



Effective Health Care

Appointment Length and Health Outcomes for People with Diabetes Mellitus and Hypertension

Results of Topic Selection Process & Next Steps

The nominator, a representative of a stakeholder panel, is interested in a new evidence review on the length of appointments with care providers and their impact on health outcomes for people with diabetes and hypertension.

We identified a systematic review covering the scope of the nomination, therefore, a new review would be duplicative of an existing product. No further activity on this nomination will be undertaken by the Effective Health Care (EHC) Program.

Topic Brief

Topic Name: Appointment Length and Health Outcomes for People with Diabetes Mellitus and Hypertension, #760

Nomination Date: 1/31/2018

Topic Brief Date: 2/9/2018

Authors

Christine Chang

Conflict of Interest: None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report.

Summary

- This nomination meets the selection criteria of appropriateness and importance.
- We identified a 2016 Cochrane systematic review that addressed the nominator's question.

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Background

- Both diabetes and hypertension are prevalent conditions among US adults. 75 million or 29% of American adults have hypertension[1]; and 30.3 million or 9.4% of American adults have diabetes[2]
- Both hypertension and diabetes are chronic diseases that requires careful attention to factors contributing to optimal care and self-management including engaging in lifestyle behaviors, managing complex medication treatments, and managing symptoms.[3]
- People with both conditions require regular follow-up with healthcare providers to manage medications and other treatments. In 2014, 40.3 million visits to physician offices had essential hypertension as the primary diagnosis [2], and 30.3 million visits had diabetes as the primary diagnosis [4].
- The duration of these visits can vary. According to 2010 NAMCS [5]
 - 1.9% of visits were 1-5 minutes
 - 12.8% were 6-10 minutes
 - 36.8% were 11-15 minutes
 - 38.3% were 16-30 minutes
 - 8.9% were 31-60 minutes
 - 1.2% were 61 minutes +
- It is theorized that longer appointment times with a care provider could improve outcomes, including self-management of chronic disease [6].

Nominator and Stakeholder Engagement: The nominator confirmed that a systematic review was desired, and verified the accuracy of the KQ and PICOTS. They also confirmed that while the nomination focused on individuals with diabetes and hypertension, the population could be broadened. No other suggestions were made to revise the scope.

The key questions for this nomination are:

KQ 1: What is the effectiveness of longer appointments with a primary care provider on outcomes of people with diabetes or hypertension?

KQ 2: What is the effectiveness of longer appointments with a primary care provider on outcomes for people with hypertension?

To define the inclusion criteria for the key questions we specify the population, interventions, comparators, outcomes, timing, and setting (PICOTS) of interest (Table 1).

Table 1. Key Questions and PICOTS

Key Questions	1. Longer appointments, Diabetes	2. Longer appointments, Hypertension
Population	Adults 18 years and older with diabetes mellitus	Adults 18 years and older with hypertension
Interventions	Longer office appointment duration with primary care provider	Longer office appointment duration with primary care provider
Comparators	Shorter appointment duration with primary care provider	Shorter appointment duration with primary care provider
Outcomes	<ul style="list-style-type: none"> • Hemoglobin A1C • Episodes of hypoglycemia and hyperglycemia • Self-management behavior such as medication adherence, change in physical activity, change in dietary or nutrient intake 	<ul style="list-style-type: none"> • Blood pressure control • Self-management behavior such as medication adherence, change in physical activity, change in dietary or nutrient intake

Key Questions	1. Longer appointments, Diabetes	2. Longer appointments, Hypertension
Timing	All	All
Setting	Outpatient	Outpatient

Methods

We assessed nomination “Appointment Length and Health Outcomes for People with Diabetes Mellitus and Hypertension”, for priority for a systematic review or other AHRQ EHC report with a hierarchical process using established selection criteria (Appendix A). Assessment of each criteria determined the need for evaluation of the next one.

1. Determine the *appropriateness* of the nominated topic for inclusion in the EHC program.
2. Establish the overall *importance* of a potential topic as representing a health or healthcare issue in the United States.
3. Determine the *desirability of new evidence review* by examining whether a new systematic review or other AHRQ product would be duplicative.
4. Assess the *potential impact* a new systematic review or other AHRQ product.
5. Assess whether the *current state of the evidence* allows for a systematic review or other AHRQ product (feasibility).
6. Determine the *potential value* of a new systematic review or other AHRQ product.

Appropriateness and Importance

We assessed the nomination for appropriateness and importance.

Desirability of New Review/Duplication

We searched for high-quality, completed or in-process evidence reviews published in the last three years on the key questions of the nomination. See Appendix B for sources searched.

Compilation of Findings

We constructed a table with the selection criteria and our assessments (Appendix A).

Results

Appropriateness and Importance

This is an appropriate and important topic. 75 million or 29% of American adults have hypertension; and 30.3 million or 9.4% of American adults have diabetes. In 2014, 40.3 million visits to physician offices had essential hypertension as the primary diagnosis, and 30.3 million visits had diabetes as the primary diagnosis.

Desirability of New Review/Duplication

A new evidence review would be duplicative of an existing product. We identified a 2016 Cochrane review [7] on this topic. While the review did not focus specifically on individuals with diabetes or hypertension, the nominator indicated that this review was sufficient for their needs.

Summary of Findings

- Appropriateness and importance: The topic is both appropriate and important.
- Duplication: A new review would be duplicative of an existing product. We identified a 2016 systematic review that included a broader population than was described in the nomination.

References

1. Merai, R., et al., *CDC Grand Rounds: A Public Health Approach to Detect and Control Hypertension*. MMWR Morb Mortal Wkly Rep, 2016. **65**(45): p. 1261-1264.
2. *Hypertension*. 2017 3 May 2017 [cited 2018 15 February 2018]; Available from: <https://www.cdc.gov/nchs/fastats/hypertension.htm>.
3. Grady, P.A. and L.L. Gough, *Self-management: a comprehensive approach to management of chronic conditions*. Am J Public Health, 2014. **104**(8): p. e25-31.
4. *Diabetes*. 2017 3 May 2017 [cited 2017 15 February 2018]; Available from: <https://www.cdc.gov/nchs/fastats/diabetes.htm>.
5. *National Ambulatory Medical Care Survey: 2010 Summary Tables*. Center for Disease Control and Prevention, National Center for Health Statistics: Atlanta, GA.
6. Linzer, M., et al., *The End of the 15-20 Minute Primary Care Visit*. J Gen Intern Med, 2015. **30**(11): p. 1584-6.
7. Wilson, A.D., et al., *Interventions to increase or decrease the length of primary care physicians' consultation*. Cochrane Database Syst Rev, 2016(8): p. Cd003540.

Appendix A. Selection Criteria Summary

Selection Criteria	Assessment
1. Appropriateness	
1a. Does the nomination represent a health care drug, intervention, device, technology, or health care system/setting available (or soon to be available) in the U.S.?	Yes
1b. Is the nomination a request for a systematic review?	Yes
1c. Is the focus on effectiveness or comparative effectiveness?	Yes
1d. Is the nomination focus supported by a logic model or biologic plausibility? Is it consistent or coherent with what is known about the topic?	Yes. It is theorized that if a patient has more time with their care provider there would be enough time to talk about issues such as self-management and lifestyle changes.
2. Importance	
2a. Represents a significant disease burden; large proportion of the population	Both diabetes and hypertension are prevalent conditions among US adults. 75 million American adults or 29% have hypertension; and 30.3 million people have diabetes, 9.4% of the U.S. population have diabetes
2b. Is of high public interest; affects health care decision making, outcomes, or costs for a large proportion of the US population or for a vulnerable population	Yes. Both hypertension and diabetes are chronic diseases that requires careful attention to factors contributing to optimal care and self-management including engaging in lifestyle behaviors, managing complex medication treatments, and managing symptoms. It is uncertain how best to support people for self-management of diabetes and hypertension.
2c. Represents important uncertainty for decision makers	Yes. It is uncertain whether longer appointment duration will improve outcomes people with diabetes and hypertension.
2d. Incorporates issues around both clinical benefits and potential clinical harms	Yes
2e. Represents high costs due to common use, high unit costs, or high associated costs to consumers, to patients, to health care systems, or to payers	Yes. In 2014, 40.3 million visits to physician offices had essential hypertension as the primary diagnosis, and 30.3 million visits had diabetes as the primary diagnosis.
3. Desirability of a New Evidence Review/Duplication	
3. Would not be redundant (i.e., the proposed topic is not already covered by available or soon-to-be available high-quality systematic review by AHRQ or others)	A new review would be duplicative. We found a 2016 Cochrane review on this topic. Though it was not focused on individuals with diabetes and hypertension, the nominator confirmed that this would be useful.

Abbreviations: AHRQ=Agency for Healthcare Research and Quality; KQ=Key Question;

Appendix B. Search for Evidence Reviews (Duplication)

Listed are the sources searched.

Search date: February 2015 to February 2018

AHRQ: Evidence reports and technology assessments, USPSTF recommendations

VA Products: PBM, and HSR&D (ESP) publications, and VA/DoD EBCPG Program

Cochrane Systematic Reviews and Protocols <http://www.cochranelibrary.com/>

PubMed

PubMed Health <http://www.ncbi.nlm.nih.gov/pubmedhealth/>

HTA (CRD database): Health Technology Assessments <http://www.crd.york.ac.uk/crdweb/>

PROSPERO Database (international prospective register of systematic reviews and protocols)

<http://www.crd.york.ac.uk/prospero/>

CADTH (Canadian Agency for Drugs and Technologies in Health) <https://www.cadth.ca/>

DoPHER (Database of promoting health effectiveness reviews)

<http://eppi.ioe.ac.uk/webdatabases4/Intro.aspx?ID=9>

Campbell Collaboration <http://www.campbellcollaboration.org/>

McMaster Health System Evidence <https://www.healthsystemevidence.org/>

Systematic Reviews (Journal): protocols and reviews

<http://systematicreviewsjournal.biomedcentral.com/>