ANTHC Diabetes Registry

September 18 2020

Objectives

- ANTHC Diabetes Registry:
 - Why start a registry?
 - How was the registry started?
 - What did the initial data show?
 - What resulted from the registry data?
 - How is the registry maintained?
 - Continuing use of registry data







Initial support

- AK Chief Medical officer supportive
- Diabetes Steering committee formed



Initial Resistance

- DM not a priority among other health problems seen in AK region
- Preliminary search retrieved several hundred people with DM visits
- Skepticism tourists, coast guard, etc.
- Chart review and data repository needed
- No funding

Initial Resistance

"I wouldn't touch that project with a ten foot pole. If, in 30 years, everybody has diabetes, people will say: See, you wasted all that time and money. Everybody knew you couldn't stop diabetes.

If, in 30 years, diabetes is rare people will say:
See, you wasted all that time and money.
Everybody knew Alaska Natives didn't get diabetes."





















Registry Case Ascertainment

Finding people with diabetes, prediabetes, GDM and complications

Manual process

ICD reports run for DM, manual review, manual data entry

Registry Case Ascertainment – E-updates

Manual process Electronic process Complications For non-Cerner E.H.Rs - Run/request ICD reports + Manual review - Run/request ICD reports + Manual data entry + Process reports Shared Cerner + Manual review E.H.R platform + Manual data entry - Run report from Cerner reporting tools + electronic processing + electronic/auto update into the registry





Registry Functions

Lab and clinical details verification

Patient Care

ANTHC Diabetes Registry

Communication and education

Support for quality of care reviews

Challenges and Solutions

- Challenge: Staffing for data entry
 - Difficult to find and keep clinical staff willing/able to methodically assess and enter data
- Solution: Diabetes staff, dedicated data entry person, intermittent team of research nurses

Challenges and Solutions

- Volume of people with diabetes ICD codes
- Solution: E-updates using HbA1c reports

Current Registry Location

ANTHC Diabetes Program

ANTHC Diabetes Registry

Multidisciplinary clinical team

Community Outreach

Continuing Education and technical assistance

Advanced Community
Health
Aide/Practitioner
Training

Clinical support

- Patient lists by community/facility
- Data support for SDPI programs
- Continuing education on diabetes diagnostic criteria
- E.H.R documentation and reporting support
- CHA/P advanced training

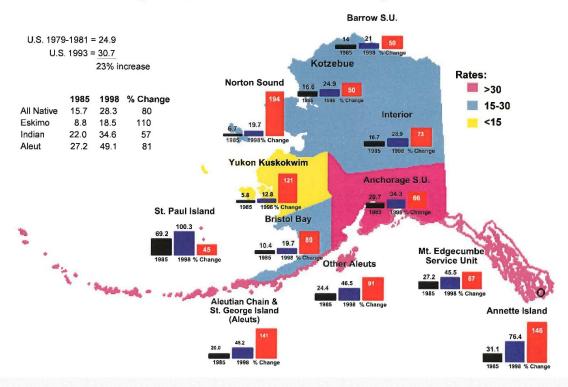
Epidemiologic Monitoring

- Prevalence and incidence by region, ethnicity and age
- Trends in End Stage Renal Disease and amputations
- Special data requests from tribal and I.H.S. partners
 - for new grant proposals
 - priority planning
 - presentations to tribal leaders
- Data supporting allocation of federal funding for diabetes care and prevention

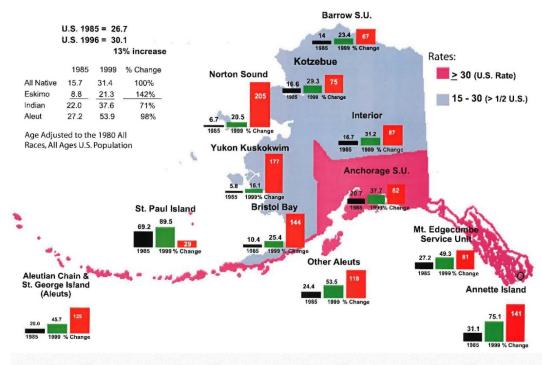
Cross-matching (with appropriate clearance)



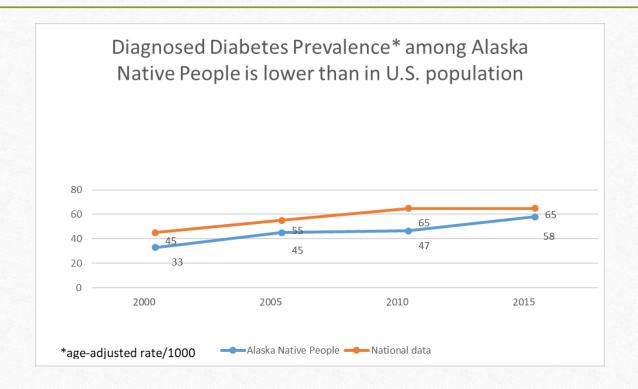
Diabetes Prevalence, Alaska Natives 1985, 1998 and Percent Change Age-Adjusted Rates Per 1,000 Population



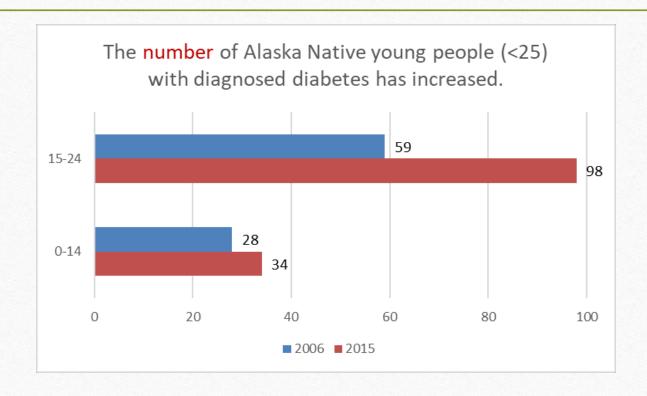
Diabetes Prevalence, Alaska Natives 1985 & 1999 and Percent Change Age-Adjusted Rates Per 1,000 Population



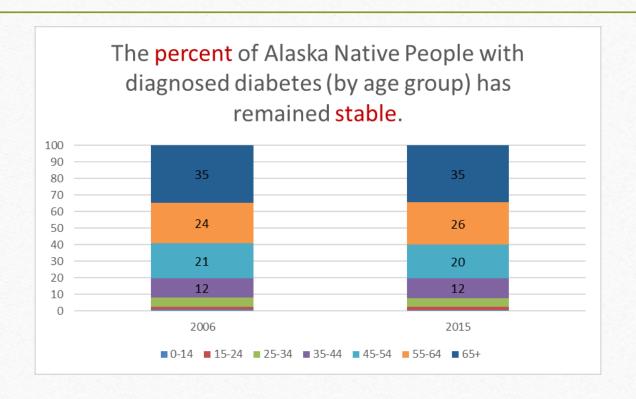
Diabetes Prevalence



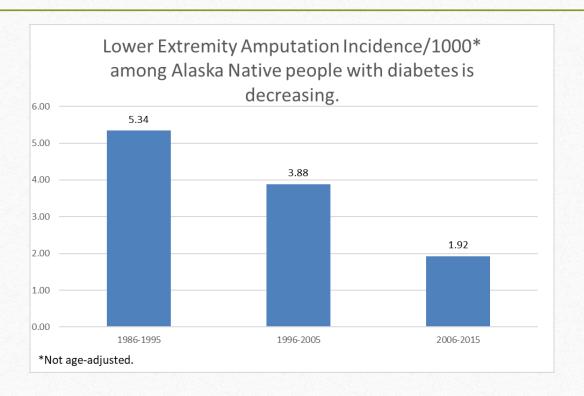
Young People with DM



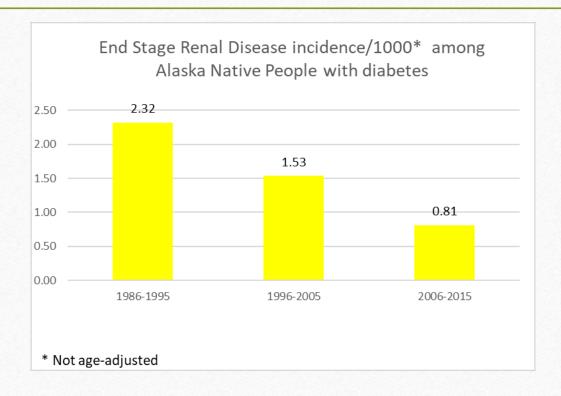
Prevalence by age group



LEAs



ESRD Trends



Conclusion

- 35 year young registry
- ATHS-wide support
- Used for patient care, regional program planning, advocate for funding
- Adapt and use new tools to handle volume



Mnarayanan@anthc.org

729-1124