Patient Registries Improve Quality at Modest Cost

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PHILADELPHIA — A costly electronic health record system is not necessary to engage in quality improvement and participate in the growing number of pay-for-performance programs, Dr. Rodney Hornbake said at the annual meeting of the American College of Physicians.

Patient registry software is a lower-cost alternative that allows physicians to track their care of patients with chronic diseases.

"It's really an excellent starting place for quality improvement in the ambulatory setting," said Dr. Hornbake, an internist in private practice in Essex, Conn.

In lieu of costly EHRs, registries can track patients with chronic diseases; a comprehensive program can be purchased for less than $1,000 per provider.

Patient registries are one of the best tools for physicians participating in pay-for-performance programs, Dr. Hornbake said. Many electronic health records (EHRs) may not have population-based functionality, and therefore cannot generate simple reports on the physician's performance on certain measures. Most EHR vendors can build interfaces with patient registry software, but that's generally an added cost, he said.

There are a number of patient registry programs available; a comprehensive program can be purchased for less than $1,000 per provider, Dr. Hornbake said. Some are available for free.

For example, Dr. Hornbake tested the Comorbid Disease Management Database (COMMAND) software in his practice. This registry system is available for free from the Mississippi Quality Improvement Organization. And technology-savvy physicians can use programs like Microsoft Access to design their own registries, he said.

Dr. Hornbake tried out COMMAND in his practice to help keep up with the pay-for-performance programs in his local market. One insurer—Anthem Health Plans Inc. of Connecticut—has a program that offers incentives for process and outcomes measures, as well as for the use of health-related information technology, including electronic prescribing, EHRs, and patient registries. The insurer also offers incentives to physicians for generic prescribing, he said.

Dr. Hornbake said that he exported demographic information from his billing system into COMMAND and manually entered the clinical information from patient charts himself. After using the billing system to identify all of the patients who had conditions included in his registry, he had his staff put red stickers on those patient charts.

This flagged the patients for special attention from the staff, he said. For example, patients whose charts had stickers received follow-up calls if they missed an appointment. To keep the registry up to date, every 2 months the staff pulls the charts of all registry patients and Dr. Hornbake updates the system manually. He spends about 1.5 hours entering data on 125 patients, he said.

Dr. Hornbake said that he prefers to enter the information in periodic batches because it helps him to identify any chronic disease patients who have slipped through the cracks.

Even factoring in his time, Dr. Hornbake said that he saw an immediate return on investment with the patient registry system. Unlike implementation of an EHR system, he added, patient registry software tends to fit in easily with the normal workflow of the office.

Physicians can also manage their patient care using a paper-based patient registry, he said, but once they begin to track 20 or more measures, a paper system quickly becomes unworkable.

So far, Dr. Hornbake said that he has resisted purchasing an EHR system because he still can't make a financial case for the investment.

He advised physicians to buy or upgrade an EHR system based on its ability to support pay for performance and manage a population of specific patients. Many of the other selling points for an EHR system—that it will eliminate transcription, cut down on needed staff positions, and improve coding—don't hold true for all physicians, he said. ■