Regent: A New Otolaryngology Clinical Data Registry

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The accelerating transition to a “quality based” health care delivery model through legislative, regulatory, and marketplace intervention will require objective determination and reporting of what constitutes “best care” and enhances value within the system. The ability to produce reliable and reproducible results will be critical to those who want to maximally participate in this evolving paradigm. Databases such as CHEER (Creating Healthcare Excellence through Education and Research) and the one being developed by the American Academy of Otolaryngology—Head and Neck Surgery Foundation in its clinical data registry Regent,SM which Bellmunt et al discuss in this issue of the journal,¹ will be the key to compiling the evidence necessary for our members to meaningfully share in the progress toward better patient care while complying with the reporting requirements built into the post-MACRA environment (ie, Medicare Access and Children’s Health Insurance Program Reauthorization Act).

Registries created by other specialty societies have accumulated massive numbers of patient encounters in relatively short time frames that have allowed risk-adjusted clinical observations across the gamut of practice types and locations, creating the ability for each society to define clinical parameters most relevant to the patients treated by its members. The pooling of data from private practice and academic settings across all geographic areas of the country creates a powerful resource to move clinical medicine forward.

Initially, the most tangible benefit will be realized in public quality reporting that is required by the Physician Quality Reporting System and its Merit-Based Payment System successor. Regent was granted Qualified Clinical Data Registry status for 2016, which will allow for a seamless reporting process by members, as well as the ability to create up to 30 otolaryngology-specific measures for reporting and quality improvement. As the registry becomes more established, performance e-measures can be created in a more timely fashion with significant cost savings when compared with de novo construction of performance measures. This will allow the production of measures across the breadth of the specialty and the transformation to outcomes measures that will be necessary in future years. This type of data will allow us to identify “best care” options for even less common disease processes.

Research opportunities will be rich and make the study of rare conditions possible. We will be able to follow the natural history of multiple diseases and compare available treatment options in real time. There have been upward of 900 publications emanating from the cardiology registries alone. We anticipate that multiple opportunities for clinical research paralleling the experience of other specialties will present themselves from the Regent data. On the road toward outcome measures and data, we will also have the opportunity to document and measure performance improvement, which is a key element in both the Merit-Based Payment System and the Maintenance of Certification process. Performance gaps can be more easily identified and the improvements quantified.

The American Board of Otolaryngology is an active participant with the American Academy of Otolaryngology—Head and Neck Surgery Foundation in Regent, which will facilitate the coordination of Maintenance of Certification activities from the outset. We anticipate that the registry will also be an important contributor to Maintenance of Licensure requirements as they expand. Finally, a clinical data registry is the perfect vehicle for both initial and long-term surveillance of medical devices and pharmaceuticals. There is significant interest from the Food and Drug Administration in partnering with specialty-based registries in this process. The utility of Regent will depend on the number of participants. Over time we would hope to enroll the majority of otolaryngologists in the United States. The larger the pool of data that we can collect, the greater influence that we will have in providing the best care for our patients.

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Reference


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