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Workshop Spine Tango

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Goal of the workshop

1. Update on Spine Tango
2. Inform each other about the situation in your national societies and countries
3. Discuss potential actions to build a European wide registry approach
   • Joining forces instead of individual actions
   • Leverage l/t experience and learnings from Spine Tango
Spine Tango Vision & Mission

Vision:
EUROSPINE aims to establish Spine Tango as the leading registry ensuring standard of care for any patient undergoing spinal surgery.

Mission:
- Improving spine care by measuring, observing and comparing treatment of various spinal pathologies.
- Provide performance benchmarking and a collective evidence base of treatment effectiveness, patient safety and best practice.
- Provide reliable (real life data) to health related decision makers as standard for every patient.
Trend towards mandatory registers

Current trends
- Documentation of spine care is becoming mandatory in more and more countries
- Spinal implants in Europe have to provide a real-live-cycle date
- The pressure for providing evidence on performance is increasingly growing

Spine Tango as an international registry
- Most of you are collecting some data and doing some quality assurance
- Some of you are doing research
- Why not combining these two puzzles together and why not doing starting fostering common language in spine care
Spine Tango: As-Is Situation (1)

1. **Experience**: The registry has a history of > 15 years

2. **Financing**: all original investments (> 2 mio Euro) have been fully financed by EUROSPINE to be partly recovered in the future

3. **Data**: Over 120’000 surgeries with over 400’000 patient outcome forms; data from 17 countries incl. the USA, Australia and Iraq

4. **Standards**: Standard documentation form (surgery conservative) are under continuous development and are accepted in many different countries; developing also standards for data quality, diagnosis groups etc.

5. **Flexibility**: local adaptations are possible
6. **Track records in research**: research network; 63 original papers on Pubmed; Outstanding Full Paper Award by Spine J in 2016, many other awards; research grants

7. **Quality assurance**: based on standard reporting; continuous further development of reporting; benchmarking on the level of physician, department, hospital, country etc.

8. **National initiatives**: Belgium Spine Society will sign the contract, Germany is still Tango based though independent, other European countries are considering joining Tango
1. Until now the main direction was a research registry

2. EUROSPINE recognized the changing environment and the need for a quality assurance registry

3. A comprehensive international tender process for a new provider was initiated and closed in Dec 2018

4. Northgate, a UK based IT-services provider received the mandate
   • it manages among other medical registries the National Joint Registry (NJR) with 2 mio. cases
   • a best example of a sustainable & neutral model of collaboration with the Medtech
   • it brings know-how, experience, expertise and a highly motivated team

5. Going live with the new system on 1\textsuperscript{st} May 2019 with transition phase work in progress
10 core benefits

1. Full flexibility to get a well tailored solution
2. The ability to join up data, to achieve statistically robust analysis sooner
3. A high quality Europe-wide spinal implant database envisaged and a working group with the main MedTech players has started their work
4. Develop once and share (features, forms, reports, standards, know-how etc.)
5. Maintain independence, data ownership by surgeon, hospital, country
6. Access to anonymized pooled data for benchmarks and research
7. European General Data Protection Regulation (GDPR) compliance
8. Owning the proof of your performance as a surgeon, department, spine society!
9. Unique research network
10. Prognostic modelling for shared decision-making to establish realistic patient expectations and finally standardizing spinal case across boarders
Core questions to be discussed

1. What do we need more to partner with you, EuSSAB members?

2. How can we as the registry and the your hospitals in the registry cooperate with your society?

3. We can offer you
   • national workshops, for example at your national society meetings?
   • “national” reports based on the data from the current participants?
   • meeting your society at the general meeting in Helsinki?
   • inviting participants to make demonstration for their national societies?
   • or using both top-down and down-to-top approach?
Specific questions tbd in WS

1. Availability of registers in your country: personal/hospital/regional or national?
2. Need for such (pressure from health care system, from politics, need for a performance proof as a spine society, research)?
3. Readiness to participate (minimal versus full data set)?
4. What are the expectations (benchmarks, research, performance proof, generation of collective evidence, tracking patients, data on implants, patient-reported outcomes, papers, grants etc.).