EQuiP 2016

2nd Newsletter

May Edition

A short history of EQuiP:
The Establishment (1989-1990)

I. Introduction and background
At the WONCA Council Meeting prior to the 12th World Congress held in Jerusalem in 1989, the Improvement of Quality Working Party was set up as a result of the acknowledgement of the growing significance and importance given to this issue by Family Doctors world-wide and to the work that many of WONCAs member institutions were carrying out to develop initiatives on the subject in their own countries.

The work group was created as a sub-committee of the Permanent Medical Education Committee with the following objectives:

1. To revise the current state of quality indicators and standards in General Practice in the member countries

2. To take measurements

3. To get to know the capacity of the member countries to improve them

4. To draw up methods by way of which WONCA could promote the set-up of quality improvement strategies

At Jerusalem, Dr. Marwick from New Zealand was proposed as Chairman of this work group. The incentive group emerged at subsequent meetings, counting among its members on Prof. Richard Grol, title professor of Quality Assurance at Nijmegen University (Holland), and Chairman of the European group.

In 1990, the Chairman of EQuiP sent a letter to the different Family Medicine associations in the WONCA member countries, introducing EQuiP and inviting them to join by appointing two delegates.

II. Aims
This European group held its first meeting at the WONCA European Region Congress in Barcelona in 1990 and set down its objects:

1. To promote collaboration between the organisations, associations and Family Practice colleges of General practitioners/family doctors in Europe on the topic of Quality Development.

2. To promote the exchange of experts and experience in quality development by organising workdays, drawing up positioning documents, distributing reports and creating collaboration projects.

3. To enhance the creation of national networks of family doctors, educators and researchers in each country to aid in promoting and implementing EQuiP's results.

4. To give an impulse to tuition on quality development during the pre-graduate period, continuous medical education and vocational training scheme.

5. To initiate, support and supervise specific concerted actions concerning quality development.

The EQuiP incentive group was formally established with aims, objectives, and up to two national delegates per WONCA member country in 1991.

III. The structure of EQuiP
EQuiP consists of an assembly and an executive council.

The EQuiP executive is formed by the President, the Honorary Secretary, the Honorary Treasurer and the delegate in WONCA Europe Executive and 1-3 members at large. It is entrusted with the structure, relations with WONCA, budget, quotas and social aspects.

The assembly is formed by the delegates in representation of the different national organisations members of WONCA Europe. The maximum number of representatives per country is two.

At the assembly meeting in Turkey in the spring of 2006 a decision to work on an EQuiP constitution was taken. A group of delegates were appointed to draw up a draft constitution. Drafts were discussed at and altered after four consecutive assembly meetings in Spain 2006, the Czech Republic 2007, France 2007 and Norway 2008 until it finally was adopted by the EQuiP assembly at a closed meeting in Bucharest, November 8, 2008.

José Miguel Bueno Ortiz
Spanish EQuiP delegate

EQuiP 25 Years of Service: 1991-2016
- Austria

Interview with
Reinhold Glehr, MD, GP **(RG)**

"The Quality Circle Method was the reason for me to join."

What is the first thing that comes to your mind, when you think of EQuiP?
RG: *Richard Grol and the special leadership experience by him: To lead with a clear goal but to give the group the feeling that they did find it themselves.*

What was your first EQuiP experience?
RG: *My first important impression where GPs of whole Europe having a similar mindset towards the profession family medicine/ general practice in spite of working in very different health systems.*

What major achievements do you know EQuiP for?
RG: *The Quality Circle Method was the reason for me to join. The knowlege we got by EquiP helped to establish the method for GPs in Austria.*

How would you describe the current world of quality improvement and patient safety in primary care in your country and in Europe?
RG: *Quality improvement is now characterised by a rivalry with quality assurance. The first is a dynamically approach, the second is more statically, restricting. The non-medical professions in the governments see their task - needless to say - in monitoring and ensuring which interferes very often with development.*

How would you predict the future for quality improvement and patient safety in primary care in your country and in Europe?
RG: *The future will be orientated to efficacy and efficiency factors. What is promoting, what is impeding. e.g. too sophisticated actions for patient safety have sometimes contra-productive effects. It will be necessary to reveal and to bring recommendations in balance.*

EQuiP 25 Years (1991-2016):
Psychosocial indicators

I have been the representative of the Israel Association of Family Physicians to EQuiP since 2007 and have had the privilege to meet and work with many outstanding physicians from all over Europe. My recollection of EQuiP relates to the subject of quality indicators.

When I first joined EQuiP, quality indicators were beginning to play an important part in our everyday lives as family doctors, but many doctors felt that they interfered with the interaction between them and their patients on a daily basis and did not truly measure the "quality" of the work family doctors do.

Why did (and even today, do) many doctors feel a degree of antagonism towards the quality indicators? The main reason seemed to be that most of the indicators measure only the "bio" part of the consultation while we work with our patients using a bio-psycho- social approach, as described by Engel in his paper "The clinical application of the biopsychosocial model" that was published in the American Journal of Psychiatry in 1980.

With this idea in mind, together with two colleagues from EQuiP, Adrian Rohrbasser from Switzerland and Kees in't Veld from the Netherlands, I arranged a workshop on quality indicators at the WONCA conference in Malaga in 2010 as a presentation on behalf of EQuiP.

The goal of the workshop was to request the participants to take the part of management, family doctors and patients and to recommend indicators that each sector might introduce as a way of measuring the psychosocial part of the consultation. The workshop did not consider the method that would need to be employed in order to measure the specific indicators.

40 doctors participated in the workshop and the indicators that were recommended are listed below, according to the three sectors. Those that are in italics are indicators that the three sectors agreed upon.

Link to EQuiP Working Group (2009-2013)

GROUPING	PATIENT	DOCTOR	MANAGEMENT
Structure	Structure of the practice	Doctor's surroundings / structure of the practice / staff	Co-workers / teams
Process	Access to the practice / telephone access / ease of obtaining appointments	"Process" indicators	
Structure of the consultation	Privacy	Respect	Privacy (data protection laws)
	"Enough time" for the patient	*Length of the consultation*	*Length of the consultation*
	Continuity of care	*Continuity of care*	*Continuity of care*
Communication skills	*Communication skills – "active listening"*	*Communication skills – expectations (ideas, concerns, expectations)*	*Communication skills*
	Ability to solve conflicts	Level of agreement	
	Patient centred (not guidelines centred)		
	Empathy	Empathy	
	Trust	Trust	
Enablement	*Patient enablement*	*Patient enablement*	*Patient enablement*
	Quality of life	*Quality of life (? also of the doctor)*	*Quality of life*
		360 degree assessment	
Outcome	Outcome		Prescriptions – antidepressants, overal prescribing / measurement of a number of "soft" diagnosis
CME	Medical competence	Education / CME	Education / CME
Tools			Structured interview forms

At the conclusion of the workshop there was broad agreement among the participants that the main problem with this list of psychosocial indicators is that they are not easy to measure. The "bio" indicators are easily measured by the computer: By pressing one key, one can obtain measurements of HbA1C or blood pressure in a practice very easily, very quickly and extremely cheaply.

The measurement of psychosocial indicators requires thought regarding the best method for the measurement, time, and expense. We all knew that it would not be easy to integrate them into our everyday working environment but today, there are health organizations that already measure some of them.

In conclusion, if these psychosocial indicators could be added to the "bio" indicators that are already widely used, together, they may represent a more accurate assessment of our work as family doctors.

Gordon Littman
Israel Association of Family Physicians
EQuiP delegate

EQuiP 25 Years of Service: 1991-2016 - the Czech Republic

Interview with
Bohumil Seifert, MD, GP, PhD **(BS)** *&*
Jan Kovář, MD, GP **(JK)**

How would you sum up the last 10 years of Quality Improvement (QI) and Patient Safety (PS) efforts in General Practice?
BS: *I see progress both in systemic way and in bottom-up initiatives. We have a new legislation, which includes quality and safety requirements, insurance companies motivate GPs to improve organization of their work, College produces guidelines and implement them and organises CME on quality assurance. We still see a variability in quality in general practice but also a lot of improvement.*

JK: *I am in practice for 5 years so far. In this short era I witnessed the introduction of guidelines as major tool of QI/PS systemic effort. Also there has been move towards broader GPs competences in drug prescription, chronic care, POCT lab and diagnostic devices. Still, I do not feel the will for change of attitude amongst "peripheral" GPs.*

How is General Practice (especially Quality and Safety work) organised and supported
BS: *All the measures and initiatives described above contribute. Although presently we have no program particularly oriented to support quality and safety in GP.*

JK: *Guidelines are introduced regularly on local meetings or national congresses. As the majority of GPs are single-handed, acting as doctors, employers, semi-managers, QI/PS has - especially due to a time shortage - unfortunately a low priority in organising practice.*

Which tools and methods are currently in use?
BS: *The National College offers different instruments: EUROPEP, Critical Incident registration and analysis, accreditation standards. All these instruments were piloted in the Czech Republic and they are part of instrumentarium for accreditation standards. But they are not widely used. Quality circles exist, but are not formally established.*

Are GPs and Trainees formally trained in QI and Patient Safety?
BS & JK: *No.*

Which IT and communication technologies are being used in General Practice?
BS: *Different software GP-specific systems. Internet is available in almost all practices. Software includes modules, which supports QI/PS in chronic disease management, e.g. diabetes.*

JK: *Several secured communication channels are working between GPs, specialists, labs, hospitals.*

Which role should EQuiP play now and in the years to come?
BS: *To continue to be an inspiration and source of information. In addition, international project participation and collaboration would be helpful. They always push the progress.*

JK: *The same! I know, I will not be able to run a project on my own, but I believe, I can gather quality data for someone else.*

What do you expect from the future of QI and Patient Safety work in General Practice?
BS: *Increasing patient safety culture, particularly in my country. Wish to show that I do things well and my practice is safe. Increasing role of patients.*

JK: *Perception and acceptance of the QI/PS policy as a regular, or even better: A natural part of daily practice. Tools for smooth introduction of the topic to mistrustful and skeptical colleagues.*

New organisational member of EQuiP:

The Swedish College of General Practice's Standing Committee for Quality and Patient Safety (SFAM Q)

SFAM Q is the Standing Committee for Quality and Patient Safety within The Swedish College of General Practice. It consists of around 10 specialists and residents in Family medicine from different parts of Sweden. All of us are interested in quality improvement and patient safety and together we have a lot of both theoretical knowledge and practical experience in the field.

The Standing Committee was founded 1992 and initially the main focus was on constructing useful quality indicators for primary health care and family medicine that would reflect true quality and also inspire to quality improvement. Over the years its task has expanded and 2011 Patient Safety was added to the name of the committee SFAM Q's tasks:

1. To develop methods, models and tools that help to create good quality in family medicine

2. To monitor, coordinate and spread knowledge on quality improvement to primary care and GPs

3. To assist GPs in their work with quality improvement and patient safety

4. To safeguard the perspective of family medicine in local, regional and national quality and patient safety issues

SFAM Q is still working on producing and improving quality indicators as one tool for quality improvement in daily work. As a part of this work SFAM Q has produced policy document on evidence based quality improvement from the perspective of Family Medicine. In the document the difference between indicators for quality improvement and the use of quality indicators for reimbursement is discussed and clarified.

Since 2003 SFAM Q has annually organised The National Quality Symposium for Primary Care, where nearly 150 heath care workers from primary care come together to share experiences and learn from each other about practical quality improvement and patient safety.

SFAM Q's Vision: *To get as many GPs as possible to realize how rewarding and fun it is to review and, together with colleagues, reflect on their own practice.*

Link to SAMF Q's website (in Swedish)

EQuiP

FAMILY DOCTORS
with heads and hearts

WONCA Europe Conference

15 -18 June 2016, Copenhagen, Denmark

Preliminary programme overview
We are delighted to present the preliminary programme overview. It includes high-quality sessions, including '1-slide-5-minutes' presentation, and posters, which will be displayed in the public areas of Bella Center on Thursday 16 June and Friday 17 June.

Navigate through the program here

The Safe EQuiP Track of Quality

Thursday 16 June

10:00-11:15 EQuiP Workshop
Measuring diabetic care: What are good indicators?

Piet Vanden Bussche (BE) & Johan Wens (BE)
Venue: Bella Sky, Meeting Room 173
Working Group: Wonca Europe Network Collaboration.

11:45-13:00 IGRIMUP Symposium No. 2: Interventions
The PRIMA-eDS electronic decision support system – a multinational European project

Graziano Onder (IT) & Ilkka Kunnamo (FI)
Venue: Bella Sky, Meeting Room 181
Working Group: eHealth.

11:45-13:00 EQuiP Workshop
Health inequalities related to socio-economic status: How primary care may reduce them?

Hector Falcoff (FR), Piet Vanden Bussche (BE) & Sara Willems (BE)
Venue: Bella Sky, Meeting Room 173
Working Group: Equity.

11:45-13:00 Oral presentation (Presentation time: 12:35-12:45)
How can we help GPs cope better with the impact of adverse events in general practice (The Second Victim Syndrome)?

Andrée Rochfort (IE)
Venue: Meeting Room 17, OP09.6
Working Group: Professional Health.

11:45-13:00 EQuiP Workshop
Quality improvement 2.0: Online Journal Club meets Family Medicine Change Makers' Tweetchat

Andre Nguyen Van Nhieu (FR), Ulrik Kirk (DK), Patrick Reichel (AT) & Claire Marie Thomas (UK)
Venue: Hall A, Meeting Room 6+7
Working Groups: Social Media & Teaching Quality.

11:45-13:00 E-Poster Session (Presentation time: 12:10-12:15)
The development of quality circles for quality improvement in Europe from 2003 to 2015

Adrian Rohrbasser (CH) & Ulrik Bak Kirk (DK)
Venue: E-Poster Station 2, EP05.06
Working Group: Quality Circles.

15:00-16:00 E-Poster Session (Presentation time: 15:40-15:45)
The development of quality circles for quality improvement in Europe: a qualitative study

Adrian Rohrbasser (CH) & Ulrik Bak Kirk (DK)
Venue: E-Poster Station 2, EP08.09
Working Group: Quality Circles.

16:15-17:15 EQuiP Workshop
Overdiagnosis and patient harm or how unsafe is striving for certainty?

Adrian Rohrbasser (CH) & Ulrik Bak Kirk (DK)
Venue: Bella Sky, Meeting Room 1818
Working Group: Quality Circles.

16:15-17:15 Workshop
Barriers and facilitators to implementation of clinical practice guidelines
Esra Meltem Koc (TR) & Zekeriya Aktürk (TR)
Venue: Hall B, Meeting Room 3
Working Group: Tools and Methods.

Friday 17 June

10:00-17:00 Poster Session II
A. *EQuiP Summer Schools*
Zalika Klemenc-Ketis (SL), Andre Nguyen Van Nhieu (FR) & Ulrik Kirk (DK)
Venue: Poster Hall no. PB-183.
Working Group: Teaching Quality.

B. *The Interactive ePDF to Social Media in Family Medicine*

Ulrik Kirk (DK) & VdGM
Venue: Poster Hall no. PB-184.
Working Group: Social Media.

C. *Exploring why quality circles work in primary health care: a realist review*

Adrian Rohrbasser (CH)
Venue: Poster Hall no. PB-327.
Working Group: Quality Circles.

10:00-11:15 EQuiP Workshop
What do patients expect from eHealth? - let the patients tell us!

Ilkka Kunnamo (FI), Ynse de Boer (DK) & Piet Vanden Bussche (BE)
Venue: Hall A, Meeting Room 20
Working Groups: eHealth & Patient Empowerment.

10:00-11:15 Workshop
Doctor Avatar life lessons for health professionals: a workshop exploring failure to appraise social media outcomes

Peter Sloane (IE), Zelal Akbayin (TR) & Ulrik Bak Kirk (DK)
Venue: Bella Sky, Meeting Room 173
Working Group: Social Media.

11:45-13:00 EQuiP Workshop
The development of quality circles for quality improvement in Europe: a mixed methods study involving 26 European countries

Adrian Rohrbasser (CH), &Ulrik Bak Kirk (DK)
Venue: Hall B, Meeting Room 6
Working Group: Quality Circles.

11:45-13:00 EQuiP-VdGM Workshop
The (online) patient will see you now, Doc: primary health care for all through telehealth

Luis Pinho-Costa (PT), Peter A Sloane (IE), Charilaos Lygidakis (IT), Raluca Zoitanu (RO), Raquel Gomez Bravo (ES), Zelal Akbayin (TR) & Ulrik Bak Kirk (DK)
Venue: Bella Sky, Meeting Room 173
Working Group: Social Media.

11:45-13:00 E-Poster Session (Presentation time: 12:25-12:30)
Practice support for patients with chronic conditions

Ulrik Bak Kirk (DK), Jochen Gensichen (D) & Andree Rochfort (IE)
Venue: E-poster Station 3.
Working Group: Patient Empowerment.

16:15-17:15 VdGM, EGPRN, EQuiP, EURIPA, EUROPREV, EURACT Workshop
A future vision for development of and enhanced collaboration between the Networks of WONCA Europe

Peter Sloane (IE), Mehmet Ungan (TR), Piet Vanden Bussche (BE), Tanja Pekez-Pavlisko (HR), Mateja Bulc (SI) &
Jo Buchanan (UK)
Venue: Hall A, Auditorium 15
Working Group: Wonca Europe Network Collaboration.

Saturday 18 June

10:45-12:00 EQuiP Workshop
Being a good-enough GP for non-heterosexual people (LGBT- Lesbian, Gay, Bisexual and Trans people)

Janecke Thesen (NO), Gunnar F Olsen (NO) & Mari Bjørkman (NO)
Venue: Hall A, Auditorium 15
Working Group: Equity.