### S16 Appendix: Certainty assessment of evidence the glycemic control

#### Comparison: Usual care

<table>
<thead>
<tr>
<th>Study category</th>
<th>No of studies</th>
<th>Design</th>
<th>Risk of bias</th>
<th>Inconsistency</th>
<th>Indirectness</th>
<th>Imprecision</th>
<th>Other</th>
<th>Certainty (overall score)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multicomponent clinic-based interventions</td>
<td>8a</td>
<td>4</td>
<td>0</td>
<td>-0.5a</td>
<td>-1c</td>
<td>0</td>
<td>+0.5d</td>
<td>3</td>
</tr>
<tr>
<td>Pharmacist task sharing</td>
<td>14c</td>
<td>4</td>
<td>-2r</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Diabetes education or support alone</td>
<td>9g</td>
<td>4</td>
<td>0</td>
<td>-1h</td>
<td>0</td>
<td>0</td>
<td>-1g</td>
<td>2</td>
</tr>
<tr>
<td>Case management by nurses</td>
<td>2</td>
<td>4</td>
<td>-1j</td>
<td>-1k</td>
<td>-1i</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Physician training to improve clinical care</td>
<td>2</td>
<td>4</td>
<td>-1m</td>
<td>-1n</td>
<td>-1o</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Multicomponent nurse task sharing</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>-2p</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Multicomponent mHealth</td>
<td>1</td>
<td>4</td>
<td>-1q</td>
<td>-2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Internet-based glucose telemonitoring</td>
<td>2</td>
<td>4</td>
<td>-1r</td>
<td>-2s</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Detailed instructions on the methodology used to generate the certainty of evidence can be found at the following citation:

*Cochrane Effective Practice and Organisation of Care (EPOC). EPOC worksheets for preparing a Summary of Findings (SoF) table using GRADE. EPOC Resources for review authors, 2017. Available at: http://epoc.cochrane.org/resources/epoc-resources-review-authors*

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a One study (Chao) reported fasting glucose and not HbA1c. This study was not included in the meta-analysis of HbA1c.
b Two very well-conducted studies with low risk of bias (Prabhakaran and Khan) were null.
c There are relatively large differences in intervention components and the populations to which they were applied.
d Two studies (Prabhakaran and Khan) compared the intervention to enhanced usual care, which consisted of additional resources directed to the control group. This represents a plausible factor that would reduce the demonstrated effect of this intervention.
e One study reported HbA1c but did not report uncertainty estimates so was not included in the meta-analysis.
f Nine of the 14 pharmacist-led studies had high summary risk of bias for the outcome of glycemic control due to inadequate protection against contamination, differences in baseline outcomes, and other risks. The remaining 5 studies had unclear summary risk. No pharmacist-led interventions had low risk of bias.
g Two studies (Zhong and Khetan) reported fasting glucose and not HbA1c. These two studies were not included in the meta-analysis.
h All three studies with low risk of bias were null (Chapman, Khetan, Mash).
i The sizeable within-group decrease in mean HgA1c in comparator arms of some studies represents a plausible factor that would reduce the demonstrated effect of this intervention and may lead to negative trial results.
j The two available studies had unclear risk of bias.
k There were inconsistent results in two the two available studies.
l There were considerable differences in intervention details and population.
m There were only two studies in this category, one of which had unclear risk of bias and one low risk of bias.
n Of the two studies, one was a null trial.
o Considerable difference in intervention details and population.
p Only a single null trial (Fairall), though low risk of bias.
q Only a single study (Saleh) at unclear risk of bias.
r Only two studies, one unclear and one low risk of bias.
s Inconsistent results in two trials.