Users Manual

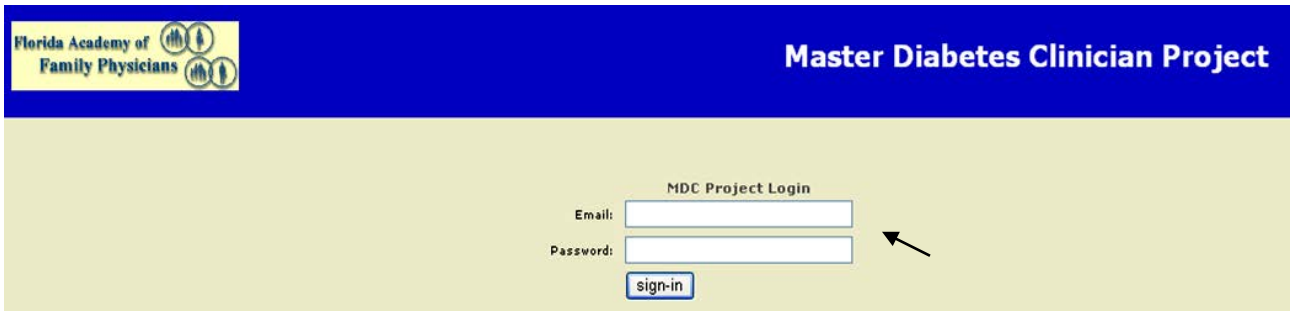
Internet Registry of the Diabetes Master Clinician Program FAFP

Prepared by Ed Shahady MD

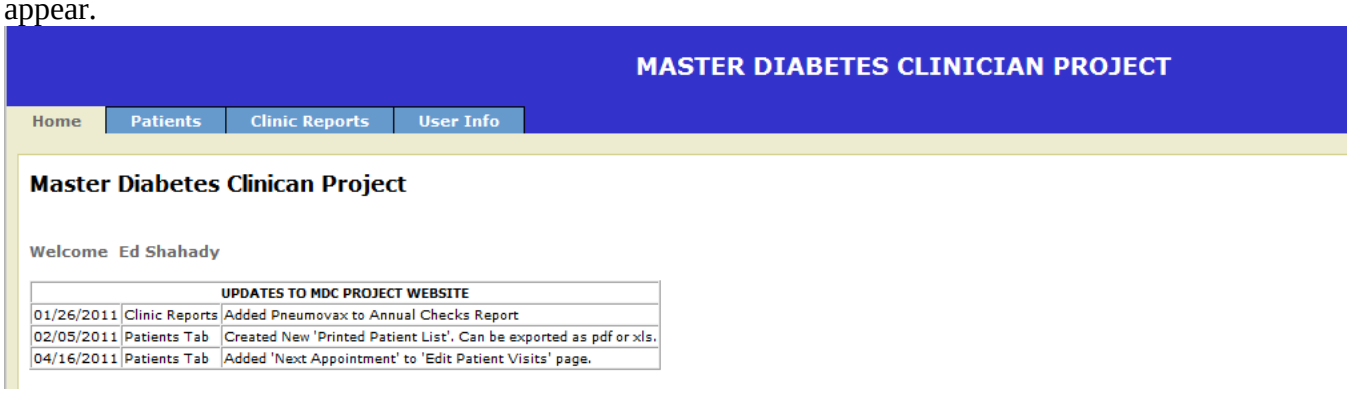
The following instructions will help the user understand how to access and use the diabetes registry of the DMCP.

Log on to the internet through your browser. Usually it is internet explorer but each office may have its own unique set up. Once into the internet type in **www.mdcproject.org** on the line for internet addresses and click on go or touch the key Enter on your keyboard. The page that opens will look like this.

Point your cursor to logon and click the mouse. The next screen will appear.

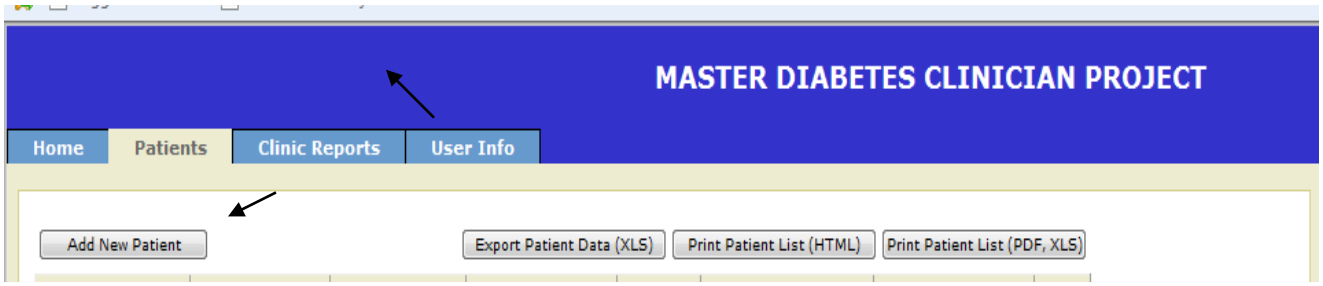


Enter your email address and password. This information will be given to you by Dr. Shahady or another member of the teaching team. The email address may not be your actual email address. A member of your team will be shown how to change the password. After you enter your email and password click on sign in and the following screen will appear.



The name of the clinic or one of the clinicians will be there not that of Dr. Shahady. Also note the name of Sean Nickerson. He is our IT consultant who manages the technical aspects of the registry. Initially you should contact Dr. Shahady for technical help (850-443-1230). If you are not able to contact Dr. Shahady then call Sean for help. The registry has been 99% free of problems and the others are usually easily resolved.

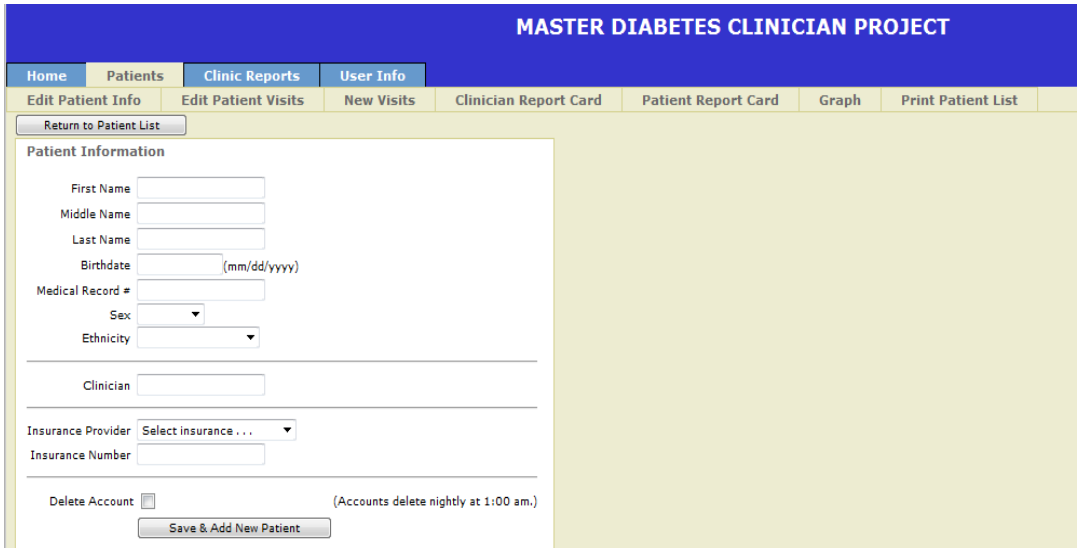
Next point your mouse to Patients at the top of the page and click. The following screen will appear.



Initially no patients will appear on the screen but as you add patients their information will appear automatically. Other items above will be discussed under reports.

Point your mouse to the box titled add a new patient and click.

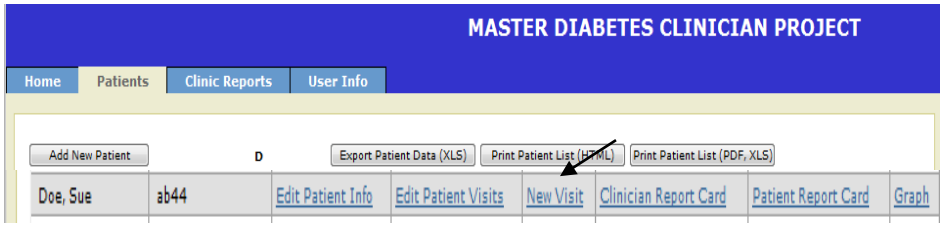
The following screen will appear.



Fill in the information requested. For names be sure to start with a **Capital Letter** and then use lower case. (e.g. Smith) Be sure the dates are entered as suggested above. Month and day should always have 2 numbers and year 4 numbers e.g. June the second 1938 is 06/02/1938 (note slashes are always forward). When moving from field to field use the tab button or your mouse. DO NOT HIT THE ENTER KEY as it kicks you out of the database. If you do by mistake you may have to start over if the back button on your browser does not return you to the page. Assign a medical record number. Some practices

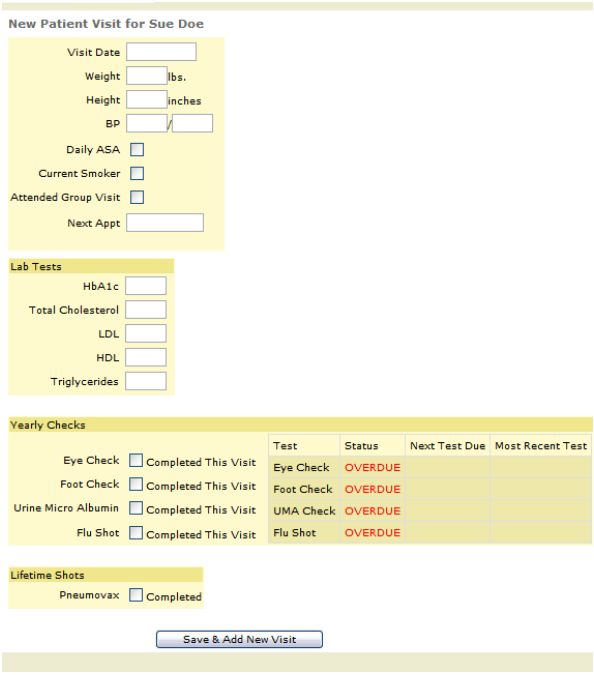
have one assigned. If not create one starting with the number 1 and increasing as you go. **Do not use social security numbers**. Be sure to enter sex and ethnicity by using the dropdown boxes. Use the clinician field if there is more than one clinician in the practice. Use numbers or letters like 101 and A, fewer errors are made when numbers or letters are used rather than names to identify the clinician. Insurance provider and number are optional fields. The delete account button is used when a patient is no longer in the practice.

After all data is entered click the mouse on save and add new patient. Do not click the enter button. This will take you out of the system and require reentry. If all the information you entered disappears you have successfully entered the patient. If the date has not been entered correctly a message letting you know the format needs changed will appear. **After you have saved the information click on return to patient list. The following screen will appear**



You may need to go to the bottom of the screen and click on the letter of the alphabet for the patient's last name.

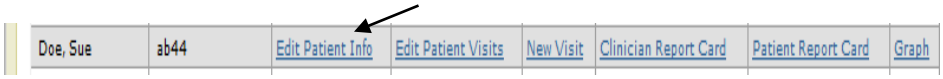
Point the mouse to **new visit** for the patient (Sue Doe) click and next screen appears.

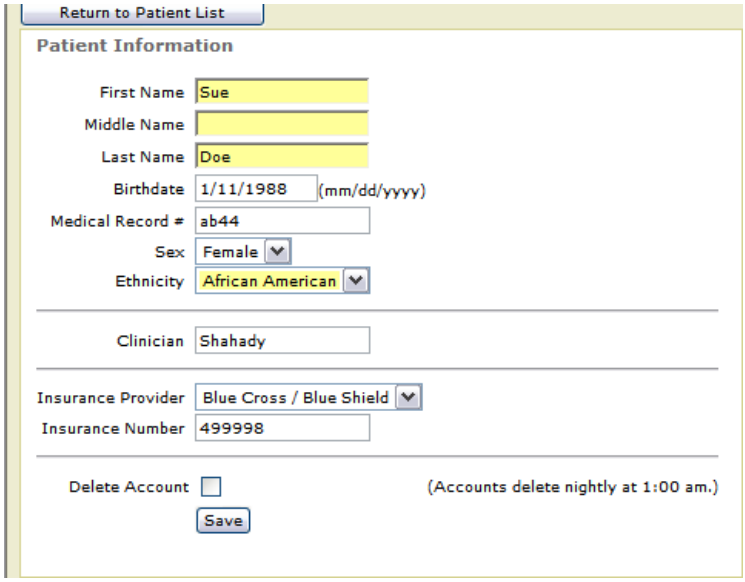


To find diabetes related visits go to the pages where lab data is stored. Use these dates to begin your data entry. The dates for the lab data may vary from the visit data but this is **not** your legal record so you can combine data from visits as long as they have occurred within 8 weeks of each other. This helps because many patients obtain their tests before

or after their visits. Fill in all the fields that you can for data you can find. Some of the fields are just check boxes. Give credit only if the test is documented on the chart. **For eye tests this is a dilated eye exam that has been performed by an optometrist or ophthalmologist.** Ordering the test is not sufficient. If the chart notes that is was done or a letter from the eye doctor is in the chart give credit for the eye test. For certain tests like HBA1C, LDL, HDL, triglycerides the number should be entered. HBA1C requires a decimal point e.g. do not enter 7 enter 7.0. For others like urine microalbumin just check to note that it was done. **Foot exam credit is given if the note states that the feet were inspected and the patient could or could not feel touch. A monofilament or tuning fork may have been used to also check for sensation**. Do not give credit for a foot exam unless touch, monofilament or vibratory sense is noted in the chart. Give credit for ASA (aspirin) if the note says the patient takes aspirin daily. If the patient takes drugs named plavix also give credit for ASA. Click save and add new visit when done and if the screen goes blank you can add another visit or click return to the patient list. For initial data entry enter up to 3 visits that occurred in the last 18 months and have lab data. If only one or two visits have lab data then two visits is enough.

Once returned to the patient list you now have several options. You can click on the Edit Patient Info button and edit the demographic data. The following screen will appear.

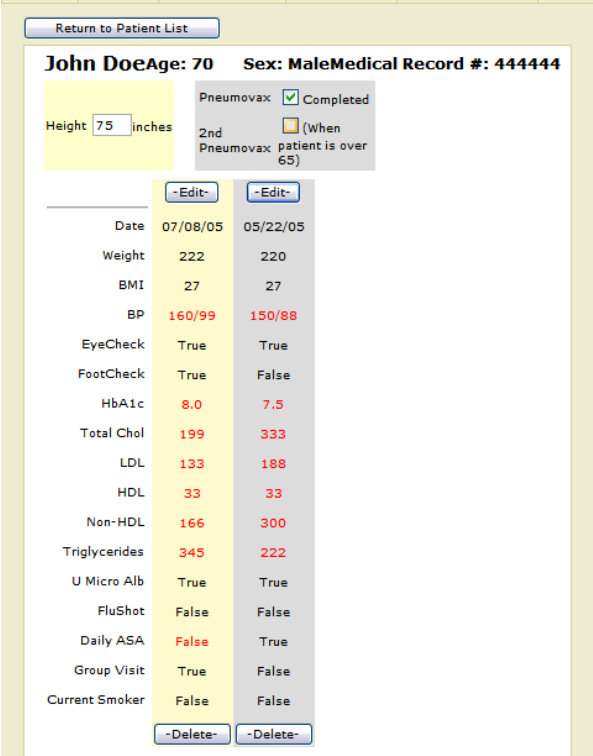




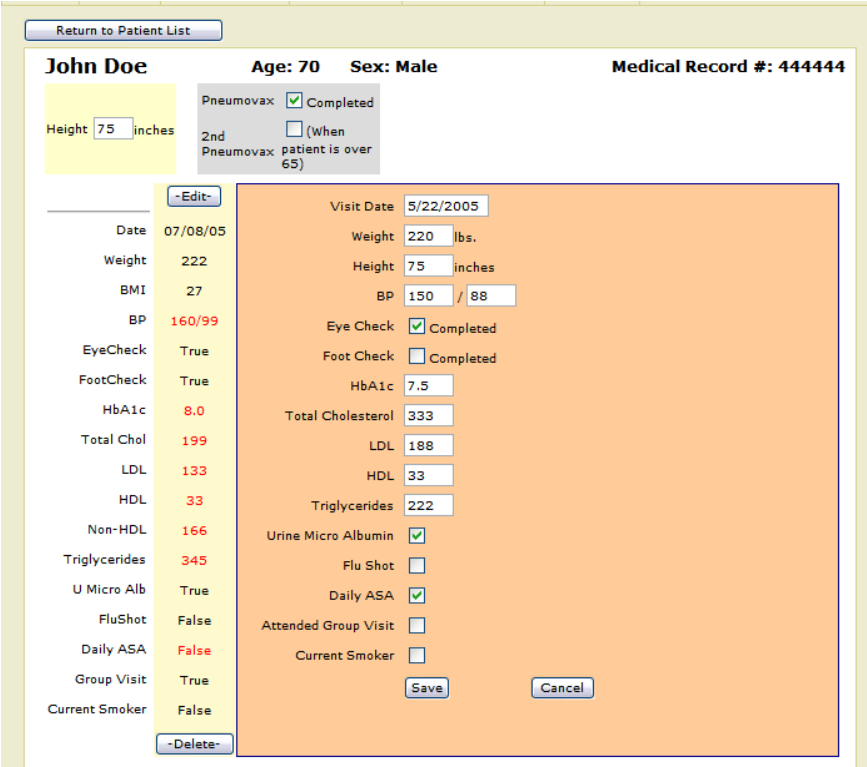
If the patient leaves the practice or expires they should be removed by clicking the delete account button. Save your edit and then click on return to patient list.

Once back to the patient list you can also edit the past visits by clicking on the Edit Patient Visits button.

The following screen will appear. The patient is now John Doe and has data entered.



If you want to delete the visit just click delete. If you want to edit click on Edit for the 05/22/05 and the next screen appears that will permit edited information.



Update any information and be sure to click on save. The screen will return to the

previous page and the information should be updated.

Reports for a Patient Visit

Report for the Clinician—click on Clinician Report Card

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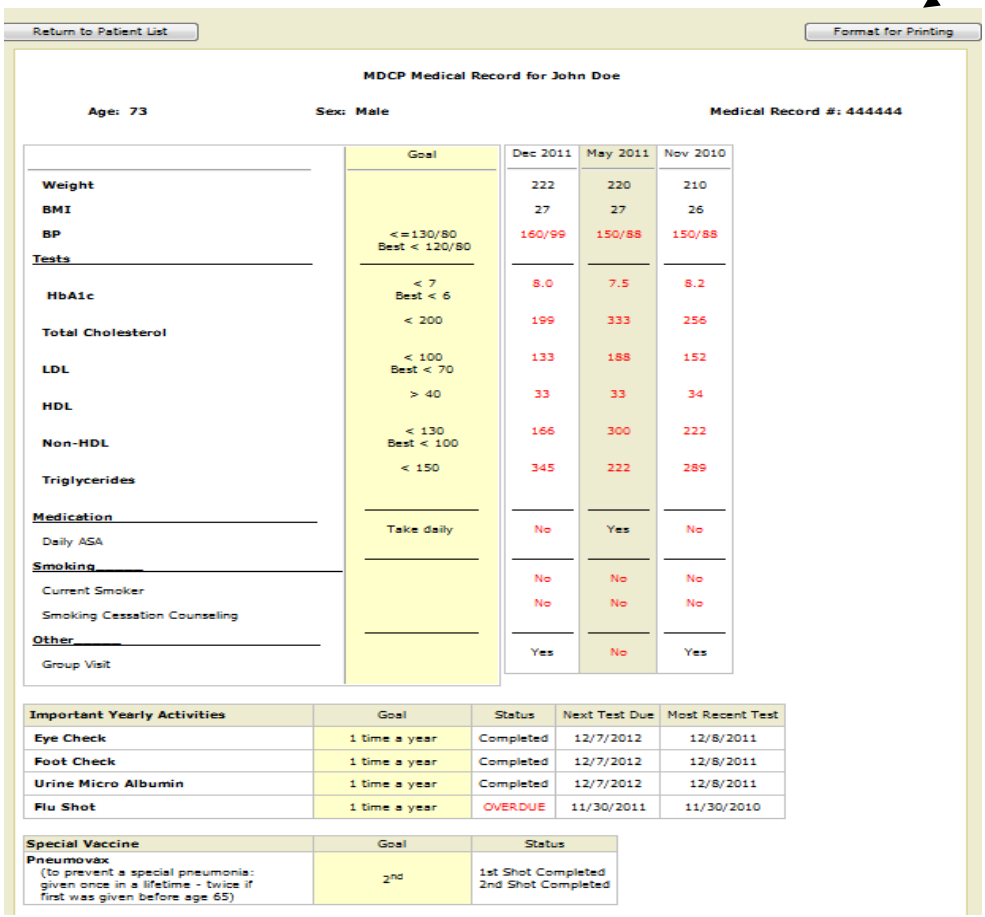
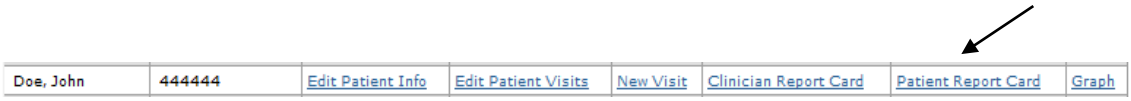
The following screen will appear.



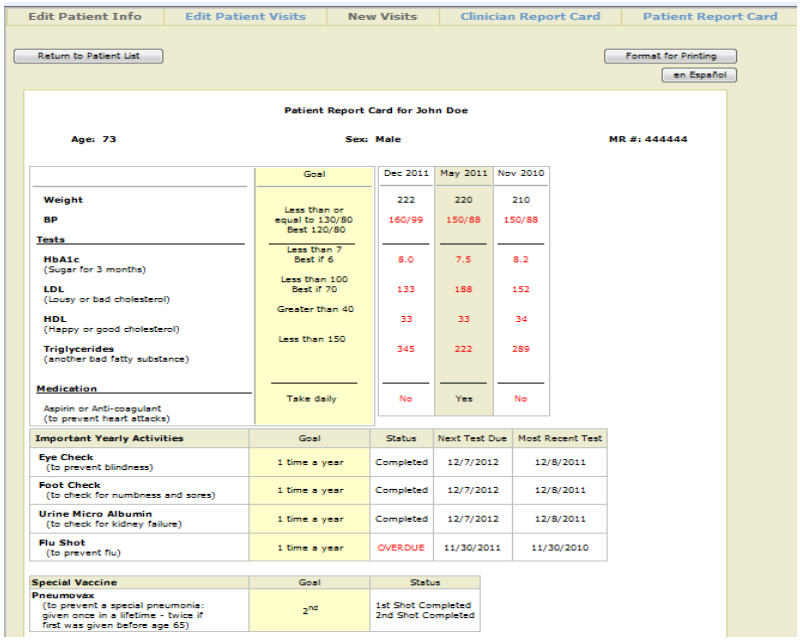
Do not print this page as it will be too small. Click on Format for Printing and a new screen will appear. You can then print that page.

If it does not appear it may be that you <u>are not allowing pop-ups</u> on your internet site. You usually can disable this at the top of your screen. After the new screen appears click on file and print to obtain a print out that can be used for the chart. This form is placed on the chart at the time of the visit for the clinician to review. The best way now to return back to your patient is to <u>click the back button</u> at the top of your screen. This returns you to the prior page. If you click on the return to patient visit page you will be at the start of the alphabet.

Once back to your patient list click on Patient Report Card.

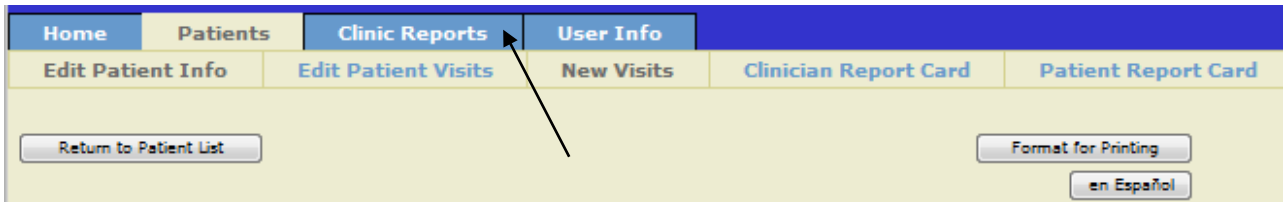


The following screen will appear.



This is the most helpful report in the registry. It is given to the patient by the nurse or the medical assistant. The patient sees this before the clinician enters the room. This report card empowers the patient by making them aware of their diabetes goals, the reasons why they are important and how well they are doing in reaching their goals. The patient takes the report with them as a reminder. This page is printed by first clicking on format similar to the Clinician Report Card. **Also note that the report is available in Spanish**.

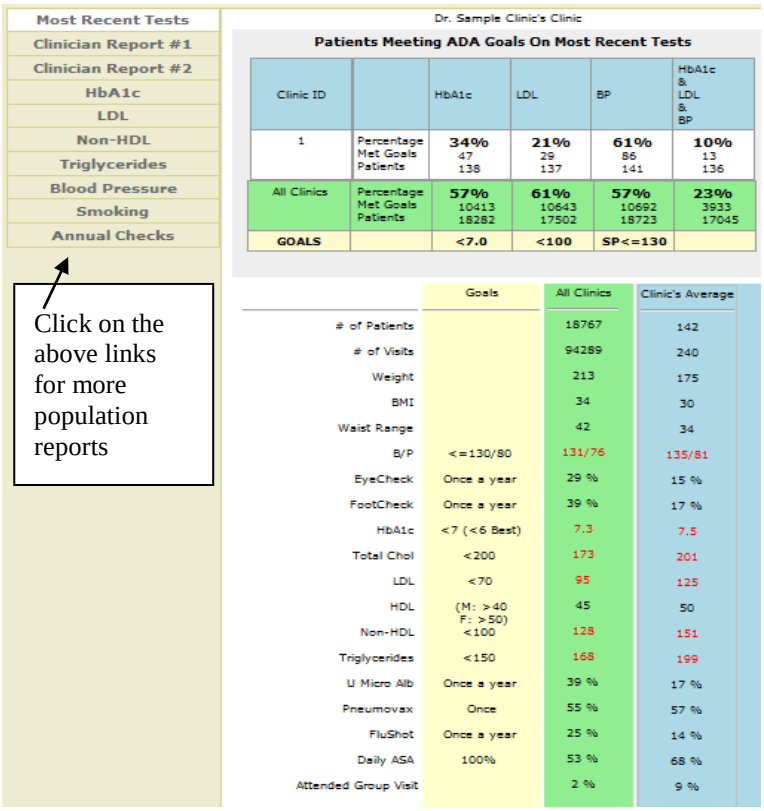
By now you have noticed the banners at the top of the page. You can use them instead of returning to the patient list to find all the sites for data entry and report printing.



Population Practice Reports

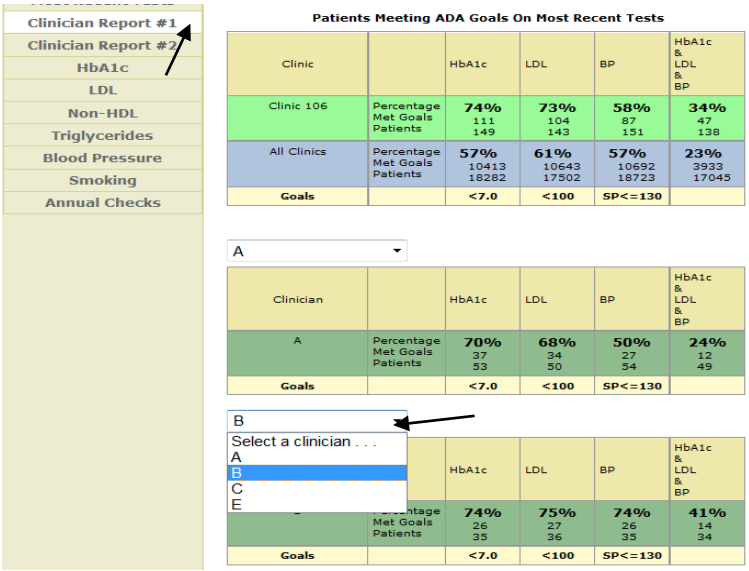
The prior reports informed the patient about their level of achieving diabetes quality goals. The next set of reports informs the practice and individual clinicians about their level of achieving diabetes quality goals. These reports arwe available by clicking on clinic reports the top of the page (arrow above)

This will produce the following screen. (Report is from the sample clinic) Note the banner on the left. The first screen displayed below is a summary of quality goals for the practice on the most recent tests entered into the registry.

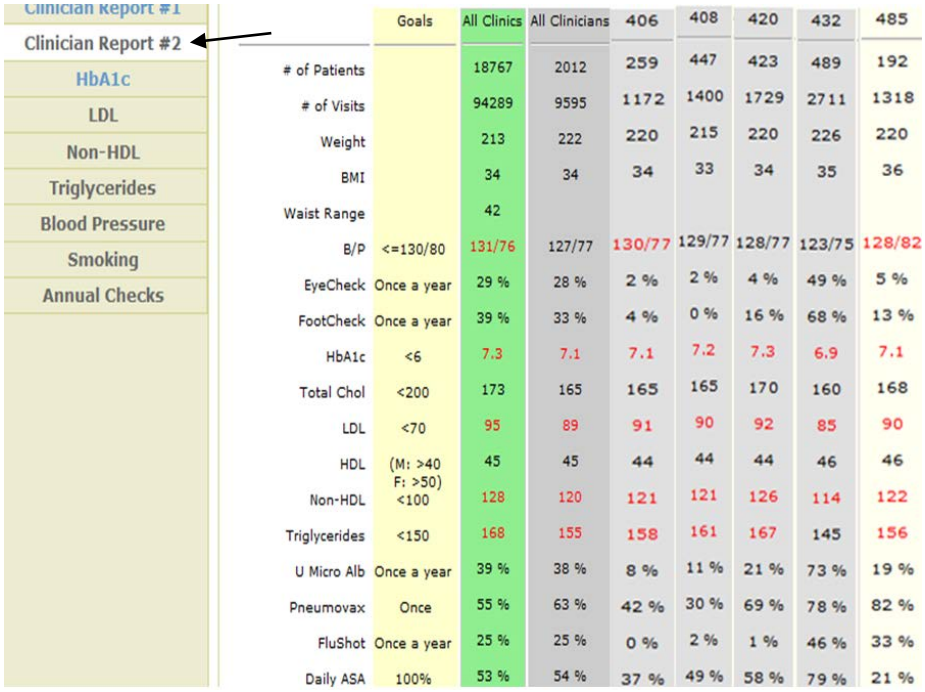


This report informs the practice about their degree of achievement of diabetes standards of care. This screen also has reports about the degree of achievement for each clinician as well as reports that demonstrates which of their patients are not achieving goal for HbA1c, LDL, Non-HDL, Blood Pressure, immunizations and yearly checks.

For example by clicking on Clinician Report 1 the following report is available.

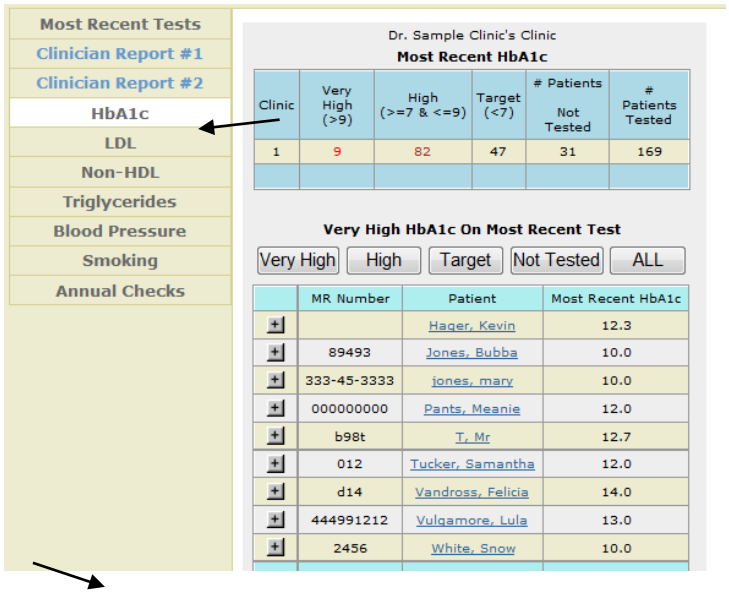


The drop down box is used to display the information for each clinician. Clinician report 2 has additional information about each clinician.



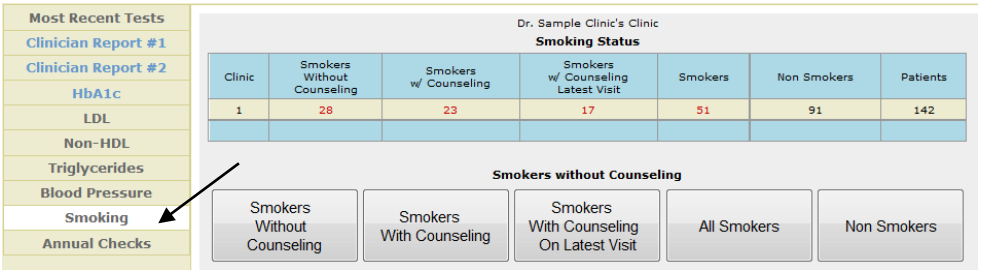
	Goals	All Clinics	All Clinicians	406	408	420	432	485
# of Patients		18767	2012	259	447	423	489	192
# of Visits		94289	9595	1172	1400	1729	2711	1318
Weight		213	222	220	215	220	226	220
BMI		34	34	34	33	34	35	36
Waist Range		42						
B/P	<=130/80	131/76	127/77	130/77	129/77	128/77	123/75	128/82
EyeCheck	Once a year	29 %	28 %	2 %	2 %	4 %	49 %	5 %
FootCheck	Once a year	39 %	33 %	4 %	0 %	16 %	68 %	13 %
HbA1c	<6	7.3	7.1	7.1	7.2	7.3	6.9	7.1
Total Chol	<200	173	165	165	165	170	160	168
LDL	<70	95	89	91	90	92	85	90
HDL	(M: >40 F: >50)	45	45	44	44	44	46	46
Non-HDL	<100	128	120	121	121	126	114	122
Triglycerides	<150	168	155	158	161	167	145	156
U Micro Alb	Once a year	39 %	38 %	8 %	11 %	21 %	73 %	19 %
Pneumovax	Once	55 %	63 %	42 %	30 %	69 %	78 %	82 %
FluShot	Once a year	25 %	25 %	0 %	2 %	1 %	46 %	33 %
Daily ASA	100%	53 %	54 %	37 %	49 %	58 %	79 %	21 %

The next reports aid the clinician with discovering which specific patients are at significant risk because their numbers are very high. These reports help the clinician and staff practice population based medicine. These lists can be used to see if patients have not made recent visits, invite to group visits, make reminder phone calls and send reminder letters or emails. The reports for HbA1c, LDL, BP, Non-HDL, and Triglycerides provide lists of patients at high risk, average risk, those at goal and no test performed. The following table is a list of patients for HbA1c. This report is from the test site and all patient names are fictitious.

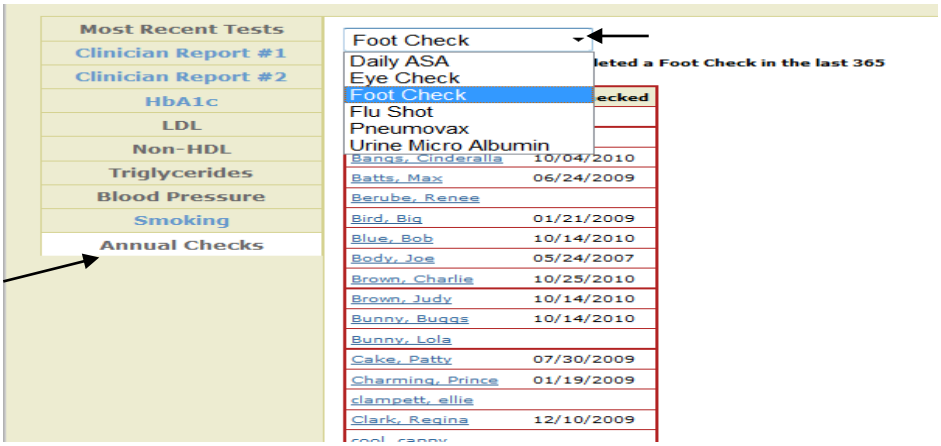


By identifying high risk patients the clinician and staff can develop additional strategies

to help these patients achieve their goals. The high risk patients are ideal for inviting to group visits. The report for smoking provides lists as indicated in the screen shot below.



Reports can also be generated to see which of you patients have not had their immunizations or yearly checks like a dilated eye exam or a complete foot exam. Point your mouse to annual checks and click. The following screen appears. Use the drop down box to choose an indicator. All patients who have not had an indicator performed in the last 365 days will be displayed. For Pneumovax it will list those who have never had the immunization. The names are fictitious.



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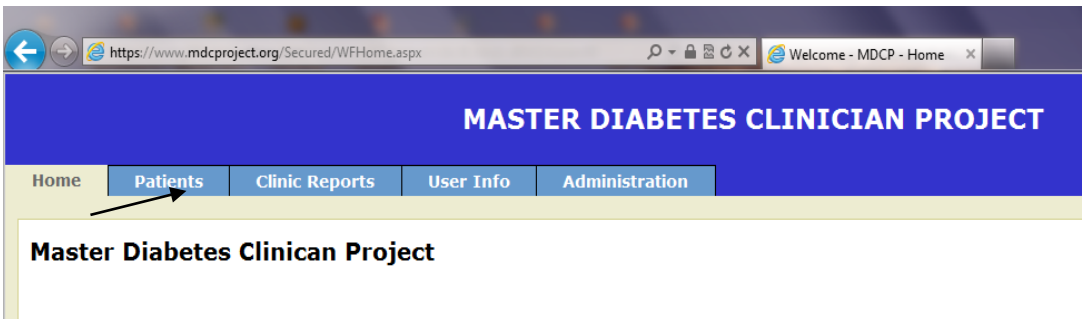
Here is how you can download all your patients to an excel spreadsheet. This will allow you to analize any aspect of the diabetic patients in your practice. You could also do this periodically and compare your progess. If you know how to use a spreadsheet you could create statistical relationships.

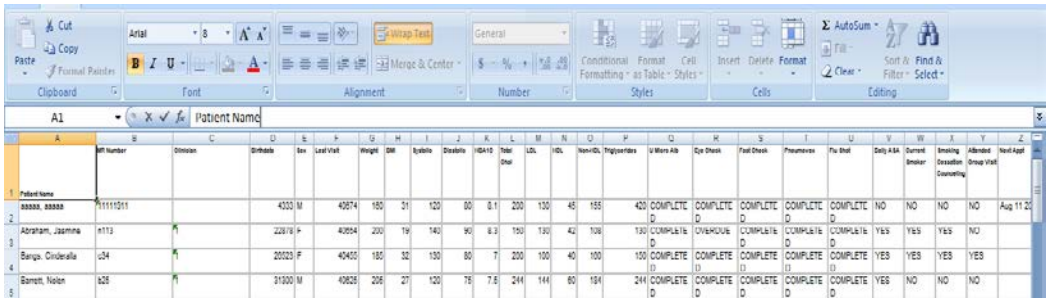
After you enter the registry go to the patient page. The following is from our Test Page



Now click on patients. The following screen will appear. Click on export patient data xls.

The following page will apprear. Click on the Excel Icon

And now you can save the spreadsheet and sort and manipulate



You can also down load other reports of your complete patient list and also the list for each clinician by clicking on the following areas.

Who sees your data?

Your data will never be shown to others in a way that identifies you or your patients. Because this is a demonstration project aggregate data will be shared publicly for educational purposes. This will include published articles and educational seminars. The aggregate data will also be shown to funding agencies to obtain further funding for the project.

If you have questions or suggestions please contact me at eshahady@att.net