

Table II. Characteristics of included studies

Study	Study design	Population	Models of care
<i>PICO (A) Community rehabilitation services compared with hospital/clinic- or facility-based rehabilitation</i>			
A1. Shepperd 2009 (11) AMSTAR: 9	Cochrane systematic review with meta-analyses Individual patient data meta-analyses	Stroke, chronic obstructive pulmonary disease, mixed, hip fracture and total joints. Excluded: obstetrics, paediatrics and mental health	Hospital at home. Early discharge from hospital with rehabilitation at home. The types of services provided by early discharge to hospital at home are designed to care for patients and provide coordinated rehabilitation with specialist care; the aim is to provide a service that relieves the pressure on acute hospital beds.
A2. Forster 2008 (12) AMSTAR: 9	Systematic review with meta-analysis Best-evidence synthesis	Elderly Post in-patient stroke	Day hospital care vs domiciliary care – where control patients received an approximately equivalent rehabilitation input within their own home or social day centre. Community-based rehabilitation interventions delivered by allied health professionals and/or nursing staff.
A2. Taylor 2010 (13) AMSTAR: 10	Cochrane systematic review with meta-analyses (published in Cochrane Library, BMJ and PubMed Central)	Cardiac conditions Coronary heart disease	Includes self-manual cardiac rehabilitation. Home-based self-manual cardiac rehabilitation programme compared with hospital-based cardiac rehabilitation programmes. Home-based cardiac rehabilitation compared with supervised centre-based rehabilitation and usual rehabilitation care.
A2. Doig 2010 (14) AMSTAR: 6	systematic review	Acquired brain injury	Day hospital (clinic-based out-patient care) compared with home-care, community treatment group compared with out-patient treatment.
A3. Fens 2013 (15) AMSTAR: 6	Systematic review	Stroke	Multidisciplinary care in the community compared with usual care.
A3. Beswick 2008 (16) AMSTAR 5	Systematic review with meta-analysis	Elderly people	Community-based complex interventions used to preserve physical function and independence.
A4. Smith 2007 (17) AMSTAR: 8	Cochrane systematic review	Disability	Shared-care health service interventions compared with primary or specialty care alone.
A5. Bortolotti 2008 (18) AMSTAR: 7	Systematic review with meta-analysis	Mental health: Major depression in primary care	Psychological care provided in primary care delivered by general practitioner or other primary care personnel compared with usual general practitioner (GP) care.
A6. MacPherson 2009 (19) AMSTAR: 8	Cochrane systematic review	Schizophrenia	Twenty-four-hour residential rehabilitation in hospital setting (normal house, intensive staff input with individual treatment programmes, involvement in domestic activities, good access to community day care/therapeutic facilities) compared with standard treatment in hospital setting.
A7, A8. Dieterich 2011 (20) AMSTAR: 11	Cochrane systematic review	Severely mentally ill people	Community-based package of care (intensive case management; ICM) for long-term care, compared with standard community care and compared with no ICM.
A8. Kozma 2009 (21) AMSTAR: 4	Systematic review	People with intellectual disability	Community-based services compared with congregate arrangements (institution).
A9. McConachie 2000 (22)	Randomized controlled trial	Young children with cerebral palsy in Bangladesh	Urban children were allocated to a daily centre-based mother-child group or to monthly training of their parents along with a pictorial guidance manual. Rural children were allocated either to parent training or health advice.
A9. Tang (23)	Randomized controlled trial	Children with motor or global developmental delay	Home programme plus institution-based therapy compared with institution-based therapy alone.
<i>PICO (B) Integrated and decentralized services compared with centralized services</i>			
Kruis 2013 (24) AMSTAR: 10	Cochrane systematic review	Chronic obstructive pulmonary disease	Integrated disease management interventions: a group of coherent interventions, designed to prevent or manage 1 or more chronic conditions using a community-wide, systematic and structured multidisciplinary approach potentially employing multiple treatment modalities. Comparison groups: varying from usual care or no treatment to single interventions, mono-disciplinary interventions.
Dubuc 2011 (25)	Quasi-experimental design (pre-test, multiple post-tests with a control group)	Older adults	Coordination-type integrated-service-delivery (ISD) network designed to manage and better match resources to the complex and evolving needs of elderly patients.
Binks 2007 (26) AMSTAR: 5	Systematic review	Spina bifida and cerebral palsy	New models of "cooperative care" that link primary care providers and local services to regionalized adult-centred specialty services.
Lawson 2011 (27)	Cross-sectional study	Families with children with special healthcare needs	Individualize care coordination was compared with standard care delivered by paediatricians' offices.
<i>PICO (C) Multidisciplinary rehabilitation (including 2 or more professions) compared with non-multidisciplinary rehabilitation</i>			
C1. Forster 2008 (12) AMSTAR: 9	Systematic review with meta-analysis	Older adults	Day hospital care vs no comprehensive elderly care, where control patients did not routinely have access to outpatient rehabilitation services. Outpatient day hospital: facility where older patients attend for a full or near full day and receive multidisciplinary rehabilitation in a healthcare setting.
C1. Bachmann 2010 (28) AMSTAR: 9	Systematic review with meta-analysis	Older adults	Inpatient rehabilitation compared with usual care. Rehabilitation was consisted of inpatient multidisciplinary programmes with active physiotherapy or occupational therapy, or both, according the WHO ICF framework Such programmes include a multidimensional geriatric assessment, stringent assignment to therapies, regular team meetings with all health professionals involved in the care of the patient, goal-setting tailored to the individual patient, interventions tailored to the patient's needs, and regular treatment evaluation with the care team and the patient.

Table II. cont.

Study	Study design	Population	Models of care
C1. Handoll 2009 (29) AMSTAR: 11	Cochrane systematic review with meta-analysis Non-Cochrane systematic review	Hip fracture in older adults	Co-ordinated multidisciplinary, specialized inpatient rehabilitation compared with usual (orthopaedic) care. In-patient multidisciplinary rehabilitation supervised by a geriatrician or rehabilitation physician/clinician compared with ambulatory care settings. Multidisciplinary inpatient rehabilitation: services provided by a multidisciplinary team with the goal of reducing disability by improving task-oriented behaviour, for example, walking and dressing.
C2. Fens 2013 (15) (see also in PICO A) AMSTAR: 6	Systematic review	Stroke	Multidisciplinary care for stroke patients living in the community.
C2. Ng 2009 (30) AMSTAR: 10	Cochrane systematic review (observational studies only)	Amyotrophic lateral sclerosis or motor neurone disease (MND)	Multidisciplinary care compared with routinely available local services or lower levels of intervention. High- and low-intensity multidisciplinary rehabilitation: in "high-intensity", where there was input from at least 2 disciplines for a minimum of 30 minutes/session and total duration of at least 2–3 h of interrupted therapy/day for at least 4 days per week, and "low-intensity", where the intensity and duration was less than that provided in inpatient multidisciplinary care settings and was dependent on the type of setting and available resources.
C2. Turner-Stokes 2005 (31) AMSTAR: 9	Cochrane systematic review	Mixed population of acquired brain injury in younger adults	Organized multidisciplinary rehabilitation compared with absence of organized multidisciplinary rehabilitation.
C3. Kamper 2014 (32) AMSTAR: 10	Cochrane systematic review with meta-analysis	Chronic low back pain	Multidisciplinary biopsychosocial rehabilitation compared with usual care.
C3. Karjalainen 2010 (33) AMSTAR: 7	Cochrane systematic review	Neck and shoulder pain, working-age adults	Multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities. Biopsychosocial model: each intervention was executed by the professional of that discipline: psychologist with psychological or behavioural treatment, while a social worker, occupational nurse/therapist could perform the social intervention. An occupational nurse or physiotherapist specializing in occupational health could provide the vocational intervention. Multidisciplinary treatment is emphasized as a biopsychosocial treatment. The doctor needed to be part of the procedure, because he/she makes the diagnosis.
C3. Karjalainen 2008 (34) AMSTAR: 7	Cochrane systematic review	Sub-acute low back pain, working-age adults	Multidisciplinary biopsychosocial rehabilitation in-patient or out-patient (physician consultation in additional psychological, social, vocational intervention isolated or in combination) compared with other rehabilitation facilities. Graded 4-part activity programme: includes a measurement of functional capacity, work-place visit, back school education and a gradually intensifying exercise programme with operant-conditioning behavioural approach.
<i>PICO (D) Specialized hospitals and units for rehabilitation for complex conditions compared with rehabilitation for complex conditions in general wards or non-specialized units</i>			
D1. Stroke Unit Trialists' Collaboration 2013 (35) AMSTAR: 10	Cochrane systematic review with meta-analysis Non-Cochrane systematic reviews	Stroke	Organized inpatient multidisciplinary (provided by medical, nursing, and therapy staff) rehabilitation compared with: (1) no multidisciplinary team care, or (2) inpatient multidisciplinary care in a general rehabilitation ward. Stroke unit (organized inpatient care) was characterized by: (1) coordinated multidisciplinary rehabilitation, (2) staff with a specialist interest in stroke or rehabilitation, (3) routine involvement of caregivers in the rehabilitation process and (4) regular programme of education and training.
D1. Wolfe 2012 (36)	Narrative review (grey literature)	Spinal cord injury (SCI)	Specialized rehabilitation units vs general non-specialized care units for people with SCI. SCI unit consists of an integrated, comprehensive system where expertise, facilities and equipment are focused on optimal patient care and cost-effectiveness.
D2. Puhan 2011 (37) AMSTAR: 9	Cochrane systematic review with meta-analysis	Chronic obstructive pulmonary disease (COPD)	In-patient or out-patient pulmonary rehabilitation vs convention community care (standard community care, general information about COPD) after acute exacerbation of COPD.
<i>PICO (E) Rehabilitation services integrated into the health service compared with rehabilitation services integrated into the social or welfare service</i>			
No study			