Platform on administrative data meant to evaluate health care

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- ECHO employs **routinely collected administrative data** - hospital discharges, demographic and socioeconomic data, supply features.

- ECHO has set about the task of bringing together **patient-level data** from *Austria, Denmark, England, Portugal, Slovenia and Spain*, making them **comparable** - 200 million episodes, 922 health care areas and 850 hospitals.

- ECHO is expanding the usual approach in healthcare performance international comparison (built upon average values and average benchmark), adding **variation within and across** countries.

- Unwarranted variation is shown for a variety of **comparable performance indicators** ...
Some methodological keys

- Building a homogeneous knowledge infrastructure

- Developing comparable indicators across different languages

- Dealing with population size heterogeneity
  http://www.echo-health.eu/handbook/unit_analysis.html

- Measuring differences in hospitals rather than differences in patients (risk adjustment measures)
  http://eurpub.oxfordjournals.org/content/25/suppl_1/15

- Using proper analyses meant to elicit systematic and unwarranted differences in performance
What’s new in BRIDGEHEALTH?

1. Not all administrative datasets were assessed in ECHO
2. ECHO data-model enabled episodes follow-up; however, not patients tracking (e.g. readmissions, etc.)
3. Expand privacy-by-design elements.
4. New countries - i.e. more varied set of health systems.
5. More indicators and population subgroup analyses.
6. Updated data - Longer series - i.e. more robust reporting & more effective transfer to policy-making.
Data sources schema

Data Blueprint
Relational schema of data sources: applications, databases and variables

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WP#10 is meant to provide insight on how to build a data infrastructure, exploring the integration of individual-level routinely collected administrative data, from different European experiences, with a view of producing relevant information for healthcare performance assessment, at different levels of interest (i.e. patient, provider, healthcare area, region, country).
Main deliverable

- **Introduction**
  - Health systems institutional context
  - In-country legal provisions
  - Health care performance assessment (HPA) using administrative data

- **National health information systems inventory and analysis**
  - Sources of information: description and usefulness
  - Dimensions of health care performance that could be studied
  - Accuracy, coverage, timeliness, etc. in the study of those dimensions

- **What is feasible to do in the short-term?**
  - Description of the empirical exercise
  - Barriers and opportunities (e.g., Linkage, Legal and ethical aspects)
  - Technical approach - Case study (Data model and quality report)

- **What should be done in the long run?**
  - Recommendations

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