

EAPRASnet Meeting Bratislava My 29 2015

Minutes kindly taken by Peter Altoriaj and revised by the members of the EAPRASnet EC

26 Participants

Stefano del Torso welcomed all delegates present introducing also the new delegates from Greece and Lithuania.

EHR study

EHR study: Zachi Grossman presented that the total number of EAPRASnet subscribers eligible for analysis was 624 as for the time of the closure of the EHR study. The data of the 10 best responders' countries are being analyzed, and some preliminary data were presented in meaningful groupings of questions answered. According to the use of EHR there was no actual difference between FDs and PCPs and no difference between solo and group practices; interestingly less EHR software is used in hospital settings. The second group of questions were concerning of EHR functionalities; background data are those recording patient demography - these seemed to be adequately recorded everywhere; consultation data refer to medical and surgical history, physical examination, ordering labtest, anthropometric issues, etc.: these were not that adequately recorded in the some of the countries analyzed. The next questions checked EHR usage from the view of exchange ability, that is cross-institutional i.e. hospital communication: unfortunately preliminary results show this is not adequately covered and maintained all over Europe - as came out from the analysis of all the 10 best countries.

However, colleagues from the audience noted, that due to particular future changes in pediatric care in primary settings in countries like Poland or Latvia, these changes would obviously effect EHR usability. Zachi closed presenting EHR study results by drawing our attention on the expression widely used in the USA - that is the 'meaningful use of EHR'; this covers communication modalities reflecting technological improvements, while highly concerning doctor-patient needs, too.

Tom Stiris added the importance of patient safety regulations, that is data need to be safe and closed, and also highlighted the importance of the access regulations of patient data. Adamos Hadijpanayis, while answering to Tom, summed up the whole regulatory issues by pointing number 1, as compatibility questions, number 2, as privacy (safety) and access.

He is thinking to propose to have one common web-based file of EHR record, accessible from all over Europe.

Shimon Barack added that access to patient data needs a permission from the patient in a way (biometric for instance).

Francis Rubel would like to see a report from every EU country on EHR usage, and also emphasized the importance of EHR compatibility in crossborder healthcare, even an initiative from EAP would support this action. He also added, that EHR is mandatory in whole France.

There was a discussion on unconscious patients' permission on EHR record and also on a sort of electronic vaccination passport as a part of crossborder EHR, that would definitely increase the coverage - both issues raised by Hans-Jürgen Dornbusch.

Björn Wettergren added the high importance of recording growth charts, as an easy process with EHR to register.

Horizon 2020

Zachi started the presentation by recalling previously presented data: Horizon 2020 has 80 billion of euro to be spent over 7 years. The EAPRASnet group was informed about the update of two already presented project: the first one, titled MOCHA (models of child health care appraised) has been successfully approved. The legal institution of MOCHA is the Imperial college of Science in London and the leading person is Mitch Blair

The second project, CHAPPIE has been declined.

MOCHA

With the help of the British colleagues, Horizon 2020 MOCHA project has been successfully approved. The project intends to collect data from up to 30 countries, over a period of 3.5 years, covering expenditures as 6 million EURs.

Stefano has been invited, as an expert, while Adamos is co chairing the EHR working package in the project.

The official launch of the project is September, 2015.

EMPARI Project

Zachi recalled that it has been submitted by Mike Sharland who already contributed to EAPRASnet upper respiratory infections ATB treatment study. EMPARI covers the effective management of acute lower respiratory infections in children: large RCT involving up to 3000 children with LRTI. Study design has 3 arms: amoxiclav, macro, and simple amoxi. EAPRASnet's role was to run a preparatory survey that was incorporated into the proposal .

EMPARI-EAPRASnet survey was on line last summer for 3 wks.

There are two points leading to success learned for EAPRASnet from EMPARI preparatory survey:

- survey of relevant clinical questions
- ultra short format

Preliminary results show, that GPs were keen on using narrow spectrum tab, while PCPs tend to choose wide spectrum ATB for LRT infections.

EAPRASnet survey also contributed scientifically to EMPARI: the initial study plan was to include cefuroxime, later design was changed due to our survey results.

The survey was run also amongst GPs, results were combined presented in ECCMID and ESPID conferences. A manuscript on the survey is in preparation.

The full EMPARI proposal submitting process was done, and we expect results in the coming months. .

Advocacy collaborative study

Adamos informed that this study is under consideration on 'both sides of Atlantic', and a possible collaboration between PROSnet and EAPRASnet was presented to PROS Coordinators in may by Mort Wasserman, PROS Director and Jonathan Klein is one of the leaders of the project .

The study is based on Angel's initial work in collaboration also with ISSOP and has been discussed in the Advocacy Group meeting and the updated survey will be sent to EAPRASnet Steering Committee.

The PROS colleagues will be informed.

Child health programme (CHP).

Diego van Esso introduced a new project to be developed: Child health program (CHP), based on the excel table snapshot, showing the number of visits in 24 EU countries. Until now we only have the number of visits, the when these visits are done and some information on who is doing what. The information has been shared. There is the possibility to offer Mitch Blair (MOCHA) the possibility of doing an in depth survey in 8-10 countries with a limited number of paediatricians per country and choose sentinel conditions to compare countries. A survey to parents on their opinion of national CHPs is also considered to potentially be implemented in the project.

Financing has to be discussed and is key to viability. This proposal is still to be discussed with Mitch Blair.

Karol Illy, The Netherlands, noted that in his country there are no PCPs in primary care at all, so running a study would be interesting to show the level of healthcare delivered to Dutch children when compared to other countries' data.

Stefano highlighted that facts, that some EU countries - Portugal, Poland, Latvia - with GPs in primary care delivering pediatric health care to children, are about to change their healthcare system to a PCP-based primary pediatric care settings.

Angel Carrasco's remark was to use COSI data for MOCHA project. Unfortunately EAP has paid for the COSI project but has not received any final report yet.

Francis welcomed the CHP project, that would finally bring answer to an obvious question: can we, pediatricians do better in primary care? He also would like to see studies based on (health) economical data.

Diego summed up the whole EAPRASnet study operational work and mentioned some of the achievements of EAPRASnet relevant to future work:

- Capability to respond to the needs of other nets in a collaborative work project.
- Increasing database of participants
- Capability to set up an ultrashort survey in little time

Regarding future projects Diego mentioned that there is a need to discuss a qualitative step forward regarding the complexity of future research due to the fact that participating as partners in European projects means in some cases to be capable of doing more complex research.

The question was whether to go on as now, doing at least one annual survey including all countries or try to see if in some countries there are volunteers willing to perform more complex research including patients and perhaps also parents - an issue that definitely needs to take ethical approval into consideration.

For these new projects financing has to be discussed:

In case there is interest in this evolution, we would have a 2 speed research net : one with a limited number of countries trying to set up these projects in the countries which are interested and all the countries doing at least one EAPRASnet survey per year.

Tom Stiris added, that he would like to see multicenter studies run in secondary care and high quality research with ethical approval can surely be done also in primary care settings.

Diego closed by promising, he would approach personally National EAPRASnet coordinators on both issues.