



COMPREHENSIVE APPROACH TO OUTCOME MEASUREMENT IN PATIENTS WITH DEGENERATIVE SPINE DISEASES AT FUNDACION SANTA FE DE BOGOTA

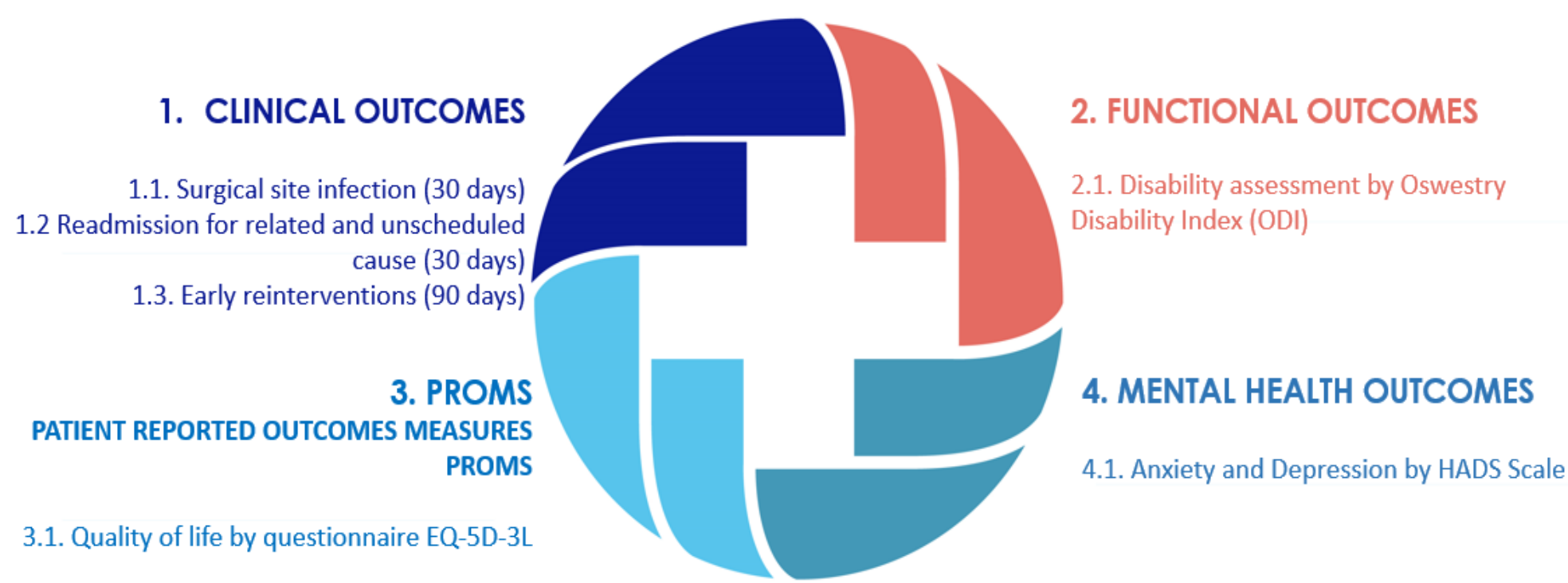
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INTRODUCTION

The evolving healthcare trends need a transition from volume-driven and productivity-focused models to value-centered approaches. This study focuses on implementing a comprehensive measurement of health outcomes in patients with degenerative spine disease, including herniated discs, spinal stenosis, and osteoarthritis. Given the standard use of surgery in these patients, it's crucial to assess its impact in various aspects, including surgical complications, functional improvement, quality of life, and psychological well-being. Such evaluation provides insights not only from a clinical perspective but also from the patient's viewpoint.

METHODS

Figure 1. Comprehensive approach to outcome measurement in patients with degenerative spine disease at Fundación Santa Fe de Bogotá.



Several key outcomes were chosen for measurement, as shown in figure 1. These outcomes measures were conducted among patients with degenerative spine diseases who had not undergone prior surgery for the same condition, spanning the period from November 2021 to December 2023. Data regarding surgical complications were sourced from medical records, while information pertaining to ODI, EQ5D3L, and HADS was gathered directly from patients, both in-person prior to surgery and via telephone follow-ups at 6- and 12-months post-surgery.

RESULTS

Over the observational period, 307 patients were enrolled, predominantly women (n=165; 53.7%). See details of the results in Table 1.

Table 1. Comparison of outcomes measured in patients with degenerative diseases of the spine at the Fundación Santa Fe de Bogotá versus the best references found in the literature.

FUNDACION SANTA FE DE BOGOTA			LITERATURE BENCHMARKS		
COMPREHENSIVE APPROACH	Number of patients	%	Number of patients	%	DOI
Clinical outcomes					
Surgical site infection (30 days)	307	1,6%	61079	1,8%	10.1016/j.wneu.2015.12.085
Readmission for related and unsheduled cause (30 days)	307	2,9%	2339	3,7%	10.1097/BRS.0000000000000276
Early reinterventions (90 days)	280	3,2%	11027	4,6%	10.1016/j.spinee.2013.06.069
Functional outcomes					
Improvement ≥ 15 points on the Oswestry Disability Index (12 months)	95	73,7%	208	67,8%*	10.1177/2192568219845662
Mental health outcomes					
Decreased risk of depression (6 months)	124	75%	Without comparable benchmark reference		
Decreased risk of anxiety (6 months)	124	79%			
PROMS (patient reported outcomes measures)					
Average visual analog scale (EQ VAS) score (12 months)	88	79,5%	44196	65,2%	10.1302/0301-620X.91B2.21119

*The cited benchmark study takes an improvement ≥ 11 points on the Oswestry Disability Index

CONCLUSIONS

Measuring health outcomes remains a challenge due to the complexity of the healthcare system, which limits systematic implementation in hospitals. Our study provided valuable insights into surgical complications in patients with degenerative spine diseases, as well as their perceptions of quality of life, functionality, and mental health before and after surgery. To improve care, we recognize the need for greater patient engagement and continuous long-term measurement. By understanding patients' perspectives, we can tailor treatments, improve care quality, and achieve better health outcomes through a patient-centered approach.

