WELCOME
to the
MOCHA General Assembly

Mitch Blair
Professor Riccardo Pozzo

Department of Social Sciences and Humanities
CNR - National Research Institute
New to MOCHA in the last year

• Christine Edan – CA France
• Ann-Katrin Meyrose – Deputy CA, Germany
• Roberto Buzzetti – CA Italy
• Lisa Cummins, CA UK

• Azeem Majeed – WP 8
• Arzu Arat – WP 7 and Deputy CA Sweden
• Grit Kuehne – WP 8
• Heather Gage – WP 6 Lead
• Ilaria Rocco – WP4 +1
• Oscar Tamburis – WP 4 + 1

• Agata D’Addato – EAB
• Aneela Ahmed - EAB
Congratulations
Promotions

Mitch Blair – Professor of Paediatrics and Child Public Health, Imperial College London
Maria Brenner, Associate Professor of Children’s Nursing, Trinity College Dublin

PhDs

Denise Alexander
Natasha Azzopardi Muscat
Sapfo Lignou
Ingrid Wolfe
Marriages
Elena Montañana Olaso
King Zdunek

Births
Peter Schroder Back
New Partner

Trinity College, Dublin (TCD)

Maria Brenner and Team (from UCD)
Highlights of Year 1

• Engagement of 30 European countries as active research partners
• Melbourne, Australia; Boston USA
• Research Team bonding across WPs
• First working draft model of primary care for children
• Series of workshops to facilitate research methodologies
• Spread of engagement - people, professions, organisations
MOCHA Country Agents

Denise Alexander
Country Agents’ data

• Vital to the project
• Provide unique national information that cannot be found in the literature
• Allows a deeper understanding of how models work in different countries
Organisation

• Divided into 17 Rounds over the project
  – We are currently in round 8
• Each round takes eight weeks to complete
• (Almost) All communication via the Research Coordinator
Process of each round

• 1. Question submitted to WP11 – discussed and questions refined in terms of project goals.
• 2. Question scrutinised by the EAB Technical subgroup. Questions refined further if necessary
• 3. Questions sent to Country Agents
• 4. Questions returned to Research coordinator by deadline
• 5. Reports / results from WPs reviewed by Country Agents
Progress so far

• Have completed seven rounds of 17 in total, eight out of nine work packages have participated.
• We have 29 out of 30 country agents in place.
• We have asked 17 questions so far – Ranging from complex questionnaires to more simple case scenarios and checking of official documents.
• 354 answers received out of a possible 510 answers
Response rates

- Percentage out of 30 countries
Answers by country

- Rate of questions answered by country

- Over 75% response rate
- 50-74% response rate
- Less than 50%

Models of Child Health Appraised
(A Study of Primary Healthcare in 30 European countries)
Question topics

• Range of topics covered

- Acutely ill 2 year old
- Records system
- Databases
- Migrant health
- Long term complex conditions
- Asthma
- Workforce and training
- Incentives and penalties
- Social care interface
- Socio- Political Context
- School health (WHO update)
Over and above

• “Modified Delphi” process:
  – Final draft of reports and results sent to Country Agents for validation
  – Extremely valuable exercise
  – Additional richness to the answers

• Discussion – further refinements of the process
Thank you

d.alexander@imperial.ac.uk
WP1 Identification of models of children’s primary care

Mitch Blair
Denise Alexander
Year 1- achievements

- Set up of Country Agent processes, question rounds

- Systematic review of Literature review of models of primary care (on website)
  - Elements of models and how they vary across the 30 countries
  - Mapping the models
    - Country; gatekeeper role, lead practitioner, contextual factors, financial organisation, workforce and PC Monitor rank
  - Conceptual model of how we might test these using case studies / scenarios
Country agent input

• Have completed seven rounds of 17 in total, eight out of nine work packages have participated.

• We have 30* out of 30 country agents in place.

• We have asked 17 questions so far – Ranging from complex questionnaires to more simple case scenarios and checking of official documents.

• 354 answers received out of a possible 510 answers

*Denmark added this week
Response rates

- Percentage out of 30 countries
MOCHA WORKING MODEL
Life course determinants of child health and primary care quality

OUTCOMES
Health Status/Participation
Achieved by:
- Affordable
- Accessible
- Acceptable
- Appropriate
- Continuous
- Coordinated
- Equable
- Empowering

Enabled by:

OUTPUTS
- Affordable
- Accessible
- Acceptable
- Appropriate
- Continuous
- Coordinated
- Equable
- Empowering

PROCESS
- Problem recognition/diagnosis
- Effective and efficient treatment and monitoring
- Empowerment & advocacy

Enabled by:

STRUCTURE
- Facilities (including IT)
- Economic
- Workforce Governance (internal and intersectoral)

Tracer conditions Examples
- Acute Illness e.g. Diarrhoea/dehydration
- Sudden Infant Death Syndrome
- Immunisation/Screening
- Dental Health
- Obesity
- Asthma
- Complex Brain Trauma
- Mental Health And Wellbeing
- Epilepsy

Child, Youth, Carer Centred
System Centred

Models of Child Health Appraised
(A Study of Primary Healthcare in 30 European countries)
| Country     | Gatekeeper role               | Lead practitioner                          | Contextual factors                                                                                                                                                                                                 | Financial organisation                                                                                     | Workforce                                                                                                           | PC Monitor rank of strength of primary care 1=low; 3=high (11)                                                                 |
|-------------|-------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Austria     | No gatekeeper function        | Mixed – GP or paediatrician               | Not easy to differentiate primary care and secondary care. Access to primary care in hospital outpatients in out of hours. Can be a ‘maze of options’. Fragmented service between primary and secondary care; and long term care. | Compulsory health insurance, children free up to age 18, or 21 if unemployed, 26 if in full-time education | Mix of primary care systems – outpatients’ departments perform many primary care functions | Comprehensiveness: 2.3  
Coordination: 1.4  
Continuity: 2.2  
Access: 2.2                                                                                     |
| Belgium     | No referrals, free choice of practitioner | Paediatrician or family doctor            | Three organisations for children – French, Flemish and German. Primary care keeps ‘global medical file’ to improve continuity.                                                                                           | Mixture of state social security and private health insurance. Fee for service                              | Small growing number of group practices, most solo GPs with medical secretary                                    | Comprehensiveness: 2.51  
Coordination: 1.75  
Continuity: 2.4  
Access: 2.1                                                                                     |
| Source: (74) |                               |                                            |                                                                                                                                                                                                                  |                                                                                                           |                                                                                                                     |
| Source: (75) |                               |                                            |                                                                                                                                                                                                                  |                                                                                                           |                                                                                                                     |
Year 1- achievements

• Systematic review of literature on age of diagnosis key conditions and unscheduled care for chronic illness

• UML – asthma and well child care
## Systematic Review and Meta-analysis of the Literature

Dr Nadia Minicuci, Dr Barbara Corso, Dr Ilaria Rocco - The CNR Institute of Neuroscience (CNR-IN), Padova, Italy.

Table 5. Summary of the meta-analysis findings.

<table>
<thead>
<tr>
<th>Type of care primary care system</th>
<th>Note</th>
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</thead>
<tbody>
<tr>
<td>Ped</td>
<td>GP</td>
</tr>
<tr>
<td>Mean age at onset and 95% CI</td>
<td></td>
</tr>
<tr>
<td>ADHD</td>
<td>8.3 (6.8-9.9)</td>
</tr>
<tr>
<td>Asthma (%) and 95% CI</td>
<td></td>
</tr>
<tr>
<td>Accident &amp; Emergency Department/room visits</td>
<td>56.6 (24.6-85.8)</td>
</tr>
<tr>
<td>Hospitalizations visits</td>
<td>31.6 (0.0-86.1)</td>
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<tr>
<td>Unscheduled primary care visits</td>
<td>No article found</td>
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</table>
Integrating a conceptual representation of business model with UML
Looking ahead

- **Incentives, Penalties and Societal effects**
  - Review of literature and CA questions – close links with WP4, 6, 7 and 9  Nov 16

- **Patient experience** – DIPEX interviews to be completed (interview schedule agreed) Aug 17
WP1 – Task 7a

Political & Constitutional Context

• Lead: Maastricht University Team
• Placing the models in the political and constitutional context
  – Developing a framework on governance (multi-level and inter-sectoral).
  – This framework will help to effectively spread and implement models and good practices of child-primary-health-care across different European countries, as the variety of relevant stakeholders and institutions and their relations can better be mapped and taken into account.
• Deliverable: Paper on governance
  – Journal article
  – Contribution final report (Month 21)
WP 1 – Task 7b

**National Health and Policy Culture**

- **Lead:** Medical University of Lublin
- **Analysis of the national health and policy culture from the angle of four elements:** content, actors, contexts and processes taking into account strong socio-cultural background of these components.
  - Conceptual framing of the Child Centric Paradigm,
    - The data under analysis. Expected report: November 2016
  - Analysis of contextual determinants of child health policy,
    - CA questions under analysis. Expected report: March 2017
  - Analysis of the content of health policy from the angle of contextual determinants,
    - CA question to be prepared. Expected report: September 2017
  - Analysis of the contextual determinants in the shadow of process of doing health policy
    - CA questions to be prepared. Expected report: September 2017
Report from WP 2
Safe and Efficient Interfaces of Models of Primary Health Care with Secondary Social and Complex Care

Maria Brenner
Trinity College Dublin (TCD), Ireland
Aim

To examine the primary physician/specialist interface, the interface between primary and secondary care for children with enduring health issues and the social care interface with families of children who have complex health needs, leading to the development of a model of complex care delivery.
Team and Tasks

Referral / Discharge Interface
Dr I Wolfe

Enduring Complex Conditions
Dr M Brenner
S Kamionka

Social Care Interface
Dr A Warters

Nursing and Skills
Prof A Clancy

Patient and Family Experience (DIPEx)
Dr M Alma

Business Model of Continuity of Complex Care
Dr D Luzi
Dr F Pecoraro

Reviews, case studies, surveys, document analysis, interviews

International Colleagues:
Dr Jay Berry
Dr Harriet Hiscock

Models of Child Health Appraised
(A Study of Primary Healthcare in 30 European countries)
WP1/WP2
Mapping interface of complex health to the MOCHA conceptual framework

Standards for Systems of Care for Children and Youth with Special Health Care Needs

1. Screening, Assessment and Referral
2. Access to Care
3. Care Coordination
4. Community-based Services and Supports including:
   - Respite Care
   - Palliative and Hospice Care
   - Home-based Services
5. Family Professional Partnerships
6. Transition to Adulthood
7. Quality Assurance and Improvement
### Year 1 Deliverables

<table>
<thead>
<tr>
<th>Year 1 2015/2016</th>
<th>M1</th>
<th>M2</th>
<th>M3</th>
<th>M4</th>
<th>M5</th>
<th>M6</th>
<th>M7</th>
<th>M8</th>
<th>M9</th>
<th>M10</th>
<th>M11</th>
<th>M12</th>
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<td></td>
<td>Jun</td>
<td>Jul</td>
<td>Aug</td>
<td>Sept</td>
<td>Oct</td>
<td>Nov</td>
<td>Dec</td>
<td>Jan</td>
<td>Feb</td>
<td>Mar</td>
<td>Apr</td>
<td>May</td>
</tr>
</tbody>
</table>

- **D1** Adaptation of measurement tool to gather data on models of complex care (MB)
- **D2** First draft of children’s social care support across the EU (AW)
- **D3** First draft of the interface between primary and secondary care (IW)
- **D4** First draft of current approach to managing the care of children with complex care needs (MB)
- **D5** First draft UML Model (DL FP)
- **D10** Nurses’ preparedness for practice and further education needs (AC)
Year 1 Interactions and Outputs

2015  Oct. EACH meeting, Stockholm
      Dec. Models workshop (WP1), Amsterdam
      Glossary of terms published on MOCHA website

2016  Feb. Quality workshop, Rome
      Mar. Quality workshop, Surrey
      European Patients' Forum Youth Group, Brussels
      EAB & WPL workshop, Bratislava
      Apr. WP1 & 2 workshop, Dublin
# Year 2 Deliverables

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Year 2 2016/2017</th>
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<tbody>
<tr>
<td>D2</td>
<td>First draft of children’s social care support across the EU (AW)</td>
</tr>
<tr>
<td>D3</td>
<td>First draft of the interface between primary and secondary care (IW)</td>
</tr>
<tr>
<td>D4</td>
<td>First draft of current approach to managing the care of child with complex care needs (MB)</td>
</tr>
<tr>
<td>D5</td>
<td>First draft UML Model (DL FP)</td>
</tr>
<tr>
<td>D10</td>
<td>Nurses’ preparedness for practice and further education needs (AC)</td>
</tr>
<tr>
<td>D6</td>
<td>Final report on interface between primary and secondary care (IW)</td>
</tr>
<tr>
<td>D7</td>
<td>Business model of complex care models and case-level operational relationships in Europe (DL FP)</td>
</tr>
<tr>
<td>D8</td>
<td>Final report on the current approach to managing the care of child with complex care (MB)</td>
</tr>
<tr>
<td>D9</td>
<td>Final report on models of children’s social care support across the EU (AW)</td>
</tr>
<tr>
<td>D11</td>
<td>Report on needs and future visions for care of children with complex conditions (MB)</td>
</tr>
<tr>
<td>D12</td>
<td>Report on requirements and models for supporting children with complex mental health needs (SLK)</td>
</tr>
</tbody>
</table>
Year 2 Interactions and Outputs (Jun-Oct)

  Aug.  Optimal models workshop (WP9), Leiden
  Sept. EACH Conference, Utrecht
  Summer Student Research Awards, Dublin

International collaborations: Dr Jay Berry & Dr Harriet Hiscock

Submissions: International Health Policy Conference, London

*Health Policy*
Next Steps Year 2 (Nov ’16-May ’17)

WP2
Objectives and deliverables

Completion of integrative reviews
Data collection - mental health, skills & training, patient experience
WP2 workshop, Dublin
Clarification, interpretation and write-up of data
Collaboration with international colleagues
Progressing to final WP2 reports

WP2
Interaction across MOCHA

Referral and discharge (WP1)
Patient experience (DIPEx)
Social care context (WPs 3&7)
Measure development (WP4)
Interaction of data sets in complex health (WP5)
Economic aspects of service provision (WP6)
Optimal models (WP9)
Report from WP3
Effective Models of School Health Services and Adolescent Health Services

Danielle Jansen
UMCG Netherlands

Other WP-members:

Prof. P.A. Michaud
University of Lausanne
Swiss

Dr. P. Kocken
TNO
The Netherlands

Prof. S.A. Reijneveld
UMCG / TNO
The Netherlands

J.H. van der Willik (PhD candidate)
UMCG

Models of Child Health Appraised
(A Study of Primary Healthcare in 30 European countries)
Year 1 - Highlights

🎈 Finishing of deliverable 3.1 and 3.2 (based on Kringos)
🎈 MOCHA workshop EUPHA
🎈 Cooperation with Valentina Baltag WHO
🎈 Sending out our first CA question
🎈 Overview of outcomes with regard to relevant health issues for children and adolescents
🎈 Start writing papers
Learning points year 1

😊 Regularly meeting each other in real life contributed to a good team spirit
😊 It is effective to plan bilateral (Skype-) meetings with WP members, since discussions are then easier and fruitful
😊 Let non-lead members of work packages also plan Skype-meetings with members of other work packages to stimulate creativity on collaboration
😊 Everything takes more time than you thought, everything costs more money than you thought, and almost everything turns out not quite as cool as you expected

We have to work on: updating – via the MOCHA website – what we are doing and where we are.
Plans for year 2

Finalize the short list of system indicators

Finalize the indicators of the health topics

Find data on system indicators and health topics/indicators per country and value the data

Cooperate with WP6: costs

Cooperate with WP5: data on child and adolescent health
Report from WP 4
Identification and application of Innovative measures of quality and outcome of models

Nadia Minicuci
National Research Council, Italy
Year 1
Child Health Indicators in Europe

- Identification of selected conditions representing
  - prevention (Immunization),
  - early diagnosis (ASD, ADHD),
  - chronic condition (asthma)

- Compilation of health indicators in Europe for the above selected conditions from:
  - Existing projects (ECHI-CHILD-RICHIE)
  - Literature review (papers, WHO, OECD..)
Year 1
Child Health Indicators in Europe

- Internal Deliverable summary results: distribution of indicators by dimensions

<table>
<thead>
<tr>
<th></th>
<th>Structure</th>
<th>Process</th>
<th>Outcome</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization (n=135)</td>
<td>42 (31%)</td>
<td>24 (18%)</td>
<td>61 (45%)</td>
<td>8 (6%)</td>
</tr>
<tr>
<td>ASD/ADHD (n=71)</td>
<td>2 (3%)</td>
<td>31 (44%)</td>
<td>30 (42%)</td>
<td>8 (11%)</td>
</tr>
<tr>
<td>Asthma (n=166)</td>
<td>25 (15%)</td>
<td>52 (31%)</td>
<td>52 (31%)</td>
<td>37 (22%)</td>
</tr>
</tbody>
</table>
Year 1
Workshop on quality and indicators

- Workshop in Rome to agree quality of health care concepts and explore methodological issues

- Workshop in Padova to agree measures, indicators, outcome concepts and related dimensions
Year 1
Identification of available datasets

➢ Search of European epidemiological datasets on the selected conditions

➢ Datasets potentially available
  ✔ ASD/ADHD: Italy, Sweden, The Netherlands
  ✔ Asthma: The Netherlands, UK
Year 2
Datasets analysis

➢ To overcome privacy issues, on site visits will be scheduled to analyze the data in order to estimate the prevalence/mean of selected indicators

✓ Immunization: coverage of measles, mumps and rubella
✓ ASD/ADHD: age at diagnosis
✓ Asthma: Emergency visits, unscheduled visits
Year 2
Innovative measures

- Identify innovative measures of quality and outcomes

- From existing child health indicators fill the gaps

- Check feasibility
Year 2
Innovative model

- Identify relation among structure, process and outcome using SEM

- SEM model will produce an estimate of the effects of structure and process on the selected outcome(s)
Year 2/3
First hypothesis of SEM for asthma

Quality of care - Asthmatic child (>5 years)

RISKS FACTORS (pets in the house, parental smoking, indoor pollution, outdoor pollution, presence of allergens)

DEMOGRAPHIC CHARACTERISTICS (gender, age, ethnicity, citizenship, Country)

STRUCTURE

• Number of children per Paed/GP
• Paed/GP education years
• Spirometry available at Paed/GP office
• Accessibility to specialist services
• Presence of counselling

PROCESS: adherence to guidelines

• Number of visits
• Number of hospitalization
• Number of ED access
• Presence of an Action plan
• Drugs use
• Number of diagnostic examinations

Keeping in mind the severity

Comorbidity/Health status??

SES

OUTCOME: family wellbeing

OUTCOME: child wellbeing

• School performance/school days missed
• Involvement in sport activities
• Acceptance/management of the asthma condition....

• Parents working days missed
• ...
WP5:
Quality and Large Data Sets

Simon de Lusignan
University of Surrey, U.K.
WP5 Aims:

• Analyse **technical requirements** for child health studies
• Develop **use cases** representing data usage scenarios
• Develop a **survey instrument** to profile data sources
• Identify **data sources** across Europe capable of supporting studies (ongoing)
• Build an **online repository** to store data source profiles
• Develop **semantic models** to represent clinical conditions
• Derive **measure of quality and outcomes** for large datasets

<table>
<thead>
<tr>
<th>Del. No</th>
<th>Deliverable</th>
<th>Due date</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>Technical requirements analysis including initial use cases</td>
<td>M12 (May 2016)</td>
</tr>
<tr>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2</td>
<td>Catalogue of child health databases in Europe</td>
<td>M15 (Aug 2016)</td>
</tr>
<tr>
<td>5.3</td>
<td><strong>Semantic models of key clinical conditions and outcome measures</strong></td>
<td>M18 (Nov 2016)</td>
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<tr>
<td>5.4</td>
<td>Report of Measures of Quality and Outcomes derived from large data sets</td>
<td>M32 (Feb 2018)</td>
</tr>
</tbody>
</table>
Identifying Databases for MOCHA studies

• Steps of the research process from understanding study requirements to identifying candidate data sources for studies
1. Identifying study requirements

- Accessible Modelling of Complexity in Health (AMoCH) Methodology

![Diagram showing the process of identifying study requirements through multiple stakeholders leading to technical requirements through multi-layer requirement model, including rich pictures, data flow diagrams, use cases, business process models, and activity diagrams.](attachment:image.png)
ASTHMA

1. **Data Flow Diagrams**
   - GP Database
   - Hospital Database
   - Data extraction through Sentinel network
   - Registration of Births/Deaths
   - ONS Database
   - Data extraction and Pseudonymisation
   - RCGP RSC Database
   - HSCIC Database
   - Pseudonymisation
   - Ethically Approved Research Databases

2. **Use Cases**
   - **Patient**
     - Carry out the prescribed therapy
     - Record treatment
     - Record side effects
     - Update the action plan
   - **Carer**
     - Make the diagnosis
     - Determine severity
     - Manage patient with Asthma
   - **Specialist**
     - Perform a primary care visit
     - Perform a primary care visit
     - Perform a sick visit
     - Classify type of Asthma
     - Manage acute exacerbations
   - **Gatekeeper**
     - Define patient treatment
     - Control patient treatment
   - **HC Provider**
     - <signal receipt> action plan
     - <signal sending> action plan

3. **Activity Diagrams**
   - Hospital Specialist
   - Pharmacy
   - Pharma Industry
   - Community Investigation
   - NICE
   - UK PEFU/Asthma UK
   - Genetic predisposition
   - Asthma & familial predisposition
   - Genetic predisposition
   - House dust mite
   - Infectious factors
   - Environmental factors
   - Lost days at work
   - Impact on the economy
   - Pressures to identify more cases
   - Charities & pressure groups increase diagnosis
   - Pressure to sell medicine increases diagnosis
   - Government policy Department of Health/NHS policy including pay for performance rewarding prevalence
   - Rich Pictures

4. **Rich Pictures**
   - Genetic & familial predisposition
   - Asthma & familial predisposition
   - Asthma & familial predisposition
   - Genetic predisposition
   - House dust mite
   - Infectious factors
   - Environmental factors
   - Lost days at work
   - Impact on the economy
   - Pressures to identify more cases
   - Charities & pressure groups increase diagnosis
   - Pressure to sell medicine increases diagnosis
   - Government policy Department of Health/NHS policy including pay for performance rewarding prevalence

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**Activity Diagrams**

- Pneumologist
- Specialist
- Perform a primary care visit
- Perform a primary care visit
- Perform a sick visit
- Make the diagnosis
- Determine severity
- Manage patient with Asthma
- Define patient treatment
- Control patient treatment
- Manage acute exacerbations
- <signal receipt> action plan
- <signal sending> action plan

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**Data Flow Diagrams**

- GP Database
- Hospital Database
- Data extraction through Sentinel network
- Registration of Births/Deaths
- ONS Database
- Data extraction and Pseudonymisation
- RCGP RSC Database
- HSCIC Database
- Pseudonymisation
- Ethically Approved Research Databases
2. Development of a survey instrument

- MIROI (MOCHA International Research Opportunity Instrument)

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of Questions</th>
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<tbody>
<tr>
<td>Database description</td>
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<tr>
<td>Database categorisation and nature of data stored</td>
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<tr>
<td>Population characteristics</td>
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</tr>
<tr>
<td>Temporal characteristics (Update frequency, database period etc.)</td>
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<tr>
<td>Data governance/ approvals</td>
<td>4</td>
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<tr>
<td>Data analysis</td>
<td>3</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>23</strong></td>
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</tbody>
</table>
3. MIROI Results → Database Profiles
(n=145)
### MOCHA Community on the EMIF Portal

#### EMIF Catalogue

<table>
<thead>
<tr>
<th>Database/ register name</th>
<th>Acronym</th>
<th>DC: Organisation</th>
<th>SC: Country</th>
<th>Last update</th>
<th>Select</th>
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<td>Ministry of Health / Abteilung III/2 -</td>
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<td>AUST Birth and Death Registry</td>
<td>AUSTRIA1</td>
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<td>[AUST] Minimum Basic Data Set</td>
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<td>[AUST] WHO-HBSC-Survey 2014</td>
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<td>[BELG] Belgian Health Interview Survey</td>
<td>BELGIUM3</td>
<td></td>
<td>2016-10-05</td>
<td></td>
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<tr>
<td>[BELG] Belgian network of Sentinel General</td>
<td>BELGIUM4</td>
<td></td>
<td>2016-10-05</td>
<td></td>
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</tr>
</tbody>
</table>
Distribution of databases – Geo Maps
Next steps: Study specific survey instruments

- **AIM:** To assess if databases are suitable for contributing to specific studies
- **QUESTION TYPES:**
  - Study variables
  - Completeness of recording in database (Complete/ Partially Complete/None)
  - If study variables can be derived?
  - If study variables can be obtained by linking to other data sources
- **TARGET:** Specific databases identified from the MOCHA web catalogue
- **OUTCOME:** Confirm if a database can participate in the study
- **Pilot**
  - Study specific survey on “Quality of Asthma Care”
  - Epidemiology of asthma using different case definitions (Pilot using RCGP & PEDIANET databases)
Next steps: Semantic models

Semantic models of key clinical conditions and outcome measures

Measures of quality and outcomes derived from large data sets

Deliverable 5.3

Deliverable 5.4

M18 (Nov 2016)

M32 (Feb 2017)
THANK YOU!

WP5 Team:
- Simon de Lusignan
- Harshana Liyanage
- Stacy Shinneman
- Filipa Ferreira
WP 6: Economic and skill set evaluation and analysis of models

**WP lead, Labour Economics and Econometrics:**
Prof Heather Gage (succeeding Prof Graham Cookson)
Research Fellow: Dr. Ekelechi MacPepple
(University of Surrey, England)

**Nursing and Skills:** Dr Anne Clancy (Harstad, Norway)
Dr Elena Montanana Olaso (UC Dublin, Ireland)

**Outcomes:** Dr Daniele Luzi (IRPPS, Italy)
WP 6: Objective and Task

Overall objective of WP6:
Consider the economic implications of alternative models of child health across Europe: workforce, staffing, skill mix, substitution and costs

Task 1: (months 4 - 21)
Map and compare workforce configuration and costs of delivering alternative models of primary child health care

Collate descriptive, background information, as a basis for subsequent tasks
1. Search for data sources on workforce

**Databases:** OECD; WHO World Health Statistics, EU Observatory; Eurostat, World Data Bank

**Other Sources:** Working Papers, UNICEF Statistics, European Confederation of Primary Care Paediatricians (ECPCP).

**Summary of findings:**

- General information on health systems, and workforce for some countries, but lack of detail on services for children and workforce configuration
- General descriptions of health workforce not focussed on primary care
- Information on training of health professionals (physicians and nurses) very generic
2. Questions for country agents

A. Primary care workforce for children
   - Type / model (Specialist/ Paediatricians, GP, Nursing, Mixed)
   - List sizes, case loads
   - Wider workforce around children
   - Health promotion and prevention
   - Salary scales
   - Workforce data sources

B. Training
   - Years and setting of training for Paediatricians, GPs, Nurses

Responses: 19 countries, varying levels of detail
3. Health care system features: summaries

Features of health care systems affect incentives for providers, costs, access to services and experiences of users

EU Observatory descriptions used to categorise health care systems based on whether regulation, financing and provision is state, societal or private*

Main system types:
- National health services, e.g. UK, Finland, Norway
- National insurance systems, e.g. Ireland
- State Social insurance systems, e.g. France, Netherlands
- Social insurance systems, e.g. Germany

4. Follow up questions for Country Agents

- Workforce implications of 2 scenarios (with WP1)
  (a) well child (health checks, immunisations, screening)
  (b) child with minor illness (fever)
  ......in 4 age groups: (<1 year; 1-4 years; 5-11 years; 12-18 years)

Information requested on:
- Guidelines
- Professionals / teams that provide care
- Location of care
- Remuneration of professionals
- Payment mechanism for users

- Links with WP3 school health; WP2 primary/secondary interface

- Soon to be distributed; would interviews be possible?
Next steps (from month 22)……..

- **Exploring framework for econometric analysis, Tasks 2 & 3:**
  - Modelling the efficiency and effectiveness of alternative models of primary child health care
  - Investigating the impact of reimbursement, payment and incentive systems on the performance of primary child health care systems

- **Key questions, for discussion in Rome:**
  - What performance indicators?
    - access, equity, cost, continuity, comprehensiveness, ...
    - health e.g. child mortality, morbidity, nutrition, weight, ....
  - What independent variables? Income per capita and distribution; levels of health care expenditure,.....
  - What workforce indicators? Numbers, skill mix, child health care model
  - How to include incentives, payments and reimbursement systems
  - What data are there?
Thank you

Heather Gage: h.gage@surrey.ac.uk
Ekelechi MacPepple: e.macpepple@surrey.ac.uk
Report from WP 7
Ensuring Equity for all children

Anders Hjern
Karolinska Institutet, Stockholm, Sweden
In collaboration with
Sharon Goldfeld, Melbourne
Our take on inequity for children in primary health care

1. General

If needs of care are inadequately met because of:

- Gender
- Material resources (income)
- Education
- Family type
- Parental age
- Ethnicity/immigrant/minority
- Where you live (urban/rural SES etc)
Our take on inequity for children in primary health care

2. Vulnerable populations

• Children in residential or foster care
• Migrant Children
## Reports:

<table>
<thead>
<tr>
<th>Commission Deliverable Number</th>
<th>Deliverable</th>
<th>Due</th>
</tr>
</thead>
</table>
| D3                             | 1. National policies for primary care for migrant children in Europe and Australia  
Main authors: EU-report Anders Hjern and Liv Stubbe Östergaard,  
Australian report Ruth Little and Sharon Goldfeld | Delivered August 2016          |
|                                | 2. Health care models and best practices for children in the child welfare system.  
Main author: Bo Vinnerjung, Professor of Social Work, Stockholm University | October 2017                  |
| D4                             | 3. Inequity of different primary care models for children  
Main Authors: Anders Hjern and Arzu Arat, PhD student, Karolinska Institutet and CHESS | December 2017                 |
### Entitlements to health care for refugee children in Europe and Australia

<table>
<thead>
<tr>
<th>Category</th>
<th>Equal entitlements</th>
<th>Equal entitlements but in parallel health care scheme</th>
<th>Very unclear, non-existing or restricted entitlements</th>
<th>Special entitlements for unaccompanied children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children of Asylum Seekers</strong></td>
<td>Austria, Belgium, Croatia, Cyprus, France, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Luxembourg, Malta, Norway, Portugal, Romania, Spain, Sweden, UK, and Australia* (depends on the whereabouts)</td>
<td>Bulgaria, Czech Republic, Denmark, Estonia, Finland, Lithuania, Netherlands, Poland, Slovenia.</td>
<td>Germany, Slovakia</td>
<td>Belgium, Estonia, Germany, Hungary, Luxembourg, Netherlands, Slovakia, Slovenia, UK.</td>
</tr>
<tr>
<td><strong>Children of Irregular Migrants</strong></td>
<td>Belgium, Croatia, Estonia, France, Greece, Italy, Norway, Portugal, Romania, Spain, Sweden.</td>
<td></td>
<td></td>
<td>19 European countries and Australia</td>
</tr>
</tbody>
</table>

*Australia may differ depending on the whereabouts.*
Barriers for accessing care for children in transition/in an irregular situation

- Legal obligation for health care professionals to report "aliens"; Germany and Bulgaria
- Fear of being recognised and handed over to police/authorities.
- Lack of funds to implement health care policy (Greece), unclear funding schemes (many countries)
- Negative attitudes and lack of knowledge of policy among health care professionals
- Unclear policies (Irregular EU migrants)
Report on Health Care for Children in the Child Welfare System

a/ Systematic review of the literature
   (in collaboration with the Swedish Institute for Assessment of Social Services)

b/ Information from country agents
   (December 2016)

c/ Workshop in Stockholm in April 27-28, 2017
Inequity in different primary care models for children

a/ Systematic review of the literature

b/ Empirical analyses in available datasets.
Thank you! (anders.hjern@chess.su.se and Sharon Goldfeld@rch.org.au)
Report from WP 8
Use of Electronic Records to Enable Safe and Efficient Models of Child Primary Health

Michael Rigby, Grit Kuehne
Imperial College London
Year 1

• Re-establishment of key Success Criteria
• Relate Key Criteria to current knowledge
• Measurement of Baselines in each country
• Literature review (multi-source, ongoing)
• WHO E-Health database
• Structured enquiry process
• Commission Deliverable – first version
Year 1 Enquiry Process

• What is known on WHO E-Health Policy database?

• Country enquiry – Record Linkage at Birth
  – Does it exist? How is it organised?

• Country enquiry – children in e-health policies?
  – Are there later policies than on WHO repository?
  – Are children visible?
Findings – Year 1

• Record Linkage at Birth
  – Austria, Germany, Ireland, Latvia and Slovakia currently do not link child health records
  – Austria, Germany and Ireland have concrete plans and a set timescale for implementation

• Children in E-Health Policies
  – No mention in policies of 11 of 24 countries
  – Catalogue of all current policies
Plans for Year 2

• Country Enquiry – what systems in place?
  – EHRs; public health systems; data sets; messages
  – Analyse; identify next actions

• Complete literature review

• Seek collaboration re Impact of E-Health

• Consult ICT Standards bodies re functional standards
Report from WP 9
Validated Optimal Models of Children’s Prevention-Orientated Primary Health Care

Paul Kocken

Mitch Blair
Michael Rigby
Denise Alexander
Janine van Til

Magda Boere – Boonekamp
Kinga Zdunek
Peter Schröder Bäck

Dionne Kringos
Menno Reijneveld
Margot Fleuren
Eline Vlasblom

Models of Child Health Appraised
(A Study of Primary Healthcare in 30 European countries)
Year 1 Highlights

• Starting workshop Optimal Models MOCHA. Organizers: WPs 1 and 9

• Information transfer from WP 1-8. Examples:
  – Current models
  – Criteria for evidence based transferability
Learning points year 1

- Attendance of workshops and meetings is indispensable to stay informed about developments in WPs
- Endpoints of MOCHA have to be clear and realistic
- Internal dissemination of (incomplete) drafts is valuable to keep up with MOCHA’s progress
Plans for year 2

• Analysis of transferability
  • Article (ca. month 18, submission to journal)
  • Concepts of transferability criteria (incl. governance, culture etc.)

• Verifying implementation conditions of good practices
  • Identify standards/guidelines/protocols from other WPs and literature
  • Development of questionnaire

• Parental preferences
  • Bottom-up interviews parent experiences
  • Development and pilot testing of questionnaire

• Scenarios for optimal models
  • Preparation of scenarios and choice of models

• Development of optimal models (workshops)
Needs

• Choice of health themes (e.g. asthma, immunization, dehydration)
• Outcomes of testing of quality indicators
• Systems of primary child care and their variability in EU
Report from WP 10
Dissemination of MOCHA

Michael Rigby
Imperial College London
Year 1 Actions

- Linkages with key NGOs and European bodies
- Systematic appraisal of all conference calls
- Dialogue with WP on publication of findings
- MOCHA EAB meetings as chance to disseminate
Year 1 Scientific Papers

- Health Expectancy Network (REVES)
- European Public Health Association (EUPHA)
- European Health Management Association
- International Health Conference, London
- Law Enforcement and Public Health
- Health Services Research (accepted, meeting cancelled)
Year 1 Presentations

• European Patients’ Forum Youth Board
• European Association of Children in Hospital
• Association of European Regions

• Many national and other events
Year 2 Planned Activity

- Continue monitoring conference paper calls
- Continue to interact with WPs on publishing
- Continue to interact with NGOs etc. re opportunities

- Quality of Childhood series, European Parliament, April 2017
- Exploration of end-of-project opportunities