



**European Academy of Paediatrics
Research in Ambulatory Settings Network**

EAPRASnet meeting Minutes

**Bruxelles Royal Windsor Hotel
Hall B Dec 5, 10.00 – 11.45**

Welcome and Update
Stefano del Torso

UTI Publication
Adamos Hadijpanayis

Electronic Health Record Survey
Adamos Hadijpanayis /Zachi Grossman

EMPARI
Zachi Grossman

HORIZON 2020
Zachi Grossman

Immigrant Children Survey
Adamos Hadijpanayis

Coordinators Q&A
Stefano del Torso

Any other Business / Collaboration

Closing Remarks



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27 participants from 21 Countries

Stefano del Torso presented the 2009-2014 years of EAPRASnet activity by recalling the first, initial survey, then the second vaccination research, followed by the URTI, the UTI, the COSI and last but not least the EHR study. The group could be also proud of having 4 of them already went on publishing.

EAPRASnet Budget by EAP is 22000 EUR of that 14000 EUR remained, having spent 8000 EUR on 6 studies, that is 1400 EUR per study.

The forthcoming Lena Group Contract, similar to the previous one, amounts to 100 EUR each month to cover expenses of website maintenance, newsletter service, to run 2 studies per year and for the initial analysis for these studies.

There are always other issues such as language problems, on the other hand official translations are costly, that is - according Lena Group agreement - 150 EUR / language.

Adamos Hadijpanayis (AH) happily announced that the UTI publication has been accepted by ADChildhood under the name of EAP.

AH introduced again the huge Horizon 2020 project, which may deal with the proposal of utilizing a common webased EHR for all EU citizens, operated by a consortia of 6 bigger universities of the EU.

Zachi Grossman (ZH) informed us about the results of the EHR study. With a satisfactory response rate, the statistic analysis is still due. There will be a collaboration with AAP for writing the manuscript.

Early results shows 80% use EHR daily, 20% no use.

We may have a look at the UEMS eHealth program, planned to cover each EU countries need. Francis Rubel informed us that in his country, France there is only one EHR nationwide, so no incompatibilities could occur.

AH introduced the idea of a future immigrant children study (that is to cover : inequalities in the access to health service/care, vaccination uptake, etc.). A possible collaboration with AAP / PROS is in progress.

Elke-Jaeger Roman emphasized the importance to clarify the definition of immigrants vs refugees, either of legal or illegal origin. The chair of the Advocacy EAP (similar to ECPCP) working group, Angel Carrasco recalled his survey on immigrant children, for which questions have already been prepared, covering issues of accessibility and quality of (health)service, ethic questions, etc.

The survey must focus on the EU Parliament's statement and its legislative procedure to handle unaccompanied minors: all children must be taken in care. There is a need of data supporting the above initiatives.

ZH continued with Horizon 2020. He mentioned the names of Mitch Blair and Ingrid Wolfe again, as helpers for application procedures to the below projects:

MOCHA (Models of Child Health Appraised) is to run for 3yrs, aiming to comparing models (health system) of primary care

CHAPPIE (Child health assessment of preventive program and implementation evidence) is also planned to run for 3 yrs, focusing on evidence-based prevention programs.





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As for time being, CHAPPIE is declined, while MOCHA had a positive reply – if it will go on being accepted, the project could start as early as January, 2015.

There is an ongoing project planning, named EMPARI, to evaluate the management of pediatric acute respiratory infections. The contact person is Mike Sharland, who collaborated by the URTI EAPRASnet study. The EMPARI survey will be an RCT trial run among GPs in 6 European countries, issuing narrow vs wide spectrum antibiotic treatment for LRTI, involving already established GP networks.

EAPRASNET was involved in a preparatory survey among pediatricians regarding prescribing habits in pneumonia. This survey will be run again among GPs in the Netherlands and then presented hopefully in ESPID and written for publication

If the project is approved, EAPRASnet will also take part in an observational study of EMPARI project, and finally take part in disseminating RCT trial results (involving EAP and ESPID).

As Margareta Seher Zupancic clearly stated, Netherlands future results of an EMPARI survey must not be compared to countries featuring PCP in primary pediatric care (mixed system, only PCP system). Peter Altorjai (PA) added, that to avoid this bias only in-country comparison of GP vs PCP evaluations (where applicable) could be surveyed and presented.

Shimon's Barak opinion was, that either the Dutch data with others or in-country data would be compared, when planning the project one must take into consideration seriously, if the participating countries have any sort of guidelines covering the survey.

In the Netherlands, children under the age of 3 months with severe symptoms of respiratory diseases are immediately transferred to secondary care, that is hospital based pediatrics, which could be a bias for the whole study.

Near all EAPRASnet working group members asked for the presentation of Diego van Esso's questionnaire on timing of wellchild visit, which could be very interesting

Björn Wettergren pointed on the importance of future measurement of study effectiveness. Does it penetrate enough to have results incorporated into learning and reassessment, too? Representativeness of the sample has to be discussed.

PA added, that a future comparison of EHR data with any survey data would be the ideal platform to run studies in order to avoid known EAPRASnet biases (language barrier, IT skills, etc.); however the (difficulty of) access to national databases do vary, such as EHRs modalities of supporting these databases with relevant data.

Minutes kindly taken by Peter Altorjai and reviewed by EAPRASnet EC

