Supplemental material 3: Whole list of outcomes for a new approach to psoriasis

Outcomes

The following tables provide an overview of all outcomes related to the proposals included in the ideal approach to psoriasis.

Proposals	Outcomes
1. Consensus document.	1.1 Professional development of dermatologists, although the main outcome is for the patient.
1.1 (Consensus document) Development and implementation of a set of clinical diagnoses and monitoring for primary care, and mailing of the consensus document through the usual channels between clinics.	1.2 Improvement in training of specialists in primary care medicine in the diagnosis and monitoring of psoriasis, although the main outcome will rest with the patient.
1.2 (Consensus document) Informative leaflet for patients.	1.3 Patients receive specific information about their disease.
1.3 (Consensus document) Promoting patient participation in decision making rather than a paternalistic attitude.	1.4 Creating awareness of patient empowerment regarding decisions about their own treatment.
	1.5 Patient empowerment regarding decisions about their own treatment.
2. Teledermatology. Communication system between dermatology and primary care medicine.	2.1 Improvement in the relationship between primary and secondary care, but the main outcome is for the patient.
	2.2 Decrease in number of visits to secondary care due to the results of deferred teledermatology.
	2.3. Referral of patients to secondary care when teledermatology deems it necessary.
(1 + 2) Consensus document. Teledermatology. Communication system between dermatology and primary care medicine.	1+2.1 Savings on a visit to the dermatologist, when a referral to secondary care is not necessary.
	1+2.2. Patients will receive the correct diagnosis for their condition.
	1+2.3 Improvement in the general well-being for being properly diagnosed and having better control over their disease.
	1+2.4 Improvement in the general well-being for being properly diagnosed and having better control over their condition. However, there is insufficient relevant information to estimate the extent to which new diagnoses would occur, so it is not possible to calculate the outcomes in monetary terms.
3. Interdisciplinary meeting, primary care doctors-nurses.	3.1 Collaboration between primary care doctors and nurses to improve monitoring of patients, although the main outcome will be for the patient.
	3.2 Collaboration between specialist primary care doctors and nurses to improve patient monitoring. The main outcome is for the patient.
4. Nursing consultation (health education).	4.1 Improvement of nurse-patient relationship. The main outcome is for the mild patient (improving compliance).
	4.2 Better treatment compliance, which will mean an improvement in self-care

Proposals	Outcomes
	4.3 Increased patient compliance, which will result in fewer outbreaks and a slower progression in the severity of the disease.
	4.4 Patients better accept their illness, which will improve their emotional state.
	4.5 Fewer outbreaks, due to feeling better emotionally.
	4.6 The patients will receive information from social networks associated with the disease, so that they improve their social relationships.
5. Multidisciplinary psoriasis units: individualised and comprehensive monitoring meeting with moderate psoriasis patients.	5.1 Professional development, integration and coordination of specialities for a better approach to the patient. The main outcome is for the patient.
6. Initial visit with the multidisciplinary team.	6.1 Optimal and comprehensive management of patients with moderate psoriasis. The main outcome is for the patient.
7. Prompt multidisciplinary monitoring visit.	7.1 Optimal and comprehensive management of patients with moderate psoriasis. The main outcome is for the patient.
	7.2 An assessment of therapeutic evolution and efficacy using the PASI assessment criteria and comorbidities indicates a decrease in unscheduled visits to primary care occurs
	7.3 Changing treatment from systemic drugs to biologic treatment due to lack of efficacy or adverse effects.
8. Information sessions and referral of the patient to the services they require (psychology and dietetics).	8.1The main outcome is for the patient: patients are more informed about who to go to and why.
9. Psychological care for patients with moderate psoriasis whose emotional sphere is affected.	9.1 Improvement in the patient's emotional sphere
	9.2 Improvement in patient's leisure sphere occurs due to improved emotional sphere.
	9.3 The improvement in the emotional sphere produces an improvement in the patient's sexuality sphere.
10. Training in nutrition and dietetics for patients with endocrine-metabolic problems.	10.1 Improvement in the patient's self-care sphere.
11. Implementation of phototherapy equipment.	11.1The main outcome is for patients: universal access to treatment by phototherapy
12. Multidisciplinary psoriasis units: individualised and comprehensive monitoring meeting with severe psoriasis patients.	12.1 Professional development, integration and coordination of specialities for a better approach to the patient. The main outcome is for the patient.
13. Initial visit with the multidisciplinary team.	13.1 Optimal and comprehensive management of patients with severe psoriasis. The main outcome is for the patient.
14. Prompt multidisciplinary monitoring visit.	14.1 Optimal and comprehensive management of patients with severe psoriasis. The main outcome is for the patient.
	14.2 An assessment of therapeutic evolution and efficacy using the PASI assessment criteria and comorbidities indicates a decrease in unscheduled visits to primary care occurs

Proposals	Outcomes
15. Reference book for nurses specialising in severe psoriasis	15.1 Better training of nursing staff, using the specialised reference book on severe psoriasis, although the main outcome is for the patient.
	15.2 Training regarding a better approach to patients with severe psoriasis, but the main outcome is for the patient.
	15.3 Nurses will take an active role in pharmacovigilance. They will have enough knowledge to detect "the potential" adverse events that occur in patients to be able to inform pharmacists/dermatologists. The main outcome is for the patient.
16. Information sessions and referral of the patient to services that are available (psychology and dietetics).	16.1The main outcome is for the patient: patients are more informed about who to go to and why.
(14 + 16) Early, multidisciplinary monitoring visit + information sessions and patient referral to other services.	14+16.1 Better patient compliance, which will mean an improvement in self-care
17. Psychological care for patients with severe psoriasis whose emotional sphere is affected.	17.1 Improvement in the patient's emotional sphere
	17.2 Improvement in patient's leisure sphere occurs due to improved emotional sphere.
	17.3 The improvement in the emotional sphere produces an improvement in the patient's sexuality sphere.
18. Training in nutrition and dietetics for patients with endocrine-metabolic problems.	18.1 Improvement in the patient's self-care sphere.