

Wells Shoemaker MD
Medical Director, Physicians Medical Group of Santa Cruz
5200 Soquel Ave # 103, Santa Cruz, CA 95062

wshoemaker@pmgsc.com

www.chroniccarenetwork.com

Expansion of a Diabetes Registry from an IPA Population to an Entire County

What? Between 2001-2004, PMG developed a web-based diabetes registry with advanced point-of-care features and automated data population for its 30,000+ HMO beneficiaries. PMG welcomed concurrent input from the CA Diabetes CQI Project and its successor, the Breakthroughs in Chronic Care Project, and also the CHCF leadership fellowship. Registry users demonstrated stratification in both process and outcome measures compared to non-users. Building upon a remarkable level of community collaboration, plus recognition from the Institute of Medicine in early 2004, a consortium of public and private sector partners received an AHRQ grant in late 2004 to expand the registry in stepwise fashion to all providers, all patients, and all payors in the county (pop 260,000, with est. 18,000 people with diabetes). We chose to build a "homegrown" program for cost and flexibility versus purchased/contract software. The registry has undergone considerable refinement based upon intensive local processes. We're adding Medi-Cal data now and expanding to safety net clinics shortly.

So What? Health disparities and chronic care deficiencies embarrass all Americans, and diabetes positively glares at us. No one organization acting alone has the money, clout, insight, manpower, and penetration to stifle this ballooning disease. Many partners pulling in the same direction can and will. Collaboratives by nature are hard to create and sustain. Since we know that better care makes a life-altering difference to our patients and their families, it becomes an ethical obligation for us to find a way to make this work...for everybody. Sharing lessons can save us all time and frustration.

How? The keys involve intensive commitment to communication in 4 main areas of development: (1) Clinical consensus (2) Technological capability (3) Leadership & Trust, and (4) Structural & Legal foundation. Some early success depended upon serendipity of "local culture" and specific local talents.

What's Next? (1) Stepwise expansion to new populations, crucially Medicare. (2) Expansion to other chronic illnesses. (3) Cross-pollination with EHRs. Adoption dynamics in diverse settings will require good listening. Financial sustainability remains a practical policy challenge we have not solved yet.

Take Home? No need to invent new wheels. There's an abundance of useful QI information and strategy "out there," with decreasing proprietary secrecy. Spend energy instead to foster local solutions. No short cuts in personal relationships—they're always the most important. Start small enough to succeed, then grow.

10/3/2005 WS