



Bronx RHIO Expands Diabetes and Hypertension Registry Project

As patients return to primary care visits in this stage of the COVID-19 pandemic, the need for chronic disease data is expected to grow. The Bronx RHIO is helping to meet this need by developing and distributing chronic disease registries as part of a NYS Department of Health, CDC-funded, diabetes and hypertension prevention initiative. The RHIO aims to use these registries to help providers prioritize primary care interventions for patients who need it most.

Bronx RHIO is one of three NYS Qualified Entities (QEs) selected by the NYS DOH Division of Chronic Disease Prevention to join this project, which is now in Year 3 of 5. The RHIO's deliverables for the project include:

- Calculation of pre-diabetes and hypertension measures for the Bronx population
- Working with local providers to identify at-risk patients
- Using the data to drive enrollment into CDC approved education and intervention programs
- Monitoring health outcomes

Bronx RHIO now has 17 primary care practices representing 3 member organizations participating in the project, and is working to expand the dissemination of these registries to include at least one health plan. The project participants receive customized registry reports for chronic disease management. Registry reports the Bronx RHIO is providing for project participants include:

- Diagnosed Diabetes Prevalence
- Undiagnosed Diabetes Prevalence
- Diabetes Poor Control
- Diagnosed Prediabetes Prevalence
- Undiagnosed Prediabetes Prevalence
- Hypertension Control
- Undiagnosed Hypertension

Bronx RHIO is partnering with these provider groups to accomplish the key project goal of meeting primary care providers' need for chronic disease data to improve their patients' health outcomes. Participating organizations will use the project registries for patient retention, outreach, and intervention program development.