As momentum surrounding practice improvement and planned care increases, patient care registries are moving into mainstream thinking as “must have” resources for primary care physicians. Population management and use of clinical outcomes data to direct practice improvement activities are foundational in the Patient-Centered Medical Home — and are critical for delivering better quality care with appreciable time savings.

While there is more talk about using registries, a disconnect exists between what is understood about registries and the reality of what they do and how they work — how they help physicians save time and provide a level of patient care the doctors have always intended to provide — all the time, for every patient. In a recent electronic survey of the CAFP membership, 32.6 percent (n=45) of the respondents (n=138) reported using a chronic disease registry, with 10 percent (n=14) using what is available in their electronic medical records. For electronic practices, misleading EMR vendor assurances about registry capability have been disappointing thus far and only widen misunderstandings.

Early impressions of patient care registries

Doctors’ understanding of the value and purpose of a patient registry is often incomplete prior to having experience in using them. According to Betty Metz and Zula Solomon, Improving Performance in Practice (IPIP) coaches, there are often early misconceptions. “Often we hear, ‘My practice is too busy for this … no one will use it anyway.’ Or ‘I already document in my charts (electronic or paper), and I have flowsheets by patient. Why do I need to put it somewhere else?’” Chet Cedars, M.D., Lone Tree Family Practice, comments, “I thought that it was a list of patients with certain diagnoses. I had no idea what information was recorded or how to use the information.” Scott Hammond, M.D., a practice improvement veteran of five years with Westminster Medical Clinic, agrees, “I had a very rudimentary view of registries. They were just the database. I knew that you could retrieve information, but...”

At some point, there is a paradigm shift. “I have found that the registry is more than a listing of patients. It is a tool for seeing patients, and it helps me to manage all patients with a particular disease. It allows point-of-care organization and highlights what needs to be done. With a registry, it also makes it easy to set up group visits,” says Mark Hinman, M.D., who, like the others cited here, has achieved NCQA Diabetes Recognition after starting to use a registry. When asked how his understanding of registry function has evolved since first becoming involved in improvement work 18 months ago, Tracy Hofeditz, M.D., from Morrison, replies, “I initially expected it would show me and others that I was already providing excellent care according to current guidelines. As I realized my areas of weakness and recovered from that awareness, I began to see how maintenance of the registry would be key to improving my care and maintaining those changes over time.”

DEFINING REGISTRIES

Once a patient registry is up and run-

I did not think of it as much more than a repository of demographics.”

At some point, there is a paradigm shift. “I have found that the registry is more than a listing of patients. It is a tool for seeing patients, and it helps me to manage all patients with a particular disease. It allows point-of-care organization and highlights what needs to be done. With a registry, it also makes it easy to set up group visits,” says Mark Hinman, M.D., who, like the others cited here, has achieved NCQA Diabetes Recognition after starting to use a
Life is different when a registry is in place and used to its fullest potential. “It put me back in control as a proactive advocate for my patients. Practicing without a registry is like shooting in the dark, and then having a registry is like someone coming along and turning on the switch. All of a sudden you can see where you are aiming. I know who is in control, and I know which measures need attention prior to visits. I know which of my patients are overdue for appointments. I can create a list of immunizations or retinal exams and call patients in as needed,” Dr. Hammond says.

“EMRs are a different story,” Dr. Hammond observes. “I am now in my fifth month of my new EMR and just beginning to believe that it may have been a good idea. There is no doubt that the EMR is here to stay and will be a necessity especially for networking and connectivity with hospitals and specialists. The learning curve is much slower than for registries and the ability to retrieve data not nearly as robust or physician friendly. Nevertheless, quality features are beginning to appear, and the demand for software improvement will certainly drive better functionality in the future. A good registry is essential, and for now, we have a parallel system from our EMR until they improve their format.”

Dr. Hinman agrees there is a significant difference between EMRs and registries. “EMRs are designed as data storage tools. Registries use data.” He warns, “Don’t fall into the trap of thinking that because data is in the EMR that it is retrievable. Be sure when looking at EMR products that you ask specifically for reporting demos. Registry functionality is never upfront in the demos.”

THINGS TO CONSIDER IN STARTING UP

All four physicians interviewed for this article agree that having additional help with getting started with a registry was extremely useful. “If physicians don’t have access to a coach from an organization that is interested in helping offices to improve chronic disease management, such as IPIP or PHP, setting up a registry could be a daunting task. … The most helpful resource in getting us started with using a chronic disease registry was our IPIP coach,” Dr. Cedars says.

Early users may have a few different needs from more experienced users. Dr. Hoffeditz says, “Initial users benefit from clear format, easier data entry. Mature users need the ability to easily obtain customizable reports from the data, to allow a tickler follow-up function and lab or other service prompts.”

In a perfect world, Dr. Hinman feels a registry would have these features:

- Simplicity of use
- Clear data presentation (through the use of pop-ups and reminders) without a need to search for information
- Ability to use online data input (primarily by patients)
- Ability to download information from EMR
- Lab interface
- Capability for multi-user entry (i.e. staff)
- Recall system that communicates with provider, staff and patients.

PARTING WORDS

Dr. Hoffeditz advises prospective users to “become comfortable with a different perspective on your professional development. Change for the better requires that you shift from assuming excellence to pursuing excellence. Let data from your own practice collected by your own people show your weaknesses and guide thoughtful change for better care.”

For information about coaching, registries, and registry support, please refer to www.coloradoguidelines.org/IPIP.