

**Community Chronic Care Network
Documentation of Stakeholder Interviews
Fall, 2004**

#1 Why did you decide to have your organization participate in the Diabetes Registry Project?

% Respondents
Reason Participating

40%
Quality care is part of mission of organization.

40%
Validates leadership and potential of community collaborations under auspices of HIPC.

30%
Adding benefit to the community by raising community standard of care.

30%
Improve coordination and communication between providers especially public and private providers.

30%
Participant in other projects to improve diabetes care management.

20%
Existing paper system is inaccurate and incomplete.

20%
Giving providers the information they need to improve the effectiveness of patient visits.

20%
Opportunity to improve diabetes care management by primary care team.

20%
Pay for performance.

20%
Support clinical goals of RDC.

20%
The right thing to do.

20%
To do it right; previous efforts failed due to time commitment and lack of adequate

funding.

10%

Focused project with measurable benefits.

10%

Health plans will be requiring more data that the Registry can provide.

10%

Improve accuracy and timeliness of laboratory data.

10%

Improve health care of members plus help make financially successful.

#2 What is your vision of the best outcome of the Diabetes Registry Project?

% Respondents

Best Outcomes

50%

Adoption by all providers results in communitywide improvement in clinical outcomes.

40%

Successful example of competitors working together on clinical initiatives develops trust for increased collaboration through RDC and HIPC.

30%

Supports implementation of Epic and other EHRs in Santa Cruz County.

20%

Decrease incidence of diabetes in future generations by supporting community education.

20%

Quality state of the art diabetes care in Santa Cruz that is affordable and accessible.

10%

Expand to other chronic conditions.

10%

National accreditation as quality diabetes care management program.

10%

Demonstrate education program that is a model for successful adoption of health care technology.

#3 What are your concerns about the Diabetes Registry Project?

% Respondents
Worst Outcomes

50%

Used for competitive advantage by some providers resulting in decreased communication and collaboration among groups and communitywide initiative disappears at end of grant..

30%

Duplicates other systems including Epic and Elysium and does not expand to other chronic conditions.

30%

Privacy issues regarding access to patient demographics heighten consumer concern regarding registries and AHR.

20%

Medicare, commercial insurance not ready to cooperate and limited transportability among payers.

10%

All focus will be on helping providers and improving care management at the expense of prevention.

10%

Not able to demonstrate clinical outcomes because of factors cannot control e.g. cost of drugs.

10%

Some clinics will be left behind without additional funding for IT equipment and training.

10%

Try to do too much with time and money.

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