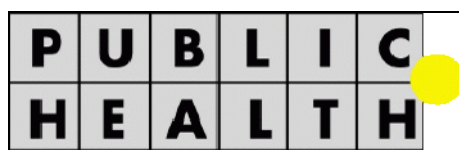


**Program Plan of the
WORKING GROUP
on
“SCREENING”
of the
Austrian Public Health Association (OGPH)**

Invitation to contribute

OGPH, Austria, April 2008

www.oeph.at



Content

| | | |
|-----------|--|----------|
| 1 | Introduction | 3 |
| 2 | Mission of IASC | 3 |
| 3 | Work profile | 4 |
| 4 | Membership profile and group roles | 4 |
| 5 | Means applied | 5 |
| 5.1 | List-server at www.domeus.co.uk | 5 |
| 5.2 | Conferences and personal meetings..... | 5 |
| 6 | IASC activities and milestones | 6 |
| 6.1 | Past | 6 |
| 6.2 | Ongoing | 6 |
| 6.3 | Future (to be planned) | 7 |
| 7 | List of members in screening.at [at]domeus.co.uk as of today (2008/04) | 7 |
| 8 | Project end – outcomes | 8 |
| 9 | History - forerunners | 8 |
| 10 | Invitation for OeGPH members to contribute | 9 |

1 Introduction

Systematic prevention at the population level includes screening for some specific target conditions. Screening is one of the core activities of public health, supported by its fields of (clinical) epidemiology, program planning, health services management, quality management and outcomes measurement. Thus the board of the Austrian Public Health Association endorsed unanimously the establishment of a screening working group at its board meeting in Vienna, March 21st, 2007.

For running a working group within the Austrian Public Health association, the Oesterreichische Gesellschaft fuer Public Health (OGPH), it was later on agreed, that for such a working group a concept has to be presented to the board. The OGPH working groups should work in project format also.

In projects typically the phases of preparation, inception, routine functioning and finalization can be found. Mission statements, member roles and member profiles and working principles are further characteristics of project work. A mission statement should be worked out in the beginning and agreed as early as possible by all its proposed members.

2 Mission of IASC

For the working group under its speaking name "International Austrian Screening Committee" (IASC) of the Austrian Public Health Association (OGPH) the **mission** has been conceptualized as follows:

"We, the IASC, are a body of concerned Public Health professionals supporting scientifically justified medical screening programs in Austria (AT). We are embedded in, and members of, the international world of Evidence based Health Care (EBHC), concerned with the daily practice of screening in AT"

To increase the quality of screening programs in Austria we specifically will:

- 1) Stand visibly behind principles for evidence based screening programmes as published already in Austria and elsewhere
- 2) Try to assess and improve Austrian public screening programmes against internationally acknowledged criteria (standards) in regard to
 - content (clinical manoeuvres),
 - service delivery and management (in all levels from national management to daily operations at health care providers),
 - quality management.

3 Work profile

Regarding the disproportional gap in theoretical and management knowledge, intellectual capacity and material resources for organized screening programs between some countries and Austria international members have to be involved in the screening working group to overcome the gap. In regard to the rather restricted resources today, a low cost and efficient way of knowledge transfer and cooperation has to be sustained for a while.

Thus a core group in Austria will work together with each other and the international advisor group on the screening topics chosen.

Each member of the IASC will profit from the exchange of ideas and knowledge.

A small set of internal working rules will govern the cooperation. These are

- All working documents exchanged are in English (US-spell check)
- Documents addressed to the Austrian public (including the health administrators) should be in German, key issues should be translated into English and communicated to IASC if they are published in the “name of IASC”.
- If there is dissent in the groups regarding a published issue the dissent should be published

4 Membership profile and group roles

At the core there is a small group of Austrians, very dedicated and highly engaged already in evidence based screening programmes. The core should be for the general screening topics (screening program management) not greater than 3-5 professionals.

The core is supported visibly by high profile international screening experts. These experts form an advisory and support group for the national working core.

The support group should also be of “workable size”, not a large “honorary council”. Thus 5-7 international advising experts should come from different health care systems.

The international advisory group is accompanied by observing members. Thus there are 3 levels of production. These are the Austrian core, the international advisors, and the international observing members.

According to the regulations of OGPB for working groups, all Austrian work group members have to be ordinary members of OGPB.

The coordination and management of the group’s strategy and daily business is done by Franz Piribauer, who also represents the group to OGPB, where he is member in the board.

5 Means applied

Most exchange of documents and ideas will be done over the internet and the phone. A mailing list, like that of OGPB based at the list-server “domeus” ([oepeh\[at\]domeus.de](mailto:oepeh[at]domeus.de)), will help to communicate non-hierarchical within the IASC.

5.1 List-server at www.domeus.co.uk

The list-server in the UK domain is suited best to manage the group. The UK domain signals the international focus of IASC.

The email address of the IASC of list is [screening.at\[at\]domeus.co.uk](mailto:screening.at[at]domeus.co.uk). A member can send an Email to this address, and the mail is then distributed to all IASC members. Each member can access the archive, and change his own Email and password settings by him/herself. The login access is via www.domeus.co.uk, naming the group “screening.at” and login with email and password.

The details of the regulation in the IASC [screenig.at\[at\]domeus.co.uk](mailto:screenig.at[at]domeus.co.uk) discussion list are as follows:

| | |
|-------------------------------|--|
| Subscription | Subscribers must be approved by the manager |
| Messages | Every member is allowed to write contributions |
| Messages will be | sent directly to all members |
| Viewing messages online (WWW) | The messages posted on the web can be read by Only members of your group |
| Attachments | for this list, attachments are allowed |
| Visibility Within the Web, | this group will be visible |
| Index of Members | This list has an index of members that is visible to every member |
| Reply-Address | all members |

5.2 Conferences and personal meetings

If there is a low cost opportunity personal meetings should support the group’s social cohesion and academic work.

If this is not possible for the whole IASC, at least the Austrian group should meet at least once a year in person as a group. The group – manager should try to manage every member at least every 2-3 years in person.

6 IASC activities and milestones

The preparatory phase and the inception moment have passed already. The following activities have taken place in the past, or are ongoing and are to be planned.

6.1 Past

2006 The preparatory phase for IASC has started around 1.5 years ago. Franz Piribauer contacted Peter Sawitzky, IQWIG, and Muir Gray at the IQWIG symposium in November 2006 in Cologne. Muir Gray and Peter Sawitzky signalled their interest but did not agree definitely.

M1 The board of OGPB agrees to the screening committee in form of a working group:
Milestone 1 (March 21st, 2007)

2007 The list-server is set up and possible members are contacted in person and interviewed in Austria (1 member) and Australia (2 members). Muir Gray accepts the IASC membership in Nov. 2007 in Cologne. Peter Sawitzky delegates the IASC membership to his deputy, Dr. Lange. Dr. Lange joins as observing member beginning of 2008. IASC has grown now to 6 members.

M2 Physical inception during the Conference on screening and prevention at the Danube University Krems. Muir Gray (UK-NSC), Russell Harris (USPSTF-3), Gerald Gartlehner and Franz Piribauer meet. (www.donau-uni.ac.at/prev) (**February 19th 2008**).

At the end of the Krems conference, which was organized by the new institute of Gerald Gartlehner and counselled by Franz Piribauer, Dr. Lutz Altenhofen agreed to join the group as second German observing member.

6.2 Ongoing

At the moment (Spring 2008) a translation of Muir Gray's book on Screening – evidence and practice (350 pages) is on the way. Franz Piribauer manages the translation project, with a team of four. Six persons were involved/contacted to work together. At the moment three are in the team, and one person is pending acceptance.

The affiliation of the authors would provide room for OGPB to be mentioned as one of the “Herausgeber”. This form of mutual support was decided at the first 2008 board meeting of OGPB.

A foreword by Karl Lauterbach is planned.

Enlarging the local work base of IASC: A further Austrian member to IASC is in the state before integration. Claudia Luciak Donsberger has agreed recently to apply for membership to ÖGPB.

An article on Clinical Decision Aids for the periodontal screening part within the APE is also submitted for publication.

6.3 Future (to be planned)

-> Establishment of a realistic work plan for 2008/ 2009

-> In addition to the above mentioned translation and publication work, activities within Austria should be commenced.

Examples of work packages could be:

- Letter and follow up visit to the MOH to support her move to urge the new Institute for Quality to plan a Cervical Screening program which fulfills international program standards
- Comments on the reports of the Hauptverband to the MOH in regard to the APE (§ 447h, VU-Neu)

7 List of members in [screening.at \[at\] domeus.co.uk](mailto:screening.at[at]domeus.co.uk) as of 2008/04

| | | | | |
|--------|------------|--|---------------|--------------------------|
| Russel | Harris | russell_harris [at]med.unc.edu | member | 25-Feb-2008 11:20 GMT |
| Lutz | Altenhofen | laltenhofen [at]kbv.de | not confirmed | 21-Feb-2008 19:47 GMT |
| Stefan | Lange | stefan.lange [at]iqwig.de | member | 13-Feb-2008 14:24 GMT |
| Muir | Gray | muir.gray [at]medknox.net | member | 30-Dec-2007 09:21 GMT |
| Mark | Harris | m.f.harris [at]unsw.edu.au | member | 03-Dec-2007 12:12 GMT |
| John | Litt | jlitt [at]flinders.edu.au | member | 03-Dec-2007 12:12 GMT |
| Gerald | Gartlehner | gerald.gartlehner [at]donau-uni.ac.at | member | 19-Sep-2007 10:54 BST |
| Franz | Piribauer | pico [at]pico.at | owner | 13-Aug-2007 07:46 BST |

8 Project end – outcomes

The IASC wants to hand over its activities to a publicly financed authority managing the national screening programs in Austria.

Academic products like publications and conference protocols are one outcome. More rational steering of screening programmes in Austria the other .

However regarding the lack of necessary public health capacities for managing screening programmes at all three possible levels, national, state (Länder) and local (Bezirke) it is envisioned that the project work of IASC could end in 8 – 10 years. For improving screening programmes time-frames of decades have to be considered as our IASC members Muir Gray (UK) and Mark Harris (AUS) strongly emphasised. (personal communication, Nov 2007; Feb. 2008)

9 History - forerunners

The first ever Screening Consensus Conference in Austria was organized by Franz Piribauer in August 2000 in Graz. Around 10 Austrian clinicians and Muir Gray attended. One page of Muir Gray's book, Evidence Based Health Care, was officially translated into German and endorsed by all the participants in its content. The results were later disseminated through the internet, by a 4 page leaflet, and a publication in the Wiener Klinische Wochenschrift (Gray & Piribauer, 2001).

These principles could be put into practice during the reform of the annual Austrian health check up (Gesundenuntersuchung) from 2001 to 2004 in the Hauptverband der Sozialversicherungsträger (Central association of Austrian health- and social-insurances) by Franz Piribauer.

A second consensus conference in December 2003 tried to discuss the broader international approach used when managing the introduction of the new Austrian preventive examination (APE) the Vorsorgeuntersuchung Neu. However Muir Gray could not attend.

The outcomes although published, were not well understood and accepted in Austria (Piribauer et al., 2004). Whereas in 2000 the published principles seemed simple, the 2003 framework for screening programme planning was much nearer the public health reality, and as such much more complex and demanding. Sound knowledge in advanced clinical epidemiology, health technology assessment, evidence based decision making and public health management is necessary in order to be able to clearly understand the issues involved in managing nationwide screening programmes.

Few Austrians have had then experience and training in that field of public health. In spring 2007 however an Austrian born MPH, who has worked for some years with one of the best screening task forces in the world, Gerald Gartlehner returned to Austria. Gerald soon followed the invitation by Franz Piribauer to form the Austrian nucleus of the IASC.

10 Invitation for OGPH members to contribute

The IASC is a working group of OGPH. Thus the committee warmly welcomes all OeGPH members to support the activities of the IASC in Austria. New committee members could fulfil various tasks, thus enlarging the scope of screening areas covered in Austria. The tasks can be adjusted to the special expertise of the new members in their field of interest or expertise on screening.

Interested members should contact the responsible manager of the group, Franz Piribauer (contact details see www.oeph.at ; -> Ueber uns). The core of IASC will then discuss the optimal task profile and the actual work plan for the contributions to be made in the coming years.

Thus the present core of IASC forms the hub of a hopefully growing network of work dedicated OGPH professionals devoting their time to improve screening-programmes in Austria according to the mission and plan of IASC as presented above.

However all interested OGPH members may be aware that there is no reimbursement for any expenses, that most of the discussion will be over the phone, skype, or internet, and mostly in English. Meetings in person are planned around 1-2 times a years in the eastern part of Austria.

Reference List

Gray, J. A. M. & Piribauer, F. (2001). Realising the potential benefit of screening. Comment on the outcomes of the first Austrian Screening Guidelines Consensus Conference.

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Piribauer, F., Schmid, D., Herkner, H., Gray, J. A. M., Pieber, T. R., Haidinger, G. et al. (2004).

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Prüfstand! - Evidence Based Medicine Kriterien zur Beurteilung von Screening

Programmen. Mitteilungen der Sanitätsverwaltung - Offizielles Organ für das öffentliche Gesundheitswesen in Österreich 105[9], 8-12.

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