Implementing the Chronic Care Model for the Management of Noncommunicable diseases (NCDs) in the Primary Care Setting

Lecture: Barriers to Care

Implementing the Chronic Care Model (which is designed to improve the management of chronic conditions and enhance overall patient care) can face several common barriers. This next video will highlight some of those common barriers.

Barriers related to implementing interventions include implementing the multiple components of the chronic care model into practice can create additional responsibilities for staff who are limited by time constraints. Also, sustainability of the interventions can be difficult in some instances. Staff buy-in a very important aspect of implementation to ensure program longevity. Characteristics of the healthcare organization such as its size, whether it's adopted a team-based approach, and its flexibility in reorganizing care influenced the success of the Chronic Care Model adoption.

Institutional factors such as staff turnover, especially leadership turnover was cited as a barrier towards implementing care change processes. Decrease staff can result in an increased burden of responsibilities on existing providers. Organizational readiness for the Chronic Care Model was found to be impacted by the lack of interest and commitment from leadership and on availability of resources for implementation. Additionally, lack of resources that influence readiness include low funding, lack of provider reimbursement strategies, and low staff numbers.

Many studies found that execution of the intervention processes was challenging without support and accountability from senior leadership. Without the presence of an intervention champion endorsement of the chronic care model initiative was found to be limited in health care providers.