

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 study used exploratory, semi-structured interview methods with a sample of regionally, nationally, and internationally recognised register experts. Fifteen participants were provided with some contextual questions prior to the interview. Interviews were held using online technology, and transcriptions stored and analysed using NVivo software. The thematic analysis was performed using qualitative coding to seek trends in experts’ views on the registers with a confirmatory coding and analysis undertaken by a social science researcher. This project wanted to explore the following questions:

1. How have local, national, and international arthroplasty registers contributed to the development of evidence-based medicine (EBM) and quality improvement?
2. How have local, national, and international arthroplasty registers contributed to the development of patient-centred arthroplasty pathways?
3. What is the symbiotic relationship between high-quality register data and the underlying ideas of VBHC?

Results

Improved patient outcomes and linking value to care by contributing to EBM as part of the function of the registers were supported by the interviewees and interviews revealed the importance of clinician-led registers in the integration of PROMs and the implementation of an evidence-based practice. By providing individual surgeons, practices, and health care organisations with information to improve decision-making protocols, support clinical decisions on effective implant choices and pre- and post-operative care regimes, registers have contributed to improved outcomes for the four stakeholders – the patient, the clinical teams, the health system, and the society. Whilst the focus of the registers has been on improving outcomes, cost-savings for the healthcare systems and the wider society, although not directly measured, were considered a bonus.

Discussion/Conclusion

Arthroplasty registers do inform stakeholders and improve evidence-based decisions about arthroplasty surgery. There was a unanimous agreement that registers, and the output from registers were actively contributing to improving outcomes and as such contributing to quality improvement and contributing to EBM. The role of the registers in supporting the development of arthroplasty pathways was found to be more ambiguous and variable across territories and between practitioners. The analysis supports a link between the principles of VBHC including the aim to reduce unwarranted variations, and the evidence-generating potential of arthroplasty registers, outlining a common purpose in improving outcomes and value for patients, surgical teams, healthcare organisations and society. Further research is planned to refine views and provide further insights in the complete pathway and potential symbiosis.