	No	Outpatient and inpatient sectors	Published systematic reviews and meta-analyses on effects of integrated care programmes in adult patients with chronic non-communicable diseases (except addiction/mental disorders)	27 reviews in 28 publications	Adults	RCTs and non-randomised included (n=17), RCTs only (n=7), did not report (n=3)	Not specified
McBrien et al (2018)	Systematic review	Chronic diseases (asthma, arthritis, hypertension, migraine, COPD/emphysema, diabetes, heart disease, cancer, intestinal/stomach ulcers, stroke, urinary incontinence, inflammatory bowel disorder, dementia, mood disorders, anxiety disorders, HIV/AIDS, chronic kidney disease)	No	Setting: 39% primary care, 28% speciality clinic, 10% hospital, 18% community, 4% other	RCTs evaluating effectiveness of patient navigator vs usual care adult or paediatric patients screened for chronic diseases	74 papers reporting 67 unique studies	Adults or children	RCTs	90% studies conducted in US, 4% in Canada, 3% in Australia, 1% in UK, 1% in France, 1% in South Africa
McCallum et al (2015)	Review	Dual diagnosis - mental health and/or substance use disorder	No	Range of settings (Paediatric to adult care)	Articles that investigated continuity in treatment seeking samples with proportion of patients with dual diagnosis restricted to English articles published after 1980	18 studies	All studies report ages/mean ages > 18	Prospective cohort (n=8), retrospective cohort (n=8), quasi-experimental (n=2)	The Netherlands, Canada, USA, Spain,
McColl et al (2009)	Scoping review	Chronic conditions	No	Rehabilitation and primary health care	Describe service delivery program that offered primary care and rehabilitation, or services specifically designed for people with chronic conditions/disabilities articles available in English or French no methodological limitations	38 articles	Not specified	Not specified	USA, Sweden, Netherlands, Canada, UK, Australia, International, Denmark, Israel, China
McDonald et al (2007)	Systematic review of reviews	Clinical conditions. Included studies: Mental health problems (n=13), No heart failure (n=9), diabetes (n=3)	No	Outpatient settings or conducted across settings and included outpatient setting	English language systematic reviews of care coordination interventions included reviews in which interventions were conducted in an outpatient setting or across settings including outpatient setting included reviews where only part of the review evaluated coordination	43 reviews	Elderly populations (n=8), rest = adults	RCTs or other controlled trials, no restriction by design	Not specified
McIntosh et al (2016)	Review	Mental health conditions	No	Mental health into primary care and behavioural healthcare	After 2008 English research and non-research articles US evidence-based articles with experimental or quasi experimental implementation strategy to integrate primary and behavioural healthcare	3 systematic reviews and 6 RCTs	Not specified for all interventions	Systematic reviews (n=3, randomised controlled trials (n=6)	United States
Medical Advisory Secretariat (2009)	Systematic review	Heart failure	No	Not explicitly specified	RCT systematic review with meta-analysis People with NYHA classification 1-IV HF Intervention includes a team of a nurse and physician specialist control group by a single practitioner intervention begins after discharge from hospital reports 1 year outcomes	8 articles	Mean age of all studies 65 or over	RCTs	UK (n=1), Netherlands (n=1), Poland (n=1), Sweden (n=2), New Zealand (n=1), USA (n=1), Argentina (n=1)
Miller et al (2013)	Meta-analysis and meta-regression	Mental health conditions. Included studies: most common diagnoses = depression (n=39), bipolar disorder (n=4), anxiety disorders (n=3), multiple disorders (n=10)	No	Mental health services/primary care	At least 3 elements of CCM reported depression, mental quality of life or physical quality of life outcomes	53 trials	Not specified	Interventions	US (n=48) or other (n=5)
Mitchell et al (2008)	Systematic review	Stroke	No	Primary care	RCTs, non-randomised trials, observational studies, qualitative studies any multidisciplinary planning intervention process primary care adults with completed stroke	18 papers	Not specified	RCTs (n=5), qualitative (n=7), guideline papers (n=6)	Norway, Sweden, UK, Canada,
Mitchell et al (2015)	Systematic review	Chronic/complex chronic physical diseases. Majority of studies = diabetes (n=6)	No	Primary and secondary care	Adults with chronic/complex chronic disease models using specialist and primary care medical practitioners working collaboratively across primary and secondary care settings with usual care English language peer reviewed studies 2000-2012 RCTs, non-randomised or quasi randomised controlled trials	14 papers - 10 studies	Adults	Quantitative (n=8), mixed methods (n=2). Within this: RCT (n=1), cluster RCT (n=4), quasi experimental (n=3), pre post design (n=2)	New Zealand (n=3), Australia (n=2), UK (n=2), US (n=2), Belgium (n=1), Ireland (n=1)
Muntingh et al (2016)	Systematic review and meta-analysis	Anxiety disorders	No	Primary care	Published RCTs that evaluated collaborative care adult primary care patients with anxiety disorder reported on outcomes using standardised scale for anxiety severity	7 studies	Adults 18+	RCTs (n=4), cluster randomisation (n=3)	USA (n=4), Germany (n=1), Netherlands (n=2)
Ngune et al (2015)	Literature review	Cancer	No	Primary health care	Describe delivery of interventions by GP and care delivered alongside specialist care included adult patients completed treatment for cancer evaluating GPs and patients perspectives to cancer shared care research article describe interventions or evaluate care	19 articles	Adults	RCTs (n=3), Cohort studies (n=5), cross sectional studies (n=4), qualitative studies (n=4), systematic reviews (n=3)	Norway, Denmark, USA, Canada, Netherlands
Nicoll et al (2018)	Systematic review	Chronic kidney disease	No	Studies conducted in primary care/secondary care settings/not specified	Compared two multidimensional models of care in adults with pre dialysis CKD RCTs English 1992 onwards	9 articles, 7 studies	Adults	Randomised controlled trials	Netherlands (n=2), USA (n=2), Canada (n=1), China (n=1), Taiwan (n=1)

Niesink et al (2007)	Systematic review	Chronic obstructive pulmonary disease	No	Secondary care/primary care. Most interventions took place in secondary care. Three interventions located in primary care and included GPs, nurses, and physiotherapists. In secondary care, clinicians, OTs, psychologists, dieticians and social workers also involved	Randomised controlled trials comparing quality of life outcomes in outpatient chronic disease management programmes focused on level of integration programme duration at least 8 weeks programmes considered integrated care published after 1995	10 studies	Mean age varied from 62-69 years	RCTs	New Zealand, The Netherlands, Canada, Spain, Denmark, Sweden, USA,
Ouwens et al (2009)	Systematic review	Cancer	No	Hospital or outpatient setting	English Rigorous evaluation of an integrated care intervention or of a programme with the aim of improving care for adult patients with cancer in hospital or outpatient setting randomised controlled trials, interrupted time series and controlled before and after studies consider one of the principles of integrated care: patient-centeredness, multidisciplinary care, organisation of care	33 studies	Not specified	Randomised or quasi randomised controlled trials (n=31), controlled before-after studies (n=2)	UK (39%), USA (18%), Canada (15%), other countries = Netherlands, Sweden, Denmark, Norway
Parker et al (2016)	Rapid review	Chronic conditions including mental health and multimorbidity (including ischaemic heart disease, stroke, lung cancer, colorectal cancer, depression, type two diabetes, arthritis, osteoporosis, asthma, chronic obstructive pulmonary disease, chronic kidney disease, oral disease)	No	Primary care	Focus on care coordination evidence of a review method quantitative measures to assess effectiveness included an adult population diagnosis of one or more chronic diseases conducted in general practice or similar primary care setting available in full text, English and includes primary studies conducted in comparable health systems to Australia, including Canada, New Zealand, UK, US and Netherlands 2006-2013	18 systematic reviews	Adults	Systematic review	conducted in comparable health systems to Australia, including Canada, New Zealand, UK, US and Netherlands
Peterson et al (2011)	Evidence brief	No disease focus but only found studies of heart failure and COPD	No	Ambulatory setting / primary care	Patients high at risk for hospital admission and/or death multi component interdisciplinary intensive primary care programs usual care outcomes - all cause mortality, hospitalisation, emergency department use, hospital days studies that have a follow up period of more than 30 days ambulatory settings systematic reviews controlled clinical trials and observational studies	20 articles	Adults	RCTs (n=7), observational studies (n=13), controlled observational studies (n=2)	Quebec, Washington, Indiana, Illinois, UK, Sweden, US,
Peytremann-Bridevaux et al (2008)	Systematic review and meta-analysis	Chronic obstructive pulmonary disease	No	Not specified	Meet definition of disease management - 2 or more components, 2 or more healthcare professionals, patient education and at least 1 component lasted 12m adult patients with COPD structured interventions did not only include inpatients	13 studies, 15 articles	Adults (mean age 61-75 years)	Randomised controlled trials (n=9), non-randomised controlled trial (n=1), uncontrolled before and after trials (n=3)	Not specified
Peytremann-Bridevaux et al (2015)	Cochrane systematic review	Asthma	No	7 studies in primary care practices, 3 in outpatient hospital departments, 3 in pharmacies, 2 in health maintenance organisations (HMOs), 5 in mixed settings	Randomised controlled trials, non-randomised controlled trials, controlled before-after studies, interrupted time series studies adult participants (over 16 years) diagnosis of asthma chronic disease management intervention	20 studies	16+	RCTs (n=15), NRCT (n=1), CBAs (n=4)	North America (n=10), Europe (n=6), Asia (n=3), Australia (n=1)
Pilotto et al (2017)	Scoping Review	Not specified	No	Hospital and community	Randomised controlled trials, observational clinical studies and systematic review/meta-analysis on use of comprehensive geriatric assessment in older people	Not specifically states	Older adults	Randomised controlled trials, observational clinical studies and systematic reviews and meta-analysis	Not specified
Pimouguet et al (2011)	Meta-analysis	Diabetes (type 1 or 2)	No	Not specified	Randomised controlled trials English reported haemoglobin A1c levels adults with type 1 or 2 diabetes pre and post intervention haemoglobin A1c levels and post intervention haemoglobin had to be assessed after at least 12 weeks of follow up 1990-2009	41 studies	Adults	Randomised controlled trials	US (n=26), Canada (n=5), Europe (n=3), Asia (n=7)
Powell Davies et al (2017)	Systematic review	Chronic diseases (Cardiovascular disease, HIV/AIDs, cancer, cardiopulmonary disease), mental health (including substance abuse), aged care and palliative care, other (dermatology, disorders of locomotor system, blood disorders, referral patterns and emergency department use)	No	Primary health care and other sectors (between PHC and specialist or specialist service/PHC hospital/within primary healthcare/between PHC and residential aged care facility)	English Originated from suggested comparable countries: Canada, New Zealand, UK, US, Netherlands Experimental studies (RCTs and quasi experimental) and evaluation studies (trials, pilots, intervention studies, controlled before and after, comparative studies) evidence that the strategy has been implemented (reported results) primary healthcare include components related to integration of health services	85 studies for question 1, 80 studies for question 2, 21 reviews	Not specified	Question 1: randomised controlled trials (n=60), cluster randomised controlled trials (n=10), multisite randomised controlled trials (n=4), stratified randomised controlled trial (n=5), quasi experimental studies (n=3), prospective cohort study with nested RCT (n=1), comparative study (n=1), mixed methods (n=1). Question 2: randomised controlled trial (n=57), cluster randomised controlled trial (n=10), multisite randomised controlled trial (n=4), stratified randomised controlled trial (n=5), quasi experimental study (n=3), prospective cohort study with nested RCT (n=1), 21 reviews.	Question 1: US (n=39), Australia (n=17), UK (n=17), Netherlands (n=6), New Zealand (n=3), Canada (n=3). Question 2: US (n=36), Australia (n=16), UK (n=16), Netherlands (n=6), New Zealand (n=3), Canada (n=3).
Prior et al (2014)	Systematic review	Chronic conditions (including studies: Diabetes (n=12), transplant recipients (n=4), arthritis (n=3), sickle cell disease (n=3), cystic fibrosis (n=2), cancer (n=1), congenital adrenal hyperplasia (n=1), HIV (n=1), mental health conditions (n=1), inflammatory bowel disease (n=1), spina bifida (n=1), kidney failure (n=1), one study = combination of Traumatic brain injury, cerebral palsy, spina bifida, degenerative muscular disorders, 1 = variety)	Yes (Sickle cell disease, cystic fibrosis, congenital adrenal hyperplasia, spina bifida,)	Paediatric to adult outpatient healthcare	Intervention for adolescents transferring from paediatric to adult outpatient healthcare patients with and without chronic conditions preintervention and post intervention data	33 articles	Youth/adolescents	Primarily pre-post or retrospective	US, Canada, Europe, Australia
Pugh et al (2018)	Rapid evidence assessment	Neurological conditions	No	Acute care	English language 2000-2016 Community dwelling adults 18+ with stroke, dementia, Alzheimer's disease, Parkinson's disease, multiple sclerosis, motor neurone disease post discharge from acute care hospital or inpatient rehabilitation community neurological nursing care services post-discharge as a designated intervention compared with usual care original studies all designs peer reviewed	5 articles	Adults (18+)	Randomised controlled trial (n=1), non-randomised controlled trials (n=2), Qualitative (n=2)	US (n=1), UK (n=2), Netherlands (n=1)
Ranaghan et al (2016)	Systematic review	Acute or chronic illness	No	Ambulatory care setting	Adult patients 18+ Ambulatory care setting patient navigator intervention vs no patient navigator	4 studies	Adults (18+)	Randomised controlled trials (n=2), quasi experimental (n=1), cohort study (n=1)	USA, Korea, Canada,
Rochester-Eyeguokan et al (2016)	Scoping review	No specific condition	No	Hospital setting to community setting hospital setting to ambulatory clinics hospital to outpatient or inpatient services some did not specify	Human subjects of all age groups transition of care intervention involving all professionals	348 articles	All ages	Studies for background information (n=10), original research articles (not TOC models) (n=104), research articles (TOC models) (n=188), reviews (n=46)	United States
Rodrigues et al (2017)	Systematic review and meta-analysis	Chronic diseases	No	Hospital or clinic settings	Patients 18+ with inpatient admission discharged directly to home pharmacy supported TOC intervention intervention occurred on TOC continuum RCTs and non RCTs included	56 studies in review, 32 studies in meta-analysis	Adults (18+)	Randomised controlled trials (n=18), prospective cohort studies (n=14), retrospective cohort studies (n=12), controlled before and after (n=12)	United States
Santomassino et al (2012)	Systematic review	Not specified	No	Community, acute care	Male and female aged 18 years or over receiving home care services, regardless of diagnosis, stage or severity of disease, co-morbidities or previous treatment all types and models of intervention for continuity of care delivered by nurses to patients receiving home care services patient satisfaction and hospital readmission outcomes randomised controlled trials and other research designs such as non-randomised controlled trials, quasi experimental studies and before and after studies	4 studies	Adults (18+)	Randomised controlled trials (n=2), quasi experimental (n=2)	US (n=3), Spain (n=1)
Savic et al (2017)	Systematic review	Alcohol and drug problems	No	Not specified	Empirical quantitative, qualitative or mixed methods studies evaluate or describe implementation of strategies to facilitate integrated care for people with AOD and other co-occurring problems	14 articles	Not specified	Cross sectional surveys, case studies, mixed methods studies or qualitative studies	North America, Europe or Australia
Schultz et al (2017)	Systematic review/meta-analysis	Type 1 diabetes	No	Paediatric to adult care services	Focus on youth with type 1 diabetes aged 11-26 years transition from paediatric to adult care report one or more outcomes before and after transition	18 studies	11-26 years	Randomised controlled trials (n=1), Quasi experimental (n=6), prospective (n=1), retrospective cohort (n=10)	Half conducted in Europe
Sendall et al (2017)	Structured review	Chronic diseases	No	Primary healthcare, outpatient or community services (2 studies in hospital and 2 in ambulatory setting)	Cohort of older people (aged >65 years) with two or more chronic diseases healthcare delivery between hospital and non-hospital (primary healthcare, outpatient or community services) involved two components of chronic care model reported one of the following outcomes: emergency presentations, hospital admissions, health outcomes, clinician satisfaction published in English	4 studies	>65 years	Randomised controlled trials (n=2), cluster randomised controlled trial (n=1), quasi-experimental design (n=1)	US (n=3), Australia (n=1)

Shah et al (2018)	Systematic review	Heart failure	No	Hospital setting	Systematic reviews and meta-analyses Randomised controlled trials and case reports experimental and non-experimental studies about heart failure, patient readmissions and interprofessional team interventions for reduction of patient readmissions	7 studies	Not specified	Randomised controlled trials, case reports	United States
Sigfrid et al (2017)	Systematic review	Cervical cancer and HIV	No	Health or community	Quantitative and qualitative studies describing or evaluating management or organisational change policy or intervention implemented within an existing health system aiming to integrate HIV and cervical cancer screening and/or treatment at service delivery level services could be provided in health facilities or in community	21 articles - 23 studies	Not specified	Cross sectional (n=15), cohort studies (n=4), retrospective record reviews (n=3), before and after study (n=1)	Africa (n=17), South America (n=4), Asia (n=1), Europe (n=1)
Siouta et al (2016)	Qualitative systematic literature review	Cancer and chronic disease (COPD, renal failure, heart failure, HIV, dementia, and other types of neurological disease). Included studies: 7 models of chronic disease (dementia, multiple sclerosis, chronic heart failure, HIV/AIDs and advanced chronic disease), 4 about integrated care in oncology, 3 about cancer and chronic disease	No	Variety of settings e.g. inpatient and home care	Studies focusing on models of integrated Palliative care for adult patients with cancer or another chronic disease Studies consistent with definition of integrated PC and models empirically assessed effectiveness of models considered randomised controlled trials, quasi experimental studies, cohort studies, controlled before and after studies, observational studies and piloted valuation studies published between 1995-2013 60% in quality assessment scale	14 studies	Adults	Randomised controlled trials (n=6), observational studies (n=2), cohort studies (n=2), pilot evaluation studies (n=2), uncontrolled before and after study (n=1), quasi experimental study (n=1)	UK (n=6), Spain (n=2), Netherlands (n=2), Italy (n=1), Germany (n=1), Norway (n=1), France (n=1)
Siouta et al (2016b)	Systematic literature review	Chronic heart failure and chronic obstructive pulmonary disease	No	Inpatient/outpatient, acute setting	Guidelines and pathways for adult patients for CHF and COPD European guidelines and pathways Published between 1995 and 2013 English, French, German, Dutch, Hungarian and Spanish Fulfilled at least 2/11 IPC criteria	17 guidelines and 2 pathways	Adult patients	Not relevant	UK (n=11), Netherlands (n=5), multiple European countries (n=1)
Smith et al (2007)	Cochrane review	Chronic disease (including asthma and COPD, cancer, congestive cardiac failure, depression, diabetes mellitus, hypertension, opiate misuse, chronic mental illness and chronic conditions)	No	Primary health care, Hospital settings, community settings	RCTs, controlled clinical trials, controlled before and after studies, interrupted time series analysis people with a specified chronic disease enrolled in shared care service, Primary care physicians who provide primary health care, Specialist care physicians work in hospital settings such as outpatient clinics and EDs or in community settings and deliver specialist care structured intervention that involves continuing collaborative clinical care shared care systems specify outcomes of patient health, patient behaviour, provider behaviour, efficiency and cost, acceptability	20 studies	Not specified	Randomised controlled trials (n=19), controlled before and after study (n=1)	UK (n=7), USA (n=5), Australia (n=2), New Zealand (n=3), Denmark (n=1), Ireland (n=1), Sweden (n=1)
Smith et al (2008)	Systematic review	Chronic conditions (Included studies: Depression, diabetes mellitus, asthma/chronic obstructive pulmonary disease, chronic mental illness, congestive cardiac failure, hypertension, cancer and opiate misuse)	No	Primary-speciality (e.g. hospital or community settings) care	Randomised controlled trials, controlled before and after studies, and interrupted time series analysis specified chronic disease enrolled in defined shared care service speciality care delivered in hospital settings or in community settings	20 programmes	Not specified	Randomised controlled trials (n=19), controlled before and after study (n=1)	UK, US, Australia, New Zealand, Denmark, Ireland, Sweden
Smith et al (2012)	Systematic review	Multimorbidity - chronic diseases	No	Primary care and community settings	Randomised controlled trials, controlled clinical trials, controlled before and after studies, interrupted time series analysis people with multiple chronic diseases any intervention directed towards a group of patients - integrated easy to access health care services by clinicians	10 studies	Not specified	Randomised controlled trials	Most from US, UK (n=1), Canada (n=1)
Smith et al (2012b)	Cochrane review	Multimorbidity - chronic diseases	No	Primary care and community settings	Randomised controlled trials, controlled before and after studies, interrupted time series analysis people with multimorbidity receiving care in primary or community care setting interventions based in primary and community settings primary healthcare	10 studies	Not specified	Randomised controlled trials	Most from US, UK (n=1), Canada (n=1)
Smith et al (2017)	Cochrane review	Chronic conditions	No	Primary care, speciality care and community settings	Randomised controlled trials, non-randomised controlled trials, controlled before-after studies with at least two control sites and at least two intervention sites people or populations with a specified chronic disease who are enrolled in shared care provided by primary and speciality care practitioners, primary care physicians - people who provide primary care, specialist care physicians interventions that involve collaborative care provided by primary and specialist care physicians for treatment of patients with a prespecified chronic disease	49 papers, 42 studies included in qualitative synthesis, 22 included meta-analysis	Not specified	Randomised controlled trials (n=39), CBAs (n=2), NRCT (n=1)	UK (n=8), USA (n=13), Australia (n=3), New Zealand (n=3), Netherlands (n=7), Denmark (n=2), Belgium (n=2), Ireland (n=1), Sweden (n=1), Spain (n=1), Italy (n=1), Puerto Rico (n=1)
Somme et al (2012)	Systematic review	Dementia	No	Primary care system (n=2), one variable, one outside healthcare system, one from university and one memory care system	Randomised controlled trials reporting results of longitudinal follow up by case management patients with Alzheimer's disease and associated disorders patients who were not institutionalised case management only difference between control and experimental group	17 articles, 6 RCTs	Not specified across all studies (some = > 65)	Randomised controlled trials	USA (n=5), Sweden (n=1)
Strand et al (2012)	Systematic review	Chronic kidney disease	No	CKD clinic/MDC care, Hospital based clinic, GP and community based MDC team	Compared or described multidisciplinary care and traditional medical care of patients with pre dialysis CKD (stages 2-5) English randomised controlled trials and other experimental designs (e.g. cohort, case control, cross sectional studies) pre dialysis CKD patients aged between 18 and 70 years who were not institutionalised in hospital or other care settings comorbidities such as diabetes, cardiovascular disease hypertension or other common comorbidities were included outcome measures - systolic and diastolic blood pressure, haemoglobin, glycosylated haemoglobin, fasting blood glucose, phosphate, creatinine, urea, eGFR, time to RRT, QoL	4 articles	18-70 years	Randomised controlled trials (n=2), observational studies (n=2)	Canada (n=2), USA (n=1), UK (n=1)
Tam-Tham et al (2013)	Systematic review and meta-analysis	Dementia	No	Not specified	Randomised controlled trials Evaluated case management intervention or key component of case management for caregivers of people with dementia living in the community adults living in the community and diagnosed with dementia and their caregivers usual care vs care management intervention Care management intervention involving at least one healthcare professional and providing at least one key component of care reported on resource use measures e.g. LTC placements, hospitalisations, emergency department visits, time to LTC placement or time to hospitalisation	17 articles	Mean age (people living with dementia: between 70 and 81, caregivers between 57 and 76)	Randomised controlled trials	Seven countries in North America, Oceania and Europe
Thomas et al (2013)	Systematic review and meta-analysis	Heart failure	No	Primary or secondary care	Randomised controlled trials of specialist clinics conducted in primary or secondary care for people with heart failure outcomes = number of unplanned hospital admissions or readmissions for heart failure	17 papers	Not specified	Randomised controlled trials	Europe, New Zealand and America
Thota et al (2012)	Systematic review and meta-analysis	Depressive disorders	No	Range of settings (clinic, hospital, clinic/hospital, clinic/home, home, worksite)	English Evaluated collaborative care interventions that included at least a case manager, primary care provider and mental health specialist with collaboration patients with major depression, minor depression or dysthymia high income nation compared a group who had not been exposed measured and reported a primary health outcome	32 studies - 39 study arms	Range of age groups: teen (13-21) (n=1), adult (22-64) (n=5), older adult (<0.65) (n=8), unknown (n=5)	Majority of papers were RCTs	Not specified
Tricco et al (2014)	Systematic review and meta-analysis	Not specified but chronic conditions and mental health conditions included	No	Not specified	Randomised clinical trials that assessed at least 1 of 5 pre-defined quality improvement strategies targeting adult patients over 18 who were frequent users of healthcare system quality improvement strategies related to care coordination	36 RCTs and 14 reports	Over 18	Randomised controlled trials, companion reports	North America, Europe, Australia, Israel, South Africa
Tummers et al (2012)	Systematic review	Stroke	No	Not specified	Empirical studies that provide quantitative data stroke populations integrated care studied economic evaluation reported full economic evaluation or cost analysis included	15 studies	Not specified	Randomised controlled trials (n=12), non-randomised controlled trials (n=3). Six studies were a cost analysis, 7 studies were cost effectiveness study and 2 cost minimization analysis	Europe (n=10; 5 of which were UK), two in Australia, two in Canada, one in Hong Kong
Turk et al (2012)	Systematic review	Diabetes mellitus	No	Not specified	Cost-effective analyses English Adult 18+ patients with diabetes mellitus	4 studies	Adults over 18	Cost-effectiveness	USA (n=2), Australia (n=1), Canada (n=1)
Valentijn et al (2018)	Systematic review and meta-analysis	Chronic kidney disease	No	Outpatient care (GP), Inpatient care (clinic/hospital), Not specified, Combination of inpatient and outpatient	RCTs with follow up of more than 3 months patients with diagnosis of CKD Evaluation of person centred integrated care according to RMIC structured coordinated care planning activity	15 publications, 4 studies	Not specified	RCTs	Canada, UK, Taiwan, USA, Italy, New Zealand, Iran, The Netherlands, China
Van der Klauw et al (2014)	Literature review	Common chronic diseases (Pulmonary diseases, coronary heart disease, diabetes, depression, cancer, chronic illness in general)	No	Not specified	Integrated care common chronic diseases	34 studies	Not specified	empirical studies (n=5), narrative reviews (n=19)	Not specified
Van Dongen et al (2016)	Scoping review	Chronic care	No	Primary care, rehabilitation, nursing home care, hospital care and home care	Interprofessional collaboration in chronic care for adults development of care plans, goals or actions described	45 articles	Adults	8 reviews, empirical studies	Most = USA (n=15)

Van Servellen et al (2006)	Literature review	Chronic conditions	No	Hospital -> home care, academic and community, hospital, primary care clinics, home care	Referred to continuance of care, integrated care, shared care	32 studies - 39 study arms	Not specified	Clinical trials	USA (n=12), UK (n=5), Canada (n=3), Australia (n=3), Netherlands (n=4), Spain (n=1), Norway (n=1), Denmark (n=1), Finland (n=1), Sweden (n=1)
Vanasse et al (2018)	Narrative literature review	Chronic ambulatory care sensitive conditions	No	Ambulatory care setting	Readmission or preventable hospitalisation ambulatory care sensitive conditions	72 publications	Not specified	Not specified	Not specified
Vedel et al (2015)	Systematic review and meta-analysis	Congestive heart failure	No	Not specified	Randomised controlled trial design enrolled patients with CHF discharged from inpatient departments to home trials had to compare some form of transitional care with usual care trials had to collect some data on all cause readmission and all cause ED visits	43 interventions, 41 RCTs	Mean age ranged from 57.9 to 81	Randomised controlled trials	United States (n=19), Canada (n=1), Brazil (n=1), Netherlands (n=3), Italy (n=3), Spain (n=2), Sweden (n=2), United Kingdom (n=2), Switzerland (n=1), Austria (n=1), New Zealand (n=1), Australia (n=1), China (n=1), Hong Kong (n=1)
Viggiano et al (2012)	Review	Mental health conditions	No	Applied to hospital setting	Published peer reviewed models description of intervention for care transitions applied to hospital or interventions to prevent readmissions published or peer reviewed articles	Not specified	Not specified	Not specified	Not specified
Wagner et al (2016)	Systematic literature review	Mayer-Rokitansky-Kuster-Hauser syndrome (MRKHS)	Yes (Mayer-Rokitansky-Kuster-Hauser syndrome)	Adolescence to adulthood services	German or English transferability to situation of patients with MRKHS	12 studies and 7 theoretical works	Adolescent	12 studies, 7 theoretical works	USA, UK, Germany, Scotland, Netherlands,
Watson et al (2011)	Scoping review	Complex health needs (conditions used as exemplars: cerebral palsy, autism spectrum disorder, diabetes)	No	Child to adult services	Reported a model of transitional care for young people with cerebral palsy, autism spectrum disorder and diabetes, transferring from child to adult health services model defined as a clear description of new or existing transitional care arrangements from child to adult healthcare services for young people aged 14-25 years	19 papers reporting 18 service models	14-25 years	Not specified	Australia, USA, Canada, UK, Italy, Spain and Denmark
Watson et al (2013)	Systematic review and meta-analysis	Concomitant depression and chronic medical conditions (arthritis, diabetes, asthma, COPD, cancer, chronic pain, stroke, HIV/AIDS, heart disease, heart failure, myocardial ischemia, coronary artery bypass graft, post myocardial infarction and coronary artery disease)	No	Primary care setting	Controlled studies of at least 6 months duration in adults over 18 with depression and one or more chronic medical conditions practice based interventions	24 articles - 12 studies	Adults (18 or over)	Randomised controlled trials (n=9), preplanned subgroup analyses (n=3)	US (most), Scotland (n=1)
Watt et al (2017)	Systematic review	HIV and chronic diseases	No	Not specified – some studies mention ‘range of settings’	All quantitative, qualitative and mixed methods studies that reported primary research findings on health system policies, interventions or programmes in relation to different models of integrated HIV and services for chronic conditions description or evaluation of a management or organisational change strategy, implemented within an existing health system, aiming to increase integration of services delivering care for people with HIV and other chronic conditions actual experience of integration screening or treatment for HIV in a service where the focus was on other chronic conditions or vice versa services that went beyond simply diagnostic / screening procedures to include an intervention	153 studies, 150 articles	Not specified	Descriptive studies (n=43), cohort studies (n=22), cross sectional studies (n=23), qualitative studies (n=12), RCTs (n=13)	67% of studies were set in high income countries. 59% from North America
Wood et al (2017)	Systematic review	Depression	No	Primary care	Collaborative care model depression primary care barriers/facilitators	24 papers	Not specified	Not specified for all but some qualitative studies nested within RCT designs	UK (n=7), USA (n=8), Canada (n=1), Germany (n=2)
Xyrichis et al (2008)	Literature review	Not specified	No	Primary and community care	Interprofessional teamwork English after 1994 research peer reviewed primary and community care	10 articles	Not specified	Most studies = qualitative approach	UK (n=7), Canada (n=1), USA (n=1), Republic of Ireland (n=1)
Yang et al (2017)	Systematic review and meta-analysis	Chronic obstructive pulmonary disease	No	Hospital - community	Randomised controlled trial design reported in full text had to include adults with a clinical diagnosis of COPD compare a continued care with other eligible interventions or usual care have one or more of specified components primary outcomes had to include readmission or mortality rate or a composite outcome. Secondary outcomes included QoL, hospital days of subsequent readmissions, subjective health status and caregiver or self-care cost	31 studies	Adults	Randomised controlled trials	Australia, England/USA, New Zealand, China, Belgium, Canada, Italy, Spain, England, Denmark, USA, Netherlands, Slovenia, Germany
Yeung et al (2016)	Overview of systematic reviews	Non-communicable chronic conditions (to make recommendations for haemophilia) (included studies: COPD, asthma, heart failure)	No	Not specified	Systematic reviews reporting on adult patients with non-communicable chronic condition, at least one RCT reporting on MDT approach quantitative or narrative summary	7 reviews	Children (n=1), adults (rest)	Quantitative or narrative summary in review	Not specified
Yiu et al (2018)	Scoping review	Hypertension and diabetes	No	Not specified	People with multimorbidity - diabetes/hypertension integration of healthcare delivery vs usual care outcomes - health, process English reviews with clear objectives and methodology	5 reviews	Some reviews specify adults, others not specified	Reviews of RCTs, before-after studies, cluster RCT	USA (n=1), Australia (n=1), USA (n=1), Cameroon/South Africa (n=1), USA/Australia/UK (n=1), USA (n=1)
Zhu et al (2015)	Systematic review and meta-analysis	Chronic disease	No	Hospital setting	Randomised controlled trials with parallel controls that compared nurse led early DPs to standard care for inpatients with chronic illness in general hospital setting one primary outcome of readmission or all-cause mortality	10 studies	Range of ages included in studies	Randomised controlled trials	USA, Spain, Lebanon, Taiwan, HongKong, SAR, China
Zlateva et al (2015)	Extensive literature review	Complex chronic illness	No	Primary care setting	Not specified	81 survey instruments	20-29 (n=3), 30-39 (n=6), 40-49 (n=21), 50-59 (n=38), 60-69 (n=22), m 70+ (n=11)	Care coordination instruments	Not specified
Zwar et al (2006)	Systematic review	Chronic diseases (one or more of the following conditions: asthma, heart disease, heart failure, hypertension, type 2 diabetes, lipid disorders, chronic obstructive pulmonary disease, arthritis, osteoporosis). Included studies: diabetes (n=54), hypertension (n=24), asthma (n=21), heart disease (n=19), lipid disorder (n=12), osteoarthritis (n=8), COPD (n=5), others (n=2)	No	Primary healthcare (Included studies: 93 studies primary care, 33 community based, 12 managed care organisations, 5 hospital, 1 mixed, 1 other)	Randomised controlled trials, controlled clinical trials, controlled before and after trials and interrupted time series analysis English 1990 onwards Australia, Canada, Netherlands, New Zealand, Sweden, Norway, Denmark, Finland, Iceland, England, Scotland, Wales, Northern Ireland, USA males or female adults aged 18 and over one or more of the following conditions: asthma, heart disease, heart failure, hypertension, type 2 diabetes, lipid disorders, chronic obstructive pulmonary disease, arthritis, osteoporosis intervention strategies addressing organisational, professional, financial, patient mediated interventions objectively measured health professional performance or patient outcomes in a clinical setting reviews that include 50% of included studies meeting inclusion criteria	145 programmes, 23 systematic reviews	Adults (18+)	80% randomised controlled trials, 15.2% controlled before and after trials, 2 controlled clinical trials and 1 interrupted time series analysis	USA (n=74), UK (n=21), Australia (n=14), Netherlands (n=14), Finland (n=5), Canada (n=4), Sweden (n=4), Denmark (n=3), New Zealand (n=3), Norway (n=2), Iceland (n=1)