Supplemental materials for

Peterson KA, Solberg LI, Carlin CS, Fu HN, Jacobsen R, Eder M. Successful change management strategies for improving diabetes care delivery among high-performing practices. *Ann Fam Med*. 2023;21(5):424-431.

Peterson Supplemental Table 1. Listing of 48 Identified Distinct Concepts													
Care Management Theme	**A**	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**No. of Comments**	**No. of Clinics**	
Proactive outreach	2	2	4	1	4	4	2	1	2	3	25	10	A, B, C, D, E, F, G, H, I, J
Patient relationship		3	8			3	3	2		1	20	6	B, C, F, G, H, J
Patient interaction	1			3				1		2	7	4	A, D, H, J
Previsit plan				2	2	2	3		1	3	13	6	D, E, F, G, I, J
Patient education			2	1						1	4	3	C, D, J
Intensification	1										1	1	A
Priority				1							1	1	
Change Management Strategy													
Staff engagement		1				2	5		3	3	14	5	B, F, G, I, J
Clinician engagement		1	2			2	1	1	1	1	9	7	B, C, F, G, H, I
Accountability	3	3			1		2		2		11	5	A, B, E, G, I
Performance monitoring		1						2		1	4	3	B, H, J
Process monitoring	2									1	3	2	A, J
Competition	1	1			1	2				1	6	5	A, B, E, F, J
Performance awareness		1		1		1	1	1		2	7	6	B, D, F, G, H, J
Celebrate					1				1	1	3	3	E, I, J
Staff education		3		1					2	1	7	4	B, D, I, J
Provider reminder		1		1		1					3	3	B, D, F
Care team		1				1			2		4	3	B, F, I
Team function					1		1			1	3	3	E, G, J
Expanded roles			4		3	1				1	9	4	C, E, F, J,
Expanded team			2	2				2			6	3	C, D, H
Champions	1	1							2		4	3	A, B, I

Leadership	1	1				1			1	1	5	4	A, B, F, J

Change process (+ pace of change)	1	1									2	2	A, B
Quality improvement							3				3	1	G
Quality meeting							2		1	1	4	3	G, I, J
Consistency	3	3	1		2						9	4	A, B, C, E
Priority	2		2	1			2		1	1	9	7	A, C, D, F, G, I, J
Simplicity	2										2	1	A
Standardization				2		2	1	1		2	8	5	D, F, G, H, J
Individualization						1		3			4	2	F, H
Innovation (IT)			2				2				4	2	C, G
Local innovation	2										2	1	A
Comprehensive care						1				1	2	2	F, J
Documentation		1		1					1		3	3	B, D, I
Patient expectations	1	1				1				1	4	4	A, B, F, J
HCO	3	1			1		4	1	2		12	6	A, B, E, G, H, I
HCO (quality meeting)								1	1		2	2	H, I
HCO (reports)				1							1	1	D
HCO (standardization)								1			1	1	H
HCO (priority)				1		1					2	2	D, F
HCO (training) (moved to staff ed)													
Reports	1	1		1	1	2				2	8	6	A, B, D, E, F, J
Working reports		1				1		1	1	1	5	5	B, F, H, I, J

HCO = health care organization

Barrier

Health care organization					1				1		2	2	E, I
Social determinants of health		1	1							1	3	3	B, C, J
Community resources			1					2			3	2	C, H
Turnover		1		1	1		1				4	4	B, D, E, G
Total No. of comments for each practice	**24**	**26**	**15**	**14**	**13**	**20**	**25**	**16**	**22**	**24**			

Peterson Supplemental Table 2. Managing Care (Selected Quotes)

Standardization as a quality improvement strategy
Clinic D: I think really making it standardized when the patient comes in.
Clinic H: We do have a standard workflow that they do when they room patients. That standard workflow has improved, I would say, over the last 3 years.
Clinic G: If (a staff member) calls out (sick) tomorrow, all of her information is already there, so somebody can hop right in and do the same work that she would have done. Whereas before, people were not necessarily all following that same process.
Performance awareness
Clinic J: We talk about it at every, single meeting. We talk about it at our clinician meetings. We talk about it at our nurse meetings.
Clinic H: Our quality team is always meeting with us.
Clinic F: Monthly we talk about quality measures and we go over them in our…provider meetings. I also touch on it at our nursing meetings.
Care team
Clinic C: So we have the providers, the panel assistants, our health coaches, which are now our end care managers. Also integrated into the team are, you know, our LPNs and our nursing assistants. We also have integrated health therapists, so those are somewhat like a behavioral health therapist that are embedded into the clinic, as well as social workers.
Clinic F: It is a team effort. It is mostly our LPNs and RNs, and then, they will engage the clinician if it is something that they can't figure out by reviewing the medical record. So, mostly the support staff.
Clinic H: So we have an RN care coordinator, we have access to a social worker, and then we have added a community health worker. Bringing those care coordination teams into the site…(in the last 2 years) made a huge difference for the impact for our patients.
Support from their health care organization
Clinic H: That is one of the wonderful things about being part of a bigger organization. Coming from a clinic that was independent, the resources are wonderful. The collaboration across all of the teams, and knowing that there are resources there is amazing, to me, having gone from one system to another, from independent to the (HCO), and I'm grateful for it every day. It's great for our patients.
Clinic F: So, most definitely an organizational focus. We have a large focus on quality, in general, for our organization. So, that starts as a priority and then, local leadership really takes it from there.
Clinic B: (The HCO) has a team that creates some workflows through care packages and updates the data. We don't have to do any of that.
Better reporting systems
Clinic F: So, our registries have been enhanced over the past 3 years so that the appropriate patients that need the outreach or need the education or are lacking something in that diabetic measure come top of mind to us so that we can do the appropriate actions with them.
Clinic J: We have a diabetes registry of all of our patients. And we – actually, the nursing supervisor and myself, each month we would print those registries and kind of sort them to what patients needed. And then we have our hall nurses reaching out to those patients.
Engagement
Clinic C: And so getting your physicians involved in leading these changes is really important…You need your physician leads to be invested and bought into this work.
Clinic F: I think (the staff) are highly engaged. And they will take the extra time to focus on quality because it's important to them.
Clinic G: We have good staff, too. I mean, just staff that are aware of the work that they need to do, and they know that by doing this work, it's gonna take good care of the patients.
Accountability
Clinic A: Knowing that on the back end we are actually going to be checking in on everybody to make sure that they are following through and then asking for feedback if it just seems like it's not a doable thing or the processes need to be tweaked.

Clinic B: I'm not sure that I do anything special as a leader other than be consistent, make sure you have the information you need, and make sure you know it's an expectation. *Clinic G: our lead clinical assistant…and one of our other leads help to track which teams and which provider nursing staff are handing in those workbench reports each month.*
Leadership *Clinic I think you have to bring that excitement and same passion. If the leader doesn't have the passion and the excitement, how is your team gonna get on board? Even when you have to roll out things that maybe you're not as excited about, you still – as a leader, that's what you do. And you're the role model for it. And so if…I think it's not important, they're gonna feel that.* *Clinic I: The head of our clinic, is very proactive about quality,…she's a good leader. And I would say she advocates to the physician team, to the provider team, the importance of quality.*
Quality improvement activities *Clinic G: (We) have a daily management system, so we have a tier two huddle every day, and it's like a clinic huddle where we were tracking previsit planning.* *Clinic J: Each month also we have a quality meeting with their quality improvement team. And so they talk about things that are changing in the measures and what we need to be thinking about and changing our workflows.*

Peterson Supplemental Table 3. Approach to Care (Selected Quotes)

Proactive outreach *Clinic I: So we send out letters every month to hundreds of patients that are due for things…..Some of the measures we send out every month. So if your blood pressure is off, we're going to remind you every month you need to get that rechecked. How do you stop the letters? You get your blood pressure checked.* *Clinic J: And (the medical assistants) are actually required to keep a log sheet. And they have, at minimum, 10 patients a week. And then we have our hall nurses reaching out to those patients. So it's something that we work on continuously every, single day*.
Enhancing the patient relationship *Clinic C: The driving piece I think continues to be the relationships that get built among our patients and our care team members outside of being a physician or an APP.* *Clinic F: The clinicians work hard every single day in that room to really build that relationship and that patient experience.*
Previsit planning *Clinic G: Definitely chart prepping. We chart prep the patient's chart before they come, the day before or a couple days before, so we're catching those diabetes patients.* *Clinic E: They're supposed to be 100 percent chart prepped out 3 days at all times. So what they do is they open the chart, they put a note. They start the note in the chart for why they're coming in and then also pull in any of the chronic diseases into the subjective so they remember to ask the questions.*