# How High-Performing Practices Improved Diabetes Care Quality?

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The *Annals of Family Medicine* encourages readers to develop a learning community to improve health and health care through enhanced primary care. With the *Annals* Journal Club, we encourage diverse participants—particularly among students, trainees, residents, and interns—to think critically about and discuss important issues affecting primary care, and even consider how their discussions might inform their practice.[1]

## HOW IT WORKS

The *Annals* provides discussion tips and questions related to one original research article in each issue. We welcome you to post a summary of your conversation to our eLetters section, a forum for readers to share their responses to *Annals* articles. Further information and links to previous Annals Journal Club features can be found on our website.

## CURRENT SELECTION

Peterson KA, Solberg LI, Carlin CS, et al. Successful change management strategies for improving diabetes care delivery among high-performing practices. *Ann Fam Med.* 2023;21:424-431. https://doi.org/10.1370/afm.3017

## Discussion Tips

Research that examines how practices have accomplished high-quality diabetes care may help other practices improve their diabetes care. The authors of this issue's *Annals* Journal Club article identified practices in the top quartile of Optimal Diabetes Care (a process measure based upon blood glucose control, blood pressure control, guideline-based statin and antiplatelet use, and remission of tobacco use) from among practices participating in the Physician Practice Connections Readiness Survey. They then performed semistructured interviews with a proportion of selected practices to identify strategies that these practices used to improve their diabetes care.

## Discussion Questions

- What question is asked by this study and why does it matter?
- How does this study advance beyond previous research and clinical practice on this topic?
- What is qualitative research? What is mixed methods research? Are qualitative (and/or mixed) methods appropriate to answer the question posed by the authors?
- How were practices selected?
- Why did the authors use demographic and socioeconomic variables to calculate their optimal diabetes care (ODC) scores? Did controlling for these variables help alleviate concerns that ODC scores result from practice population and setting?
- What are semistructured interviews? What is saturation? What is grounded theory? What is a directed concept analysis? What is a summative analysis of themes?
- To what degree can the findings be explained by how the authors:
  - 1. Selected practices?
  - 2. Conducted and coded interviews?
- What are the main study findings?
- What are the some limitations of this study? For example, why is the authors' statement, "All practices wanted to increase proactive care, and interpretation should be limited to practices with this goal," important?
- How comparable is the study sample to patients in your practice or region? What is your judgment about the transferability of the findings?
- What contextual factors are important for interpreting the findings?
- How might this study change your practice? Policy? Education? Research?
- Who is the intended audience for this study's findings, and how might it be engaged in interpreting or using the findings?
- What are the next steps in interpreting or applying the findings?
- What researchable questions remain?