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Title

Quality improvement challenges encountered in primary care for diabetes management in the province of Quebec, Canada

Priority 1 (Research Category)

Practice management and organization

Presenters

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Abstract

Context: Nearly 80% of the healthcare for patients with type 2 diabetes mellitus (T2DM) is provided by primary healthcare (PHC) teams. However, several barriers persist in providing diabetes care according to the recommendations from practice guidelines. Since 2016, a large-scale quality improvement collaborative, COMPAS+, has been implemented across the province of Quebec (Canada) to support improving chronic disease management in PHC. This program helped identify challenges and solutions to improve T2DM care in collaboration with practitioners, patients, and managers. Objective: To describe what PHC teams found as the most important gaps in T2DM care and the main causes of these quality problems. Study design and analysis: Seven T2DM COMPAS+ QI workshops were delivered before the COVID-19 pandemic in 2 regions of the Quebec province. Detailed workshop reports were qualitatively analyzed using content analysis. Setting: Workshops were offered to PHC teams from local regional networks responsible together for providing services to a specific population. Population: All PHC professionals from the local regional network were invited to participate and targeted managers and patient partners were also invited. Intervention/instrument: Group reflection on administrative regional data and root cause analysis process were used to identify the most important gaps and their underlying causes. Results: Gaps in T2DM care were grouped into three themes: 1) lack of coordination and integration of services; 2) lack of preventive services for diabetes and pre-diabetes; and 3) lack of integration of the patient-partner approach to support diabetes self-management. Each gap was influenced by multiple underlying causes such as implementation climate, lack of understanding of all team members' professional roles, lack of leadership and process planning, lack of knowledge on self-management support and person-centered case management, and lack of structure, processes, and tools to coordinate teamwork effectively. Proposed solutions were providing education and training to PHC professionals, using champions, and implementing clinical care pathways and available tools to improve person-centered case management. Conclusion: Recommendations can be formulated to

implement these successful change strategies at the provincial level to improve T2DM management in PHC.