



Paul Rosen



Peter Barry



Mats Lundström

EUREQUO quality registry set for 2010 launch across Europe

THE online European Registry of Quality Outcomes for Cataract & Refractive Surgery (EUREQUO) has successfully begun collecting data from centres in Scandinavia, the Netherlands and Spain. The pilot project is testing software user interfaces, integration with national registries and technical support systems to work out any remaining kinks in advance of EUREQUO's roll-out across Europe in 2010.

"The ESCRS believes firmly that a continuing audit of surgical outcomes is necessary to ensure the best care of our patients," ESCRS president Paul Rosen FRCS, FRCOphth said of the EUREQUO registry in his welcoming address to the XXVII Congress of the ESCRS in Barcelona. Because of its important role in improving patient well-being it has attracted substantial matching funds from the EU as well as partnerships with 12 European countries to develop national visual outcomes registries for cataract and refractive surgery, he noted.

"The data collection will involve individual practitioners, small clinics, large hospitals and university institutions. By making comprehensive data available for comparison of visual outcomes, EUREQUO aims to build up a network to facilitate the exchange of best practices," Dr Rosen added.

While EUREQUO establishes standards for data collection for all participants, and will be available via web browser from anywhere, individual national societies will retain authority to determine data collection and audit standards within each country. National registries in each country will also provide first-line technical support for individual users. All data will be anonymous, allowing only surgeons submitting data to have access to their own data. Individual results can then be compared with aggregate results for similar procedures overall, by country or region, or by patient characteristics, including demographics, preoperative visual acuity and co-morbidities.

As of mid-September, EUREQUO had integrated existing data from the Swedish National Cataract Registry and work had begun integrating the existing Netherlands database. The system is expected to have about 580,000 patient data sets available for comparison when it goes live across the continent next year, according to Rainer Waedlich, chairman of ifa systems AG, and integration AG, Germany. The firms, which have more than 20 years' experience developing ophthalmology IT systems, helped develop the EUREQUO software and are maintaining the central database.



EUREQUO registry

Practical benefits

EUREQUO participation will provide surgeons with many benefits, said Peter Barry MD, Dublin, Ireland. First and foremost, it allows surgeons to assess their own work.

"It gives you self-respect. You always know your results for your own satisfaction," he said.

Knowing your results not only helps you improve, it helps you explain your work to patients, Dr Barry added. "To be able to precisely identify a probable outcome is an important element in the informed consent process."

Participating in an audit system also may help defend malpractice suits, Dr Barry added. You will be able to show your outcomes, and also that you have diligently adhered to established care standards and made continuous efforts to improve your practice.

"You also will be making a *bona fide* contribution to developing evidence-based guidelines," Dr Barry said.

The scale of the EUREQUO database will make it possible to develop guidelines not only for common outcomes and complications, but also for events and conditions that are too rare to be studied in any one clinic or hospital.

Dr Barry believes that participating in an outcomes database is becoming a practical necessity. Hospitals and clinics want to see your outcomes.

"They will not listen to you anymore unless you provide evidence of the quality of your work. If you can do it you will win contracts over competitors."

Insurers and state-run health plans also want data. Using electronic data collection has become a requirement to get paid in The Netherlands, said Ype Henry MD, Amsterdam.

Dr Barry added that by participating in EUREQUO "you will be part of the

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future. It is inevitable that you must be able to record results. You must be able to show them and you must be able to show evidence of audit. If you don't, you will be effectively out of business".

Accessing EUREQUO

In designing EUREQUO, surgeons and IT specialists drew on long experience with national registries, as well as the international European Cataract Outcomes Study (ECOS) conducted since 1995, and the Refractive Surgery Outcomes Information System established in 2006, said Mats Lundström MD, Karlskrona, Sweden, who oversees the Swedish National Cataract Registry and ECOS. He found that ease of use is essential to ensure participation.

A national registry will be set up in each country. These registries will be accessible over the Internet, and will be the primary contact point for surgeons in each participating country. Data from each registry will be forwarded to EUREQUO. Surgeons will have access to aggregated data from their own country as well as the entire database through their national registry interface. National registries will also provide clinical and technical support, backed up by Prof Lundström's Eynet Sweden for clinical and data collection issues, and ifa systems AG for technical problems.

Data collection has been made as simple as possible. Patient information is entered on a one-page web form, which includes pull-down menus for

refractive values and other data. "It's just click-click-click," said Dr Henry, who demonstrated how the existing Netherlands online national registry form has been integrated into EUREQUO. Coordinating through the national registries will help ensure that forms and support are available in the local language, and meet local data collection needs.

To avoid the need for double data entry, EUREQUO provides interfaces that centres can use to export survey data directly from their electronic records systems, Mr Waedlich said. The export-import system supports many standard data formats, including DICOM and HL7, which are commonly used in hospital and large clinic data systems. Technical support will be available to help individual centres develop export routines to minimise data entry burdens.

In addition to collecting live data from the three pilot countries, EUREQUO is now testing the functionality of the system in all participating countries, Prof Lundström said. "We need to see what happens when users start putting in data. There are always some surprises."

Prof Lundström expects the roll-out to begin early next year, followed by an evaluation.

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