

A novel standard to support information delivery for the fulfilment of IDF policy in Europe: results of the EU DG-SANCO funded BIRO project

F. Carinci, J. Azzopardi, V. Baglioni, P. Beck, S. Cunningham, S.Skeie, G. Olympios, S. Pruna, V. Traynor, M. Massi Benedetti on behalf of the BIRO Consortium

Fabrizio Carinci

Technical Coordinator
University of Perugia, Italy

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Increasing interest in the EU

- The EU Health Commissioner's statement in 2004 that he would "give his full attention to the growing diabetes epidemic"
- Austrian Presidency decision to make Type 2 diabetes one of its two key public health priorities



"Best Information through Regional Outcomes"

- Three years project in the field of diabetes funded by the Health Information Strand, Public Health Program, DG-SANCO
 - Start: 1st December 2005
 - Total cost: 1.2Mn€
 - Total contribution by the European Union: 715,000€
- Aim: "to provide European health systems with an ad hoc, evidence and population-based diabetes information system"
- Seven partners from academia and governmental institutions, sharing an extensive experience in diabetes research/chronic care management
- Novel strategy for the routine collection of base parameters and the regular production of European summary indicators. The proposal targets better collection and integration of national and international data targeting regional networks, optimizing precision at the lowest cost through the active involvement of local users



BIRO Consortium



Department of Internal Medicine University of Perugia, Italy

COORDINATION, MANAGEMENT, DISSEMINATION
PRIVACY IMPACT ASSESSMENT
DATABASE/STATISTICAL/CENTRAL ENGINES



Division of Medicine and Therapeutics University of Dundee, Scotland, UK

COMMON DATASET DATA DICTIONARY



Joanneum Research, Graz, Austria

CLINICALREVIEW
COMMUNICATION SOFTWARE



Department of Medicine, University of Bergen, Norway

REPORTS TEMPLATE
WEB PORTAL



Institute of Diabetes "Paulescu", Bucharest, Romania

TECHNOLOGY TRANSFER



Department of Medicine, University of Malta, Malta

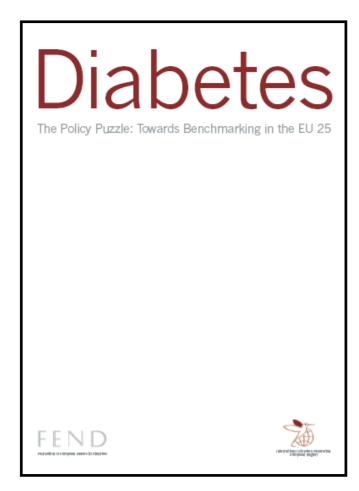
EVALUATION



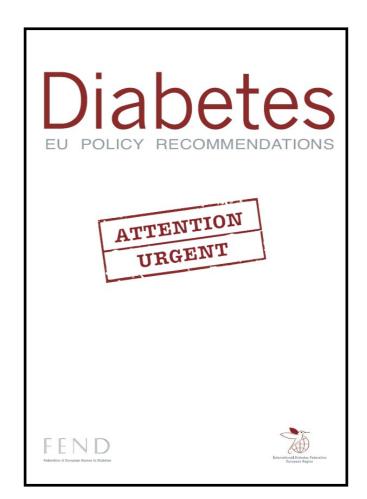
Department of Health Promotion, Ministry of Health, Republic of Cyprus



IDF/FEND Vienna Declaration 02/2006



The Diabetes Policy Audit



EU Policy Recommendations



EU Council Conclusions June 2006

EU Ministers of Health adopted a set of Health Council Conclusions on the Promotion of Healthy Lifestyles and Prevention of Type 2 diabetes, agreeing that Member States should:

- Develop and implement national diabetes framework plans
- •Improve the collection and reporting of diabetes epidemiological and economic data
- Adopt a multi-sectoral, multi-disciplinary approach to managing diabetes
- •Develop comprehensive diabetes training for all healthcare professionals.
- •The Conclusions also called upon the **European Commission** to prioritise diabetes, to promote best practice through networking & exchange between Member States and to facilitate and support European diabetes research.



Why Regions?

- A "region" in BIRO logic is not an administrative entity: can be one or more geographical areas characterized by the existence of a common framework for the collection of diabetes data
- In principle can be a group of professionals/centres, a local health authority, single provinces, regions, states, or group of states



Who are the BIRO Users?

Governance

- European Union
- Commission and Parliament
- National and Regional Governments
- Local Health Care Authorities, Management Clinical Networks
- Other local authorities
- Payers
- Social/Private Insurance
- Non Governmental Organizations
- WHO, OECD, IDF, National and Regional Diabetes Associations

Research

- EU Directorates Research and Public Health
- Scientific Organizations

- National and international scientific organizations
- · Research institutions
- Universities, Foundations
- Statistical Departments of Local Governments
- Research areas
- · Epidemiology, health policy, clinical medicine

Health Care

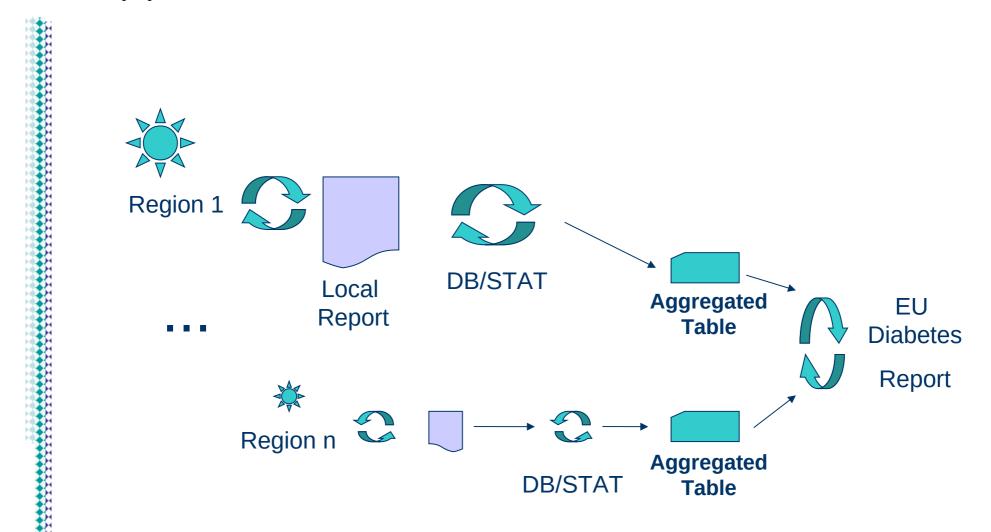
- Primary Care Societies
- Diabetes Care Units
- Health Care Professional Associations
- Quality Management Associations

Citizens

- Consumer organizations
- Patients organizations

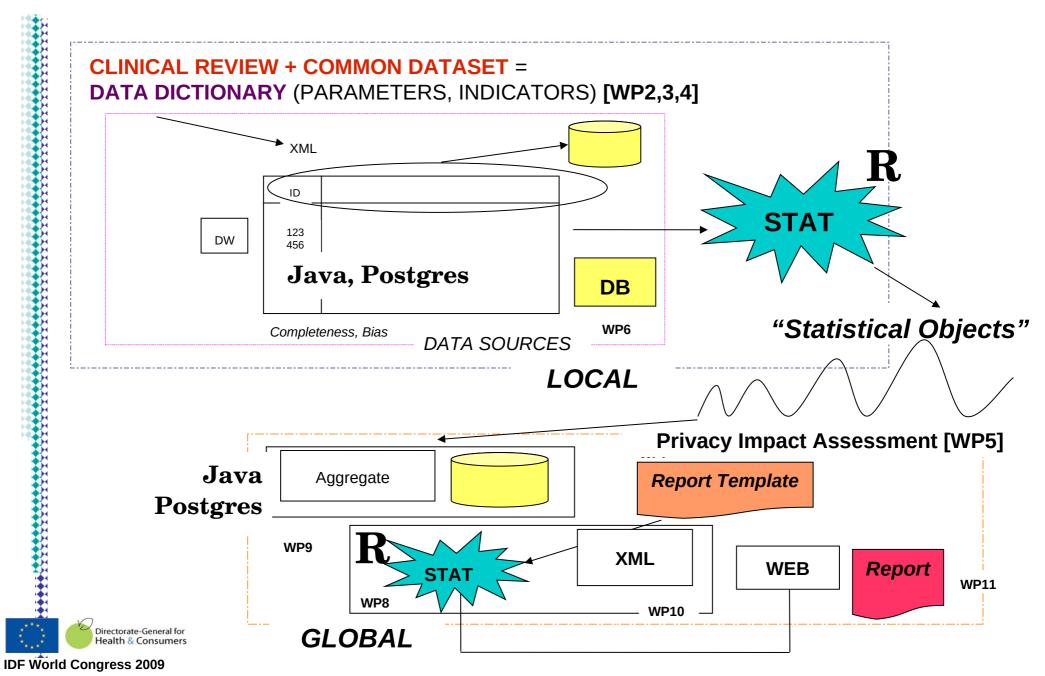


BIRO model





BIRO Technology





Clinical Review

- Indicator: "a measure used to determine, over time, performance of functions, processes and outcomes."
- OECD defined selection:
 - Capture relevant aspect
 - Scientifically sound
 - Feasible
- 3 Dimensions per indicator
 - Impact on health
 - Policy importance
 - Susceptibility to be influenced by health care system



Common Dataset

- Dataset items recorded as a "Parameter"
- Parameters have a unique reference
- Clear definition
- Associated data type
- Unit of measurement (e.g.kg/m²)
- May have an upper or lower range



Core Dataset Components

- Basic Patient Information
 - e.g. Type of Diabetes, Date of Birth, Year of Diagnosis
- Risk Factors
 - e.g. Cigarettes / Day
- Clinical Measurements
 - e.g. Weight, Height, SBP, DBP, HbA1c, Creatinine
- Examinations
 - e.g. Eye Examinations
- Outcomes
 - e.g. End Stage Renal Failure



Core Dataset Specifications

Reference	Field Name	Parameter	Data Type	Enumerated Codes
BIRO001	PAT_ID	Patient ID	String(12)	
BIRO002	DS_ID	Data Source ID	String(10)	
BIRO003	TYPE_DM	Type Of Diabetes	Enumerated	1 = Type 1 2 = Type 2 3 = Other Types of Diabetes
BIRO004	SEX	Sex	Enumerated	1 = Male 2 = Female
BIRO005	DOB	Date of Birth	Date/Time	
BIRO006	DT_DIAG	Date of Diagnosis	Date/Time	
BIRO007	EPI_DATE	Episode Date	Date/Time	
BIRO008	SMOK_STAT	Smoking Status	Enumerated	1 = Current Smoker 2 = Non-Smoker 3 = Ex-Smoker
BIRO009	CIGS_DAY	Cigarettes per day	Integer	
BRIO047	ALC_STAT	Alcohol Status	Enumerated	1 = Current Drinker 2 = Non-Drinker 3 = Ex-Drinker
BIRO010	ALCOHOL	Alcohol Intake	Integer	
BIRO011	WEIGHT	Weight	Real	
BIRO012	HEIGHT	Height	Real	
BIRO013	BMI	Body Mass Index	Real	
BIRO014	SBP	Systolic Blood Pressure	Integer	
BIRO015	DBP	Diastolic Blood Pressure	Integer	
BIRO016	HBA1C	HbA1c	Real	
BIRO017	CREAT	Creatinine	Integer	
3IRO018	MA_TEST	Microalbumin	Enumerated	1 = MA Test Normal 2 = MA Test Abnormal 0 = No MA Test Recorded
BIRO019	CHOL	Total Cholesterol	Integer	



Data Dictionary

- Data Standardisation
- Metadata
 - Consistency
 - Completeness
 - Quality
 - Additional comments
- Can be displayed alongside outputs
 - Explain discrepancies
 - Provide commentary on data comparisons
- XML Schema



Reports Template Indicators and statistical output for each BIRO-user

Governance

Indicator	Planned statistical outputs	
1. Demographic characteristics		
1.1 Age (Classes)	Table, <u>histogram</u>	
1.2 Gender	Table, <u>histogram</u>	
2. Clinical characteristics		
2.1 Diabetes status		
2.1.1 Type of diabetes	Table, <u>histogram</u>	
2.1.2 Duration of diabetes	<u>Table,</u> histogram	
2.2 Risk factors for diab. complications		
2.2.1 Obesity		
2.2.1.1 Weight	Table, <u>lines</u>	
2.2.1.2 BMI	Table, <u>lines</u>	

Underlined preferred output

Health care and research

Indicator	Planned statistical outputs	
1. Demographic characteristics		
1.1 Age (Classes)	Table, <u>histogram</u>	
1.2 Gender	Table, <u>histogram</u>	
2. Clinical characteristics		
2.1 Diabetes status		
2.1.1 Type of diabetes	Table, <u>histogram</u>	
2.1.2 Duration of diabetes	<u>Table,</u> histogram	
2.2 Risk factors for diab. complications		
2.2.1 Obesity		
2.2.1.1 Weight	Table, lines, starplot, <u>boxplot</u>	
2.2.1.2 BMI	Table, lines, starplot, <u>boxplot</u>	

Different output according to target audience



Final BIRO Report Indicators

- Demographic Characteristics (N=2)
- Clinical Characteristics (N=18)
- Health System (N=21)
- Population (N=3)
- Risk Adjusted (N=28)
 - Epidemiology (N=2)
 - Process Quality (N=16)
 - Internediate Outcomes (N=7)
 - Terminal Outcomes (N=3)



Privacy Impact Assessment of the B.I.R.O. Information System

Introduction:

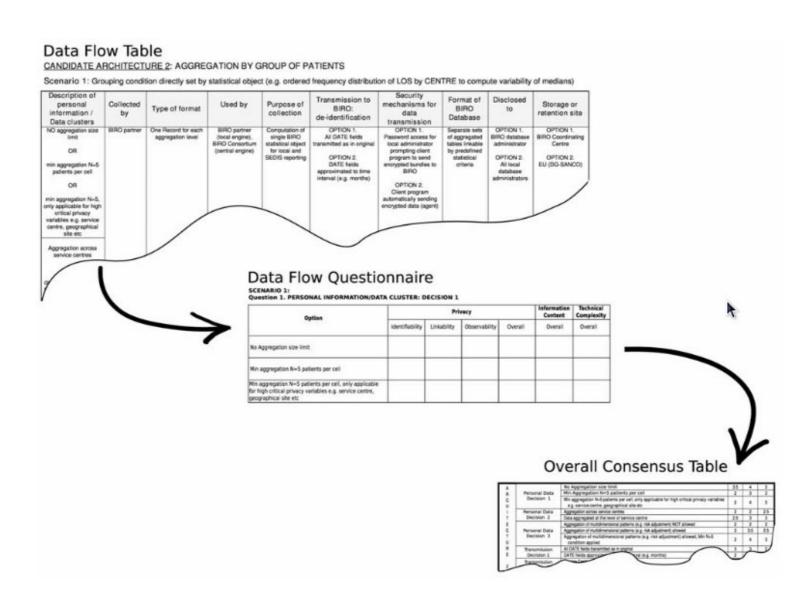
Privacy impact assessment is a systematic and flexible process for evaluating a proposal/project in terms of its impact upon privacy, which has been specifically adapted to the BIRO context

Objectives:

To provide a definitive description of privacy risks, applicable privacy legislation and mitigation strategies adopted in the implementation and management of the BIRO Information System



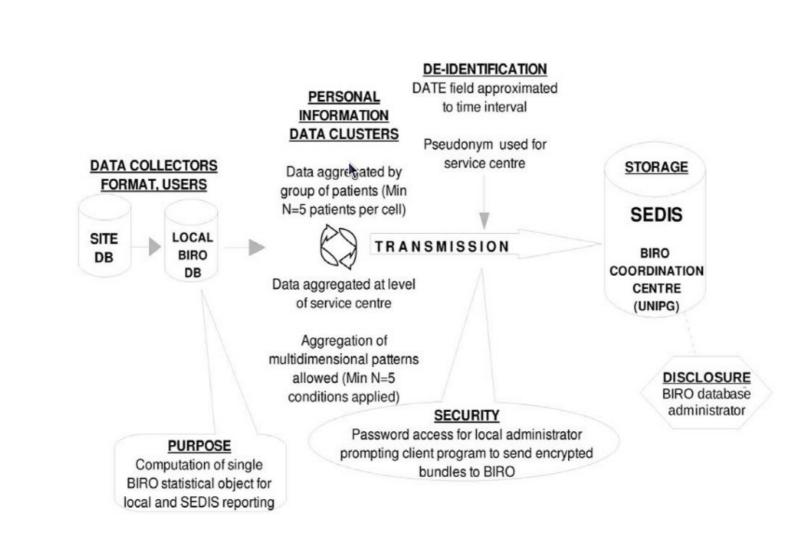
Procedure



Directorate-General for Health & Consumers



Best architecture



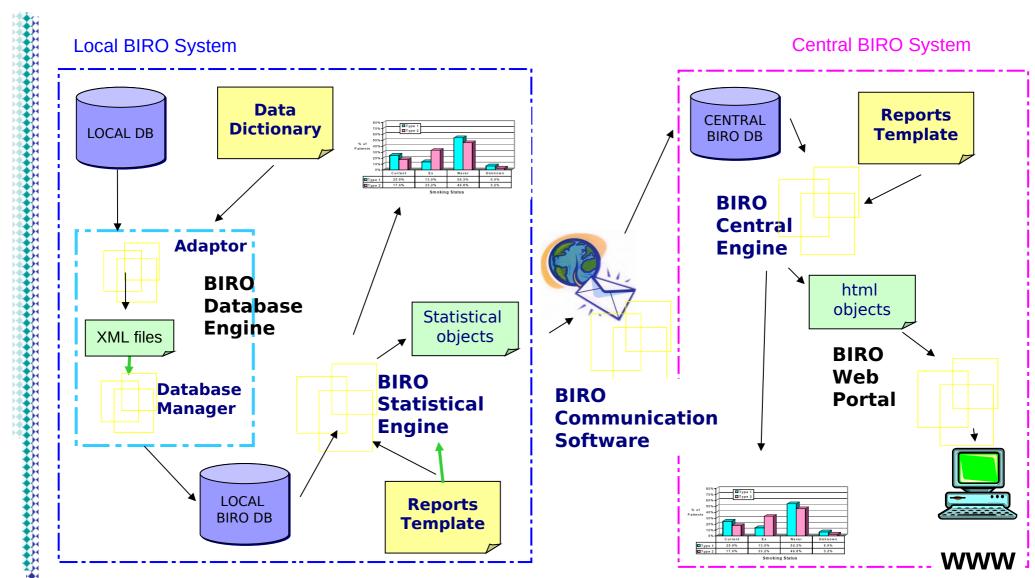


Privacy Analysis

- Privacy impact assessment shows that the selected BIRO architecture fulfills privacy protection requirements by addressing and resolving broad privacy concerns from different angles
- The architecture of the system flexibly affords the best privacy protection in the construction of an efficient model for the continuous production of European diabetes reports.
- Trans-border data flow envisaged in BIRO is legally viable according to the EU legislation.
- The privacy impact assessment method developed and applied in B.I.R.O. may represent a general tool that can be used to design trans-border health information systems.



The BIRO System



Directorate-General for Health & Consumers



Fragmented Analysis

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 GENDER CL_AGE2 CL_AGE3 CL_AGE4	1 1 1 1	-0.6862 -0.2297 0.0916 -0.1465 -0.2491	0.1028 0.0343 0.1092 0.1040 0.1086	44.5243 44.7555 0.7027 1.9842 5.2637	<.0001 <.0001 0.4019 0.1589 0.0218

Box 3.4.3. Output Logistic Model on aggregate data

Model Information

The LOGISTIC Procedure

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 Wald Chi-Pr> DF Parameter. Square Estimate Error ChiSq -0.6862 0.1028 44.5243 <.0001 Intercept GENDÉR 0.2297 0.0343 44.7555 <.0001 CL AGE2 0.0916 0.1092 0.7027 0.4019 CL_AGE3 -0.14650.1040 1.9842 0.1589 1 -0.2491 CL AGE4 0.10865.2637 0.0218

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	

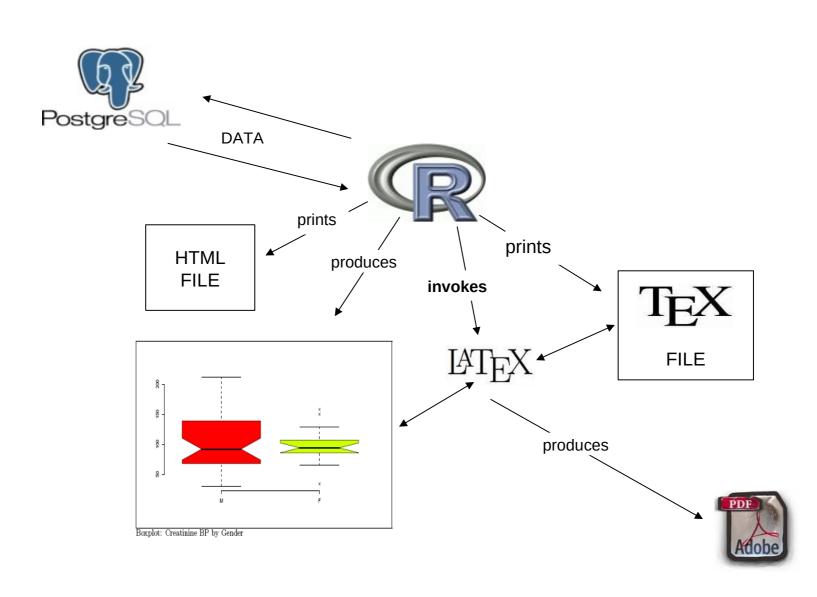


Statistical Object

An element of a distributed information system that carries essential data in the form of embedded, partial aggregate components, required to compute a summary measure or relevant parameter for the whole population from multiple sites



BIRO Statistical Engine Design





Performance

LOCAL

Centre	N Patients	N episodes	Elapsed Time
1	17,552	92,237	24' 25"
2	5,315	19,434	7' 01"
3	7,846	60,274	12' 20"
4	7,827	45,345	10' 51"
5	5,008	10,994	5' 22"

GLOBAL

Centre	N Patients	N episodes	Elapsed Time
1	17,552	92,237	20' 12"
1+2	22,867	111,671	20' 54"
1+2+3	30,713	217,290	21' 33"
1+2+3+4	38,540	262,635	21' 56"
1+2+3+4+5	43,548	273,629	22' 27"



Web Portal



Biro Indicators

Best Information through Regional Outcomes

Biro Indicators

- Home
- Why BIRO
- BIRO model
- Diabetes info
- Diabetes Indicators
- Data dictionary
- Work packages
- Project partners
- E-learning
- How to participate

Content

BIRO - Best Information through Regional Outcomes

We live in an information age, but good information is still scarce and hard to find.

Chronic conditions in general and diabetes in particular represent a challenge for good health in Europe that is already significant, and which we can expect to become greater in the years to come.

Action must be taken to significantly reduce this burden.

Good indicators to benchmark the problems we face and the steps being taken may represent a powerful mechanism to help bring about improvements and support the identification, dissemination and application of best practice.

The BIRO web portal provides access to the results produced by a sustained effort across countries, organisational and professional boundaries, involving citizens and the wider community through the support of the European Commission.

Nick Fahy

Head of the Health Information Unit

Health and Consumers Directorate-General European Commission

User login

Username: *







BIRO Report

Best Information through Regional Outcomes

Biro Indicators

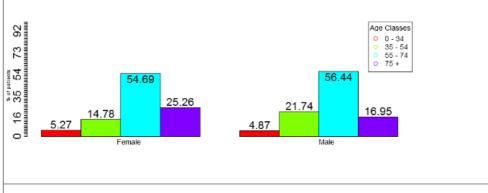
- o Home
- Why BIRO
- BIRO model
- Diabetes info
- → Diabetes Indicators
 - 1. Demographic characteristics
 - 1.1. Age (Classes)
 - o 1.2. Gender
 - D 2. Clinical characteristics
 - 3. Health system
 - ▶ 4. Population (Area level)
 - ▶ 5. Risk adjusted indicators
- Data dictionary
- Work packages
- Project partners
- E-learning
- How to participate

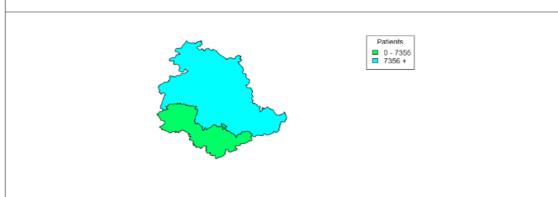
Home » Diabetes Indicators » 1. Demographic characteristics » 1.1. Age (Classes)

1.1. Age (Classes)

Indicator Definition

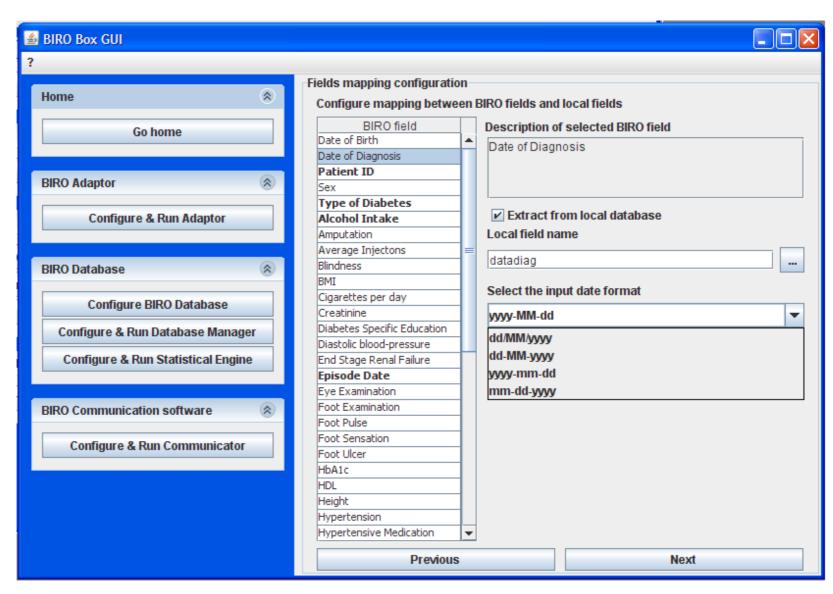
Age Classes	Female	Male	
0 - 34	775 (49.81 %)	781 (50.19 %)	1556 (5.06 %)
35 - 54	2175 (38.40 %)	3489 (61.60 %)	5664 (18.41 %)
55 - 74	8046 (47.04 %)	9058 (52.96 %)	17104 (55.6 %)
75 +	3716 (57.74 %)	2720 (42.26 %)	6436 (20.92 %)
	14712 (47.83 %)	16048 (52.17 %)	30760







The BIRO Box





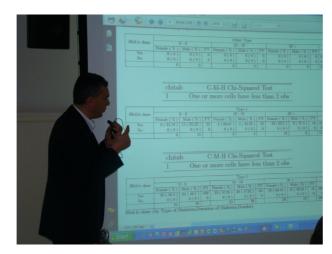
Learning from data



Continuous development....



Success stories....



Statistical explanations....

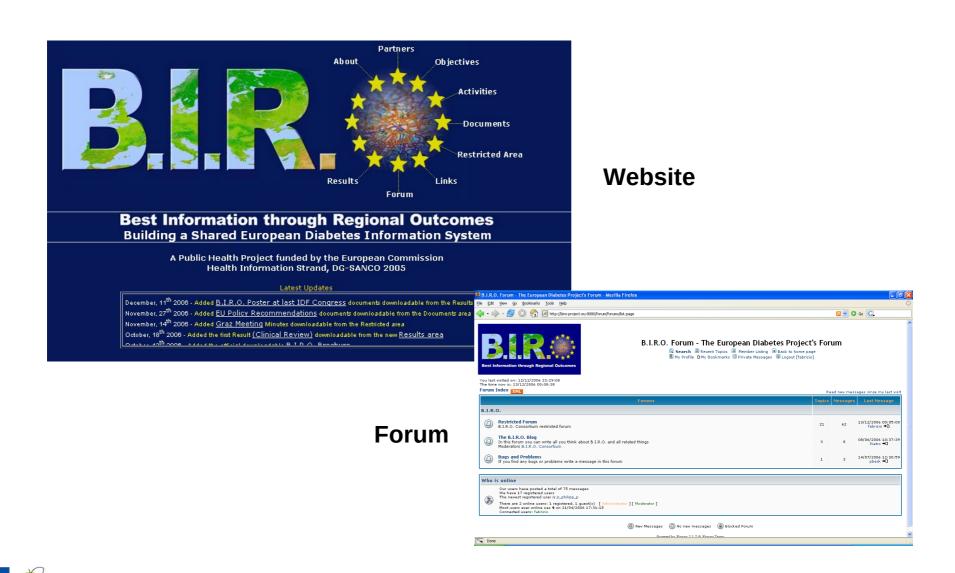


Doctors objections...





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