Study	Time-point (months)	Cardiovascular mortality	All-cause hospitalization	Costs	Process of care
Barrett (2011) (1)	12		_	A decrease of ¢1099 for disease- related costs for intervention versus control (NS). And a decrease of ¢2441 on total costs for intervention versus control (P =0.02)	
Cooney (2015) (2)	12	_	-	_	A significant difference in guideline adherence (defined as number of PTH and phosphorus measurements) among people assigned to intervention group (46.9%; 63.6%) compared to the control group (16.1%; 46.7%) (P <0.001)
Harris (1998) (3)	36 - 60	_	No significant difference in mean hospitalisations scores among people assigned to integration group (M =1.3, SD =1.8) compared with control group (M =1.3, SD =2.1)	_	_
Hotu (2010) (4)	12	Two patients in intervention, and 2 patients in control group died as a result of a cardiac arrest (NS)	-	-	-
Weber (2012) (5)	12	_	No significant difference in percentage hospital admissions among people assigned to integration group (18%) compared with control group (22%)	Reduction of ¢ 86.400 per year in favor of the intervention (NS)	_
Weisbord (2013) (6)	12	_	_	_	The type and number of treatment recommendations' being implemented are reported.
Wong (2010) (7)	3	_	No significant difference in hospitalization rates among people assigned to integration group (20.4%) compared with control group (22.4%)	-	No significant difference in mean patient satisfaction scores (KDQOL) among people assigned to intervention group (M =79.9, SD =18.3) compared with control group (M =84.0, SD =15.2) (P =0.24)

Supplemental Table 8: Effect person-centered integrated care on other outcomes

Blank cells indicate no data available for variables. Abbreviations: NS, not significant or no P value reported; KDQOL, Kidney disease

quality of life; and PTH, parathyroid hormone.

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