When institutions, clinicians and others use registry information, it is ultimately the patients who benefit from improved care with better health outcomes.
What are clinical registries?

Clinical registries are databases that capture information about patients and the care they receive over time. Registries typically focus on patients who share a common reason for needing health care. When clinicians enroll their patients in a registry, detailed data are recorded about their health and the care they received for each encounter with a health care professional.

Where does registry information come from?

Registry data are obtained from electronic health records (EHRs) but may also come from other health IT, as well as directly from patients. Registries perform accuracy checks against the data, and store them in a structured format that allows for analysis and reporting. Because registries capture specific data relevant to a particular area (e.g., surgery) across multiple organizations, registries allow clinicians to see a more complete picture of care than is typically available from a single EHR system. Information from registries is used for many purposes including informing patients and their clinicians as they decide the best course of treatment, providing performance results to payers, and improving care through research. Registries also create professional communities that work to advance the performance of and inform leading practices for future registries.
What are the benefits of participating in a registry?
There are many reasons:

- Receive on-demand performance reports, and improve care by learning how top performers get better results
- Receive relevant information on evidence-based care, tools and products
- Identify higher and lower risk patients, enabling better prediction of outcomes
- Gain access to the registry's support network
- Connect with leaders on registry governing bodies, institutions providing financial support to the registry, as well as other collaborators and partners
- Support performance improvement initiatives in your clinic/hospital/health system.
- Benchmark your performance results against others locally, regionally or nationally
- Track and monitor important performance metrics tied to payment, e.g. through Qualified Clinical Data Registries (QCDRs), which are registries approved by CMS for participation in federal payment programs
- Provide information to patients and families about their care, including treatments that have worked well for patients with similar characteristics
- Track adverse events and the performance of medical devices
- Contribute to research that impacts clinical practice
How can patients or other consumer stakeholders participate in a registry?

Some registries accept patient-reported data or data from patient devices. Patients and consumers benefit from participating in a registry because their data provide a more complete picture of care that can help clinicians and their patients make treatment decisions that lead to better outcomes.

Want more information?
Join the National Quality Registry Network (NQRN).

NQRN is a voluntary network of organizations operating or planning clinical data registries, and others using information from registries to improve patient health outcomes.

**NQRN resources and support are available through PCPI membership:**
- Access to a professional community of registry stewards, learning opportunities and conferences
- Guides and tools on participating in payment programs through registries, such as the through the QCDR program, on research and privacy regulations as they apply to registries, and on other important topics

To learn more, visit [thepcpi.org](http://thepcpi.org).

“*My first experience with a registry was when I noticed that heart surgeons were collecting information from the charts of my patients. On a regular basis the heart surgeons would share their results. Many of us had concerns about heart surgery in 80-year-olds, but they were able to show us that some patients in their 80s did well with heart surgery, and that they could identify those patients. These surgeons could also sit down with patients who were not likely to do well, and explain their concerns. They were able to see early on that certain procedures tended to produce better outcomes than others. Individual surgeons could then compare the details of their approaches with other surgeons in the group, and see if outcomes changed when there were differences. As the amount of data increased, surgeons could identify patients very similar to a patient considering surgery and estimate much more specific outcomes than were available from other information sources. Today these approaches are the standard of care.*”

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