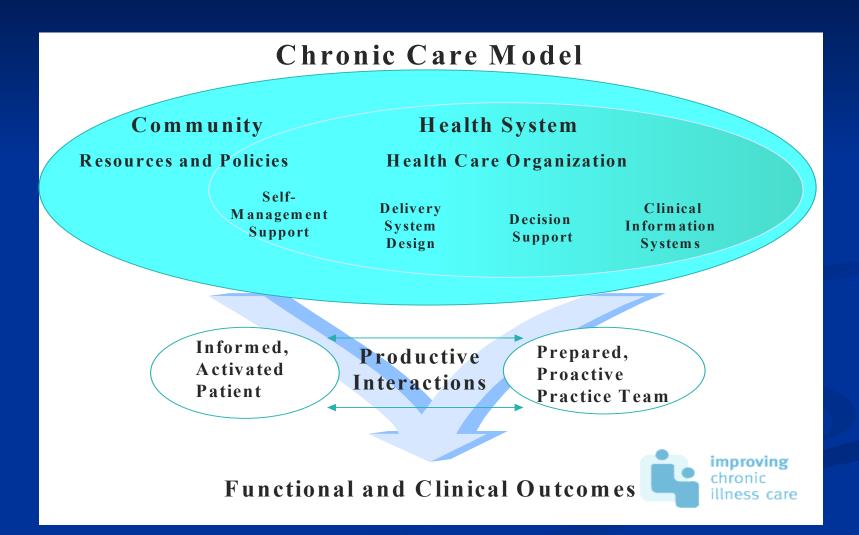
Point-of-Care Registries

Alan Glaseroff MD
Chief Medical Officer
Humboldt Del Norte IPA
alang@hdnfmc.com

Chronic Care Model



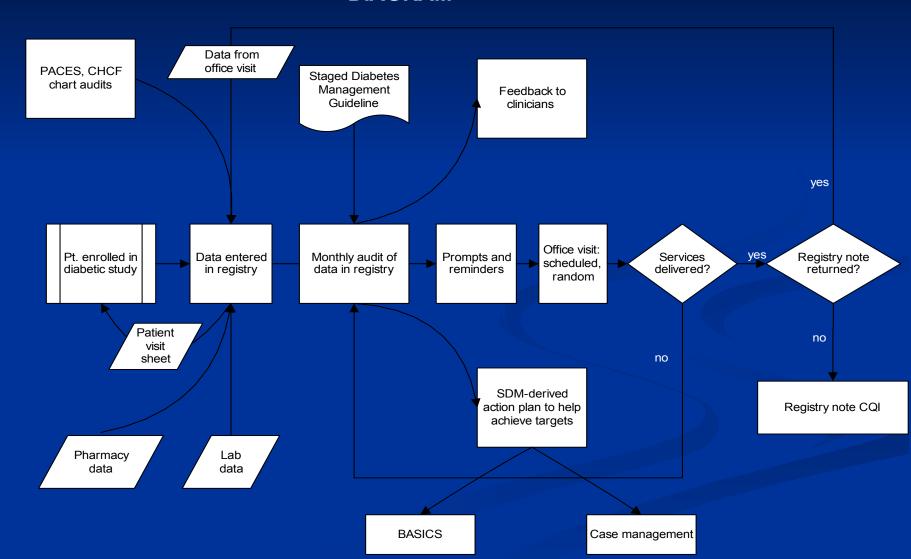
Point-Of-Care

- Administrative data vs. point-of-care
- Registry as a planned visit protocol
- Availability of clinical data: BMI, blood pressure, foot exam, aspirin, tobacco, self-management goals
- Lab, pharmacy, services billed (>30 day delay) available administratively only in managed care
- Offices need a single system for all patients

Humboldt Diabetes Project

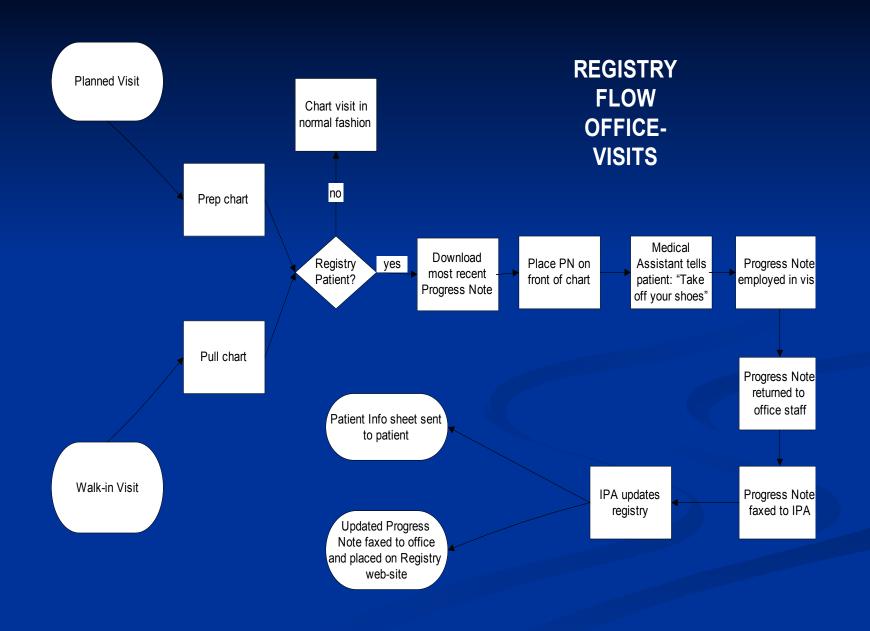
- IPA with >95% of clinicians (MDs, advanced practitioners, behavioral health professionals, podiatrists)
- Managed care <10% of patients
- Point-of-care as primary source of data
- Functionality key to sustaining programs
- CLG: "Invite implementers into the planning process..."
- Pilot systems before wide implementation
- Office managers, medical assistants critical to design

DIABETIC PROJECT FLOW DIAGRAM

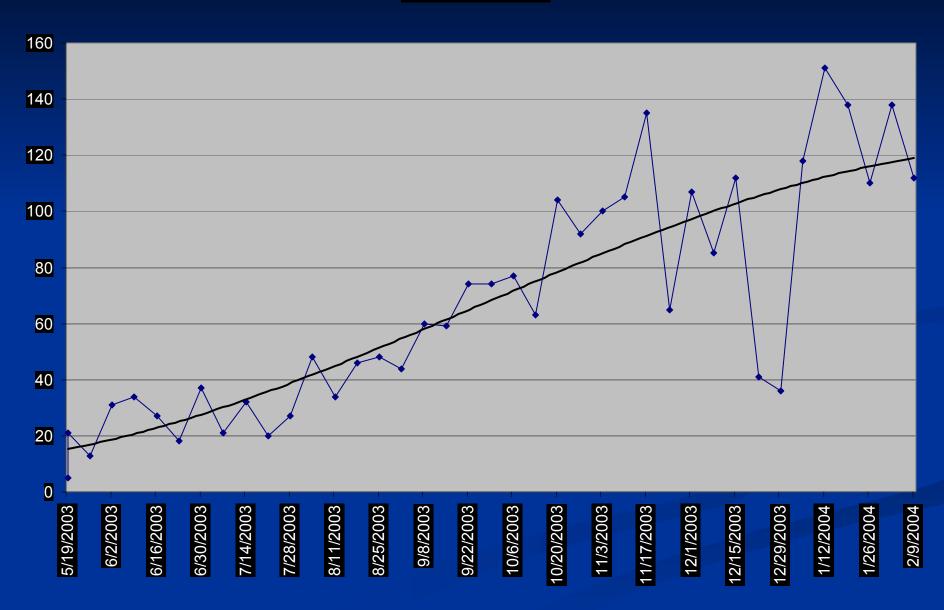


Information/Decision Support

- Build vs. buy (public domain vs. proprietary)
- C-DEMS: public domain, open source, customizable, control data and reporting
- 2770 total (803 study, 1967 registry only)
- Progress Note: best practice tool actualized
- Patient summary: focus group
- Prompts and reminders: keep it simple
 (HbA1c>9, no HbA1c in past 6 months)



Visits by Week



Patient Progress Note									mboldt Diabetes Project - Fax 443-2								
Last Visit This Visit			BOGUS Clinician: Glaseroff, Alan					Diabetes Diagnosis Date: 5/10/				5/10/1986					
Date (mmddyy)	5/10/20	03		\perp		Last Nam	e: Do	9		F	irst Name:	Jane		Sex	F	DOB:	1/ 1/1950
Weight (lbs)	290.0	00		\top		Address:			Circo		a, CA 95501				e (H):		555-1212
Height (ins)	72.0	00		\top		1									`	, ,	
BP - Sys/Dia 13	20 I 7	5	\Box	I	П	Language	: Eng	glish	Eti	hnicity:	White	BI	MI: 39.3 II	nsurano	e: Ca	alifornia	aCare
Conditions	Dx	D/C	Add		300 -	_							Date	Wt	Sys	Dia	1
Cerebrovascular				<u> </u>	250]								11/1/2002	295.00	141	82	
CVD Depression		H	H	∞ (in)	200				Н	HH			1/1/2003	296.00	132	87	STUDY
DM-1	님	H	H		150 - 100 -								3/1/2003	300.00	150	80	31001
DM-2	•€			¥	50								5/10/2003	290.00	120	75	
HTN	₩.	Ц	Ц.	_	0 -									· ·			
Hyperlipidemia Hypothyroidism	₹	R	1日		16 -								HbA1				ian-Patient
Metabolic Syndrome		Н	Ы	61	14 -								Date	Result		lmten	face Time:
Nephropathy				HbA1c	12 - 10 -								4/1/2002				min
Neuropathy			\blacksquare	茔			•			-			10/1/2002 4/1/2003	8.5 8.0		Total (Counseling
Periph Vascular	닏	R	HI		6 -								4/1/2003	8.0			Time:
Retinocathy Meds	Rx C/I		Add		250 -	•	•	<u> </u>					L		J 🗀		
ACE Inhibitor					200 -								LDL		1 I		min
ARB				占	150 - 100 -								Date	Result			
ASA BP Med			HI	_	100 - 50 -				_				10/1/2002	68		Ott	er Vitals
Diuretic					0 -								ı	'	F	ulse_	
Glucosidase Inhibito					-	24 -21	-18	-15 -1 Months	12 -	9 -6	-3		ı		F	Resp:_	
Insulin Lipid Agent		H	ᆸ					Months	Ago				ļ		1	emp_	
Meglitinide	\Box														' <u>L</u>	MA In	its
Metformin						SDM MN	r —	Insulin 2									
Sulfonylurea TZD	Ħ H		Ħ				is 🕡	Insulin 3	H	Not	oe.						
						Cor	nbo 🗌	Insulin 4		'•••	03.						
Services	Last Da	te D	one	Ref	Decl	Self Ma	nagem	ent Goa	ls	l							
Alcohol Asmnt	DUE - 10			B		Home BG	Goals	s:		l							
Tobacco Asmnt	DUE - 10	/03		ᄆ		Between 70	and 140			l							
Exer Asmnt Dental Ex	DUE - 10:	3	8		B					l							
Retinal Ex	2/5/200	3	Ħ	Ħ	Ħ	Nutritiona	d:			l							
BASICS	DUE - 10	/0:3			8	veggies for a		al snack		l							
SM Review	DUE - 10	/03								l							
Foot Ex Monofilament Ex	DUE - 06	03	R	H	B					l							
Flu Vac	DUE - 10	/03			Ħ	Exercise:	20			l							
Pne Vac	3/1/200	3				brisk walking	20 mine	ites each o	ay	l							
	Last		Last	_		ew/	Messa			I							
Labs	Date		Last Result			ew ate F	New esult	Ref D	ecl	I							I
HbA1c	DUE - 100		8							I							I
Cholesterol	DUE - 100	03	117							l							
HDL	DUE - 100		46							l							
LDL	DUE - 100	_	68	_[I							I
Trigylcerides	DUE - 100	03	52	_						I							I
BUN Serum Creatinine	DUE - 10/			_ <mark>-</mark>						I							I
K+	002 - 100	-3		 }					8	I							I
ALT (SGPT)	DUE - 100	03		 }		-+			H								I
Gross Proteinuria	DUE - 100	_	180	─		-+			H	I							I
Al/Crea Ratio	DUE - 100	03		─ }					8	I							I
MicrAl	DUE - 100	03							8	Clinicia	an Signature:						



Diabetic Eye Exam Referral and Report

HDP#:

3100	Edgewo	ood Road Eureka, (CA 9550	1 ☎ (707) 44	13-4553	♠hdp@hdnfmc.com				
Date:					Referred by:					
Referred to:										
Patient Nam	٥.		_							
Patient Nam	e:									
DOB:	Gender:	Home Phone:	_		Phone:	Fax:				
					riione.	rax.				
Address:	•				Referring Provider Signature:					
Reason for F	Referral:									
Findings:										
]									
NO RETINO	PATHY	EARLY NON PROLIF		NPDR MODERAT	E TO SEVERE	PROLIFERATIVE DIABETIC				
		DIABETIC RETINOPAT	HY (NPDR)	Clinically Sig. Ma	acular Edema	RETINOPATHY				
				Nerve Fiber Laye		Neovascular Optic Nerve Head				
1		Microaneurysms		(Cotton Wool Pa	,	Neovascular Retinal Surface				
		Sparse Blot and Dot		Venous Abnorma		Vitreous Hemorrhage				
1		Lipid		Intraretinal Micro Abnormality	vascular	Traction - Retinal Detachment				
Treatm	ent	Treatment		Treatm	ent	Treatment				
Recomme		Recommende	d	Recomme		Recommended				
Recheck i	n 1 year	Ophthalmology Cons	ult	Ophthalmology (Consult	Ophthalmology Consult				
		Angiogram		Flourescein Angi	iogram	Flourescein Angiogram				
		Laser-Focal Grid		Laser-Focal / Pa Photocoagulation		Laser-Focal / Pan Retinal Photocoagulation (PRP)				
		Follow-up Appointme	nt	Follow-up Appoir	. ,	Vitrectomy				
1				Retinal Consult	nunent	Retinal Detachment Surgery				
				Retinal Consult		Endoscopic Laser				
		Status		Statu	•	Status				
		Stable Improving	Worse	Stable Impro						
Follow-up Re	commond			nth(s)Year(s)		Minimal Moderate High				
Clinician Nam		eu neturiiDays		Signature:	Aleit Risk:	Date:				
						Humboldt Diabetes Project				
Fax Bac	k to:				AND	(707)443-2527				
						(



3 | 00 Edgewood Road Eureka, CA 9550 | (707) 443-4553 hdpg

hdp@hdnfmc.com

Friday, July 25, 2003

Jane Doe

12345 Main Street Eureka, CA 95501

Patient Progress Summary

This summary is being provided to you to better enable you to manage your diabetes. Please take every opportunity to discuss with your health care provider what your personal goals are for the management of your diabetes.

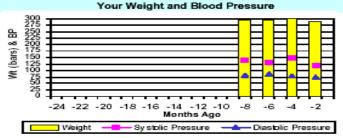
Test/Type of Treatment	How Often?	Standard Goal	My Goal	Date Last Done	Last Result
Blood Pressure Test to check for high blood pressure	Every visit	Systolic: <130 Diastolic: <80		5/10/2003	Systolic: 120 Diastolic: 75
Blood test for HbA1c to check your avg blood sugar over the prev. 2-3 mos.	Every 3 months	less than 7%		4/1/2003	8
Blood tests for HDL "good" cholesterol LDL "bad" cholesterol to check for risk of heart disease	Every 12 months	HDL: greater than 40 LDL: less than 100		10/1/2002	HDL: 46 LDL: 68
Urine test for protein level to check for signs of kidney damage Gross Protein	One every 12 months	Negative		10/1/2002	
Urine Albumin/Creatinine Ratio		less than 30			
Microalbumin		0			
Dental Exam to check for tooth decay and gum disease	Every 6 - 12 months			1/2/2003	
Eye Exam to check for eye damage caused by diabetes	Every 12 months				
Foot Exam to check for poor blood circulation and nerve damage	Every 12 months			3/1/2003	
Flu Vaccine to help prevent the flu	Every Fall			10/1/2002	
Pneumonia Vaccine to help prevent pneumonia, meningitis and sepsis	Every 6 years			3/1/2003	
BASICS Diabetes Education to learn self management methods	Every 12 months				

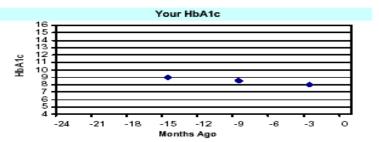
Self Management Goals

Exercise: brisk walking 20 minutes each day

Blood Glucose: Between 70 and 140

Nutrition: veggies for a pre-meal snack





Going Forward

- Co-morbidities the rule, not the exception
- Plan *all* care, not just chronic care
- Patient activation overcoming barriers
- Informed consent checklist
- Shared decision-making tools
- Links to credible information
- Instantaneous QI statistical process control