



Effective Health Care

Trust and Continuity of Care on Health Outcomes

Results of Topic Selection Process & Next Steps

The nominator is interested in a new evidence review on strategies to increase patient trust and continuity of care.

Because limited original research addresses the nomination, a new review is not feasible at this time. No further activity on this nomination will be undertaken by the Effective Health Care (EHC) Program.

Topic Brief

Topic Name: Trust and Continuity of Care on Health Outcomes, #761

Nomination Date: 1/31/2018

Topic Brief Date: 7/18/2018

Authors

Christine Chang
Robin Paynter

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, duplication, and impact.
- We found seven studies relevant to the nomination. The evidence base is small and not feasible for a systematic review.

Background

Continuity is characterized as having two core elements: care of an individual patient and care over time, and as having three types: informational, management and relational continuity¹.

The American Academy of Family Physicians has stated that ‘Continuity of care is a hallmark and primary objective of family medicine’ and has defined it as ‘the process by which the patient and his/her physician-led care team are cooperatively involved in ongoing healthcare management toward the shared goal of high quality, cost-effective, medical care’.²

A recent systematic review found that higher levels of continuity of care were associated with lower mortality³. It is uncertain though how best to improve and sustain continuity of care.

Trust in the medical setting is seen as the belief on the part of the patient that their doctor will put their interests first. It encompasses other features such as satisfaction, communication, competency, and privacy. Satisfaction differs from trust in that it is based on what has already occurred in the past; and trust reflects a future expectation of the quality in an ongoing relationship⁴.

This topic was prioritized highly for future research by a PCORI-funded stakeholder panel. Selection of topics was guided by prioritization by a stakeholder panel including patients and providers; and a literature review to target research gaps⁵.

Nominator and Stakeholder Engagement: After consultation with the nominator we broadened the population to individuals with chronic diseases requiring behavior change or self-management behaviors.

The key questions for this nomination are:

1. What is the effectiveness of strategies to increase patient trust in a healthcare provider for adults with chronic conditions, such as diabetes and hypertension?
 - a. Does effectiveness vary for adults who are uninsured or have limited access to healthcare
2. What is the effectiveness of strategies for increasing care continuity for adults with chronic conditions, such as diabetes and hypertension?
 - a. Does effectiveness vary for adults who are uninsured or have limited access to healthcare

Contextual question: What is the association between trust in a healthcare provider and continuity of care?

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

Table 1. Key Questions and PICOTS

Key Question	1. Strategies to increase patient trust	2. Strategies to promote care continuity
Population	Adults with chronic conditions requiring behavior change or self-management behaviors. Subgroup: Uninsured, limited access to healthcare	Adults with chronic conditions requiring behavior change or self-management behaviors. Subgroup: Uninsured, limited access to healthcare
Intervention	Strategies to promote patient trust in a healthcare provider or team	Strategies to increase continuity of care
Comparator	Usual care	Usual care
Outcome	Level of trust, Health outcomes	Care continuity, Health outcomes
Setting	Outpatient	Outpatient

Abbreviations:

Methods

We assessed nomination 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.

Impact of a New Evidence Review

The impact of a new evidence review was qualitatively assessed by analyzing the current standard of care, the existence of potential knowledge gaps, and practice variation. We considered whether it was possible for this review to influence the current state of practice through various dissemination pathways (practice recommendation, clinical guidelines, etc.).

Feasibility of New Evidence Review

We conducted a literature search in PubMed from June 2013 to June 2018. We reviewed all identified titles and abstracts for inclusion and classified them by study design, to assess the size and scope of a potential evidence review. See Appendix C for the PubMed search strategy and links to the ClinicalTrials.gov search.

Results

Appropriateness and Importance

This is an appropriate and important topic.

Desirability of New Review/Duplication

A new evidence review on would be partly duplicative of an existing product.

We identified a Cochrane systematic review relevant to KQ 1, on improving patients' trust⁴. However this review is not considered duplicative because it was published four years ago.

For KQ 2, we identified an in-process systematic review on nurse-led clinics⁶; however it does not address the range of interventions that could increase continuity of care. See Table 2, Duplication column.

For the contextual question, we identified an integrative review by Murray et al⁷ that provides a conceptual definition of promoting trust, and identifies factors that might promote trust, including care continuity.

Impact of a New Evidence Review

A new systematic review may have moderate impact.

Feasibility of a New Evidence Review

A new evidence review examining is not feasible. We identified seven studies addressing the two key questions. These studies assessed a diversity of interventions in different patient populations. This may preclude synthesis. See Table 2, Feasibility column.

Table 2. Key questions and Results for Duplication and Feasibility

Key Question	Duplication (6/2015-6/2018)	Feasibility (6/2013-6/2018)
KQ 1: trust	Total number of identified systematic reviews: 0	<p><u>Size/scope of review</u> Relevant Studies Identified: 3</p> <ul style="list-style-type: none"> • RCT: 2^{8,9} • Cohort: 1¹⁰ <p><u>Clinicaltrials.gov</u></p> <ul style="list-style-type: none"> • Recruiting: 3 <ul style="list-style-type: none"> ○ NCT02478853 ○ NCT03091309 ○ NCT03577002 • Complete: 1 <ul style="list-style-type: none"> ○ NCT01606930
KQ 2: continuity of care	Total number of identified systematic reviews: 1 <ul style="list-style-type: none"> • Other, in-process⁶ 	<p><u>Size/scope of review</u> Relevant Studies Identified: 4</p> <ul style="list-style-type: none"> • Mixed methods: 1¹¹ • Cross-sectional: 1¹² • Pragmatic: 1¹³ • Cluster randomized trial 1¹⁴ <p><u>Clinicaltrials.gov</u></p> <ul style="list-style-type: none"> • Active: 2 <ul style="list-style-type: none"> ○ NCT02478853 ○ NCT02039856

Abbreviations: KQ=Key Question;

Summary of Findings

- Appropriateness and importance: The topic is both appropriate and important.
- Duplication: A new review would not be duplicative of an existing product. We identified no systematic reviews relevant to KQ 1; and one systematic review relevant to KQ 2.
- Impact: A new systematic review has moderate impact potential.
- Feasibility: A new review is not feasible. The evidence base is likely small.

References

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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
2. Importance	
2a. Represents a significant disease burden; large proportion of the population	Yes
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
2c. Represents important uncertainty for decision makers	Yes
2d. Incorporates issues around both clinical benefits and potential clinical harms	No
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
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)	<p>Partly duplicative. For KQ 1 we did not find a relevant recent systematic review. However we found a relevant 2014 Cochrane systematic review⁴. Because of the date of publication it is not considered duplicative.</p> <p>For KQ 2, we identified an in-process systematic review on nurse-led clinics⁶. This review does not address the spectrum of interventions that could improve continuity of care.</p> <p>We identified an integrative review⁷ relevant to the contextual question. This review drew from diverse literature, including theoretical literature to provide an understanding of trust and potential influences. The review identified dimensions of trust and factors promoting trust between providers and patients.</p>
4. Impact of a New Evidence Review	
4a. Is the standard of care unclear (guidelines not available or guidelines inconsistent, indicating an information gap that may be addressed by a new evidence review)?	While continuity of care and patient trust are widely supported ^{2, 15} , how best to achieve these is unclear.
4b. Is there practice variation (guideline inconsistent with current practice, indicating a potential implementation gap and not best addressed by a new evidence review)?	Likely there is variation in strategies used to increase continuity of care and patient trust.

Selection Criteria	Assessment
5. Primary Research	
<p>5. Effectively utilizes existing research and knowledge by considering:</p> <ul style="list-style-type: none"> - Adequacy (type and volume) of research for conducting a systematic review - Newly available evidence (particularly for updates or new technologies) 	<p>The evidence base is small. We identified seven studies relevant to the nomination: three for KQ 1⁸⁻¹⁰ and four for KQ 2¹¹⁻¹⁴. The diversity of interventions and patient populations studied may preclude synthesis.</p> <p>KQ 1. Interventions studied:</p> <ul style="list-style-type: none"> • Financial disclosure • Provider communication • Health coaching <p>KQ 2. Interventions studied</p> <ul style="list-style-type: none"> • Communication • 3D intervention • Web-based tool <p>We identified six studies in clinicaltrials.gov: three recruiting, two active and one completed.</p>

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: June 2015 to June 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/
PROSPERO Database (international prospective register of systematic reviews and protocols) http://www.crd.york.ac.uk/prospero/
Joanna Briggs Institute
Campbell Collaboration http://www.campbellcollaboration.org/
McMaster Health System Evidence https://www.healthsystemsevidence.org/
Systematic Reviews (Journal) : protocols and reviews http://systematicreviewsjournal.biomedcentral.com/

Appendix C. Search Strategy & Results (Feasibility)

Ovid MEDLINE(R) Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Date Searched: June 29, 2018

Searched by: Robin Paynter, MLIS

1	continuity of patient care/ and (physician-patient relations/ or trust/ or patient satisfaction/)	1843
2	((credib* or loyalty or mistrust or trust*) and ((care or clinician* or doctor* or hospitalist* or physician* or practitioner* or provider*) adj3 (continuity or continuing or patient or personal or regular or regularly or relations*))).ti,kf.	239
3	or/1-2	2074
4	limit 3 to yr="2013-Current"	527
5	remove duplicates from 4	525
6	limit 5 to english language	507
7	limit 6 to (adaptive clinical trial or clinical trial, all or clinical trial or controlled clinical trial or equivalence trial or pragmatic clinical trial or randomized controlled trial)	KQ1 Trials 69
8	limit 6 to (meta analysis or systematic reviews)	KQ1 SRs MAAs 25
9	(trust/ or patient satisfaction/ or perception/) and (physician-patient relations/ or exp physicians/)	8800
10	((credib* or loyalty or mistrust or trust* or "therapeutic alliance") not (trustees or ((Charitable or Foundation or Medical or NHS or Wellcome) adj2 (trust or trusts)))).tw,kf.	50115
11	or/9-10	57672
12	Chronic Disease/ or Multiple Chronic Conditions/ or Diabetes Mellitus/ or Diabetes Mellitus, Type 1/ or Diabetes Mellitus, Type 2/ or Diabetes Complications/ or exp Hypertension/	754866
13	((chronic* adj2 (condition* or disease* or ill or illness*)) or diabet* or T2DM or T1DM or T2D or T1D or NIDDM or IDDM or hypertensi* or "high-blood pressure").tw,kf.	1059153
14	or/12-13	1334847
15	and/11,14	2737
16	limit 15 to ("young adult (19 to 24 years)" or "adult (19 to 44 years)" or "young adult and adult (19-24 and 19-44)" or "middle age (45 to 64 years)" or "middle aged (45 plus years)" or "all aged (65 and over)" or "aged (80 and over)")	1374
17	limit 16 to yr="2013-Current"	493
18	remove duplicates from 17	493
19	limit 18 to english language	468
20	limit 19 to (adaptive clinical trial or clinical trial, all or clinical trial or controlled clinical trial or equivalence trial or pragmatic clinical trial or randomized controlled trial)	KQ2 Trials 79
21	limit 19 to (meta analysis or systematic reviews)	KQ2 SRs MAAs 29
22	Continuity of Care/	17426
23	((care or clinician* or doctor* or hospitalist* or physician* or provider*) adj3 (continuity or continuing or patient or personal or regular or regularly or relations*)).ti,kf.	33134
24	or/22-23	48581
25	Chronic Disease/ or Multiple Chronic Conditions/ or Diabetes Mellitus/ or Diabetes Mellitus, Type 1/ or Diabetes Mellitus, Type 2/ or Diabetes Complications/ or exp Hypertension/	754866
26	((chronic* adj2 (condition* or disease* or ill or illness*)) or diabet* or T2DM or T1DM or T2D or T1D or NIDDM or IDDM or hypertensi* or "high-blood pressure").tw,kf.	1059153
27	or/25-26	1334847
28	and/24,27	3794

29	limit 28 to ("young adult (19 to 24 years)" or "adult (19 to 44 years)" or "young adult and adult (19-24 and 19-44)" or "middle age (45 to 64 years)" or "middle aged (45 plus years)" or "all aged (65 and over)" or "aged (80 and over)")	1807
30	remove duplicates from 29	1805
31	limit 30 to english language	1688
32	limit 31 to (adaptive clinical trial or clinical trial, all or clinical trial or controlled clinical trial or equivalence trial or pragmatic clinical trial or randomized controlled trial)	KQ3 Trials 253
33	limit 31 to (meta analysis or systematic reviews)	KQ 3 SRs MAs 59

Clinicaltrials.gov: KQ 1-trust

https://clinicaltrials.gov/ct2/results?cond=&term=trust&type=&rslt=&age_v=&age=1&age=2&gndr=&intr=&titles=&outc=trust&spons=&lead=&id=&cntry=&state=&city=&dist=&locn=&strd_s=&strd_e=&prcd_s=&prcd_e=&sfpd_s=&sfpd_e=&lupd_s=&lupd_e=

Clinicaltrials.gov: KQ 2-continuity of care

<https://clinicaltrials.gov/ct2/results?cond=&term=&outc=continuity+of+care&cntry=&state=&city=&dist=&Search=Search&age=1&age=2>