

The “symbiosis” between high-quality register data and VBHC

The role of local, national and international registers in the development and promotion of Value-Based healthcare projects

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Introduction

Since 2006, the idea of Value-Based Health Care (VBHC) has gained traction, introducing the need for value from a patient’s view as well as a health system’s view. Arthroplasty registers and their international body (ISAR) seek to improve outcomes for individuals receiving joint replacements; at face value, register data forms part of a VBHC approach. This study explores the symbiosis between high-quality register data and VBHC with a view to disambiguation of the two approaches.

Methods

The research project uses exploratory, semi-structured interview methods with a sample of regionally, nationally, and internationally recognised register experts. Participants are provided with some contextual questions prior to the interview. Interviews are held using online technology, and transcriptions stored and analysed using Nvivo® software. Ethical approval was received from SOM-REC (Swansea University, U.K.).

Results

The link between arthroplasty registers and improved patient outcomes (such as pain, function, mortality, reoperations or other adverse events) is supported by the initial outcomes of this study (Fig 1). Pilot interviews have revealed the importance of clinician-led registers and well-defined outcomes in the implementation of an evidence-based practice, providing individual surgeons, practices, and healthcare organisations with improved decision-making protocols. Improved decisions on effective implant choices and pre- and post-operative care regimes have led to improved outcomes in three domains – for the patient, the clinician and the health system. These are interwoven but include, amongst others, improved independence, reduction of revision procedures, reduction of opioid use, and cost-savings.

Discussion/Conclusion

Initial results suggest that arthroplasty registers inform stakeholders and improve evidence-based decisions about arthroplasty surgery. Initial data supports a link between the principles of VBHC and the evidence-generating potential of arthroplasty registers and ISAR, outlining a common purpose in improving outcomes and value for both patients and society (Fig 2). Further interviews are planned to refine views and provide further insights of the common ground and potential symbiosis.

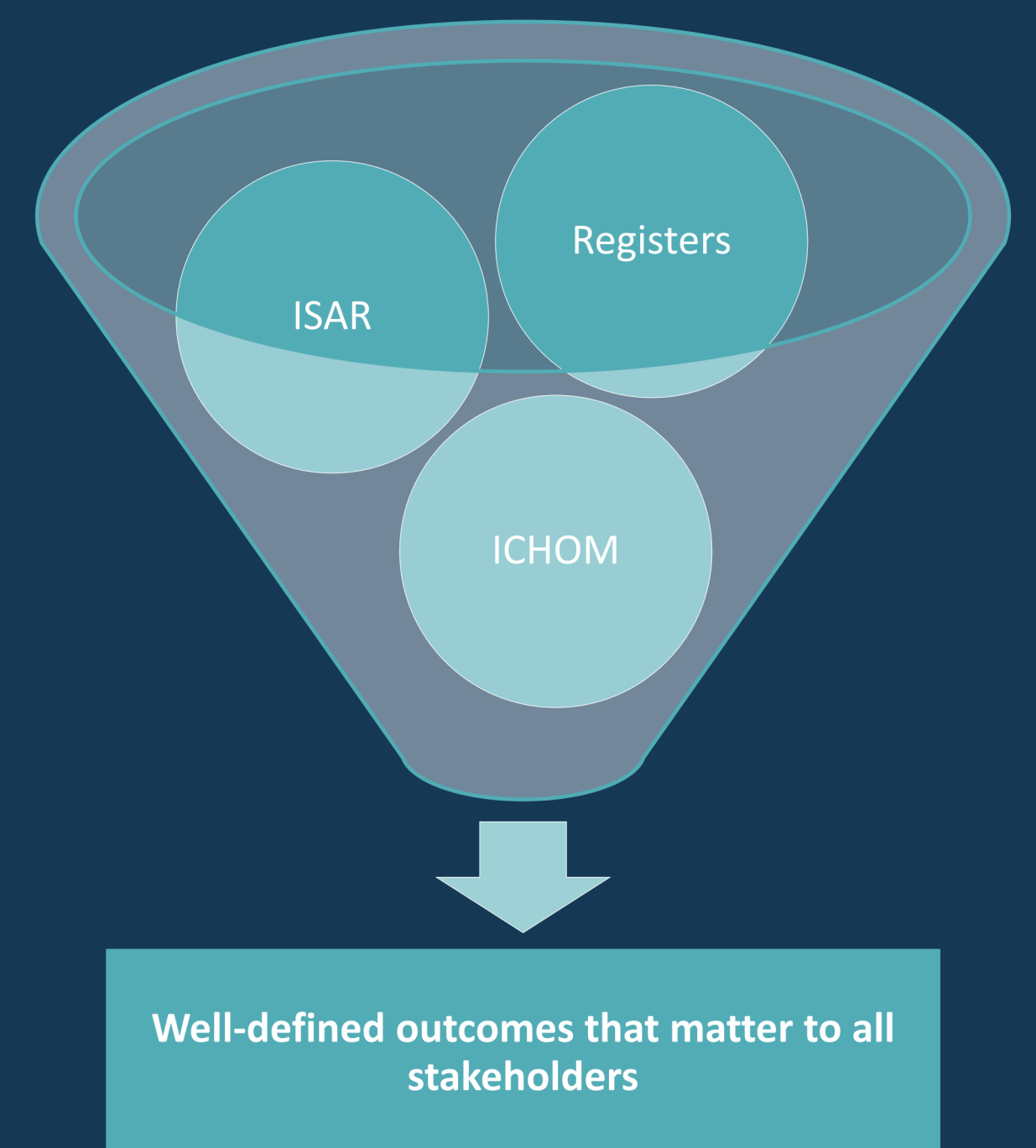


Fig 1. Identification of patient-centred outcomes (ISAR= International Society of Arthroplasty Registers; ICHOM= International Consortium for Health Outcomes Measurement)

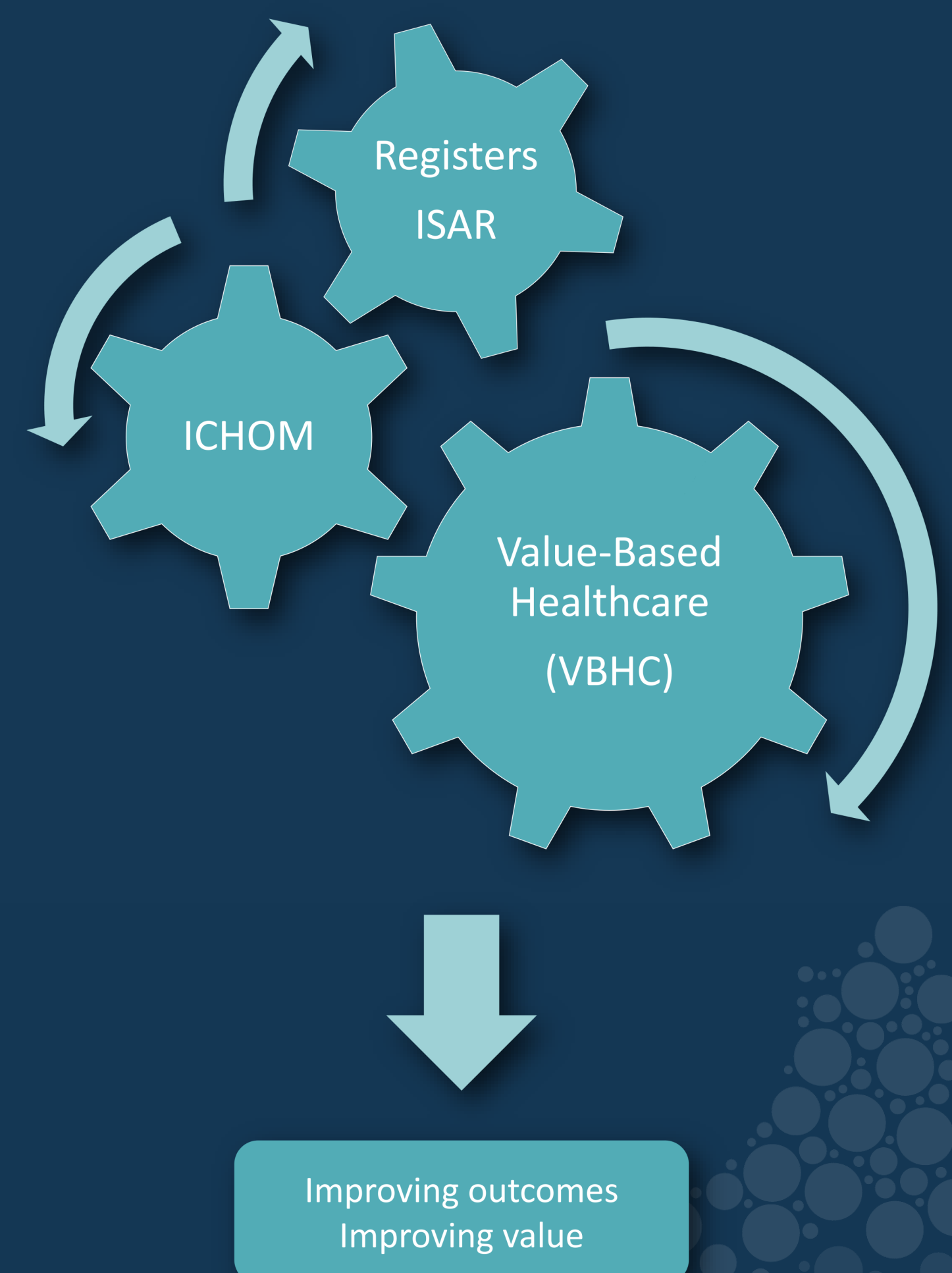


Fig 2. Link between registers, ISAR and VBHC ((ISAR= International Society of Arthroplasty Registers; ICHOM= International Consortium for Health Outcomes Measurement; VBHC= Value-Based Health Care)