



Kick-off meeting of the EURHOBOP project

IMAS-IMIM Barcelona, 28/29-09-2009

Minutes

Participants: Carla Araújo, Marina Davoli, Roberto Elosua, Dimitrios Farmakis, Yolanda Ferrer, Jean Ferrières, Danilo Fusco, Pascal Garel, Unto Häkkinen, Antti Malmiivara, Jaume Marrugat, Christa Meisinger, Andrea Paladin, Marta Pereira, Isaac Subirana, Marina Torre, Joan Vila.

Apologise for physical absence: Ana Azevedo, John Lekakis, Carlo Perucci, and Georgios Margetidis, who participates by a WEBEX connexion from Luxemburg,

These minutes are accompanied by the PDF of the PPT presentations of all speakers: see these enclosures in the intranet zone of the EURHOBOP web site.

1. Welcome. Jaume Marrugat

The Co-ordinator welcomes the meeting participants to the Barcelona Biomedical Research Park and summarizes the main features of the hosting institution. He also provides all necessary organization details for the meeting.

2. EAHC (Executive Agency for Health and Consumers) Officer Presentation. G Margetidis

Georgios Margetidis presents his part in a Webex connexion. He describes the Executive Agency for Health and Consumers and its relationship with SANCO, the call and project selection process, and the basic rules of functioning in financed projects. He also highlights the importance of starting the project early, communicate possible problems rapidly to the Agency project officer, and how to prevent project drawbacks.

3. Self presentation of partners. All

We proceed to a round of self presentations including name, institution, background and research priorities.

4. WP1 (Coordination + Budget + initial leaflet + logo contest). Yolanda Ferrer

A detailed description of the administrative and financial rules is provided together with some printed (full calendar of the study, including deliverables, work-packages, and list of meetings and visits), and electronic materials (draft of the consortium agreement, PPT presentations,

draft of the project leaflet, grant agreement –or EC-contract- with its annexes, first draft of the data collection, excel frameworks for financial reports, timesheets for personnel).

4. Outline of the study. Jaume Marrugat

A brief introductory summary of the project objectives is outlined to set the framework of tasks of the EURHOBOP consortium for the next 3 years.

5. From EUPHORIC to EURHOBOP. Marina Torre & Jaume Marrugat

Marina Torre describes the origins of the EURHOBOP objectives in the previous EUPHORIC SANCO project in which the cardiovascular pilot study resulted in a set of preliminary mathematical functions that allowed the investigators to organize a benchmarking system for European hospitals on several procedure and acute coronary syndrome patient management based on a data base of more than 26000 ACS patients and 230 European hospitals. Jaume Marrugat describes how the function fitting process was undertaken at that time.

6. Demo of the EUPHORIC benchmarking function. And New EURHOBOP website. Andrea Paladin

The current address for Euphoric web site is: <http://www.euphoric-project.eu>. In the intranet of this site the benchmarking system can be seen and tested.

Regarding the EURHOBOP website, the menus and distribution of information was formerly discussed in a meeting in Rome the 16th July 2009 (see minutes in the EURHOBOP website): the proposal is approved. The already registered name for EURHOBOP will be: <http://www.eurhobop.eu>. Four sketched models are voted and we all agree that the following is the most attractive:



Logo contest

At the end of the first day meeting, the following logo is chosen among 13 presented possibilities. We all agree that it projects the key messages of the EURHOBOP project: hospital benchmarking measurements in heart diseases in Europe. We shall include it in all

our stationery. The WP2 leader will send all the partners the file of the logo in both high and low resolution.



7. The Italian Experience: “Use of clinical data for risk adjustment: integration of health information systems”. Danilo Fusco

Danilo Fusco from DEASL presents the results on outcome research of the “IN-ACS (Italian Network on Acute Coronary Syndromes) Outcome study”, the new information flow for similar cardiovascular conditions and procedures as in EURHOBOP adopted recently in Italy called RAD-ESITO, and HIS and VLAD outcome modelling. We all agree that many pieces of this information will be very useful for the EURHOBOP development, **particularly the fact that very low agreement is found in between clinical record extraction and health information systems (administrative data) in Italy. Also important is the fact that the complexity of benchmarking hospital in a single country is considerable, and in consequence, the complexity of benchmarking European hospitals will be even more complex, and may require audit system and the parsimonious models. The functions could initially be used as screening and confirm the results with data obtained in on-site audits.**

We agree in organizing a Statistical Working Group (SWORG?) under the co-direction of Danilo Fusco (DEASL) and Joan Vila (IMAS-IMIM). The SWORG will use external funding for their works. Initial Webex tele-meetings may be organized at this stage to decide the objectives, work methods and membership condition of the SWORG.

8. Tasks and objectives of EURHOBOP. Jaume Marrugat

Jaume Marrugat summarizes the Work-Packages (WP) objectives and related most important tasks implied in these WP.

9. WP2 (Dissemination of the results). Marina Torre

The dissemination of the results is projected to include: a full dissemination plan (to be developed in short, and that can be converted in a new deliverable of EURHOBOP) with a EURHOBOP web site in English (including all working documents, links to partners which will have their logos there together with that of the collaborating partners, and other sites of interest, with translation of some documents carried out by each partner using his/her own resources), PPT slide presentation model for EURHOBOP, stationery, a leaflet of the study, the corresponding informative brochure at the end of the study, scientific publications and congress and other conference presentations, among other details. Mailings to key contacts will also be prepared (hospital networks, Public Health stakeholders, Patient associations, and yet other...). The WP1 leader will circulate the project mailing list and will update it as soon as new partners will be included in the consortium (see annex II).

10. WP3 (Evaluation of the project). Christa Meisinger

The milestones of the evaluation procedure within EURHOBOP are summarized by the WP leader, Christa Meisinger: consortium agreement, monitoring active participation in the project of all partners, following the projected plan for deliverables and rest of activities, and external advisory board assessment .

11. WP4 (Benchmarking function development). Jaume Marrugat & Isaac Subirana

The procedures used for selection of predictive variables at individual, hospital and country level are described by Jaume Marrugat, and Isaac Subirana presents the mathematical basis of the modelling with LOGISTIC MIXED REGRESSION MODEL with fixed and random effects. At this point some agreements regarding the protocol for this WP are reached:

1. An interaction and effect-modification of countries and hospitals is suggested to be applied during model fitting. We all concur in the idea that the model needs to be as parsimonious as possible to prevent over-fitting and introducing variables that may not be available in all hospitals.
2. The sample size per hospital is 200 consecutive patients with acute coronary syndrome with or without ST segment elevation but with a discharge diagnosis of myocardial infarction or unstable angina will be retrospectively recruited. No age limit is imposed. This latter criterion to be revised when 40% of the sample has been recruited.
3. Period of recruitment 2008-2010, as close to the present as possible to get the 200 expected patients.
4. The number of catheterization laboratory hospitals depends on the country, but we will accept between 3 and 7 out of the 10 hospitals with such on-site facilities.
5. The 10 hospitals of each country have to be selected before 15 January 2010 and included in the project as Collaborating Partners (CP) following the procedure described in point 6..
6. Following the indications received from the Associated Beneficiaries representatives of the 7 participating countries (i.e. a detailed list of all the hospitals with a description of the activities that they will be requested to carry out to contribute to the project), an official invitation letter from the EURHOBOP Project coordinator (Jaume Marrugat) will be sent by WP1 leader to the PI in the hospital indicating the activities and the necessary information to be sent (clinical data, official logo of the hospital, link to the hospital website, short description of the hospital, etc.) and the compensation in scientific and official acknowledgement of their contribution. It is suggested that hospitals send the requested information to the Associated Beneficiary representative of their country who will collect and check it and then will forward it to Marina Torre (with a copy to Yolanda Ferrer and Jaume Marrugat) to initiate the procedure of the inclusion in the website. [this point added upon a suggestion from Marina Torre made the day after the kick-off meeting]
7. A warning will be stated in the web site and manual for users that the models created in EURHOBOP are intended for European hospitals. Any other hospital in the world may obtain more imprecise or inaccurate results.
8. We will disregard readmissions during the period of recruitment due to a) the low number of cases that will meet this characteristic, b) to the low impact that these few cases are going to have in the modelling, and c) to the considerable difficulties and effort that searching

12. WP5 (Availability of severity measurements). Jean Ferrières

Jean Ferrières presented the most commonly used severity measurements in acute coronary syndrome (TIMI, CADILLA, GRACE, PAMI, and some biological biomarkers such as weight, creatinine, glucose). We all agreed that some of the necessary data are impossible to obtain, a) in all patients because the procedure is not systematically used, b) only obtainable at an extraordinary effort of looking at the complete medical record. We convene in introducing a selection of the simplest severity markers with a column of “non-available in the discharge letter” to be able to properly describe how often they are found.

Another point that was raised is that our project should come up with clear recommendations regarding how systematically, should [simple] severity indicators appear in the discharge letters or administrative files.

Regarding the data collection form (DCF), we agreed in including the above-mentioned variables to the draft presented in the meeting. Very clear definition of all items of the DCF will be required. A variable asking for previous admission during the recruitment period will be included.

Data extraction will consist of examining the discharge letter and/or of consulting all electronic records from ER (emergency room) or other existing administrative records. We acknowledge that large variability exists among countries (and perhaps among hospitals) in the rules and uses with location and content of the letters of discharges. All necessary modification of strategy will be undertaken in each country to adapt to the local circumstances. Operational definitions of potential variables to be collected will be provided. During the data extractor training these topics will be addressed.

13. WP6 (Sex inequalities: "Effect modification by gender in outcome studies"). Marina Davoli

The background and some Italian data are presented to justify the necessity to analyze whether women are worse than men after an acute coronary syndrome, using part of the EURHOBOP data. No need to make any change in the DCF. The possibility of collecting discharge treatments is disregarded because it is unnecessary for the main objective of EURHOBOP, and because such treatments would affect prognosis after discharge and not in-hospital.

14. WP7 (Cost analysis of procedures). Unto Häkkinen

Unto Häkkinen presented the background of this WP. The information required is hospital stay, procedures used in each patient, and costs per country. Some interactions and collaborations can be established with EURODGR and EUROHOPE.

15. WP8 (Benchmarking assessment with hospital real life data). Pascal Garel

The WP leader signals that the task here will be to identify partners (hospitals willing to participate in the testing of the benchmarking models), and to convince them to participate in either of the two modalities (data base or aggregated data). Interaction with other projects may be advisable (PROSAFE, DUQuE, PATH...), as well as contacts with the National Societies of Cardiology to gain access to the opinion leaders who may expand the news among their affiliates.

16. Deliverables overview. Jaume Marrugat

We review the deliverables and the deadlines when they will be due.

- D1 Consortium agreement
- D2 Protocols and data collection forms preparation
- D3 Web site
- D4 First Annual Interim Report including work in progress on out-come benchmarking functions, preliminary analyses of availability of severity measurements in administrative data and benchmarking testing with hospital real-life data.
- D5 External Advisory Board evaluation
- D6 Annual Interim Report including work in progress on cost analysis, outcome bench-marking functions and preliminary analyses of availability of severity measurements in administrative data, sex inequalities assessment and benchmarking testing with hospital real-life data.
- D7 Sex inequalities assessment
- D8 Analysis of availability of severity measurements in administrative data
- D9 Final outcome benchmarking functions
- D10 Cost analysis
- D11 Benchmarking assessment with hospital real-life data
- D12 Minutes, and conference programmes for all EURHOBOP conferences
- D13 Final Report
- D14 Multilingual Brochures

17. Planning the Medical Record Extractor Training in Barcelona

Four experienced nurses extractors and an epidemiologist MD also qualified for the medical information extraction will take care of this task on **January 29th 2010**. **The medical record extractor training should consider both the option of abstracting data from discharge letters and from available health information systems. In the latter case a possible data record structure will be defined.**

18. Concluding remarks and all other business

The **second annual meeting will take place in Athens on 16-17 September 2010** if our Greek colleagues agree to organize it as it seems from the initial prospect done during the meeting.

Annex I

List of tasks identified during the Kick-off meeting of the EURHOBOP project at IMAS-IMIM, Barcelona, 28/29-09-2009

Task	Responsible person	Deadline (if any)
<p>Consortium Agreement <i>Send comments on Consortium Agreement and corrections (if any) on Institution Data to Yolanda Ferrer</i></p>	IMAS-IMIM ATTIKON-HCS DEASL FMUP HMGU THL AEPMCV ISS HOPE	Thursday, 8 th October 2009
<p>Consortium Agreement <i>Co-ordinator will send final version of Consortium Agreement to Partners for signature</i></p>	IMAS-IMIM	Thursday, 15 th October 2009
<p>Protocols on WP <i>Each WP leader has to send the 3-5 pages protocol of his/her WP to Co-ordinator:</i></p> <p><i>WP1: Coordination of the project - IMAS-IMIM</i> <i>WP2: Dissemination of results - ISS</i> <i>WP3: Evaluation of the project - HMGU</i> <i>WP4: Benchmarking function development - IMAS-IMIM</i> <i>WP5: Analysis of availability of severity measurements in administrative data - AEPMCV</i> <i>WP6: Sex inequalities assessment - DEASL</i> <i>WP7: Cost analysis of procedures - THL</i> <i>WP8: Benchmarking assessment with hospital real-life data - HOPE</i></p>	IMAS-IMIM ATTIKON-HCS DEASL FMUP HMGU THL AEPMCV ISS HOPE	Monday, 30 th November 2009
<p>Info on Partner Institutions:</p> <ul style="list-style-type: none"> . Name in original language . Name in English . Department . Address . Name of Principal Investigator . Email of Principal Investigator . Name and Email of the Partner Institution rest of Project reference personnel <p><i>Send this info to Marina Torre and Yolanda Ferrer</i></p>	IMAS-IMIM ATTIKON-HCS DEASL FMUP HMGU THL AEPMCV ISS HOPE	Friday, 30 th October 2009

Task	Responsible person	Deadline (if any)
<p>Institutions Logo <i>Send this info to Marina Torre and Yolanda Ferrer</i></p>	IMAS-IMIM ATTIKON-HCS DEASL FMUP HMGU THL AEPMCV ISS HOPE	Friday, 30 th October 2009
<p>Brief description of each partner Institution <i>Send a descriptive text no longer than 250 words to Marina Torre and Yolanda Ferrer</i> <i>(IMAS-IMIM, ISS, DEASL: please check that on the EUPHORIC website and send corrections)</i></p>	IMAS-IMIM ATTIKON-HCS DEASL FMUP HMGU THL AEPMCV ISS HOPE	Friday, 30 th October 2009
<p>Brief description of National Health Systems <i>Send this info to Marina Torre and Yolanda Ferrer</i> <i>(IMAS-IMIM, DEASL, THL, ATTIKON-HCS: please check the one in the EUPHORIC website and send corrected version)</i></p>	IMAS-IMIM ATTIKON-HCS DEASL FMUP HMGU THL AEPMCV ISS HOPE	Friday, 30 th October 2009
<p>Leaflet <i>Send comments or suggestions to Marina Torre and Yolanda Ferrer on the Leaflet draft presented during the Kick-off Meeting</i></p>	ATTIKON-HCS DEASL FMUP HMGU THL AEPMCV ISS HOPE	Friday, 30 th October 2009
<p>Leaflet <i>Distribute final version among Partners who will translate into their national language and send it to Marina Torre and Yolanda Ferrer</i></p>	IMAS-IMIM ATTIKON-HCS DEASL FMUP HMGU THL AEPMCV ISS HOPE	Monday 16 th November 2009
<p>Furhter Dissemination Proposals to be included in the respective WP2 plan <i>Send this info to Marina Torre and Yolanda Ferrer</i></p>	IMAS-IMIM ATTIKON-HCS DEASL FMUP HMGU THL AEPMCV ISS HOPE	Monday 30 th November 2009

Task	Responsible person	Deadline (if any)
Template for slides to be distributed among partners	ISS	Monday 30 th November 2009
The WP2 leader will send all the partners the file of the EURHOBOP logo in both high and low resolution.	ISS	Friday, 30 th October 2009
Logo of EAHC and EU Commission to be used officially <i>Ask Mr Margetidis</i>	IMAS-IMIM	Friday, 30 th October 2009
Design of a cover sheet for documents and reports	ISS	Monday 16 th November 2009
Disclaimer	IMAS-IMIM	Friday, 30 th October 2009
Data Collection Form <i>Send new version of Form to partners</i>	IMAS-IMIM	Monday 30 th November 2009
List of Definitions in the Data Collection Form <i>Send list to partners</i>	IMAS-IMIM ISS	Monday 30 th November 2009
Data Collection Form <i>Organize a Webex Teleconference with partners involved</i>	IMAS-IMIM	Monday 21 st December

Annex II. List of EURHOBOP partners

IMAS-IMIM	Jaume Marrugat Yolanda Ferrer	jmarrugat@imim.es yferrer@imim.es	+ 34 93 316 07 10	Municipal Institute of Medical Research IMIM c/ Dr. Aiguader 88 08003 Barcelona Spain
ATTIKON-HCS	John Lekakis	lekakisster@gmail.com	+ 30 210 72 58 004/8	Hellenic Cardiological Society. Potamianou 6. ATHENS 11528. GREECE
	Dimitrios Farmakis	dimitrios_farmakis@yahoo.com	+30 (694) 5806971	University of Athens Medical School Second Dept. of Cardiology Attikon University Hospital Athens. Greece
DEASL	Marina Davoli	davoli@asplazio.it	+ 39 32 80 41 07 19	Department of Epidemiology Health Authority RM-E Via di Santa Costanza, 53 00198 Rome - Italy
	Danilo Fusco	fusco@asplazio.it	+ 39 0 68 30 60 4 77	
FMUP	Ana Azevedo	anazev@med.up.pt	+ 351 551 36 52	Facultade de Medicina da Universidade do Porto Department of Hygiene and Epidemiology Alameda Prof Hernani Monteiro 4200-319 Porto - Portugal
	Carla Araújo	carla-r-araujo@hotmail.com		
	Marta Pereira	martasfp@med.up.pt		
HMGU	Christa Meisinger	christa.meisinger@helmholtz-muenchen.de	+ 49 821 400 4373	Helmholtz Zentrum München - Deutsches Forschungszentrum für Gesundheit und Umwelt Institute of Epidemiology / MONICA/KORA Myocardial Infarction Registry Ingolstaedter Landstr. 1 85764 Neuherberg - Germany
THL	Unto Häkkinen	unto.hakkinen@thl.fi	+ 358 20 610 7327	CHESS (Centre for Health and Social Economics) National Institute for Health and Welfare (THL) P.O. Box 30, FI-00271 Helsinki, Finland
	Anti Malmivaara	antti.malmivaara@thl.fi		
AEPMCV	Jean Ferrières	ferrieres.j@chu-toulouse.fr	+33 561 52 18 70	AEPMCV - Association pour l'étude et la prévention des maladies dégénératives du système cardio- vasculaire "Projet MONICA". Department of Epidemiology. Faculté de Médecine, 37 Allées Jules Guesde. Toulouse Cedex. 31073 France.
ISS	Marina Torre	marina.torre@iss.it	+ 39 06 49 90 41 47	ISS Istituto Superiore di Sanità Viale Regina Elena, 299 00161 ROMA. ITALIA
	Mascia Masciocchi	mascia.masciocchi@iss.it		
HOPE	Pascal Garel	sg@hope.be	+ 32 27 42 13 22	HOPE - European Hospital and Healthcare Federation. Bld. A. Reyers 207. Brussels 1030. Belgium