

Other State Diabetes Registry Information

Nebraska

- Nebraska has a voluntary registry, The "[Nebraska Registry Partnership \(NRP\)](#)", can be used by any clinic, but the system is targeted to smaller Certified Rural Health Clinics.
- NRP is made up of the Nebraska Department of Health and Human Services, Cardiovascular Health Program, Diabetes Prevention and Control Program, Office of Rural Health, CIMRO of Nebraska (Nebraska Medicare Quality Improvement Organization), and the Nebraska Rural Health Association. Over the past year, the NRP has helped 16 clinics use **DocSite** software to record and track clinical measures, educate patients, and to provide clinical decision support.
- Now that the NRP has several years of data on cardiovascular disease and diabetes clinical indicators, the NRP is able to provide clinics with quarterly reports, which the registry coordinator distributes with a written interpretation for each clinic. The NRP coordinator also calls each clinic to discuss results and possible improvement measures.

Funding

- The Cardiovascular Program has put most of the funding towards the project, and the Office of Rural Health has also provided some funding. The CVH program received supplemental CVH funding from CDC for 3 years, that funding has ended. When a clinic agrees to participate we pay the DocSite fee which has been \$500/provider/year the first year, 2/3 of the fee the second year and 1/3 of the fee the third and fourth years, plus \$1,000/clinic the first year to enter the data. We've had and still have problems with clinics entering the data in a timely fashion. Our nurse works on the project for ¾ of her time. We have an evaluator whose costs have been approximately \$20,000/year. There has also been a QI component that nurse has worked with our clinics on. In addition the cardiovascular health program contracted with an outside source to provide 6 hours of QI training and working individually with the clinics on the Planned Care Model, cost of \$30,000. Plus there has been costs to have the data from DocSite made useable to report to the individual clinics. I'm not sure of that cost.
- DocSite does not easily interface with many Electronic Medical Records (EMR) and it is very costly to make DocSite compatible with the EMR's. We find that clinic's don't want to enter information into a registry and then again into an EMR. Many of the clinics are dropping out of our registry project. We've had a difficult time keeping this project going. We're not sure what will have after this year because we have had so many clinics drop out.

Washington

- Washington has what appears to be a quite sophisticated approach. The state uses the, [Chronic Disease Electronic Management System \(CDEMS\)](#), a free electronic patient registry designed for use by primary care practices. CDMES is a tracking and reporting system that prompts preventive care practices to follow national guidelines for diabetes care. With CDEMS, primary care practices can track multiple chronic conditions, including diabetes, cardiovascular disease, asthma, and depression. Currently, more than 150 practices in Washington are using CDEMS to monitor more than 60,000 patients.

Funding

- Began with collaboratives in 1999 – no EHR then
- In its day, contracted \$100,000 (trainings and some development) and had a full time FTE who did development = \$150,000. Was huge 2002 – 2003. Supported clinics in and out of collaboratives.
- 2003 – 2005, still \$100,000 plus staff person
- In 2006 – 2007, EMR started taking over some big practices
- # of providers has increased, # of clinics has decreased
- Budget for current year, \$32,000. Less expensive as development work is done, now training and TA provided. Only supporting medical home collaborative now.
- Scaling down due to lack of resources, not users.
- Cost depends on what you want to do – how many users, how many practices, central CDEMS base for large user needs a server, etc., sole practitioner can download from website and get going. CDEMS is a good tool, downloadable. EMRs have taken over big chunks of practices, but EMRs do not provide same tools/information as CDEMS.

Kansas

- Article: "[Online Registry Improves Diabetes Care in Kansas](#)" The Kansas project was inspired by state survey data that revealed suboptimal standards of care for diabetic patients. With grants from CDC and the Health Resources and Services Administration, they recruited 35 providers across Kansas and implemented an online diabetes database and analysis system.
- The Kansas Diabetes Quality of Care Project (KDQOC) pilot was launched in 2004 by KDHE's Diabetes Prevention and Control Program (DPCP) in 95 healthcare clinic sites across the state and is currently collecting quality of care diabetes data to guide improving care for Kansans with diabetes. CDEMS, a public domain software program, is utilized at each site to collect patient and clinic level data thereby improving the health of people with chronic illness (in this case, diabetes) which requires transforming a system that is essentially reactive (responding mainly when a person is sick) to one that is proactive (focused on keeping a person as healthy as possible). There are currently about 11,000 diabetes patients in the CDEMS registry. De-identified patient aggregate data is transferred from each KDQOC Project clinic to a central repository bi-monthly providing the capability to query aggregated data from an individual clinic, group of clinics, clinics by county and all clinics statewide. Queries can also be run for selected indicators such as HbA1c levels, lipid levels, blood pressure and so on.
- The Kansas registry incorporates a broad range of providers. This allows for data collection to include a number of difficult to reach populations – see list:
 - Safety Net Clinics
 - Local Health Departments
 - American Indian Health Clinic
 - Home Health Agencies
 - Hospital Affiliated Practices
 - Private Practices
 - Rural Health Clinics
 - Farmworker Program
 - Lay Health Worker Program

Funding

- Kansas estimates it spends about \$70,000 maintaining the registry, however this number **does not** include staff salaries.
- Salaries: One contract is with a vendor who maintains the central repository/registry. That contract is \$38,000 per year. The other contractor handles data cleaning and technical assistance to the DPCP and the clinics. That contract is \$30,000 per year. See estimate for staff salary costs below (portions of four positions).

Recap:

Contracts: \$68,000
Staff salaries: ~~\$97,000~~
Total: \$165,000

- Important Note: To adequately support this project, at a minimum add another 1.0 or 2.0 FTEs, approximately \$128,000.
- References: There are no statutory references for this project. However, there are numerous peer reviewed journal articles that provide evidence to support implementation of this project.
- Note: This project is not just about a registry – it goes much deeper than that. The registry is the tool for tracking patients so that we can see where to target our quality improvement efforts. The point is to use this data to prevent people with diabetes from have very costly (human cost and healthcare cost) complications.