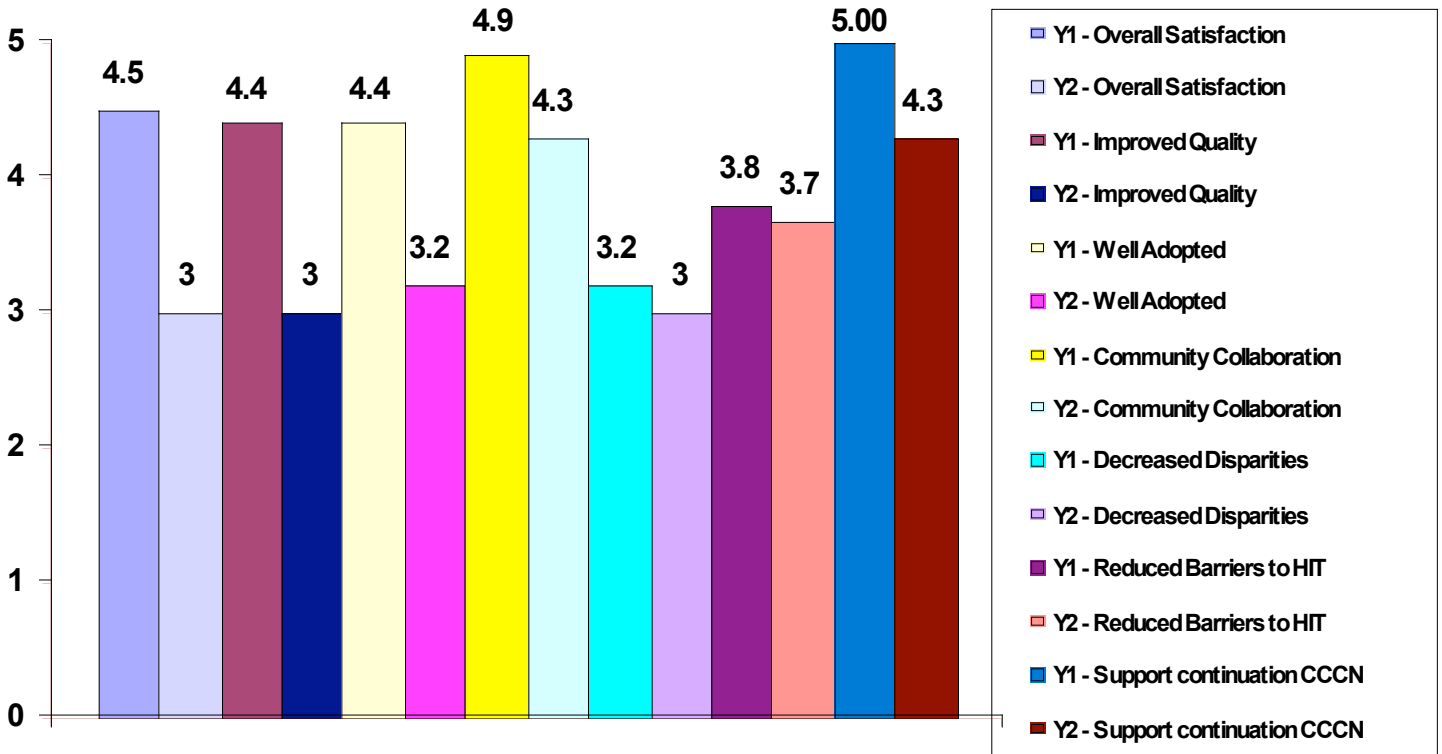




STAKEHOLDER SURVEYS
February 2007

Year 1 to Year 2 Comparison of Responses to Survey Questions 1, 4-9:



Number of Stakeholder Surveys Compared:

- Year 1: 13
- Year 2: 8

Response Scale:

- 5: Extremely Satisfied
- 4: Satisfied
- 3: Neutral
- 2: Dissatisfied
- 1: Extremely Dissatisfied

Question 2) In your view, what are the successes of the CCCN over the last year?

Building of Collaborative

- Continued board collaboration of stakeholders which achieved community consensus with willingness to work together.
- Commitment from Santa Cruz community as well as neighboring Monterey – shared interest in participating in a diabetes registry.
- Ability and willingness to learn from experience of initial years.
- Created a 'marketplace' to see the value in collaboration to be more important than the issue.
- Team members discovered the value and interests of other team members. Got many 'self' interests out on the table to see how each could better address the larger community needs.
- Ability to adjust to changing environment without losing sight of the goal.

Quality Improvement Strategy

- Improved Registry functionality.
- Good collaboration on disease management.
- Office Chart Review gave the data that those patients managed with the registry – performed better based on performance guidelines.
- Tool helped reinforce the need for data extraction and reviews.

Going Forward Year 3+

- Requires business planning for Disease Management Registry future.
- Explore alternatives to the registry, including assessing Solutions and other applications to leverage current work.

Lessons Learned

- Important to set expectations, clearly so that all members understand what the project can do, limitations, etc.
- Premise was that the broad technical scope was correct; found that it may not have been and all was built on that premise.
- Breakdown in Santa Cruz community's ability to deal with difficult collaboration and team personality issues.
- Need flexibility and no fear to communicate.
- Having a vendor in the role of partner needs to be clearly defined, expectations set, evaluated based on value to program.
- Needed defined Best Practices, defined workflows by individual office, implementation plan for individual office, logical process for what needs to be done to implement process in individual office setting and when to do what.
- Needed training for each office on how to implement an electronic program and to make it work easily.
- Conversion from the electronic tool into physical chart for data capture was cumbersome – need more focus on the 'paper' side of how this would work.

Question 3) What things would you change in the CCCN diabetes registry project?

Changes in Year 3+

- Integration into EMRs.
- Greater investment in strategic/business planning instead of perhaps too quick commitment to business model that has proven not feasible.
- Add Solutions software or morph into Solutions.
- Determine how to bring in Medicare data.
- Bring on sufficient technical resources.
- Understand more about the basis of the technology.
- More focus on implementation.
- Better documentation of work-plan and roles.
- More accountability for following work-plan or formal process for changes.