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Measuring what matters: using claims data to evaluate healthcare outcomes and volume-outcome relationships

Schepens, M.H.J.

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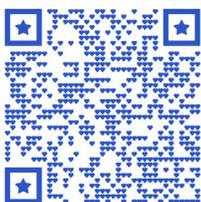
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Stellingen

1. Claims data and electronic health record data can both contribute to measurement and improvement of quality of healthcare without increasing the administrative burden for healthcare professionals. *(this thesis)*
2. There is a huge and mainly untapped potential to improve healthcare outcomes based on research using claims data. *(this thesis)*
3. There are two important prerequisites to reuse clinical data for multiple purposes: content standardization and a shift of focus from single reuse to multiple reuse of data. *(this thesis)*
4. Centralization of care should be accompanied with continuous outcome measurement. *(this thesis)*
5. Outcomes after prostate cancer surgery should be monitored and feedback should be provided on a per surgeon level in the Dutch national quality registry for prostate cancer. *(this thesis)*
6. Claims data should be added to national quality registries, in order to evaluate longer-term outcomes of treatment decisions. *(this thesis)*
7. The fight of authorities for data protection is harmful for the health of its society. *(opinion, based on Algra 2023)*
8. Hospitals have to make healthcare outcomes publicly available in order to comply to the law. *(opinion, based on Burgerlijk Wetboek artikel 7:448 ; Wet kwaliteit, klachten en geschillen zorg artikel 10)*
9. Nationwide differences in healthcare outcomes for prostate cancer surgery and lumbar disk herniation in the Netherlands urge doctors, health insurers, patient organizations and policy makers to take action. *(opinion)*
10. Centralization is not a goal in itself; in the ideal world centralization is the result of transparency of comprehensible outcomes and putting the patient first. *(opinion)*
11. What truly matters, cannot be measured. *(opinion)*