APPENDIX 5: Main Study Findings and Authors' Conclusions

Publication fear, Country Systematic reviews and meta-analyses Jousden, ^{5,17} 2013, Sanada Main Findings: Doulcome No. of RCTs WMD (95% CI) Heterogeneity (I ⁶) HbA1c 10 -0.46 (-0.80, -0.13) 82% Systolic BP 5 -2.81 (-6.84, 1.21) 61% Diastolic BP 4 -1.02 (-2.71, 0.67) 55% Total cholesterol 3 -0.01 (-0.07, 0.10) 7% HDL 3 -0.01 (-0.41, 0.38) 73% Weight 3 -0.05 (-3.87, 2.88) 0% BMI 4 -0.05 (-3.97, 1.00) 9% QoL (using 2 -29.30 (-60.04, 2.05) NR Diabetes QoL -0.05 (-3.87, 2.89) Procentage Compared to usual care in group care, HbA1c levels we	First Author,	Main Findings a	nd Authors'	Conclusion			
rear, Country ystematic reviews and meta-analyses lousden, ^{3,17} 2013, anada Pooled estimates from RCTs comparing group care versus usual care in patients with diabetes Outcome No. of RCTs WMD (95% CI) Heterogeneity (P) HbA1c 10 -0.46 (-0.80, -0.13) 82% Systolic BP 5 -2.81 (-6.84, 1.21) 61% Diastolic BP 4 -1.02 (-2.71, 0.67) 55% Total cholesterol 3 0.04 (-0.21, 0.30) 0% HDL 3 -0.01 (-0.41, 0.38) 73% Weight 3 -0.06 (-3.87, 2.88) 0% BMI 4 0.05 (-3.87, 2.88) 0% Usets from the observational studies comparing group care versus usual care in patients with diabetes 10.101	-		Ind Additions	Conclusion			
Results from RCTs comparing group care versus usual care in patients with diabetes Outcome No. of RCTs WMD (95% CI) Heterogeneity (I ⁶) HbA1c 10 -0.46 (-0.80, -0.13) 82% Systolic BP 5 -2.81 (-6.84, 1.21) 61% Diastolic BP 4 -1.02 (-2.71, 0.67) 55% Total cholesterol 3 0.01 (-0.07, 0.10) 7% HDL 3 0.01 (-0.70, 1.00) 9% QoL (using 2 -29.30 (-60.04, 2.05) NR Diabetes QoL -29.30 (-60.04, 2.05) NR Usual care in patients with diabetes Compared to usual care in group care, HbA1c levels were shown to be statistically significantly inprived in 5 studies and not statistica							
Jousden, ^{5,17} 2013. Main Findings: Pooled estimates from RCTs comparing group care versus usual care in patients with diabetes Outcome Outcome No. of RCTs WMD (95% CI) Heterogeneity (I ⁶) HbA1c 10 -0.46 (-0.80, -0.13) 82% Systolic BP 5 -2.81 (-6.84, 1.21) 61% Diastolic BP 4 -1.02 (-2.71, 0.67) 55% Total cholesterol 3 0.04 (-0.21, 0.30) 0% HDL 3 -0.01 (-0.41, 0.38) 73% Weight 3 -0.05 (-3.87, 2.88) 0% Gol. (using 2 -29.30 (-60.04, 2.05) NR Diabetes CoL -29.30 (-60.04, 2.05) NR Quid (using 2 -29.30 (-60.04, 2.05) NR Diabetes CoL -20.930 (-60.04, 2.05) NR StatisCally significantly improved in 5 studies and not statistically significantly different in 6 studies. One study showed a higher percentage of patients achieving target HbA1c levels were shown to be statistically significantly difference was statistically significantly adjificant was not reported. Authors' Conclusion: "Group medical visits for patients with diabetes were found to be effective in terms of reducing HbA1c. The results of our meta-analysis, combin							
Results from the observational studies comparing group care versus usual care in patients with diabetes Outcome No. of RCTs WMD (95% CI) Heterogeneity (I ⁶) HbA1c 10 -0.46 (-0.80, -0.13) 82% Systolic BP 5 -2.81 (-6.84, 1.21) 61% Diastolic BP 4 -1.02 (-2.71, 0.67) 55% Total cholesterol 3 0.04 (-0.21, 0.30) 0% HDL 3 0.01 (-0.07, 0.10) 7% Triglycerides 3 -0.05 (-3.87, 2.88) 0% BMI 4 0.05 (-0.90, 1.00) 9% QoL (using 2 -29.30 (-60.04, 2.05) NR Diabetes QoL questionnaire) NR Diabetes QoL Questionnaire) Results from the observational studies comparing group care versus usual care in group care, HbA1c levels were shown to be statistically significantly improved in 5 studies and not statistically significantly different in 6 studies. One study showed a higher percentage of patients achieving target HbA1c levels in group care, was not reported. Authors' Conclusion: "Group medical visits for patients with diabetes were found to be effective in terms of reducing HbA1c. The results of our meta-analysis, combined with the other benefits reported by patients and providers, suggest that wider implementation of group medical							
Pooled estimates from RCTs comparing group care versus usual care in patients with diabetes Outcome No. of RCTs WMD (95% CI) Heterogeneity (P) HbA1c 10 -0.46 (-0.80, -0.13) 82% Systolic BP 5 -2.81 (-6.84, 1.21) 61% Diastolic BP 4 -1.02 (-2.71, 0.67) 55% Total cholesterol 3 0.04 (-0.21, 0.30) 0% HDL 3 0.01 (-0.41, 0.38) 73% Weight 3 -0.05 (-3.87, 2.88) 0% BMI 4 0.05 (-0.90, 1.00) 9% CoL (using 2 -29.30 (-60.04, 2.05) NR Diabetes QoL -29.30 (-60.04, 2.05) NR Questionnaire) Results from the observational studies comparing group care versus usual care in patients with diabetes Compared to usual care in group care, HbA1c levels were shown to be statistically significantly different in 6 studies. One study showed a higher percentage of patients achieving target HbA1c levels in group care compared to usual care but whether the difference was statistically significant was not reported. Vautors' Conclusion: "Group m		Main Findings:					
patients with diabetesOutcomeNo. of RCTsWMD (95% CI)Heterogeneity (I ⁴)HbA1c10-0.46 (-0.80, -0.13)82%Systolic BP5-2.81 (-6.84, 1.21)61%Diastolic BP4-1.02 (-2.71, 0.67)55%Total cholesterol30.04 (-0.21, 0.30)0%HDL30.04 (-0.21, 0.30)0%HDL3-0.05 (-3.87, 2.88)0%BMI40.05 (-0.90, 1.00)9%OoL (using2-29.30 (-60.04, 2.05)NRDiabetes QoL1-29.30 (-60.04, 2.05)NRDiabetes QoL2-29.30 (-60.04, 2.05)NRUsual care in patients with diabetesCompared to usual care in group care, HbA1c levels were shown to bestatistically significantly improved in 5 studies and not statistically significantlydifferent in 6 studies. One study showed a higher percentage of patientsachieving target HbA1c levels in group care compared to usual care butwhether the difference was statistically significant was not reported.Authors' Conclusion:"Group medical visits for patients with diabetes were found to be effective interms of reducing HbA1c. The results of our meta-analysis, combined with theother benefits reported by patients and providers, suggest that widerimplementation of group medical visits for patients with diabetes will have apositive effect on patient outcomes." P.E642Main Findings:Pooled estimates from RCTs comparing SMA versus UC in	Canada	Decled estimates	from DCTo con	whating status cate you			
OutcomeNo. of RCTsWMD (95% CI)Heterogeneity (I*)HbA1c10-0.46 (-0.80, -0.13)82%Systolic BP5-2.81 (-6.84, 1.21)61%Diastolic BP4-1.02 (-2.71, 0.67)55%Total cholesterol30.04 (-0.07, 0.10)7%HDL30.01 (-0.07, 0.10)7%Triglycerides3-0.01 (-0.41, 0.38)73%Weight3-0.05 (-3.87, 2.88)0%BMI40.05 (-0.39, 1.00)9%QoL (using2-29.30 (-60.04, 2.05)NRDiabetes QoL-29.30 (-60.04, 2.05)NRDiabetes QoL-29.30 (-60.04, 2.05)NRUgestionnaire)15 tudies comparing group care versususual care in patients with diabetesCompared to usual care in group care, HbA1c levels were shown to bestatistically significantly improved in 5 studies and not statistically significantlydifferent in 6 studies. One study showed a higher percentage of patientsachieving target HbA1c levels in group care compared to usual care butwhether the difference was statistically significant was not reported.Authors' Conclusion:"Group medical visits for patients with diabetes were found to be effective interms of reducing HbA1c. The results of our meta-analysis, combined with theother benefits reported by patients and providers, suggest that widerimplementation of group medical visits for patients with diabetes will have apositive effect on patient outcomes." P.E642Main Findings:Pool							
HbA1c10-0.46 ($0.80, -0.13$)82% Systolic BPSystolic BP5-2.81 ($(6.84, 1.21)$ 61% 01/8Diastolic BP4 -1.02 ($2.71, 0.67$)55% Total cholesterolTotal cholesterol3 0.04 ($0.21, 0.30$)0% 0% HDLHDL3 0.01 ($-0.41, 0.38$)73% 0% 0.01 ($-0.41, 0.38$)Triglycerides3 -0.05 ($-3.87, 2.88$)0% 0% 0%BMI4 0.05 ($-0.90, 1.00$)9% 0% 0.00 ($-0.04, 2.05$)NRDiabetes QoL questionnaire)2 -29.30 ($-60.04, 2.05$)NRDiabetes QoL questionnaire)2 -29.30 ($-60.04, 2.05$)Results from the observational studies comparing group care versus usual care in patients with diabetesCompared to usual care in group care, HbA1c levels were shown to be statistically significantly improved in 5 studies and not statistically significantly 					Heterogeneity (I^2)		
Systolic BP5-2.81 (-6.84, 1.21)61% Diastolic BPDiastolic BP4-1.02 (-2.71, 0.67)55%Total cholesterol30.04 (-0.21, 0.30)0%HDL30.01 (-0.07, 0.10)7%Triglycerides3-0.01 (-0.41, 0.38)73%Weight3-0.05 (-3.87, 2.88)0%BMI40.05 (-0.90, 1.00)9%QoL (using2-29.30 (-60.04, 2.05)NRDiabetes QoLquestionnaire)100 (-60.04, 2.05)NRDiabetes QoL100 (-60.04, 2.05)NR100 (-60.04, 2.05)Questionnaire)Compared to usual care in group care, HbA1c levels were shown to be statistically significantly improved in 5 studies and not statistically significantly different in 6 studies. One study showed a higher percentage of patients achieving target HbA1c levels in group care compared to usual care but whether the difference was statistically significant was not reported.Authors' Conclusion: "Group medical visits for patients with diabetes were found to be effective in terms of reducing HbA1c. The results of our meta-analysis, combined with the other benefits reported by patients and providers, suggest that wider implementation of group medical visits for patients with diabetes will have a positive effect on patient outcomes." P.E642Main Findings: Doled estimates from RCTs comparing SMA versus UC in adults with diabetesOutcomeNo. of RCTsMD (95% Cl)Heba1c13-0.55 (-0.99, -0.11)Systolic BP5-5.22 (-7.40, -3.05)Stationesterol5-4.92 (-17.82, -7.97) <td></td> <td></td> <td></td> <td>· · · · · /</td> <td></td>				· · · · · /			
Diastolic BP4 -1.02 (-2.71, 0.67)55%Total cholesterol30.04 (-0.21, 0.30)0%HDL30.01 (-0.07, 0.10)7%Triglycerides3-0.01 (-0.41, 0.38)73%Weight3-0.05 (-3.87, 2.88)0%BMI40.05 (-0.90, 1.00)9%QoL (using2-29.30 (-60.04, 2.05)NRDiabetes CoL-29.30 (-60.04, 2.05)NRQuestionnaire)-29.30 (-60.04, 2.05)NRDiabetes CoL-29.30 (-60.04, 2.05)NRUsual care in patients with diabetesCompared to usual care in group care, HbA1c levels were shown to bestatistically significantly improved in 5 studies and not statistically significantlydifferent in 6 studies. One study showed a higher percentage of patientsachieving target HbA1c levels in group care compared to usual care butwhether the difference was statistically significant was not reported.Authors' Conclusion:"Group medical visits for patients with diabetes were found to be effective interms of reducing HbA1c. The results of our meta-analysis, combined with theother benefits reported by patients and providers, suggest that widerimplementation of group medical visits for patients with diabetes will have apositive effect on patient outcomes." P.E642Dold estimates from RCTs comparing SMA versus UC in adults withdiabetesOutcomeNo. of RCTsMain Findings:Pooled estimates from RCTs comparing SMA versus UC in adults withdiabetesOu				· · · · · · · · · · · · · · · · · · ·			
Total cholesterol3 0.04 (-0.21 , 0.30) 0% (HDL HDL3 0.01 (-0.07 , 0.10) 7% ($Trighycerides$ 3 -0.01 (-0.41 , 0.38) 73% Weight3 -0.05 (-0.90 , 1.00) 9% BMI 4 0.05 (-0.90 , 1.00) 9% Date testQoL (using2 -29.30 (-60.04 , 2.05)NRDiabetes CoL questionnaire)questionnaireNRResults from the observational studies comparing group care versus usual care in patients with diabetesCompared to usual care in group care, HbA1c levels were shown to be statistically significantly improved in 5 studies and not statistically significantly different in 6 studies. One study showed a higher percentage of patients achieving target HbA1c levels in group care compared to usual care but whether the difference was statistically significant was not reported.Authors' Conclusion: "Group medical visits for patients with diabetes were found to be effective in terms of reducing HbA1c. The results of our meta-analysis, combined with the other benefits reported by patients and providers, suggest that wider implementation of group medical visits for patients with diabetes will have a positive effect on patient outcomes." P.E642Main Findings: Doled estimates from RCTs comparing SMA versus UC in adults with diabetesQueueNo. of RCTsMD (95% Cl)Heterogeneity (I ^h) HbA1c13 -0.55 (-0.99 , -0.11)QueueNo. of RCTsMD (95% Cl)Heterogeneity (I ^h) HbA1c13 -0.55 (-0.99 , -0.11)QueueNo. of RCTsMD (95% Cl)Hetero							
HDL 3 0.01 (-0.07, 0.10) 7% Triglycerides 3 -0.01 (-0.41, 0.38) 73% Weight 3 -0.05 (-3.87, 2.88) 0% BMI 4 0.05 (-0.90, 1.00) 9% QoL (using 2 -29.30 (-60.04, 2.05) NR Diabetes QoL -29.30 (-60.04, 2.05) NR Questionnaire) - NR Questionnaire) - - Questionaire) - - Questionaire) - - - Gelman, ³ 2012,							
Triglycerides 3 -0.01 (-0.41, 0.38) 73% Weight 3 -0.05 (-3.87, 2.88) 0% BMI 4 0.05 (-0.90, 1.00) 9% QoL (using 2 -29.30 (-60.04, 2.05) NR Diabetes QoL -29.30 (-60.04, 2.05) NR Questionnaire) Results from the observational studies comparing group care versus usual care in patients with diabetes Compared to usual care in group care, HbA1c levels were shown to be statistically significantly improved in 5 studies and not statistically significantly different in 6 studies. One study showed a higher percentage of patients achieving target HbA1c levels in group care compared to usual care but whether the difference was statistically significant was not reported. Authors' Conclusion: "Group medical visits for patients with diabetes were found to be effective in terms of reducing HbA1c. The results of our meta-analysis, combined with the other benefits reported by patients and providers, suggest that wider implementation of group medical visits for patients with diabetes will have a positive effect on patient outcomes." P.E642 Main Findings: ISA Outcome No. of RCTs MD (95%							
Weight 3 -0.05 (-3.87, 2.88) 0% BMI 4 0.05 (-0.90, 1.00) 9% QoL (using 2 -29.30 (-60.04, 2.05) NR Diabetes QoL questionnaire) NR NR Results from the observational studies comparing group care versus usual care in patients with diabetes Compared to usual care in group care, HbA1c levels were shown to be statistically significantly improved in 5 studies and not statistically significantly different in 6 studies. One study showed a higher percentage of patients achieving target HbA1c levels in group care compared to usual care but whether the difference was statistically significant was not reported. Authors' Conclusion: "Group medical visits for patients with diabetes were found to be effective in terms of reducing HbA1c. The results of our meta-analysis, combined with the other benefits reported by patients and providers, suggest that wider implementation of group medical visits for patients with diabetes will have a positive effect on patient outcomes." P.E642 Main Findings: ISA VISA 93% Qutcome No. of RCTs MD (95% Cl) Heterogeneity (l ^o) HbA1c 13 -0.55 (-0.99, -0.11) 93% Systolic BP 5 -5.22 (-7.40, -3.05) 0% Total cholesterol 5 -4.92 (-17.82, 7.97) 86%							
BMI 4 0.05 (-0.90, 1.00) 9% QoL (using 2 -29.30 (-60.04, 2.05) NR Diabetes QoL questionnaire) -29.30 (-60.04, 2.05) NR Results from the observational studies comparing group care versus usual care in patients with diabetes							
OoL (using Diabetes QoL questionnaire) 2 -29.30 (-60.04, 2.05) NR Results from the observational studies comparing group care versus usual care in patients with diabetes NR Compared to usual care in group care, HbA1c levels were shown to be statistically significantly improved in 5 studies and not statistically significantly different in 6 studies. One study showed a higher percentage of patients achieving target HbA1c levels in group care compared to usual care but whether the difference was statistically significant was not reported. Authors' Conclusion: "Group medical visits for patients with diabetes were found to be effective in terms of reducing HbA1c. The results of our meta-analysis, combined with the other benefits reported by patients and providers, suggest that wider implementation of group medical visits for patients with diabetes will have a positive effect on patient outcomes." P.E642 Main Findings: Pooled estimates from RCTs comparing SMA versus UC in adults with diabetes Outcome No. of RCTs MD (95% Cl) Heterogeneity (l ²) HbA1c 13 -0.55 (-0.99, -0.11) 93% Systolic BP 5 -5.22 (-7.40, -3.05) 0% Total cholesterol 5 -4.92 (-17.82, 7.97) 86% LDL 5 -6.64 (-16.11, 2.82 79% HRQoL (disease 3 -1.34 (-1.93, -0.74)* 86% specific measure) 9%							
Diabetes QoL questionnaire) Image: Constraint of the con							
questionnaire) Results from the observational studies comparing group care versus usual care in patients with diabetes Compared to usual care in group care, HbA1c levels were shown to be statistically significantly improved in 5 studies and not statistically significantly different in 6 studies. One study showed a higher percentage of patients achieving target HbA1c levels in group care compared to usual care but whether the difference was statistically significant was not reported. Authors' Conclusion: "Group medical visits for patients with diabetes were found to be effective in terms of reducing HbA1c. The results of our meta-analysis, combined with the other benefits reported by patients and providers, suggest that wider implementation of group medical visits for patients with diabetes will have a positive effect on patient outcomes." P.E642 idelman, ³ 2012, JSA Main Findings: ISA Pooled estimates from RCTs comparing SMA versus UC in adults with diabetes Using: Doutcome No. of RCTs MD (95% Cl) Heterogeneity (l ²) HbA1c 13 -0.55 -6.92 (-7.40, -3.05) Owt 5 -6.64 (-16.11, 2.82 79% HRQoL (disease 3 -1.34 (-1.93, -0.74)* 86% specific measure) - HRQoL (general 2 -0.84 (-1.6.4, -0.03)* 0%			_				
Results from the observational studies comparing group care versus usual care in patients with diabetes Compared to usual care in group care, HbA1c levels were shown to be statistically significantly improved in 5 studies and not statistically significantly different in 6 studies. One study showed a higher percentage of patients achieving target HbA1c levels in group care compared to usual care but whether the difference was statistically significant was not reported. Authors' Conclusion: "Group medical visits for patients with diabetes were found to be effective in terms of reducing HbA1c. The results of our meta-analysis, combined with the other benefits reported by patients and providers, suggest that wider implementation of group medical visits for patients with diabetes will have a positive effect on patient outcomes." P.E642 Main Findings: Pooled estimates from RCTs comparing SMA versus UC in adults with diabetes Usch 0utcome No. of RCTs MD (95% Cl) Heterogeneity (l ²) HbA1c 13 -0.55 (-0.99, -0.11) 93% Systolic BP 5 -5.22 (-7.40, -3.05) 0% Total cholesterol 5 -4.92 (-17.82, 7.97) 86% LDL 5 -6.64 (-16.11, 2.82 79% HRQoL (disease 3 -1.34 (-1.93, -0.74)* 86% pecific measure) HRQoL (general 2 -0.84 (-1.64, -0.03)* 0%							
usual care in patients with diabetes Compared to usual care in group care, HbA1c levels were shown to be statistically significantly improved in 5 studies and not statistically significantly different in 6 studies. One study showed a higher percentage of patients achieving target HbA1c levels in group care compared to usual care but whether the difference was statistically significant was not reported. Authors' Conclusion: "Group medical visits for patients with diabetes were found to be effective in terms of reducing HbA1c. The results of our meta-analysis, combined with the other benefits reported by patients and providers, suggest that wider implementation of group medical visits for patients with diabetes will have a positive effect on patient outcomes." P.E642 Main Findings: JSA Main Findings: Outcome No. of RCTs MD (95% Cl) Heterogeneity (l ²) HbA1c 13 -0.55 (-0.99, -0.11) 93% Systolic BP 5 -5.22 (-7.40, -3.05) 0% Total cholesterol 5 -4.92 (-17.82, 7.97) 86% LDL 5 -6.64 (-16.11, 2.82 79% HRQoL (general 2 -0.84 (-1.64, -0.03)* 0%							
 "Group medical visits for patients with diabetes were found to be effective in terms of reducing HbA1c. The results of our meta-analysis, combined with the other benefits reported by patients and providers, suggest that wider implementation of group medical visits for patients with diabetes will have a positive effect on patient outcomes." P.E642 Main Findings: Pooled estimates from RCTs comparing SMA versus UC in adults with diabetes Outcome No. of RCTs MD (95% Cl) Heterogeneity (l²) HbA1c 13 -0.55 (-0.99, -0.11) 93% Systolic BP 5 -5.22 (-7.40, -3.05) 0% Total cholesterol 5 -4.92 (-17.82, 7.97) 86% LDL 5 -6.64 (-16.11, 2.82 79% HRQoL (disease 3 -1.34 (-1.93, -0.74)* 86% specific measure) HRQoL (general 2 -0.84 (-1.64, -0.03)* 0% 	Edelman ³ 2012	different in 6 studie achieving target Hb	s. One study sh A1c levels in gr	owed a higher percentag	ge of patients sual care but		
diabetes Outcome No. of RCTs MD (95% CI) Heterogeneity (l ²) HbA1c 13 -0.55 (-0.99, -0.11) 93% Systolic BP 5 -5.22 (-7.40, -3.05) 0% Total cholesterol 5 -4.92 (-17.82, 7.97) 86% LDL 5 -6.64 (-16.11, 2.82 79% HRQoL (disease 3 -1.34 (-1.93, -0.74)* 86% specific measure) - - 0% HRQoL (general neasure) 2 -0.84 (-1.64, -0.03)* 0%		"Group medical visit terms of reducing H other benefits report implementation of g positive effect on pa	s for patients wit bA1c. The result ed by patients a roup medical vis tient outcomes."	s of our meta-analysis, c nd providers, suggest th its for patients with diabe P.E642	combined with the at wider etes will have a		
HbA1c 13 -0.55 (-0.99, -0.11) 93% Systolic BP 5 -5.22 (-7.40, -3.05) 0% Total cholesterol 5 -4.92 (-17.82, 7.97) 86% LDL 5 -6.64 (-16.11, 2.82 79% HRQoL (disease 3 -1.34 (-1.93, -0.74)* 86% specific measure) - - 0% HRQoL (general measure) 0 0% 0%	USA						
Systolic BP 5 -5.22 (-7.40, -3.05) 0% Total cholesterol 5 -4.92 (-17.82, 7.97) 86% LDL 5 -6.64 (-16.11, 2.82) 79% HRQoL (disease 3 -1.34 (-1.93, -0.74)* 86% specific measure) - - - 0%							
Total cholesterol 5 -4.92 (-17.82, 7.97) 86% LDL 5 -6.64 (-16.11, 2.82) 79% HRQoL (disease 3 -1.34 (-1.93, -0.74)* 86% specific measure) -0.84 (-1.64, -0.03)* 0% measure) 0% -0.84 (-1.64, -0.03)* 0%				· · · · · · · · · · · · · · · · · · ·			
LDL 5 -6.64 (-16.11, 2.82) 79% HRQoL (disease 3 -1.34 (-1.93, -0.74)* 86% specific measure) -0.84 (-1.64, -0.03)* 0% HRQoL (general measure) 2 -0.84 (-1.64, -0.03)* 0%							
HRQoL (disease specific measure) 3 -1.34 (-1.93, -0.74)* 86% HRQoL (general measure) 2 -0.84 (-1.64, -0.03)* 0%				, , ,			
specific measure)-0.84 (-1.64, -0.03)*0%HRQoL (general measure)2-0.84 (-1.64, -0.03)*0%							
HRQoL (general 2 -0.84 (-1.64, -0.03)* 0% measure)			3	-1.34 (-1.93, -0.74)*	86%		
measure)							
			2	-0.84 (-1.64, -0.03)*	0%		
		*SMD (95% CI)					

First Author,	Main Findings and Authors' Conclusion					
Publication	5					
Year, Country						
	Results from the observ		tudies comparing SMA	versus UC in		
	adult patients with diabetes					
	One study showed that compared to control, there was a statistically significant					
	benefit with SMA (P=0.002)					
	Results from RCTs comparing SMA versus UC in older adult with high					
	healthcare utilization					
	Both RCTs showed that there was no difference in outcomes with the SMA versus UC for overall health status (using the Likert scale) and functional status based on activities of daily living or instrumental activities of daily living. One study assessing HRQoL using a 10-point scale (with 10 indicating highes QoL) showed higher HRQoL with SMA compared to UC (7.2 with SMA versus 6.3 with UC, P=0.002).					
	Both RCTs found significantly higher quality ratings for patient experience with SMA compared to UC (P = 0.019 and P = 0.048).					
Steinsbekk, ¹⁰ 2012,	Authors' Conclusion: "Our review shows that SMAs—typically using closed groups with individual breakouts and opportunity for medication management—improve intermediate clinical outcomes for type 2 diabetes. A smaller literature shows positive effects on patient experience in older adults and the possibility of lower health care utilization. SMAs may be most effective for illnesses such as diabetes that have a phase in which the risk of complication is relatively high while the disease is simultaneously asymptomatic, and in which medication titration and self- management are important. Until further studies are done that allow for comparisons across conditions, the targeting of SMA interventions for chronic conditions other than diabetes will remain speculative." P. 7 (SMA – shared medical appointment) Main Findings:					
Norway	Pooled estimates from	RCTs cor	nparing DSME versus r	outine treatment		
	in adults with diabetes					
	Outcome	No. of	MD (95% CI)	Heterogeneity (I ²)		
	HbA1c (6 m)	RCTs 13	-0.44 (-0.69, -0.19)	55.8%		
	HbA1c (6 m)	13	-0.44 (-0.69, -0.19)	64.6%		
	HbA1c (12 m) HbA1c (12 years)	3	-0.46 (-0.74, -0.18) -0.87 (-1.25, -0.49)	0%		
	Fasting blood glucose	3	-0.73 (-2.22, 0.76)	68.1%		
	(6 m)		0.10(2.22, 0.10)	00.170		
	Fasting blood glucose (12 m)	5	-1.26 (-1.69, -0.83)	0%		
	Weight (6 m)	3	-2.08 (-5.55, 1.39)	48.2%		
	Weight (6 m)	4	-1.66 (-3.07, -0.25)	0%		
	BMI (6 m)	7	-0.21 (-0.86, 0.43)	0%		
	BMI (12 m)	7	-0.22 (-1.13, 0.69)	62.2%		
	Systolic BP (6 m)	5	-0.34 (-5.19, 4.51)	67.9%		
	Systolic BP (12)m)	2	-2.61 (-6.74, 1.52)	0%		

First Author, Publication	Main Findings	s and Au	uthors'	Conclusion	
Year, Country					
roar, ocantry	Total cholestero	l (6 m)	7	-0.04 (-0.17, 0.10)	0%
	Total cholestero	· · ·	4	0.07 (-0.09, 0.24)	0%
	Triglycerides (6	· /	7	-0.16 (-0.35, 0.03)	0%
	Triglycerides (12	,	4	0.03 (-0.42, 0.48)	79.7%
	LDL (12 m))	6	-0.05 (-0.20, 0.10)	0%
	HDL (6 m)		6	0.02 (-0.05, 0.08)	0%
	QoL ((6 m)		3	0.31 (-0.15, 0.78)*	77.1%
	Treatment satisf	action	2	0.65 (0.44, 0.85)*	0%
	Treatment satisf (12 m)	action	3	0.39 (0.21, 0.57)*	0%
	*SMD (95% CI)	1			
	Authors' Conclu				
	"Group-based DS clinical, lifestyle a			type 2 diabetes result tcomes." P. 1	s in improvements in
	(DMSE = diabetes sel	lf-manageme	ent educatio	n)	
Randomized controll					
Weinger, ¹¹ 2011, USA	Main Findings:				
	Results from R				
	Outcome Effect size (mean ± SD)				
		Structur behavio	red oral grou	Attention control group	Individual group
	HbA1c (%) - baseline	9.1 ± 1.1		9.1 ± 1.2	8.9 ± 1.1
	HbA1c (%) – 3m	8.3 ± 1.1	l	8.7 ± 0.9	8.5 ± 1.2
	HbA1c (%) – 6m	8.4 ± 1.1	l	8.7 ± 1.1	8.6 ± 1.0
	HbA1c (%) - 12m	8.5 ± 1.3	3	8.6 ± 1.3	8.7 ± 1.3
	HDL- baseline	50.9 ± 1	52	48.9 ± 16.2	53 ± 18.7
	HDL - 6m	50.9 ± 13 52.8 ± 19		49.7 ± 18.2	52.4 ± 18.1
	HDL – 12m	52.0 ± 13 52.1 ± 2		47.6 ± 17.1	51.5 ± 18.6
	LDL- baseline	105.8 ±		108.5 ± 35	103.4 ± 25.2
	LDL - 6m	108.3 ± 3		100.3 ± 35 100.4 ± 26.5	108.6 ± 28.8
	LDL – 12m	100.0 ± 1		98.7 ± 31.9	103.4 ± 34.7
	BMI - baseline	29.1 ± 6		31 ± 7.3	29.9 ± 6.6
	BMI – 3m	28.6 ± 6		31 ± 7.5	29.5 ± 6.4
	BMI – 6m	28.4 ± 5		31.5 ± 7.3	29.5 ± 6.3
	BMI – 12m	28.9 ± 6		31.3 ± 7.4	30.1 ± 6.5
	QoL - baseline	20.9 ± 0.0 67.0 ± 10		66.4 ± 10.4	67.8 ± 11.4
	QoL - 3m	69.8 ± 10		70.5 ± 11.3	70.5 ± 10.7
	QoL – 6m	68.8 ± 10		69.4 ± 12.1	70.5 ± 10.7 71.6 ± 11.6
		00.4 ± 1	1.0	12.2 ± 10.0	11.0 ± 11.2
	QoL -12m	69.4 ± 1	1.3	72.2 ± 10.5	71.6 ± 11.2

First Author, Publication Year, Country	Main Findings and Authors' Conclusion			
, - ,	Authors' Conclusion: "A structured, cognitive beh interventions in improving g Educators can successfully strategies." P.1	lycemia in adults v	with long-duration dia	abetes.
Ferrara, ¹² 2012, Italy	Main Findings:			
· · · · · · · · , · · _ , · · · · ,	Results from RCT with p	atients with hype	ertension	
	Outcome	Group - EC	UC	P value
	Fasting blood glucose, mg/dL - baseline	98.6 ± 26	102.7 ± 27	NS
	Fasting blood glucose, mg/dL – 6 m	103.2 ± 36	99.9 ± 20	NS
	Fasting blood glucose, mg/dL – 12 m	99.2 ± 22	104.9 ± 33	NS
	SBP, mm Hg - baseline	136.0 ± 17	132.3 ± 15	NS
	SBP, mm Hg – 6 m	127.3 ± 12	133.1 ± 16	0.05
	SBP, mm Hg – 12 m	124.5 ± 10	133.5 ± 15	0.001
	DBP, mm Hg - baseline	85.4 ± 12	83.3 ± 9	NS
	DBP, mm Hg – 6 m	80.3 ± 8	81.9 ± 10	NS
	DBP, mm Hg – 12 m	77.9 ± 9	81.3 ± 9	0.01
	Cholesterol mg/dL - baseline	199.7 ± 36	195.6 ± 37	NS
	Cholesterol mg/dL – 6 m	200.4 ± 39	194.5 ± 33	NS
	Cholesterol mg/dL – 12 m	183.8 ± 32	192.1 ± 33	NS
	LDL-C, mg/dL - baseline	126.8 ± 32	119.5 ± 36	NR
	LDL-C, mg/dL – 6 m	126.0 ± 38	113.3 ± 37	0.05
	LDL-C, mg/dL – 12 m	110.8 ± 33	113.3 ± 35	NS
	HDL-C, mg/dL - baseline	49.1 ± 12	49.8 ± 13	NS
	HDL-C, mg/dL – 6 m	49.3 ± 13	51.6 ± 12	NS
	HDL-C, mg/dL – 12 m	49.7 ± 12	52.0 ± 14	NS
	Triglycerides, mg/dL - baseline	127.1 ± 97	142.0 ± 82	NS
	Triglycerides, mg/dL -	142.0 ± 95	133.5 ± 60	NS
	Triglycerides, mg/dL -	115.2 ± 48	134.9 ± 54	0.01
	Weight, kg - baseline	79.5 ± 15	80.0 ± 12	NS
	Weight, kg – 6 m	77.1 ± 14	80.7 ± 12	0.05
	Weight, kg – 12 m	76.5 ± 14	80.9 ± 13	0.02
	BMI - baseline	28.7 ± 5	29.6 ± 4	NS
	BMI – 6 m	27.9 ± 4	29.9 ± 4	0.001
	BMI -12 m	27.6 ± 4	30.0 ± 4	0.001
	Authors' Conclusion: "The present investigation s with doctors and dieticians i outcome of the disease and preventing increasing costs	s a low-cost/bene I reduce the risk of	fit procedure able to f cardiovascular even	improve the

Year, Country			ors' Conclusior		
10	dies				
Cuesta, ¹³ 2013, Spain	Main Findings:				
			zed study on adul	ts with DM (ty	pe 2) showing
	changes after th Outcome	ie interventio			oup P value
	Outcome		Psychoeducative group (PGT)	e Control gro (C)	oup P value
	HbA1c (%)		-0.51 ± 1.07	-0.06 ± 0.53	0.044
	SBP, mm Hg		-8.07 ± 17.70	-2.67 ± 11.1	
	DBP, mm Hg		-1.93 ± 3.57	-0.05 ± 1.73	
	Total cholesterol	ma/dl	-11.69 ± 21.17	-7.56 ± 76.1	
	LDL-C, mg/dL	ing/ae	-9.33 ± 17.16	-8.33 ± 30.8	
	HDL-C, mg/dL		-1.04 ± 7.71	-4.74 ± 6.04	
	Triglycerides, mg	ı/dL	-28.89 ± 49.70	0.89 ± 56.06	
	Weight, kg		-1.93 ± 3.57	0.52 ± 1.73	0.002
	BMI, kg/m ²		-0.71 ± 1.31	0.08 ± 0.65	0.001
	Authors' Conclus	sion:	-		`
Reitz, ¹⁴ 2012, USA	Main Findings:				
	program and con	trol (no group	, ,		
					group visit P value*
	program and con Outcome	trol (no group	visit) Percentage of pa outcome Group visit		
	program and con	trol (no group Time point Baseline	visit) Percentage of pa outcome Group visit 36.5	tients with No group visit 42	P value*
	Dutcome HbA1c<7%	trol (no group Time point Baseline Follow up	visit) Percentage of pa outcome Group visit 36.5 56.4	tients with No group visit 42 45.5	
	program and con Outcome	trol (no group Time point Baseline Follow up Baseline	Visit) Percentage of pa outcome Group visit 36.5 56.4 51.9	tients with No group visit 42 45.5 58.2	P value*
	program and con Outcome HbA1c<7% HbA1c<8%	trol (no group Time point Baseline Follow up Baseline Follow up	visit) Percentage of pa outcome Group visit 36.5 56.4 51.9 69.2	tients with No group visit 42 45.5 58.2 59.5	P value*
	Dutcome HbA1c<7%	Time point Time point Baseline Follow up Baseline Follow up Baseline	visit) Percentage of pa outcome Group visit 36.5 56.4 51.9 69.2 30.8	tients with No group visit 42 45.5 58.2 59.5 19.5	P value* 0.03 0.21
	program and con Outcome HbA1c<7% HbA1c<8% HbA1c>9%	Time point Time point Baseline Follow up Baseline Follow up Baseline Follow up	visit) Percentage of pa outcome Group visit 36.5 56.4 51.9 69.2 30.8 28.2	tients with No group visit 42 45.5 58.2 59.5 19.5 18.5	P value*
	program and con Outcome HbA1c<7% HbA1c<8% HbA1c>9% BP<130/80 mm	Time point Time point Baseline Follow up Baseline Follow up Baseline Follow up Baseline	visit) Percentage of pa outcome Group visit 36.5 56.4 51.9 69.2 30.8 28.2 34.6	tients with No group visit 42 45.5 58.2 59.5 19.5 18.5 33.9	P value* 0.03 0.21 0.16
	program and con Outcome HbA1c<7% HbA1c<8% HbA1c>9% BP<130/80 mm Hg	Time point Time point Baseline Follow up Baseline Follow up Baseline Follow up Baseline Follow up	visit) Percentage of pa outcome Group visit 36.5 56.4 51.9 69.2 30.8 28.2 34.6 32.7	tients with No group visit 42 45.5 58.2 59.5 19.5 18.5 33.9 33.5	P value* 0.03 0.21
	program and con Outcome HbA1c<7% HbA1c<8% HbA1c>9% BP<130/80 mm Hg BP<140/90 mm	Time point Time point Baseline Follow up Baseline Follow up Baseline Follow up Baseline Follow up Baseline	visit) Percentage of pa outcome Group visit 36.5 56.4 51.9 69.2 30.8 28.2 34.6 32.7 61.5	tients with No group visit 42 45.5 58.2 59.5 19.5 18.5 33.9 33.5 54.8	P value* 0.03 0.21 0.16 0.91
	program and con Outcome HbA1c<7% HbA1c<8% HbA1c>9% BP<130/80 mm Hg BP<140/90 mm Hg	Time point Time point Baseline Follow up Baseline Follow up Baseline Follow up Baseline Follow up Baseline Follow up	visit) Percentage of pa outcome Group visit 36.5 56.4 51.9 69.2 30.8 28.2 34.6 32.7 61.5 75	tients with No group visit 42 45.5 58.2 59.5 19.5 18.5 33.9 33.5 54.8 50.2	P value* 0.03 0.21 0.16
	program and con Outcome HbA1c<7% HbA1c<8% HbA1c>9% BP<130/80 mm Hg BP<140/90 mm	Time point Time point Baseline Follow up Baseline Follow up Baseline Follow up Baseline Follow up Baseline Follow up Baseline	visit) Percentage of pa outcome Group visit 36.5 56.4 51.9 69.2 30.8 28.2 34.6 32.7 61.5 75 41.2	tients with No group visit 42 45.5 58.2 59.5 19.5 18.5 33.9 33.5 54.8 50.2 47.7	P value* 0.03 0.21 0.16 0.91 0.05
	program and con Outcome HbA1c<7% HbA1c<8% HbA1c>9% BP<130/80 mm Hg BP<140/90 mm Hg LDL<100mg/dL	Time point Time point Baseline Follow up Baseline Follow up Baseline Follow up Baseline Follow up Baseline Follow up Baseline Follow up	visit) Percentage of pa outcome Group visit 36.5 56.4 51.9 69.2 30.8 28.2 34.6 32.7 61.5 75 41.2 55.6	tients with No group visit 42 45.5 58.2 59.5 19.5 18.5 33.9 33.5 54.8 50.2 47.7 51.7	P value* 0.03 0.21 0.16 0.91
	program and con Outcome HbA1c<7% HbA1c<8% HbA1c>9% BP<130/80 mm Hg BP<140/90 mm Hg	Time point Time point Baseline Follow up Baseline Follow up Baseline Follow up Baseline Follow up Baseline Follow up Baseline	visit) Percentage of pa outcome Group visit 36.5 56.4 51.9 69.2 30.8 28.2 34.6 32.7 61.5 75 41.2 55.6 74.5	tients with No group visit 42 45.5 58.2 59.5 19.5 18.5 33.9 33.5 54.8 50.2 47.7	P value* 0.03 0.21 0.16 0.91 0.05

First Author, Publication Year, Country	Main Findings and Authors' Conclusion
	Authors' Conclusion: "Early experience with the group visit program was encouraging and suggested it may improve patients' management of their diabetes mellitus in an urban, predominantly African American population." P.715
hemoglobin, HDL = high der	= blood pressure, DBP = diastolic blood pressure, CI = confidence interval, HbA1c = glycated nsity lipoprotein, HDL-C = HDL cholesterol, LDL = low density lipoprotein, LDL-C = LDL cholesterol, NR nificant, QoL = quality of life, SBP = systolic blood pressure, SMD = standardized mean difference, erence