

Hypertension Management Research Priorities from Patients, Caregivers, and Healthcare Providers: A Report from the Hypertension Canada Priority Setting Partnership Group

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For which topic were research priorities identified?

hypertension management

In which location was the research priority setting conducted?

North America - Canada

Why was it conducted at all?

Hypertension is a chronic condition that usually requires lifelong use of multiple antihypertensive medications, changes to dietary and physical activity patterns, diagnostic testing, frequent contact with a healthcare team, and for some, regular home BP monitoring. As such, patients, their caregivers, and the healthcare providers who provide day-to-day care for these patients have an in-depth experience with hypertension and are ideal candidates for identifying gaps in hypertension research.⁶ As there are no previously established research agendas driven by patients, caregivers, and healthcare providers (family physicians, nurses, nurse practitioners, pharmacists, and dietitians) in hypertension, we sought to identify their priorities for hypertension management research.

What was the objective?

to identify the 10 most important research priorities of patients, caregivers, and healthcare providers for hypertension management

What was the outcome?

a ranking list of 10 research questions

How long did the research prioritization take?

No information provided.

Which methods were used to identify research priorities?

JLA method

How were the priorities for research identified exactly?

Step 1: setting up PSP: establishing steering group. Step 2: collecting potential research questions: survey asking: What questions about the management of hypertension or high blood pressure would you like to see answered by research?, in addition questions identified from major national hypertension guidelines, 673 questions submitted. Step 3: data processing: collating, categorizing, out-of-scope questions removing, summarizing, experts reviewed all summative questions, search against evidence, resulting in 55 unique summative questions, further narrowing down: only including those questions that had a minimum of three respondent questions and/or those from typically underrepresented groups in research, only including those that were found in two or more guidelines or were found in the guideline and at least one question from the patient, caregiver, and healthcare provider survey, resulting in list of 42 summary questions. Step 4: interim ranking: participants were asked to rank their top 10 questions, top 25 highest ranked questions moved forward. Step 5: final prioritization: workshop: participants given questions in advance of the workshop to review, small group discussions, small group rankings, plenary discussion

Which stakeholders took part?

Patients, caregivers, and healthcare providers (family physicians, nurses, nurse practitioners, pharmacists, and dietitians). Survey: 386 participants (78% were patients or caregivers). Workshop: steering group members, partners, and additional patients and healthcare providers.

How were stakeholders recruited?

Partner organizations were engaged to help disseminate the survey for determining research questions and in interim prioritization of questions. For this study, partners included national and provincial organizations that were involved with at least one component of hypertension management: lead partner Hypertension Canada, the Ontario Stroke Network, Canadian Association of Cardiovascular Prevention and Rehabilitation, Canadian Council of Cardiovascular Nurses, Ontario Home Economics Association, and the Canadian Nutrition Society, among others.

Were stakeholders actively involved or did they just participate?

Stakeholders not only participated but were also actively involved in the research prioritization process. They were part of a steering group. The steering group consisted of 15 volunteer patients, caregivers, and healthcare providers from across Canada (one person in pharmacy, nursing, nutrition, behavioral medicine, primary care, a hypertension specialist). The members oversaw the process, were involved in interim ranking and participated in the workshop.