



FAQ ABOUT THE CJRR PRO RELEASE

Q: Why does the California Joint Replacement Registry (CJRR) collect patient reported outcomes (PRO)?

A: The goal of hip and knee replacement surgery is to relieve pain and allow better physical functioning. Asking patients whether these improvements occurred after surgery is the best way to get information about the effectiveness of those procedures. Patient reported outcomes, like the ones now being collected and reported by CJRR, are crucial to knowing whether that improvement occurred.

Q: What data does the CJRR collect?

A: The CJRR collects detailed information about hip and knee replacements, including:

- Case volumes
- Patient demographics
- Patient risk factors, such as advanced age, obesity, or chronic disease such as diabetes or heart disease
- Surgical complications, such as surgical site infection, arrhythmia, or transient renal failure
- Patient-reported outcome results: pre and post-surgery general and procedure-specific physical functioning (i.e., did a knee replacement surgery improve the patient's ability to do actions and complete tasks that require knee movement?)

Q: How does the CJRR collect clinical and PRO data?

A: Unlike other registries, which require chart review, abstraction and manual data entry, the CJRR was designed to use electronic information already gathered by hospitals and surgeons. Data are submitted to the CJRR through several mechanisms. Initially, patients scheduled for joint replacement surgery are registered online by staff in the surgeon's office or the hospital.

Next, the CJRR automatically prompts patients by email to complete online pre-operative surveys to assess baseline function. After surgery, the hospital submits data for each case as standardized flat files. To generate these files, CJRR staff helps hospitals create a program that pulls relevant data from their local information systems and uploads it to the CJRR. If patients later are re-admitted to the hospital or seen in the hospital's emergency department for complications of surgery, the hospital also aggregates and submits records of these encounters.

Finally, the CJRR continues to prompt patients via email to periodically complete online outcomes surveys up to 12 months post-operatively and then every other year thereafter. Patient responses are automatically uploaded to the CJRR.



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Q: Why did you release these data now?

A: Patients and their providers need outcomes data as part of the process of considering hip and knee replacement surgery and which surgeon and hospital to use. In addition, we have found that making data public can help stimulate quality improvement.

Q: What do you hope to accomplish by the release of these data?

A: Since its inception, the CJRR has been committed to collection and public-reporting of PRO data. By publishing patient-reported outcomes, we want to send a strong signal to patients, providers, and policymakers that it is possible to produce and report these measures of quality, now. Additionally, it is widely known that making data public, which allows many stakeholders to engage with the information, tends to improve the information over time as parties engage with, learn from, and make modifications to the data collection and reporting processes.

Q: Why did you release these data on only a few hospitals?

A: This first PRO release features a limited set of hospitals, as not all participants have been collecting data for long enough to be included in this report. Nonetheless, this reporting remains a critical step to help stimulate a national dialogue about the value of using PROs in quality measurement and improvement. We also want to recognize hospitals that have made an early commitment to PRO reporting and helped us to build a robust orthopedic registry.

Q: Why are hip and knee replacement surgeries reported together rather than separately?

A: The CJRR is reporting hospital performance based on direct feedback from patients who have had hip and knee replacement surgeries. Although statistical analyses of the data demonstrate differences between the outcomes of hip and knee surgeries, there are not enough data at this time to report performance on these operations separately.

The CJRR felt that it was important to release this data to stimulate a national dialogue about the value of including patient-reported outcomes in quality measurement. With federal and other purchasers looking to incorporate patient-reported outcomes in future payment strategies, it is important to demonstrate that establishing the infrastructure for standardized collection of PROs is feasible and scalable. Future reporting will build upon this effort; as PRO surveys become more routinely deployed at more hospitals, and as each hospital accumulates more cases that have reached one year post-surgery, we will be able to report hip and knee surgeries separately.

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