EQuiP

European Association for Quality and Safety in General Practice/Family Medicine

25-27 April 2024
64th EQuiP Conference
Ghent, Belgium

Creating Synergies between Public Health and Primary Care

- Programme Book -

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Programme

Thursday, 25 April 2024

Time	Session
11:00 - 12:00	**Registration for the site visits and the conference** Location: Pandgang
12:00 - 12:30	**Light Lunch** Location: Pandgang (Only for participants to site visits)
12:30 - 13:30	**Welcome and introduction to the site visits** Location: Pandgang • Welcome and introduction to the site visits • “Action Speaks Louder: Prioritizing Health in the City of Ghent” (Ms. Leen Van Zele - Coordinator local health policy at Stad Gent) • Practical arrangements
13:30 - 14:00	**Transport to Site Visits** Location: Pandgang By Tram/Foot
14:00 - 16:00	**Site Visits** Online pre-registration required, space is limited to 20 people for each group. Each group will visit: • Site visit A: Let’s move! Visiting the neigbourhood Nieuw Gent with focus on community sport initiatives and the community health care centre. • Site visit C: Putting theory into action: Leading towards Population Health in Ghent Click here to learn more.
16:00 - 16:05	**Gathering at reception desk of Het Rustpunt for walk to the City Hall**
16:00 - 16:30	**Transport to City Hall from site visits** By Tram/Foot
16:30 - 18:00	**Welcome and drinks at the City Hall** Online pre-registration required, space is limited. Address: City Hall, Botermarkt 1, Ghent

17:45 - 17:55	**Gathering at the entrance of the City Hall** For those who wish to join for a group walk to the Green Boat House, the meeting point for the guided boat tour.
18:00 - 19:30	**Guided Boat Tour** Online pre-registration required, space is limited. Meeting Point: Green Boat House, Korenlei 4 A, Ghent

Friday, 26 April 2024

08:00 - 09:00 **Registration**
Location: Pandgang

09:00 - 09:30 **Welcome and Introduction of the conference theme**
Location: Theresazaal

- Andrée Rochfort
- Pierre Vanden Bussche

09:30 - 10:45 **Keynote 1**
Location: Theresazaal

- Bert Vaes (Chair)
- Population Health Management for the future of Primary Care - Marc Bruijnzeels
- How can GPs contribute to population health: inspirational practices - Emmily Schaubroeck

10:45 - 11:15 **Refreshments**
Location: Pandgang

11:15 - 12:30 **Session 1: Workshop**
Location: Theresazaal
- The use of electronic health record data for audit & feedback to improve quality of care in general practice. - Bert Vaes

11:15 - 12:30 **Session 2: Workshop**
Location: Prinsenzaal
- Nurse-led consultations and nurse-led care models in primary care: from evidence to real-world best-practices - Leen Roobaert
- Task redistribution from general practitioners to nurses in acute infection care: A prospective cohort study - Laurent Desmet

11:15 - 12:30 **Session 3: Resiliant care (in times of crises)**
Location: Tituskamer
- Elle-Mall Sadrak (Chair)
- GP-clusters as a successful bottom-up approach of quality improvement in Denmark - Thomas Bo Drivsholm
- Innovating Quality of Care in Community Health Centres from the perspective of a network organization - Tom Meeus
- It takes two to tango: the recruiter's role in accepting or refusing to participate in group antenatal care among pregnant women - an exploration through in-depth interviews - Florence Talrich
- Parents’ experiences in managing upper tract respiratory infections in infants under 3 years old - Jose-Miguel Bueno-Ortiz
- Perceived outcome of quality improvement in GP-clusters in Denmark - Christian Hollemann Pedersen

11:15 - 12:30 **Workshop Eco-psychology in the Garden**
Location: Garden
- Experiences of Applied Ecopsychology - Marcella Danon

12:30 - 13:30	**Lunch** Location: Pandgang
12:30 - 13:30	**Poster Walk** Location: Pandgang • Benzodiazepine deprescribing in an urban deprived general practice - Naomi Smith • Burnout syndrome prevalence among Latvian family medicine doctors and residents after the Covid-19 pandemic - Marija Volgina • Health Service Management and Patient Safety in Primary Care During the Covid-19 Pandemic in Kosovo - Gazmend Bojaj • Pattern of the Evolution of Teenage Pregnancy Rate in a Disatvantaged East- European Rural Area - Cristina Loghina • Physicians' Health in Upper Austria: A Cross-Sectional Study - Theresa Purkarthofer • Quality indicators for collaborative care networks in persistent somatic symptoms and functional disorders: a modified Delphi study - Nick Mamo
13:30 - 14:45	**Keynote 2** Location: Theresazaal • Translating Planetary Health Principles Into Sustainable Primary Care Services - Nicolas Senn • Ecopsychology: One Planet, One Health - Marcella Danon
14:45 - 15:15	**Refreshments** Location: Pandgang
15:15 - 16:30	**Session 4: Interprofessional cooperation** Location: Theresazaal • Exploring connections from general practice to the social sector, including social prescribing - Sinah Evers • Facilitating integrated primary healthcare: an instrument to develop tailored and integrated care pathways - Laurent Desmet • Health for All or the Happy Few? Challenges of interprofessional collaboration between social work and primary health care for citizens with chronic care needs - Griet Roets • Navigating Diabetes Care Inequities: A Longitudinal Study Linking Chronic Care Model's Structure Indicators to Process and Outcome - Katrien Danhieux • Strategies to improve implementation of collaborative care for Functional Disorders and Persistent Somatic Symptoms: A Research World Café study - Nick Mamo
15:15 - 16:30	**Session 5: Workshop** Location: Prinsenzaal • The Quintuple Aim and Improving the Quality of Healthcare for Doctors by Doctors. - Andrée Rochfort
15:15 - 16:30	**Session 6: Equitable care** Location: Tituskamer • Addressing health inequity during the COVID-19 pandemic through primary health care and public health collaboration: A multiple case study analysis in eight high-income countries - Dorien Vanden Bossche • Culturally Sensitive Care in General Practice: Integrating Patients' and Providers' Perceptions - Robin Vandecasteele • Reducing health inequalities in general practice: towards a Flemish action framework - Leen Van Brussel • The anticipated challenges when implementing Centering-Based Group Care in three

Belgian primary care sites, emphasising the inclusion of vulnerable families: results from context-analyses through Rapid Qualitative Inquiries - Astrid Van Damme
- The ESSAG-trial protocol: a Randomized Controlled Trial Evaluating the Efficacy of offering a self-sampling kit by the GP to reach women underscreened in the routine cervical cancer screening program - Eva Gezels

16:30 - 16:45	**Refreshments** Location: Pandgang
16:45 - 17:45	**Panel discussion** Location: Theresazaal
18:30 - 19:30	**Gathering at the reception of Hotel Het Rustpunt** For those who would like to join the group walk to Ghent University Museum and Botanical Garden (GUM)
19:30 - 23:00	**Social Night** Online pre-registration required, space is limited. Price not included in the conference registration. Location**:** Ghent University Museum and Botanical Garden (GUM) Address: Ledeganckstraat 35, 9000 Ghent Click here to learn more.
23:00 - 23:05	**Gathering at the food truck near the exit of the GUM** For those who would like to join the group walk to Het Rustpunt

Saturday, 27 April 2024

08:30 - 09:00	**Registration** Location: Pandgang
09:00 - 10:15	**Session 7: Workshop** Location: Theresazaal • Belgian "Eerstelijnszones" and French "Communautés Professionnelles Territoriales de Santé" (CPTS) : what lessons can be drawn for the organisation of primary care at the meso level in other European countries ? - Hector Falcoff
09:00 - 10:15	**Session 8: Quality care** Location: Tituskamer • Advancing Primary Healthcare in Europe: A Comprehensive Roadmap for Enhancing Services and Health Outcomes - Maria Pilar Astier Pena • Building a Primary Healthcare Services Contigency Plan in the European Context - Maria Pilar Astier Pena • Paediatric Tape: A Safety Tool for Emergency Services at Primary Care - Uroš Zafošnik • Pathways to Safer Healthcare: Interplay between Patient Participation and Patient Characteristics - Esther Van Poel • Using quality indicators to strengthen crisis resilience in primary care - Regina Poß-Doering
09:00 - 10:15	**Session 9: Sustainable professionals** Location: Johannesruimte • Guideline on climate conscious prescription of inhaled medication - Guido Schmiemann • Innovation for Greener General Practice/ Family Medicine by a National GP College - Sean Owens • Video consultation in general practice during COVID-19: a register-based study in Denmark - Ulrik Bak Kirk
10:15 - 10:45	**Refreshments** Location: Pandgang
10:45 - 12:00	**Keynote 3** Location: Theresazaal • Leadership Towards Health for All: Reflections on Social Justice and Equity - Mercy Wanjala • "How to change the stream of the river", interview with Dr. Jan De Maeseneer. - Jan de Maeseneer
12:00 - 12:30	**Take Home Messages & Farewell** Location: Theresazaal • Sara Willems • Pierre Vanden Bussche • Andrée Rochfort
12:30 - 14:00	**Lunch** Location: Pandgang
13:30 - 15:30	**EQuiP Council Meeting** Location: Theresazaal

14:00 - 15:00	**EQuiP Council Workshop** Location: Theresazaal • Developing a new version of the EUROPEP Questionnaire for primary care - Joel Lehmann • Dialogue on digital care developments in general practice. Challenges and chances. - Stijn Van Den Broek
17:00 - 17:30	**Take Home Messages & Farewell to EQuiP Council Members** Location: Theresazaal

Population Health Management for the future of Primary Care

Friday, 26 April 9:30

Dr Marc Bruijnzeels

Population Health Management is gaining more and more attention worldwide. It is considered as one of the future directions to tackle the current challenges in health care; it offers an approach to bridge more community oriented care with specific disease oriented medicine. As the population orientation is one of the strong features of primary health care and primary care acts at the interface of community and specialist care, the connection between Population Health Management and Primary Health Care is evident.

In this presentation I will elaborate on the essentials of Population Health Management for Primary Care. The PHM cycle as recently published in the policy paper of WHO Population health management in primary health care: a proactive approach to improve health and well-being forms the basis. The five steps as population identification, health assessment and segmentation, stratification and impactability, tailored service delivery and monitoring will be explained and illustrated with examples from different European countries.

Next, I will dive into the relation between Primary Health Care and PHM. What is the overlap and on which elements can PHC improve so that it will offer sustainable solutions for the current and future challenges. Based on a more datadriven health focus approach with better understanding of the differences within populations, the promise of PHM is that health care delivery will be more efficient and rewarding.

In the last part of my presentation I will briefly touch upon the enablers that can facilitate the performance of PHM in PHC. Organisational collaboration, appropriate financial arrangements and shared data seem essential prerequisites.

The take home message is PHM is promising and offers opportunities to realise more health for the population with an inevitable strong position of PHC.

Conceptualization of population management within the context of primary care practice

Friday, 26 April 9:30

Dr Emmily Schaubroeck

Introduction/background:
Population (Health) Management (P(H)M) is generally seen as an approach to achieve population health. A recent review about what needs to happen on which level to achieve which outcome in PM implementation tackles the tendency for multisector initiatives to commonly report on system and organisational level activities and less on the clinical and professional levels of integration. It remains uncertain what is understood under PM, not in the least within this context of primary care practice (PC practice), the organizational entity on the micro-level of the health system, 'facing' the individual patient.
This scoping review considered the key characteristics of PM within the context of the PC practice. The research question 'How is PM conceptualized within the context of the primary care practice?' was broken down into the following sub-questions: 1) What are definitions used and related terms? 2) How was the PC practice as a context influenced by/influencing the phenomenon PM and what were driver(s) and expected outcome(s)? 3) How were its components 'population' and 'management' conceptualized within this context?

Method:
A comprehensive search of five databases (Ovid, Embase, CINAHL, Web of Science and Scopus) revealed 4219 articles, from which 2062 were screened based on title and abstract and 70 were withheld. Full-text screening gave 26 articles conceptually tackling the phenomenon of PM and mentioning the role of the PC practice context.

Results:
Three articles referred to a primary care practice-based population health management. Related terms were: total health management (THM), community-oriented primary care (COPC), community general practitioner, clinical population medicine, (population) panel management and empanelment. USA publications were predominantly describing a more top-down macro-level driven installation of PM, whereas European and Australian articles where describing a more bottom-up meso-/micro-level driven rise of the phenomenon within the context of PC practice. In most articles, drivers and expected outcomes were limited to Triple Aim aspects, but some emphasized the shortage of health professionals (Fourth Aim) and equity (Fifth Aim). On the micro-level, a growing accountability for a public health content, the increasing importance of prevention and extending the benefits of integrated care from the chronic disease experience where drivers, as were the possibilities of PC practice data for risk stratification and the need for outreach. This reflected the importance of 'impactibility' in the population component, in which identification, segmentation and risk stratification of the population show more and less prominent roles for the PC practice context. On the management side, combining both population and individual level and both risk and disease management were the challenges within the PC practice context. Main characteristics of the management were: proactive, patient-driven or patient-centered, personalized, team-based, integrated, technology-based. This asks for the following management ingredients for the transition, with its particularities on the PC practice context level: people, process and technology.

Conclusion:
The phenomenon of PM shows important particularities within the PC practice context influencing its possibilities in contributing to the Quintuple Aim.

Translating Planetary Health Principles Into Sustainable Primary Care Services

Friday, 26 April 13:30

Dr Nicolas Senn

During the presentation, we will explore the challenges that primary care, and the health system as whole, will have to face in order to become truly sustainable in regards to climate change and environmental degradations. In that perspective, we mean that primary care will have to transform its practices to fit into the planetary boundaries, while respecting fundamental values such as equity and access to care. We will also discuss how concepts such as Planetary Health might help to achieve this transformation but also its limitations.

Ecopsychology: One Planet, One Health

Friday, 26 April 13:30

Marcella Danon
Ecopsychologist • Ecopsiché - Scuola di Ecopsicologia, Italy • https://www.ecopsicologia.it/

The Doctor is the Medicine
Building upon the legacy of Hippocrates, I propose a shift in perspective.Instead of solely prescribing "time and space in nature" for your patients, I Encourage you to personally experience the profound impact nature has on your own well-being.By immersing yourself in the transformative power of nature's influence on your physical, emotional, mental, and spiritual health, advocating for its inclusion in your patients' lives becomes a natural and effortless extension.

Reconnecting with Nature: Our Extended Body
As a psychologist and ecopsychologist, I'm passionate about inspiring you to recognize the therapeutic and transformative potential of reconnecting with our "extended body": meadows, woods, rivers, mountains – even a simple garden or a city flowerbed. In today's busy, urbanized world, where natural landscapes are scarce, their revitalizing power becomes even more crucial.

My Background and Expertise
My 20-year experience running the Ecopsychology School in Italy (a very good one also in Belgium: Earth Wise Education) and teaching the subject at the University of Valle d'Aosta since 2018, positions me to share this knowledge. Additionally, I'm a promoter of Green Prescriptions in Italy, collaborating with Dr. Pierangela Fiammetta Piras, a sports physician dedicated to integrating physical health and outdoor activities.

Ecopsychology: A New Lens
Ecopsychology, born from the dialogue between ecology (the science of the external world) and psychology (the science of the internal world), offers a new perspective. It views humans as integral parts of a larger system, not masters nor parasites, but integrating part and crucial players in the evolutionary process of life on Earth. This paradigm shift serves as a compass for educational and therapeutic interventions.

Beyond Health and Well-being: Embracing Joy
Ecopsychology goes beyond the traditional medical focus solely on disease absence or attaining comfort. It emphasizes the importance of joy, a concept often neglected in medical training. Our role, not just as healthcare professionals, but as humans, is to cultivate an openness to living a fulfilling life on Earth.

Ecological Relationships: A Broader Perspective
Here, "joy" transcends the capitalist notion of acquiring possessions. Ecopsychology, since life itself is a network of relationships, promotes the development of harmonious, positive, and "ecological" relationships – with oneself, others, and the world. The concept of interdependence becomes central to a future-oriented mindset and is integrated into the training of doctors through three progressive levels:

- **One Health:** Recognizing that animals, our fellow beings, are part of our earthly family and their health impacts ours.
- **EcoHealth:** Promoting human and animal health through ecosystem conservation and restoration.
- **Planetary Health:** Acknowledging the impact of our species on the Planet and advocating for sustainability to ensure the well-being of ecosystems and humanity.

A New Vision: Planetary Health
This era can be aptly described as “planetary”, highlighting the interconnected vitality of all natural and human-made ecosystems. This translates to the concept of Planetary Health: a profound awareness of our interdependence within the web of life, upon which our very health fundamentally depends.

Leadership Towards Health for All: Reflections on Social Justice and Equity

Saturday, 27 April 10:45

Dr. Mercy Wanjala
Family Physician, Executive Coordinator, AfroPHC

Since the Alama Ata Declaration was adopted forty-six years ago and the Declaration of Astana on Primary Health Care (PHC) was adopted five years ago, inequity, poverty, exploitation, violence and injustice continue to keep 1 billion people from accessing health care. In an era marked by significant health disparities, the quest for universal health coverage (UHC) necessitates a re-examination of leadership roles and responsibilities. This session delves into the complexities of leading with a focus on social justice and equity, offering reflections on past endeavours and charting a forward-looking perspective on achieving Health for All.

Historically, the journey towards Health for All has been intertwined with the principles of social justice, emphasizing the importance of equitable access to health care services, resources, and opportunities for health. Despite substantial progress, pervasive disparities in health outcomes across different populations highlight the enduring challenges of inequity. The COVID-19 pandemic has further exacerbated these disparities, laying bare the vulnerabilities in health systems worldwide and underscoring the urgency for concerted action, to simplify one of the best examples to date of a complex adaptive system.

Leadership in health, therefore, must transcend traditional boundaries and sectors, fostering collaborations that bridge gaps between health care, social services, and community needs. This session explores the multifaceted role of leadership in navigating the social determinants of health, advocating for policies that prioritize the underserved, and championing innovative approaches to health service delivery that are inclusive and equitable.

A critical reflection on social justice in the health sector reveals the necessity for leaders to embody empathy, inclusiveness, and a deep commitment to equity. By examining case studies and best practices from around the globe, we can uncover valuable lessons on how leaders have successfully addressed health inequities and moved closer to the ideal of Health for All. This includes leveraging technology to improve access, implementing community-based health programs that are sensitive to local needs, and advocating for policy reforms that ensure health equity is a central consideration in all decisions.

Moreover, the session highlights the imperative for leaders to cultivate an environment where diverse voices are heard and valued, ensuring that policies and programs are informed by the experiences and needs of those most affected by health disparities. Engaging communities in the design, implementation, and evaluation of health initiatives is crucial for building trust, enhancing relevance, fostering self-determination and ensuring sustainability.

As we look to the future, the session emphasizes the need for adaptive leadership that is responsive to changing health landscapes, emerging challenges, and opportunities for innovation. Leaders must be equipped with the knowledge, skills, and resilience to steer their organizations and communities, while navigating the emerging complexities of global health with a steadfast commitment to social justice and equity.

Summarily, achieving Health for All requires a collective effort led by visionary leaders who are dedicated to the principles of fairness, justice and equity. By reflecting on our shared experiences and lessons learned, we can inspire and mobilize a new generation of leaders committed to making health equity a reality for all, regardless of geography, socioeconomic status, or background. Together, we can forge a path towards a healthier, more equitable world.

Workshop / Inspiring Practice or Project

The use of electronic health record data for audit & feedback to improve quality of care in general practice.

Bert Vaes[1], Jettie Bont[2], Steve Van Den Bulck[1]

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Keywords: Electronic Health Record, Audit and Feedback, Quality of care, General Practice

Introduction:
Audit and feedback (A&F) is a well-known healthcare intervention to improve the quality of care that can be defined as ‘any summary, which was delivered to healthcare providers of their clinical performance over a specific period in time’. A&F has been proven to be effective, but there is no gold standard available for the design and implementation of an A&F intervention.
The electronic health record (EHR) of general practitioners is the most comprehensive patient record in healthcare. Registries collecting data from the general practitioner's EHR are often used to study epidemiology and trends in general practice but can also be used to provide feedback to the caregiver. The Intego network in Belgium and the Academisch Netwerk Huisartsgeneeskunde Amsterdam UMC (ANHA) in The Netherlands are two examples of routine care data registries in Europe that are also used to implement A&F for the participating registrators in their network. Furthermore, in Belgium a federated data network starting from the general practitioner's EHR was installed to give all Belgian general practitioners the possibility to participate in a nationwide automated A&F system.
However, receiving feedback does not necessarily mean this will guaranteed lead to an improved quality of care. Which tools can be used to help general practitioners to define goals in their practice, put this into action and follow up on the impact of their actions and what are the barriers and facilitators? In Amsterdam the Spiegelaar method was developed to guide general practitioners to reflect on and improve their quality of care. In Belgium an antibiotic stewardship program using A&F was installed in general practice.

Aim(s):
- To present and discuss the barriers and facilitators of A&F and discuss examples of how A&F can be implemented in general practice
- To share experiences from workshop participators how A&F is implemented in their own country/practice
- To present and discuss possible strategies to put A&F into action and improve the quality of care
- To share experiences from workshop participators on putting feedback into action

Programme:
- Steve Van den Bulck: What is A&F and what are barriers and facilitators for the implementation of A&F? (10 min)
- Bert Vaes: the implementation of A&F in general practice in Belgium: the Intego and Barometer projects (15 min)
- Jettie Bont: the implementation of A&F in general practice in the ANHA network, the Spiegelaar method, The Netherlands (15 min)
- Discussion (35 min)

Presentation on 26/04/2024 11:15 in "Session 1: Workshop" by Bert Vaes.

Workshop / Inspiring Practice or Project

Nurse-led consultations and nurse-led care models in primary care: from evidence to real-world best-practices

Ann Van Hecke[1], Leen Roobaert[2], Kristel De Vliegher[3], Sahar Kharaghanipour[4]

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3. Wit Gele Kruis van Vlaanderen
4. Wit Gele Kruis West-Vlaanderen

Keywords: Nurse-led care - Nurse-led consultation - best-pratice - Advanced Practice Nursing - Primary care

Introduction:
Background: In many countries, healthcare systems are under pressure as evidenced by the scarcity of healthcare professionals, general practitioners, nurses and other primary care actors, and by prolonged waiting times and decreased healthcare access. A key explanation for these challenges are societal evolutions, such as an ageing population and an increased prevalence of chronic conditions and comorbidity. As a result, patients not only need more care, but also need more complex and comprehensive care. The debate on future-proof healthcare systems has long been suggesting that nurses can take on more advanced roles and set-up nurse-led consultations/care models. Based on their core competencies, nurses can contribute to qualitative and efficient primary care. Their skills and competencies deserve more recognition, a legal, organizational and financial framework and a clear visible place as a crucial partner in the primary healthcare of today and tomorrow.

Aim(s):
Learning objectives: (1) To describe the nursing profiles (in primary care) in Belgium and state of the art on nurse-led consultations/nurse-led care models in primary care; (2) To describe international and national good practices in primary care; (3) To provide insights in perspectives of stakeholders involved in the development and implementation of nurse-led consultations / nurse-led care models in primary care; and (4) to discuss with the audience the facilitating and inhibiting factors, and future domains for nurse-led consultations and nurse-led care models in innovative practice organizations in primary care.

Programme:
Contributions
Introduction + Contribution 1: Nursing profiles in Belgium and state of the art on nurse-led consultations/nurse-led care models in primary care Presenter: Prof. dr. Ann Van Hecke (14 minutes)

In 2018, the federal council of nurses outlined a model for future proof nursing profiles. In 2023, the cabinet of the minister of health initiated the reform of the nursing profession, outlined the different authorities of these nursing profiles, and took several initiatives to support primary care. In this presentation, an overview of these nursing profiles in primary care will be presented. The role descriptions and educational backgrounds of these nursing profiles within the context of primary care will be outlined.
Nursing profiles like nurses in GP practices and advanced practice nurses in primary care are well placed to provide nurse consultations and coordinate nurse-led care models. Therefore, the state of the art of nurse consultations and nurse-led care models within an interprofessional team approach in primary care will also be given, with a focus on patient, organizational and team based outcomes.

Contribution 2: What can we learn from (inter)national best-practices on nurse-led consultations and nurse-led care models? Presenter: Leen Roobaert (12 minutes)
In this presentation, we want to strengthen the knowledge base on nursing in primary care by exchanging experiences from national and international best-practices. First, results of an international exploration (field visits in Canada, the Netherlands and Belgium) on the role of nurses in primary care will be presented. Also,

lessons learned based on the KCE 2023 report will be integrated. Contextual factors will be reported that have perceived as facilitators or barriers in implementation of nurse-led consultations and nurse-led care models in these good practices. Stakeholders perspectives in a community healthcare centre who were involved in the development and implementation of nurse-led consultations/care models will be outlined.

Contribution 3: Street Nursing: Exploring its intrinsic value in promoting community health and social inclusion
Presenters: Sahar Kharaghanipour and Kristel De Vliegher (12 minutes)

Street nursing has emerged as an innovative approach to healthcare delivery, particularly in urban settings. In this session, we delve into a best practice of the White and Yellow Cross on street nursing in two provinces in Flanders. One of the advantages of these initiatives is its capacity to provide timely and tailored care, to address immediate health concerns while also establishing rapport with individuals who may be reluctant to seek conventional medical assistance. This connection serves as a catalyst for ongoing healthcare engagement. Through the provision of basic healthcare services, education, and resource linkage, street nurses empower individuals to take control of their health. This empowerment extends beyond medical interventions to encompass aspects of social integration, breaking down barriers to accessing housing, employment, and community support services. By meeting people where they are, street nursing actively contributes to reducing health disparities.

Discussion on implications and future perspectives, chaired by Prof. dr. Ann Van Hecke (25 minutes)
Interactive discussions with the audience will be held (1) to facilitate the translation of the evidence-based knowledge on nurse-led consultations and nurse-led care models into recommendations applicable for their personal working context and related to the Belgian primary care context, (2) to discuss on future domains in primary care in which nurse-led consultations and nurse-led care models could be promising, and (3) to reflect on barriers and facilitators in future implementation of nurse-led consultations and nurse-led care models in primary care in Belgium.

Presentation on 26/04/2024 11:15 in "Session 2: Workshop" by Leen Roobaert.

Oral Presentation / Scientific Work

Task redistribution from general practitioners to nurses in acute infection care: A prospective cohort study

Laurent Desmet[1], Lieve Seuntjens[2], Peter Van Bogaert[1]

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Keywords: primary care, acute care, infectious diseases, nurse role, task redistribution

Introduction:

Due to an increasing demand for primary healthcare and a shortage of general practitioners, both the accessibility and quality of care are being put under pressure. To address this challenge, healthcare organizations experiment with new forms of collaboration and task substitution in both chronic and acute care. This study aims to examine the impact of implementing nurse-led consultations compared to physician-led consultations for patients with acute infectious symptoms in a primary care practice.

Method:

The study is a monocentric, prospective cohort study conducted in a multidisciplinary, capitation-based general practice in Belgium. Through analysis of patient files, the number of follow-up contacts (in-person or telephonic) within 14 days after an infection consultation was investigated to determine any difference between physician-led or nurse-led consultations. Secondary outcomes included pharmacological interventions and the prescribing behavior of medical leave certificates.

Results:

A total of 352 consultations were analyzed, of which 174 conducted by physicians and 178 by nurses. Patients typically presented with respiratory (90,6% of consultations) and/or gastrointestinal (36,6% of consultations) symptoms. There were no significant differences between the two groups in terms of demographic variables, nature of complaints, or duration of illness. No significant difference was found in the number of follow-up contacts within 14 days ($p = 0.547$) between physician-led and nurse-led acute infection consultations. However, the probability of a pharmacological intervention by a physician was revealed to be significantly higher (with a factor of 3.8) in the cohort that consulted a physician compared to nurse-led consultations (OR 3.84, 95% CI 1.60-9.23).

Conclusions:

This study demonstrates that nurses can be safely and efficiently utilized in acute infection care within a general practice setting. The redistribution of tasks in acute infection care can help alleviate the burden on physicians and can potentially enhance the attractiveness of the nursing profession by increasing the variety and responsibility of tasks.

Presentation on 26/04/2024 11:15 in "Session 2: Workshop" by Laurent Desmet.

Oral Presentation / Inspiring Practice or Project

GP-clusters as a successful bottom-up approach of quality improvement in Denmark

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Keywords: GP cluster quality improvement

Setting:
Inspired by GP-clusters in New Zealand and Scotland, GP-clusters were introduced in Denmark in 2018 as a replacement for accreditation.

Target group:
The GPs within 115 Danish clusters constitute of 20-30 GPs (range 11-70) in local geographical areas, aiming at a patient population of minimum 30.000.

Description of the innovative practice or project:
Mandatory cluster meetings of 2-3-hour are held 3-4 times a year, typically after clinical work. Expenses for meeting facilities are covered, but participation not financially incentivised.
Educational cluster-packages are delivered by 1) the national GP-quality institution KiAP, 2) one of the five regional quality institutions or 3) developed by the GP-clusters themselves, the choice of package taken by cluster-members themselves.
Cluster-packages from KiAP approach “plug and play” including comprehensive material including a video-introduction, a playbook, PowerPoints, a tool for developing an implementation-plan and a podcast. Packages aim at supplying data at the individual practice and patient level, enabling benchmark between cluster practices and quality improvement at the practice level and individual patients, where possible.
Even though data are central in meetings, room for reflection and exchange of knowledge and ideas between GPs as well as between general practices are believed to be of paramount value. Clusters are encouraged to revisit follow-up data after 6-12 months to enforce the overall aim of implementing a quality development culture using the PDSA-method.

Evaluation:
99 % of Danish GPs participate in clusters, 79% charactering the cluster setup as satisfying (2023).

Next Steps:
For KiAP, the ongoing development aim at 1) increasing implementation of knowledge from cluster meetings at the practice- and patient-level, and 2) document effects of the cluster approach at the level of clusters, general practices and patients.

Lessons learned:
The current cluster-approach seem to be promising as a tool to encourage Danish GPs to commit themselves in quality improvement, the bottom-up approach believed to be a key factor for the current success.

Presentation on 26/04/2024 11:15 in "Session 3: Resiliant care (in times of crises)" by Thomas Bo Drivsholm.

Oral Presentation / Inspiring Practice or Project

Innovating Quality of Care in Community Health Centres from the perspective of a network organization

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Setting:
The Association of Community Health Centers (AoCHC) overarches a diverse set of 37 primary care practices in Flanders and Brussels. A Community Health Center (CHC) strives for more equity in health care and therefore provides patient-oriented, integrated, continuous, accessible and high-quality primary health care. In a CHC an interdisciplinary care team works together based on a community-oriented vision, with attention to health promotion for all. The centers are funded via a needs-based capitation model.

Target group:
Team members active in a CHC

Description of the innovative practice or project:
In 2013, the AoCHC launched a quality project aiming to foster attention for quality of care in the sector. This project was performed in collaboration with the sector and aimed to
1. Draft definitions and measurable criteria for the essential building blocks of a CHC, resulting in two self-assessment tools and several thematic coaching frameworks
2. Provide support to implement quality improvement through knowledge building and coaching, by developing an online database for the exchange of good practices
3. Structurally anchor quality thinking within the management of each CHC.

Evaluation:
We assessed the project on the use of the developed tools. It was hard to spread the enthusiasm from early adopters to the entire CHC sector. However, persistence leads to gradual integration of quality of care into daily practice. The challenge remains to implement a quality managementsystem in each CHC, ensuring that the various operations are comparable at the sector level.

Next Steps:
The AoCHC is initiating a sector-wide exploration of adapting EFQM principles into a versatile quality system tailored to the needs of each member-CHC.

Lessons learned:
- Quality improvement should be an integrated part of care provision
- Focus on monitoring goals
- Align tools with daily operations
- Improvement projects are best situated within a management strategy
- Quality improvement thrives from practical experiences
- Developing a quality culture is as important

Presentation on 26/04/2024 11:15 in "Session 3: Resiliant care (in times of crises)" by Tom Meeus.

Oral Presentation / Scientific Work

Parents' experiences in managing upper tract respiratory infections in infants under 3 years old

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Keywords: grounded theory; upper tract respiratory infections, infants under 3 years old, Parents' experiences

Introduction:
Many parents find overwhelming the task of managing common illnesses related with upper respiratory tract infections (URTI). Consequently, it is one of the main reasons for paediatric consultation in health services. Parents also seek reassurance from family, friends and other healthcare practitioners

Method:
Our goal was to describe parents' experiences about the management of URTI in under 3 years old. Qualitative research was framed in Grounded Theory. Five Focal discussion groups were performed. They were composed of parents of infants under 3 years old who had been attended in paediatric consultations in Primary Care. MAXQDA 10 was used for data analysis.

Results:
The core category was composed of 4 subcategories: a) The value of parents' experience in the management of childhood diseases; b) The influence of popular knowledge; c) The information provided by health workers; d) The clinical relationship between the primary care paediatrician and the parents.

According to parents' experience, the management of URTI was determined by the previous knowledge they had in tackling this kind of infections. The advice of friends and family was an important support for the management. In addition, providing detailed information by the primary care paediatrician about both managing illnesses and red flags, as well as quick consultation in case of severe symptoms, was crucial to reassure parents.

Conclusions:
Both parents' previous knowledge about URTI management and PC Paediatricians' attitudes derived from the clinical relationship were instrumental to parents when tackling URTI in their children.

Presentation on 26/04/2024 11:15 in "Session 3: Resiliant care (in times of crises)" by Jose-Miguel Bueno-Ortiz.

Oral Presentation / Scientific Work

Pathways to Safer Healthcare: Interplay between Patient Participation and Patient Characteristics

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Keywords: Patient Safety; General Practice; Quality of Healthcare; Patient Participation; Patient involvement; Primary Care

Introduction:
Despite its potential to improve patient safety, a research gap exists in understanding patient participation within general practice. This study investigates patients' perceptions and their relationship with individual characteristics.

Method:
Using a randomized sampling procedure, data from 437 residents in two Flemish regions (Belgium) were collected between February and April 2023 through the self-reported PAPC-PT survey. Descriptive and binary logistic regression analyses were conducted to assess determinants of patient participation in patient safety. Patient characteristics include age, gender, migration background, and socioeconomic status.

Results:
The majority of the participants (81.6%) felt confident in contributing to patient safety, with 92.2% expressing willingness to engage. Most (66.4%) believed ensuring patient safety is a patient's responsibility, and 88.5% indicated readiness to report incidents to their general practitioner (GP). When incident reporting, 36.3% worried about potentially irritating their GP, and 6.9% expressed concerns about future healthcare quality. Patient participation could be encouraged through GP support (80.4%) or the presence of a family member or friend (35.6%).
Women reported significantly more positive perceptions about their willingness to contribute to safe healthcare (OR=2.9) and patient responsibility (OR=2.3) compared to men. Women also believed less frequently that incident reporting would annoy their GP (OR=0.64). In contrast to adults aged 26-65, young adults below 26 were significantly more likely to anticipate annoyance from their GP (OR=2.4). Compared to adults and those over 65, young adults were more inclined by GP encouragement (OR=3.3 and 2.9) or the presence of family members or friends (OR=3.0 and 3.3). Participants with a migration background were more motivated for patient participation when with family or friends (OR=4.3). Socioeconomic status did not affect the determinants of patient participation.

Conclusions:
Overall, participants were positive about their role. GPs play a key role in promoting patient participation in patient safety. Considering patient characteristics is crucial for future intervention design.

Presentation on 27/04/2024 09:00 in "Session 8: Quality care" by Esther Van Poel.

Oral Presentation / Scientific Work

Perceived outcome of quality improvement in GP-clusters in Denmark

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Keywords: clusters, quality improvemnet

Introduction:
In 2018 a new system for quality improvement for general practice inspired by the Scottish clusters and “quality circles” was introduced in Denmark. 99 % of all Danish general practitioners participate in this.
Clusters complete 3-4 yearly meetings with self-elected data-driven topics. A national organization and five regional offices support the work of the clusters e.g., by offering data and comprehensive meeting materials.
The objective of this study was measuring GPs level of satisfaction with, and perceived outcome of cluster meetings. Results will furthermore be used to examine determinants for perceiving a high level of outcome and determinants for implementing quality improvement in clinics after cluster meetings.

Method:
An electronic questionnaire was sent to all 3.206 members of the quality improvement clusters with a of response rate 67 % (2.159). Descriptive and regression analysis was performed using RStudio.

Results:
Results showed a high level (79 %) of overall satisfaction with cluster meetings. 46 % reported a high level of professional outcome from attending cluster meetings, 38 % reported a medium level and 16 % a low level. Regression analysis showed that “relevance of topics chosen for the meetings” to be associated with a high level of perceived outcome of quality improvement work (OR=2.4). Other factors were a “feeling of cohesion within the cluster” (OR=2.0), “satisfaction with the steering committee of the cluster” (OR=1.8), “inclusion of data” (OR=1.5), whereas energy to take part in the cluster work showed to be of less importance (OR=1.3).

Conclusions:
General practitioners are generally supportive of the quality improvement system and consider it supportive for quality improvement of general practice. The results also reveal a way forward on how clusters can be further supported to ensure members perceive cluster meetings as valuable and to ensure better outcome of cluster meetings.

Presentation on 26/04/2024 11:15 in "Session 3: Resiliant care (in times of crises)" by Christian Hollemann Pedersen.

Workshop / Inspiring Practice or Project

Experiences of Applied Ecopsychology

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Keywords: ecopsychology, ecology, psychology, one health, planetary health, transdisciplinarity, personal growth; evolutionary challenge, ecological citizenship; green prescriptions

Introduction:
Together we will explore some simple green prescriptions, exercises indoor and outdoor, that encourage the willingness to awaken and reactivate connection with the natural environment. We will involve not only the body but also heart and mind, in order to optimize the possible psychological benefits that can emerge from these simple activities. Much of the current discomfort, even before being physical, is precisely an existential uneasiness given by the loss of contact and sense of belonging to the natural world.

Green prescriptions can include several types of activities at home and in nature:
- awakening of interest in plants, animals and health of the natural surroundings
- creation of small home-made gardens of stones and natural elements
- care of an animal
- gardening
- walks in parks and natural areas
- green mindfulness
- applied ecopsychology exercises

In this workshop we will present a series of suggestions that can be given to your patients to carry out independently both at home and in the closest natural environment available and some applied ecopsychology exercises that can be easily proposed even during the doctor-patient session.

Aim(s):
Make doctors aware of how many important results they can achieve - from an One Health and Planetary Health perspective - by inviting their patients to simple reflections on their relationship with nature and also proposing small activities to do independently at home or outdoors.

Presentation on 26/04/2024 11:15 in "Workshop Eco-psychology in the Garden" by Marcella Danon.

Poster Presentation / Inspiring Practice or Project

Benzodiazepine deprescribing in an urban deprived general practice

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Keywords: deprescribing benzodiazepines general practice

Setting:
This project took place in an urban deprived general practice in Ballyfermot, Dublin, an area of great deprivation. The practice has around 1700 adult patients. The project began in August 2022, with the most recent data collection in January 2024. This area has historically high rates of benzodiazepine prescriptions. Benzodiazepine abuse is common in this area.

Target group:
Patients on long term prescriptions for diazepam, the most common benzodiazepine involved. Many were on diazepam for decades. Age range 29 – 98. The median age was 69.5. 75% of patients female, 25% male.

Description of the innovative practice or project:
A retrospective audit was carried out in June 2022 auditing diazepam prescribed, patient age, gender and monthly prescribed diazepam dose. Exclusion criteria: Age <18, patients receiving hospital prescriptions for diazepam.
We then conducted education sessions with practice staff about the aim to reduce benzodiazepine prescribing in the practice. This is a long term project aimed at encouraging buy in from patients in a supportive environment. Alerts were placed on patient charts to flag that a benzodiazepine discussion was due. During routine consultations, we gave informative material and informed re alternatives. Patients were weaned gradually. We re-audited at 8 months and 16 months.

Evaluation:
Review at 8 months showed a 24% decrease in the total quantity of diazepam prescribed. 51% of patients had a reduction in their dosage. 4% patients completely ceased their use of benzodiazepines.
Data collection in January 2024, 67.4% of patients engaged and either reduced/ceased their diazepam. 17.4% have been fully weaned off of benzodiazepines. Overall there was a 43.7% in the total monthly diazepam prescribed.

Next Steps:
This project continues. We will share our results with our community to show this is a feasible project with encouraging results.

Lessons learned:
A slow and empathetic response to patients with regular encouragement was important to the project's success. Time has been a valuable factor.

Presentation on 26/04/2024 12:30 in "Poster Walk" by Naomi Smith.

Poster Presentation / Scientific Work

Burnout syndrome prevalence among Latvian family medicine doctors and residents after the Covid-19 pandemic

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Keywords: Burnout, emotional exhaustion, family medicine, psychiatry, Maslach Burnout Inventory (MBI) scale, depersonalisation, personal achievements

Introduction:
Currently, burnout syndrome significantly affects general practitioners (GPs), especially post-pandemic. Pre-pandemic studies already highlighted concerning burnout levels, attributed to factors like high workload, emotional exhaustion, inadequate financial support, administrative burdens, and limited collaboration with the Ministry of Welfare. The aim of the research is to assess the levels of burnout among family medicine practitioners in the post-COVID era.

Method:
This study collected data through anonymous questionnaires distributed to certified Latvian family medicine practitioners and residents. The questionnaires were based on the internationally recognized Maslach Burnout Inventory scale, focusing on emotional burnout, depersonalization, and decreased professional motivation. A stratified random selection method was employed, including participants with diverse experience levels and demographics. Quantitative data analysis utilized Microsoft Excel. Ethical approval was obtained from the Latvian University ethics committee.

Results:
Results show respondents (n=156) aged 25 to 77 (mean 43.31±13.96; SD = 14.01), 79.49% female, 20.51% male. Mean emotional exhaustion: M = 33.32 ± 11.99 (min 6, max 54), depersonalization: M = 12.15 ± 7.42 (0 to 30), personal accomplishment: M = 17.21 ± 8.37 (min 0, max 48). 57.69% (59.09% - residents, 57.14% - certified) scored above the mean on emotional exhaustion, 21.15% (45.45% - residents, 11.61% - certified) on depersonalization. Decreased professional motivation: 37.18% (50% - residents, 32.14% - certified) scored below the mean. Burnout syndrome observed in 28.85% (45.45% - residents, 22.32% - certified).

Conclusions:
Findings show concerning emotional exhaustion, moderate depersonalization, and challenges with personal accomplishment, especially among female practitioners. There are also several areas for improvement and further research, for example, supplementing quantitative findings with qualitative research methods, such as interviews or focus groups, investigating the potential impact of burnout on patient outcomes and exploration of gender differences. Addressing these gaps can aid in developing targeted interventions to support family medicine practitioners well-being and improve primary care delivery in Latvia.

Presentation on 26/04/2024 12:30 in "Poster Walk" by Marija Volgina.

Poster Presentation / Scientific Work

Health Service Management and Patient Safety in Primary Care During the Covid-19 Pandemic in Kosovo

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Keywords: COVID-19; primary health care; PRICOV-19; quality of care; infection prevention and control; patient safety; family medicine; infectious diseases

Introduction:

Several changes must be made to the services to ensure patient safety and enable delivering services in environments where the danger of infection of healthcare personnel and patients in primary care (PC) institutions is elevated, i.e., during the COVID-19 pandemic. Objective - This study aimed to examine patient safety and healthcare service management in PHC practices in Kosovo during the COVID-19 pandemic.

Method:

In this cross-sectional study, data were collected using a self-reported questionnaire among 77 PHC practices. Our main finding reveals a safer organization of PC practices and services since the COVID-19 pandemic compared to the previous period before the pandemic.

Results:

The study also shows a collaboration between PC practices in the close neighborhood and more proper human resource management due to COVID-19 suspicion or infection. Over 80% of participating PC practices felt the need to introduce changes to the structure of their practice. Regarding infection protection measures (IPC), our study found that health professionals' practices of wearing a ring or bracelet and wearing nail polish improved during the COVID-19 pandemic compared to the pre-pandemic time. During the COVID-19 pandemic, PC practice health professionals had less time to routinely review guidelines or medical literature. Despite this, implementing triage protocols over the phone has yet to be applied at the intended level by PC practices in Kosovo.

Conclusions:

Primary care practices in Kosovo responded to the COVID-19 pandemic crisis by modifying how they organize their work, implementing procedures for infection control, and enhancing patient safety.

Presentation on 26/04/2024 12:30 in "Poster Walk" by Gazmend Bojaj.

Poster Presentation / Inspiring Practice or Project

Pattern of the Evolution of Teenage Pregnancy Rate in a Disatvantaged East-European Rural Area

Cristina Loghina

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Keywords: Adolescents; rural disatvantaged area; contraception use; sexual and reproductive health services; teenage pregnancy.

Setting:
Although the rates of adolescent pregnancies appear to have dropped in almost all Europe, some countries of Eastern Europe, still have a high average teenage pregnancy rate. According to a study conducted by UNICEF in 2021, Romania ranks second in the European Union in the birth rate among adolescent mothers, and Bacau County ranks fifth in teenage motherhood in Romania. As a family doctor in this county, I am concerned that adolescents continue to remain vulnerable to poor reproductive health.

Target group:
Data were collected about fifteen to nineteen year-old female teenagers pregnancies, in a population-based retrospective cohort study from January 2008 to December 2023 using our GP practice database. Other collected data were related to the educational level of pregnant teenagers, on their economic and family status and the evolution of the pregnancy.
The obtained data were compared with the national and european average.

Description of the innovative practice or project:
The purpose of the study was to analyze the evolution of adolescent pregnancies in a small disadvantaged rural area and to identify ways to improve the situation.

Evaluation:
In rural disatvantaged romanian area adolescent pregnancy rate is still high.
The teenage pregnancy has many negative social, economic and health consequences on expectant adolescents.
The parental behavioral pattern is often repeated from one generation to another in the same family.

Next Steps:
Integrated public policies with multidimensional approach, concerted and specific actions must be taken in every little disadvantaged area in order to decrease the rate of pregnancy among teenage girls at the country level.

Lessons learned:
The lack of sexual education and family planning programs and the reduced accessibility to sexual health care services dedicated to young people cannot be compensated by the family doctor’s efforts.

Presentation on 26/04/2024 12:30 in "Poster Walk" by Cristina Loghina.

Poster Presentation / Scientific Work

Physicians' Health in Upper Austria: A Cross-Sectional Study

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Keywords: Phisician Health, Upper Austria, Quality and Safety

Introduction:
Ensuring the well-being of physicians is paramount for delivering high-quality, safe, efficient, and sustainable patient care. Physicians also serve as role models for healthy living, influencing patient behaviours. Despite the importance of their health, there is a notable lack of research on the physical health and lifestyle of physicians in Austria. This study aims to bridge this gap by collecting data on the health status, lifestyle, and work-related stress of physicians working in Upper Austria.

Method:
From September 4th, 2023, to December 3rd, 2023, a questionnaire-based cross-sectional study was conducted among physicians in Upper Austria. The online questionnaire covered personal details, working conditions, health status, lifestyle, and work-related stress. Exclusions were made for physicians not working in Upper Austria or not working during the survey period due to various reasons. Descriptive analysis of the collected data was performed using SPSS.

Results:
Out of, 1078 participating physicians, 282 were excluded for not meeting inclusion criteria, and 95 incomplete questionnaires were disregarded. The dataset for statistical analysis comprises 701 fully completed and eligible questionnaires. The results of this comprehensive analysis will shed light on the health status of physicians in Upper Austria, identifying potential shortcomings and vulnerable groups.

Conclusions:
This poster presentation will showcase the findings of the descriptive analysis, offering insights into the health status of physicians in Upper Austria. The data presented will contribute to a better understanding of the challenges faced by physicians, facilitating targeted interventions to improve their well-being. The study has received ethical approval from the Johannes Kepler University ethics committee, ensuring adherence to ethical standards in research.

Presentation on 26/04/2024 12:30 in "Poster Walk" by Theresa Purkarthofer.

Poster Presentation / Scientific Work

Quality indicators for collaborative care networks in persistent somatic symptoms and functional disorders: a modified Delphi study

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Keywords: Quality indicators, collaborative care, persistent somatic symptoms, functional disorders

Introduction:
Care for persistent somatic symptoms and functional disorders (PSS/FD) is often fragmented. Collaborative care networks (CCNs) may improve care quality for PSS/FD. Effectiveness likely depends on their functioning, but we lack a straightforward quality evaluation system. We therefore aimed to develop quality indicators to evaluate CCNs for PSS/FD.

Method:
Using an online three-round modified Delphi process, an expert panel provided, selected and ranked quality indicators for CCNs in PSS/FD. Recruited experts were diverse healthcare professionals with relevant experience in PSS/FD care in the Netherlands.

Results:
The expert panel consisted of 86 professionals representing 15 disciplines, most commonly physiotherapists, psychologists and medical specialists. Fifty-eight percent had more than 10 years experience in PSS/FD care. Round one resulted in 994 quotations, which resulted in 46 unique quality indicators. These were prioritised in round two and ranked in round three by the panel, resulting in a final top ten. The top three indicators were: “shared vision of care for PSS/FD”, “pathways tailored to the individual patient”, and “sufficiently-experienced caregivers for PSS/FD”.

Conclusions:
The identified quality indicators to evaluate CCNs in the field of PSS/FD can be implemented in clinical practice and may be useful in improving services and when assessing effectiveness.

Presentation on 26/04/2024 12:30 in "Poster Walk" by Nick Mamo.

Oral Presentation / Scientific Work

Exploring connections from general practice to the social sector, including social prescribing

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Keywords: social prescribing, primary care, health care research, social problems, social support

Introduction:
General practitioners (GPs) are routinely confronted with their patients' social issues, such as loneliness or family crisis, which directly impact health outcomes. In Germany, a gap in integrating primary health care with social support is evident. Social prescribing (SP) offers a potential solution, aiming to holistically enhance health and well-being by connecting patients with community activities and groups.

Method:
Two anonymous, cross-sectional online surveys with open and closed questions targeting GPs were conducted. The first survey, involving GPs in Bremen, Germany, assessed their perspectives on social issues, referral pathways, and improvement opportunities in their practices. The second examined the awareness and perceptions of SP amongst GPs in various European countries.

Results:
In Bremen, 45 out of 533 GPs participated. The most important referral issues concerned children, socio-cultural factors and loneliness. The majority of patients identified as requiring referral, were not referred primarily due to the GPs' limited knowledge about available services and constraints on time. Approximately 73% of GPs reported feeling ‘burdened’ when not being able to refer patients and several shared their feeling of frustration with the current situation. Most GPs showed willingness to collaborate externally, expecting positive impacts on patient health (78%). The European survey (208 GPs from 33 countries) found that over half (56%) were familiar with SP, and 32% regularly referred patients to activities and groups in the community through a formal system. However, variations in knowledge and referral practices were evident both between and within countries.

Conclusions:
The Bremen study highlights an information gap regarding available support services, impeding patient referrals and leading to GP frustration. Despite this, GPs are open to new forms of collaboration. The findings across both studies reveal an opportunity perceived by GPs to improve patient health and their own job satisfaction through enhanced integration with the social sector.

Presentation on 26/04/2024 15:15 in "Session 4: Interprofessional cooperation" by Sinah Evers.

Oral Presentation / Inspiring Practice or Project

Facilitating integrated primary healthcare: an instrument to develop tailored and integrated care pathways

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Keywords: Integrated care, care pathways, interdisciplinary, chronic care

Setting:
The prevalence of chronic conditions like diabetes and cardiovascular diseases is increasing, underscoring the need for integrated, interdisciplinary primary healthcare. However, establishing such care organizations poses a complex challenge for primary care practices. While the chronic care model provides an organizational framework, its implementation remains low. Primary healthcare professionals often cite the lack of tangible, concrete tools to apply this model in daily practice.
In response to this gap, the four-year JACARDI project aims to develop a practical instrument or program to assist general practices in creating and implementing integrated care pathways.

Target group:
Primary healthcare professionals, including physicians, nurses, and physician assistants.

Description of the innovative practice or project:
The initial phase focuses on developing the intervention. First, information will be collected through interviews with healthcare providers, analysis of existing practice protocols and a scoping literature review. Next, the intervention will be designed during co-creation workshops with stakeholders at various levels.

The second phase involves implementing the intervention, with the strategy chosen based on insights from the initial phase. Possible strategies include coaching , teaching packages and toolboxes on topics such as practice vision, teamwork and task delegation. Subsequently, an evaluation will be conducted, followed by another co-creation session, refinement of the intervention and a second round of implementation.

Evaluation:
Evaluation will be guided by the framework proposed by Proctor et al., which assesses implementation outcomes, service outcomes, and patient outcomes. This structured approach ensures a comprehensive evaluation of the project's effectiveness and impact.

Next Steps:
Sustainability is a core value, with efforts focused on developing a practical, user-friendly instrument tailored to the needs of the target population. Involving key stakeholders from project inception aims to integrate project results into existing structures, facilitating scalability and long-term impact.

Lessons learned:
Insights gained from this project will facilitate the organization of integrated care for patients with chronic conditions, ultimately enhancing the quality of care provided.

Presentation on 26/04/2024 15:15 in "Session 4: Interprofessional cooperation" by Laurent Desmet.

Oral Presentation / Scientific Work

Health for All or the Happy Few? Challenges of interprofessional collaboration between social work and primary health care for citizens with chronic care needs

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Keywords: social work, chronic care needs, health and social care in the community

Introduction:

Striving towards Public Health through engaging in Primary Care connects with what Milligan and Wiles (2010, 745) describe as a ‘community turn’, as it refers to a transformation where systems of public service delivery and welfare state arrangements itself are at stake. It implies a shift away from institutional, formal and professional services towards informal care in the private sphere of our societies, meaning self-care and informal care of families and communities, and towards... primary health and social care in the community.

This connects with the field of care and support for citizens with chronic care needs, where de-institutionalisation strategies have been promoted as a reaction on very poor living conditions in (residential) institutions. The original understanding of de-institutionalisation in the 1960’s-70’s hereby refers to the closure of residential care settings, based on ‘the movement of individuals from an institutional setting to a community setting’ (Gibson 2001, 96). However, recent research indicates that ‘community-based care’ often leads to dismantling the architectural hospital model-alike carcasses of residential care settings, while the circulation of oppressive, institutional cultures remains in a variety of settings (Roets et al. 2022), whether ‘community based’ or not.

Method:

Our contribution is based on an extensive systematic literature review, that is historically grounded.

Results:

The creation of synergies between social work and social care, and public health and primary care shows that current welfare state reforms expect a high level of self-responsibility and self-determination of citizens with chronic care needs, their families and/or an informal network .

Conclusions:

We conclude that we need to take a critical stance towards the historical paradigm shifts in the provision of care, where the shift from ‘cure’, to ‘care’ and ‘support’ have been framed as progress. These professional orientations should not be seen as solely conflicting paradigms, but require mutually reinforcing orientations.

Presentation on 26/04/2024 15:15 in "Session 4: Interprofessional cooperation" by Griet Roets.

Oral Presentation / Scientific Work

Navigating Diabetes Care Inequities: A Longitudinal Study Linking Chronic Care Model's Structure Indicators to Process and Outcome

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Keywords: Diabetes care, Chronic care Model, Primary Care, Quality of Care.

Introduction:
Diabetes is one of the fastest growing global health issues, with current health systems inadequately meeting the needs of those affected. Also in Belgium, a notable contrast in unmet medical needs emerges. Donabedian's landmark model describes three dimensions of quality of care: structure, process and outcome, which can be measured using specific indicators. The Chronic Care Model (CCM) aims to enhance quality of care. However, limited observational research exists that assesses the impact of the CCM and its elements on both process and outcome indicators, overlooking considerations of health inequities.

Method:
A unique hierarchically structured longitudinal database, consisting of self-collected data on structural indicators of T2D care at the level of primary care practices, individual-level health insurance and medical lab data on the process and outcome indicators was used.

Results:
The sample comprises 58 primary care practices, with 7593 patients at the health insurance level and 4549 at the lab level. There was a significant positive association between the total ACIC score and both process indicators. A higher score for community linkages and clinical information system was significantly associated with higher odds having your HbA1c tested twice a year. Socio-economic vulnerable patients exhibit lower likelihoods of HbA1c follow-up in practices with low total ACIC scores, but this difference disappeared in practices with high total ACIC scores.

Conclusions:
The observational design of the study allowed studying the association between process and outcome indicators. Our findings might support the social capital pathway, arguing that the CCM will be especially beneficial for vulnerable patients, but could also support the materialist-structural pathway, since the associations regarding inequity where not found for every quality indicator. Using the ACIC questionnaire to measure quality of care in small to medium-sized primary care practices was feasible and could be promising to study the interplay between practice organization and health inequities further.

Presentation on 26/04/2024 15:15 in "Session 4: Interprofessional cooperation" by Katrien Danhieux.

Oral Presentation / Scientific Work

Strategies to improve implementation of collaborative care for Functional Disorders and Persistent Somatic Symptoms: A Research World Café study

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Keywords: Implementation, Collaborative care, Persistent somatic symptoms, Strategies, World Café

Introduction:
Persistent somatic symptoms and functional disorders (PSS/FD) are complex conditions requiring care from multiple disciplines. Collaborative care is one route to provide this care with multiple disciplines working together. One challenge lies in dealing with barriers to implementation of collaborative care. We therefore aim, with the use of expert knowledge, to develop realistic strategies for overcoming a number of implementation barriers in PSS/FD care.

Method:
The Research World Café method is a single-session expert-based method with multiple focus-groups forming and reforming to answer a set of interrelated questions, under the guidance of moderators. In this case, the experts were professionals involved in PSS/FD care across different areas of healthcare in the Netherlands. The strategies were developed in response to implementation barriers derived from a Delphi study in which quality indicators were identified by 86 healthcare professionals in the Netherlands. The strategies developed, with the framework of the SMART model, were grouped based on similarities into strategy targets.

Results:
Thirty-three participants took part, representing ten different disciplines, most commonly physiotherapists, psychologists and physicians. A total of 54 strategies, grouped into eight strategy targets, were identified in response to ten barriers, with a range of three to nine strategies for each barrier. The strategy targets that address the most barriers relate to professional education, communication, care coordination, and joint consults.

Conclusions:
A number of useful strategies are identified for dealing with implementation barriers for collaborative care, primarily in PSS/FD. These results provide specific ideas for each implementation stategy, as well as ways to deal with multiple barriers at one. This can ease the implementation process for collaborative care in PSS/FD and other areas such as multi-morbidity. These results will need application and testing, and may have significant policy implications when seeking to apply collaborative care.

Presentation on 26/04/2024 15:15 in "Session 4: Interprofessional cooperation" by Nick Mamo.

Workshop / Scientific Work

The Quintuple Aim and Improving the Quality of Healthcare for Doctors by Doctors.

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Keywords: Doctors' health. Doctors' healthcare. Medical Education. Quality Improvement. Quintuple Aim

Introduction:
All five parameters of the Quintuple aim for health care quality are of special professional relevance to physicians. In addition, by improving doctors' health and well-being, improving the quality of healthcare by doctors to doctors, and improving the experience of doctors as patients in the healthcare system, each factor can benefit overall population health.
Doctors as a population group can also benefit from the quintuple aim, and those with chronic conditions will benefit from continuity of care and public health. GPs and primary care practices have a role in narrowing the health inequity gap for patient populations, including doctors as a patient group.

Aim(s):
In Family Medicine we know about the critical nature of GP-patient relationship in providing safe and comprehensive care to patient populations. Today we aim to explore deeper synergies between population health, leadership, healthcare quality & safety for doctors as patients, from the perspectives of GPs from different countries. In this interactive workshop we will focus on GP leadership in Primary Care for improving quality & safety of care for a specific patient-population, medical doctors.

Programme:
Following a brief introduction (5 minutes) by Dr Rochfort and Dr Astier-Pena, we will conduct a Consensus Development Process as part of a modified Delphi Survey based on the results of a National GP survey.
Delegates at the EQUIP conference will have an opportunity to comment on and refine the findings of a National GP survey and to contribute to the process of reaching a consensus on how to improve quality of care for doctors.

Presentation on 26/04/2024 15:15 in "Session 5: Workshop" by Andrée Rochfort.

Oral Presentation / Scientific Work

Culturally Sensitive Care in General Practice: Integrating Patients' and Providers' Perceptions

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Keywords: culturally sensitive care; primary care; health equity; intercultural effectiveness

Introduction:
Given the pivotal role of primary healthcare in promoting public health, our research centers on the enhancement of equitable care and outcomes through culturally sensitive approaches. We delve into how general practitioners (GP) can be more effective in intercultural interactions and explore the conceptualization of cultural sensitivity in healthcare provision.

Method:
Through qualitative explorations, we investigate how GPs perceive cultural sensitivity in healthcare, including both their perceptions of culturally sensitive care as a concept and encountered barriers and facilitators, such as coping with and adapting to culturally specific illness perceptions. These insights are complemented by a systematic review focusing on the patient perspective.

Results:
GPs conceptualize culturally sensitive care as a process, shaped by both patients' specific cultural preferences and GPs' perceived responsibilities. Within this framework, GPs may choose to: a) adjust their approach, customizing care to align with patients' cultural preferences; b) collaborate and negotiate with patients to reach a middle ground between cultural considerations and medical requirements; or c) expect patients to conform to medical norms, setting aside their cultural preferences. These perceptions are further nuanced by both convergent and divergent perspectives from patients.

Conclusions:
The integration of these insights provides a comprehensive understanding of cultural sensitivity in primary healthcare. Our research contributes to a greater understanding of how GPs can tailor their practices to meet the diverse needs of patients from various cultural backgrounds. Through this approach, we aim to strive for more equitable health outcomes for all individuals, irrespective of their cultural backgrounds.

Presentation on 26/04/2024 15:15 in "Session 6: Equitable care" by Robin Vandecasteele.

Oral Presentation / Scientific Work

It takes two to tango: the recruiter's role in accepting or refusing to participate in group antenatal care among pregnant women - an exploration through in-depth interviews

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Keywords: Public Health, Primary Health Care, Patient Acceptance of Health Care, Maternal Health Services, Health Services Accessibility

Introduction:
The purpose of this study was to explore how women are recruited for group antenatal care (GANC) in primary care organisations (PCOs), what elements influence the behaviour of the recruiter, and what strategies recruiters use to encourage women to participate.

Method:
Using a qualitative research design, we conducted 10 in-depth interviews with GANC facilitators working in PCOs. Selected constructs of the domains of the Consolidated Framework for Implementation Research and the Theoretical Domains Framework helped to develop interview questions and raise awareness of important elements during interviews and thematic analyses. GANC facilitators working in multidisciplinary PCOs located in Brussels and Flanders (Belgium) were invited to participate in an interview. We purposively selected participants because of their role as GANC facilitators and recruiters. We recruited GANC facilitators up until data saturation and no new elements emerged.

Results:
We identified that the recruitment process consists of four phases or actions: identification of needs and potential obstacles for participation; selection of potential participants; recruitment for GANC and reaction to response. Depending on the phase, determinants at the level of the woman, recruiter, organisation or environment have an influence on the recruitment behaviour.

Conclusions:
Our study concludes that it takes two to tango for successful recruitment for GANC. Potential participants' needs and wishes are of importance, but the care providers' behaviour should not be underestimated. Therefore, successful recruitment may be improved when introducing a multidisciplinary recruitment plan consisting of specific strategies, as we suggest.

Presentation on 26/04/2024 11:15 in "Session 3: Resiliant care (in times of crises)" by Florence Talrich.

Oral Presentation / Inspiring Practice or Project

Reducing health inequalities in general practice: towards a Flemish action framework

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Keywords: Health inequalities; general practice; action framework

Setting:
We will implement the action framework 'Reducing health inequalities' in the setting of general practices in Flanders with the aid of different strategies. First, an article will be published in 'Huisarts Nu'. Second, the framework will be integrated in the prevention policy plan of Domus Medica. Third, the framework will be tested in a selection of general practices. Fourth, we will provide trainings to familiarize general practices with the framework.

Target group:
General practices in Flanders.

Description of the innovative practice or project:
We present an action framework that supports general practice in Flanders in reducing social health in equalities in their patient population (and beyond). We draw from the realist review of Gkiouleka and colleagues (2023) to build this framework around four principes that need to inform general practice:
1/general practices are connected to other services and actors (connected);
2/general practices take into account inequalities across and within patient groups (intersectional);
3/ general practices make allowance for different patient and community needs (flexible);
4/general practices integrate patient worldviews and cultural references (inclusive).
These principles can be operationalized in 4 domains of the general practice : organizational policies; organizational practices; values, beliefs and norms; and interpersonal communication. We suggest exemplary interventions and supportive tools within each of these domains.

Evaluation:
We will adopt the REAIM-framework to evaluate the action framework:
- Reach, eg. number of registrations and article downloads
- Adoption: the number of general practices that take it up
- Implementation and effects, eg. the number of actions that are reviewed against the principes of the framework, the awareness and motivation of general practices and the perceived user-friendliness of the framework.

Next Steps:
In a next step, the action framework will be published in 'HuisartsNu' and integrated in the Domus Medica prevention policy plan. We will then recruit a number of general practices to test the framework.

Lessons learned:
To be identified

Presentation on 26/04/2024 15:15 in "Session 6: Equitable care" by Leen Van Brussel.

Oral Presentation / Scientific Work

The anticipated challenges when implementing Centering-Based Group Care in three Belgian primary care sites, emphasising the inclusion of vulnerable families: results from context-analyses through Rapid Qualitative Inquiries

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Keywords: Centering-Based Group Care; CenteringPregnancy; Implementation; stakeholder involvement; Rapid Qualitative Inquiry; vulnerable populations

Introduction:
Centering-Based Group Care (CBGC) is an evidence-based perinatal care model including three core components: health assessment, interactive learning, and community building. Greater patient and provider satisfaction, higher attendance rates, and positive outcomes on prematurity and birthweight are advantages of CBGC compared to individual perinatal care. Despite increasing interest in CBGC worldwide, its sustainable implementation is proving challenging. We aimed to identify the anticipated challenges when implementing CBGC in three Belgian primary care settings, emphasising the inclusion of vulnerable families in CBGC.

Method:
Rapid Qualitative Inquiries to conduct context analysis were applied in three participating sites. Different data collection sources were included, i.e. semi-structured interviews, focus group discussions, document analysis, and site visits. The results of the collected data were discussed during daily debriefings among the research teams, consisting of local researchers, project researchers, and community researchers. The Consolidated Framework for Implementation Research guided the debriefings to cover all implementation constructs. The views of health care providers, (vulnerable) pregnant families, and other key stakeholders were included.

Results:
The Rapid Qualitative Inquiries generated 48 interviews, one focus group discussion, and several site visits. The majority of the respondents considered CBGC to be a valuable model of pregnancy follow-up with many advantages compared to the current one-to-one care model. Challenges to achieve sustainable implementation of CBGC were expected on three levels: (1) site-specific challenges: such as session content, materials used, and healthcare providers involved; (2) challenges where collaboration with other organisations is often needed, such as finding a suitable venue and referral to the CBGC sessions; (3) challenges that go beyond the site-specific implementation, e.g. financials (nomenclature).

Conclusions:
The benefits of the CBGC model were acknowledged. Nevertheless, several challenges were expected to obtain sustainable implementation of CBGC. The importance of collaboration between different actors in primary care to achieve sustainable implementation of CBGC emerged prominently.

Presentation on 26/04/2024 15:15 in "Session 6: Equitable care" by Astrid Van Damme.

Oral Presentation / Scientific Work

The ESSAG-trial protocol: a Randomized Controlled Trial Evaluating the Efficacy of offering a self-sampling kit by the GP to reach women underscreened in the routine cervical cancer screening program

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Keywords: Cervical cancer screening; General practitioner; Self-sampling device; Primary HPV screening

Introduction:
In Flanders (Belgium), women not screened for cervical cancer (CC) within the last three years receive an invitation letter from the regional screening organization, the Centre for Cancer Detection (CCD), encouraging them to have a Pap smear taken by their general practitioner (GP) or gynecologist. However, the coverage for CC screening remains suboptimal (63%). The offer of a self-sampling kit (SSK, for HPV testing) by a GP may trigger participation among women who do not attend regular screening.

Method:
The ESSAG-trial is a cluster-randomized controlled trial with three arms, each including 1125 women aged 31-64 years, who were not screened for CC in the last 6 years. In arm A, GPs offer a SSK when eligible women consult for any reason. In arm B, women receive a personal GP signed invitation letter including an SSK at their home address. In the control arm, women receive the standard invitation letter from the CCD.

Results:
The primary outcome is the response rate at three months after inclusion. Secondary outcomes are: screen test positivity; compliance with foreseen follow-up among screen-positives; costs per invited and per screened women; as well as contrasts between trial arms and between socio-demographic categories.

Conclusions:
The ESSAG-trial will assess the effect of GP-based interventions using SSKs on CC screening participation among hard-to-reach populations. Findings will inform policymakers about feasible strategies on increasing CC screening that may be rolled-out throughout the whole region.

Presentation on 26/04/2024 15:15 in "Session 6: Equitable care" by Eva Gezels.

Workshop / Inspiring Practice or Project

Belgian "Eerstelijnszones" and French "Communautés Professionnelles Territoriales de Santé" (CPTS) : what lessons can be drawn for the organisation of primary care at the meso level in other European countries ?

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Keywords: Eerstelijnszones, Communautés Professionnelles Territoriales de Santé, Belgium, France, Meso level.

Introduction:

Eerstelijnszones (Primary Care Zones) are introduced in Flanders (Belgium) in 2019 with a focus on bringing together primary care actors in a network organization. In the Leuven region Zorgzaam Leuven was established as a collaboration between academic partners, care actors of primary and secondary care and many other organization to develop a model that can be used at this meso level for the implementation of integrated care including care pathways, neighborhood primary care teams and population health management.
CPTSs, introduced in France in 2018 are non-profit associations of primary and secondary care professionals, and social and medico-social professionals, based on a territorial healthcare project, to improve the access to healthcare, the organisation of patient pathways and the practice of health professionals.
Both models illustrate the challenges of organizing the meso level of primary care.
The meso level lies between the micro level, where teams deliver care to patients, and the macro level, where health policy is developed. The meso level is where teams organize themselves into networks, where protocols, human and material resources can be pooled between teams, where outreach initiatives can be organized to target people who are usually excluded from care, and where health and social professionals, community actors and local residents can work together to tackle the social determinants of health.

Aim(s):

To present the two models and any models from other countries reported by workshop participants.
To understand the potential of meso-level organisation to improve the health of populations, the patients pathways and the quality of professional practices.
To identify inspiring success stories that could be implemented in the territories of workshop participants.

Programme:

Presentation of Belgian primary care zones and the innovative Zorgzaam Leuven project (Gijs, 20').
Presentation of French CPTSs (Hector, 20').
Proposal of an analysis grid for a meso-level organisation, to be improved and validated by the participants (Hector, 10'): values, governance, funding, population, missions, involvement of health and social care professionals, indicators, successes, failures, obstacles, facilitators, prospects, etc.
Use of the grid to compare the Belgian, French and other models reported by the participants (Gijs, Hector, workshop participants, 20')
Conclusions: lessons that could be valid in any country (Gijs, Hector, 5').

Presentation on 27/04/2024 09:00 in "Session 7: Workshop" by Hector Falcoff.

Oral Presentation / Scientific Work

Addressing health inequity during the COVID-19 pandemic through primary health care and public health collaboration: A multiple case study analysis in eight high-income countries

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Keywords: primary health care, public health, collaboration, equity, vulnerable populations, COVID-19

Introduction:
The COVID-19 pandemic substantially magnified the inequity gaps among vulnerable populations. Both public health (PH) and primary health care (PHC) have been crucial in addressing the challenges posed by the pandemic, especially in the area of vulnerable populations. However, little is known about the intersection between PH and PHC as a strategy to mitigate the inequity gap. This study aims to assess the collaboration between PHC and PH with a focus on addressing the health needs of vulnerable populations during the COVID-19 pandemic across jurisdictions.

Method:
We analyzed and compared data from jurisdictional reports of COVID-19 pandemic responses in PHC and PH in Belgium, Canada (Ontario), Germany, Italy, Japan, the Netherlands, Norway, and Spain from 2020 to 2021.

Results:
Four themes emerge from the analysis: (1) the majority of countries implemented outreach strategies targeting vulnerable groups to ensure continued access to PHC; (2) digital assessment in PHC was found to be present across all the countries; (3) PHC was insufficiently represented at the decision-making level; (4) there is a lack of clear communication channels between PH and PHC in all the countries.

Conclusions:
This study identified opportunities for collaboration between PHC and PH to reduce inequity gaps and to improve population health, focusing on vulnerable populations. The COVID-19 response in these eight countries has demonstrated the importance of an integrated PHC system. Consequently, the development of effective strategies for responding to and planning for pandemics should take into account the social determinants of health in order to mitigate the unequal impact of COVID-19. Careful, intentional coordination between PH and PHC should be established in normal times as a basis for effective response during future public health emergencies. The pandemic has provided significant insights on how to strengthen health systems and provide universal access to healthcare by fostering stronger connections between PH and PHC.

Presentation on 26/04/2024 15:15 in "Session 6: Equitable care" by Dorien Vanden Bossche.

Oral Presentation / Scientific Work

Advancing Primary Healthcare in Europe: A Comprehensive Roadmap for Enhancing Services and Health Outcomes

Ileana Gefaell Larrondo[1], Sara Ares Blanco[1], Raquel Gomez Bravo[1], Marina Guisado Clavero[1], Maria Pilar Astier Pena[2], Thomas Frese[3], Research Team Eurodata Project[4]

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Keywords: road map; primary healthcare services; health outcomes; public health; Europe

Introduction:

Primary Healthcare Services (PHCS) in Europe are facing a severe crisis, characterized by chronic underfunding, staffing shortages, and lack of social recognition for their pivotal role in population health. Studies underscored the significance of PHCS within health systems, demonstrating that sustained investment in these services can lead to reduced hospitalizations, emergency visits, and mortality rates over time. Consequently, the development of a comprehensive roadmap to bolster PHCS is essential for safeguarding the well-being of European populations.

Method:

A literature review focused on identifying the core principles that define PHCS, including patient-centeredness, continuity, holistic care, and accessibility. Employing the Donabedian quality assessment model (structure, process, and outcomes), we delineated key thematic areas that uphold these core values. Each thematic area drew upon recent scientific research and guidance from relevant international organizations.

Results:

The roadmap is structured as follows:

1) Core Values: Citizens-Centered Care. First Point of Contact and Accessibility. Continuity of Care Throughout Lifespan. Comprehensive and Coordinated Care Across Levels. Affordability and Equity. Resilience and Adaptability. Multisectoral Partnerships

2) Rebuilding Primary Healthcare Structure: Cultivating a Competent Primary Healthcare Workforce. Enhancing Health Information Systems. Improving Organizational and Governance Models. Ensuring Adequate Funding

3) Adapting Primary Healthcare Processes: Prioritizing Health Promotion and Prevention. Enhancing Acute Care and Out-of-Hours Services. Optimizing Chronic Condition Management and Elderly Care. Providing End-of-Life Support. Strengthening High-Resolution Clinical Capacity

4) Results: Evaluating Processes and Outcomes. Leveraging Data-Driven Learning and Improvement. Fostering Innovation. Promoting Better Health for All. Building Confidence in the PHCS System. Realizing Global Economic Benefits

Conclusions:

A roadmap to strengthen PHCS in Europe, based on evidence and reports, awaits stakeholder validation. A Delphi study will seek consensus on key components, facilitating policy advocacy for PHCS in European countries.

Presentation on 27/04/2024 09:00 in "Session 8: Quality care" by Maria Pilar Astier Pena.

Oral Presentation / Scientific Work

Building a Primary Healthcare Services Contigency Plan in the European Context

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Keywords: contigency plan; health crisis; primary healthcare; public health; Europe

Introduction:
The onset of the COVID-19 pandemic posed significant challenges for Primary Healthcare Facilities (PHFs) across Europe. Initially, the lack of information about PHFs hindered effective response strategies, including infrastructure adaptation, healthcare delivery reconfiguration, ensuring continuity of care for chronic and vulnerable patients, and procurement of essential supplies, funding, and vaccines. It is imperative to draw lessons from this experience and develop a robust contingency plan for PHFs in Europe to guide future responses to health crises.

Method:
We conducted a thorough literature review of relevant publications addressing the COVID-19 pandemic and PHF response plans in the first semester of 2024. Subsequently, we developed a structured contingency plan framework, which underwent validation by the EURODATA research team through online meetings. The initial draft was then circulated among key stakeholders for further refinement. A structured chapter model was devised, incorporating content and infographics to succinctly summarize each chapter's key points.

Results:
Ten chapters were meticulously crafted, covering the following topics: 1. Primary healthcare's role in European health systems during crises. 2. Legal and regulatory frameworks, leadership, and governance at European and national levels. 3. Resource assessment and allocation strategies. 4. Patient care protocols tailored for health crises. 5. Facility preparedness measures. 6. Communication strategies for effective crisis management. 7. Data management and surveillance systems. 8. Financial planning and budgeting considerations. 9. Addressing pandemics beyond COVID-19. 10. Supporting professional well-being to enhance crisis resilience.

Conclusions:
The COVID-19 pandemic underscores the critical importance of learning from PHF experiences and proactively preparing for future health crises. A structured contingency plan for PHFs in Europe needs to be incorporated into future public health plans.

Presentation on 27/04/2024 09:00 in "Session 8: Quality care" by Maria Pilar Astier Pena.

Oral Presentation / Inspiring Practice or Project

Paediatric Tape: A Safety Tool for Emergency Services at Primary Care

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Keywords: Primary Care; Safety; Tool

Introduction:
Ljubljana Community Health Centre has developed a "paediatric tape" that can be used by primary care physicians in emergencies. It is designed to help physicians to determine which emergency medication and dosage can be administered to a child in need of medical assistance, depending on the child's height and weight.
The tape measures the length of the child and estimates how old they are and how much they weigh. The tape is labelled with medications that are appropriate for a child of a certain height and weight. They are colour-coded and the appropriate doses are recorded.

Aim(s):
The aim of this workshop is for participants to understand the importance and practical application in the case of a critically ill child. In addition, we want to familiarise participants with an excellent tool that will increase the efficiency of the healthcare team when caring for a critically ill child. Special emphasis is placed on safety and reducing the likelihood of errors.

Programme:
During the workshop, we will provide hands-on training on how to use the tape to measure a child's length, assess age and weight, determine appropriate therapy, and gain knowledge of colour coding and recording doses on the paediatric tape. The workshop will be followed by a simulation in which participants will use the paediatric tape in the care of a critically ill child. The simulation will be followed by a debriefing on the proper use of the tape.
Participants will learn why and how to use paediatric tape. They will gain insight into the fact that the use of tape makes medical treatment safer, makes staff more confident and minimises the risk of errors.

Presentation on 27/04/2024 09:00 in "Session 8: Quality care" by Uroš Zafošnik.

Oral Presentation / Scientific Work

Using quality indicators to strengthen crisis resilience in primary care

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Keywords: crisis resilience, quality indicators, primary care

Introduction:

In crisis situations such as waves of infection or heat, primary care practices must be adequately prepared and able to respond in a targeted manner, particularly to protect vulnerable patient groups and provide them with the best possible care. In the RESILARE project, quality indicators were developed to strengthen crisis resilience and subsequently piloted in primary care practices. A process evaluation explored their applicability and usefulness regarding preparation for crisis situations from the participants' perspective.

Method:

A two-part online survey and semi-structured interviews were conducted with General Practitioners and medical assistants who participated in piloting the indicators to explore their perceptions of relevance and usability of the indicators regarding crisis resilience. Piloting was carried out during a practice visit, which took place on-site or online. All participating practices received a feedback report with individual results and benchmarking. Qualitative data were analyzed inductively, quantitative data were analyzed descriptively.

Results:

Between April and September 2023, n=34 practices participated in piloting and process evaluation. Findings indicate a positive assessment of the indicators. By applying the indicators, participants reflected on their own status quo regarding individual preventive measures, ecological efficiency, self- and team-strengthening as well as risk identification and counselling on climate and health for patients. Initial and supplementary measures were planned to adapt care processes in an ecologically sustainable manner, strengthen crisis resilience and focus on crisis prevention. A broader use of the indicators was considered to be useful, for example through gradual integration into existing quality management programs.

Conclusions:

Crisis resilience and ecologically efficient processes provide sustainable support for day-to-day health services in primary care practices. The RESILARE indicators can be implemented in quality management programs for primary care practices in small steps and in the long term to prepare for potential crisis situations and strengthen crisis resilience.

Presentation on 27/04/2024 09:00 in "Session 8: Quality care" by Regina Poß-Doering.

Oral Presentation / Scientific Work

Guideline on climate conscious prescription of inhaled medication

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Keywords: Asthma; COPD; greenhouse gases

Introduction:

In Germany, the healthcare system is responsible for approximately 5% of CO2 emissions. The primary contributors to the carbon footprint in healthcare stem from various sources, with the largest proportion attributed to the prescription of medications. Following closely behind are emissions associated with mobility (both patients and staff) and heating.

One specific area of concern relates to the treatment of asthma and chronic obstructive pulmonary disease (COPD), which often involves the use of different types of inhalers. The impact of these inhalers on climate change varies depending on their mode of action. Broadly, inhaled medications fall into two categories: metered-dose inhalers (MDIs) and dry powder inhalers (DPIs).

MDIs, due to their propellants, have a significant potential for harming the atmosphere in terms of global warming (measured by global warming potential - GWP). For instance, in the United Kingdom, metered-dose inhalers account for as much as 3.5% of greenhouse gas emissions from the entire UK healthcare system. Transitioning to more environmentally friendly DPIs can lead to a substantial reduction in greenhouse gas emissions without compromising the management of asthma.

Method:

This guideline was developed based on recommendations provided by the Standing Guideline Commission of the Association of Scientific Medical Societies in Germany (AWMF). The development process involved multiple consensus conferences with specialists from relevant fields, including pediatrics, pulmonology, pharmacy, and patient representatives. These conferences were expertly moderated by the AWMF

Results:

In February 2024, the interdisciplinary guideline was officially released by the AWMF, with an English version set to become available shortly. The acceptance and implementation barriers will be assessed through practical tests in healthcare settings

Conclusions:

Addressing the impact of medication on global carbon footprint can be an example to discuss the environmental impact in daily practice

Presentation on 27/04/2024 09:00 in "Session 9: Sustainable professionals" by Guido Schmiemann.

Oral Presentation / Inspiring Practice or Project

Innovation for Greener General Practice/ Family Medicine by a National GP College

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Keywords: Primary healthcare Carbon Footprint. One health. Leadership. Quality of Healthcare. Education, medical

Setting:
A GP working group was formed in 2020 reporting to the Quality and Safety Committee of ICGP, The Irish College of General Practitioners is the professional body for education and training for general practice.
This working group in ICGP began when a diverse group of GPs met at educational meetings for GPs and GP Trainees and decided to correspond on the topic of planetary health and sustainability with each other. They discovered there was strong interest from wider college membership and approached senior leadership in ICGP to take activities forward as a pilot project and then became an official working group of the ICGP.

Target group:
GPs GP Trainees GP Nurses Practice Teams Patients. Families. Communities. Health Service leaders managers and educators

Description of the innovative practice or project:
https://www.icgp.ie/go/in_the_practice/planetary_health
Visual Summary of Outputs 2020-2024:
1.
Leadership, Advocacy, Role modelling in primary care through GP-led initiatives, innovations and dissemination of good, green, clinical, community practice.
2
Clinical Care: what GPs can do in normal practice. Greener prescribing Deprescribing Social prescribing, Lifestyle behaviour modification, active transport, social prescribing, plant-based nutrition, breast-feeding, clinical actions such as tests and referrals, patient education,
3
A greener practice workplace: The GP practice has a carbon footprint: heating lighting, water supply, water use, heating and cooling, energy use and source, sterilising and disinfection, infection control, plastic use and recycling, waste segregation, transport of patients and staff,
4
Medical Education. Publications. Research. Policy.

Evaluation:
The WG works on a national basis with GPs, GP Trainees, GP Practice team members, liaison activities with pharmacists, other healthcare workers, administrators, health service officers and managers. It reports to ICGP.

Next Steps:
Further integration into GP and GP Trainee education, CPD, research projects, publications, policy, liaison with initiatives in other countries

Lessons learned:
Rural and urban GPs can innovate, implement and lead green quality improvement from their practices when supported by GP leadership

Presentation on 27/04/2024 09:00 in "Session 9: Sustainable professionals" by Sean Owens.

Oral Presentation / Scientific Work

Video consultation in general practice during COVID-19: a register-based study in Denmark

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Keywords: General practice, COVID-19, telemedicine, video consultation,

Introduction:
During the COVID-19 pandemic, general practices in Denmark rapidly introduced video consultations (VCs) to prevent contamination. This study aimed at studying the use of VCs in daytime general practice by describing the rate of VCs, and the patient characteristics associated with having VCs.

Method:
We performed a register-based study of consultations in daytime general practice in Denmark, including all consultations in daytime general practice from 1 January 2019 to 30 November 2021. We calculated the rate of video use and categorised the general practices into no, low, and high use. Logistic regression was used to calculate adjusted odds ratios (aOR) for having a VC for different patient characteristics when contacting a video-using practice, stratified for low- and high-using practices.

Results:
A total of 30,148,478 eligible consultations were conducted during the pandemic period. VCs were used mostly during the early-stage pandemic period, declining to about 2% of all clinic consultations in the late-stage period. Patients having more VCs were young, had a long education, were employed, and living in big cities. In low-using practices, native Danes and western immigrants had higher odds of receiving a VC than non-western immigrants, and patients with ≥2 co-morbidities had lower odds than those without co-morbidities.

Conclusions:
Patients with low age, long education, or employment had higher odds of a VC, while patients with high age and retired patients had lower odds. This difference in the access to VCs warrants further attention.

Presentation on 27/04/2024 09:00 in "Session 9: Sustainable professionals" by Ulrik Bak Kirk.

Workshop / Inspiring Practice or Project

Developing a new version of the EUROPEP Questionnaire for primary care

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Keywords: PREMS Patient Survey EUROPEP Feedback Data Questionaire

Introduction:
The EUROPEP questionnaire is a brainchild of EQuiP. It was developed 20 years ago and has been an important tool in understanding patient experiences across the continent. However, the length (23 items plus demographic questions) presents restrictions for routine use and on-site questionnaire completion. Developments in primary healthcare delivery, integration of care, and technology invite the development of a shorter and smarter version of the questionnaire and associated feedback systems.

Aim(s):
The workshop aims to initiate the creation of a shortened, updated version of the EUROPEP questionnaire to serve the needs of family practitioners, their patients, as well as public health. The objective is to streamline the tool for ease of application while ensuring it captures the essential aspects of patient experiences and feeds back into practice in a motivational way. Engaging practitioners and researchers, the workshop seeks to harness firsthand insights to inform the direction of such a revision.

Programme:
Introduction: EUROPEP in the last 20 years (25 minutes)
Overview of the EUROPEP questionnaire's form and its application in various countries (case studies, e.g. Denmark and Portugal). Introduction to the workshop's goals and the need for an updated version.

From Insights to Action: Example of analytics and adaptations in Switzerland (15 minutes)
Presentation of recent analytics work with data collected in Switzerland, showcasing data analysis and visualization techniques that highlight potential areas for improving patient care experiences. Introduction to the concept of adaptive digital questionnaires that adjust to individual patient needs, ensuring no more than 12 questions are presented in total.

Collaborative Ideation: Interactive Digital Idea Board (20 minutes)
A session leveraging a digital platform for participants to propose and discuss features, content, and optimization criteria for the short version of the questionnaire. This segment encourages active contribution from family practitioners, focusing on practical and impactful questionnaire use.

Future Directions: Practitioner Panel and Participant Engagement (20 minutes)
A small panel of practitioners reflects on the contributions from the ideation session, discussing the consolidation of ideas and the pathway towards a Europe-wide approach in the next generation of patient experience measurement. The segment aims to outline collaborative next steps and foster a network of practitioners committed to the project.
Conclusion and Commitment to Action (10 minutes)
Summary of the workshop's key outcomes, with a call to action for participants to join the ongoing development process, highlighting the importance of their role in shaping the future of patient experience measurement in family medicine.

Presentation on 27/04/2024 14:00 in "EQuiP Council Workshop " by Joel Lehmann.

Workshop / Inspiring Practice or Project

Dialogue on digital care developments in general practice. Challenges and chances.

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Keywords: digital care, primary process, risks, benefits

Introduction:
In this digital era, healthcare increasingly embraces all kinds of digital solutions. Technically almost anything is possible and digital solutions hold the promise of solving future challenges in healthcare due to increasing demand in an aging population and bureaucratic and medicolegal pressures concurrent with diminishing workforce capacity. These conditions, valid in most European countries, strongly incentivize rapid development and use of an array of digital solutions, often already fully implemented in practice before scientifically underpinned or assessed for safety or unintended effects. At the same time, choices for digital care solutions and actual implementation differ per European country because each specific context poses different needs and potential.

Aim(s):
In this workshop, we aim to reflect on the chances and challenges of digital care solutions in general practice and learn from experiences and lessons among colleagues around Europe.

Programme:
1. Plenary introduction of rationale, definitions, and the workshop program. 15 min;
2. Small group work, part 1: Mapping digital care solutions in the different phases of the primary GP care process. 15 min
3. Intermediate plenary feedback. 5 min; moderated by workshop leaders
4. Small group work , part 2: Discussing chances and challenges of the digital care solutions in terms of GP core values. 15 min
5. Plenary discussion. 20 min
6. Wrap up. 5 min;

Presentation on 27/04/2024 14:00 in "EQuiP Council Workshop " by Stijn Van Den Broek.

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