



EURHOBOP project Minutes

Teleconference 28-02-2011

Minutes

Participants:

Ana Azevedo (FMUP)
Antti Malmivaara (THL)
Dimitrios Farmakis (HCS-ATTIKON)
Inge Kirschberger (HMGU)
Isaac Subirana (IMAS-IMIM)
Jaume Marrugat (IMAS-IMIM)
Joan Vila (IMAS-IMIM)
María Grau (IMAS-IMIM)
Marina Torre (ISS)
Pascal Garel (HOPE)
Roberto Elosua (IMAS-IMIM)
Timo Seppälä (THL)
Vanina Bongard (AEPMCV)
Yolanda Ferrer (IMAS-IMIM)

Absences:

DEASL-

1) Welcome

J Marrugat welcomes participants to the conference.

2) Recruitment status. WP4

The recruitment follows in average, as planned, with some countries having recruited a bit over the expected, and some a bit below.

J Marrugat announces that in the next days a figure like the one being sent weekly on the EURHOBOP recruitment status will also be made by hospital in each country.

Each country figure will be sent to a list of recipients periodically to show the recruitment by hospital in the corresponding country.

THL will send the Finnish data in one go by summer 2011 as agreed.

3) Progress in WP2. Dissemination of the results. ISS

M Torre presents the proposal for the new home page (as agreed during the Athens meeting) and the new text of the Project outlines (annex 1) that includes some information cut from the "old" home page. The new home page can be seen now at

the address: <http://www.eurhobop.eu/?q=node/164>, and will be public in the next days.

The list of data extractors for every country participating in EURHOBOP has already been published in the EURHOBOP website, in the corresponding country page. Partners are kindly asked to check the list and send any correction to mascia.masciocchi@iss.it and yferrer@imim.es.

Progress in WP3. Evaluation of the project. HMGU

I Kirchberger summarizes the main points on the next evaluation by the EURHOBOP External Scientific Advisory Board (ESAB):

- 1) The EURHOBOP External Scientific Advisory Board (ESAB) will be composed by three external Advisors.
- 2) The Evaluation will take place by June 2011. We will decide the venue depending on the scientists' countries of origin.
- 3) The ideal profile for these evaluators would be: a cardiologist (involved in Public Health), a Public Health advisor, a person from the Administration.
- 4) Only members of IMAS-IMIM and HMGU will be involved in the organization of the meeting.
- 5) To prepare this meeting and the documents related, the Coordinator will visit partner HMGU next March 14th, 2010
The ESAB members will be paid a 1000€ fee and trip and accommodation expenses for two nights.

Partners are kindly asked to provide some proposals on possible evaluators during next week.

Progress in WP5. Analysis of availability of severity measurements in administrative data. AEPMCV

AEPMCV will prepare a first approach with the data collected at the end of June to be presented in the next Interim Report (September 2011)

Progress in WP6. Sex inequalities assessment. DEASL

Absent. Coordinator will ask partner DEASL to proceed in a similar way as WP5.

Progress in WP7. Cost analysis of procedures. THL

Concerning the questionnaire that EURHOBOP hospitals should fill in on this topic, T Seppälä presents the email with the cover letter and the questionnaire that should be sent to EURHOBOP hospitals (annex 2).

Partners are kindly asked to go through annex 2 and send any comments/suggestions during next week to timo.t.seppala@thl.fi so that we can proceed with the sending of the questionnaire to the hospitals.

Progress in WP8. Benchmarking assessment with hospital real-life data. HOPE

P Garel comments on his progress with his contacts with national hospitals federations in Europe.

There are 4 East-European countries already contacted and willing to participate: Estonia, Slovenia, Bulgaria.

Denmark sent an expression of interest that was answered by JMarrugat. No further progress made so far.

Germany and UK, on the contrary, has given a negative feedback, as they seem reluctant to benchmarkings.

Partners are asked to invite personally those hospitals in their countries they are connected with in some way, and inform P Garel of their actions relating to this subject.

5) All other business

Next EURHOBOP annual meeting will be held in Porto in September.

A Doodle Poll will be sent during next week to decide on the dates.

A visit of the Coordinator to FMUP will be scheduled previous to this meeting to help in organizing it.

We have no news yet on the First Interim Report sent last October to the our EAHC officer nor about the contract amendment. The coordinator will contact Mr.

Margetidis during next week and inform partners on the result of their conversation.

We can presume that a delay on the second payment will take place due specially to the contract amendment.

The next EURHOBOP Webex Teleconference will be decided in a Doodle poll sent during the next weeks.

ANNEX 1

The EU Member States are concerned about the quality of health care and the possible inequalities among EU citizens. Coronary heart disease is very frequent in EU and is the origin of many admissions, patient management and procedure use.

EURHOBOP is a project funded by the European Commission ("[Executive Agency for Health and Consumers](#)"), under the [Second Programme of Community Action in the Field of Public Health \(2008–2013\)](#). It contributes to pursue the objective of “generating and disseminating health information and knowledge” and is based on the preliminary results obtained in the EUPHORIC (www.euphoric-project.eu) cardiovascular pilot study.

EURHOBOP seeks to provide European hospitals with a validated set of statistical functions - including determinants of in-hospital case fatality outcome indicator - to benchmark themselves about the quality of the management of myocardial infarction or unstable angina patients and in the use of the treatments aimed at removing the coronary artery occlusion.

Benchmarking the hospital performance is, in fact, a key instrument to improve the quality of health care.

In EUPHORIC (www.euphoric-project.eu) a set of functions predictive of EU Hospital performance in terms of management of coronary heart disease patients and some procedures used in their admission were successfully wound up. Under EURHOBOP the functions will be validated on real life data by enrolling a large number of hospitals and the possibility of including other variables of severity will be tested.

Patients admitted for an acute coronary syndrome in EU hospitals receive a discharge diagnosis of myocardial infarction (MI) either with or without Q-wave in the electrocardiogram, or unstable angina (UA). MI and UA are easy to identify and their management includes a number of procedures (Coronary angiography; Thrombolysis; Percutaneous intervention; General MI-UA patient management) available in many hospitals in Europe and already tracked by the existing monitoring systems.

EURHOBOP will consider as outcome the "in-hospital case-fatality after the procedure", a hard, standardized end-point that can be easily retrieved from medical records and administrative discharge records.

Hospitals will be requested to provide data of 200 consecutive patients with discharge diagnosis of MI or UA retrospectively recruited. Hospital enrollment will be carried out in two phases:

1. through the already established network of the associated beneficiaries (10 hospitals per country, enrolled as Associated collaborating partners)
2. opening the invitation to all the European hospitals (enrolled as Affiliated collaborating partners)

The project is organized in the following 8 Work Packages:

Body of the text for the e-mail:

You receive this email because your Hospital is one of collaborating partners in EurHOBOP-project Work Package 7 (WP7). Researchers responsible for WP7 (Cost analysis work package) in THL- Finland have prepared a short questionnaire on cost management and possibilities to utilize potential for individual level cost data in European Hospitals. The idea is to get this information from all 70 collaborating partners in EURHOBOP in the next months and when possible extract and link the individual level data with patient data already extracted for EurHOBOP. The information collected through the questionnaire will enable cost analysis section (WP7) of EurHOBOP-project.

Please find below the link for the questionnaire that gathers the background information from different participating hospitals. Attached to this email you will find a cover letter for the questionnaire that incorporates: 1) a short description about the EurHOBOP, 2) short description about WP7 as well as 3) a sheet of the import of the questionnaire questions.

In case of urgent need for a piece of advice or for clarification of any ambiguities, please contact the WP leader team THL/CHESS through sending e-mail to Dr. Timo T. Seppälä at the address timo.t.seppala@thl.fi.

You can enter the secured questionnaire here:

http://www.webropol.com/p.aspx?t=1&l=426130_51719ac7b57b43b9

(cover letter)

EurHOBOP in a nutshell

The EURHOBOP project (EUROpean HOspital Benchmarking by Outcomes in acute coronary syndrome Processes) is funded by the European Commission ("Executive Agency for Health and Consumers"), under the Second Programme of Community Action in the Field of Public Health (2008–2013). It contributes to pursue the objective of "generating and disseminating health information and knowledge" and is based on the preliminary results obtained in the EUPHORIC (www.euphoric-project.eu) cardiovascular pilot study.

EURHOBOP seeks to provide European hospitals with a validated set of statistical functions to assess their performance in the general management of acute myocardial infarction or unstable angina patients and in the use of the treatments aimed at removing the coronary artery occlusion.

EURHOBOP is intended to provide the European Community with valid standardized and adjusted benchmarking tools that permit European hospitals to monitor their outcomes in key procedures used in coronary artery disease.

EURHOBOP will make it possible to benchmark hospital performance, which is considered a key instrument to guarantee and improve the quality of health care delivered to European citizens.

Work package 7 - Cost analysis of procedures

The large scale objective is to analyze the cost of managing myocardial infarction (MI) and unstable angina pectoris (UA). WP7 will focus especially on comparing procedure cost by hospital complexity level, by country and by performance in terms of outcome achieved. In addition, WP7 will take into account the patients' severity characteristics. The main aim is to calculate the cost of hospital care for selected coronary patients and procedures and relate them to short term outcome (in hospital mortality).

Questions and their import

- 1) Hospital name, Country
 - a. Provide with the full name of the hospital and its country of residence
- 2) E-mail address of the responded
 - a. Provide with the e-mail address of the person who responded the questions
- 3) What is the form of ownership of your hospital?
 - a. Choose the first option when the hospital is privately run but publicly financed
 - b. Choose the second option when the hospital is pure, for-profit, private hospital
 - c. Choose the third option when the hospital is publicly owned and locally governed
 - d. Choose the fourth option when the hospital is publicly owned but governed centrally
 - e. Choose the fifth option if options 1-4 are not suitable, and describe the form of the ownership
- 4) What is the most common funding source of MI/UA patients at your hospital? Please, choose only one option.
 - a. Choose the first option if it is government or public health insurance
 - b. Choose the second option if it is private insurance
 - c. Choose the third option if it is out-of-pocket payments
 - d. Choose the fourth option if options 1-3 are not suitable and describe the funding source
- 5) What is the most common hospital payment scheme for UA/MI patients?
 - a. Provide the information about how the hospital is reimbursed. Choose all the used forms of reimbursement used in your hospital
- 6) What is an average cost per day per UA/MI patient in your hospital? Please, provide with the information in your local currency.
 - a. Provide the information in care unit (ward) –level in your local currency
- 7) What is the level of availability of UA/MI patients' procedure costs in your hospital?
 - a. Provide the information at which level the procedure costs are available. National level refers to average level while hospital level refers to more accurate accounting level, where costs from different hospitals can be distinguished.
- 8) What are the average procedure costs for the following procedures in your hospital? Please, provide with the information in your local currency.
 - a. Provide the average costs for different procedures at your local currency. If the information is unavailable, please, denote N/A.
- 9) Is the patient level cost data available at your hospital?
 - a. Provide the information whether the costs are available at patient level. This is the level we are aiming in the cost analysis and hence even partial availability might be helpful to increase the accuracy of cost modeling in EurHOBOP project.
- 10) Are the cost data individual-level linkable to the study objects at EurHOBOP project? For linking and about EurHOBOP, see more information from the cover letter.
 - a. In case the answer in question 9 was positive we need to know whether that patient-level data can be linked to information extracted through EurHOBOP data gathering.
 - b. Would the individual level cost data available for the EurHOBOP project? About the EurHOBOP project, cost analyses, and use of the data, see more information from the cover letter.
 - c. In case the answers to questions 9 and 10 where positive we need to know whether the information would be accessible for the EurHOBOP project.