Barriers and Facilitators to Implementing Medicare's Chronic Care Management in Rural Primary Care

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1. Background

- In 2015, the Centers for Medicare and Medicaid Services introduced Chronic Care Management (CCM) to provide reimbursement to practices for care coordination services to manage chronic conditions among older adults.
- Uptake of this program among primary care practices is low, and few Medicare beneficiaries receive this service.
- Implementation of CCM may be even more challenging in rural, low-resourced areas.
- The purpose of this study was to examine barriers and facilitators associated with implementation of CCM within primary care practices located in a rural state.

2. Objectives

- Learners will be able to identify facilitators important to successful implementation of CCM.
- Learners will be able to identify barriers that undermine the successful implementation of CCM.
- Learners may be able to identify recommended actions to address barriers and promote implementation of CCM.

3. Research Design

Sample

- Participants (n = 13) were healthcare employees working with CCM and were recruited from primary care centers (n = 6) in Wyoming that were utilizing CrossTx.
- Participants had worked with CCM, were age 18 years or older, and provided informed consent.
- Majority were female (n = 12, 92%), White (n = 12, 92%), and represented several professions (i.e., care coordinators, primary care providers, allied health professionals, and administrators).

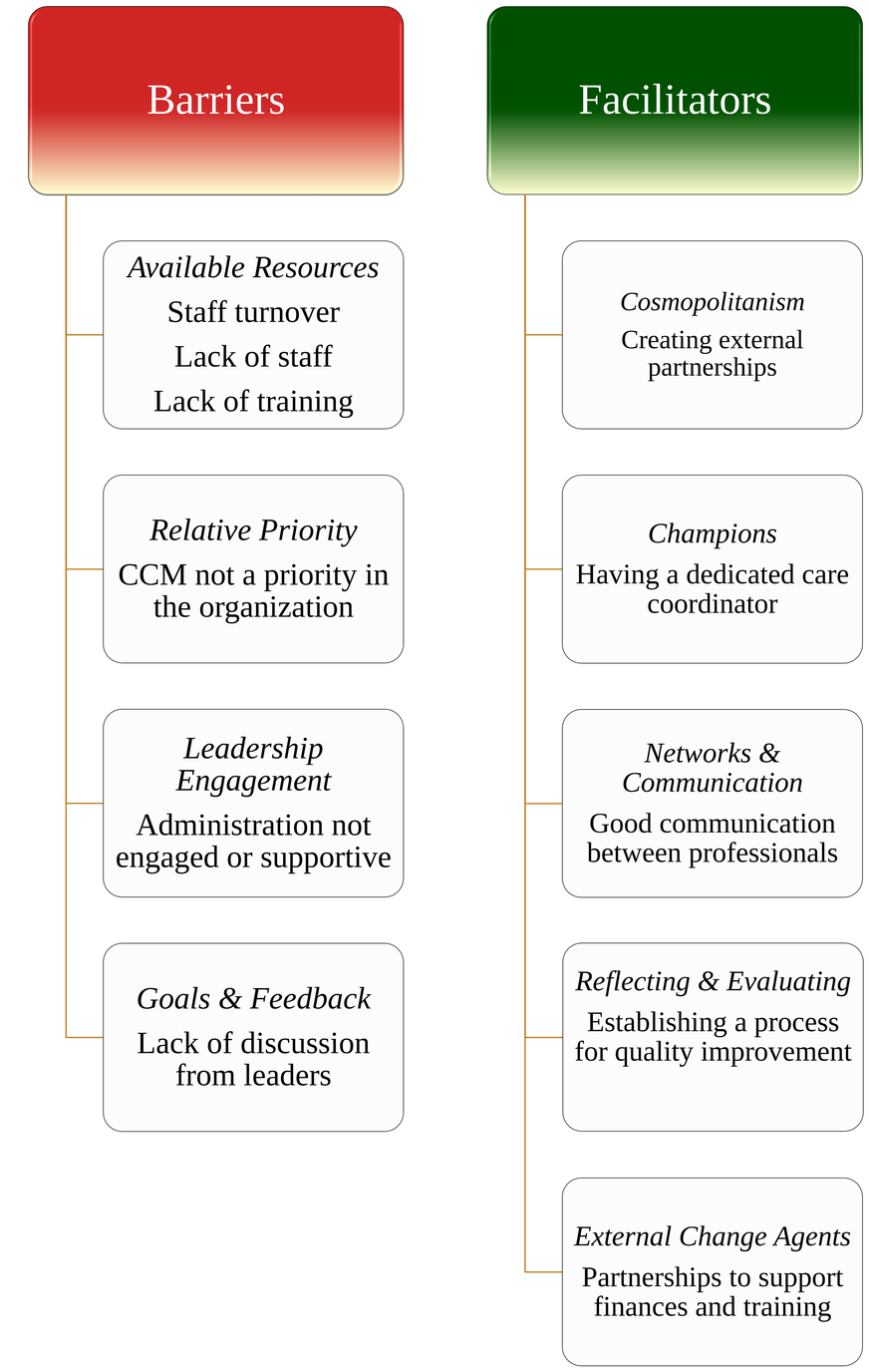
Procedure

- Participants provided informed consent and completed demographic and clinical training surveys prior to engaging in a semi-structured interview.
- All interviews were conducted by a study coordinator trained in qualitative interviewing.
- All interviews lasted approximately 60 minutes.

4. Data Analyses

- All quantitative, participant, and practice data were analyzed using SPSS version 27 or later.
- Quantitative data was gathered through CrossTX reports and summary scores were calculated for each primary care center.
- Each center was classified as high or low implementation based on revenue generated, productivity by FTE, and average proportion of panel billed over a 3-month implementation window.
- Interviews were transcribed verbatim (naturalism) and coded by domain in accordance with the Consolidated Framework for Implementation Research (CFIR) model (Damschroder and Lowery, 2013).

5. Results



- Two specific domains (i.e., Leadership Engagement, Reflecting and Evaluating) strongly distinguished between high and low implementation centers.

6. Conclusion

- Strategies to both gain and maintain leadership engagement may be important in CCM implementation success. Practices may benefit from additional support with reflecting and evaluating.
- Developing training mechanisms to address staff turnover is critical to address barriers.

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