

What should the EuroHOPE project communicate to policymakers?

Need for careful explanation and interpretation of the results for policy makers

Policy-makers' possible questions:

- What factors do explain the variations at hospital, regional and country level?
- What is the role of the characteristics of clinical process and technology, organization of service delivery and financing in creating great variations?
- What kind of interventions in these elements of the health care system are needed to reduce the variations?

EuroHope main research results:

- Demonstration of great variations (that reflect great loss in outcome and efficiency)
- A unic database (It is of vital importance to maintain and further develop it)
- Solid basis for further research to adequately explain variation

These are preconditions to answer policy-makers' questions.

Explicit presentation of disease-specific conceptual frameworks may be useful for the communication of the results

A possible starting point:

Patient outcomes = f (effectiveness of care or therapeutic intervention, quality of care, patient attributes or risk factors affecting response to care, random chance)

Source: Darcey, D. et.al.,: Attribution and causality in health-care performance measurement in Smith (2009) Performance Measurement for Health System Improvement

Possible explanatory factors to take into consideration in further research

Patient attributes

- Age, sex, comorbidity
- **Socio-economic status**
- **Capacity of patients for self-management of their disease**
- Compliance

*Effectiveness of care and **quality of the clinical process***

Examples (AMI)

- Length of time between the event of AMI and reaching the hospital
- Availability of PCI /CABG in the given hospital
- Length of time between reaching the hospital and the intervention (PCI /CABG)
- Experience of the medical team (e.g., number of interventions per year)
- Rehabilitation regime, etc.

A possible message for policy-makers: need for benchmarking

EuroHOPE can contribute to develop benchmarking of performance:

- Establishing benchmarking **standards**
- **Identify** the level / **problems** of performance

*There is a need for additional research to develop tools for **benchmarking of practice (process)***

- To establish the **reasons** why hospitals/regions/countries achieve the level of performance they do
- To formulate proposals to achieve **changes** in practice