

ECHO

European Collaboration for Healthcare Optimization

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DG Research

Collaborative project under the **7th FP**, 3rd Call

Program: **Health**

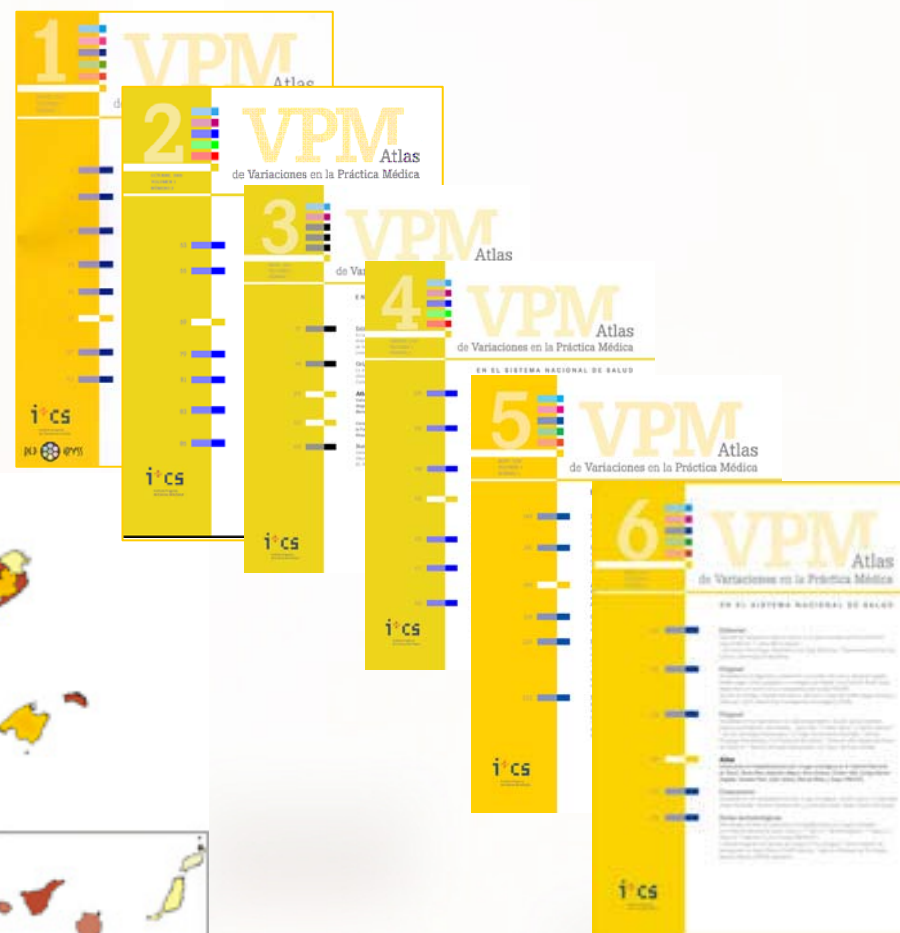
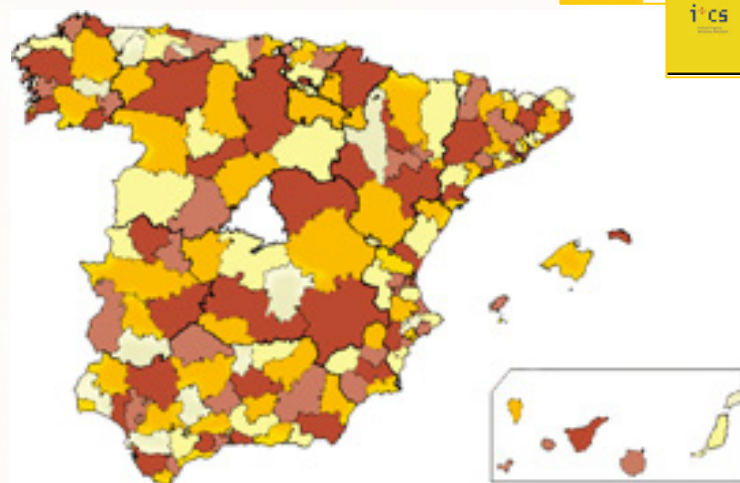
III pillar: **Optimising Healthcare Delivery**

Topic: **Health Outcomes and costs**

- 1. Background**
- 2. Scope**
- 3. The consortium**
- 4. Expected Outcomes and potential impact**
- 5. Budget**

1. Background

Atlas VPM network



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Atlas VPM network

- **Bottom-up collaborative health services research project** which aims to **describe systematic and unwarranted variations in medical practice**, using both, a population-based and a hospital-specific analysis.
- ... **checking methods**, statistical techniques in different situations, **overcoming pitfalls** and **suggesting improvements**;
- ... **providing insight for decision-makers** to pose proper decision-making questions; **and** yielding relevant information for **hospital managers** to look at those underperforming quality areas.
- ... **16 out of the 17 Healthcare Authorities** in the Country are participating actively

2. Scope

- The **scope** of ECHO will be to **describe equitable access, quality and efficiency, at hospital, healthcare area, regional and country level.**
- The project will take into account the **current challenges for healthcare in Europe**: assurance of equitable access to High Quality Healthcare in the context of free movement of healthcare workers and the ability for citizens to be attended in other regions or countries.
- The project will thus provide **insight for decision-makers to properly address questions** that are intimately related with these elements:
 - Is the access to a diagnostic or surgical procedure dependant on the place where a person lives?
 - Is the risk for a patient to access high quality care -and have better health outcomes- different regarding the provider in which he or she is admitted?
 - Which is the cost of opportunity -for a society- of providing more services more intensively?

3. The consortium

Participant N°	Participant organisation Name	Country
1 (CO)	INSTITUTO ARAGONÉS DE CIENCIAS DE LA SALUD (IACS)	SPAIN
2	ESCOLA NACIONAL DE SAÛDE PUBLICA - UNIVERSIDADE NOVA DE LISBOA (ENSP)	PORTUGAL
3	INSTITUTE OF PUBLIC HEALTH OF THE REPUBLIC OF SLOVENIA (IVZ)	SLOVENIA
4	UNIVERSITY OF YORK - DEPARTMENT OF HEALTH SCIENCES (UYORK)	UNITED KINGDOM
5	PRIVATE UNIVERSITY FOR HEALTH SCIENCES, MEDICAL INFORMATICS AND TECHNOLOGY (UMIT)	AUSTRIA
6	UNIVERSITY OF SOUTHERN DENMARK - INSTITUTE OF PUBLIC HEALTH, HEALTH ECONOMICS (SAM_SDU)	DENMARK
7	EUROPEAN HEALTH MANAGEMENT ASSOCIATION (EHMA)	IRELAND

Advisory committee

Josep Figueres Director of the European Observatory for Health Systems
<http://www.euro.who.int/observatory>

Elliot S Fisher Director of Centre for Health Policy Research DMS
<http://tdi.dartmouth.edu/>

Alberto Holly University Stanford UCSF Centre for Health Policy
<http://healthpolicy.stanford.edu/>

Edward Kelly OMS World Alliance for Patient Safety
<http://www.who.int/patientsafety/en/>

Niek Klazinga Coordinator of OECD HCQI PROJECT
http://www.oecd.org/document/31/0,3343,en_2649_33929_2484127_1_1_1_1,00.html

Guillem López-Casasnovas President International Health Economic Association
<http://www.healtheconomics.org/>

Patrick Romano University of UC-Davis. AHRQ Commissioned Researcher
<http://www.epi.ucdavis.edu/>

Nick Fahy Deputy Head of the Health Strategy unit. Health and Consumer Protection. DG SANCO
http://ec.europa.eu/health/ph_overview/strategy/health_strategy_en.htm

4. Expected outcomes

- Using established indicators adopted by International Organizations, particularly those by AHRQ-OECD-EU, we will provide a **set of accurate performance indicators** for different representative European healthcare systems (Spanish, Portuguese, Slovenian, English, Austrian and Danish). This will include utilization measures, quality indicators and cost analysis.
- Reliable information about the actual **performance of different providers at geographical and hospital levels** from different healthcare systems in Europe.
- **Methodological insight** into overcoming some of the classic hindrances for adequate performance measurements (i.e., case-mix adjusted measures to avoid selection bias, Bayesian statistics to get more robust estimates, funnel plots to reduce the risk of positive false cases, etc).
- A set of **web-based tools** designed to aid different stakeholders to replicate methods on more specific and local problems, and make better decisions based on the actual way healthcare systems perform.
- Knowledge gained in this Project will serve as a basis for extending the methodological developments to other health care systems in the EU.

4.1. Deliverables list

Del No	Deliverable Name	WP No	Lead Beneficiary	Estimated indicative person-months	Nature	Dissemination level	Delivery Date ⁴
1	Report on the Quality of participant Information Systems	1	2. ENSP	14,00	R	CO	18
2	Handbook on methodology	3	1. IACS	12,00	R	RE	18
3	Preliminary results report	3	1. IACS	72,00	R	CO	36
4	Website-based analytical tools	4	3. IVZ	56,00	O	RE	36
5	Final results report	3	1. IACS	81,80	R	CO	42
6	Project public web-page: basic information (fact sheets) and completed project	5	3.IVZ	30,90	O	PU	3, 18, 42
7	Dissemination material (case studies publications; policy briefs; reports; etc)	5	1. IACS	29,00	R	PU	42
8	Dissemination plans	5	7. EHMA	6,00	R	CO	18,36
9	Final plan for the use and dissemination of foreground	5	7. EHMA	2,50	R	CO	42
10	Awarenes and wider societal implications	5	7. EHMA	2,50	R	PU	42
11	Scientific and financial reports	6	1. IACS	30,00	R	CO	18, 36,42

¹ Deliverable numbers in order of delivery dates. Please use the numbering convention <WP number>.<number of deliverable within that WP>. For example, deliverable 4.2 would be the second deliverable from work package 4.

² Nature of the deliverable: R = Report, P = Prototype, D = Demonstrator, O = Other

³ Dissemination level: PU = Public, PP = Restricted to other programme participants (including the Commission Services), RE = Restricted to a group specified

⁴ Measured in months from the project start date (month 1).

4.2. Potential impact

Develop scientific evidence that support the Member States to organise better their health systems according to the common principles of equity, solidarity and universality

Knowledge generated should empower the policy and decision maker better to manage and reform healthcare systems

5. Budget

COST CATEGORIES	1. IACS	2. ENSP	3. IVZ	4. UYORK	5. UMIT	6. SAM_SDU	7. EHMA	TOTAL
PERSONNEL COSTS	357.800	190.469	138.011	297.330	226.563	228.125	112.500	1.550.798
TRAVEL & SUBSISTANCE	12.100	9.600	9.600	9.600	9.600	9.600	9.600	69.700
SUBCONTRACTING	1.500	96.500	70.000	2.000	0	0	1.500	171.500
EQUIPMENT	0	66.625	20.000	1.000	0	0	0	87.625
CONSUMABLES	0	3.000	3.000	0	0	0	0	6.000
OTHER SPECIFIC COSTS	151.000	30.000	0	28.907	0	20.000	96.050	325.957
OVERHEAD COSTS	312.540	179.816	102.366	202.102	141.698	154.635	130.890	1.224.047
TOTAL COSTS	834.940	576.010	342.977	540.939	377.861	412.360	350.540	3.435.627
Requested Grant	669.340	438.132	269.672	415.564	294.020	320.020	339.950	2.746.698

Provisional figures. Grant agreement is currently being negotiated