

Health Care IT and Chronic Disease Care: A Status Report on Diabetes Registries

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Diabetes Registry Status Report

- Surveyed 16 medical groups and IPAs participating in the Diabetes CQI Project
- Asked questions about:
 - ✓ registry development status
 - ✓ availability and usefulness of data sources
 - ✓ skills and staff resources to utilize data effectively
- Performed telephone interviews in November 2002
- Sponsored by California HealthCare Foundation

Main Findings

- 11 of 16 responding medical groups have a diabetes registry. Most consider their current registry a work-in-progress.
- Wide array of software products used to manage the registries; most common product was Access database.
- Most common data sources used in the registry are laboratory (7 groups) and encounter (5). Only 2 groups used lab, pharmacy and encounter data in their registry.

Availability of Data

- Lab data is available to most medical groups through a primary lab vendor or hospital partner.
- Pharmacy data is available to most medical groups through agreements with the major health plans. This data is usually provided in some version of Calinx format.
- All medical groups have access to some form of encounter information through their claims system. Great variation in software systems used. Most groups believe data capture is good.

Major Challenges

- Technical challenges in managing the data feeds
 - cleaning, transforming, loading
 - matching patients across databases
 - performing analyses and generating reports
- Lack of resources allocated in many groups to perform the data management tasks. Need for skills development.
- Need for software programs to automate data management functions.

Other Barriers

- Data use agreements between plans and medical groups
- Lack of common Calix format for pharmacy data
- Lack of standardized format for lab data
- Uncertain capture rate of encounter data, especially for capitated patients
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Options to Overcome Barriers

- Develop internal capabilities within medical groups
- Create statewide entity to manage data process and feed data to medical groups
- Trade associations or other public entities provide data management services
- Medical groups outsource data management function to private companies that create and manage registries