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Building Coordinated Registry Networks : A Core Strategy to Build the National System

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GOAL & APPROACH

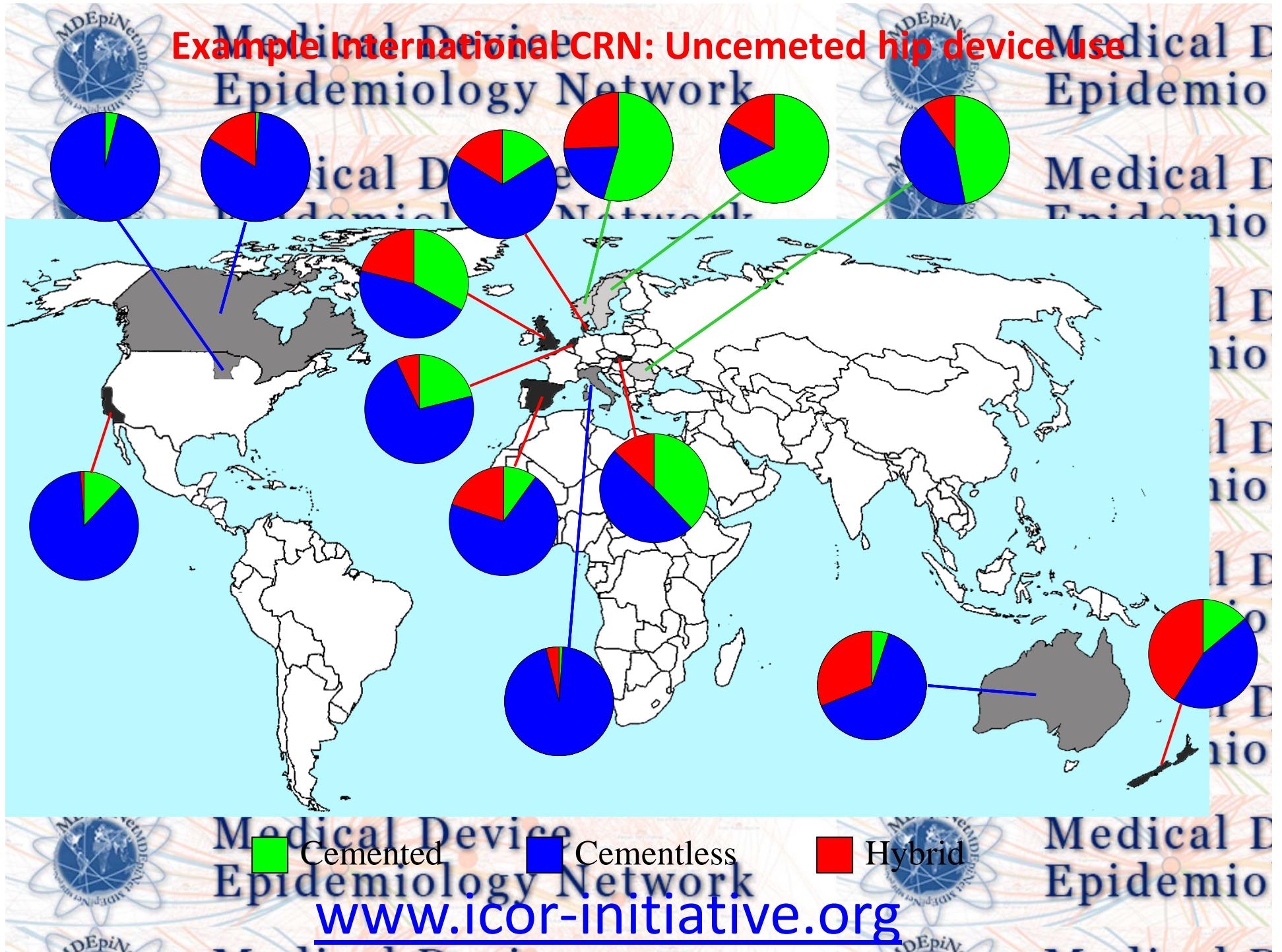
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- Our focus of Coordinated Registry Network (CRN) is to provide timely information on performance of specific medical devices for decision making by patients, physicians, regulators and all other stakeholders

- Approach is to facilitate and/or leverage national and *international* investments in registries and other stakeholders' relevant data systems (dual purposing) to create '*National Medical Device Evaluation System on a fairly immediate basis, greatly minimizing the cost or development resources needed*'

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Example International CRN: Uncemented hip device use



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www.icor-initiative.org

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Fixation Study Results

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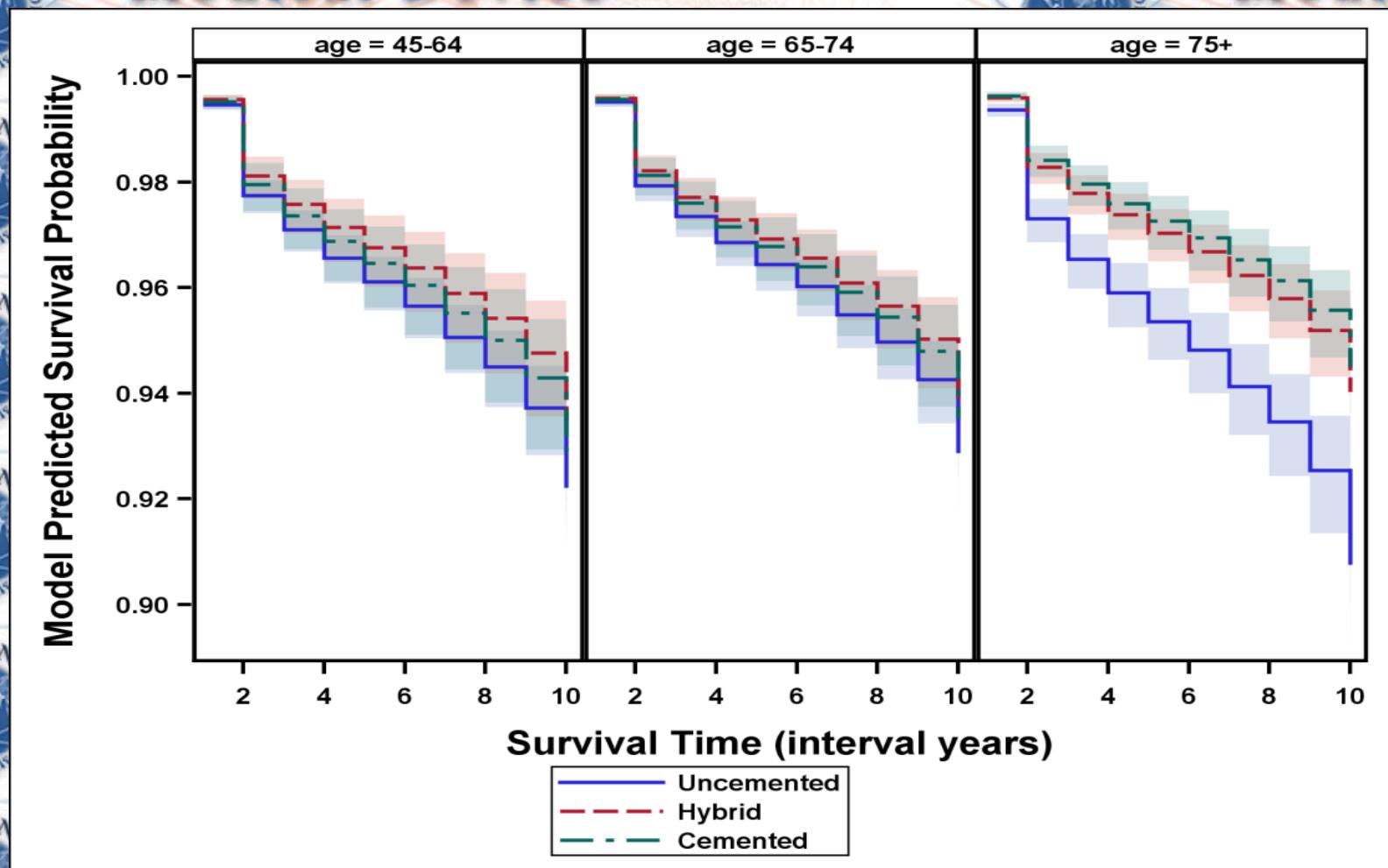
- 239,442 patients from across 6 registries
- 59% female
- Patients classified in three age classes
 - 45-64
 - 65-74
 - >75

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Survival of Undemented, Hybrid, and Cemented Hip Replacements by Age Group



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CRN IS A REALISTIC APPROACH

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HAVING HANDFUL OF NATIONAL REGISTRIES, AND FEW COLLECTING DETAILED DEVICE INFORMATION WE NEED TO INTEGRATE DATA

- Major 'Quality and safety' registries initiated by professional societies, states, healthcare systems, NIH/AHRQ, other
 - CMS claims including Part A,B,C,D
 - Commercial claims
 - PCORI CDRNs
 - All payer State databases
 - Comprehensive EHRs

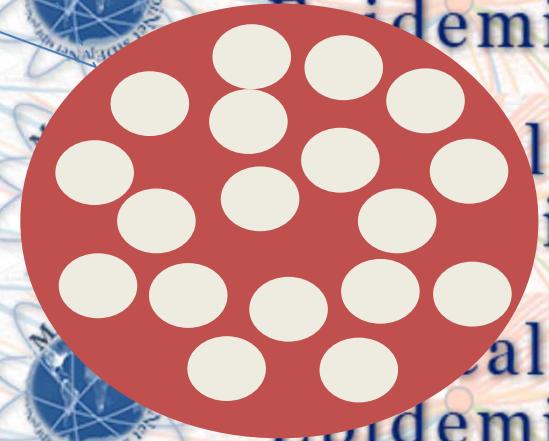
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CRN IN ORTHOPEDICS

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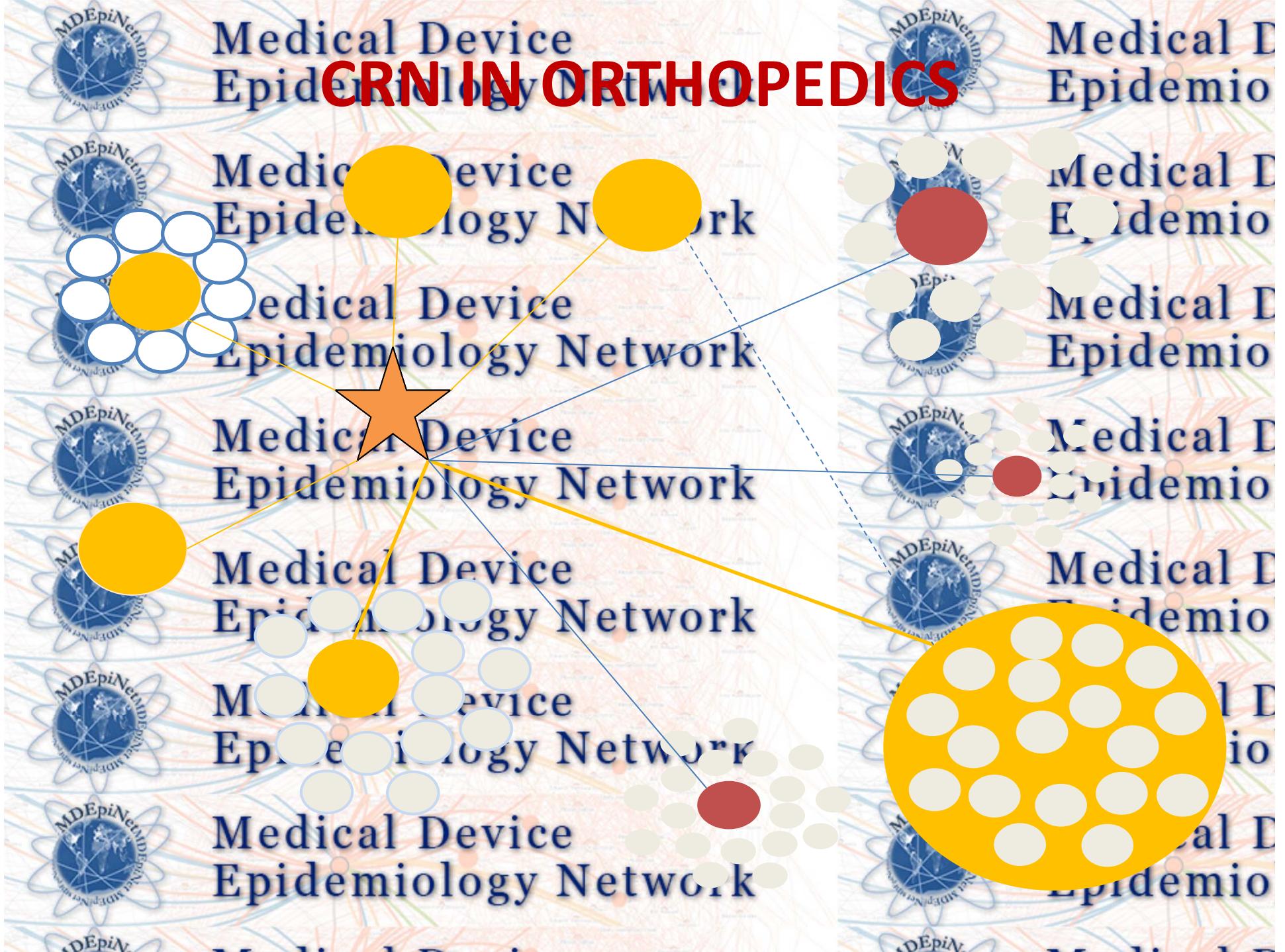
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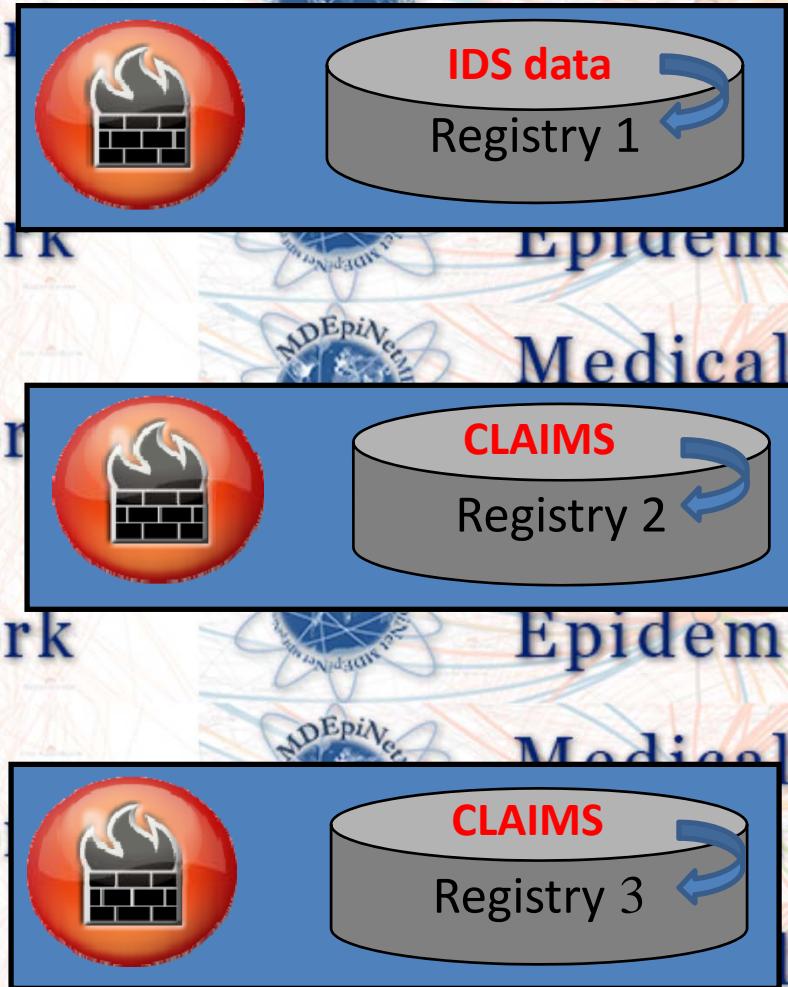
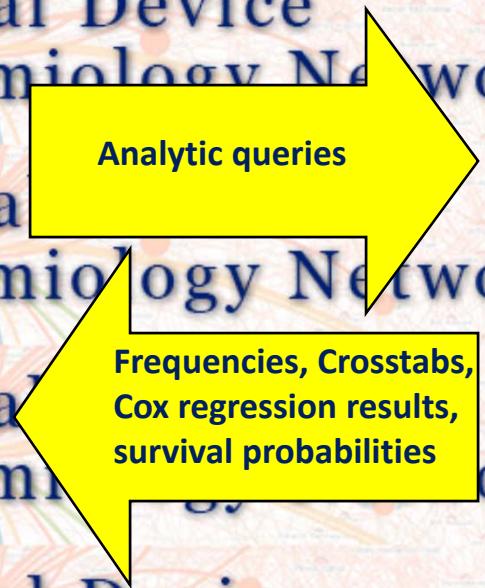
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CRN IN ORTHOPEDICS



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ORTHOPEDIC DISTRIBUTED CRN



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SIMPLE VASCULAR CRN

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Medical Device Index Exposure



Registry data

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1 mo

1 yr

2 yrs

3 yrs

4 yrs

5 yrs

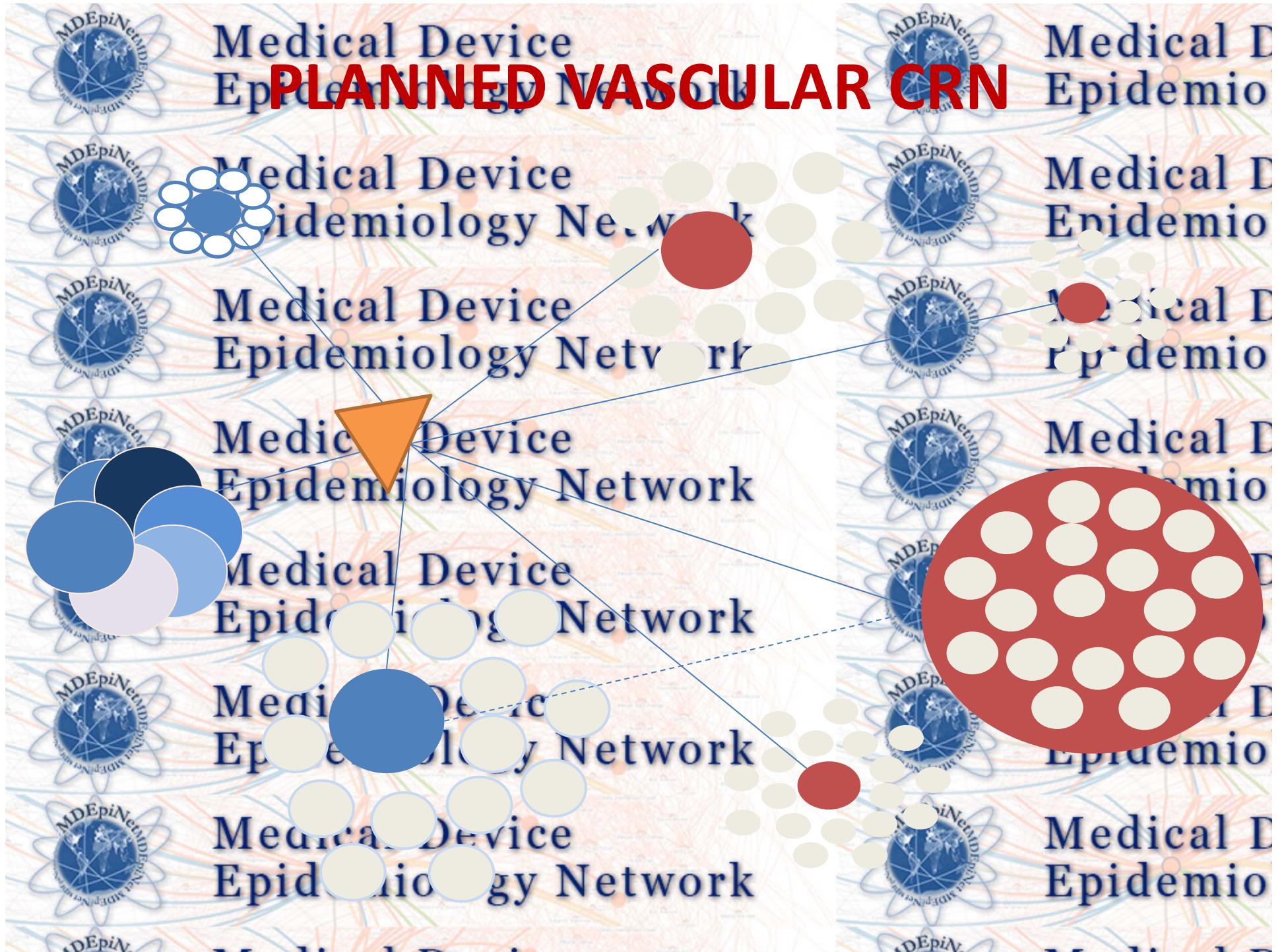
Centralized
Follow-up

Network

Administrative Data (Medicare,
commercial claims, All-payer State)

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Network



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KEY POINTS FOR DISCUSSION

- Even with optimistic expectations about registry and related data maturity our efforts should be scaled up to be powerful and timely enough to address particular device-related questions (e.g. outlier performance)
- For effective CRN **timely and seamless** access to key national data sources must be achieved and stakeholder alignment and support is critical
 - The process has to be efficient/not burdensome to justify data sacrifices made compared to direct data collection
- Sufficient device and clinical outcome data will always be a challenge and we have to be able to make decisions based on imperfect CRN data