

Examples of Registries

The list below are examples only and do not reflect specific preference or endorsement by AAAHC. All registries must be reviewed by the ASC to ensure that they meet the needs of the ASC and the procedures performed under the Advanced Certification program.

[American Joint Replacement Registry \(AJRR\)](#) is a not-for-profit organization, created in partnership with the American Academy of Orthopedic Surgeons (AAOS) in 2009 to create a national center for primary and revision hip and knee replacement data collection.

[California Joint Replacement Registry \(CJRR\)](#) was founded in 2009 as a collaboration of the California HealthCare Foundation, the Pacific Business Group on Health, and the California Orthopaedic Association. Health plans Blue Shield of California, Cigna, and Anthem Blue Cross also have supported this effort. Three successful early pilots in 2011 led to eventual expansion to 45 hospitals and their affiliated surgeons by 2015. In March 2015, CJRR transitioned to operate as a project of the American Joint Replacement Registry.

[Michigan Arthroplasty Registry Collaborative Quality Initiative \(MARCQI\)](#) is a Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network supported group that began in 2012. Dedicated to improving the quality of care for patients undergoing hip and knee replacement surgery in Michigan, MARCQI has built a statewide hip and knee replacement data registry for hospitals and ambulatory surgery centers.

MOON ACL Registry. There's roughly 20,000 ACL reconstruction surgeries performed each year. Created in 2002, the Multicenter Orthopaedic Outcomes Network (MOON) main goal is to enroll and follow a certain population of patients who have undergone anterior cruciate ligament (ACL) reconstruction surgery.

[Function and Outcomes Research for Comparative Effectiveness in Total Joint Replacement \(FORCE-TJR\)](#). In Fall 2010, the Agency for Healthcare Research and Quality (AHRQ) awarded \$12 million to the University of Massachusetts Department of Orthopedics and Physical Rehabilitation to develop and implement Function and Outcomes Research for Comparative Effectiveness in Total Joint Replacement (FORCE-TJR), the first ever nationwide comprehensive registry of total joint replacement (TJR) surgical and patient-reported outcomes.

[Kaiser Permanente](#) now has a total joint and spine registry designed to track all procedures, including revision surgeries and infections. The registry gathers data on patient satisfaction and pain scores, and currently all Kaiser medical centers in Southern California and one in Northern California participate in the registry. The physicians and researchers hope registry information will help them determine the best techniques and implants for their patients.

N²QOD – [National Neurosurgery Quality Outcomes Database](#). The QOD (which has no formal relationship with CODE) has a primary purpose of tracking the quality of surgical care of frequent neurosurgical procedures. As outlined on its website, the QOD also provides hospitals and private practices with an “immediate infrastructure for analyzing and reporting the quality of their neurosurgical care.”

The North American Spine Society ([NASS Registry](#)) plans to launch a pilot registry program to collect data on spine treatment clinical outcomes. The registry's goal is early detection of spinal problems that deserve further study. If the pilot program is successful, the organization will install a permanent registry with additional funding. The current registry's categories include patient demographics, patient outcome measures and process measures.

[SMISS Data Registry](#). The Society for Minimally Invasive Spine Surgery teamed with Globus Medical last year to create the SMISS Data Registry for the Treatment of Degenerative Lumbar Spondylolisthesis, Degenerative Disc Disease, Spinal Stenosis and Degenerative Scoliosis. It is the first prospective registry to evaluate minimally invasive spine surgical patient outcomes exclusively. The registry captures prospective clinical data from 10 to 15 clinical sites across the United States for studies focused on quality of life, outcomes, adverse events, fusion rates and costs associated with the minimally invasive approach. Choll Kim, MD, was the executive director of SMISS when the registry was launched in October last year.

Note: the ASCA registry is not considered a total joint or spine specific registry.