

# STAKEHOLDER SURVEY

October, 2005

13 surveys; scale 1(lowest) to 5 (highest)

How satisfied are you with the CCCN diabetes registry project? - 4.5

The CCCN registry project has improved the quality of care in my organization. – 4.4

The CCCN registry project has been well adopted in my organization. – 4.4

The CCCN registry project has increased community collaboration. – 4.9

The CCCN registry project has decreased health disparities in our community. – 3.2

The CCCN registry project has reduced barriers to adoption of health information technology. – 3.8

I will support continuation of the CCCN at the end of the grant period. – 5.0

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

## **Building of Collaborative**

- Pulling together diverse group including PMG and Sutter to embrace collaborative project for community.
- Sense of belonging, ownership among participating organizations and willingness to invest time and financial resources.
- Real participation at so many levels (e.g. physicians, IT staff) and in so many organizations has helped build community collaboration.
- Feeling of progress and moving forward has brought out best in partners and community pride.
- Pulling together of players has led to other benefits.

## **Quality Improvement Strategy**

- Trying to improve care for persons with diabetes through improving quality of care as a result of improved technology.
- Development of shared vision of effective diabetes disease management tool.
- Focus on chronic disease management.
- Associated with participation in BCCP.

## **Year 1 Work Plan**

- Pace of project is good and moving along well.
- Review by AHRQ was useful.
- Working through complex legal issues.
- Needs assessment by Cabrillo team.
- Project leadership and background staff work.
- Vision and goals clearly defined and articulated in achievable increments.
- Flexibility to readjust original Year 1 work plan.
- Leadership from Wells, Donna & Ellie.

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

- Nothing x 7

## **Changes in Year 1**

- Better job of clarifying role of partners and budget allocations.
- Sequencing of tasks has been a challenge.
- Should have raised health information exchange questions earlier, including master patient index.
- Need to clarify where we are going; who owns the registry data.
- Started without answering is a single disease registry how we want to proceed. Should have done more homework on this issue and examined options.
- Better integration of technical staff and information into the collaborative.

## **Recommendations for Year 2**

- Year 1 process of building trust and sense of ownership needs to continue to establish sufficient trust to get through issues of financial and resources needed in Year 2 implementation.
- Continue work on developing collaborative because difficult to build and sustain.

- Begin financial forecasting for sustainability including community and outside resources.
- Need to address pro's and con's of single disease registry and how fits in with EHRs.
- AHRQ (i.e. Jack Starmer) visit at end of Year 2.
- Better communications and integration between Clinical and IT Committee.
- Need more reports from IT.
- Concerned that implementation barriers are technical and need to be solved in collaborative process.

Other comments:

- I welcome the opportunity to participate in collaboration with community partners in approaching an important health problem on a communitywide basis.
- Success in implementing a community wide registry will serve as a best practice model for our community and for other communities.
- Other communities can learn from the Santa Cruz example.
- Anticipate using model for other chronic diseases.
- Sustainability will be a challenge, without dedicated business organization...market offers options provided by well-capitalized, firms.
- Unclear now whether we will be able to bring in other payor data and transportability across payers/providers is not of sufficient value to sustain locally.