**Supplementary table 3. Characteristics of studies using the PACIC instrument among patients with diabetes.**

| **Author (publication year)** | **Study and healthcare delivery characteristics** | **Patient characteristics** | | | | **PACIC instrument and overall score on a 5-point scale** | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **N** | **Type of diabetes** | **Age, mean(SD)** | **Men, %** | **Language, nb of items, anchors** | **Overall score, mean (SD)** |
| **Chiu & al (2016) [1]** | *Study design*: Cross-sectional study with 2 study groups: pay-for-performance (P4P) and non-pay-for-performance (non-P4P)  *Country*: Taiwan  *Setting:* mixed (medical centers, hospitals, clinics)  *HC professionals*: physicians specialized in diabetology (P4P)  *Type of care:*  P4P: integrated care  Non-P4P: usual care | 1458 (total)  P4P: 1037  Non-P4P: 421 | Type 2 | P4P:  61.5 (11.4)  non-P4P:  61.5 (12.77) | P4P: 49.6%  Non-P4P: 46.6% | Mandarin  20 items  Almost never to almost always | P4P: 4.2 (0.6)  non-P4P: 3.9 (0.7) |
| **Dede & al (2016) [2]** | *Study design*: Cross-sectional study  *Country*: Turkey  *Setting:* hospital clinics (internal medicine and pulmonary medicine outpatient clinic)  *HC professionals:* various specialists  *Type of care:* usual care | 76 | Type 2 | 55.0 (12.7) | 36.8% | Turkish  20 items  Never to always | 2.9 (0.9) |
| **Fan & al (2015) [3]** | *Study design*: Cross-sectional study  *Country*: USA  *Setting:* primary care practice (n=34 in a practice-based research network)  *HC professionals:* GPs  *Type of care*: usual care | 2055 | Type 2 | 64.9 (12.3) | 50.4% | English  20 items  None of the time to all the time | 3.0 (1.09) |
| **Ku & Kegels (2015) [4]** | *Study design*: Before-after study (baseline data only)  *Country*: Philippines  *Setting*: primary care practices  *HC professionals*: healthcare workers, GPs, nurses, midwives  *Type of care*: usual care (at baseline) | 164 | Type 2 | 56.9 (10.8) | 25.6% | Language ot reported  20 items  Almost never to almost always | 3.3 (0.8)  *SD calculated from 95% CI (3.0 – 3.4)* |
| **Kuznetsov & al (2015) [5]** | *Study design*: cross-sectional analyses of cluster-RCT with 2 study groups: routine care (RC) and intensive multifactoral treatment (IMT)  *Country*: Denmark  *Setting:* primary care practice  *HC professionals*: GPs  *Type of care:*  RC: usual care  IMT: integrated care | 937 (total) (6-year follow-up data)  RC: 372  IMT: 565 | Type 2 | RC: 65.6 (6.7)  IMT: 65.5 (6.9) | RC: 59.1%  IMT: 59.1% | Language not reported  20 items  Never to always | RC: 2.4 (0.8)  IMT:2.4 (0.8) |
| **Pintaudi & al (2015) [6-8]** | *Study design*: cross-sectional study  *Country*: Italy  *Setting*: diabetes clinics  *HC professionals*: diabetologists, nurses, dietitians  *Type of care*: usual care | 2374 | Type 2 | 65.0 (10.2) | 59.9% | Italian  11 items  Anchors not reported  *0-100 scale* | 3.7 (0.8)  *Calculated from mean PACIC score (SD) = 74.4 (16.1)* |
| **Aung & al (2014) [9-14]** | *Study design*: cross-sectional analyses of prospective cohort (2008 baseline data only)  *Country*: Australia  *Setting*: mixed (population-based)  *HC professionals*: mixed (population-based)  *Type of care*: usual care | 3761 | Type 2 | 62.5 (10.9) | 55.3% | English  20 items  None of the time to always | 2.4 (1.6) |
| **Frei & al (2014) [15]** | *Study design*: cross sectional study with 2 study groups: non-managed care (non-MC) and managed care (MC)  *Country*: Switzerland  *Setting*: primary care practice  *HC professionals*: GPs  *Type of care*:  Non-MC: usual care  MC: integrated care | 374 (total)  *Non-MC: 326*  *MC: 48* | Type 2 | Non-MC:  67.0 (10.6)  MC: 73.3 (10.3) | Non-MC:  57.4%  MC: 60.4% | German  20 items + 6 (5As)  Never to always | Non-MC: 3.2 (0.9)  MC: 3.4 (0.7) |
| **Frei & al (2014) [16]** | *Study design*: cluster-RCT (baseline data only)  *Country*: Switzerland  *Setting*: primary care practices  *HC professionals*: GPs  *Type of care*: usual care (at baseline) | 326 | Type 2 | 67.0 (10.5) | 57.7% | German  20 items  Anchors not reported | 3.1 (0.9) |
| **Glasgow & al (2014) [17]** | *Study design*: 2 RCTs (baseline data only): ‘My path to healthy life’ trial [MyPath] and ‘Reducing Distress and Enhancing Effective Management’ trial [REDEEM]  *Country*: USA  *Setting*:  MyPath: primary care practices  REDEEM: community (community medical groups and diabetes education centers)  *HC professionals*:  MyPath: not reported  REDEEM: not reported  *Type of care*:  MyPath: usual care  REDEEM: integrated care | 228 (total)  *MyPath: 132*  *REDEEM: 96* | Type 2 | MyPath: 58.6 (9.1)  REDEEM: 55.2 (10.9) | MyPath: 48.5%  REDEEM: 40.6% | Language , nb of items and anchors not reported  (*classified as 20 items*) | MyPath: 3.2 (0.4)  REDEEM: 2.8 (1.1) |
| **Jiamjarasrangsi & al (2014) [18]** | *Study design*: Cross-sectional study with 3 comparison groups: primary care unit (PCU) in hospitals [PCU hosp], PCU in public health centers [PCU comm], and non-PCU in hospitals [non-PCU hosp]  *Country*: Thailand  *Setting*:  PCU hosp: hospital clinics  PCU comm: community  Non-PCU hosp: hospital clinics  *HC professionals*: not reported  *Type of care*:  PCU hosp: integrated care  PCU comm: integrated care  Non-PCU hosp: usual care | 1000 (total)  *PCU hosp: 255*  *PCU comm: 659*  *Non-PCU hosp: 86* | Type 2 | PCU hosp: 60.6 (13.0)  PCU comm: 62.2 (10.0)  Non-PCU hosp: 65.0 (11.6) | PCU hosp: 29.8%  PCU comm: 25.3%  Non-PCU hosp: 44.2% | Thai  20 items  Almost never to almost always | PCU hosp: 3.6 (0.7)  PCU comm: 3.4 (0.8)  Non-PCU hosp: 3.1 (0.4) |
| **Johnson & al (2014) [19-21]** | *Study design*: controlled before-after study (baseline data only)  *Country*: Canada  *Setting*: primary care practice (in primary care networks)  *HC professionals*: GPs  *Type of care*: integrated care | 157 | Type 2 | 57.8 (9.8) | 44.6% | Language and anchors not reported  11 items  *0-100 scale* | 1.7 (1.3)  *Calculated from mean PACIC score (SD) = 34.6 (26.7)* |
| **Ku & al (2014) [22]** | *Study design*: Cross-sectional study with 2 study groups: Veterans Memorial Medical Center (VMMC) and Local Government Health Units (LGHU)  *Country*: Philippines  *Setting*:  VMMC: hospital clinics (family physician-led tertiary hospital-based outpatient clinic)  LGHU: community centers (local government health units)  *HC professionals:*  VVMC: GPs  LGHU: GPs, nurses, and midwives  *Type of care*:  VVMC: usual care  LGHU: usual care | 549 (total)  *VMMC: 350*  *LGHU: 199* | not reported | VMMC: 65.7  LGHU: 57.6 | VMMC: 50.3%  LGHU: 25.6% | Language not reported  20 items  Almost never to almost always | VVMC: 2.6 (5.2)  LGHU: 3.2 (0.7)  *Unpublished data sent by author. SD calculated from 95% CI: VVMC:* 2.1-3.2; LGHU: 3.1-3.3. |
| **Lewis & al (2014) [23]** | *Study design*: before-after study (baseline data only)  *Country*: USA  *Setting:* mixed (clinical and community based care)  *HC professionals:* not reported  *Type of care*: usual care (at baseline) | 257 (with PACIC data) | Type 2 | 54 (11.6)  *Unpublished data sent by author.* | 26%  *Unpublished data sent by author.* | English  20 items  None of the time to always | 3.5 (0.9) |
| **Ratanawongsa & al (2014) [24, 25]** | *Study design*: step-wedge RCT (baseline data only)  *Country*: USA  *Setting*: clinics in a practice-based research network  *HC professionals*: GPs  *Type of care*: usual care (at baseline) | 252 | Type 1 and 2 | 55.8 (8.3) | 25.8% | English, Spanish and Cantonese  20 items  Anchors not reported  *1-100 scale* | 2.2 (1.2)  *Calculated from mean PACIC score (SD) = 44.6 (23.4)* |
| **Stock & al (2014) [26]** | *Study design*: cross-sectional study in 2 countries with 2 study groups in each country: Diabetes management program (DMP) and routine care (non-DMP) in Germany, ProvenCare Chronic Diabetes Program (PCDP) and routine care (non-PCDP) in USA  *Country*: Germany and USA  *Setting*:  Germany: primary care practice  USA: mixed (PCPs and other physicians in a medical group, and hospitals)  *HC professionals*:  Germany: GPs  USA: multispecialty physicians  *Type of care*:  DMP and PCDP: integrated care  Non-DMP and non-PCDP: usual care | Germany: 2470 (total)  *DMP: 1791*  *non-DMP: 679*  USA: 1692 (total)  *PCDP: 866*  *non-PCDP: 826* | Type 2 | DMP: 75.1 (5.6)  Non-DMP: 75.8 (6.0)  PDCP: not reported  Non-PDCP: not reported | DMP: 50.3%  Non-DMP: 53%  PCDP: 52.7%  Non-PCDP: 56.7% | English and German  20 items  Anchors not reported | DMP: 2.7 (0.9)  Non-DMP: 2.4 (0.9)  PCDP: 2.9 (missing SD)  Non-PCDP: 2.8 (missing SD)  *German data sent by authors.* |
| **Thomas & al (2014) [27]** | *Study design*: cross-sectional study  *Country*: USA  *Setting*: primary care practice (private physicians network)  *HC professionals*: multispecialty  *Type of care*: usual care | 89 | Type 2 | not reported | 39.3% | Language not reported  20 items + 6 (5As)  Almost never to almost always | 2.9 (1.1)  *5A summary score* |
| **Tsiachristas & al (2014) [28, 29]** | *Study design*: before-after study (baseline data only)  *Country*: Netherlands  *Setting*: primary care practice  *HC professionals*: multiple care providers (e.g. GP, nurse, dietician, physiotherapist)  *Type of care*: usual care (at baseline) | 407 (diabetic patients only) | Type 2 | 66.2 (9.7) | 57.0% | Dutch  20 items  Anchors not reported | 3.3 (0.85) |
| **Xue & al (2014) [30]** | *Study design*: cluster-RCT  *Country*: USA  *Setting*: primary care practices  *HC professionals*: not reported  *Type of care*: usual care (at baseline) | 221 | Type 1 and 2 | 62.9 (10.8) | 35.7% | English  20 items  Anchors not reported | 2.4 (1.1)  *Unpublished data sent by author.* |
| **Zuercher & al (2014) [31-33]** | *Study design*: cross-sectional analyses of prospective cohort (baseline data only)  *Country*: Switzerland  *Setting*: mixed (population-based)  *HC professionals*: multiple care providers  *Type of care*: usual care | 519 | Any type | 64.5 (11.3) | 59.7% | French  20 items  Never to always | 2.8 (0.95) |
| **Ko & al (2013) [34]** | *Study design*: controlled before-after study (baseline data only)  *Country*: USA  *Setting:* community (outpatient care services and community outreach programs)  *HC professionals*: not reported  *Type of care*: usual care | 40 | Type 2 | 58 (13) | 60% | Language and anchors not reported  20 items | 3.5 (0.9) |
| **Liu & al (2013) [35]** | *Study design*: cross-sectional study  *Country*: China  *Setting:* community health centers  *HC professionals*: multiple care providers (often exclusively GPs)  *Type of care*: integrated care (health management) | 960 | Type 2 | 68.3 (10.4) | 39.6% | Language not reported  20 items  Almost never to almost always | not reported  *Author contacted but not reply.* |
| **Sansgiry & al (2013) [36]** | *Study design*: cross-sectional study  *Country*: USA  *Setting:* not clear (Veterans Affairs center)  *HC professionals*: not reported  *Type of care*: not reported | 126 | not reported | not reported | not reported | not reported | not reported |
| **Drewes & al (2012) [37]** | *Study design*: cross-sectional study  *Country*: Netherlands  *Setting*: primary care practice (n=69)  *HC professionals*: GPs  *Type of care*: integrated care | 1547 | Type 2  (mostly) | 65.7 (11.4) | 53.6% | Dutch  20 items + 6 items regarding team functioning  Almost never to almost always | 2.8 (0.8)  *Unpublished data sent by author.* |
| **Ose & al (2012) [38, 39]** | *Study design*: cross sectional study with 2 study groups: disease management program (DMP) and routine care (RC)  *Country*: Germany  *Setting*: primary care practice  *HC professionals*: not reported  *Type of care*:  DMP: integrated care  RC: usual care | 1399 (total)  *DMP: 865*  *RC: 534* | Type 2 | DMP: 70.2 (8.3)  RC: 70.5 (8.9) | DMP: 46.2%  RC: 46.6% | German  20 items  Almost never to almost always | DMP: 3.26 (0.9)  RC: 2.86 (0.9) |
| **Pemu & al (2011) [40]** | *Study design*: before-after study (baseline data only)  *Country*: USA  *Setting*: Primary care practice (in community physicians network)  *HC professionals*: physicians  *Type of care*: usual care (at baseline) | 141 | Any type | 56 (9.2) | 23% | Language and anchors not reported  20 items | 3.3 (1.1) |
| **Gugiu & al (2010) [41, 42]** | *Study design*: cross-sectional study  *Country*: USA  *Setting*: primary care practice (physicians and practices network)  *HC professionals*: not reported  *Type of care*: usual care | 529 | Type 2 | 63.4 (missing SD) | 52.7% | English  11 items  Anchors not reported  *0-100 scale* | 3.1 (1.9)  *Calculated from mean PACIC score (SD) = 61.7 (38.0), estimated from Table 2* |
| **Maindal & al (2010) [43]** | *Study design*: cross-sectional study  *Country*: Denmark  *Setting*: mixed  *HC professionals*: not reported  *Type of care*: usual care | 560 | Type 2 | 66.4 (10.7) | 60% | Danish  20 items  Never to always | 2.8 (1.4)  *Overall score computed from mean and SD of each individual item* |
| **Wallace & al (2010) [44]** | *Study design*: cross-sectional study  *Country*: USA  *Setting*: hospital clinic  *HC professionals*: multidisciplinary team  *Type of care*: integrated care | 195 | Type 2 | 58 (missing SD) | 36% | English  20 items + 6 (5As)  Almost never to almost always | 3.8 (0.8) |
| **Schillinger & al (2009) [45-47]** | *Study design*: RCT (baseline data only)  *Country*: USA  *Setting*: primary care practice  *HC professionals*: GPs  *Type of care*: usual care (at baseline) | 339 | Type 2 | 56.1 (missing SD) | 41% | English, Spanish, Cantonese  20 items  Almost never to almost always  *1-100 scale* | 1.95 (1.2)  *Calculated from a mean PACIC score (SD) = 39.0 (24.8)* |
| **Aragones & al (2008) [48]** | *Study design*: cross-sectional study  *Country*: USA  *Setting*: hospital clinic  *HC professionals*: not reported  *Type of care*: integrated care | 100 | Type 2 | 63.7 (10.7) | 21% | Spanish  20 items  None of the time to always | 3.2 (0.8) |
| **Jackson & al (2008) [49]** | *Study design*: cross sectional study  *Country*: USA  *Setting*: primary care practice (in a Veteran Affairs medical center)  *HC professionals*: GPs  *Type of care*: usual care | 189 | not reported | 65.0 (10.7) | 97.9% | English  20 items  None of the time to always | 3.1 (1.1) |
| **Wensing & al (2008) [50]** | *Study design*: cross-sectional study  *Country*: Netherlands  *Setting:* primary care practice (n=4)  *HC professionals*: GPs  *Type of care*: integrated care | 88 (diabetic patients only) | Type 2 | 68.8 (8.9) | 43% | Dutch  20 items  Almost never to almost always | 3.2 (1.0) |
| **Glasgow & al (2005) [51]** | *Study design*: cross-sectional study  *Country*: USA  *Setting:* primary care practice (n=30)  *HC professionals*: not reported  *Type of care*: usual care | 363 | Type 2 | 64.1 (11.9) | 52.8% | English  20 items + 6 (5As)  Almost never to almost always | 3.2 (0.9) |

RCT: randomized controlled trial, HC: healthcare, GP: general practitioner, SD: standard deviation, nb: number

References

[1] Chiu HC, Hsieh HM, Lin YC, Kuo SJ, Kao HY, Yeh SC, et al. Patient assessment of diabetes care in a pay-for-performance program. *Int J Qual Health Care*. 2016; 28: 183-90.

[2] Dede B, Sari M, Gursul A, Hanedar A, Gadis A, Gorgulu B, et al. Variables affecting quality of care of the outpatients having a chronic condition. [Turkish]. *TAF Preventive Medicine Bulletin*. 2016; 15: 238-47.

[3] Fan J, McCoy RG, Ziegenfuss JY, Smith SA, Borah BJ, Deming JR, et al. Evaluating the structure of the Patient Assessment of Chronic Illness Care (PACIC) survey from the patient's perspective. *Ann Behav Med*. 2015; 49: 104-11.

[4] Ku GM, Kegels G. Implementing elements of a context-adapted chronic care model to improve first-line diabetes care: effects on assessment of chronic illness care and glycaemic control among people with diabetes enrolled to the First-Line Diabetes Care (FiLDCare) Project in the Northern Philippines. *Prim Health Care Res Dev*. 2015; 16: 481-91.

[5] Kuznetsov L, Simmons RK, Sandbaek A, Maindal HT. The impact of intensive multifactorial treatment on perceptions of chronic care among individuals with screen-detected diabetes: results from the ADDITION-Denmark trial. *Int J Clin Pract*. 2015; 69: 466-73.

[6] Nicolucci A, Rossi MC, Pellegrini F, Lucisano G, Pintaudi B, Gentile S, et al. Benchmarking network for clinical and humanistic outcomes in diabetes (BENCH-D) study: protocol, tools, and population. *SpringerPlus*. 2014; 3.

[7] Pintaudi B, Lucisano G, Gentile S, Bulotta A, Skovlund SE, Vespasiani G, et al. Correlates of diabetes-related distress in type 2 diabetes: Findings from the benchmarking network for clinical and humanistic outcomes in diabetes (BENCH-D) study. *J Psychosom Res*. 2015; 79: 348-54.

[8] Rossi MC, Lucisano G, Funnell M, Pintaudi B, Bulotta A, Gentile S, et al. Interplay among patient empowerment and clinical and person-centered outcomes in type 2 diabetes. The BENCH-D study. *Patient Educ Couns*. 2015; 98: 1142-9.

[9] Aung E, Donald M, Coll J, Dower J, Williams GM, Doi SA. The impact of concordant and discordant comorbidities on patient-assessed quality of diabetes care. *Health Expect*. 2015; 18: 1621-32.

[10] Aung E, Donald M, Coll JR, Williams GM, Doi SA. Association between patient activation and patient-assessed quality of care in type 2 diabetes: results of a longitudinal study. *Health Expect*. 2016; 19: 356-66.

[11] Aung E, Donald M, Williams GM, Coll JR, Doi SA. Influence of patient-assessed quality of chronic illness care and patient activation on health-related quality of life. *Int J Qual Health Care*. 2016; 28: 306-10.

[12] Aung E, Donald M, Williams GM, Coll JR, Doi SA. Joint influence of Patient-Assessed Chronic Illness Care and patient activation on glycaemic control in type 2 diabetes. *Int J Qual Health Care*. 2015; 27: 117-24.

[13] Aung E, Ostini R, Dower J, Donald M, Coll JR, Williams GM, et al. Patient Assessment of Chronic Illness Care (PACIC) in Type 2 Diabetes: A Longitudinal Study. *Eval Health Prof*. 2016; 39: 185-203.

[14] Donald M, Dower J, Ware R, Mukandi B, Parekh S, Bain C. Living with diabetes: rationale, study design and baseline characteristics for an Australian prospective cohort study. *BMC Public Health*. 2012; 12: 8.

[15] Frei A, Senn O, Huber F, Vecellio M, Steurer J, Woitzek K, et al. Congruency of diabetes care with the Chronic Care Model in different Swiss health care organisations from the patients' perspective: a cross sectional study. *Swiss Medical Weekly*. 2014; 144: w13992.

[16] Frei A, Senn O, Chmiel C, Reissner J, Held U, Rosemann T. Implementation of the chronic care model in small medical practices improves cardiovascular risk but not glycemic control. *Diabetes Care*. 2014; 37: 1039-47.

[17] Glasgow RE, Fisher L, Strycker LA, Hessler D, Toobert DJ, King DK, et al. Minimal intervention needed for change: definition, use, and value for improving health and health research. *Translational Behavioral Medicine*. 2014; 4: 26-33.

[18] Jiamjarasrangsi W, Attavorrarat S, Navicharern R, Aekplakorn W, Keesukphan P. Assessment of 5-year system-wide type 2 diabetes control measures in a Southeast Asian metropolis. *Asian Biomedicine*. 2014; 8: 75-82.

[19] Johnson JA, Al Sayah F, Wozniak L, Rees S, Soprovich A, Chik CL, et al. Controlled trial of a collaborative primary care team model for patients with diabetes and depression: Rationale and design for a comprehensive evaluation. *BMC Health Serv Res*. 2012; 12: 258.

[20] Johnson JA, Al Sayah F, Wozniak L, Rees S, Soprovich A, Qiu W, et al. Collaborative care versus screening and follow-up for patients with diabetes and depressive symptoms: results of a primary care-based comparative effectiveness trial. *Diabetes Care*. 2014; 37: 3220-6.

[21] Sayah FAL, Majumdar SR, Rees S, Wozniak L, Johnson JA. Patients' assessment of chronic illness care: Results from a controlled implementation trial of a collaborative primary care team model for diabetes and depression. *Canadian Journal of Diabetes*. 2013; 37: S41.

[22] Ku GM, Kegels G. A cross-sectional study of the differences in diabetes knowledge, attitudes, perceptions and self-care practices as related to assessment of chronic illness care among people with diabetes consulting in a family physician-led hospital-based first line health service and local government health unit-based health centers in the Philippines. *Asia Pac Fam Med*. 2014; 13: 14.

[23] Lewis MA, Bann CM, Karns SA, Hobbs CL, Holt S, Brenner J, et al. Cross-Site Evaluation of the Alliance to Reduce Disparities in Diabetes: Clinical and Patient-Reported Outcomes. *Health Promotion Practice*. 2014; 15: 92S-102S.

[24] Ratanawongsa N, Handley MA, Quan J, Sarkar U, Pfeifer K, Soria C, et al. Quasi-experimental trial of diabetes Self-Management Automated and Real-Time Telephonic Support (SMARTSteps) in a Medicaid managed care plan: study protocol. *BMC Health Serv Res*. 2012; 12: 22.

[25] Ratanawongsa N, Handley MA, Sarkar U, Quan J, Pfeifer K, Soria C, et al. Diabetes Health Information Technology Innovation to Improve Quality of Life for Health Plan Members in Urban Safety Net. *The Journal of ambulatory care management*. 2014; 37: 127-37.

[26] Stock S, Pitcavage JM, Simic D, Altin S, Graf C, Wen F, et al. CHRONIC CARE. Chronic Care Model Strategies In The United States And Germany Deliver Patient Centered, High-Quality Diabetes Care. *Health Affairs*. 2014; 33: 1540-8.

[27] Thomas J, 3rd, Iyer NN, Collins WB. Associations between perceived chronic care quality, perceived patient centeredness, and illness representations among persons with diabetes. *J Healthc Qual*. 2014; 36: 50-9.

[28] Tsiachristas A, Cramm JM, Nieboer AP, Rutten-van Molken MP. Changes in costs and effects after the implementation of disease management programs in the Netherlands: variability and determinants. *Cost Eff Resour Alloc*. 2014; 12: 17.

[29] Lemmens KM, Rutten-Van Mölken MP, Cramm JM, Huijsman R, Bal RA, Nieboer AP. Evaluation of a large scale implementation of disease management programmes in various Dutch regions: a study protocol. *BMC Health Serv Res*. 2011; 11: 6.

[30] Xue L, Piatt G, Zgibor JC. Effect of peer leader supported diabetes self-management in glycemic control and patient centeredness. *Diabetes*. 2014; 63: A173.

[31] Zuercher E, Bordet J, Burnand B, Peytremann-Bridevaux I. CoDiab-VD: protocol of a prospective population-based cohort study on diabetes care in Switzerland. *BMC Health Serv Res*. 2015; 15: 329.

[32] Zuercher E, Casillas A, Hagon-Traub I, Bordet J, Burnand B, Peytremann-Bridevaux I. Baseline data of a population-based cohort of patients with diabetes in Switzerland (CoDiab-VD). *Swiss Med Wkly*. 2014; 144: w13951.

[33] Casillas A, Iglesias K, Flatz A, Burnand B, Peytremann-Bridevaux I. No consistent association between processes-of-care and health-related quality of life among patients with diabetes: a missing link? *BMJ open diabetes res*. 2015; 3: e000042.

[34] Ko J, Delafield R, Davis J, Mau MK. Characteristics of Patients with Type 2 Diabetes Mellitus in Two Rural, Medically Underserved Communities. *Hawai'i Journal of Medicine & Public Health*. 2013; 72: 191-6.

[35] Liu LJ, Li Y, Sha K, Wang Y, He X. Patient assessment of chronic illness care, glycemic control and the utilization of community health care among the patients with type 2 diabetes in Shanghai, China. *PLoS ONE*. 2013; 8: e73010.

[36] Sansgiry S, Naik AD, Brown AC, Latini DM. Quality of life among diabetes patients. *Value in Health*. 2013; 16 (3): A196.

[37] Drewes HW, de Jong-van Til JT, Struijs JN, Baan CA, Tekle FB, Meijboom BR, et al. Measuring chronic care management experience of patients with diabetes: PACIC and PACIC+ validation. *Int J Integr Care*. 2012; 12: e194.

[38] Ose D, Freund T, Urban E, Kunz CU, Szecsenyi J, Miksch A. Comorbidity and patient-reported quality of care: An evaluation of the primary care based German disease management program for type 2 diabetes. *Journal of Public Health (Germany)*. 2012; 20: 41-6.

[39] Szecsenyi J, Rosemann T, Joos S, Peters-Klimm F, Miksch A. German diabetes disease management programs are appropriate for restructuring care according to the chronic care model: an evaluation with the patient assessment of chronic illness care instrument. *Diabetes Care*. 2008; 31: 1150-4.

[40] Pemu PE, Quarshie AQ, Josiah-Willock R, Ojutalayo FO, Alema-Mensah E, Ofili EO. Socio-demographic Psychosocial and Clinical Characteristics of Participants in e-HealthyStrides©: An Interactive ehealth Program to Improve Diabetes Self-Management Skills. *Journal of health care for the poor and underserved*. 2011; 22: 146-64.

[41] Gugiu C, Coryn CL, Applegate B. Structure and measurement properties of the Patient Assessment of Chronic Illness Care instrument. *Journal of evaluation in clinical practice*. 2010; 16: 509-16.

[42] Gugiu PC, Coryn C, Clark R, Kuehn A. Development and evaluation of the short version of the Patient Assessment of Chronic Illness Care instrument. *Chronic Illn*. 2009; 5: 268-76.

[43] Maindal HT, Sokolowski I, Vedsted P. Adaptation, data quality and confirmatory factor analysis of the Danish version of the PACIC questionnaire. *Eur J Public Health*. 2012; 22: 31-6.

[44] Wallace AS, Carlson JR, Malone RM, Joyner J, Dewalt DA. The influence of literacy on patient-reported experiences of diabetes self-management support. *Nurs Res*. 2010; 59: 356-63.

[45] Handley MA, Hammer H, Schillinger D. Navigating the terrain between research and practice: a Collaborative Research Network (CRN) case study in diabetes research. *Journal of the American Board of Family Medicine : JABFM*. 2006; 19: 85-92.

[46] Schillinger D, Handley M, Wang F, Hammer H. Effects of self-management support on structure, process, and outcomes among vulnerable patients with diabetes: a three-arm practical clinical trial. *Diabetes Care*. 2009; 32: 559-66.

[47] Wallace A, Perkhounkova Y, Tseng H, Schillinger D. Influence of patient characteristics on assessment of diabetes self-management support. *Nurs Res*. 2013; 62: 106-14.

[48] Aragones A, Schaefer EW, Stevens D, Gourevitch MN, Glasgow RE, Shah NR. Validation of the Spanish translation of the Patient Assessment of Chronic Illness Care (PACIC) survey. *Prev Chronic Dis*. 2008; 5: A113.

[49] Jackson GL, Weinberger M, Hamilton NS, Edelman D. Racial/ethnic and educational-level differences in diabetes care experiences in primary care. *Prim Care Diabetes*. 2008; 2: 39-44.

[50] Wensing M, van Lieshout J, Jung HP, Hermsen J, Rosemann T. The Patients Assessment Chronic Illness Care (PACIC) questionnaire in The Netherlands: a validation study in rural general practice. *BMC Health Services Research*. 2008; 8: 182.

[51] Glasgow RE, Whitesides H, Nelson CC, King DK. Use of the Patient Assessment of Chronic Illness Care (PACIC) with diabetic patients: relationship to patient characteristics, receipt of care, and self-management. *Diabetes Care*. 2005; 28: 2655-61.