



Newsletter

March 2019

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MEMBERS

Safe Quality Seats Still Available

- EQuIP Conference 29-30 March

#3 Conference Themes

1. Healthy Practices: How can we ensure that our practices (equipment, procedures, staff, guidelines etc.) are healthy both for the professionals and for our patients?
2. Healthy Professionals: How do we maintain our health status? How do we address our own health problems? Are we the proper health role models to our patients?
3. Healthier Patients: How can we involve our patients in a better and healthier healthcare? Could this be the answer to improving the patient's general health status?

#6 Keynote Speakers

1. Amanda Howe, Past President of WONCA (2016-2018): "Patient Safety in relation to Healthy Practices and Healthy Professionals".
2. Zalika Klemenc-Ketiš, EQuIP President: "Using Patient Education to get Healthier Patients".
3. Ulrich Weigeldt, Chair of the German Association of FM/GP: "The Usage of Digital Devices to Support Patient Safety in Primary Care".
4. Constantino Sakellarides, NOVA University of Lisbon: "Health Systems & Quality of Care".
5. Efharis Panagopoulou: "Fighting Burnout and Building Resilience in Primary Care Professionals".
6. Andrée Rochfort, EQuIP: "Doctoring Doctors and Practicing what we Preach".

#9 Workshops

Theme 1: Healthy Practices

1. Aris Paganas & Vicky Garmiri: "eHealth: Current Situation, Implementation, Barriers and Perspectives according to European Commission Guidelines".
2. Eva Arvidsson & Petros Pappas: "Healthcare Quality Indicators in the context of the Primary Health Care".
3. Maria Pilar Astier Peña and team: "Building a safer healthcare system for family doctors as patients".

Theme 2: Healthy Professionals

4. Dimitrios Alepidis: "Providing Medical Care at Home - A SWOT analysis based on 25 years of experience of the company Nurse at Home".
5. Zlata Ožvačić Adžić & Manolis Smyrnakis: "Teaching Quality to the Professionals".
6. David Rodrigues & Sofia Dimopoulou: "Healthy living style for health professionals".

Theme 3: Healthier Patients

7. Ulrik Bak Kirk & Lenia Chovarda: "Social media: How doctors and patients use them".
8. Jan van Lieshout & Zoi Tsimtsiou: "Patient enablement through person-centered care".
9. Isabelle Dupie & Athina Tatsioni: "Patient participation in Patient Safety".

Venue

Mediterranean Palace Hotel, Thessaloniki, Greece

Registration

Please create an **Account Profile** in order to be able to register to the 55th EQuIP Assembly Meeting.

You will be given a unique ID in order to be able to identify that your payment has been executed.

JO B O P E N I N G

The European Journal of General Practice is looking for an Associate Editor

The European Journal of General Practice (EJGP) is the official journal of WONCA Europe (the European Society of General Practice/ Family Medicine). It is an Open Access, international, peer-reviewed scientific journal, publishing high-quality, original research.

The journal was established in 1995 and is published online (one issue per year) and in print (end-of-year book). It is indexed in Medicus/ MEDLINE; Current Content/Clinical Medicine; DOAJ; EMBASE/Excerpta Medica; PMC; Science Citation Index Expanded; SciSearch; Scopus. More information available at <https://www.tandfonline.com/toc/igen20/current>.

The European Journal of General Practice is a 'multi-regional' journal for an international public. In its peer review process and publication policy the journal intends to value and respect the regional diversity in Europe - with regard to cultural background, health care organization and research infrastructure - while maintaining the highest possible quality standards for reporting of medical studies.

We intend to give our authors and readers the highest possible service in efficient manuscript flow, constructive feedback, guidance on writing, and open communication.

The European Journal of General Practice is seeking an Associate Editor from the South-Eastern region of Europe to complete the Editorial team.

The current Editorial Team consists of dr Carl Llor, PhD (Spain), Professor Manfred Maier, (Austria), Professor Christian Mallen, PhD (UK), dr An de Sutter, PhD (Belgium), Professor Henk van Weert, PhD (the Netherlands), Professor Adam Windak, PhD (Poland), and dr Jelle Stoffers, PhD, (Editor-in-Chief, the Netherlands).

Ms Anneke Germeraad-Uriot, Editorial Assistant, supports the Editors.

What will be your job?

- You lead the review process of papers assigned to you by the Editor-in-Chief. Based on the review reports you write a motivated recommendation to the Editor-in-Chief who decides on 'acceptance', 'revision' or 'rejection'.
- You participate in editorial teleconferences (at least one every three months).
- You participate in the annual editorial meetings, which are organized at the WONCA Europe conference
- Once a year you write an editorial (rotation scheme).

What qualifications are we looking for?

- You are an enthusiastic general practitioner (family physician), or primary care researcher.
- You are an experienced researcher (PhD degree) and author. You have (co)-authored at least 15 papers peer-reviewed (preferably international, i.e. English) publications.
- You master the English language.
- You adhere to international standards on reporting of medical studies.
- You adhere to international standards on publication ethics.
- You have access to a personal network of potential reviewers.
- You combine an open mind with a good sense for potential quality and impact of submitted manuscripts.
- You are committed to our editorial policy, i.e. you are critical in your judgments, but you also are prepared to invest in constructive feedback and guidance on writing.
- You like to do this kind of work.
- You can work with deadlines.

To remain a diverse board, the desired candidate would be female. However, all candidates will be given equal opportunity.

What do we offer?

- An enthusiastic team that is used to electronic 'long distance working'.
- An electronic 'manuscript management system' (<http://mc.manuscriptcentral.com/ejgp>).
- Online training in using the manuscript management system.
- Support by our Editorial Assistant.
- A small allowance for your editorial work.
- Reimbursement of the costs of travel and stay for the yearly editorial meetings.

If you are interested in this job, please send your application letter and a short CV before 1 April to Ms Anneke Germeraad-Uriot: ejgp-agermeraad@maastrichtuniversity.nl

A notification letter including the selection procedure details will be send when your application has been received.

For more information, please contact Jelle Stoffers, Editor-in-Chief Jelle Stoffers MD, PhD, Editor-in-Chief The European Journal of General Practice Dept. of Family Medicine, CAPHRI Care and Public Health Research Institute, Maastricht University, Maastricht, The Netherlands: ejgp-jstoffers@maastrichtuniversity.nl

Evidence-based indicators for the measurement of quality of primary care using health insurance claims data in Switzerland

- results of a pragmatic consensus process

Keywords

Claims data; Consensus process; Evidence-based; Health insurance; Quality assessment; Quality indicator; Quality measurement.

[Link to BMC Health Serv Res article.](#)

Background

The level of quality of care of ambulatory services in Switzerland is almost completely unknown. By adapting existing instruments to the Swiss national context, the present project aimed to define quality indicators (QI) for the measurement of quality of primary care for use on health insurance claims data. These data are pre-existing and available nationwide which provides an excellent opportunity for their use in the context of health care quality assurance.

Methods

Pragmatic 6-step process based on informal consensus. Potential QI consisted of recommendations extracted from internationally accepted medical practice guidelines and pre-existing QI for primary care. An independent interdisciplinary group of experts rated potential QI based on explicit criteria related to evidence, relevance for Swiss public health, and controllability in the Swiss primary care context. Feasibility of a preliminary set of QI was tested using claims data of persons with basic mandatory health insurance with insurance at one of the largest Swiss health insurers. This test built the basis for expert consensus on the final set of QI.

Results

Of 49 potential indicators, 23 were selected for feasibility testing based on claims data. The expert group consented a final set of 24 QI covering the domains:

- General aspects/ efficiency (7 QI)
- Drug safety (2)
- Geriatric care (4)
- Respiratory disease (2)
- Diabetes (5)
- Cardiovascular disease (4)

Conclusion

The present project provides the first nationwide applicable explicit evidence-based criteria to measure quality of care of ambulatory primary care in Switzerland. The set intends to increase transparency related to quality and variance of care in Switzerland.

Step 1: Extraction of guideline recommendations and pre-existing QI:

- Primary care guidelines published by the German Association of Primary Care and Family Medicine (DEGAM)
- German National Disease Management Guidelines (Nationale VersorgungsLeitlinien, NVL)
- German quality indicators for ambulatory care QiSA developed by the AQUA Institute

Step 2: Preselection of potential QI that can be principally build based on Swiss health insurance claims data

- Exclusion of items for which clinical information is systematically not reported to health insurances or the service at interest is not part of the benefit catalogue covered by the Swiss statutory health insurance.

Step 3: Rating of potential QI by a multi-disciplinary group of experts (primary care, public health, academics, health economics) including patient representatives. Rating will be done based on explicit criteria:

- Relevance for public health
- Clarity of definition
- Influence on measured aspect of care
- Risk of undesired effects
- Strength of evidence

Step 4: Face-to-face meeting for discussion of rating round and consensus on preliminary set of QI qualifying for feasibility testing

Step 5: Feasibility test based on claims data of persons with basic mandatory health insurance at the Helsana Group.

Step 6: 2nd Face-to-face meeting for discussion of feasibility test and consensus on the final set of QI.

Citation

Blozik E, Reich O, Rapold R, Scherer M, Swiss Quality Indicator for Primary Care (SQIPRICA) Working Group. Evidence-based indicators for the measurement of quality of primary care using health insurance claims data in Switzerland: results of a pragmatic consensus process. *BMC Health Serv Res.* 2018;18(1):743. Published 2018 Sep 27.

doi:10.1186/s12913-018-3477-z.

ARTICLES

EQuIP delegates comment on the practical aspects of creating and using internal and external safety and quality indicators for general practice/primary care

Quality indicators do not improve outcome

By Adrian Rohrbasser, Swiss delegate to EQuiP

I have the following five comments to the article presented by Blozik et al.:

1. The project is an initiative of the health services research department of Helsana Group (HG). However, they constitutes only one of many health insurance companies in Switzerland.
2. HG has a network providing primary health care, but they serve <1% of the whole population, even though HG covers 14,2% of the population.
3. The amount of doctors is right, but specialists like cardiologist, gastroenterologists etc. are included in this number, and they do not really help within primary health care (PHC). Most of the areas in Switzerland lack an appropriate amount of PHC doctors as in many other countries these years.

4. The HG project was never discussed in the Swiss Society of General Internal Medicine, as external use of quality indicators has hitherto not proved to improve any outcome apart from improved reporting of these indicators - quality indicators have to be tested locally and cannot be approved by a few hand-picked experts.
5. No one can check whether the datasets analysed and used in the study are trustworthy, as they are not publicly available due to the confidential HG insurance claims database.

Conclusions

In general, health insurance companies in Switzerland are more careful and considerate: they provide money if networks work with quality indicators and improve their performance.

I am pleased that Switzerland is lagging behind when it comes to measuring quality using quality 'indicators', since I personally believe that you can only improve the quality of health care when using appropriate quality indicators as part of an internal quality improvement process.

The problem with lack of real life practicability

By Guido Schmiemann, German delegate to EQuiP

Context

Quality indicators (QI) have the potential to be a powerful instrument for improving quality and patient safety. The best way to use QI is under debate ([see EQuiP's Position Paper](#)) and theoretical approaches sometimes fail when trying to use them in real life.

In 2010, a working group from the German College of General Practitioners (DEGAM) developed QI from our [guidelines on dementia, neck pain and sore throat](#). Nearly all QI that emerged from the consensus process lacked practicability. That means they could not be extracted at practice level due to the shortcomings of the practice information system available.

[The article by Blozik et al.](#) used the very same method to rate QI and applied these to health claims data, aiming to increase transparency regarding the quality of primary care in Switzerland.

Methods

In a first step, evidence based recommendations for or against specific medical interventions from different German guidelines (DEGAM, NVL) were extracted. Their operationalisability with Swiss claims data were checked and finally rated in a consensus process using the same 6-step methodology as in the article mentioned above.

Rating criteria were:

- Relevance for public health
- Clarity of definition
- Influence on measured aspect of care
- Risk of undesired effects
- Strength of evidence

Conclusion

The consented QI help to increase transparency on quality of care in Switzerland. As the authors mention some of the QI are already in use within pay for performance contracts. Nevertheless, further studies on the effects of these QI are necessary to follow up the consequences of the implementation.

MEMBERS

New Estonian delegate to EQuIP

- Interview with Elle-Mall Keevallik



#1 Why have you chosen an EQuIP membership?

Most of all, the Estonian Family Doctors Associations (EFDA) values the connections with other countries – your knowledge is valuable to us: What works, what doesn't. How are things done and funded in different countries?

It's really useful when our health insurance fund or social ministry tries to force things through. It's a powerful knowledge and experience force to have.

Also, Katrin and Le have talked much good about EQuIP. They have been talking about it for quite a while, but somehow it's happening now. I'm really looking forward coming to Thessaloniki.

#2 Why is EQuIP of interest to you?

I have been a EFDA board member for 4 years now, and the past 2 years I have been in charge of the quality of Estonian family doctors.

The quality of family doctors is quite wide ranged. And we are facing some real challenges – the mean age of a family doctor in Estonia is 55, and as we all know a people get older, they are less likely to adapt new behaviours.

In Estonia we are making big changes to our QBS and 2016 we were able to combine together our QBS (focuses more on chronic diseases and vaccinations) to Estonian family doctors associations quality system (focuses more on quality within the praxis for example - nurses work, additional services, working as a team).

My main goal and aim are to help those family doctors who are left behind, because those who are good and already meet the quality standards, they will continue to be good, but those who have missed the train, for them it's quite difficult to hop on again and that's something we as association are trying to change. We are developing mentoring system for them and have been focusing on those family doctors especially.

#3 What is new within Estonian quality and safety?

This year we did a major renewal on praxis quality system - in Estonia still we have plenty of family doctors who treat their nurses as secretaries, but we all know that they are a valuable team member, who sometimes do and know more than doctors.

World Bank has been working closely with Estonian Insurance fund and family doctor's association to see if there are things, we could change in our QBS system.

With patient safety we have a working group lead by Social Ministry, and Katrin Martinson and Helen Alter are representing family doctors. Since this topic is totally new – most work has been done to clarify the terms everybody should use when talking about patient safety.

Patient Empowerment in Chronic Conditions

- update on the WONCA Europe Anniversary Research Fund project

By Andrée Rochfort



ICGP Library involved in Published Systematic Review

In 2012, Dr Andrée Rochfort - in close collaboration with European Colleagues from EQuIP - won the WONCA Europe Anniversary Research Fund, referred to as **PECC-WE** (Patient Empowerment in Chronic Conditions – WONCA Europe).

This led to the ICGP undertaking its first ever systematic review, a three-year project from 2012-2015. Both Gillian Doran and Trish Patton were involved from the outset as part of the ICGP team, along with Andree, Dr Claire Collins, Dr Sinead Beirne and Prof Susan Smith.

The role of the ICGP library in this was the development of the search strategy; undertaking the literature searches; sourcing the articles; setting up the process for keeping track of the references and providing training and support to the team.

The systematic review informed the development of a template educational package for primary healthcare professionals across Europe. The project was presented in Istanbul at the EQuIP PECC-WE WONCA Grand Session in 2015.

In 2018, a paper based on the **systematic review** was published in the BMC Family Practice entitled 'Does patient self-management education of primary care professionals improve patient outcomes: a systematic review'.

HSE Open Access Awards Winning Paper

The BMC Family Practice published paper entitled 'Does patient self-management education of primary care professionals improve patient outcomes: a systematic review' was selected as **the winner** in the Primary Care category of the HSE Open Access awards for 2018.

These awards encourage and reward open access publishing in the Irish Health sector. Winners were announced at an awards ceremony held in Dr Steevens Library on December 7th.

A second peer reviewed paper from the PECC WE project has just been accepted for publication. EQuIP delegate from Germany, Prof. Dr. Jochen Gensichen, led the project work package on evaluation of the e-learning course for promoting patient self management. More details on this in a future EQuIP newsletter.

"This is a good example of where a National College of General Practice was enabled to conduct a systematic review independently of a University Department of General Practice, due to it being partly funded by WONCA Europe Anniversary Fund grant and by ICGP financial and manpower support through college librarians Gillian and Patricia, who were included in the list of authors. We would encourage other National College of General Practice to take courage from this and to consider developing research projects and papers in collaboration with each other in the WONCA Europe region" (Andrée Rochfort)

TEACHING

EQuIP and VdGM Summer School 2019

- Interview with Marta Velgan from Estonia



Why did you decide to show an interest in the initiative?

The President of Estonian Society of Family Medicine invited me to participate in EQuIP-VdGM Summer School. Since I plan to start my PhD study this year, this proves a great opportunity to gain knowledge about quality improvement and patient safety in family medicine.

Quality improvement and patient safety in medicine is an underdeveloped field and it's important that more young doctors will engage in this field.

What do you expect from EQuIP, your teachers etc.?

I'm expecting a well-thought-out, interesting and intensive Summer School with diverse and interesting participants.

I hope there will be both theoretical lectures and practical workshops and also enough time to communicate with other participant, to share experience and ideas.

What do you hope to gain from the Summer School?

Knowledge on quality and patient safety in family medicine and tips on how to do research in this field.

I also hope to meet new people who are interested in this field and exchange ideas.