





Materials, Methods and Data Analysis of Diabetes Registers

The BIRO System and the EUBIROD Project

Fabrizio Carinci Technical Coordinator

Special BIRO Academy Meeting "Coordinated Information Delivery from Diabetes Registers to improve quality and outcomes in Europe" Rome 4-5th June 2010







Diabetes Registers: different fruits











Types of Registers





"Population-based"



"Disease Management"









Unified model: cathedral or bazaar?











































"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.



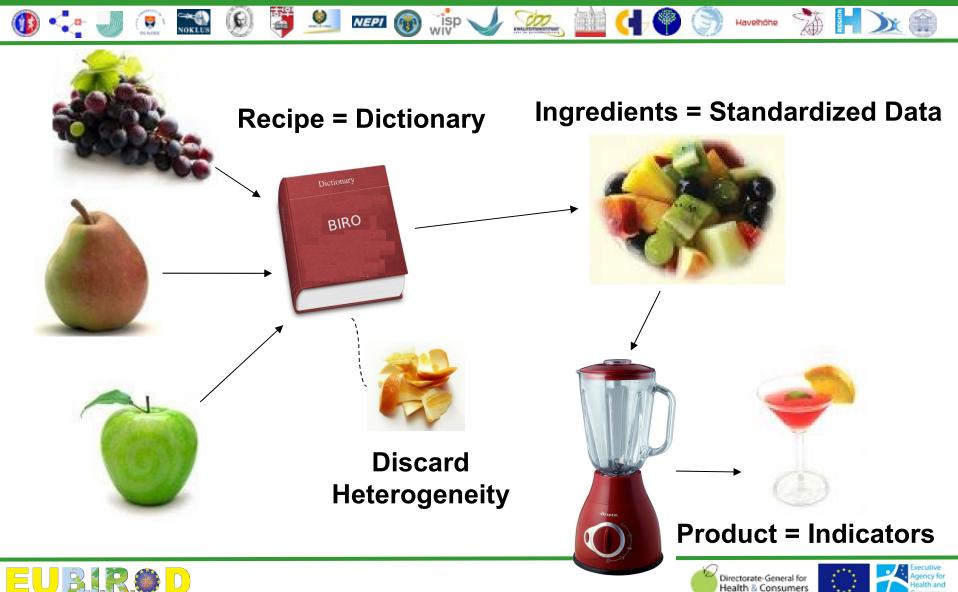








Coordination rather than unification: a pragmatic model



BIRO Infrastructure: "Privacy by Design"



Law, ethics and medicine

Privacy impact assessment in the design of transnational public health information systems: the BIRO project

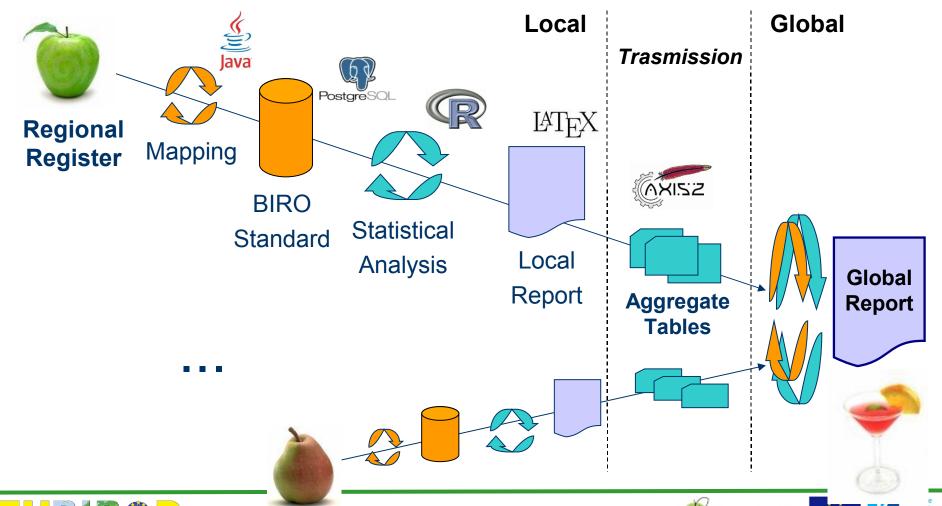
C T Di Iorio, F Carinci, Azzopardi, V Baglioni, P Beck, S Cunningham, A Evripidou, G Leese, K F Loevaas, G Olympios, M Orsini Federici, S Pruna, P Palladino, S Skeie, P Taverner, V Traynor, M Massi Benedetti





The complete BIRO model www.biro-project.eu













BIRO Ingredients: Required Data





- Core dataset ("Merge Table")
- "Activity Table" (transfer, death, residency change)
- Structural profile (n.physicians, nurses)
- Population profile (catchment area)



BIRO Core EU Dataset

































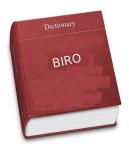












N = 48

- 1. ID Patient
- 2. ID Centre
- 3. Type of Diabetes
- 4. Sex
- 5. Date of Birth
- 6. Date of Diagnosis
- 7. Episode Date
- 8. Smoking Status
- 9. N.Cigarettes (x day)
- 10. Alcohol Intake (g/x day)
- 11. Weight
- 12. Height
- 13. BMI
- 14. Systolic Blood Pressure
- 15. Dyastolic Blood Pressure
- 16. HbA1c
- 17. Creatinine
- 18. Microalbumin
- 19. Total Cholesterol
- 20. HDL
- 21. Tryglicerides
- 22. Eye Examination
- 23. Retinopathy Status
- 24. Maculopathy Status

- 25. Foot Examination
- 26. Foot Pulses
- 27. Foot vibration
- 28. End Stage Renal Failure
- 29. Renal Dyalisis
- 30. Renal Transplant
- 31. Stroke
- 32. Foot Ulceration
- 33. Acute Myocardial Infarction
- 34. Laser
- 35. Hypertension
- 36. Blindness
- 37. Amputation
- 38. Antihypertensive Medication
- 39. Hypoglicemic Drug Therapy
- 40. Oral Drug Therapy
- 41. Pump Therapy
- 42. Nasal Therapy
- 43. Average Injections (x day)
- 44. Self monitoring
- 45. Diabetes Specific Education
- 46. Lipid Lowering Therapy
- 47. Anti-platelet Therapy
- 48. Patient enrollment in DMP for diabetes

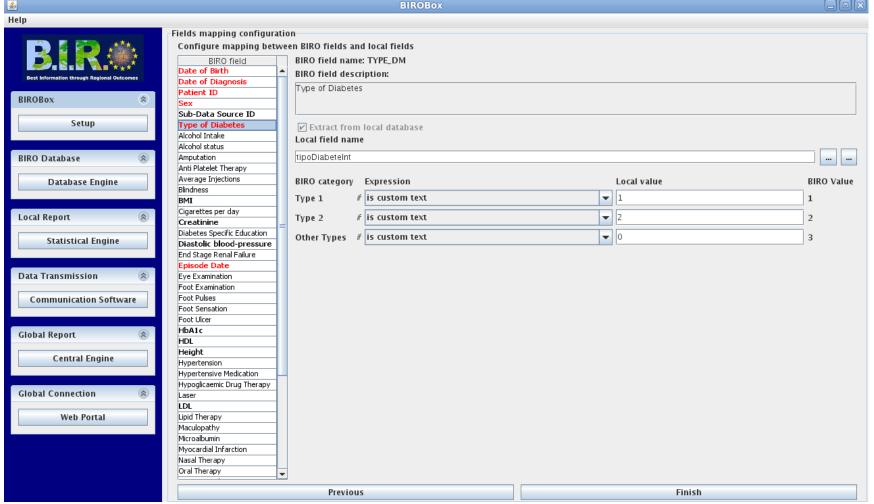






Common Interface: the "BIROBox"











The BIRO System: **Automated Diabetes Report Delivery**

































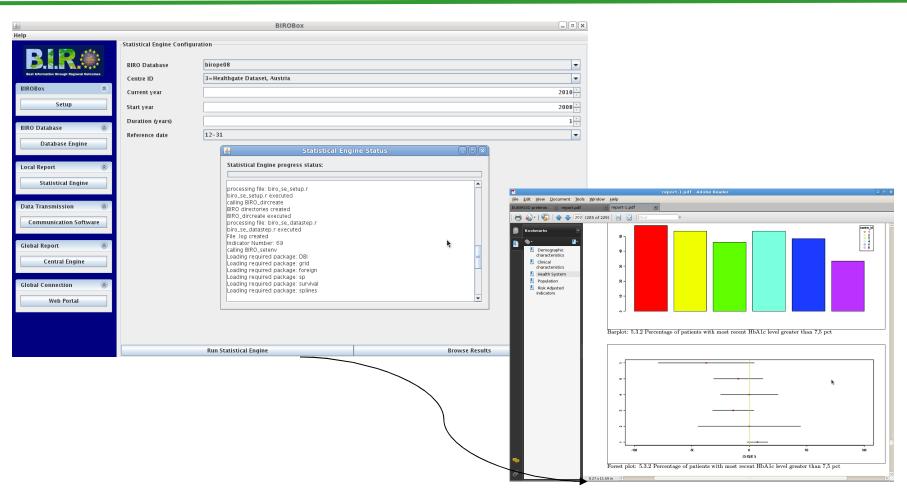


















BIRO Indicators (N=72)



Demographic Characteristics (N=2)
Clinical Characteristics (N=18)
Health System (N=21)
Population (N=3)
Standardized / Risk Adjusted (N=28)

- Epidemiological (N=2)
- Process (N=16)
- Intermediate Outcomes (N=7)
- Terminal Outcomes (N=3)

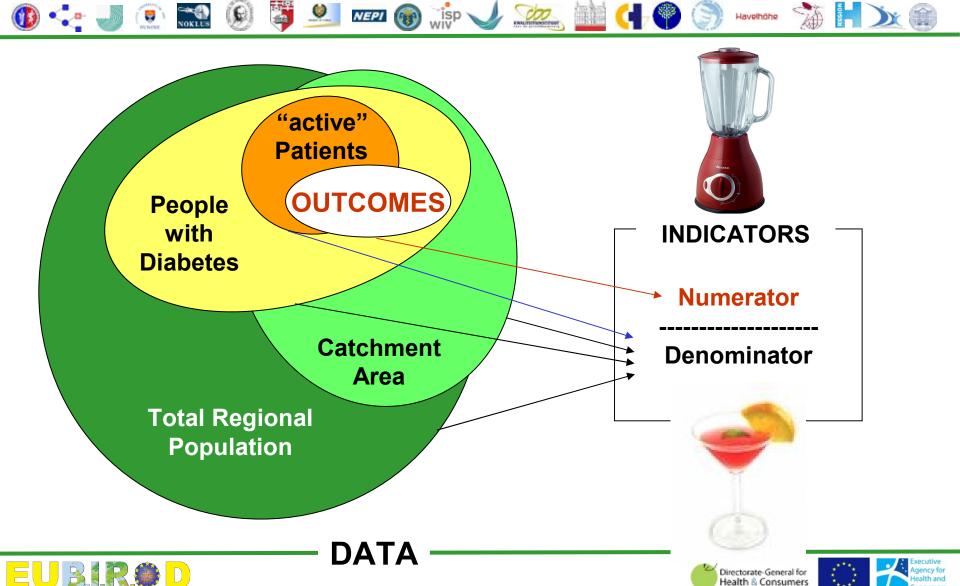








Statistical Engine Adjusting and controlling for bias



www.eubirod.eu











































University of Perugia (I)

Serectrix snc (I)

University of Dundee (GB)

Joanneum Research (A)

NOKLUS (N)

Paulescu Institute (RO)

University of Malta (M)

Republic of Cyprus (CY)

Sahlgrenska Institute (S)

University of Debrecen (H)

Institute of Public Health (B)

IDF (B)

Adelaide Meath Hospital (IRL)

CBO (NL)

Centre Hospitalier (LUX)

University of Ljubljana (SLO)

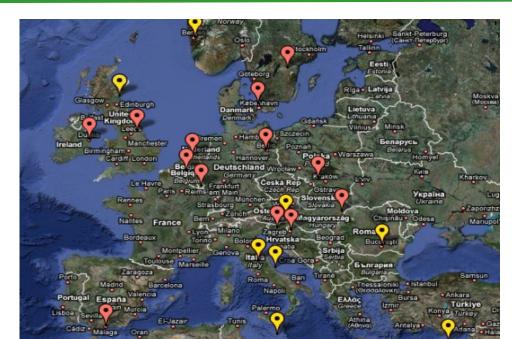
IMABIS Foundation (E)

Medical University Silesia (PL)

Havelhoe Hospital (D)

Hillerod University Hospital (DK)

Vuk Vrhovak University (HR)



BIRO

11/2005

9/2008

5/2009

8/2011

EUBIROD







Objectives of the BIRO Project complete, refine, measure, disseminate



























































