



EURHOBOP project

First Annual Meeting - Athens 7-8/10/2010

Minutes

Participants:

Antti Malmivaara (THL)
Carla Araújo (FMUP)
Dimitrios Farmakis (HCS-ATTIKON)
Gloria Lombardi (HOPE)
Isaac Subirana (IMAS-IMIM)
Jaume Marrugat (IMAS-IMIM)
Joan Vila (IMAS-IMIM)
John Lekakis (HCS-ATTIKON)
Marina Torre (ISS)
Mirko di Martino (DEASL)
Paola Colais (DEASL)
Roberto Elosua (IMAS –IMIM)
Unto Häkkinen (THL)
Vanina Bongard (AEPMCV)
Yolanda Ferrer (IMAS-IMIM)

Georgios Margetidis (EAHC)

Apologize for absence:

Inge Kirchberger (HMGU)
Jean Ferrières (AEPMCV)
Pascal Garel (HOPE)
Ursula Kirchmayer (DEASL)

1) Welcome by host, EURHOBOP coordinator & EAHC Officer

J Lekakis introduces himself as Past President of the Hellenic Cardiological Society to attendees, and thanks the Society for offering its facilities for this meeting. A presentation on the Hellenic Cardiological Society history and activities is made

G Margetidis introduces himself as the Officer of the Executive Agency for Health and Consumers for the EURHOBOP project.

He remarks the importance of this specific project in his portfolio of more than 50 projects. As a consequence J Marrugat, as coordinator, will have to attend a meeting on Projects on Indicators in Public Health, next November in Luxembourg.

As for the EURHOBOP project management G Margetidis insists on making all the necessary questions to him as soon as they arise to avoid delays or complications.

J Marrugat thanks the colleagues in HCS-ATTIKON and G Margetidis for their help and assistance in this meeting.

2) Hospital inclusion, recruitment status and other partner activities and comments

Jaume Marrugat (IMAS-IMIM)

10 hospitals already recruited. 2 hospitals already completed and two more hospitals starting recruitment. No major problems reported.

According to the EURHOBOP calendar we are following the schedule as for deliverables, work packages and onsite visits (these not in the planned order, but depending on the Project development necessities).

Dimitrios Farmakis (HCS-ATTIKON)

Six Greek centers are already recruiting in 4 regions of Greece, without major problems. One hospital is completed

Mirko di Martino (DEASL)

DEASL will send the complete database once for all (2000 patients) by next summer.

Carla Araújo (FMUP)

Their recruitment status will follow a different pattern. They will introduce the patient forms for every hospital in one shot. They have already finished two hospitals and these data bases will be sent soon.

She shows the difficulties of her institution in the recruitment, but no changes will be made on the form from now on. She will though send an document with their doubts to the Coordinator for clarification.

She suggests that a link is created in the website where Hospitals can download any document needed for the Ethical Committee approval.

Inge Kirchberger (HMGU, as for the slides sent)

Five hospitals have already finished the recruitment. Just 626 forms have been submitted though. The remaining data was collected on paper and will be submitted soon. No major problems are reported.

Vanina Bongard (AEPMCV)

There are still two missing Hospital Forms. One is from one hospital that is already recruiting and will be sent soon. There may be some difficulties with the other hospital and then, another hospital will be contacted, maybe somewhere far away from Toulouse (as most of the French hospitals are close to Toulouse area).

They have almost 1000 patients already recruited in 9 of the 10 hospitals. As a last resort, if one hospital does not reach the 200 patients recruitment, it can be compensated by another hospital recruiting more patients (up to 10% or 15% more).

Marina Torre (ISS)

Concerning the Hospital Recruitment, she distinguishes two types of Collaborating Partners: Associated (contacted by Associated Beneficiaries) and Affiliated (mainly contacted by HOPE).

From the 70 expected Associated Coll. Partners we already have 67 enrolled, and 2.909 patients recruited.

In Italy most of these hospitals are in the area of Rome and in France, in the area of Toulouse.

She introduces the latest changes in the website.

She makes a short presentation on what means to be an Affiliated Collaborating Partner and how we will proceed in the website on this matter.

She suggests organizing an activity in the next European Cardiology Society Congress for the dissemination of the project among European cardiologists.

3) Statistical party meeting: Model selection and model adjustment discussion

The participants in the Statistical party were:

- Mirko Di Martino
- Paola Colais
- Unto Häkkinen
- Isaac Subirana
- Joan Vila

We discussed model strategies, particularly the issue that patients are nested in hospitals and hospitals are nested in countries. It can be handled with “mixed Models” (both in “R” or “SAS”).

During the meeting a problem arose on how to deal with countries comparisons. This issue was also discussed with all attendees to the General Meeting after Statistical meeting. It is not as statistical problem but an epidemiological one. If the issue is just “benchmarking”, hospitals and countries must be entered in the model as random effects factors (i.e. mixed model), but if the aim is to compare countries then the country must be entered as a fixed effect in the model.

We accorded to send the slides shown during the meeting and keep in touch.

4) Work package leaders will present the evolution of their WP in the context of the planned calendar (ppt presentations in annex)

WP1: Coordination of the project.

IMAS-IMIM. Jaume Marrugat

He presents the objectives of the meeting and the challenges of his Coordination:

- To maintain a good level of communication with partners and with Officer. This has been carried through monthly WEBEX teleconferences involving all partners, through Coordinator on-site visits to partners, and with email and telephone calls with Officer
- To set in motion the EURHOBOP website, and its constant updating
- To organize the Data Extractor Workshop in Barcelona
- To achieve the participation of the 70 hospitals
- To start and achieve a good recruitment rate in these hospitals, according to what was expected.
- To continue with the Coordinator on-site visits to Partners. A questionnaire has been created for partners to fill in order to know the partner integration in the Project, what

they think that could be done better in the coordinating center, to follow the progress of the WPs in which they participate / lead or specific tasks under their responsibility, and to discuss other topics relevant to the appropriate completion of the tasks and Budget expenditure.

WP2: Dissemination of results.

ISS. Marina Torre

She presents the activities performed during this first year and those planned for the second. Also the updating of the website is shown.

In order to better disseminate the project and to promote the enrolment of Affiliated Collaborating Partners in all the countries involved in the project, she suggests that all partners could publish the EURHOBOP website address in their institution websites, together with the PDF of the leaflet and a link to the website.

The leaflet could be also published in the publications of every National Society in the same way as before. Partners should send this request to the National Society they deem convenient in their country.

In the EURHOBOP website we also have to put a link and a phrase to stimulate the active participation of potential Affiliated Collaborating Partners.

The icons in the Home Page should be put at the top of the page , just after a first paragraph (which should be the actual last one).

It is suggested to add also in this Home Page the number of visits to the website.

Every partner should send Marina Torre the list of their Data Extractors (Name and Surname) to be added to the Hospital Info Page.

WP3: Evaluation of the project.

HMGU. Inge Kirchberger (as for the slides sent)

As for the Evaluation of the project, we have submitted all deliverables within the planned deadline, and we have gone further on than expected with hospital and patients recruitment.

The next tasks are to monitor the benchmarking functions and organize the External Evaluation by a Scientific Advisor Committee.

WP4: Benchmarking function development.

IMAS-IMIM. Roberto Elosua/Isaac Subirana

For this work-package, a Protocol and a list of Hospitals by Country have been prepared.

The recruitment status is updated every week and downloaded automatically in the EURHOBOP website, and delivered to all concerned study members.

Three forms have already been prepared and are shown:

- Patient Data Form
- Associated Collaborating Partner
- Affiliated Collaborating Partner

The model planning is discussed: an agreement is reached to describe several levels (patient, hospital and country characteristics). J Marrugat suggests that the patient recruitment period could be shortened in approximately 4 months to allow a longer period for data analyses.

The Consortium approves to make the try.

WP5: Analysis off availability of severity measurements in administrative data.

AEPMCV. Vanina Bongard.

The objective of this Work Package is to seek, in various hospitals and various countries, the availability of prognostic markers in administrative data in order to assess whether use of risk prediction models for benchmarking is feasible.

The Methods to reach this objective are presented, being the expected results:

- Development of a prediction formula, based on a large number of relevant indicators
- Development of a prediction formula based on a restricted number of indicators
- Possibility to determine which one is the most feasible for benchmarking purpose
- Development of convenient tools for dissemination such as plot nomograms and pocket and hand-held devices.

Initial interim analyses have been planned when the patient recruitment reaches 50%.

WP6: Sex inequalities assessment.

DEASL. Mirko di Martino

He presents the activities done during this first year in DEASL and the objective of this work-package: To determine whether Acute Coronary Syndromes outcomes differ by gender and investigate the role of gender as an effect modifier of ACS's outcomes by different exposures.

He shows the Outcome, exposure and potential confounders, the risk adjustment methodology, the potential risk factors, and some results of the preliminary analysis on the DEASL dataset 2008-2009. These preliminary results analysis is summarize as follows:

Women are at higher risk of dying after AMI, even if differences are not statistically significant.

Adjustment for comorbidities reduces the differences between women and men, which supports the findings of some studies which concluded that higher mortality among women might be partially explained by different age and risk factors distribution.

Women are less likely to be treated with PCI within 48 hours.

There is a high variability between hospitals for all outcomes.

The role of other potential confounders/effect modifiers like severity (STEMI/nSTEMI) has not been taken into account in this preliminary analysis, but will be considered in the Eurhobop data analysis.

The next step is to make multilevel analysis: 'Fixed effects' models versus 'random effects' models and three potential levels of analysis: patient – hospital – country.

WP7: Cost analysis of procedures

THL. Unto Häkkinen

The objectives of this Work Package are presented.

The cost study will be done using two samples:

The first sample include those hospitals (at least some hospitals in Spain and Finland) in which patient level data (from the patient questionnaire) can be linked with patient level cost information. Second sample will include all hospitals of the EURHOBOP and is based on more aggregate level cost information.

They will need a questionnaire on cost information to be filled up by Hospitals. He will send this draft questionnaire for amendments to partners, and once the corrections are done, he will send the link to this questionnaire to partners. Every partner will send a letter (prepared by the Coordinator) to his/her contacts in hospitals asking to fill in the form in the link. The information introduced will arrive directly to the database in THL.

They will pilot 10 hospitals in a first stage, and will proceed later with the rest.

The protocols for measuring costs will be developed by the end of 2010.

The collection of cost data from hospitals will be done by spring 2011.

The analysis of costs will be done by autumn 2011

The analysis of the relationship between cost and outcome at hospital level will be finished by august 2012

WP8: Benchmarking assessment with hospital real-life data

HOPE. Gloria Lombardi

She presents the objective and resulting Deliverable of this Work-Package. Their work consist on: Identifying partners and ways to reach hospitals, building the link on the website to which hospitals will provide their information, convincing hospitals to contribute, persuading them to do the testing, and analyzing the results. The end is expected by March 2012.

HOPE will be focusing their first efforts in the 20 countries not involved in the EURHOBOP project. Later on, they will contact every partner to agree on how to approach the hospitals in the EURHOBOP area in order not to overlap efforts.

Their specific actions will involve building linkages with the European Union of Medical Specialists and the European Society of Cardiology, and National Societies of Cardiology. They will work with other projects useful for EURHOBOP (DUQuE and EUNetPaS). They will make all efforts for achieving hospital participation

5) Preliminary discussion about a Intellectual Property Rights (IPR) in EURHOBOP

J Marrugat presents the possibility of registering the EURHOBOP benchmarking functions as a software (for software there is no way of patenting)

As number of authors, he proposes 5 in IMIM and 2 / partner

Every partner should follow his/her Institution IPR sharing rules

The Registering would be done in Spain (but this is respected in all Europe)

The consortium should reach and sign an agreement on flat benefit distribution in case of exploitation.

The consortium agrees in delegating the Project Coordinator the task of undertaking the exploratory actions to get this affair clarified for the next annual meeting.

This is just an idea to think about during this next year.

6) All other business and next annual meeting

It is agreed that WEBEX and Meeting Minutes will be approved 10 days after their delivery, if no amendment has been suggested.

Next annual meeting will be held next October in Porto. A poll will be sent in short to set up the exact dates.

“Homeworks” resulting from this meeting:

ALL PARTNERS:

- Organize an activity for the next ECS Congress 2011 to disseminate the EURHOBOP project.
- Disseminate the EURHOBOP project in other congresses (international and national).
- Publish the EURHOBOP website address in their institution websites, together with the PDF of the leaflet and a link to the webpage.
- The leaflet should be also published in the publications of every National Society in the same way as before. Partners should send this request to the National Society they deem convenient in their country.
- Correction on the already sent Patient Data Forms should be done manually and sent by fax to the Coordinator.
- Speed up the recruitment to get it completed 3 to 6 months in advance.
- Send the list of names and surnames of Data Extractors to Marina Torre, to put it in the EURHOBOP website Hospital page. Add please the email address so that they can also receive the recruitment status.
- For the next annual meeting, all partners should explore in their institutions the rules for registering the EURHOBOP algorithm as IPR (Intellectual Property Rights).

IMAS-IMIM:

J Marrugat:

- Attend a meeting in Luxembourg next November on Projects on Indicators. To be officially invited by G Margetidis.
- Prepare a letter addressed to Hospitals asking to fill in the questionnaire on costs requested by THL. A link to this questionnaire sent by THL will be included in the letter.

Y Ferrer:

- Solve financial reporting issues concerning Data Extractor contractual status in all partner institutions and proceed with the resulting amendment to the contract together with G Margetidis.
- Send an updated list of emails to Marina Torre.

I Subirana/J Vila:

In the next months queries will be sent to recruiting partners in order to solve inconsistencies in the database.

DEASL:

Send their data base by summer 2011

FMUP:

Send an excel document to the Coordinator containing the doubts and questions regarding the Data Extraction.

THL:

Send the two missing Hospital forms.

Send their data base by summer 2011.

Send the draft questionnaire on costs to partners for corrections.

Send the link to the final questionnaire to Coordinator to include in the letter template to Hospitals.

AEPMCV:

Send the two missing Hospital forms. Maybe substitute one of the chosen hospitals whose form is still missing and which presents some problems to participate, by another hospital, far away from Toulouse if possible.

ISS:

- In the EURHOBOP website, add a link and a statement to stimulate the active participation of potential Affiliated Collaborating Partners.
- The icons in the Home Page should be put at the beginning of it, just after a first paragraph (which should be the actual last one).

- Add the number of visits to the website.

- Add a tab in the website for Hospitals to download any document (protocol, etc...) needed in case they need to get an Ethics Committee approval.

- Prepare a draft of the Dissemination Plan based on the EUPHORIC project one.
- Add the name of the Data Extractors in every Hospital page in the website.
- On the website, correct in the benchmarking function:
 - o “In-Hospital Mortality” (not “outcome risk”)
 - o “Percentile”