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Title

Socializing the Evidence for Diabetes Control to Develop “Mindlines”: A Qualitative Pilot Study

Priority 1 (Research Category)

Mixed methods research

Presenters

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Abstract

Context: Evidence on specific interventions to improve diabetes control in primary care is available, but this evidence is not always well-implemented. The concept of “mindlines” has been proposed to explain how clinicians integrate evidence using specifics of their practices and patients to produce knowledge-in-practice-in-context. Objective: We designed a pilot study to operationalize the “mindlines” concept by creating a venue for clinician-staff interaction concerning evidence. We attempted to hold “mindlines”-producing conversations in primary care practices about evidence to improve diabetes control. Study design and Analysis: Qualitative analysis of recordings of facilitated practice-wide conversations and field notes. Setting: 4 primary care practices in a health system in southwest Virginia. Population Studied: Clinicians, nurses, medical assistants, and clerical staff in primary care practices. Intervention: In each of four primary care practices in a single health system, we held a practice-wide conversation about a simple diabetes intervention model over a provided lunch. We attempted to keep the conversation relatively informal and encouraged participation from all. We recorded the conversations and took field notes. Outcome Measures: We analyzed the data using a framework adapted from the “mindlines” research and noted additional emerging themes. We also analyzed practice average proportions of controlled glycated hemoglobin levels in diabetic patients. Results: While most of the conversation concerned barriers to implementation of the simple diabetes intervention model, we noted examples of practices adopting and adapting the evidence to suit their own needs and context, consistent with the fundamentals of the “mindlines” model. Performance metrics regarding diabetes control for the four practices improved after the intervention. Conclusions: It appears that the type of conversations that “mindlines” research describes can be generated with facilitation around evidence, but further research is required to better understand the limitations and impact of this intervention.