

# Using the Central Data & Referral System (CDRS)

My Personal Experience

MG Lupita Gurulé Martinez, Master Trainer  
Stanford University, School of Medicine,  
Patient Education Research Center  
Self-Management Programs

# My Role

- A Certified Master Trainer with Stanford University, School of Medicine for their suite of self-management programs
- One of three active Maser Trainers in the State of New Mexico
- Contract with the NMDOH
- Manage Northern part of the state
- Collaborate with Consortium for Older Adult Wellness (COAW)

# What is CDRS?

- Central Data and Referral System
- Created and Licensed by COAW
- COAW on Contract with NMDOH
- Implementation in State of NM
- Training and technical assistance
- Primarily responsible for data entry
- Manage Referrals
  - Initial contact → Follow up → Completion

# What is Workshop Wizard (WW)?

- Tool, software and system of the CDRS
- Hosted, managed & maintained by COAW
- Accessed via internet and the WWW
- Follow the highest security protocols and practices – exceed security standards
- Tailored specifically for New Mexico
- Levels of access according to role
- Can be linked directly into HMR systems

# Example Program Tasks

- Making referrals
- Collecting participant information
  - Aggregating results
  - Preparing reports
  - Capturing and quantifying outcomes
  - Assessing Impact and efficacy
  - Comparing historical data
- Tracking Workshop Leader requirements
- Building and maintaining partnerships

# How CDRS Assists With Tasks

## Making Referrals

- Self-Referred
- Referred by agency, doctor, clinic, etc.
- Captured and entered into WW
- COAW staff check WW for scheduled program availability
- Keep referral notes;
- Track & monitor follow up through to completion.
- Notify key personnel of referral

# How CDRS Assists With Tasks

## Collecting Participant Information

- Referral has been made and participant enrolled for upcoming workshop
- Participant attends workshop and completes questionnaire and evaluation
- Both forms are entered into WW by either COAW staff or program managers and/or coordinators

# Example Program Tasks

- Collecting participant information
  - > Aggregating results
  - > Preparing reports
  - > Capturing and quantifying outcomes
  - > Assessing Impact and efficacy
  - > Comparing historical data



# How CDRS Assists With Tasks

## Track Workshop Leader Requirements

- Requires intensive training and skill evaluation
- Must co-facilitate one workshop for every year to remain certified
- Must co-facilitate more workshops if cross-trained and certified in any specialty self-management programs
- WW helps us to track and monitor if a workshop leader is current and in which programs.
- Can review past workshops lead, with whom, on which dates and locations,
- Evaluate success and skill (completers, etc.)

# How CDRS Assists With Tasks

## Building and Maintaining Partnerships

- WW can act as a collection site for partnership data, information and contact notes
- Partner contact information (phone, address, name, etc.;
- Notes and pertinent information
  - Location site
  - Hosts workshops
  - Potential collaboration
  - Building logistics, etc.

# My Experience

- Ease of use
- Extensive training
- Incredible technical assistance
- Comprehensive Users' Guide
- Training webinars, phone calls, hands-on face-to-face
- Has made my role much easier!
- With the click of simple buttons WW has automated tasks that used to be tedious, time consuming and overwhelming

# We're all in it together!

- We're here because we care.
- We want our clients, patients and participants to feel better and have access to services.
- We want to make a difference.
- Awareness of what's available is key.
- Connecting patients with services is vital.
- Making and completing referrals is critical.
- Using the CDRS and WW is HOW this happens!



a self-management class for your patients with chronic conditions.

Questions? [Manpat@cdndpp.org](mailto:Manpat@cdndpp.org)

Fax Referral Form to:

505-544-2582 or

575-256-2162

## PARTICIPANT INFORMATION

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: ☐ Male ☐ Female

*I understand that CDNDPP Regional Coordinator may inform my provider about my participation in MyCDNDPP.*

Patient Signature

Date

Address

City

State

Zip Code

Best phone number to reach you:

Best time of day to contact you:

May we leave a message: ☐ Yes ☐ No

Language: ☐ English ☐ Spanish ☐ Other (specify) \_\_\_\_\_

## PROVIDER INFORMATION

Provider Name: \_\_\_\_\_ Email: \_\_\_\_\_

Clinic: \_\_\_\_\_ Fax: \_\_\_\_\_