



May 2018

EQuIP 53rd Assembly Meeting Bratislava, 2018

My Best Bratislava Moment, Claire Marie Thomas (VdGM)



Meeting new colleagues, being exposed to the progress in areas such as eHealth and overdiagnosis, fascinating and a lot of food for thought!



EQuIP 53rd Assembly Meeting Bratislava, 2018

My Best Bratislava Moment, Carlos Martin (EUROPREV)

It's difficult to choose one...
all moments were good.
Building bridges among family
medicine networks was the
best moment for me!



Preventing Overdiagnosis 2018

20-22 August, Copenhagen



Venue

Panum Building, Copenhagen

Registration

Registration fees include a social event at Copenhagen City Hall from 17:30 on Monday Aug 20th.

Sign up for alerts at www.preventingoverdiagnosis.net to be kept informed of news and updates regarding the conference.

Confirmed Speakers

Why are we so afraid to be normal
Iona Heath

De-implementation and the Challenge of Tackling Overdiagnosis at the Level of the Consultation
Gisle Roksund, Karsten Juhl Jørgensen & Tara Montgomery

Turning Citizens Into Patients Unnecessarily
Lisa Schwartz, Steve Woloshin, Hazel Thornton & Juan Pablo Brito

The Impact of Power Driven Overdiagnosis - The Role of Regulators & Health Authorities
Søren Brostrøm

Overdiagnosis 2.0 (Technology)
Henrik Vogt & Claus Ekstrøm

Psychiatry and Overdiagnosis
Allen Frances, Anders Petersen & Olga Runciman

Overdiagnosis in Risk Prevention: Cardiovascular
Hálfván Pétursson, Torben Jørgensen & Paul Whelton

Conference Themes

- De-implementation and the Challenge of Tackling Overdiagnosis at the Level of the Consultation
- Turning Citizens Into Patients Unnecessarily
- The Impact of Power Driven Overdiagnosis: The Role of Regulators & Health Authorities
- Overdiagnosis 2.0 (Technology)
- Psychiatry and Overdiagnosis
- The Role of Risk Factors in Overdiagnosis

The Preventing Overdiagnosis conference covers how physicians, researchers and patients can implement solutions to the problems of overdiagnosis and overuse in the healthcare system using evidence available and that currently being generated.

We offer a platform for delegates to learn how to avoid waste, use best practice when communicating and engaging with patients and the public, and achieve a better understanding of the benefits of shared decision making within the constraints of modern practice.

POD conferences continue working towards making our health systems safe sustainable and successful well into the future.



EQuIP Sessions at 23rd WONCA Europe Conference

24-27 May 2018 in Kraków, Poland

**ARE WE ALL EQUAL?
SOCIAL DIFFERENCES IN
HEALTH AND HEALTH
CARE IN EUROPE**

Author: Sara Willems

**MEASURING QUALITY
FOR QUALITY
IMPROVEMENT IN
PRIMARY HEALTH
CARE**

– NEW APPROACHES
AND NEW TOOLS

Authors: Tuomas Koskela, Ilkka Kunnamo, Emil Heinäaho & Piet Vanden Bussche

**DEPRESCRIBING AS A
PATIENT SAFETY TOOL
IN PRIMARY CARE**

Authors: María-Pilar Astier-Peña, Jose-Miguel, Bueno-Ortiz, María-Rosario Fernandez-García & Josep-Maria Vilaseca.

**OVERDIAGNOSIS
AND QUATERNARY
PREVENTION**
– POLICY AND PRACTICE
IN THE EUROPEAN
COUNTRIES

Authors: Sigurdsson, Bulc, Vinker, Rochfort, Visentin, Bueno-Ortiz, Dijkstra

**DOCTOR'S
PERSPECTIVE
ON PERSON-
CENTEREDNESS IN
PRIMARY CARE**

Authors: Jan van Lieshout, Zalika Klemenc-Ketiš, Erika Zelko & Zlata Ozvacic Adzic

**QUALITY
IMPROVEMENT:
SIGNIFICANT EVENT
ANALYSIS (SEA) AS A
TEACHING TOOL**

Authors: Jo Buchanan (EURACT) & Piet Vanden Bussche (EQuIP)

**ENSURING THE
DELIVERY OF QUALITY
OF CARE IN TIMES OF
HIGH WORKLOAD**

– USING THE EXAMPLE
OF MANAGING A
PANDEMIC

Authors: Jo Buchanan (EURACT), M. Matusova & Tuomas Koskela (Duodecim)

**THE EQUIP
CONSENSUS
STATEMENT ON
'EQUITY - AN ESSENTIAL
DIMENSION OF QUALITY
IN PRIMARY CARE'**

Author: Hector Falcoff

**INTEGRATED CARE
PLANS FOR PATIENT
ENGAGEMENT & CARE
COORDINATION**

Authors: Ilkka Kunnamo & Tuomas Koskela

**TO GET INVOLVED IN
THE ORGANIZATION
OF PRIMARY CARE AT
THE LOCO-REGIONAL
(MESO) LEVEL**

Authors: Hector Falcoff, Piet Vanden Bussche & Léa Pellerin

KEYNOTE

ARE WE ALL EQUAL?

- SOCIAL DIFFERENCES IN HEALTH AND HEALTH CARE IN EUROPE

Author: *Sara Willems, First Belgian Professor in the field of equity in healthcare & Head of Equity in Health Care research group leading numerous research projects on equity in primary care*



ABSTRACT

People are not born equal. There are large differences in health between European countries. For example life expectancy at birth varies within Europe by 8 years for females and 14 years for males.

But also within countries inequalities in health between social groups still persist and are even growing in some European countries.

Social inequalities in health are due to a disparity in the conditions in which people live and work, and in drivers such as income, unemployment levels and levels of education.

The impact on health of these variables starts at a young age and even before birth, and persists throughout life. Health inequalities are not only unfair, they also have a huge economic and social cost. Health care can play an important role in reducing health inequities when being organized in an equitable way.

Yet, large variations in the availability, access to and quality of healthcare for people from different social groups can be observed across Europe. Also in primary care.

In November 2017 the European Association for Quality and Patient Safety in Primary care (EQuIP), one of WONCA's networks, launched a position paper on equity in primary care.

With this paper EQuIP stresses the importance of equity as a prerequisite of high quality primary care. This presentation will focus on the inequities in health and health care in Europe, and on what is needed to tackle the social injustice of health inequity.

The presentation will build on the most recent evidence on equity in health and health care in Europe and on the The EQuIP Equity position paper.

WORKSHOP

DEPRESCRIBING AS A PATIENT SAFETY TOOL IN PRIMARY CARE

Authors: *María-Pilar Astier-Peña, Jose-Miguel, Bueno-Ortiz, Maria-Rosario Fernandez-Garcia & Josep-Maria Vilaseca*

Background

Deprescribing (D) is a structured approach to drug discontinuation. The major aim of D is to purge the drug(s) considered unwanted in a given patient, especially in the Elderly patients (E) with multiple comorbidities or in those suffering from chronic disease.

Current guidelines have limited applicability to E with comorbid conditions, the efficacy and safety of many drugs is unknown or questionable and there is evidence that taking more than ten drugs simultaneously cause adverse events.

The differential diagnosis of any sign or symptom in the E should always include the question, "Could this be caused by a drug?". General Practitioners have the possibility to promote a safer use of medications in E.

Methods

Short theoretical introduction followed by work in small groups on frequent clinical situations.

Results

To share groups' proposals on Deprescribing and facilitate resources to build family practice's plan to promote Deprescribing among elderly patients in our practices.

Conclusions:

This workshop can be used by primary care teams to promote a safer use of medications among Elderly patients.



Family M
Quality
Efficien
Equity

WORKSHOP DOCTOR'S PERSPECTIVE ON PERSON-CENTEREDNESS IN PRIMARY CARE

Authors: Jan van Lieshout, Zalika Klemenc-Ketiš, Erika Zelko & Zlata Ozvacic Adzic

Aims

EQuIP, Wonca Europe's network on Quality and Safety, formed a new working group on 'Person-centered Primary Care'.

Person-centeredness has been described in various models and comprises various domains. The most frequently cited model is provided by Moira Stewart et al.

They identified six interconnecting components - e.g. exploring both the disease and the illness experience, understanding the whole person, finding common ground - while other authors built upon this framework. However, a clear consensual model is currently lacking.

The aim of this workshop is to elicit the participants' views on person-centeredness and the elements relevant.

Structure

The workshop will consist of three parts:

- 1) Plenary (35 min)**
 - Presentation: Introduction on person-centered care relating to frameworks and domains, tools for measurement and its relation with outcomes of care
 - Introduction to small group work
- 2) Discussion in small groups (40 min)**
 - Exchange of ideas on relevant elements of person-centeredness according to their relative importance and ways to measure
- 3) Plenary (15 min)**
 - Wrap up, summarize and take home messages

Conclusions

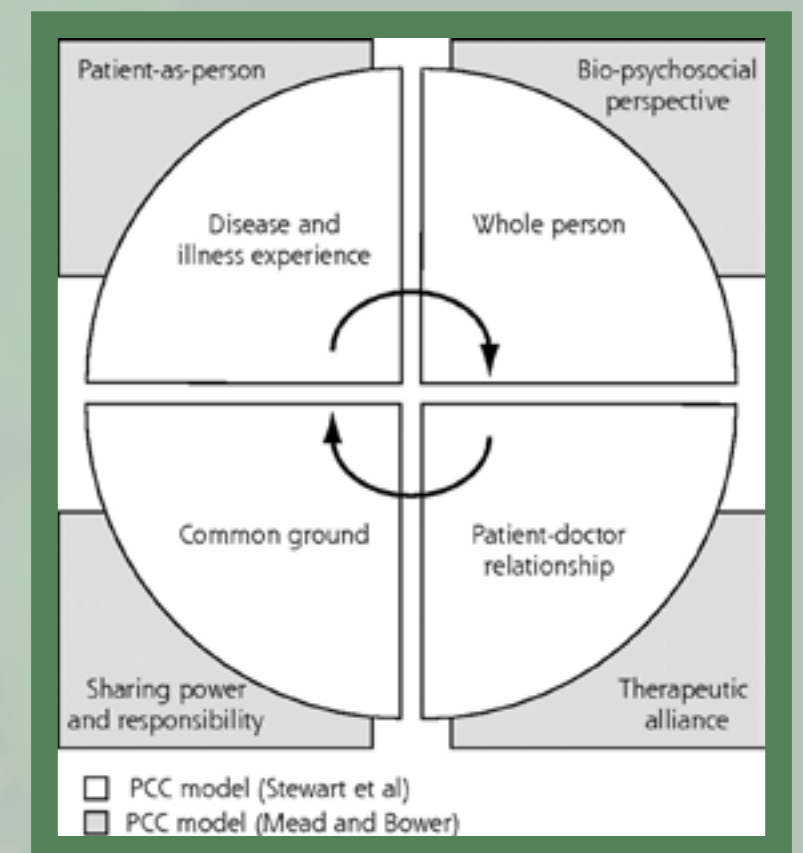
Participants will be informed on person-centered care frameworks and domains and discuss their views and experiences. This workshop will present a platform for the exchange of ideas.

The EQuIP working group will collect information from our participants on their ideas about the various elements of person-centered primary care, hoping for an audience from a variety of countries across Europe representing countries with different healthcare organizations.

The EQuIP Working Group will bring forward their work taking account of the participants' input.

Power Point Slides

Click the icon to access



WORKSHOP

ENSURING THE DELIVERY OF QUALITY OF CARE IN TIMES OF HIGH WORKLOAD - USING THE EXAMPLE OF MANAGING A PANDEMIC

Authors: *Jo Buchanan (EURACT), M. Matusova & Tuomas Koskela (Duodecim)*

Aims

To explore the issues which arise as a consequence of a rapid increase in workload.
To enable participants to plan for how best to meet this increase in workload.

Description

Family Doctors, experience increased workload for many reasons, one of which occurs during pandemic influenza.

Pandemic Influenza can be expected to result in a rapid increase in consultations over a short period of time.

Planning in anticipation of such an event is essential to ensure that guidance is in place to support family doctors to meet this challenge.

The EU funded PREPARE programme is part of Europe's efforts to plan for a coordinated response to a pandemic and focuses on research and the implementation of best evidence in the event of a pandemic.

WONCA Europe is a member of the PREPARE general assembly and is committed to ensuring that family doctors are able to implement evidence based practice during a pandemic.

This workshop will be delivered jointly by EURACT and EQuIP and will enable participants to consider how to plan for a rapid increase in workload and how to ensure that they deliver as safe and effective a service as possible.

Method

- The aims of the PREPARE project (and evidence of safe and effective service during the pandemic) will be introduced.
- The participants will explore the impact of a pandemic on their practice.
- The participants will discuss in small groups how best to meet the increase in workload and keep delivering a safe and effective service.
- Summary of the group work and conclusions.

Conclusions

This workshop will explore the issues raised by a rapid increase in workload, will identify the principles of effective planning for such an event in family practice and make recommendations for further action.



Family M
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WORKSHOP

INTEGRATED CARE PLANS FOR PATIENT ENGAGEMENT & CARE COORDINATION

Authors: *Ilkka Kunnamo & Tuomas Koskela*



Aims

Discuss the content and implementation of a continuously updated integrated care plan.

Description

According to the WONCA Policy Statement on eHealth, family physicians need tools that support the care of people with multiple morbidities, facilitate care coordination and promote evidence-based practice, while preventing fragmentation of care, overdiagnosis and overtreatment.

The continuing increase in the number and types of medical interventions and the disintegration of medical practice into narrow subspecialties calls for care coordination. Shared decision-making means that the patient's values and preferences guide goal-setting and selection of treatments.

The facilitators present the purpose of an integrated care plan and its components. The plan consists of free text fields and a structured part:

- The free text part contains the patient's needs, goals and targets, and methods to pursue the goals and monitor if they are reached.
- The structured part is computer-readable, and describes the interventions, their order and timing.

Standards are available for recording a care plan. New tools for shared decision-making and for estimating net benefit from interventions to meet the patient's goals are described.

Small groups will discuss the content of the care plan, communication with the patient in maintaining the plan, the role of the parties (patient and professionals), and facilitators and barriers of using the new tools.

Group work will be summarized and conclusions drawn.

Conclusions

The concept of an integrated care plan is becoming ripe for implementation due to the development of methods for shared decision-making, and standards and technology for maintaining a structured care plan.

The primary care team should take the role of care coordinator.

WORKSHOP

MEASURING QUALITY FOR QUALITY IMPROVEMENT IN PRIMARY HEALTH CARE – NEW APPROACHES AND NEW TOOLS

Authors: *Tuomas Koskela, Ilkka Kunnamo, Emil Heinäaho & Piet Vanden Bussche*



Aims

Participants will learn more about how to use quality indicators on a single practice for quality improvement work, and the challenges concerning quality indicator data will be addressed.

Description

The use of quality indicators in a GP practice or Primary Health Centre as a mean to improve quality of daily care is common and rarely controversial. However, many goals, values and problems in primary care are very difficult to measure.

Questions arise on which indicators should be used, how they are collected, stored and used for quality improvement work and what is the validity and relevance of the data.

EQUIP position paper on measuring quality in primary health care is a statement on how data should be gathered and used for quality purposes.

In the workshop, it will be introduced as a background paper for discussion.

Agenda

1. A new EQUIP position paper draft on measuring quality in Primary Health Care will be introduced.
2. Methods for gathering and illustrating quality indicators on a single practice are demonstrated by using two examples from Finland.
3. In small groups, the participants will explore and brainstorm ideal quality indicators for primary care on a single practice level for quality improvement work.
4. Reports from groups.
5. Summary and conclusions.

Conclusions

The results can be used by all participants and will also be used to improve the updated EQUIP position paper on measuring quality.

WORKSHOP

OVERDIAGNOSIS AND QUATERNARY PREVENTION - POLICY AND PRACTICE IN THE EUROPEAN COUNTRIES

Authors: Sigurdsson J. (1), Bulc M. (2), Vinker S. (3), Rochfort A. (4), Visentin G. (5), Bueno-Ortiz J. (6), Dijkstra R. (7)

1. Nordic Federation of General Practice/ Dep of Family Medicine, University of Iceland, Iceland.
2. EUROPREV, Dept. of Family medicine, Medical Faculty of Ljubljana University and Ljubljana Community Health Center, Slovenia.
3. Dept. of Family Medicine, EGPRN, Sackler Faculty of Medicine, Tel Aviv University, Israel.
4. EQuIP & Quality Improvement + Doctors Health in Practice Programme. Irish College of General Practitioners, Ireland
5. European Forum for Primary Care, Csermeg, Italy
6. EQuIP & Sociedad Espanola de Medicina de Familia y Comunitaria (semFYC), Spain
7. Dutch College of General Practitioners, Netherlands

Aims

To get an overview on the policy and practice regarding overdiagnosis and related medical excess in our European countries.

Secondly, to analyse facilitating factors, barriers and possible actions taken on this matter, such as avoidance of mitigation of harm from excessive or unnecessary health interventions

Background

Wonca Europe states on its website that the general practitioner makes efficient use of health care resources, but too much medicine, overdiagnosis and overtreatment have become a challenge to modern health care.

Examples include bacteria resistance from antibiotic overuse, irradiation from excessive X-rays (over-investigation) and complications from unnecessary procedures (overtreatment).

Furthermore, doctors are more likely to be sanctioned for non-intervention than for inappropriate or excessive intervention.

However, it is generally well acknowledged that many family doctors work in regions with low access to appropriate investigations, or long waiting times for procedures which may result in missed or delayed diagnoses. Although related, delayed diagnosis and overdiagnosis can and should be analysed separately.

Wonca Europe Council recently agreed to put overdiagnosis and over-medicalization on its agenda, targeting its members, other medical professionals, health authorities, media and general population in order to stimulate public awareness of this problem, aiming at better use of healthcare resources and safe healthcare.

Methods and Learning Issues

Presentations on an evaluation of overdiagnosis and overtreatment in different European countries, followed by critical case reports from selected European countries.

Participants are invited to reflect on their own situation and challenged to indicate which actions can or cannot be taken.

WORKSHOP

QUALITY IMPROVEMENT: SIGNIFICANT EVENT ANALYSIS (SEA) AS A TEACHING TOOL

Authors: *Jo Buchanan (EURACT) & Piet Vanden Bussche (EQuIP)*

Aims

Participants will understand the role of SEA in maintaining and improving the quality of clinical work and the barriers and facilitators which are encountered when introducing SEA.

Description

Significant Event Analysis has been recognised as an important tool for Quality Improvement for many years.

It is regularly used in some countries following an event where an individual patient may have or has been harmed by an interaction with health services.

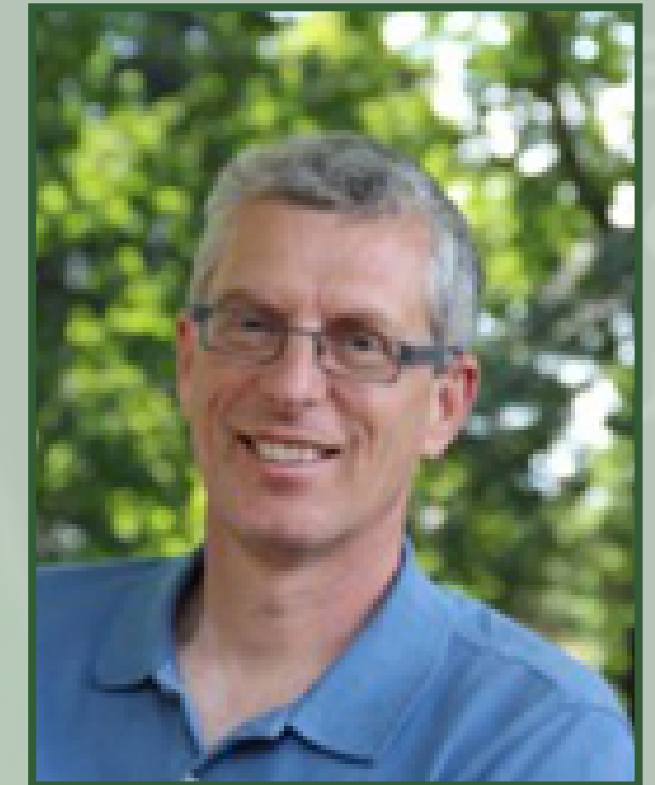
- The technique enables team members to reflect on individual cases and consider how care could be improved in the future.
- The technique uses a structure for a discussion to take place that should explore the situation in a supportive environment.

GP Teachers have an important role in encouraging the use of SEA. This workshop which is delivered on behalf of EQuIP and EURACT will describe the background to the introduction of SEA.

- There will be the opportunity to practice SEA using participants' examples from clinical work.
- There will be an exploration of the challenges encountered when introducing this technique and how to overcome these challenges.

Conclusions:

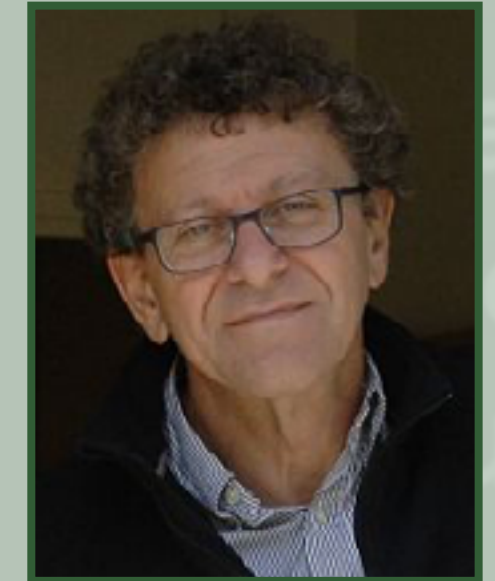
The workshop will demonstrate the use of SEA and provide an overview of how to encourage its adoption by Family Doctors.



WORKSHOP

THE EQUIP CONSENSUS STATEMENT ON 'EQUITY - AN ESSENTIAL DIMENSION OF QUALITY IN PRIMARY CARE'

Author: *Hector Falcoff*



BACKGROUND

In 2017, EQiP - the European Society for Quality and Safety in Family Practice - produced a consensus statement entitled 'Equity - an essential dimension of quality in primary care'.

The consensus includes 11 points that relate to practice organization, processes of care, patient's social status assessment, interprofessional collaboration, community oriented primary care, resource allocation, health professionals training on equity of care, quality improvement methods to improve equity, and the potential advocacy role of primary care professionals faced to health and health care inequities.

AIMS

- To reflect on the relevance of the consensus in the participants' countries.
- To make the consensus concrete with case studies.
- To understand what the consensus implies in everyday practice.

STRUCTURE

First, the core concepts related to equity will be presented; the participants will get the consensus (a double-sided A4 sheet).

Then they will continue in small groups (5 to 10), and for each point they will discuss if it is clear, relevant, feasible. In order to illustrate different points of the consensus, they will give examples of equity problems and solutions, when they exist.

After this, they will reflect on the best strategies to disseminate the Consensus Statements in their countries. All groups will present a summary of their strategy.

EQiP experts will propose a synthesis.

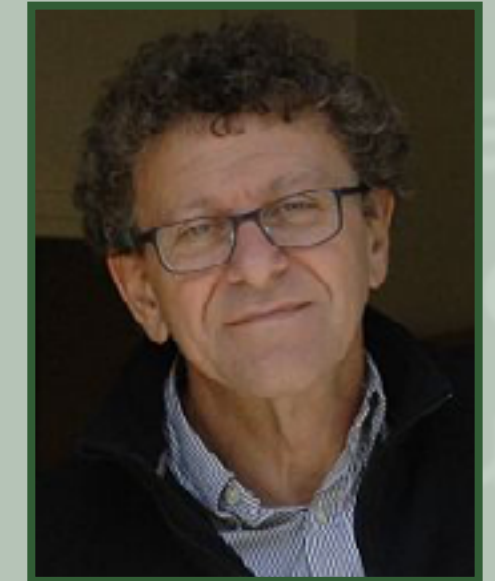
CONCLUSION

We hope that participants will

- 1) take ownership of the consensus,
- 2) be motivated to bring reflection and debate to each country,
- 3) try to implement some points of the consensus in their practice.

TO GET INVOLVED IN THE ORGANIZATION OF PRIMARY CARE AT THE LOCO-REGIONAL (MESO) LEVEL

Authors: *Hector Falcoff, Piet Vanden Bussche & Léa Pellerin*



Primary Care (PC) is organized at 3 levels: The micro level, ie the team of primary care professionals (PCP) who provide care to a group of patients (patient list) ; the meso level, ie the loco-regional organisation which provides services and support to the PCP teams and to the whole population, like out of hours care ; the macro level, ie the country and the policy level.

According to the model of the health system, the meso level is more or less comprehensive and integrated, and PCP have more or less latitude to get involved.

EQuIP, the European Society for Quality and Safety in Family Medicine, is leading a survey on the meso level of PC in 7 European countries.

Aims

- to appropriate the concept of meso level of PC
- to discover meso level services developed in different countries
- to understand under what conditions these services could be developed

Description

- 1) Presentation of the concepts
- 2) Small groups (5-10) work around two case studies:
 - a woman aged 85, with moderate Alzheimer ; she lives alone and wants to continue to live at home as long as possible ;
 - a man aged 52, low health literacy, smoker, hypertension, type 2 diabetes, sedentarity.They will reflect on the management of these patients in their practices and on the meso level services which are, or could be, useful.
- 3) The groups will present a summary of their reflection.
- 4) We will propose a synthesis, based on the first results of the EQuIP%u2019s survey.

Conclusions

The participants will be inspired by examples of meso level organizations and services which have been developed in some countries. They will understand how important is to think at the loco-regional level as a %u0164 network of practices %u0165, in order to build and mutualize the services they need for their patients.