Appendix A: Scott's (2008) Elements of chronic disease management programmes (Adapted from Scott, 2008)[13]

Multidisciplinary Care	• Creation of multidisciplinary teams for creating both cooperation and division of labour in which non-doctors can help improve patient care • New professional roles for enhancing capacity of community care and raising threshold for hospital referral (e.g. nurse specialists, GPs with special interests, outreach clinical pharmacists etc.) • Multidisciplinary assessments of disease risk and severity
Patient self-management	• Patient/carer education and support provided one-on-one or in a group setting tailored to specific needs and circumstances • Systematic patient self-monitoring (which may include telemedicine strategies) with feedback and psychological support • Systems for enabling patients and carers to acquire skills, confidence and tools to better care for chronic illness • Provision of problem solving, coping and assertiveness strategies that allow patient-mediated adjustments in treatment and patient-initiated contact with providers
Coordinated Care	• Case management defined as intensive, individually tailored, goal-oriented care, which is planned, coordinated and managed by a single individual (case manager) or members of a team. • Systems for integrating care across multiple conditions and provider settings
Delivery system redesign	• Improved access to community resources • Changes to hospital and primary care services that facilitate integrated care across different clinical settings • Different financing arrangements to support community-based, multidisciplinary chronic care
Clinical information systems	• Use of registries and call-back systems that identify all patients within a given practice who have a given chronic disease

	• Routine reporting and feedback loops that include communication with patient, physician and funding agency • Use of data for care management and evaluation/feedback of provider performance embodied in process and outcome measures
Evidence-based care	• Decision support to providers with guidelines and prompts • Targeted provider education and expert support