





LABORATORY FOR INTEGRATIVE
AND TRANSLATIONAL RESEARCH
IN POPULATION HEALTH

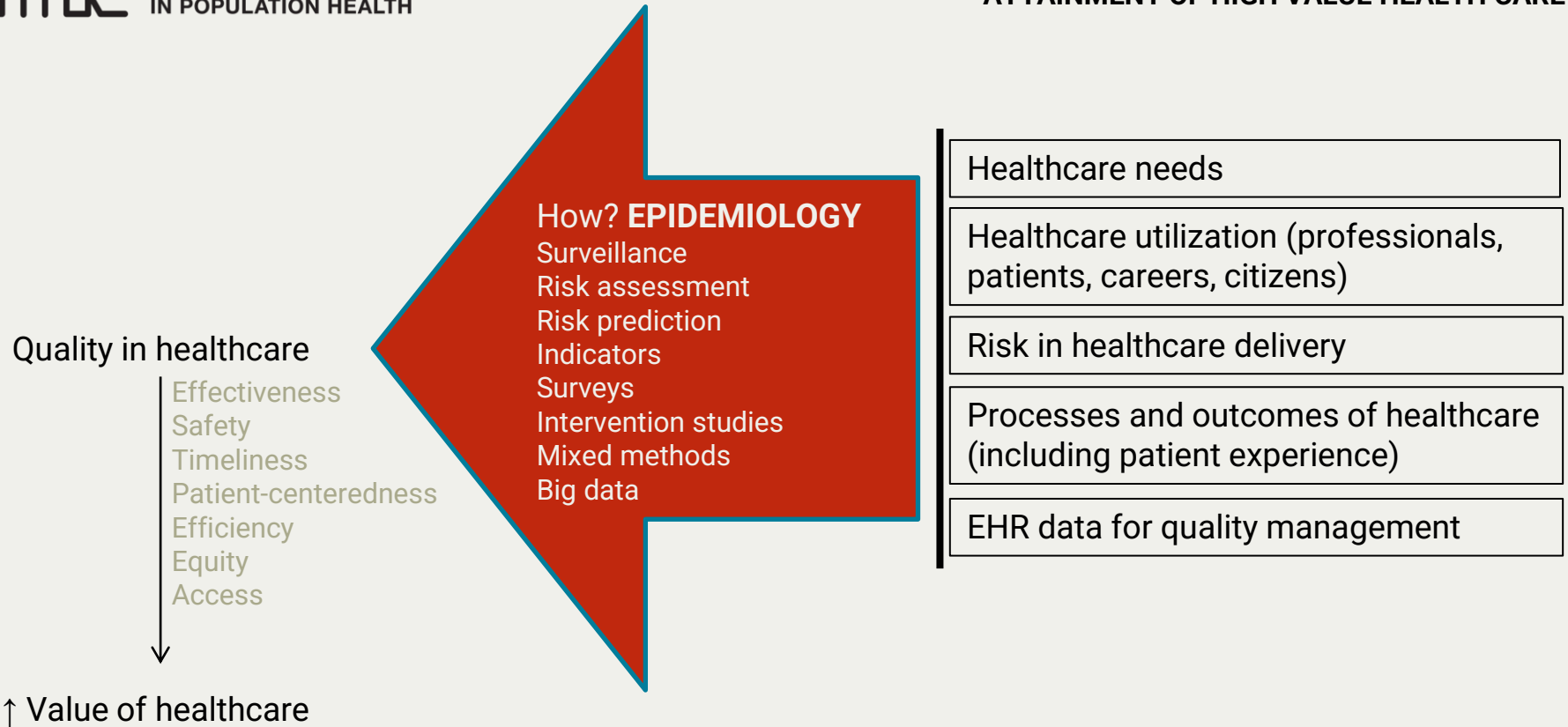


EPIUnit
EPIDEMIOLOGY
RESEARCH UNIT



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23.06.2021

Individual- and system-level factors towards the attainment of high value health care plan 2021-2025



Multi-stakeholders

Communication

Health literacy

Decision-making

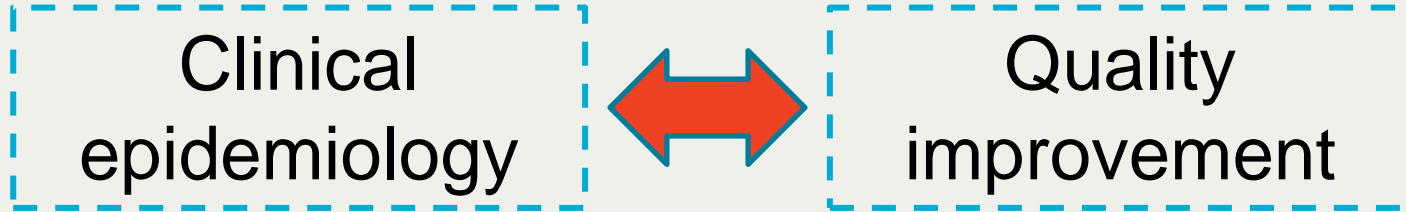
Monitoring



Objectives

In 10 years we wish to have contributed to ...

- Influence population/individuals' health status in what depends on healthcare access and quality
- Modulate perceived healthcare needs (literacy, differences among stakeholders, funding criteria)
- Improve information for healthcare quality – materializing learning organizations
- Reduce gap evidence-practice through information-based quality improvement
- Improve patient safety



The 'best' treatment won't matter if it is not used

WHAT care we deliver

HOW we deliver care

Scientific objectives

Validity, precision and completeness of EHR data for research and quality management

Selection, development and validation of patients' and professionals' experience measurement tools

Develop EHR-based surveillance systems of adverse events for hospitalized patients

Develop and implement clinical decision support systems (CDSS)

Improving antibiotic use surveillance and interventions

Improving quality of care for risk of COPD

Change in needs and healthcare access and use for NCD after COVID-19

Performance and outcomes in alternative models of organization/payment

Clinical epidemiology research



How?

Resources

People

CEEC

Contracts within funded projects

Prepare to ERC

Students: Integrate them in our research
lines/strategy

List of offers

Settings

CEH CHUSJ

Secondary data

Cohorts ISPUP

CONQUEST – steering group

Network

National – healthcare settings (ULSM, CHUP, CHVNGE, CHEDV), ARS-N, DGS, GIS
International (research) - International Primary Care Respiratory Group, ERN, ...

Education/training – education, networking, dissemination, income

MIMED – Clinical Epidemiology

PDSP/MSP/MES/external – Health Services Research optional unit

CESP – individual projects

3-month training periods of medical residents at CEH CHUSJ and primary care

Course Quality Measurement – target hospitals/ healthcare institutions (health professionals and managers)/ scientific societies/ APDH/ APAH/ SINASE

Grant applications

Under evaluation or not approved

DECLINE-AKI

REGAIN trial

Bundled payment for cancer treatment

Calls

Horizon Europe

Private?

PRR?

Others?



Outputs targets

Publications

- Minimum 15 original articles/year;
- At least 3 with IF ≥ 5
- 2 White papers/Reports – role of Hospital Epidemiology Centers + re-use of data/quality management/process and outcomes monitoring

Education/training

Degrees: PhD – 8 ongoing + 5 new => 11 completed

Master – 1-2 per integrated researcher/year => 50 completed

Courses: number of attendees/institutions

Workshops/webinars on healthcare epidemiology issues/experience - joint initiative ISPUP/CHUSJ, with support (for dissemination) from APE, ARS, APAH, ...



Challenges

Weakness/Threat/Challenge

Plan

Weak network, non solid CV in the area

Work - capitalize existing/accessible data to strengthen team's CV, feed collaborations with partners with whom to access european funding

Low approval rates in competitive funding (projects and career)

Focus and invest in preparation

Financial model NHS

CRe/CRI/ERN

High dependency of external partners (healthcare institutions, IT teams)

co-projects

Skills missing in the group:

- statistical analysis and data management (longitudinal data, repeated measurements)
- health economics

Protocol/collaboration in projects with stats lab?

Integrated researcher in the group

Partnership/collaboration in projects with Business and Economics Schools/ENSP

Hospital Epidemiology centres

Incubator of workforce to vinculate in healthcare settings?

Prepare people who are already in healthcare settings?
Balance between having more members in ITR versus collaborations after training with us?



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