

Brief Description

When: 2003 – 2006

What: Registry and chronic care model implementation demonstration project

Where: implementation at four sites in Westchester and Sullivan Counties - mix of urban and rural, independent and hospital affiliated

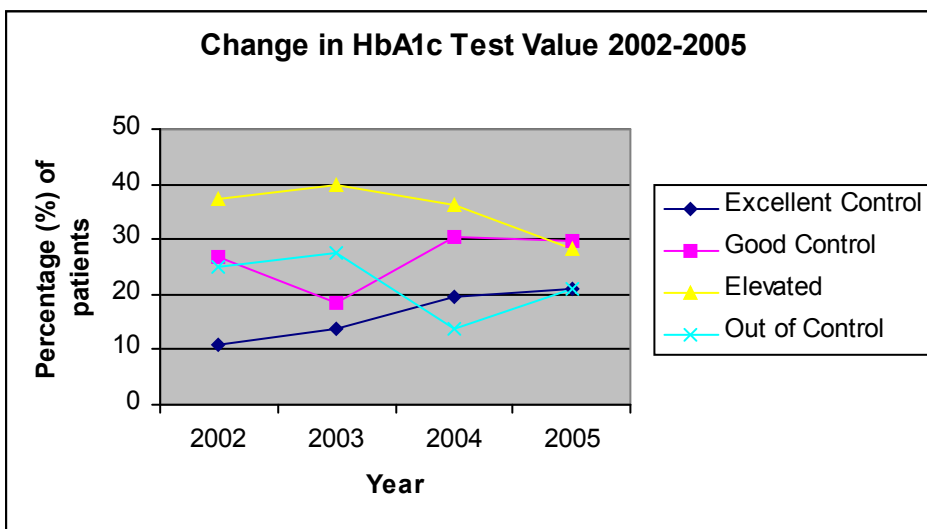
How:

- 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
- 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 Outcomes*

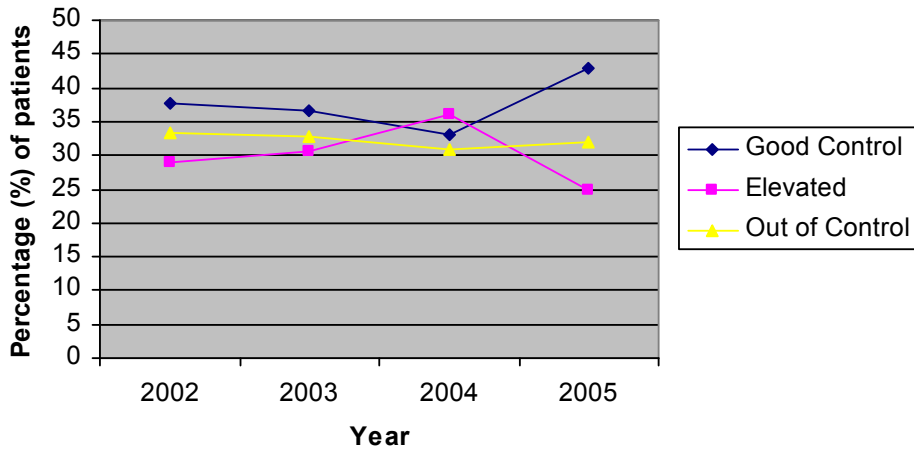
Funding for chart abstraction pre- and post-registry implementation at one site only.

*Clinical results for A1C, systolic BP, diastolic BP and LDL are preliminary



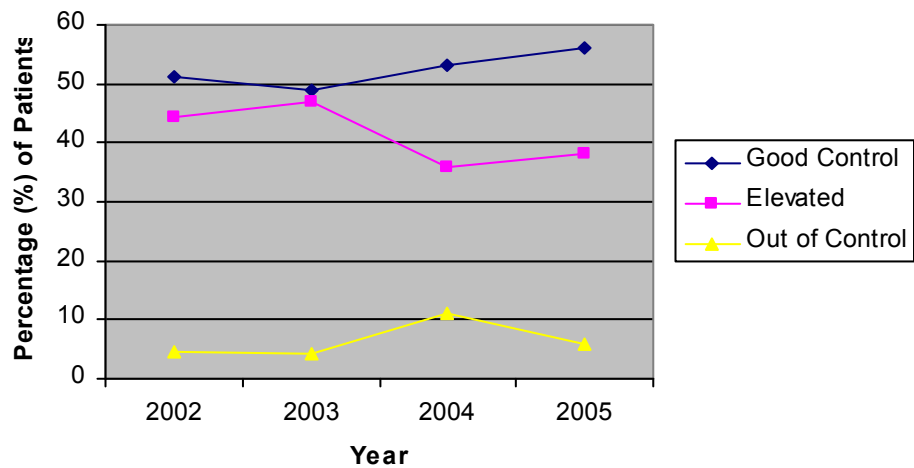
EC <6%
GC 6% - 7%
Elev. >7% - < 9%
OOC >= 9%

Change in SBP Value 2002-2005



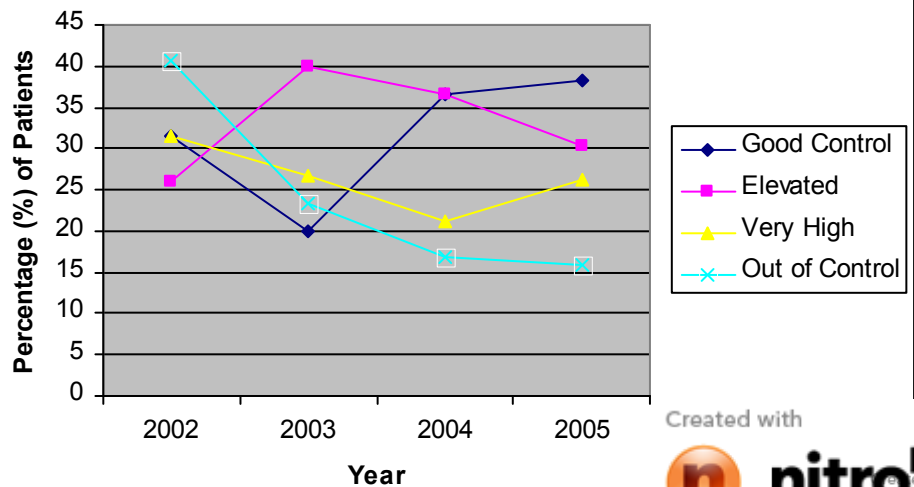
GC <130
Elev. 130-140
OOC >140

Change in DBP from 2002-2005



GC < 80
Elev. 80 - 90
OOC > 90

Change in LDL Value 2002-2005



GC <100
Elev. 100- 130
VH >130 - 160
OOC >160

Created with

Experiential Evaluation

- Experiential/attitudinal evaluation conducted by New York Academy of Medicine to determine the impact of the implementation of the system on the practices.
- Tool included questions regarding
 - Physician organization characteristics, size and structure
 - Work flow and processes
 - Diabetes care resources used
 - Information systems and data
 - Provider perspectives and views – understanding about the diabetes care provided in the practice and patient adherence, barriers to care, etc.
- Surveys and interviews were conducted with nurses, physicians, and administrative staff, as well as IT personnel involved at all sites.
- Surveys/interviews done prior to implementation, and at follow-up, either six months, one-year, or two-years post-implementation.

Results Overview

- 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
- 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 assure 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 (not 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.