

#1 Newsletter

September 2013

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Welcome to the #1 EQuIP Newsletter

This year's WONCA World conference in Prague was a very fruitful event, I think to everyone who participated but to me in particular. Many thanks to Bohumil Seifert for a very well organized event.

In my memory of the conference four events stood out:

- As the first, I will mention the opening event an outstanding performance was of the local band of handicapped youth – the TAP TAP, composed from handicapped people of Jedlickuv ustav. The presences of the group set a great and inviting and including atmosphere and the performance was uplifting.

- The second event of personal importance to me was the key note lecture by professor Igor Švab. He stated: "By putting too much focus on measurable standards and by forgetting the personal approach, we are denying our patients our feelings, our wisdom, our caring, our love, the very values that are needed in a world dominated by productivity and profit. Using rationalistic measures only is not enough in explaining quality and contribution of family medicine". For those of you who did not attend the Prague conference, Igor's speech was recorded and can be found at:

<http://wonca2013.tone.cz/>

- The third was the workshop by Andree Rochfort on the afternoon of Tuesday, June 25 "Sharing the skills to survive in a rapidly changing medical workplace". The message from the audience of international GPs was that the main stress factor in their present work life derives from quality measurement and accreditation programs.

Especially top-down approaches with little influence of the GPs and staff were conceived as problematic for job satisfaction, doctor-patient relations and recruitment of young GPs to GP/FM.

- The fourth was meeting the members of the WONCA World Working Party of Quality and Safety (WWWQOS). Members from Africa and Asia strive to improve care, to develop indicators of care, to measure care, to get access to evidence based guidelines, to teach quality and safety, because in many of their setting this is totally absent.

So on one hand, the measurement, the evidence based approach is of course needed. On the other hand, when applied, GPs become stressed, frustrated and overwhelmed by the bureaucracy of it all.

Bridging that dilemma is perhaps the most important task for EQuIP in the years to come. At the WWWPQS meeting, President Michael Kidd participated and urged the group to write up a policy statement before the end of the conference.

Through the great work of Alexandre Gouveia the draft statement attached here was written up. We feel that we succeeded in balancing the need for QI and Safety to patient centeredness, respect of patients' privacy and confidentiality, prioritizing quality and safety work and emphasizing the need of local leadership in the clinics of that work. You may find the draft policy statement here. Comments are very welcome.

In order to meet the needs of GPs who are at the beginning of the travel to quality and safety, we have the support from WWWPQS, also financially to create a repository of quality and safety tools on the EQuIP and WWWPQS websites.

The results of the Leonardo da Vinci project, the Linnaeus project and Canadian Cheryl Levitt's extensive work on quality indicators may be examples of work, that may be very good starting points.

Tina Eriksson

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Major changes within EQuIP

At the 43rd EQuIP Assembly Meeting 5-6 April 2013 Ulrik Lystbæk Kirk was welcomed as manager/administrator for EQuIP. The development of his role in EQuIP has evolved over recent meetings to manage the administration of EQuIP in between the twice yearly meetings, and also to develop the EQuIP website and update it for members and for public access.

Ulrik Kirk has also been involved as administrator, coordinating the work of the Working Group for Revision of the Constitution to accommodate individual and organisational membership. He has been working closely with president of EQuIP, Tina Eriksson, on proposals for fee structures, meeting structures for the twice yearly meetings, and on the EQuIP newsletter.

New Meeting Structure

EQuIP organises a members' meeting each spring open to all EQuIP members, and another meeting for the EQuIP council members and the advisory board only each autumn. The EQuIP council meeting is organised by the national EQuIP council members of the host country in collaboration with the EQuIP secretariat.

The next meeting will be held in:
Bologna 14-16 November 2013.



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Membership - what's in it for me?

Membership: What's in it for me?

EQuIP offers a platform of the knowledge base and for the discussion between GPs, researchers and organisations involved in quality and safety of family medicine. EQuIP is currently engaged in a number of projects in the field of quality and safety in Europe.

Members of EQuIP enjoy a number of benefits:

- You will become a member of the largest and best functioning GP based network on quality and safety in the world.
- You will get to know colleagues from European countries working in the field of quality and safety.
- You will have the possibility of taking part in conferences and meetings of EQuIP at a reduced price.
- You will receive four yearly newsletters.

Who can apply for individual membership?

General practitioners (practicing or academic) may become individual EQuIP members. Medical doctors and other health professionals (academics, staff members and patients) involved in quality development in general practice may be extraordinary members.

Individual and extraordinary EQuIP members must reside in one of the European WONCA membership countries. However, the EQuIP executive may decide to grant membership to applicants residing in countries outside Europe and also to applicants residing in countries that are not WONCA Europe members.

The EQuIP executive board must accept each individual and extraordinary membership.

Who can become an organisational member?

Institutional members can be scientific societies of GPs and other organisations and institutions involved in quality development

The EQuIP executive board must approve each individual and extraordinary membership.

Application procedure and membership fees

You may apply for membership by using the application form on the EQuIP webpage. The EQuIP executive must approve each application for membership.

You are expected to pay for membership in advance. All EQuIP council members must also pay membership fees. Membership fees are defined by the EQuIP executive board.

Please be aware that you are not an EQuIP member unless this process has been completed and cannot participate in any formal proceedings. You will also forfeit your membership if you do not pay your subscription in the appropriate calendar year.

We wish you great success with your application, and that you will enjoy your membership.

[Read more here.](#)



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New members

The very first individual members of EQuIP

Dr. Ayşe Çaylan from Turkey was welcomed as the first individual member of EQuIP as she joined EQuIP during the 42nd Assembly Meeting of EQuIP in November 2012 in Erzurum, when EQuIP was opened to individual membership and to organisational membership.

See why Ayşe Çaylan from Turkey became the very first individual member of EQuIP [here](#)

Furthermore, EQuIP is very honored to welcome professor Sara Willems as individual member of EQuIP. Sara Willems received a Master in Health Promotion (1999) and a PhD in Medical Sciences (2005) from Ghent University (Belgium). Since 2005 she coordinates the research group "Inequity in health and primary health care".

In 2011 she was appointed as the first professor in Health Equity at Ghent University. Her research activities focus on the social gradient in medical health

care use, the accessibility of the Belgian health care system, the role of primary health care in tackling health inequity and the link between social capital and health (inequity). She developed a special interest in the use of qualitative research methods.

Sara is the author of chapters in several books and wrote articles in several peer-reviewed journals. She is (co-)author of several research reports for the federal and local authorities. [See her list of publications here.](#)

She is involved in the medical curriculum and in the master program on health promotion at Ghent University where she teaches on social inequity, and health and society. She is also involved in the design and implementation of several community health projects in Ghent and is the chief executive officer of a community health centre in one of the deprived areas in Ghent.

In April 2011 at the EQuIP Invitational Conference in Copenhagen, Sara Willems together with Piet van den Bussche & Dirk Avonts held the workshop "Do we treat all patients equal? Equity as a criterion to evaluate quality of primary care". [See webcast here.](#)

In April 2013 at the 43rd EQuIP assembly meeting in Paris on "Equity as a Dimension of Quality in Primary Care", Sara Willems gave presentations on 1) Introduction: Frame, definitions, issues [see PP slides here](#) and [see webcast here](#);

2) Equity in primary care in Europe: First results of the QUALICOPC study ([see PP slides here](#))

The very first organisational member of EQuIP

The Finnish Medical Society Duodecim is a scientific society with almost 90% of the Finnish doctors and medical students, altogether over 20.000, as members.

Duodecim Medical Publications Ltd. carries out the Society's mission to publish medical information. The company is the leading Finnish publisher in the field of medicine providing the latest knowledge for health care professionals as well as for the general public interested in health care issues.

EQuIP is very proud and happy to pronounce [Duodecim Medical Publications Ltd.](#) as its very first organisational member.



Lifelong Learning Programme



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Finished projects

In the last two year EQUIP has been involved as partner in the Leonardo da Vinci (EU) project Innovative lifelong learning of GPs in QI supported by information technology (inGPInQI).

The general intention of the inGPInQI project is to improve the existing training programs for both GPs and teachers in family medicine (FM) in the field of QI by implementing new innovative didactic tools and methods in existing educational systems in Europe supported by Information/Internet Technology (IT).

One of the products of the project is 'The Guidebook on Implementation of Quality Improvement in General Practice' which aims at helping regular GP to develop the necessary knowledge and skills in order to understand and manage basic quality improvement methods.

[Link to English GuideBook here](#)

Main project areas

- Patient satisfaction
- Organisational development
- Tools and methods for quality improvement
- Accreditation
- Ethics of quality improvement
- Payment systems, pay for performance
- Aggregated quality data
- Patient safety
- Equity as a dimension of quality
- Teaching quality and safety
- Chronic care

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PECC-WE (Patient Empowerment in Chronic Conditions - WONCA Europe)

The WONCA Anniversary Research Fund winner project PECC-WE (Patient Empowerment in Chronic Conditions - WONCA Europe) has four project partners: EQuIP (The European Society for Quality and Patient Safety), the Department of General Practice of University of Jena, Germany, the Finnish Medical Society Duodecim, and the Irish College of General Practitioners.

The aim of the project

The PECC-WE project aims to improve the quality of patient care by developing evidence based education and training for European GPs and Practice Nurses so that they can effectively and efficiently empower patients to improve their own self management of chronic conditions (non-communicable disease) in the context of general practice/primary care.

Chronic diseases have been recognised by the World Health Organisation as the major cause of death (60%) and disability (almost 50%) worldwide, and are predicted to rise to 73% and 60% respectively by 2020.

The complexity of health care for chronic non-communicable disease is also increasing; associated with several factors including ageing populations, multiple concurrent chronic conditions (multi-morbidity) and preventable co-morbidities.

General practice faces increasing challenges in the management of complex multi-morbidity while working for better patient outcomes. It is acknowledged that these increasing demands and associated rising costs on health care systems are not sustainable.

Patient empowerment

Patient empowerment was adopted as the 12th Characteristic of European General Practice by Wonca Europe in September 2011. In effect, this means that patient self management is recognised as being a specific core characteristic of general practice.

EQuIPs proposal combines their remit of advancing the quality and safety of patient care in European General Practice with the need to prioritise and promote patients' active involvement in their own healthcare.

Further details of the project will be found on the EQuIP website and [Wonca Europe Anniversary Fund 2015](#)

Current status

The project on Patient Empowerment in Chronic Conditions has focussed on the Work Package 1 of Systematic Review on the research question: "What educational interventions for primary care health professionals are effective in improving self-management in patients with chronic conditions?".

The primary aim of this systematic review is to examine the effectiveness of professional educational interventions designed to improve self-management of chronic conditions.

The secondary aim is to inform the development of an educational programme for primary healthcare professionals across Europe which will be effective in empowering patients to improve their self management of their chronic conditions (non-communicable disease).

The following databases and methods are part of the search strategy: PubMed, ERIC, EMBASE, CINAHL, PsycINFO, web searches, hand searches and bibliographies. Work Package 2 (designing a framework curriculum) will develop from incorporation of the results of Work Package 1.

Andrée Rochfort

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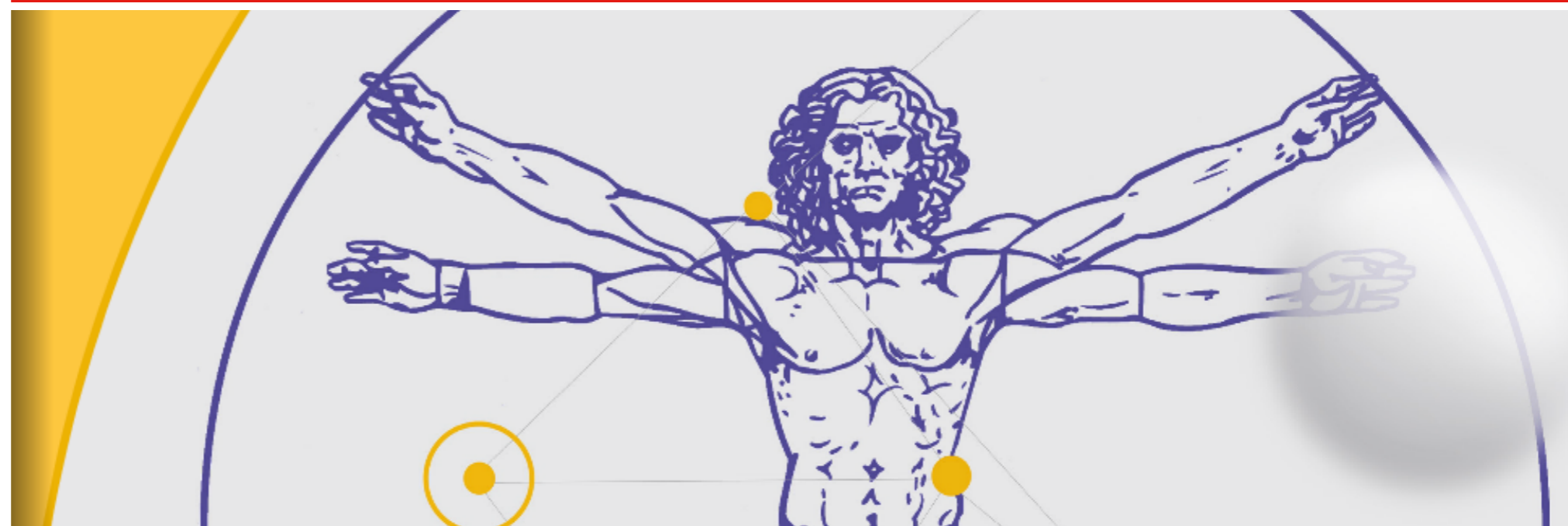
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inGPinQI (Innovative lifelong learning of GPs in QI supported by information technology)

The aim of the Leonardo da Vinci (EU) project Innovative lifelong learning of GPs in QI supported by information technology (inGPin-QI) is to improve the existing training programs for both GPs and teachers in family medicine (FM) in the field of QI by implementing new innovative didactic tools and methods in existing educational systems in Europe supported by Information/Internet Technology (IT).

The project is focused on: (1) hypertension and (2) diabetes mellitus which appear as the most important problems of public health in Europe.

Results

Two reports with the systematic overview of the existing training programs in QI and successfully implemented quality projects (which adopt a broad view of the magnitude and nature of quality), that will be developed in the project – helps us in creating an important European perspective that couldn't be achieved based on experience from one country only.

Data included in the reports may be used to stimulate interest of family medicine teachers on QI topics. A description of quality projects undertaken in general practice, presentation of the best examples with analysis of its success factors can help in informing them about valuable developments.

That mapping done in our project will give the basis for developing the following project results:

- Guide Book containing guidelines on effective development and implementation of QI programs on EU level.
- New guidelines for the management of: (1) arterial hypertension and (2) diabetes mellitus.
- A VET training course and learning materials on QI for family medicine teachers.
- A distance-learning course for GPs on QI.
- A web-based tool for measuring the GPs' educational needs on QI in family medicine.

[Link to English GuideBook here](#)

Partnership

Partnership of the project consist of 6 Partners from 5 countries: PL, CZ, DK, NL, SI. The partnership is built on the basis of searching of active partners in project area in the EU. All partners have a wide practical and theoretical experience in teaching and quality improvement themes, necessary to cover project activities and to achieve results envisaged. A various character of partners (universities, associations, SME, international organizations) ensures a complex approach to achieving project goals.

EQuiP comprises 2 delegates appointed by the European Colleges of Family Practice on the ground of their expertise in practical tutorial or research related expertise in Quality in General Practice. [Read more here](#)

Videos

Presentation of EQuiP's Leonardo da Vinci project (English) [here](#)

Presentation of the results of EQuiP's Leonardo da Vinci project (English) [here](#)

Publications

[Role of European academy of teachers in family practice](#)

[Perceptions on Competencies of GPs in Albania](#)

[Quality Improvement Competency Gaps In Primary Care](#)

[Development of a Competency Framework](#)

[Teaching quality improvement in family medicine](#)

Tomasz Tomasiak

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The Paris Meeting

Equity as a dimension of quality in primary care

The EQuiP Spring meeting took place in Paris from Thursday 4 to Saturday 6 april 2013, with the help of the Société de Formation Thérapeutique du Généraliste (SFTG), a French scientific society, member of EQuiP. A memorable wine & cheese party opened the meeting.

A conference was organized on Friday afternoon and Saturday morning. The topic was "Equity as a dimension of quality in primary care". One hundred people attended the conference: EQuiP delegates and individual members, French health professionals, policy makers and researchers.

Experts from different European countries made outstanding lectures. [See the programme with slides here.](#)

EQuiP survey on the topic of equity in health care

Previously to the conference, EQuiP organised an online survey among the European delegates. The aim was to get a first glance on how general practitioners in Europe relate to the concept on "(in)equity in health care", and to what extent the European primary care health systems are equitable in their access to care and the delivery of care. The first results of the survey were presented at the conference. A paper is planned.

Webcasts:

[Sara Willems - Frame, definitions, issues](#)

[Yann Bourgueil - How primary care may reduce disparities? samme some Sara](#)

[Tim Doran - May P4P improve equity in primary care?](#)

[Gladys Ibanez - Why and how do we need to register the social status in the medical record? samme som Tim](#)

[Dorotheie Rambaud - The EQuiP delegates perception of equity in primary care](#)

[Laurent Rigal - Assessment of the equity of preventive care among GPs in training practices](#)

[Piet van den Busche - Teaching Equity in Health Care](#)

[Christos Lionis - The crisis and the equity of health care \(Greece\)](#)

EQuiP Summer School in France:

The summer school took place from the 27th to 30th of August, in a nice place near Paris. It is a collaboration between EQuiP, two French organizations, a scientific society, Société de Formation Thérapeutique du Généraliste (SFTG) and an association of primary care professionals, Fédération Française des Maisons et Pôles de Santé (FFMPS).

The summer school applies the model of previous EQuiP Summer Schools (but in French !). Participants will work in small groups as well as attend lectures. They will share their projects and ideas to European experts in the field of quality improvement, and benefit from their comments and suggestions

If you are interested please contact one of the French EQuiP delegates, Hector Falcoff (hector.falcoff@sfr.fr) or Isabelle Dupie (isabelle.dupie@orange.fr).

Hector Falcoff
Isabelle Dupie

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News from Switzerland, 16/06/2013

At a national level, there is an on going discussion about the future of Family Medicine. Although it is acknowledged that family medicine basis forms the basis of health care in Switzerland, there is still no agreement on how future colleagues should be encouraged to work in that field.

The popular initiative concerning the support of family medicine was signed by far more than 100 000 people within short time forcing the politician to either develop a legal framework around this initiative or generate an own proposition.

The Federal Assembly are drawing up a road map on future health care and they promise better working conditions in the future for people working in primary health care.

Physicians developed an awareness of quality improving and assessing which led to the foundation of the **Swiss Academy of Quality in Medicine**.

The academy consists of delegates representing the different specialties and aims to improve all aspects of quality concerning patients, their families and the physicians themselves.

It serves as an umbrella organisation for all the committees that deal with quality improvement in different specialties.

It sets standards for data collection and assessment of projects concerning quality in medical care.

The committee of quality improvement of the Swiss Association of Family Medicine has completed several projects: quality circles / peer review groups are recognized as main means of increasing and disseminating knowledge among primary care physicians.

As patients and their needs are the focus of primary health care, a validated patient survey is at everybody's disposal. Regular staff appraisal is crucial and therefore, the committee has developed a standard procedure for small practice units.

Adrian Rohrbasser
Swiss Delegate for EQuiP
Family Physician
MSc in Evidence Based Health Care

Adrian Rohrbasser



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What are we doing in Slovenia to improve quality of patients' management in family medicine?

In 2011, the pilot project entitled "Model family practices" started in Slovenia under the umbrella of Slovenian Ministry of Health. This is a new model of working in chosen healthcare centres' units. The project is available at <http://www.referencna-ambulanta.si/>.

Definition

Model family practices are the existing family practices in which family physicians are already working and are assessed for high quality based on some quality indicators. Their management of patients is based on practice guidelines. Their key features are:

- protocols for managing patients with chronic diseases,
- making registers of patients with chronic disease,
- implementing prevention programmes,
- achieving standards of quality based on quality indicators,
- implementing skills on managing family practice patients.

The innovative approach introduced by model family practices is the involvement of nurse practitioner in management of patients with chronic disease.

Aims

The main aim of this pilot project is to develop a model which will define the primary healthcare centre family practices in future based on:

- Contents of work (protocols for management of patients with chronic diseases, making registers of such patients)
- Organisation of work (distribution of activities and competences, integrated healthcare)
- Staff strategies (working teams with proper competencies' distribution inside teams),
- Financial model (we have to suggest a change of financing, which should be higher when someone is doing more work (higher number of defined population) and has higher quality indicators).

Other aims are:

- Providing healthcare for defined population of a single family physician,
- Assessing the needs of defined population for health services according to sex, age, the presence of pre defined diseases, risk factors for chronic diseases,
- Less complaints from patients,
- Uniform distribution of workload,
- Planned management of patients,
- Reducing the frequency of patients' visits,
- Equal access to healthcare,
- Higher patient satisfaction,
- Higher satisfaction of healthcare providers.

Organization

Working team

1 FTE family physician, 1/2 FTE nurse practitioner and one nurse with secondary school

Roles of nurse practitioners:

- Management of stable patients with chronic diseases,
- Team work,
- Preventive actions.

Registers:

- Healthy people without risk factors,
- Healthy people with cardiovascular and other risk factors,
- Patients with common chronic diseases.

Organisation of work:

- Active management of family practices' defined population.

Motivation, leading:

- Promotion of professionalism, ethical principles, common goals.

Work quality control

- Making standards and monitoring of quality indicators,
- Benchmarking of patient management with defined standards of care,
- Developing suggestions for improvements.

Vision

- Achieving 90% optimal values of quality indicators until 2015.
- Approximately 20% more patients with arterial hypertension, asthma, COPD and diabetes mellitus type II will achieve target values when compared to the existing family practices.
- Better screening of healthy population (each year 10% more newly discovered people with risk factors).

Zalika Klemenc Ketis



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(Photo: WHO/Kadri Kont-Kontson)

Delegate interview - The Estonian Story (June 2013)

What is currently going on in QI field in primary care in Estonia?

The auditing of best (A-level) practices for 2013 is just about to begin – the auditors are ready to go to visit practices. The system is working from 2009/10 (see below) and now there is the fourth season of accreditation. Auditing has been taking place once a year. The criteries have been modified yearly, but first time the practices which have got nomination of A-level for 3 years are going to be audited in season 2014/15, until this they automatically are counted as A-level practices. Regarding to this we have 31 practices to audit.

Who are the auditors and how do they work?

Auditors are family doctors, the leaders of well-organized practices, the members of the board of Estonian Society of Family Doctors (ESFD). Outside of ESFD there are important guest-auditors this year - Tanel Ross (director of Estonian Health Insurance Fund - EHIF), Maivi Parv (head of EHIF Tartu branch), Margus Tsahkna (head of the Social Affairs Committee, the parliament of Estonia), Pille Saar (Estonian Health Board, head of department of Family Medicine) and - last not least, our foreign guest- Paula Vainiomäki (Turku University, Finland, Department of General practice). We are very glad to have their view to accreditation process as feedback.

Auditors work in pairs, there is a protocol to be filled by practice representative before auditing, the auditors visit practice for appr. 2 hours and after that the practice gets peer-review from auditors.

From the background of practice accreditation in Estonia:

In 2009 ESFD decided to describe the standards for good practice. So The Quality Guide for Estonian Family Doctor Practices was published. The manual describes how to organize the work in family medicine practice in a best way. The book was published in estonian and russian language and was also translated and digitally available in english. Contents of the manual:

I – availability of family doctors help and access to the practice (standards – access to practice and informing the patients)

II – organisation of the practice

(standards – working order of the practice, managing the medical information, work-rooms and access to them, medical accessories and devices, clinical supporting processes).

III – quality of the treatment work (therapy)

(standards – promoting health and preventing diseases, diagnosing and solving individual health problems, consistency of medical care, cooperation with the patient, safety and quality, education and training)

IV – practice as an educational – scientific base

(standards – practice as an educational base, practice as a base for scientific work)

Appendices to the document are the questionnaire of patients feedback and table of indicators.

On the basis of The Quality Guide for Estonian Family Doctor Practices the development of practice accreditation system was launched.

The ESFD has used an intranet SVOOG for digital practice accreditation assessment. Family doctors may fill up the table about quality indicators of the practice work and get scored from C to A (maximum).

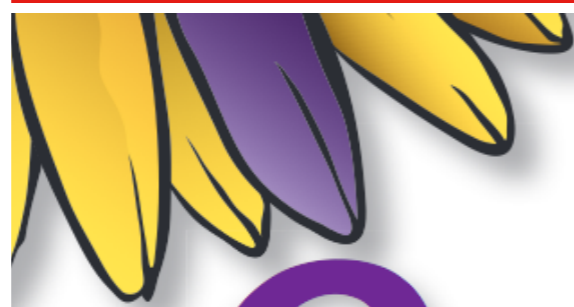
This is voluntary and open only for doctors who are members of ESFD (in 2013 from 805 Estonian FD-s the 798 are the members of ESFD). ESFD is auditing the best (A-level) practices only, this is a part of accreditation system.

Estonian system in somehow unique – down to top organized, voluntary, without any P4P for practice quality incentives – we have the only possibility to use the honouring and positive public attention to those practices as motivator.

At 2011 the president of Estonian Republic Toomas – Henrik Ilves specially acknowledged the practice – holders of the A-level practices. They also get an award from ESFD – the wall – hanging pennant, wonderfully designed by textile – artist Ene Pars.

Katrin Martinson, family doctor
member of the board of ESFD, Estonia

Katrin Martinson



A comprehensive set of quality performance indicators for family practices.

Quality

in family practice

Book of Tools

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Quality in Family Medicine Book of Tools

Improving quality in family practice can be daunting:

- How do you get started?
- How do you prioritize all the things you want to improve?
- Are you sure you are doing everything you can to facilitate the process?
- Do you ever worry about missing reports or test results?
- Are you as good as you think you are in baby, childhood and adolescent immunization?
- Do you know how to conduct an audit of your practice?
- Do you know how to seek feedback from your patients?

McMaster University and the Ontario College of Family Physicians have developed, tested, refined, validated and revised a comprehensive set of quality and safety performance indicators to assess a family practice in Canada that was available in the 2010 edition of the **Quality Book of Tools**. The Tool is part of an interdisciplinary, voluntary assessment Quality program.

Indicators from New Zealand's Aiming for Excellence, Australia's Standards for General Practice; the European Practice Assessment, the UK Quality and Outcomes Framework, and the Canadian Institute of Health Information's Pan Canadian Indicators were compared with the Quality Tool.

(*Healthcare Quarterly* 2013;16(1):39-45) The 'orphan' indicators were validated through a Delphi process involving primary care and quality experts in Canada. The results are incorporated into the new book.

There are five guiding principles:

- Voluntary
- Self-reflection
- Patient/consumer involvement
- Interdisciplinary teams
- Continuous quality improvement (CQI)

Eight new categories, 6 based on the Institute of Medicine aims for the 21st century (safe, effective, patient-centered, timely, efficient and equitable) and 2 based on the Ontario Health Quality Council's reporting framework attributes of a high performing health system (appropriate resources, integrated) form the backbone of the Tool. A total of 70 indicators with associated defining criteria and a further information section with helpful web linked tools complete the Tool.

Cheryl Levitt (Family Physician) and Linda Hilts (Registered Nurse) of McMaster University, Canada, with involvement of the Ontario College of Family Physicians, have published a book called Quality in family practice Book of Tools.

The book is available free for download or purchase at www.qualityinfamilypractice.com and is a comprehensive set of practice management and clinical indicators for use in family practices.

The authors are working on a set of teaching modules for Getting Started with quality in family practice. These modules will help become available over the next year, so stay tuned.

Currently, we are working on a six module web-based learning program:

- Getting started and navigating the website
- Leadership for quality
- Practice audit for quality
- Patient survey for quality
- Snapshot of quality – a preliminary assessment
- Self-assessment of quality

Link to relevant projects, tools and websites:

www.qualityinfamilypractice.com

www.qualitybookoftools.ca

[Read more relevant articles of interest here:](#)

Cheryl Levitt