



# Annals Journal Club: Implementing the Chronic Care Model

The *Annals of Family Medicine* encourages readers to develop the learning community of those seeking to improve health care and health through enhanced primary care. You can participate by conducting a RADICAL journal club, and sharing the results of your discussions in the *Annals* online discussion for the featured articles. RADICAL is an acronym for: Read, Ask, Discuss, Inquire, Collaborate, Act, and Learn. The word radical also indicates the need to engage diverse participants in thinking critically about important issues affecting primary care, and then acting on those discussions.<sup>1</sup>

## HOW IT WORKS

In each issue, the *Annals* selects an article or articles and provides discussion tips and questions. We encourage you to take a RADICAL approach to these materials, and to post a summary of your conversation in our online discussion. (Open the article online and click on "TRACK Comments: Submit a response.") You can find



discussion questions and more information online at: <http://www.AnnFamMed.org/misc/AJC.shtml>.

## CURRENT SELECTIONS

### Articles for Discussion

Solberg LI, Crain AL, Sperl-Hillen JM, Hroschikoski MC, Engebretson KI, O'Connor PJ. Care quality and implementation of the Chronic Care Model: a quantitative study. *Ann Fam Med*. 2006;4:310-316.

Hroschikoski MC, Solberg LI, Sperl-Hillen JM, Harper PG, McGrail M, Crabtree BF. The challenges of change: implementing the Chronic Care Model. *Ann Fam Med*. 2006;4:317-326.

### Discussion Tips

This issue of *Annals* features multimethod research that integrates both quantitative and qualitative methods. These methods have complementary strengths and weaknesses, and their conjoint use often can provide a fuller picture than studies using either type of method alone.<sup>1</sup> The intervention being evaluated in the articles for this journal club is based on the Chronic Care Model.<sup>2</sup> This theoretical framework is being widely used to develop infrastructure to promote informed, activated patients interacting with a prepared, proac-

tive practice team to improve patients' functional and clinical outcomes.

### Discussion Questions

- What is the Chronic Care Model, and why might it matter (<http://improvingchroniccare.org/change/model/components.html>)?
- Was the design of each study appropriate to its research question?
- What designs and measures would be stronger?
- What characteristics of the study practices and health care system are different from your practice in ways that affect the transportability of the findings?
- To what degree can the findings be accounted for by:
  1. Inadequate sample size?
  2. Selection bias in who was included in the study?
  3. Poorly measured or irrelevant constructs?
  4. Poor implementation of the model?
  5. High baseline performance in the participating practices?
  6. Changes not attributable to the intervention?
- What are the strengths and weaknesses of the quantitative study (Solberg et al)? What are the strengths and weaknesses of the qualitative study (Hroschikoski et al)? How do the strengths of one bolster the weaknesses of the other?
- What are some relative weakness in **your** practice's ability to provide good chronic care (see the elements of the Chronic Care Model in Solberg or Figure 1 in Hroschikoski)? What office systems or other process changes would improve chronic care? Which changes would have the greatest impact on quality of chronic care? Which changes would be easy to implement?
- Given the lessons learned by the authors, what would be your strategy for making change in your practice?

## References

1. Stange KC, Miller WL, McLellan LA, et al. *Annals journal club: It's time to get RADICAL*. *Ann Fam Med*. 2006;4:196-197. Available at: <http://annfammed.org/cgi/content/full/4/3/196>.
2. Wagner EH, Glasgow RE, Davis C, et al. Quality improvement in chronic illness care: a collaborative approach. *Jt Comm J Qual Improv*. 2001;27:63-80.