

THE WENNBERG
INTERNATIONAL
COLLABORATIVE

SPRING POLICY MEETING
PISA 2016



Session II

Reducing Unwarranted Geographical Variation

11:00-13:00, 15th April 2016

Best Information through Regional Outcomes (BIRO): a decentralised approach for the secure integration of performance indicators and the automated analysis of practice variation

Fabrizio Carinci

Professor of Health Systems and Policy

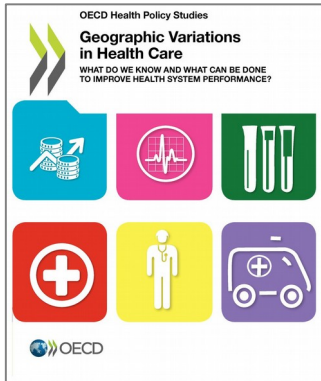
School of Health Sciences, University of Surrey

Member of the OECD Expert Group on Health Care Quality Indicators

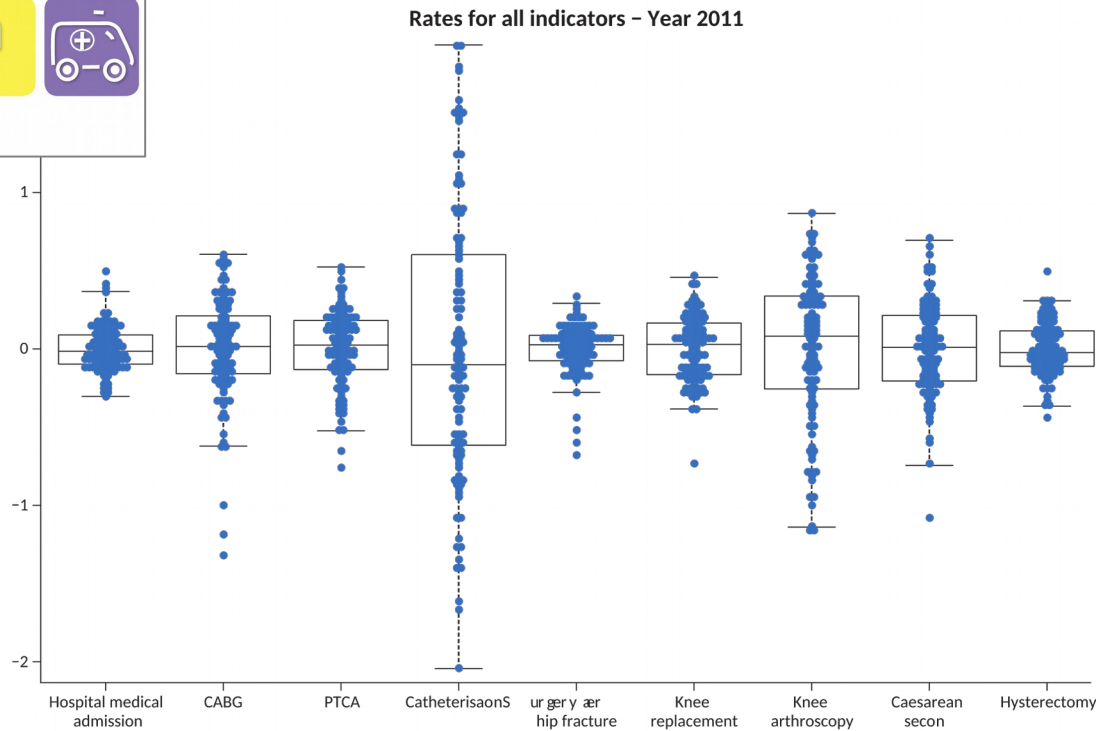


f.carinci@surrey.ac.uk

Reporting on medical practice variation



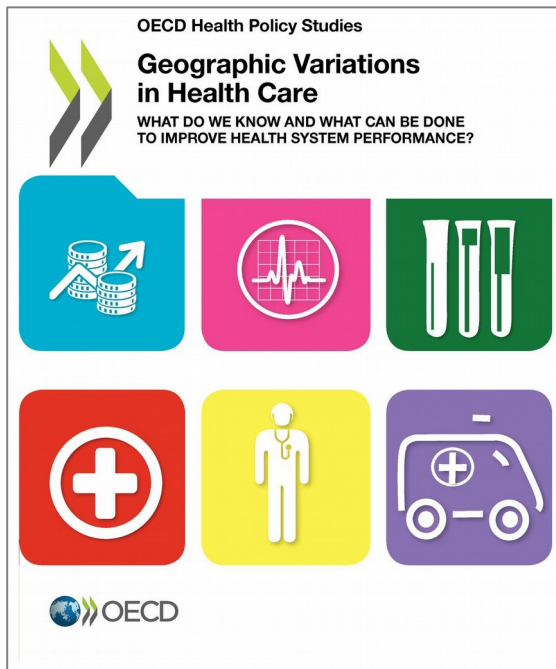
Turnip charts of log-standardised rates for all health care procedures and activities, by province, Italy, 2011



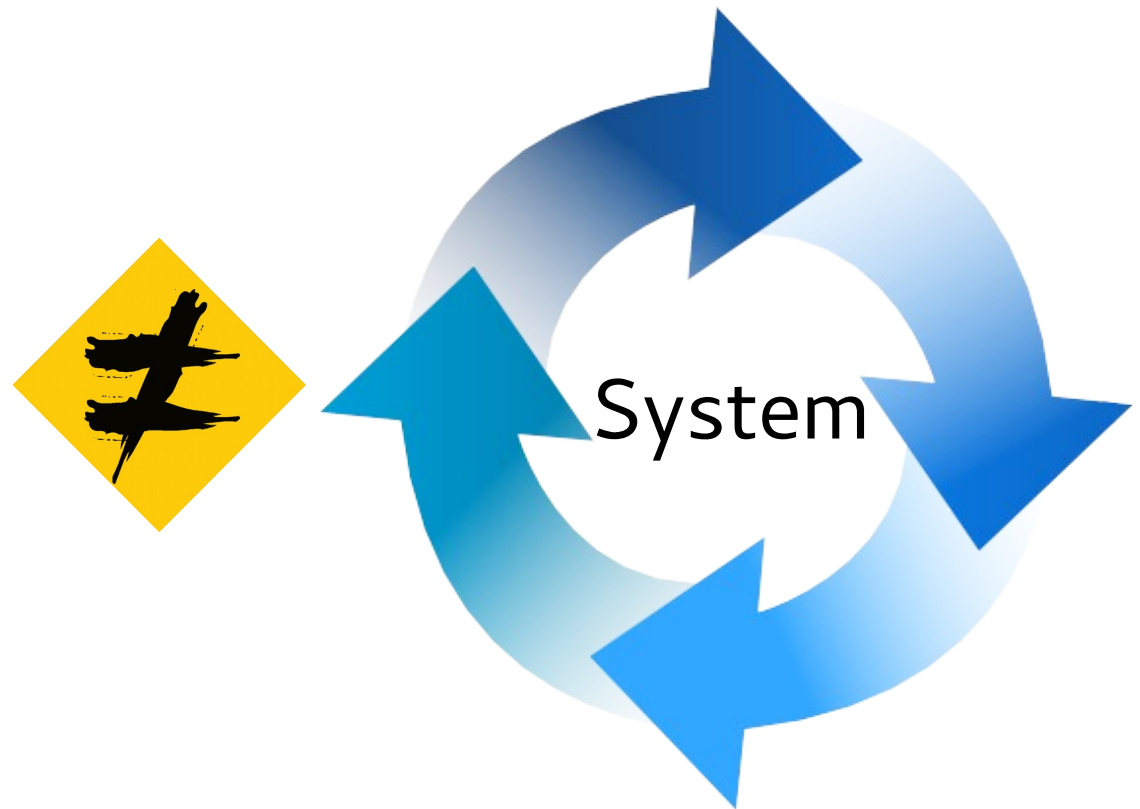
Source: Authors' estimates based on National Hospital Discharges Database, Ufficio VI, DG Programmazione sanitaria, Ministero della Salute, Italy.



Measurement vs Routine Monitoring



Project



Choosing the reference model

*"The most important book about technology today,
with implications that go far beyond programming."
—Guy Kawasaki*

THE CATHEDRAL & THE BAZAAR

MUSINGS ON LINUX AND OPEN SOURCE
BY AN ACCIDENTAL REVOLUTIONARY



ERIC S. RAYMOND

WITH A FOREWORD BY BOB YOUNG, CHAIRMAN & CEO OF RED HAT, INC.



An inspiring statistical reflection

Box 3.4.2. Output Logistic Model on all observations

The LOGISTIC Procedure
Model Information

Data Set WORK_MODEL_
Response Variable HI_HBA
Number of Response Levels 2
Number of Observations 17102
Model binary logit
Optimization Technique Fisher's scoring

Response Profile

Ordered Value	HI_HBA	Total Frequency
1	1	4856
2	0	12246

Probability modeled is HI_HBA=1.

Analysis of Maximum Likelihood Estimates

Standard Parameter	Wald DF	Estimate	Error	Chi-Square	Pr > ChiSq
Intercept	1	-0.6862	0.1028	44.5243	<.0001
GENDER	1	-0.2297	0.0343	44.7555	<.0001
CL_AGE2	1	0.0916	0.1092	0.7027	0.4019
CL_AGE3	1	-0.1465	0.1040	1.9842	0.1589
CL_AGE4	1	-0.2491	0.1086	5.2637	0.0218

Complete Sample

Box 3.4.3. Output Logistic Model on aggregate data

The LOGISTIC Procedure
Model Information

Data Set WORK.IN_SEDIS
Response Variable HI_HBA
Number of Response Levels 2
Number of Observations 16
Weight Variable COUNT
Sum of Weights 17102
Model binary logit
Optimization Technique Fisher's scoring

Response Profile

Ordered Value	HI_HBA	Total Weight	Total Frequency
1	1	8	4856.000
2	0	8	12246.000

Probability modeled is HI_HBA=1.

Analysis of Maximum Likelihood Estimates

Standard Parameter	Wald DF	Estimate	Error	Chi-Square	Pr > ChiSq
Intercept	1	-0.6862	0.1028	44.5243	<.0001
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Combinations of Levels of Covariates

Box 3.4.4. Observed/expected rates by centre using logistic regression

Centre	Den.	Num.	% Observed	% Expected	95% Lower	95% Upper
1	7699	2189	28.4	28.5	27.5	29.5
2	2360	1000	42.4	28.0	26.1	29.8
3	3422	916	26.8	28.4	26.9	29.9
4	1239	222	17.9	28.3	25.8	30.8
5	2382	529	22.2	28.4	26.6	30.2

Same results !

EU BIRO and EUBIROD projects

BIRO project (2005–2009)

EU DG–SANCO co-funded public health project in diabetes

“to provide European health systems with an ad hoc, evidence and population-based diabetes information system”

EUBIROD project (2008–2012)

EU DG–SANCO co-funded public health project in diabetes

“to implement a sustainable European Diabetes Register through the coordination of existing national/regional frameworks and the systematic use of the BIRO system in 20 European countries”

BIRO fundamental principles

System. *Federation of networks sharing a common distributed health information infrastructure*

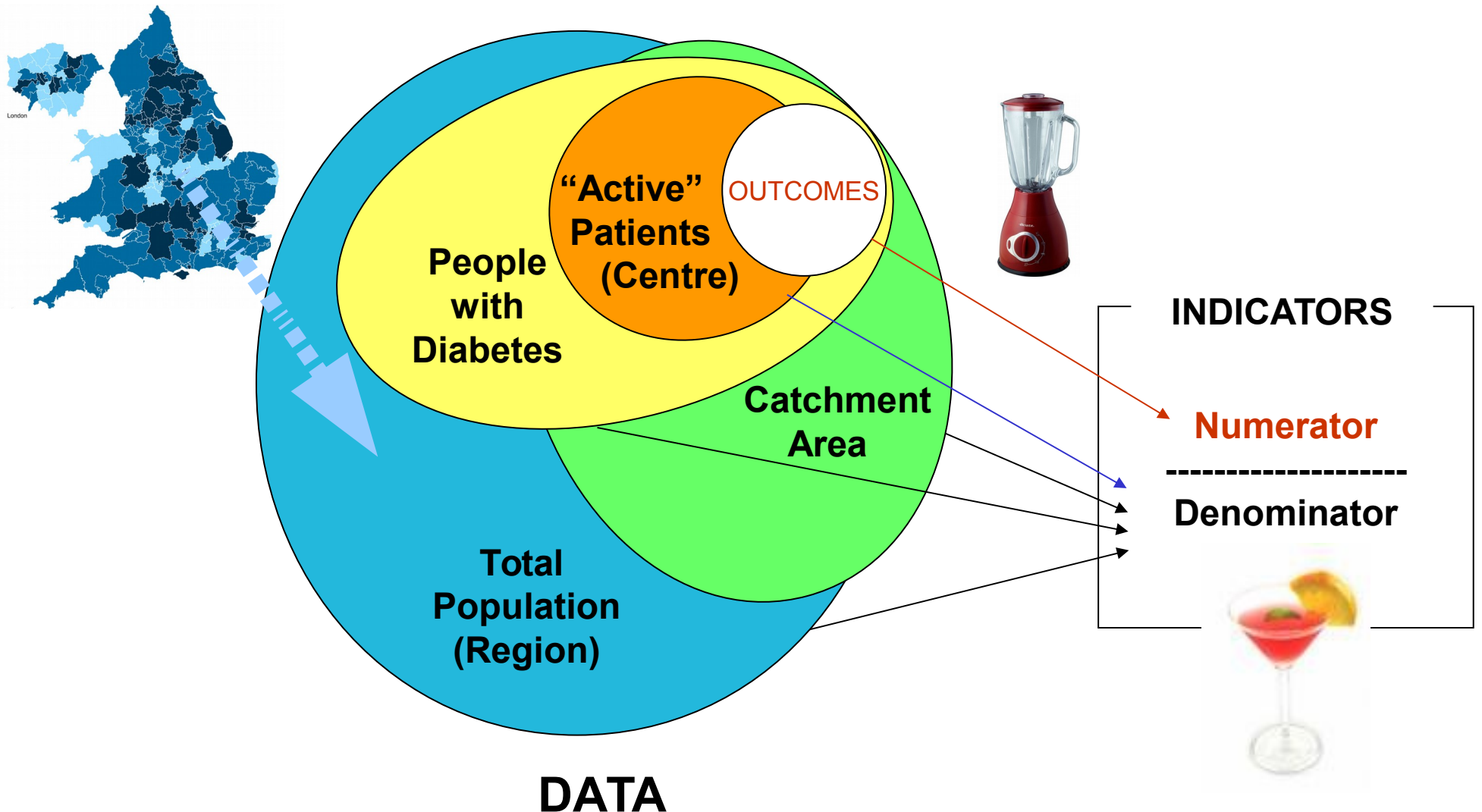
Region. *A network in the system sharing a homogeneous set of standardized definitions for the collection of health information*

Statistical Object. *Element of a distributed information system carrying essential data in the form of one or more embedded aggregate components, specifically designed to produce a summary output for a population of interest*

Data source. *Unit within a region contributing to the system through the transmission of statistical objects to the higher level*

Box. *Standardized software installed in each data source to generate statistical objects from local data*

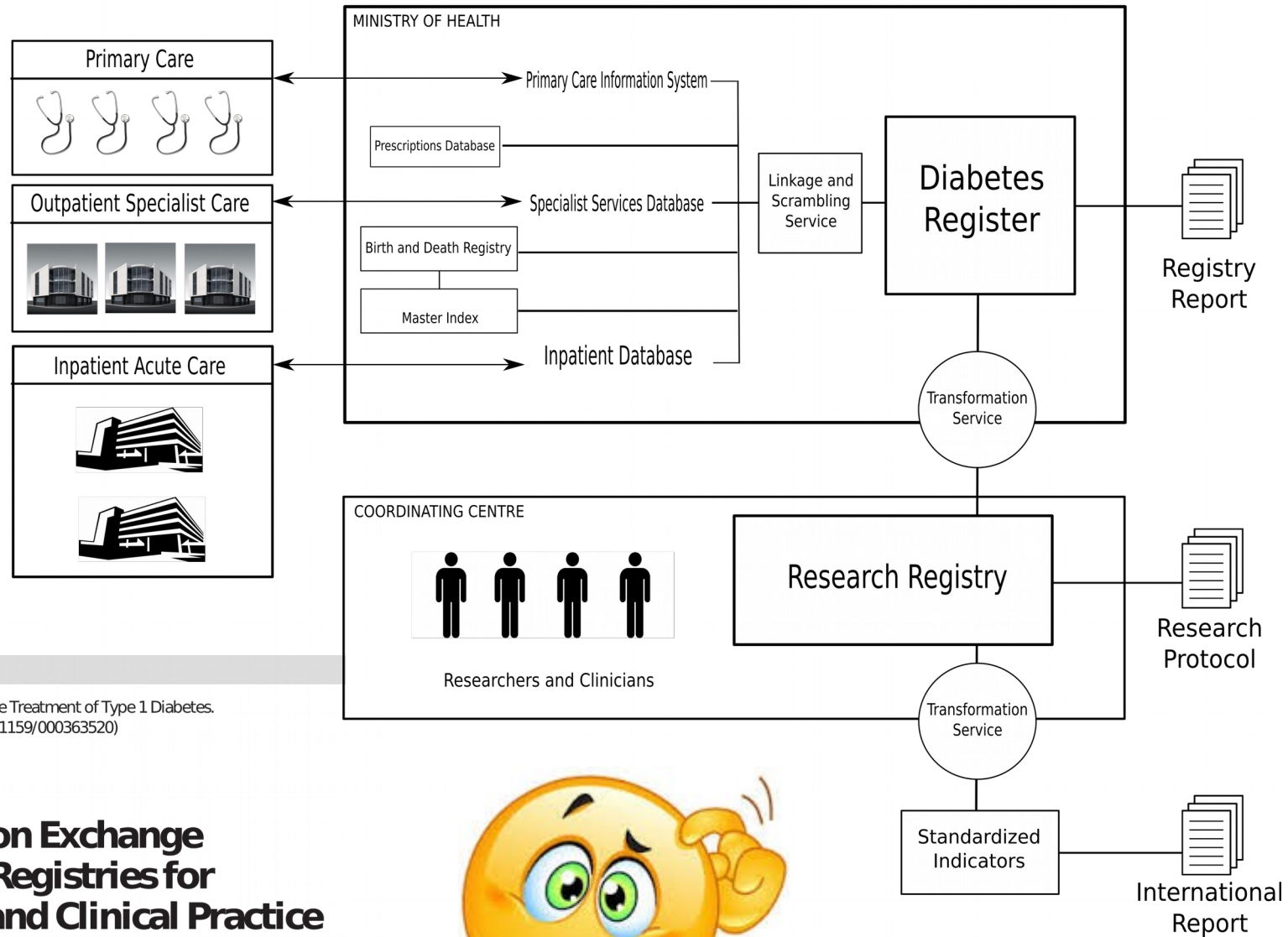
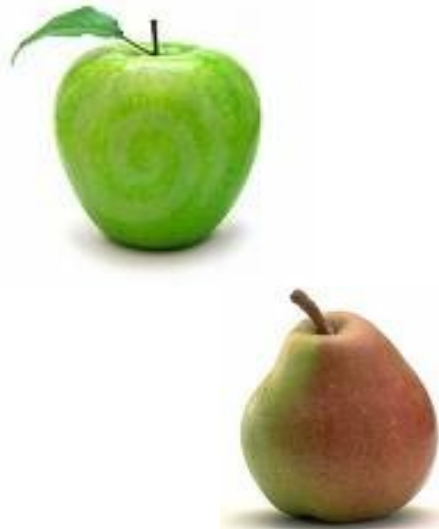
Data sources vs population-based analysis



The BIRO approach

- 1** Review your problem: construct an evidence-based framework
- 2** Describe the data structure of your network
- 3** Agree on reporting targets: specify report templates
- 4** Conduct a Privacy Impact Assessment
- 5** Identify the best information system architecture
- 6** Specify your data dictionary
- 7** Design and implement all software
- 8** Analyse data and disseminate results
- 9** Transfer technology
- 10** Evaluate, improve and update

The structure of disease registers: ideal vs real



Bruttomesso D, Grassi G (eds): Technological Advances in the Treatment of Type 1 Diabetes. Front Diabetes. Basel, Karger, 2014, vol 24, pp 1-14 (DOI: 10.1159/000363520)

Standardized Information Exchange in Diabetes: Integrated Registries for Governance, Research, and Clinical Practice

F. Carinci^a • C.T. Di Iorio^a • M. Massi Benedetti^b

^aSerectrix snc, Pescara, ^bHub for International Health Research, Perugia, Italy

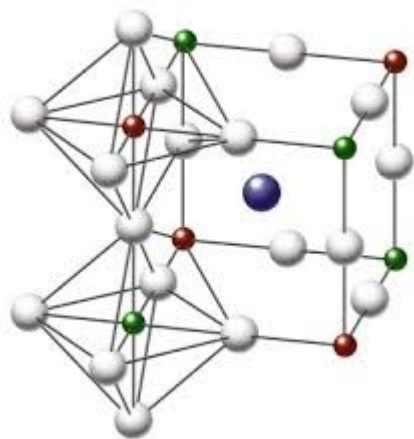


Core Standards of the EUBIROD Project*

Defining a European Diabetes Data Dictionary for Clinical Audit and Healthcare Delivery

S. G. Cunningham¹; F. Carinci^{2,3}; M. Brillante¹; G. P. Leese¹; R. R. McAlpine¹; J. Azzopardi⁴; P. Beck⁵; N. Bratina⁶; V. Boucquet⁷; K. Doggen⁸; P. K. Jarosz-Chobot⁹; M. Jecht¹⁰; U. Lindblad¹¹; T. Moulton¹²; Ž. Metelko¹³; A. Nagy¹⁴; G. Olympios¹⁵; S. Pruna¹⁶; S. Skeie¹⁷; F. Storms¹⁸; C. T. Di Iorio¹⁹; M. Massi Benedetti²

¹University of Dundee, Scotland; ²Hub for International Health Research, Italy; ³University of Surrey, United Kingdom; ⁴University of Malta, Malta; ⁵Joanneum Research, Austria; ⁶University Children's Hospital Ljubljana, Slovenia; ⁷Centre Hospitalier de Luxembourg, Luxembourg; ⁸Scientific Institute of Public Health, Belgium; ⁹Medical University of Silesia, Poland; ¹⁰Havelhöhe Hospital, Germany; ¹¹Department of Primary Care, University of Gothenburg, Sweden; ¹²Adelaide and Meath Hospital, Ireland; ¹³Vuk Vrhovac University Clinic for Diabetes, Croatia; ¹⁴University of Debrecen, Hungary; ¹⁵Ministry of Health, Cyprus; ¹⁶Telemedica Consulting, Romania; ¹⁷NOKLUS, Norway; ¹⁸Dutch Institute for Healthcare Improvement (CBO), The Netherlands; ¹⁹Serectrix snc, Italy

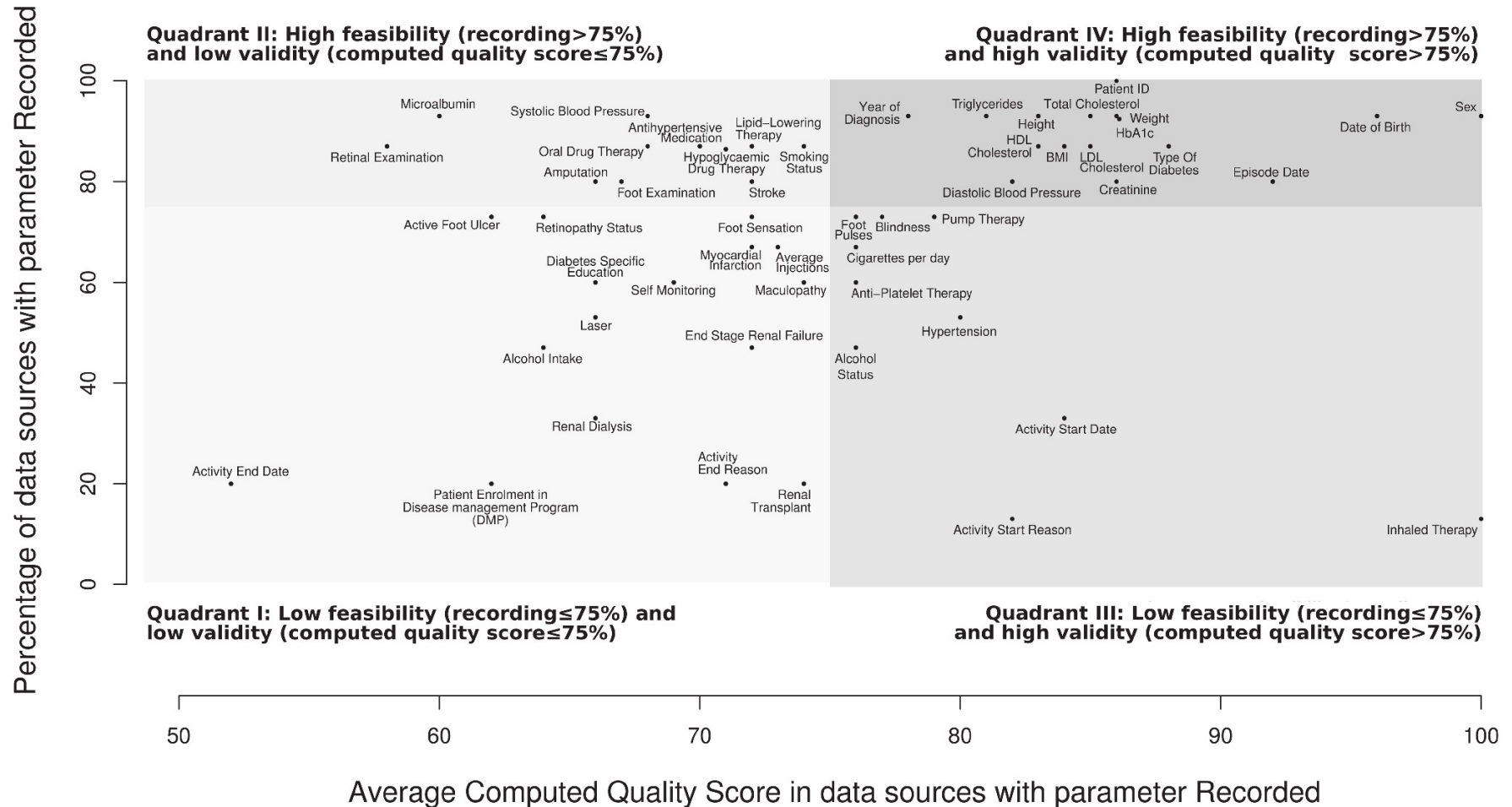


1 DEMOGRAPHIC CHARACTERISTICS	1.1 Basic demographics	
2 CLINICAL CHARACTERISTICS	2.1 Diabetes status	
	2.2 Risk factors for diabetes complications	2.2.1 Obesity and Growth (most recent value in the last 12 months)
		2.2.2 Lifestyle
		2.2.3 Clinical measurements (most recent value in the last 12 months)
2.3 Diabetes complications		
3 HEALTH SYSTEM	3.1 Structure (provider level)	
	3.2 Structural quality	
	3.3 Processes	3.3.1 Foot examination
		3.3.2 Eye examination
		3.3.3 Measurement done (in the last 12 months)
		3.3.4 Treatment (at least one prescription in the last 12 months)
3.3.5 Management		
4 POPULATION	4.1 Area level	
5 RISK ADJUSTED INDICATORS	5.1 Epidemiology	
	5.2 Process quality (in adults with diabetes in the last 12 months)	
	5.3 Outcome Quality: Intermediate outcomes (in adults with diabetes in the last 12 months)	
	5.4 Outcome Quality: Terminal outcomes (in the last 12 months)	

Core Standards of the EUBIROD Project*

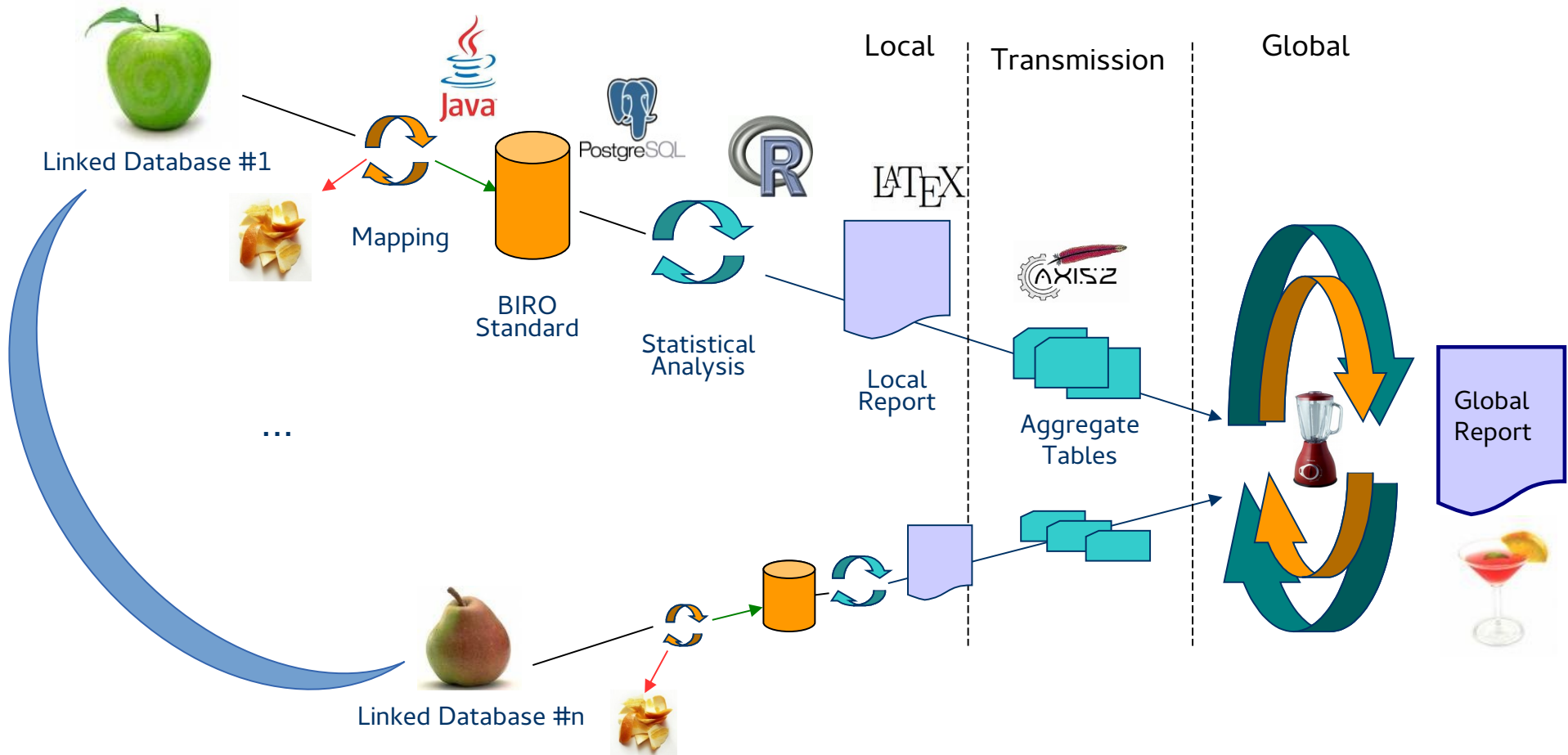
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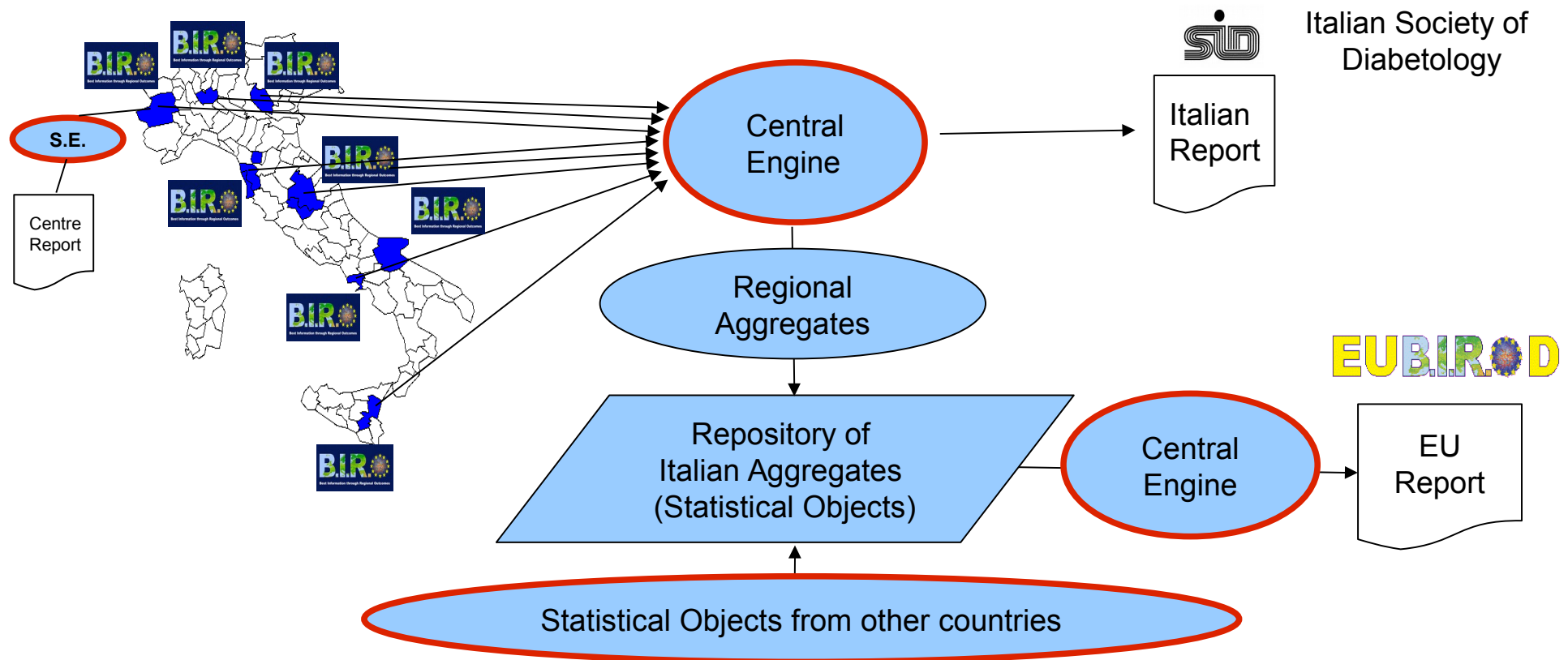
The BIRO system

<http://www.eubirod.eu>



Applying BIRO in the EUBIROD project: National decentralised automated reporting

ITALY: BIRO installed in N=8 centres; S.E.=Statistical Engine
DATABASES OF INDIVIDUAL RECORDS STAY WITH THE ORIGINAL DATA CUSTODIAN



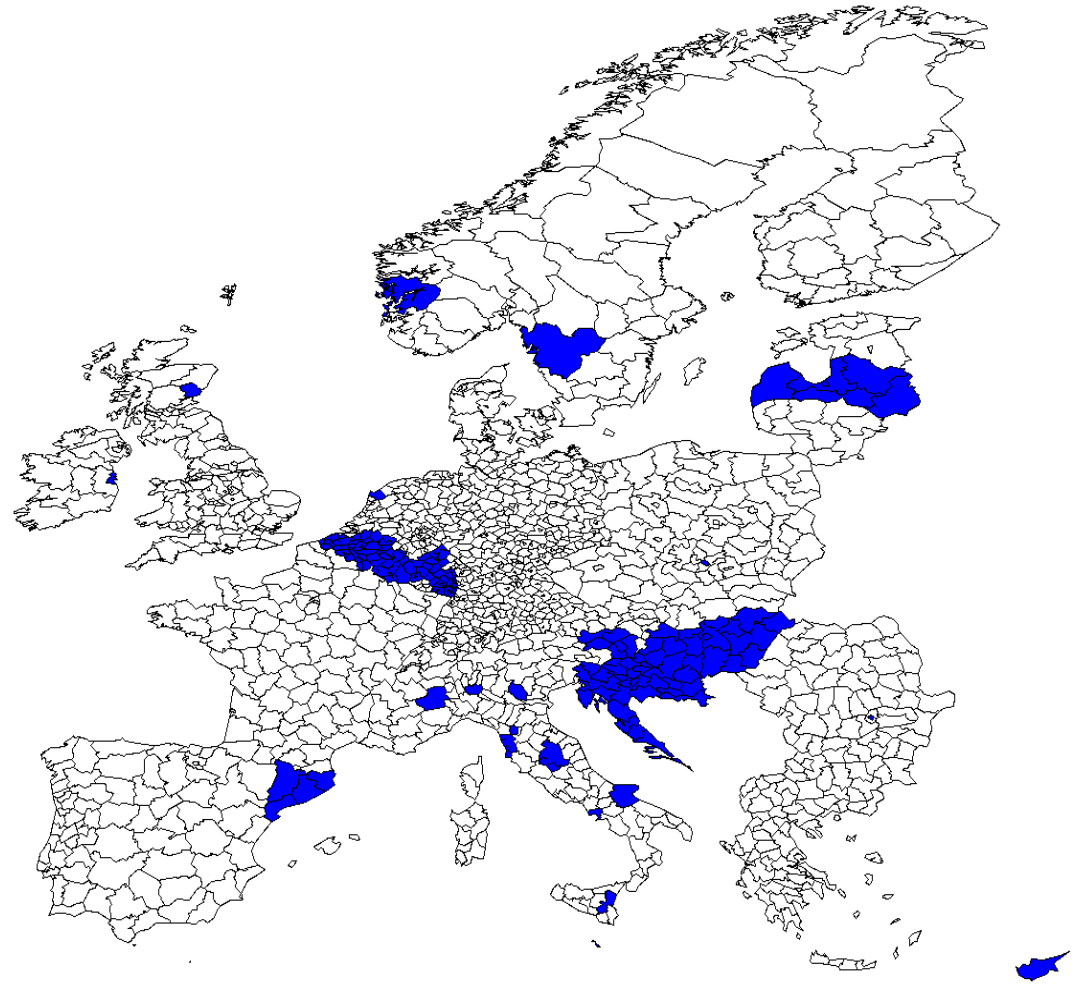
EUBIROD Report (2012)

**8/2/2012: New BIRO
Release 2.1.12**

**15/2/2012: Collection of
statistical objects closed**

**21/2/2012: EU Report available
(N=79 indicators)**

**13 Days from Software Release
to Online Publication of the results !**

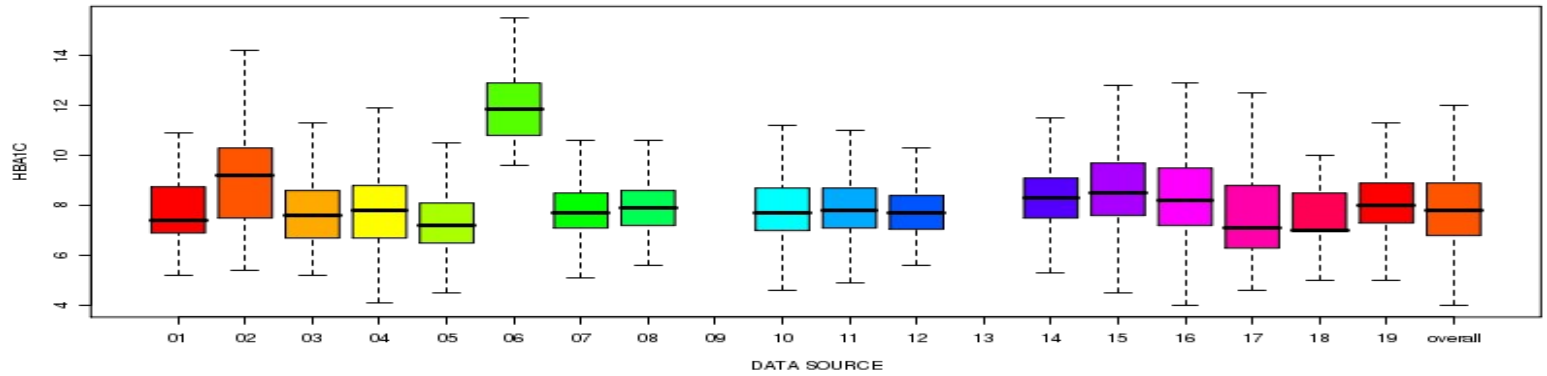


Glycated Haemoglobin (HbA1c)

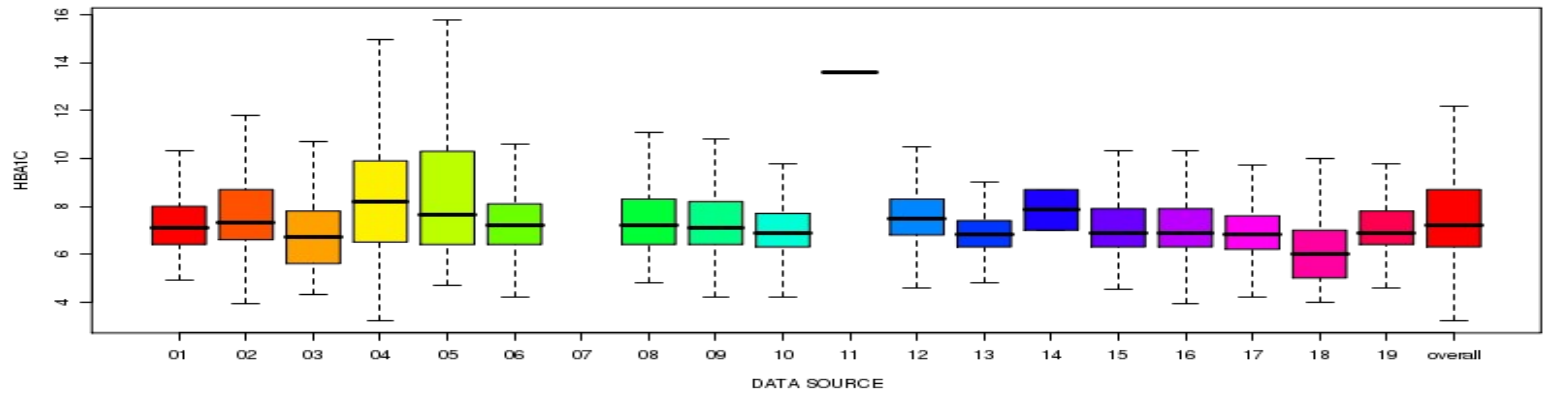
N=168,948

EUBIROD Diabetes Report 2012

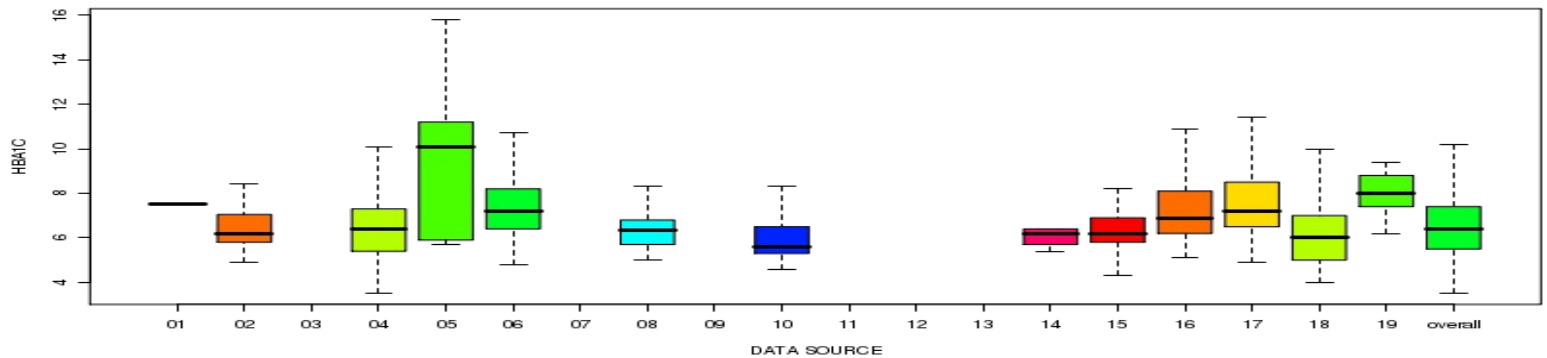
Type 1



Type 2

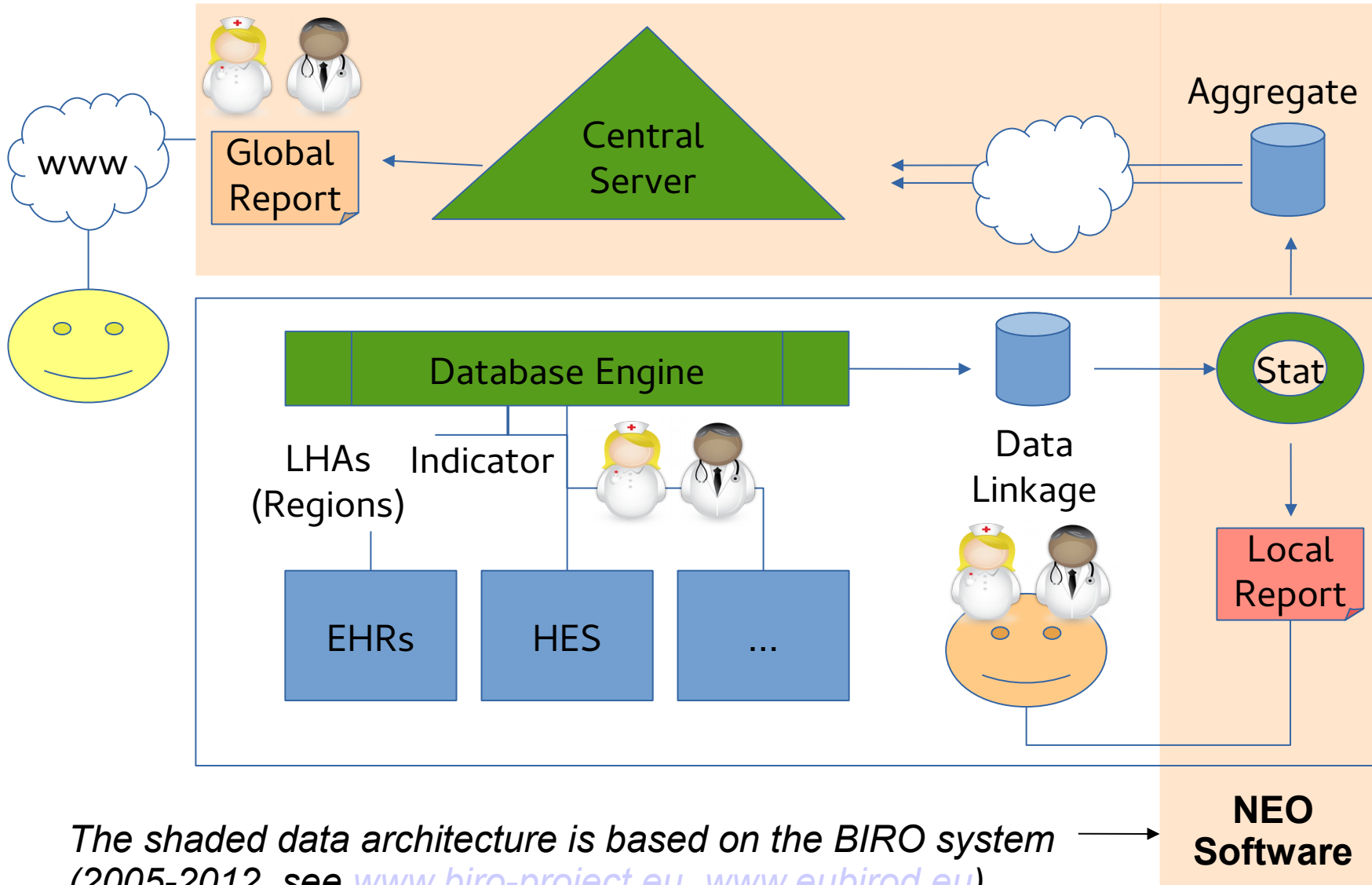


Other Type



Application of the BIRO approach to the NEO system in the Matrice project (Agenas 2011-2014)

<https://github.com/agenas/neo>



The shaded data architecture is based on the BIRO system (2005-2012, see www.biro-project.eu, www.eubiroad.eu)

Open Source Tools adopted

H2

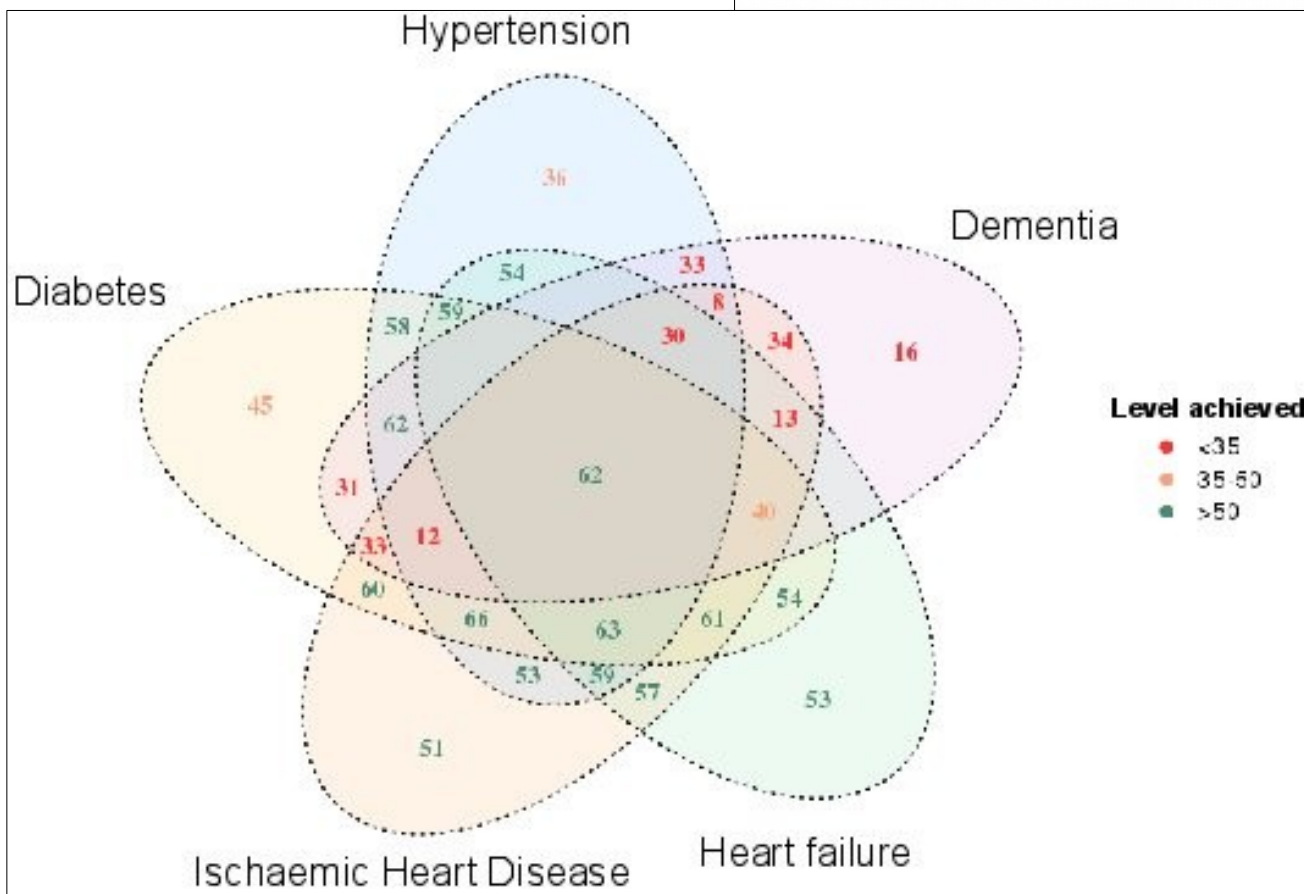
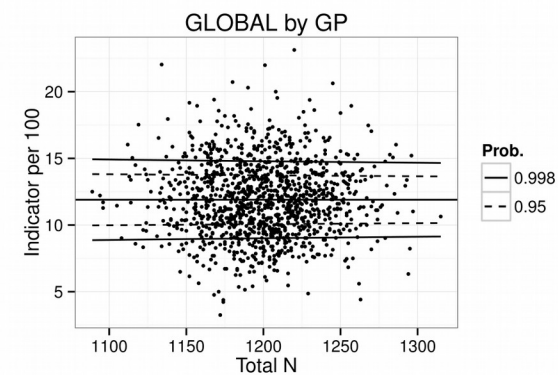
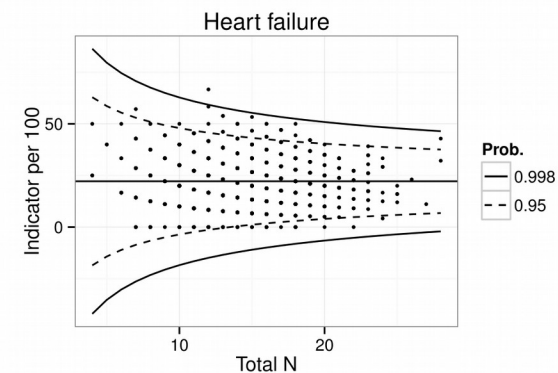
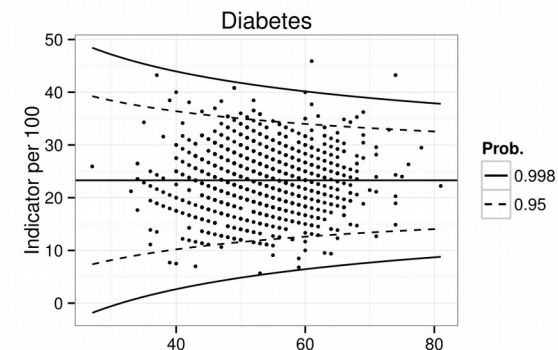
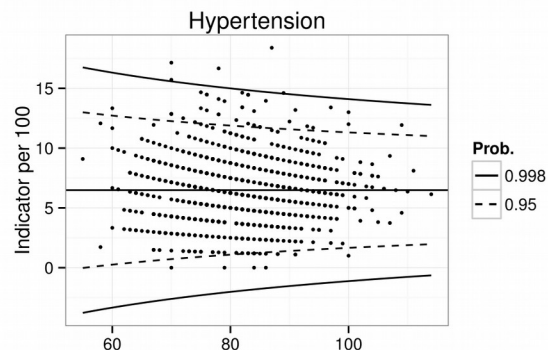


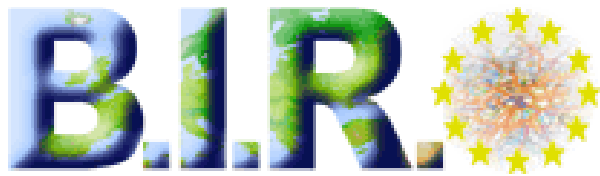
Neo outputs

<https://github.com/agenas/neo>

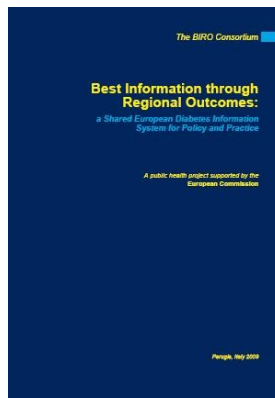
Section 5. Dispersion graphs

% SUBJECTS w DISEASE with over 60% adherence per GP





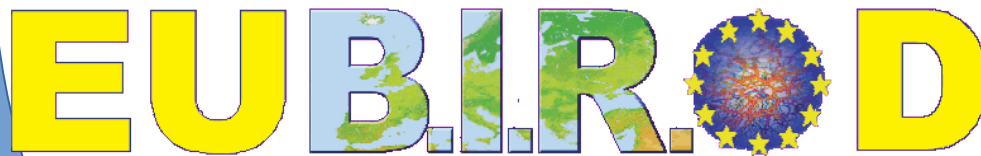
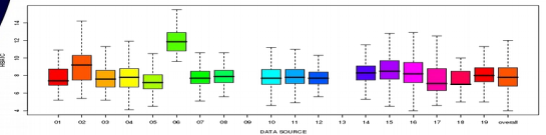
Best Information through Regional Outcomes
www.biro-project.eu



2005-2009

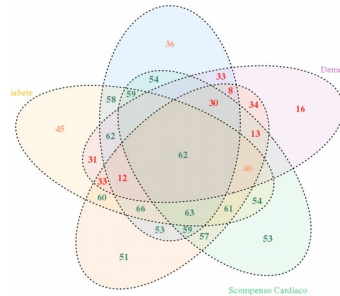
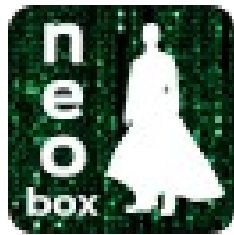


→ EUBIROD
Diabetes Report



www.eubirod.eu Diabetes

2012

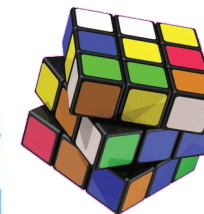


PARENT cross-border Patient REGistries INITiative

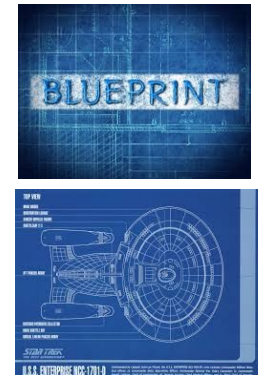
CHRODIS ADDRESSING CHRONIC DISEASES AND HEALTHY AGEING ACROSS THE LIFE CYCLE

OECD Health Information Infrastructure, Hospital Performance Benchmarking

2014



User
Technical



2016

BRIDGEHEALTH
BRIdging Information and Data Generation
for Evidence-based Health Policy and Research

www.bridge-health.eu

Watch this space!

BIRO <http://www.biro-project.eu>

EUBIROD <http://www.eubirod.eu>

NEO <https://github.com/agenas/neo>

EUBIROD NETWORK <http://www.hirs-research.eu/eubirod.html>



Guildhall clock, Guildford, Surrey, UK

**Thanks
for your
attention**