



Energizing and Activating Diabetes Care in Your Practice

P2 Conference
Creating a Healthy Community: Quality through Innovation
September 25, 2008



Overview

- NYDC
 - Who we are
 - What we do
 - Why we do it
- NYDC's diabetes registry demo project
 - How we did it and what we learned
- NYDC's current project
 - How we do it now!



New York Diabetes Coalition

Who we are...

A **volunteer** collaboration of

- health plans
- professional medical societies and academies
- state, county and city departments of health
- community based organizations
- quality improvement agencies
- health care providers
- diabetes care vendors and more!

(See www.nydc.org for list of members.)



New York Diabetes Coalition

What we do...

•Mission is to improve the health of people who live with diabetes by **delivering tools and technology** to help professionals and patients manage diabetes care.

•Two ways:

- Implementation of electronic clinical decision support system (chronic care registry) in medical practices, and**
- Promotion of ADA's clinical recommendation through professional/patient toolkit



New York Diabetes Coalition

Why we do it...

- **Test if mirroring the Bureau of Primary Health Care diabetes “Collaborative” initiative (Chronic Care Model and registry implementation in FQHCs) will work in private practice setting.**
- **Smaller practices have limited resources to invest in systematic ways to improve care given**
- **Improved care leads to improved patient outcomes**
- **Registry is useful tool to generate reports to participate in pay for performance programs**

PILOT: Diabetes Registry Project

Description: 2003 – 2006, “Diabetes Registry Project” demonstration

- Four sites - mix of urban and rural, independent and hospital affiliated
- Used “freeware” – adopted from Idaho QIO and renamed “CareFocus”, a “stand alone” system, practice responsible for data entry
- On-site workflow assessment and re-organization assistance
- Integration of Chronic Care Model Components
 - Clinical Information Systems/Decision Support
 - Delivery System Design/Utilization of Community Resources
 - Patient Self-Management Support
- Funding for chart abstraction pre- and post-registry implementation at one site.
- Measures – National Quality Forum, A1C, BP, LDL, smoking assessment
- Experiential Evaluation – completed by New York Academy of Medicine
- Funding provided by NYSDOH & HCAP grant held by Hudson Health Plan

Clinical Results Overview

- Clinical indicators improved from baseline to 2006

<u>Measure</u>	<u>Improvement</u>
•Annual A1C	61.5% to 75%
•A1C good control (<7%)	22.8% to 33.9%
•LDL control (<100 mg/dl)	16.5% to 23.2%
•BP control (<80/130)	30.7% to 35.7%

Experiential Evaluation Results Overview

The good stuff:

- ↪ Greater awareness of issues around diabetes management
- ↪ Increased focus on making improvements to diabetes care
- ↪ Tool has useful features: Visit note (point of care reminder); graph function used as patient education tool

Not so good stuff:

- ❓ Experienced difficulty using tool to its fullest potential: Need for data entry resources; poor cooperation by other providers
- ❓ Information technology issues: System limitations impact replication to other types of sites; system design required more tech support - upgrading and maintenance

Overall, respondents believed:

- ❖ Diabetes care improved during the project period
- ❖ The project is important, and that the registry could have a great impact on the quality of diabetes care if fully implemented and utilized by the practice staff

Lessons Learned

- ✓ Project needs at least one champion at the highest level to ensure adoption and successful implementation.
- ✓ Clinicians need to be part of the decision making process.
- ✓ The business case for a registry needs to be clearly demonstrated.
- ✓ A Web-based tool preferable to “stand alone” tool; manufacturer/vendor support, less IT staff involvement
- ✓ A “stand alone” registry system (non-Web based) requires staffing for data entry management.
- ✓ Practices need on-going support and step by step integration of the registry.
- ✓ Full utilization of the registry may take several months to years.

Diabetes Registry & Education Collaborative

- Statewide availability
- Mix of public and private funding: NYSDOH (pending), Hudson Health Plan and Merck & Co., Inc.
- Designed to address the lessons learned from demo project:
 - Uses Web-based software, DocSite (www.docsite.com)
 - Hands-on worksite re-organization support and on-going support with continued focus on Chronic Care Model integration
 - **Enhanced physician education** – addresses real and perceived barriers, creates energy, buy-in, champion from top down
 - Created centralized data entry service, supported for 18 months at no charge
 - Funding supports license and other fees for 18 months – gives time to allow for full utilization of registry, step toward making business case
 - Registry users group available for problem solving and experience sharing

Physician Education

- Developed first run of online simulation piece and is near end of pilot phase (www.cmorrow.com/education/diabetes)
- Content addresses the benefits and barriers to registry implementation & systems change
- Education can be delivered independent of registry adoption
 - Goal to deliver education to 50 health care providers
 - Track impact of education on willingness to change some or all of system or adopt a registry

Is Your Practice Ready for a Registry?

If you answer YES to any of the following questions, your practice **MAY** be ready for a registry:

- Are you ready to learn how to use an electronic clinical decision support system (i.e. registry) to improve the quality of care for your patients with diabetes?
- Is everyone in your office (from senior management, direct care and front office staff) ready to embrace a culture of technology-assisted quality and improvement?
- Is your practice willing to reorganize workflow so that care is provided by a care management team?
- Could using a robust chronic illness registry help improve care for your all of your chronically ill patients?

Is Your Practice Ready for a Registry?

If you answer **NO** to the following questions, your practice **MAY** be in need of a registry:

- Do you know how many patients in your practice have diabetes?
- Do you know if your patients with diabetes have been receiving screenings and tests, and meeting the treatment goals recommended by the American Diabetes Association?

Review of the “Why a diabetes registry?”

Comments from project participants and project administrators nationally:

“Before I started this, I thought I was doing a good job.”

“It’s a shock when you find out that you weren’t doing what you thought you were in treating a disease.”

“If you can’t make a list of all your patients with diabetes, how can you know how well they are doing?”

“To manage diabetes well you need information about who your patients are and what they need.”

“The most powerful part of a registry is on the reporting side. It allows practices to look at the populations they care for, find high-risk sub-populations who need extra care or follow-up and go after them proactively.”

And now the “How to make it happen!”

Discussion with Dr. Bob Morrow....

Ground Rules

Interrupt

Question

Who owns the CME Curriculum?

- Academic Institutions
- Academies
- Licensing and Specialty Boards
- The Public Through Public Health Systems

Design and Methods

- Start with outcomes
- Design based on time, funds, and topic
- Goal is better patient care

CME=QI

Basic Framework

- Peer led
- Interactive
- Practice-or simulation-based
- Networked
- Outcomes oriented

Registry

Benefits:

- Important for organizing practice
- Find those missing patients
- Important for organizing visit
- Enables evaluation for improvement
- Better than sampling
- Enables team approach [standing orders, etc]
- Possibility of improved pay

Issues

- Cost without pay
- Extra work to organize
- Extra work to carry out
- Incentive unclear-what's in it for my practice?
- Vulnerability to criticism
- Too many chronic diseases

And Now...

New York
Diabetes Coalition



Need More Info

Contact:

Kim Kelly, Project Coordinator
New York Health Plan Association
New York Diabetes Coalition Project
518-462-2293
kkelly@nyhpa.org

Robert W. Morrow, MD
Practicing Family Physician, Bronx, NY
NYDC Chair
Clinical Associate Professor, Dept of Family and Social Medicine,
Montefiore Medical Center
718-884-9803
Rwmorrowmd@aol.com

New York
Diabetes Coalition