BRIDGE Health WP achievements

14. September 2017

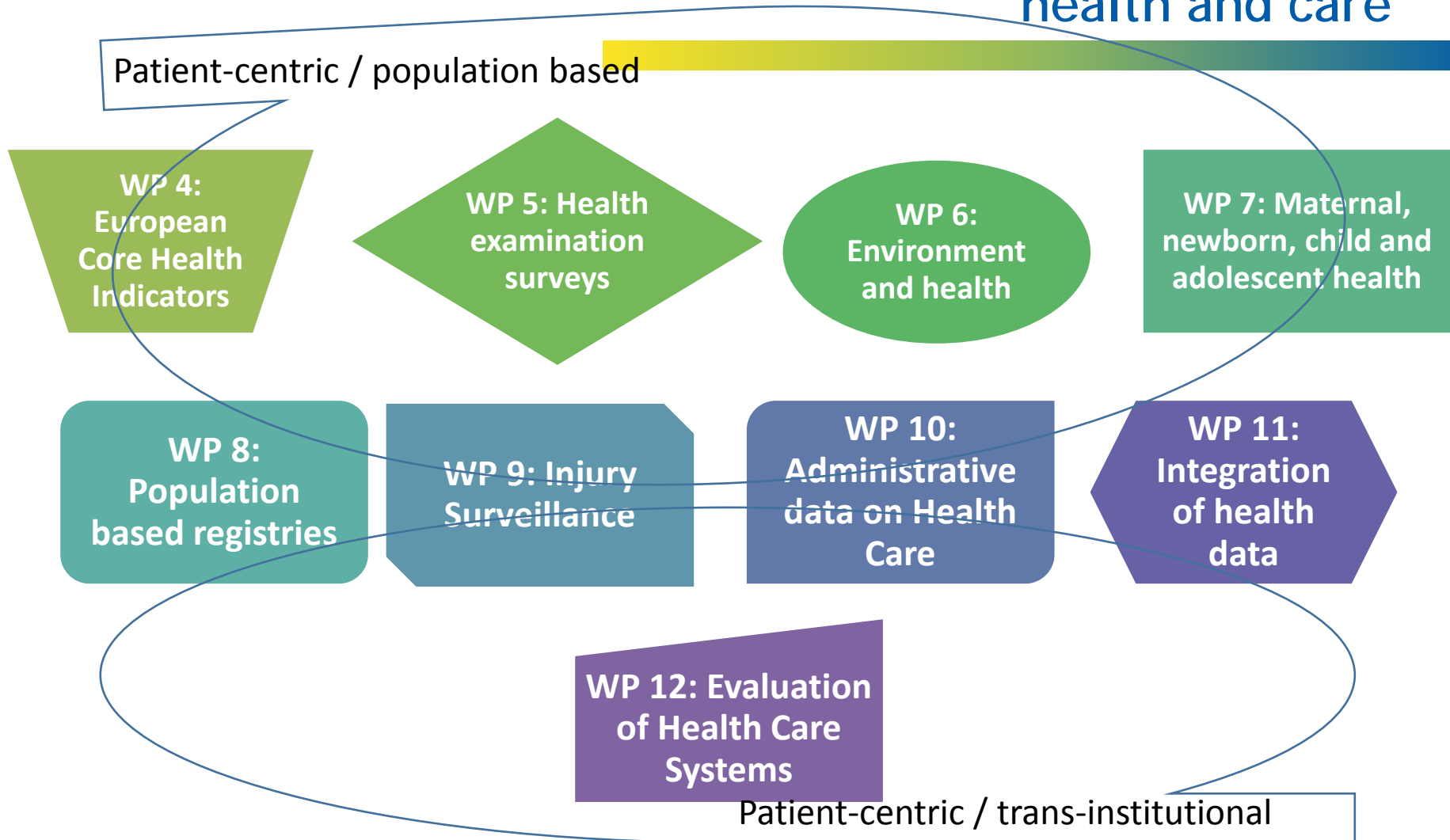Maria M. Hofmarcher

www.bridge-health.eu

BRIDGE Health
aims for topic-specific work packages

➢ Promote sustainability of past EU investments in health information

➢ Enhance synergy across existing health information activities

➢ Continue to work on improving health information

  ➢ enhance its transferability and use

  ➢ reduce health information inequality

  ➢ promote information on inequalities and specific population groups

  ➢ develop indicator standards, common methods and tools to enhance cross-country comparison of health and health systems

Participating projects and networks cover key areas of health and care

Patient-centric / population based

WP 4: European Core Health Indicators

WP 5: Health examination surveys

WP 6: Environment and health

WP 7: Maternal, newborn, child and adolescent health

WP 8: Population based registries

WP 9: Injury Surveillance

WP 10: Administrative data on Health Care

WP 11: Integration of health data

WP 12: Evaluation of Health Care Systems

Patient-centric / trans-institutional

Mapped data availability

- Survey performed in 2016,results submitted as technical report
- Review of ECHI selection criteria, update requirements, work flows/procedures in Expert meeting in May 2017
- Develop a process where Eurostat delivers an availability overview to the ECHI process for the Eurostat based indicators

Evaluated policy relevance of ECHI shortlist approach

- Online-survey closed, analysis underway, discussion of results in May 2017
- Mapping of policy focus, balance and appropriateness of the ECHI indicator approach, improving ECHI shortlist use for stakeholders and for comparative EU-wide monitoring and evaluation of population health and health systems performance.

## Designed ECHI indicator repository

- Concept for content, structure and functionalities finalized, presented and discussed at expert meeting in May 2017 that suggests:
  - ➢ Clear criteria and processes are needed for indicator selection both in indicator networks and for including indicators in the ECHI shortlist.
  - ➢ The timeframe for the ECHI update process foresees 5 years to be sufficient.
  - ➢ Technical and availability updating shall be done by groups just for their own field of expertise and bring networks together.
  - ➢ Linking indicator selection to health policy prioritization processes, such as national health targets.

Harmonized population based health examination surveys (EHES)

- EHES **Manuals were updated** and published in December 2017. Freely available through EHES web site at http://www.ehes.info

- Related **training material** is been **updated** will be published by October 2017

- **Site visits** to national HESs have been conducted in 2016-2017

- **Central coordination** for the organization of national HESs which needs to be maintained

Countries which have conducted a national HES in 2000-2017

Enhance awareness about the importance
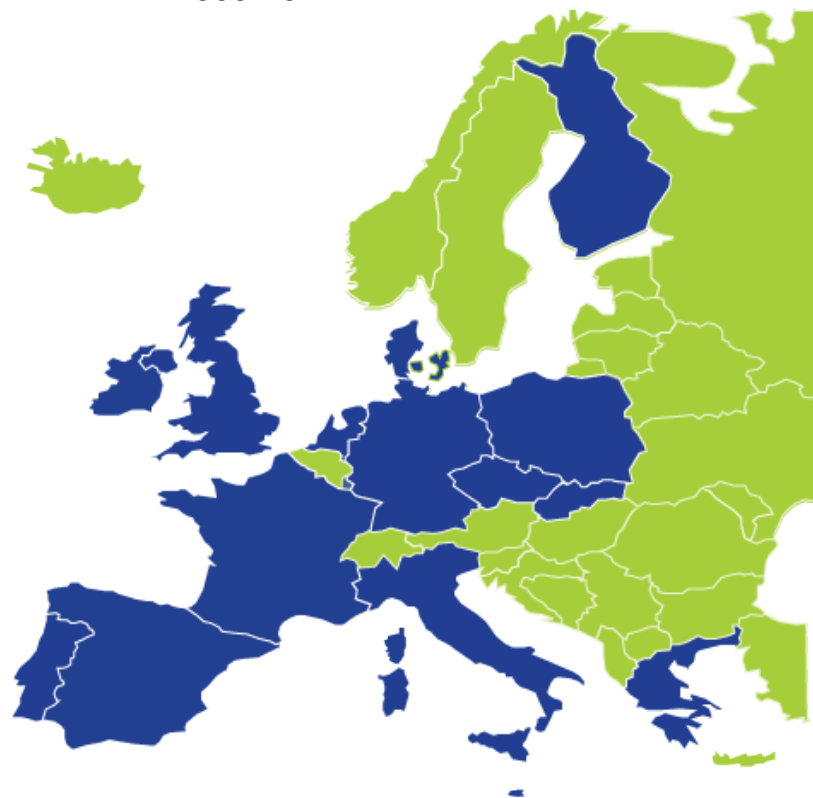
Impacts of environmental chemicals on health (COPHES/DEMOCOPHES/ENRIECO)

1. **Inventory of HBM data** and summary of potential of HBM for information on impacts of environmental stressors (chemicals) on population health

2. **Gap analysis** for using HBM data and environmental health information in HIS

3. Overview on **similarities and differences between existing** data collections (HBM, indicators (WP4) and registries (WP7, WP8) – including personal and population data

4. Summary of the **potential of recent research** (Omics, modelling)

Go for a EU observatory of child health research

Maternal, newborn,child and adolescent health *(Euro-Peristat, Riche, Chicos)*

- The Euro-Peristat network was strengthened:
  - Expanded to Bulgaria and Croatia to attain 31 member countries
  - Tested new data transfer protocol to improve quality
  - Produced new research on maternal and newborn health   9 scientific publications/6 international conference presentations
  - Reinforced links with stakeholders through a conference with >60 European actors in April 2016 and a new tri-annual newsletter to >2000 contacts.

- RICHE/CHICOS updated the content and dissemination of their inventories; developed a shared research inventory

- Identification of maternal and child health data in other BRIDGE health projects

Population based registries

Steps for planning a population based registry:

- formulate the purpose(s)

- determine if a registry is the appropriate tool

- identify the stakeholders interested in the research question

- assess the feasibility

- build and train the team

- establish a governance

- define the duration, costs, clinical data needed

- define the data set, events, size and target population under surveillance

- establish the appropriate record linkage, quality and validation methods

- establish the data processing methods for computing indicators

- develop the protocol and the manual of operations

- plan the dissemination of results

Steps for setting up a registry:

- define the target population and the data sources
- validate the routine databases
- perform a pilot study
- carry out record linkage of data bases
- set up the population-based registry
- validate a random sample of events
- assess indicators
- disseminate results

WP9.

Support IP research and policy development

Injury Surveillance

- New opportunities to expand IDB (e.g. hospital discharge, child specific disability weights, enhanced DALY tool)
- Contribute data towards ECHI29b and ECHI30b
- Data handling methods and tools could be extended to other diseases and conditions

IDB **Manual**, MDS and FDS **data dictionaries**, annual **training** events and rigorous **quality checks**, ensure consistency across participating countries

EuroSafe website: HLSS stats

Injuries in the EU Report

IDB Webgate (public access)

https://webgate.ec.europa.eu/idb/public-access/

http://www.eurosafe.eu.com/home

FDS Restricted Access

IDB clearing house service

Interactive Burden of Injury Tool (in development)

Administrative data on Health Care

1. The **mapping out exercise** elicited the potential of existing datasets to evaluate health care performance; however, international data sharing may be a big hurdle to do international comparison.

2. A **meaningful minimum common dataset** has been identified. Although there are some gaps, the information routinely collected may eventually allow cross-national health care performance assessment at meaningful levels of analysis

3. After harmonizing the original sources, building a **final data infrastructure** fed with data from **Denmark, Portugal, Slovenia and Spain**, a set of **performance indicators** are being **produced**, covering several care domains:

   ➢ cardiovascular care
   ➢ orthopaedic care
   ➢ low-value surgical procedures
   ➢ potentially avoidable hospitalizations and
   ➢ quality and safety events.

Integration of approaches for health monitoring and reporting – EuroHOPE

- Further development of the research infrastructure based on **register linkages**

- Comparison of **feasibility and quality** of performance information and assessment of **legal issues** related to the approaches

- **Data linkage infrastructure** capable of securely and safely managing health information from around the EU
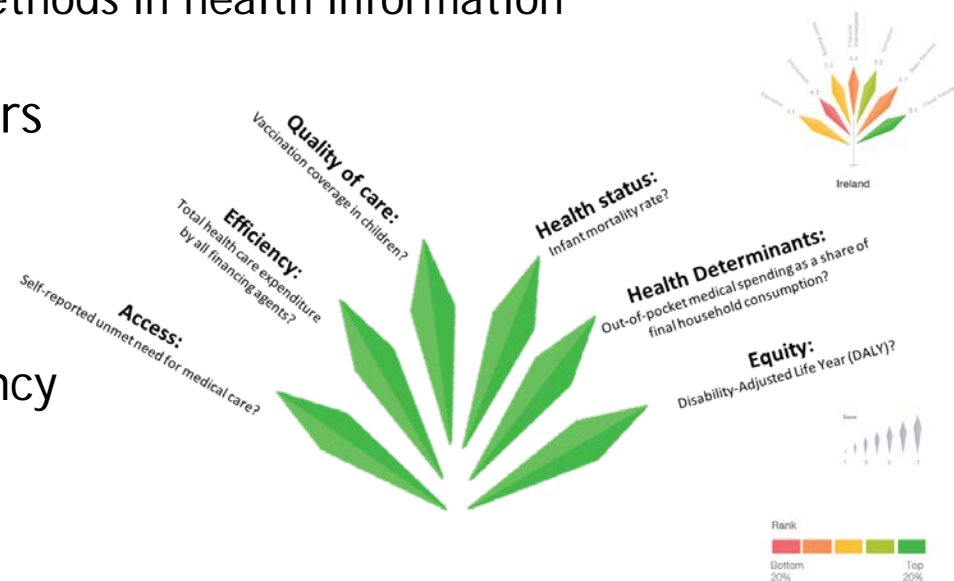
Example of the results: One-year mortality of hospitalised new AMI patients by region in Denmark, Finland, Hungary, Italy (four provinces), Norway and Sweden from 2009 to 2013. Age and sex standardised figures and their 95 % confidence intervals.

Source: EuroHOPE, 2017 (http://www.eurohope.info)
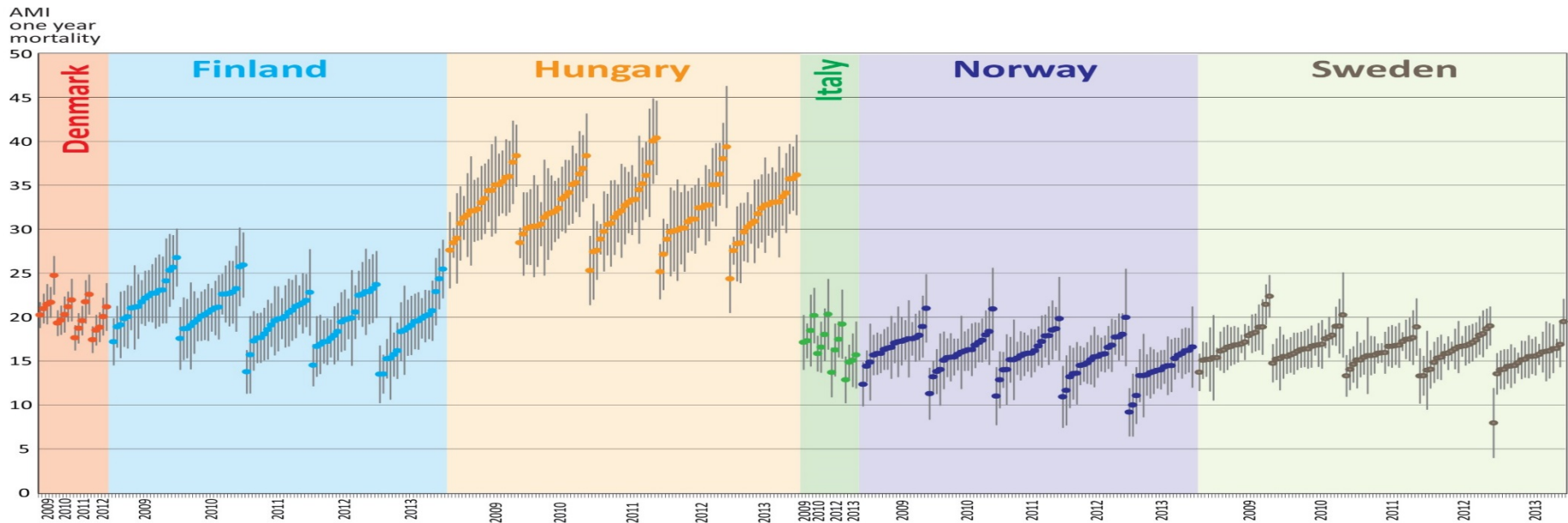
Derive „headline" indicators, their criteria for policy relevance

Evaluation of Health Care Systems

- Established **BRIDGE Health HSI TF**: Health System Indicator Tasks Force to harmonize indicator documentation standards and needs
  - ECHIM / WP 4 partners
  - officials from EC, OECD and WHO-EURO
  - 3 meetings (Nov 15, Feb and Oct 16)

- Prepared a **list of 2168** health and health system indicators in **43 initiatives** at EU, OECD, WHO and Member States level

- 2 papers in AOPH
  - **HSPA actors and actions** at the EU level &
  - **headline HSPA indicators** identified

- Technical **report on priority setting** methods in health information

- **european Health System_Indicators (euHS_I) survey**
  - large overlap, public health indicators dominate
  - (accurate) health system efficiency indicators are rare
  - more multidisciplinary work is needed

Quality of care:
Vaccination coverage in children?

Efficiency:
Total health care expenditure by all financing agents?

Access:
Self-reported unmet need for medical care?

Health status:
Infant mortality rate?

Health Determinants:
Out-of-pocket medical spending as a share of final household consumption?

Equity:
Disability-Adjusted Life Year (DALY)?

Ireland

Rank
Bottom 20%   Top 20%

An overview of achievements

- Existing networks were strengthened and expertise was maintained, e.g. ECHIM, EHES, Euro-Peristat

- Health information quality and equality was improved through work on tools (manuals and training materials) and methods

- Indicators are being updated, e.g. ECHI, ECHO, EuroHOPE, Euro-Peristat and a framework of a health system indicator repository established, euHS_I survey

- Knowledge on health and health care was generated (scientific publications, workshops)

- Links were made across health domains, *although more work to integrate across projects in needed*

- These achievements constitute low-hanging fruits for an ERIC or another European health information system
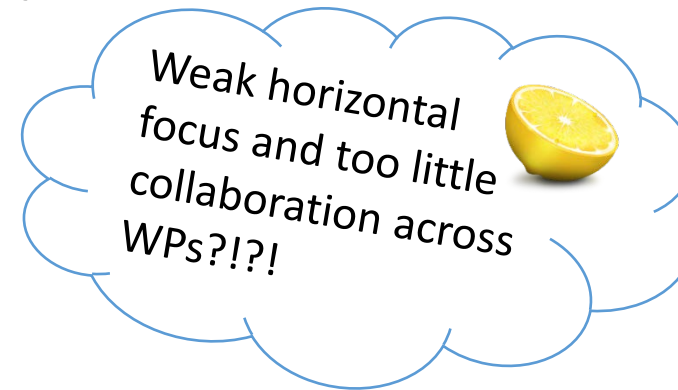
Weak horizontal focus and too little collaboration across WPs?!?!

- Priority should be attached to **creating a sustainable web-based repository for ECHI** as a first step, possibly expanded by interactive interfaces. *(WP4.)*

- **Central coordination** of the supporting actions for the organization of national HESs is needed *(WP5)*

- **Population based registries** are extremely useful, but require considerable resources, high costs and efforts, to be implemented and maintained *(WP8)*

- Resources are needed to ensure routine reporting and analysis of **maternal and newborn health** within the Euro-Peristat network *(WP7)*

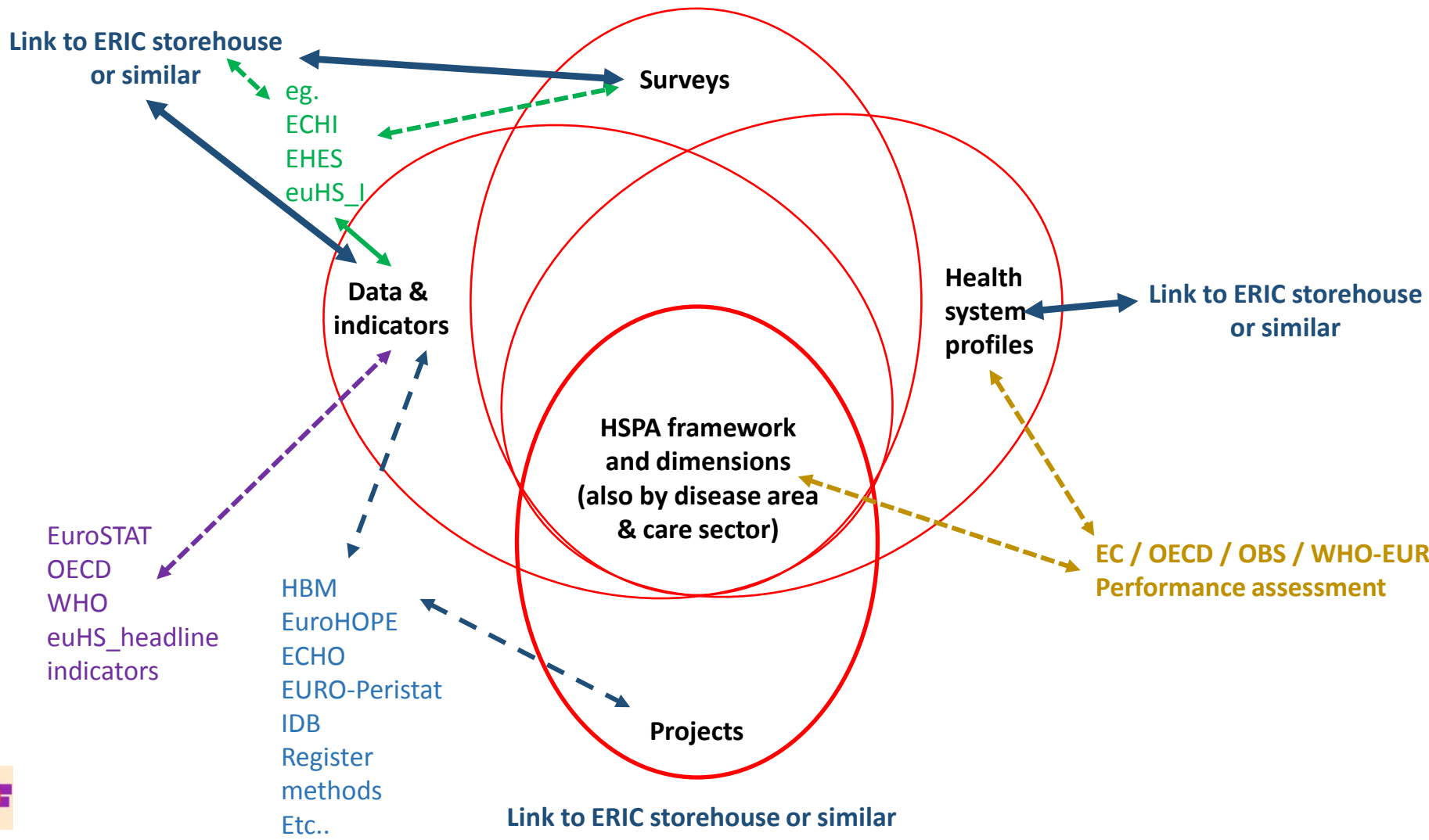- Continued and enhanced **injury surveillance** essential for supporting national and EU policies *(WP9)*

Make best use of knowledge and expertise

- Recognise the need to include **information on environmental health** in HIS aligning **with Agenda 2030**; SDG3. **(WP6.)**

- **Health data infrastructure (HDI) curators on routinely collected data** need to ensure comparability through harmonization and standardization. *(WP10.)*

- **Linked individual level health care data** can be used safely to improve patients' health outcomes, the quality and the performance of health care systems. *(WP11.)*

- **Highlight headline indicators** in respective international databases to ensure guidance on policy relevance and standards for cross-country comparisons and **use Health Data Navigator** to facilitate a ERIC-HIREP. *(WP12.)*

How to bring everything together?
A stylized view of an ERIC storehouse

The HealthDataNavigator as a nucleus of an ERIC storehouse ?

Link to ERIC storehouse or similar

eg.
ECHI
EHES
euHS_I

Surveys

Data & indicators

Health system profiles

Link to ERIC storehouse or similar

HSPA framework and dimensions (also by disease area & care sector)

EuroSTAT
OECD
WHO
euHS_headline indicators

HBM
EuroHOPE
ECHO
EURO-Peristat
IDB
Register methods
Etc..

EC / OECD / OBS / WHO-EUR Performance assessment

Projects

Link to ERIC storehouse or similar

Source: @BRIDGE Health WP 12

Thank you for your attention