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Guest editorial

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This issue contains an important review article concerning the “Spine Tango” spine registry, promoted by the Spine Society of Europe. Physician-led registers used by other disciplines have already proved that a structured collecting and reporting of quantitative and qualitative data is important for product control and in the logistic planning of health care management [2]. Besides contributing to a sense of control and legacy – for patients, society, those responsible for fund allocation, and within the profession – registering has therefore profound implications for health care economics.

The modern health care industry rests on four cornerstones: science, medicine, economics, and logistics. The importance of uniting science and medicine was addressed in the October 2001 issue of this journal. The question of how to link medicine and economics is equally important, because health care resources are limited. As physicians today are urged to accept responsibility for treatment costs as well as for clinical treatment effects [1], they should play an active role in this endeavour. This “new” responsibility represents a major paradigm shift; for physicians not to accept the challenge would probably be a mistake, although economics is a science of its own and not easily accessible.

However, the language used by those who ultimately make the com-

prehensive strategic decisions in health care today is, generally speaking, based on economic theory.

Words like customer, production, quality development, cost effectiveness, processing, and logistics have been imported from industry, and are being used together with traditional medical terms such as investigation, diagnosis, treatment, rehabilitation, and cure. The role of the physician has consequently changed from being the most important member of the health care management team, to an employee among others in a high-tech industry led by administrators and economists. This shift is probably not the best way of achieving cost effectiveness in health care. The physician, being the only member of the team with knowledge of the core activity, “the therapy”, will be best suited to grasp the needs and possibilities, as well as determine the economic consequences, of health care decisions. The physician should therefore play the major role in organising health care management.

Economy and logistics are closely related. Logistics fundamentally concerns optimising resource utilization by describing relevant processes, including patient-related questions, that take the patient from one point to another. Using logistic strategies to guide today’s increasingly complex health care management is probably the single most important way of creating cost effective health care.

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Registering is one way of achieving the transparency of the different key activities needed to create successful and relevant health care processes. Whether registering should be performed on a local, regional, national [3], or international basis is, at the moment, an open question. Regardless, it is essential to secure maximum flexibility based on an accepted set of core data reflecting clinical, paraclinical, and cost-related parameters. The instruments used for measuring outcome should, if possible, be validated and well known. Access to data should be simple, practical, and adapted to individual requirements; data should be easy to “communicate”. Other important considerations include data ownership, implementation of the register system, online support to participating departments, access to data by

organisations outside the profession, reporting routines, and cost. If an international database is created, an advisory board with participation from involved departments and countries should be considered. Regardless of registering methods used, simplicity and the creation of a “win-win” situation for everyone involved should be the main principles.

Registering spine care management is a formidable task, considering the complexity of diagnoses, treatments, and outcomes in this heterogeneous patient population. When, in this issue, colleagues in Europe discuss and demonstrate different solutions to this important mission, it can only be looked upon with the greatest of interest by spine societies and other interested parties including patients, administrators, insurance companies, and society. To

successfully fulfil this endeavour will increase physicians’ credibility and make them necessary key players in the field of health care management. The possible gains for all involved are indeed interesting.

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