Registry brainstorming guide

*Creating, implementing and using a registry on a daily basis will impact your workflows and require training. Consider following this guide to hold an effective brainstorming session and keep the team on track during all stages of implementation.*

Protect time to talk about the registry and stay organized

Half an hour during a work day or as part of a regularly scheduled team meeting may not be enough time to have an involved discussion with your team about what a registry entails and how you will use it. Consider a half-day brainstorming session or covering different aspects of the registry over the course of several team meetings.

Have an agenda to keep the discussion on track, especially if you’ll need to spread the conversation over several sessions. Take notes and remind the team what was discussed during previous sessions.

Get everyone on the same page during the kickoff

Begin the session by briefly summarizing what a registry is and what it can do for your practice. Consider watching this [video on point-of-care registries](http://www.aafp.org/fpm/2011/0500/p11.html) with your team. Go over the five criteria that a registry should meet so that they are fresh in everyone’s mind as you begin to think about your practice’s registry.

A good registry that brings value to the practice should:

1. Provide a list of all the patients in the practice with the condition of interest (e.g., diabetes, asthma, COPD, etc.)
2. Show a “snapshot” of the EHR to detail important clinical parameters and identify the gaps in evidence-based recommended care
3. Aggregate the results from all patients in the practice with the specific condition to assess the overall quality of care provided (e.g., the percentage of patients with diabetes who have their blood pressure controlled)
4. Produce support for outreach and follow-up (e.g., easily identify all patients with diabetes who have not had an eye exam or who are not taking aspirin)
5. Make clinical quality reporting a “byproduct of the process of care” instead of a separate endeavor

Use the nominal group technique to encourage everyone to contribute

The [nominal group technique](http://www.cdc.gov/healthyyouth/evaluation/pdf/brief7.pdf) (NGT) has been used for years to guide brainstorming sessions and make sure no single person dominates the conversation and that every idea gets a fair evaluation by the group. NGT can easily be applied to your practice’s brainstorming session. It is important to make it clear that no idea is a bad idea. Premature judgement of ideas reduces innovation and creativity. Using NGT helps everyone to be engaged and feel that they have contributed to the final result. Four simple steps to use NGT include:

1. Gathering ideas from everyone without judgement or comment
2. Recording the ideas using a flip chart or sticky notes
3. Discussing the ideas to see if there is a need for clarification, for grouping or splitting of ideas or to build on the original idea
4. Voting to rank or prioritize the ideas in order of importance

At the end of the session, it is usually obvious which ideas or characteristics have broad support from the group and which ones do not.

Cover all aspects of the registry

Start the brainstorming process by asking everyone to write down two or three items that they would like the registry to achieve for the practice. Another way to start the conversation is to ask: “What would we like our practice to be known for five years from now and how could a registry help us get there?” Then move into a more detailed and specific discussion of the various aspects of your practice’s registry. You may find the registry worksheet at the end of this guide helpful for driving the conversation.

Reach consensus and formalize your plan

Once you have talked through all aspects of your practice’s point-of-care registry, be sure that everyone is on board. Confirm next steps and work together to develop an action plan or list of goals for the registry. Goals should be SMART: **s**pecific; **m**easureable, **a**chievable, **r**easonable and **t**ime-bound. Use the group to help flesh out the goals and determine a realistic timeline for implementing the new registry.

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| REGISTRY WORKSHEET*Seek input from your team to build a point-of-care registry for your practice* |
| Clinical conditions common in the practice that would benefit from this kind of systematic approach | 1.2.3.4.5. |
| Patient population(s) to include | 1.2.3.4.5. |
| Interventions and measures to track | 1.2.3.4.5. |
| Any gaps in care that could be better understood with a registry | 1.2.3.4.5. |
| Existing or future quality improvement efforts that could benefit from the data gathered by a registry | 1.2.3.4.5. |

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| How the registry will fit into your existing workflows*Consider using a workflow map to guide your discussion.* |  |
| Responsibilities of your team members | Administer training:Input information:Monitor:Report: |
| Anticipated challenges to training, implementation and/or rollout of the registry | 1.2.3.4.5. |
| Metrics that could be reported to payors and/or partners and may enhance revenue through quality bonus programs | 1.2.3.4.5. |
| Ways to connect the registry to other efforts in your practice to further improve patient care, such as health coaching, a care transitions team or population health management | 1.2.3.4.5. |

**References**

Bagley B, Mitchell J. Registries made simple. Fam Pract Manag. 2011;18(3):11-14. http://www.aafp.org/fpm/2011/0500/p11.html

*Source: AMA. Practice transformation series: point of care registries. 2016.*