EQuiP

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

#2 Newsletter

May 2014

click this button
to proceed to
the next page

Welcome to the #2 EQuiP Newsletter

Quality and Safety are a-changing

The EQuiP agenda is changing – reflecting that quality and safety are complex concepts. Crisis has had enormous overall impact on quality and safety of GP/FM all over Europe. In EQuiP this is reflected by the increased interest in equity of care.

A suggested EQuiP workshop for the WONCA Europe was recently upgraded to a symposium. EQuiP is planning to issue a position paper on that issue to be confirmed by WONCA.

In the recent years, quality and safety has changed gradually in the organisation, from an activity led and performed by professionals – GPs and staff members – to being a tool to govern the sector as well as the individual GP and clinic. Therefore it is necessary to go back to the basics – to the tools that are used by the GP teams and for the teams.

Adrian Rorhrbasser from Switzerland is researching in the use of quality circles by GP teams – and new projects in that line is emerging in e.g. Denmark, involving young doctors and their tutor GPs. The next spring meeting will have quality circles as its theme.

Working as a team is important for quality and safety and the next meeting in Ljubljana, Slovenia on May 8-10 2014 will have Interprofessional management of patients in family practice as its theme. I hope this will lead to a vivid collaboration between EQuiP and the The European Forum for Primary Care.

The theme goes well in hand with the major ongoing project in the organisation these years – the PECC-WE Patient Empowerment in Chronic Conditions - WONCA Europe.

So to sum up: Quality and safety is much more than measurements of quality indicators and accreditation. It is collaboration in the practice team and between different professionals, it is equity, it is patient empowerment and self-care.

Tina Eriksson

Next meetings

WONCA Europe Conference 2014
Confirmed EQuiP presentations in Lisbon July 2-5 2014:

Tina Eriksson & Ulrik Kirk: Workshop
Developing an interactive e-book and online repository - WONCA World Working Party on Quality and Safety in Family Medicine

Jose-Miguel Bueno-Ortiz: Workshop
Can we improve low back pain management?

Hector Falcoff: Oral Presentation (Research)
Impact of an evidence based leaflet on mens' wish to get prostate cancer screening

Hector Falcoff & Dorothee Rambaud: Symposium/debate
Health inequalities related to socio-economic status: How primary care may reduce them?

Ilkka Kunnamo, Tina Eriksson & Peter Schattner: Workshop
How to identify and promote good practices in primary care information technology

Zlata Ozvacic, Tina Eriksson & Andrée Rochfort: Oral Presentation (Practice)
Challenges to Quality of GP Care due to Economic Recession

Andrée Rochfort, Jochen Gensichen, Ilkka Kunammo, Ernesto Mola, Zlata Ozvacic, Isabelle Dupie, Janecke Thesen, Adrian Rohrbasser, Ayse Caylan: Workshop
Patient Empowerment in Chronic Condition Patient Self-Management

Andrée Rochfort, Claire Collins, Jochen Gensichen, Ilkka Kunnamo, Susan Smith, Tina Eriksson, Sinead Beirne, Gillian Doran, Patricia Patton:
Oral Presentation(Quality)
Systematic Review: Educational interventions for primary care health professionals to improve self-management in patients with chronic conditions.

Zalika Klemenc-Ketis & Christina Svanholm: Workshop
Teaching quality: EQuiP Summer Schools

2014 Autumn
Estonia will hold a meeting 16-18 October 2014 on the theme of QI in electronic prescribing.

2015 Spring
Switzerland will host a meeting on the theme of Quality Circles' (CME small groups) role in QI.

Read much more about Quality Circles later in this issue (page 8)

2015 Autumn
Croatia will hold the meeting at the "Andrija Stampar" School of Public Health, School of Medicine, University of Zagreb, the first of a series of Autumn EQuiP meetings to be held at the same venue for a number of years.

New individual/organizational members of EQuiP

EQuiP opened for individual and organisational membership in 2013. It is the aim of EQUIP to increase memberships in 2014 and into the future. We have both new organisational and individual members and expressions of interest from a number of other national colleges and societies.

First of all, EQuiP is very honored to welcome professor Johan Wens as new individual member of EQuiP. Johan Wens is Professor in General Practice at the University of Antwerp and working as a general practitioner in Antwerp (Belgium) since 1986. He works, together with his wife, in a GP duo-practice in the northern region of Antwerp.

Soon after graduating he joined the scientific association of Flemish GPs (now Domus Medica) where he started some regional prevention projects and the Diabetes Project Flanders, as a consequence of the Saint Vincent Declaration. This work resulted in a staff position at the University of Antwerp where he finished a PhD thesis, titled Behind the borders of evidence… towards a better diabetes care.

His main interests are on "quality of health care delivery in primary health care", "comprehensiveness" and "patient centeredness". Besides some chapters in different books, he published different research papers in peer-reviewed journals on diabetes care, and more recently also on different topics of chronic and complex health care delivery. Besides, he is leading author of the validated guideline for diagnosis and treatment of diabetes type 2 in Belgium.

Read more here.

Johan Wens is member of the Belgian National Council for Quality Advancements in Health Care, the High Council for GPs and specialists, and different (inter-) national boards related to the topics of interest.

Secondly, EQuiP warmly welcomes a group of new organizational members.

Aforementioned Domus Medica, one of the national colleges in Belgium, together with the national colleges from Portugal and Norway have become members of EQuiP.

Also semFYC (Sociedad Española de Medicina de Familia y Comunitaria), which is a federation of 17 Family Medicine societies in Spain.

The semFYC brings together 20,000 GPs in a medical scientific society whose primary purpose is to contribute to the effectiveness, efficiency, sustainability and equity of the National Health System through the development of Family and Community Medicine, promoting excellence by offering services that meet the needs and expectations of family physicians, and through innovation and quality improvement, based on the integration of the action as a federation of societies.
Follow semFYC on Twitter.

Our newest member is KoHom (Coordination of Croatian Family Medicine), which will be well represented by Dijana Ramić Severinac, who has been deeply involved in the Vasco da Gama Movement.

See Duodecim's visions for EQuiP and its organisational members.

Education and Culture DG

Lifelong Learning Programme

What's up EQuiP?

Equity

EQuiP has developed a project group on equity since preparations began prior to the equity themed EQuiP meeting in Paris in April 2013. This project began as a researchers meeting in November 2012, where a pre-conference questionnaire for the Paris meeting was developed; ethical approval was obtained from Université Paris Descartes.

Equity has been described as provision of equal care for people in equal need - equal in terms of access, treatment and outcomes. In reality, we see that universal healthcare does not fully solve this aim of equity. One wonders whether primary care is part of the solution or part of the problem.

How to integrate social characteristics into clinical guidelines? In UK the calculation of cardiovascular risk has recently included social aspects of the patient. In France the French College of GPs are looking at inserting social group into the electronic medical record.

How may primary care reduce health inequalities related to socio-economic status? Health inequalities related to socio-economic status (SES) exist in all the European countries. Social determinants of health play a major role in making these inequalities, and have to be addressed by political action and social reform.

The health care system contributes to increase these inequalities when the "inverse care law" operates, i.e. when the availability of good medical care varies inversely to the need for it in the population served.

At the opposite, the health care system, and particularly primary care, can contribute to reduce these inequalities by delivering equitable care, i.e. health care commensurate with health needs, in order to obtain health outcomes as equal as possible across different social groups of patients.

Equity of care is a key dimension of quality of care, and it is particularly threatened in a period of economic crisis, when health budgets are constrained. For EQuiP, equity of care is an important topic, which has led to a survey among national delegates and to an EQuiP statement.

Hector Falcoff

Leonardo da Vinci Project Outputs

The Leonardo da Vinci project on lifelong learning in QI for GPs was funded by the European commission and was completed at the end of December 2012 and all accounts and administrative work has been completed just recently.

There were five project partners, three from Eastern Europe, plus EQuiP and Maastricht University. All of the project outputs are available on the EQuiP website: the report on Teaching QI, the Guidebook, the IT tool for measuring competencies in QI in GP, and a course for teachers in QI in PC. In the most recent issue of EJGP there was an article about the products and how to use them.

Now, EQuiP and EURACT will work on linking their skills and resources on this topic of Teaching Quality Improvement as a joint working group project.

Tomasz Tomasik

PECC-WE

In 2011, Patient Empowerment was adopted as the new 12th Characteristic of general practice in the European definition of general practice / family medicine (GP/FM) by Wonca Europe (WE). **Read more here.**

This document describes the role of the general practitioner and is a description of the core competencies of the general practitioner/family physician.

EQuiP is conducting a project with support from WONCA Europe, Irish College of General Practitioners, Department of General Practice at Jena University Germany and Duodecim, Finland, on patient empowerment in chronic conditions in primary care (PECC- WE). EQuiP needs to explore concepts and definitions of patient empowerment.

Work Packages

1a. Systematic literature review.

1b. Creation of Online Repository for the EQuiP website on the topic, including relevant research, articles, projects and publications, and websites in all European languages. This website section also needs to include the patient perspective on patient empowerment.

2. Develop an educational framework tool for health professionals in GP/FM.

3. Evaluate the tool.

Empowerment?

There is no definition of empowerment in the WE documentation, so EQuiP has an opportunity to agree a definition of empowerment in the context of GP/FM. A definition that can be interpreted and is useful throughout Europe in terms of language and culture.

There are several countries where it is not possible to directly translate the word empowerment, for example in Norwegian, French and German. There is ambiguity in translation to some languages with regard to whether empowerment is regarded as a 'process' or an actual 'state' of being.

There are also several closely related terms to empowerment such as 'enablement' and 'self-management'.

The PECC-WE project specifically needs a definition of empowerment in the context of chronic disease, chronic conditions, chronic illness, and non-communicable disease in GP/FM.

This project group began to explore patient empowerment (PE) from the starting point of the definition used in the European Journal of General Practice (EJGP) article by Ernesto Mola:

"*PE is an educational process to help /support the patient to develop knowledge skills attitudes, self-awareness to assume effective responsibility for health related decisions*".

See Ernoesto Mola's presentation on patient empowerment here.

See Andrrée Rochfort's PECC-WE project update here.

Assembly Meeting in Bologna: Patient Empowerment

Gianluigi Passerini - *Chronic diseases management, multimorbidity, resources limitation and quality in Italian General practice / Family Medicine*

Angelo Campanini - *Primary Care in Emilia Romagna*

Ilkka Kunnamo - *Visions for EquiP Duodecim projects*

Adrian Rohrbasser - *Quality Circles (Continuing Medical Education, CME) and Quality Improvement*

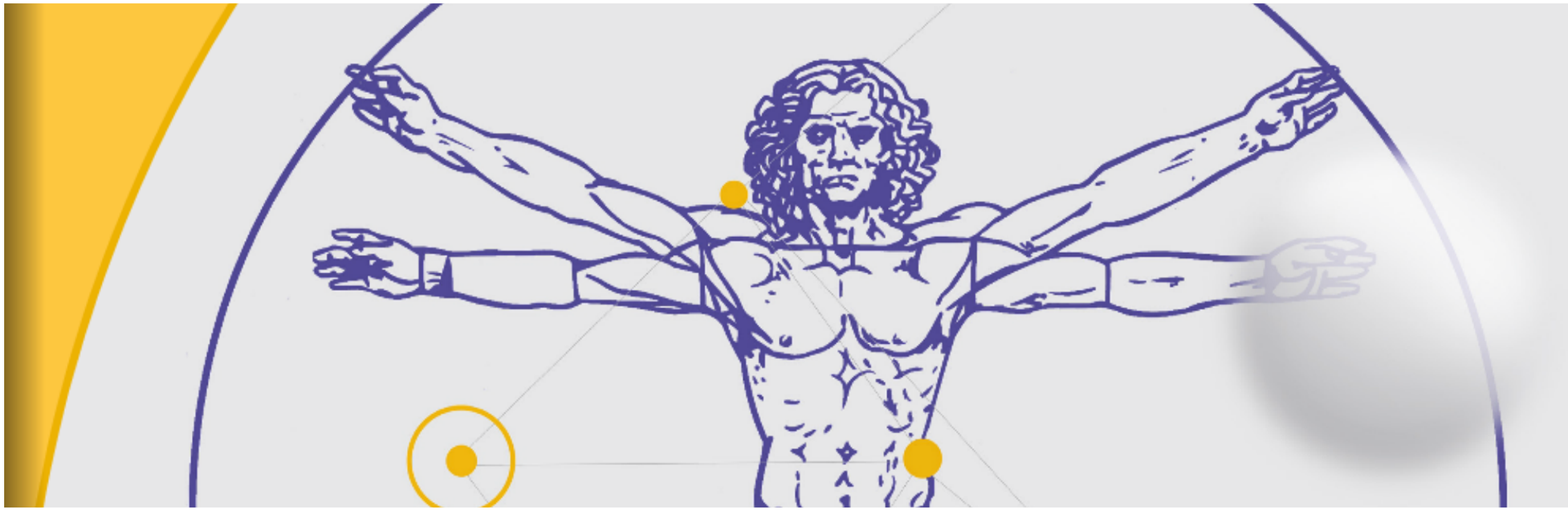
Ernesto Mola - *Patient Empowerment Concepts*

Andrée Rochfort - *The Patient Empowerment in Chronic Conditions project, EquiP / Wonca Europe (PECC-WE)*

Stefano Del Canale - *A Comprehensive Approach to Reducing Hospitalisations in Chronic Health Failure patients: a pilot project in Parma, Elilia Romagna Region, Italy*

See webcasts from selected presentations here.

Access programme and relevant PP slides here.



Quality circles

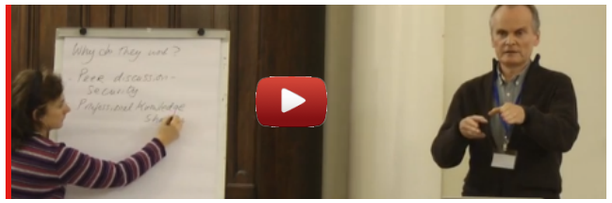
A common approach for quality improvement and dissemination of knowledge in primary health care in Europe is for small autonomous groups of professionals to meet regularly, under the guidance of a facilitator, to consider and improve their standard practice in a gradual process.

These groups are often called Quality Circles (QCs) and they represent a complex social intervention that occurs within the fast-changing system of primary health care. Numerous reviews and studies have already assessed parts of these interventions and have shown that they bring small but consistent positive effects on behaviour change.

The terms 'quality circle', 'peer review group' and 'structured small group work' are used interchangeably. QCs have all the properties of complex interventions: They combine numerous and varying components and they function in diverse contexts.

Individually, QCs respond to the unique constellation of local needs of the complex system of primary health care. They are responsive to changes of prevailing economic and cultural circumstances. Complex interventions depend on human behaviour and the active ingredients tend to enable or constrain people to do the right thing at the right time. For this reason a theory-driven approach offers the most promise for evaluating and understanding QCs.

Swiss EQuiP member Adrian Rohrbasser is doing a research project in order to understand why QCs thrive with particular clinicians and facilitators, in certain institutions and what infrastructure they need to sustain them.



The WONCA World Working Party on Quality and Safety in Family Medicine - Developing an interactive e-book and online repository

The WONCA Working Party on Quality and Safety in Family Medicine (WWPQSFM) was charged with the responsibility for developing recommendations on how to achieve and maintain quality and safety in primary care within the World Organization of Family Doctors (WONCA).

Under the auspices of the European Society for Quality and Safety in Family Practice (EQuiP), WONCA has in place quality and safety tools, methods and teaching activities as well as EU projects going on across Europe. One core aspect of EQuiP's work is its interactive e-books, which can embed multimedia content on quality and safety as well as hyperlink to other online resources: The establishing of an online repository.

The aims of this project are to provide GPs with knowledge about the different types of support materials on quality and safety in Europe, the various methods by which these can be accessed in different European countries, and how such support materials can be kept up to date and improved over time to ensure the continued relevance to the needs of quality and safety interested GPs.

EQuiP Summer Schools 2013 and 2014

Quality and Safety in health care are key factors of the re-organization of all the European Health Systems. At the moment these dimensions have been addressed mostly in hospitals. Their development in primary care raises many issues for professionals as well as researchers.

The EQuiP Summer Schools aim to enable health professionals to initiate or improve a QI project of there own. It is a 4 days residential training course, taking place in a friendly venue. The program alternates lectures and workshops. High-level European experts in Quality, the diversity of experiences and perspectives contribute to rich and effective exchange of knowledge.

Why did you decide to attend the EQuiP Summer School?

"I decided to attend the Summer School as it offers a great opportunity for **networking** and **professional development**. Furthermore, I wanted to gain new insights into the latest developments in health services research"

Gerda Längst

"I needed to **develop** my PhD project. The EQuiP Summer School looked like the **ideal opportunity** to take my rough ideas and discuss them with a range of different people from different backgrounds"

John Ford

"I was interested in the EQuiP Summer School to find out more about **international perspectives** and **research on quality** in PC. I was also fascinated to find out more about the German healthcare system and PC research, with a view to move back the near future"

Jasmin Knopp

"The EQuiP Summer School was a great possibility to develop my knowledge and abilities when it comes to conducting research. Furthermore, the idea of developing a project during the School gave a **practical feel** to it, making the whole **opportunity** more **attractive**"

Ana Nunes Barata

19 and 16 researchers, who are new to QI research, attended the EQuiP Summer Schools in Berlin (in English) and Paris (in French).

A web video of the EQuiP Summer School in Berlin is now accessible here.

EQuiP Summer Schools in French

The first French-speaking EQuiP Summer School took place in 2013. There are 3 partners leading the French Summer School:

- EQuiP (European Association for Quality and Safety in General Practice/Family medicine)
- SFTG (The Society for Therapeutic education of General Practitioners)
- FFMPS (The French Federation of Health Houses & Centers)

To attend the French Summer School you would need at least some basics in French. In 2014 it will take place just outside Paris from **August 27-30**.

Venue: Centre Port Royal, Saint-Lambert des Bois (78470), 15 km from Paris www.centre-port royal.fr

Participation fees, including tuition, meals and accommodation: € 700. To register: ecole-d-ete@sftg.fr

EQuiP Summer School in Denmark

This year the VdGM and EQuiP are collaborating on establishing a Nordic Summer School as well. The first Nordic Summer School will be held in the area of Middelfart in Denmark and will take place from **July 31 to August 3**. Further information will be available on the EQuiP webpage May/June 2014.

Participation in this summer scool is **free**, and includes tuition, meals and accommodation.

In both Summer Schools you are a health professional (doctor, nurse, pharmacist etc.) or a health researcher. You have either an idea or a more or less advanced research project or action, in the field of Quality or patient Safety in Primary Care.

You will be able to present your project or idea and work on it in a context that will help you move forward towards a successful action.

See the summer school venue and the surrounding area by clicking here.

Jochen Gensichen
Hector Falcoff
Isabelle Dupie
Christina Svanholm

Member of the month

Quality work and index in Croatia: Our Story

Croatia has a long tradition in primary care. The principles of community based primary care in Croatia were introduced in the first half of the 20th century by dr Andrija Stampar, one of the founders of the World Health Organization (WHO).

Dr Stampar developed the organizational model of the health center, a central institution of integrated primary care responsible for organizing and delivering primary care to all citizens in a defined local community.

The first postgraduate study and vocational training in general practice in the world started in 1960. at "Andrija Stampar" School of Public Health, School of Medicine, University of Zagreb. Croatia therefore might be called „the cradle" of general practice/family medicine discipline.

Despite this long tradition of primary care, there have been some trends in the recent Croatian history that influenced the position of family medicine and the quality of work within profession.

Socioeconomic changes during the war and transitional post-war period affected the health care system, including primary care.

Market principles and private initiatives were introduced to primary care, with majority of family physicians becoming self-employed individual contractors with the Croatian Health Insurance Fund (CHIF).

The aim of the reform was to ensure competitiveness and improve quality of care. However, the large number of patients per physician and the exclusive capitation-fee payment model led to some unintended consequences.

In the same period, there has been a gap in the process of family medicine specialty training for more than a decade. Specialty training started again in 2003, resulting in 48% of family medicine specialists in relation to the total number of doctors working in the family medicine service in 2012.

It is expected that systematic education of physicians during specialty training would raise the overall level of quality of work in family medicine compared to the situation 10 years ago.

Quality of Care - Points for Improvement

Several issues can be discussed as points for possible improvement in quality of FM care.

Family physicians are lacking diagnostic algorithms and decision support models which would assist them to prevent inappropriate and/or excessive diagnostic and therapeutic procedures in their daily work (quarterly prevention).

Additional time and resources are needed in order to systematically perform preventive activities as well as programmed care for the most prevalent chronic conditions. Practice nurses are at present overloaded with administrative work, depriving them of their role as health care professionals.

Patients' responsibility in terms of rational use of resources in the health care system should be emphasized. The health care system in Croatia is based on a model of national health insurance with a high level of solidarity.

According to the Health Care Act, all Croatian citizens have the right to health care, but they should also be aware of the available resources. Between 60-110 patients pass through FM offices daily, which makes the necessary quality of care very hard to obtain.

Family physicians communicate poorly to each other, do not regularly discuss professional issues and other problems they encounter in their daily work. We also lack quality circles and other methods of systematic quality improvement in FM.

Member of the month

Improving the quality of work

The present health care reform that started in 2013. introduced some positive changes to primary care.

From 2013. it is possible for primary care physicians to form group practices, which is leading to strengthening of family medicine profession. Fellows are finally turning to each other, sharing their problems, learning from experience and finding mutual solutions.

We started with the introduction of some diagnostic algorithms which facilitate the work of the GP's.

According to the contract with the CHIF, five family practices can now employ an additional nurse who can, according to practices' mutual agreement, take some administrative tasks or be engaged in some specific aspects of health care, e.g. patient counseling, etc.

From our point of view, the most important thing that has made a positive change related to the quality of work in family medicine was the introduction of chronic disease panels and peer groups.

From 2014 there is a stimulation of work in small groups (called "peer groups"), with additional financing for the doctors involved in it. During one meeting, a group of professional peers discuss the issue with which some have met (a case report or different professional topic), compare experiences and try to find the best possible solution.

The meeting and the conclusions are documented in the meeting minutes and validated by the Croatian Medical Chamber as CME activity.

This method of work actually resembles quality circles, facilitating professional communication among health care professionals with great potential for improving quality of work.

The introduction of "chronic disease panels" represents a starting point for systematic preventive activities as well as programmed care for the most prevalent chronic conditions (hypertension, COPD, DM).

It consists of software platform incorporated to the patient's electronic health record that facilitates recording of different parameters used as quality indicators (e.g. BMI, HbA1c, FEV 1, etc.).

These indicators can be used for self-audit, with the possible intention to make external assessment based on these data. Nevertheless, from what is known from the research, it should be carefully decided which process and outcome measures should be monitored and even more carefully how to set the expected standards.

The complexity of assessing quality of care based on quality indicators has been well described in the literature.

The complex nature of primary care consultations, the need to keep holistic approach in our daily work, and the context of care that can highly moderate outcomes of care (the patient, physician, setting and system factors) call for caution when trying to interpret such results.

As a conclusion, we would like to mention that after many years we see a shift towards valorization of higher quality of care in family medicine, as well as increase in satisfaction of family physicians due to the fact that they are able to display and evaluate their work.

Family doctors are keen to strengthen their role in the society, are willing to take responsibility for their work and are willing to work well and to acquire new skills that will enable them for better quality of work.

Dijana Ramic Severinac

Zlata Ozvacic Adzic

Education and Culture DG

Lifelong Learning Programme

EQuiP recommends: inGPinQI courses and tools 1 of 2

The general intention of the Leonardo da Vinci project inGPinQI, which was coordinated by the College of Family Physicians in Poland (KLRwP), is to improve the existing training programs for both GPs and teachers in family medicine (FM) in the field of Quality Improvement (QI).

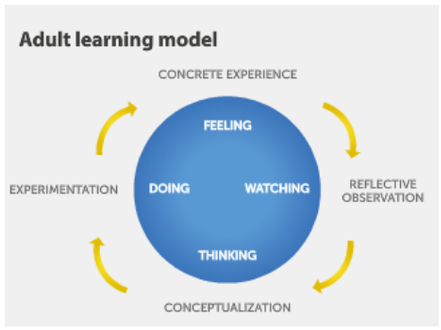
#1 DocQI course

Towards development of the European Network of Continuing and Postgraduate Education for Family Physicians: DocQI course.

Read more about the trainings contents (Module I-III) here.

#2 Guidebook on Implementation of QI in General Practice

#3 Vocational Education and Training in QI Course



#4 The SAQ Tool

The SAQ tool is a web-based tool for online self-assessment that is accessible to European family physicians transferred from the inGPinQI Leonardo da Vinci project.

The tool includes all competencies and domains defined in the QI Competency Framework and enables collecting data about physicians' self-perceived competencies. These data are helpful for examining the criterion, content and construct validity of the developed list of competencies.

The tool is also accessible for GP teachers of QI and policy makers to bring other perspectives into the study and stimulate discussion about educational needs.

SAQ tool operates in 6 languages:
English, Polish, Czech, Slovenian, Albanian and Dutch.

Education and Culture DG

Lifelong Learning Programme

EQuiP recommends: inGPinQI courses and tools 2 of 2

Levels of assessment

A SAQ tool assesses the needs of main 4 categories of stakeholders in the field of FM: Decision maker, teacher in family medicine, general practitioner and patient.

- The decision maker's perspective – the nature and level of skills that general practitioners should display in their daily work – as seen by decision makers in the field of healthcare.

- The teacher in FM's perspective has a double aim:
- To assess the nature and level of skills and competencies that GPs should possess, as desired or expected by teachers in FM.
- To assess the competencies offered by the courses currently being taught in CME programs.

- The General Practitioner's perspective helps GPs to self-assess their perceived level of skills and competencies in several areas of quality improvement.

- The patient's perspective – the nature and level of skills or competencies that GP should possess in their daily work – as desired and perceived by patients.

Exploitation

It can be used for self-assessment of QI competencies; it can be used by GPs, FM teachers, patients and policy makers. These possibilities are reflected in the adapted interface.

The tool can generate data, make comparisons and show trends as well as help in performing gap analysis. It is a useful, innovative instrument, which can also be used by academics that want to do comparative studies related to the self-assessment and educational needs in different health care system contexts.

If you want to read more about the tool, please **click here.**

When you are ready to fill in the SAQ tool questionnaire, please **click here.**

Articles

Quality improvement competencies self-assessment questionnaire for family doctors in Slovenia (2013).
Click here to read the article.

New tool for patient evaluation of nurse practitioner in primary care settings (2013).
Click here to read the article.

Development of a Competency Framework for Quality Improvement in Family Medicine: A Qualitative Study (2012).
Click here to read the article.