

Table 3

Diabetes Registry Success Factors

| Registry Success Factor | Comments |
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| Identification of patients with diabetes | Identification should be based on ICD-10 codes, fasting blood sugars, or HbA1c levels. |
| Capture of data elements electronically | Our registry is electronic, but it is not connected to an electronic health record, nor does it receive HL7 lab feeds at this time. |
| Real-time availability | A web-based registry has the best access. The screen view can be shared with patients. Results can be printed for clinicians or patients. |
| Searchability | Registry must be searchable for exam and lab details, per American Diabetes Association (ADA) guidelines. |
| Web-based system linked to diabetes guidelines | Registry should be available to all clinic workers. ADA guidelines are embedded into the database tables. |
| Feedback to providers | The means to compare physicians with peers or national benchmarks has not been established. |
| Ability to generate patient letters | Patients can be automatically e-mailed directly from the registry. A list is generated when labs or visits are due. Available in English or Spanish. |

Note: Registry success factors were derived by an article by Gabbay et al.³⁷