Reviewer’s report

Title: The Impact of Interventions on Appointment and Clinical Outcomes for Diabetic Patients: A Systematic Review

Version: 1 Date: 26 March 2015

Reviewer: Ines Guttmann-Bauman

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Adherence to scheduled routine medical care is crucially important in achieving optimal outcomes for patients with diabetes. The authors of this review decided to review interventions that facilitate patient scheduling, improve attendance to provider appointments and provide patient information to provider and care team, and the impact of those interventions on medical and behavioral outcomes.

The topic of this review is relevant and timely. I do however, have several concerns and questions, which are outlined in the paragraphs below:

1. The authors reviewed significant articles published between 1987 and 2013, and state that the “bulk” of those articles was published after 2006 ((line 156). This statement needs to be more specific.

2. The choice of articles: based on my review of the Methods section and Table 1, it is the major weakness of this review. Authors did not describe the articles selection process in detail, only stating there were two reviewers who evaluated articles independently and that 134 articles were excluded because they did not relate to the three main focus areas (line 145-149). The process of communication and coordination between the reviewers was not described. Review of Table 1 reveals the following issues:

a) The choice of interventions varies widely, including RCT’s (35/77 studies reviewed), cohort studies, pilot studies, quasi-experimental design etc,

b) There is no comment on the soundness of methodology for individual studies,

c) Number of patients included in different interventions varies from 6 to several thousand,

D) After-intervention follow up is on average closest to 3-6 months, with a few interventions looking at outcomes over 1 year,

e) There is no consistency with the patient population choice – some studies include patients with Type 1, some with Type 2 diabetes and some include patients defined as having “diabetes”

3. The results section does not address the methodology, strength and validity of individual studies when discussing their outcomes.
It is my impression that authors’ conclusions are not adequately supported by their data choice and analysis. In order for this paper to be published, I suggest the following Major Compulsory Revisions:

1. Include less, but more relevant articles into the review. A good approach may be to limit this review to RCT’s, and to exclude RCT’s whose methodology is not adequate. Please do comment on the methodology of individual studies you include in the review.

2. If needed, narrow down the focus areas from 3 to one or two (if not enough relevant studies are identified).

3. Narrow down the relevant outcomes to the ones related to diabetes (e.g. change in A1c, change in number of hospitalizations or ED visits, diabetes clinic attendance); there is clearly not enough information on other metabolic outcomes in most papers that have been reviewed.

4. Avoid creating overwhelming Tables – e.g. Table 1 spans over 30 pages. It should be redesigned so that only the most relevant information is displayed.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests.