DIABETES COLLABORATIVE REGISTRY®
A Powerful Collaboration to Transform the Future of Diabetes Care

The Diabetes Collaborative Registry® is the first global, cross-specialty clinical registry designed to track and improve the quality of diabetes and metabolic disease management across the primary care and specialty care continuum.

The Diabetes Collaborative Registry enables participating practices to:

- Coordinate patient care across specialties to drive improvement in outcomes
- Identify opportunities to close gaps in diabetes care and achieve health equity
- Easily collect data on key performance measures that drive change in diabetes care
- Receive up-to-date information on the quality of care provided to patients by tracking adherence to national performance measures at the practice, provider and location levels
- Ensure patients receive comprehensive care based on the latest research, science and guidelines
- Submit federal quality performance data for a positive payment adjustment

TheDiabetesRegistry.org
A Holistic View of the Patient

The American College of Cardiology, the American College of Physicians, the American Diabetes Association, the American Association of Clinical Endocrinologists and the Joslin Diabetes Center recognize that at the heart of the Diabetes Collaborative Registry is the patient. Participating in the Diabetes Collaborative Registry gives practices access to compelling, data-rich, clinical information from the multiple health care specialties involved in diabetes treatment and provides a unique, longitudinal view of the presentation, progression, management and outcomes of patients with diabetes. By leveraging the EHR (Electronic Health Record) data from a practice, physicians are able to access customizable reports designed to facilitate coordinated care, prevention and treatment of their patients with diabetes.

Tracking key diabetes measures

- Diabetes: Hemoglobin A1C Poor Control
- Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)
- Diabetes: Medical Attention for Nephropathy
- Tobacco Use: Screening and Cessation Intervention
- Dietary Intake Counseling
- Physical Activity Counseling
- Statin Measure
- Diabetes Eye Exam
- Diabetes Foot Exam
- Advance Care Plan
- Antiplatelet Therapy
- Blood Pressure Control

Standardized Data Elements Focused on Quality of Care

The Diabetes Collaborative Registry leverages the well-established technology platform of the American College of Cardiology’s National Cardiovascular Data Registry (NCDR®). The Diabetes Collaborative Registry pulls data from EHRs with structured elements that document patient information using a standardized vocabulary rather than unstructured, narrative text. This provides participants with consistent and reliable data to inform national performance measures applicable to a broad base of providers, practice types and researchers. As a participating practice, you will receive easy-to-interpret monthly reports that allow you to validate the quality care you provide and benchmark your performance on a national and practice level.

Flexible Reports for Custom Information on Demand

As we move towards value-based payment, it is now more important than ever for providers to receive up-to-date information. Through an easy-to-use dashboard, the Diabetes Collaborative Registry offers monthly and quarterly reports that practices can use to gather insight into the quality of care they are providing to patients. Practices can track performance by practice, location, provider and more.

History of Diabetes Care

1916: Elliott Joslin, MD, publishes the first edition of The Treatment of Diabetes Mellitus.

1979: The National Diabetes Data Group (NDDG) develops a new diabetes classification system:
1) insulin dependent or type 1 diabetes
2) non-insulin dependent or type 2 diabetes
3) gestational diabetes
4) diabetes associated

1993: The Diabetes Control and Complications Trial (DCCT) shows that keeping blood glucose levels as close to normal as possible slows the onset and progression of eye, kidney, and nerve diseases caused by diabetes.
“Stopping diabetes — and its related cardiovascular complications — won’t be easy. But the Diabetes Collaborative Registry moves us one step closer to obtaining the resources we need to do so.”

Robert E. Ratner, MD, Chief Scientific and Medical Officer of the American Diabetes Association

QPP Reporting & Support

As a Qualified Clinical Data Registry, the Diabetes Collaborative Registry allows your practice to meet federal quality reporting standards under the Quality Payment Program (QPP). Seamless participation in the Merit-based Incentive Payment System (MIPS) is included with enrollment.

Participation in the registry will allow MIPS data to be sent to the Centers for Medicare & Medicaid Services by individual or through the group practice reporting option to ensure your providers are meeting federal quality standards.

Participants can also earn incentives through the Clinical Improvement Activities and Advancing Care Information components of QPP. For more information, visit our website at ACC.org/MACRA

The Research Alliance

The Research Alliance links geographically diverse practices through the ACC Outpatient Registries comprehensive data system to further best practices and quality improvement in real-world clinical settings. This offers participating practices a one-of-a-kind opportunity to take part in a range of clinical trials, observational studies and investigator development programs that are designed to advance care.

Visit TheDiabetesRegistry.org or call 800-257-4737

2008:
The results of the ACCORD, ADVANCE and VADT studies are published, which lead to clinical recommendations that call for a more individualized approach for setting glycemic goals and treatment targets.

2014:
The Diabetes Collaborative Registry is launched, an interdisciplinary data collaboration aimed at tracking and improving the quality of diabetes and cardiometabolic disease management across the primary care and specialty care continuum.

2015:
EMPA-REG OUTCOME® trial demonstrates that empagliflozin, plus standard care, was the only glucose-lowering agent to date to have shown improved outcomes in high-risk cardiovascular patients.
COLLABORATORS

The Diabetes Collaborative Registry is the effort of a broad collection of organizations with the common goal of improving patient care and treatment of Diabetes Mellitus. These organizations bring together providers within multiple disciplines and broaden the insights into patient outcomes for diabetes and metabolic complications across specialties.

PARTNERS

The American College of Cardiology is a global medical society that is the professional home for the entire cardiovascular care team. The mission of the College is to transform cardiovascular care and to improve heart health. www.ACC.org

The American College of Physicians is a national organization of internists — physician specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. www.acponline.org

The American Diabetes Association is dedicated to the prevention and cure of diabetes, and to improving the lives of all people affected by diabetes. www.diabetes.org

The American Association of Clinical Endocrinologists is a professional community of physicians specializing in endocrinology, diabetes, and metabolism committed to enhancing the ability of its members to provide the highest quality of patient care. www.aace.com

Joslin Diabetes Center, affiliated with Harvard Medical School, is the world’s preeminent diabetes research and clinical care organization. Joslin, through its cutting-edge research and innovative approaches to clinical care and education, is dedicated both to ensuring that people with diabetes live long, healthy lives and to finding a cure. www.joslin.org

The registry is sponsored by AstraZeneca (Founding Sponsor) and Boehringer Ingelheim Pharmaceuticals, Inc.