EQuiP

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

#3 Newsletter

November 2014

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Welcome to the #3 EQuiP Newsletter

Autumn 2014, Tallinn, Estonia

Ladies and gentlemen,

It was our honour to invite you to the 46th EQuiP Assembly Meeting being held in Tallinn in Estonia from 16-18 October 2014, and to the conference with the title **Digital prescribing in primary care: A tool for prompt service or a challenge to quality evaluation?** taking place as part thereof.

Digital prescriptions is one of the tools we as Estonian doctors use in our everyday work to prescribe medicines to our patients. They came into our lives in 2010, accompanied by debates, complaints and problems in the first few months of their use.

Today we are accustomed to prescribing digitally – it represents a fast and accurate way of issuing medications to patients and allows doctors to monitor medicines that have been prescribed and purchased. But what else has it changed? What is the European experience of digital prescribing?

This was an issue we wanted to talk about and share our views on.

We hope this autumn event in Tallinn was be a memorable and inspiring one.
Good to see you at the conference!

Yours,

Katrin Martinson & Le Vallikivi

On behalf of the board of the Estonian Society of Family Doctors

Read much more about the event here:

Conference report #1

Continuous medical therapy as an indicator of the quality of care: Current solutions and future prospects

Ruth Kalda, Professor of General Practice/Family Medicine, University of Tartu

Prof. Ruth Kalda said at the conference that the potential of e-health is vast once its development is completed and it has an important role in guaranteeing the consistency of medical care:

"*We must not forget that information exchange between the doctor and the patient via different communication channels is a cornerstone of consistency in healthcare*".

She highlighted the elements of consistency related to e-health in Estonian healthcare today: "*Digital prescription is the system that works best in Estonia – it functions just the way it was meant to do*".

Kalda said: "*It gives us a consistent overview of what our doctors are prescribing*". Kalda also stated that the Electronic Health Record or patient database is still under development and not working 100 per cent.

There are also problems with the digital image system – the images are not easy to access everywhere and some hospitals have not joined the system.

"*The patient portal is extremely important in ensuring the consistency of medical information, and at the moment it is something the needs further development*," said Kalda.

She added that electronic registration isn't working yet either. Kalda also mentioned e-consultation, the nationwide expansion of which has been very laboured.

Kalda summarised her presentation by saying that e-health is more than a set of technological solutions: Its potential is vast once its development is completed and it has an important role in guaranteeing the consistency of medical care.

Digital prescribing: a thorny journey from paper to electronic database

Erki Laidmäe, Head of the Department of Pharmaceuticals, Estonian Health Insurance Fund.

Erki Laidmäe spoke about the difficult journey of prescriptions from paper to digital.

Laidmäe recalled in his presentation that the digital prescription, like the other e-solutions in healthcare, fell on fertile ground in Estonia: Important components in the format of the X-Road and ID card were already in existence.

The first sketches of the digital prescription started appearing around 2003 – people thought that since the majority of information exchange takes place electronically anyway, what options might there be to leave paper out of the system altogether.

The busiest development phase lasted from 2007-2009.

A vicious circle appeared a moment before the transfer to the digital prescription: pharmacies refused to go along with the system, because there were errors in it. The Health Insurance Fund was in a particularly difficult situation, as it needed someone to pilot and use the system.

"*In the end, we managed to find a solution and started displaying the data of the pharmacies that were using digital solutions on the map on the website of the health Insurance Fund*," said Laidmäe.

Conference report #2

The digital prescribing system in Estonia and its impact on the economy

Priit Kruus, Praxis analyst

Priit Kruus spoke about assessing the impact of the digital prescription. In his presentation, Kruus concentrated on the preconditions of the implementation of the digital prescription system in Estonia and what the process was like.

He pointed out the need for a framework for evaluating the country-wide system It is necessary to have a plan or a structure that highlights the important aspects on which assessment should focus.

The framework should also grasp the context and the stakeholders of the system.

Kruus said that 90% of primary care providers and 83% of specialised care providers are generally satisfied with the digital prescription service according to a national survey from 2011.

Currently, 85% of pharmacists are satisfied with the functioning of the digital prescription and 89% are satisfied with the submission of summary invoices for medicinal products distributed at a discount via the prescription centre.

The majority of the family doctors and pharmacists who responded to a survey in 2012 feel that digital prescription system has made their work easier and that the number of errors has decreased.

Both groups also feel that the implementation of the digital prescription service has made their opinion of the functioning of the state of Estonia more positive.

The digital prescribing system in the Netherlands

Ivo Smeele, EquiP delegete from the Netherlands

Dutch GP, Head of the Implementation Department of the Dutch College of General Practitioners and Dutch representative of EQuiP Ivo Smeele spoke about the experience of the Netherlands at the conference.

There are around 9000 GPs in the Netherlands and their system is also based on practice lists. There are about 2200 patients on one list.

Smeele said that GPs in the Netherlands use eight electronic information systems, which is too many, and that every pharmacy also has its own system.

However, attempts are being made to create a nationwide system.

Smeele emphasised that digital guideline prescribing (DGP) is important – it would help to improve quality and cost-effectiveness, but achieving this requires integrating DGP in software and prescription habits.

Smeele also introduced the Dutch system using the example of a patient.

Conference report #3

Digital prescribing and consulting: Technical tools and aids for improving the quality of care

Tanel Ross, Estonian Health Insurance Fund

In his presentation CEO of the Estonian Health Insurance Fund Tanel Ross focused on analysing the options of the digital case history and referral.

"*At present, people can see the data sent with the case history via the patient portal, doctors can see information concerning the patient's health status and treatment, and the data can also be used to measure treatment quality at the level of a person, facility and the state, and in public health analysis*," said Ross of the Estonian system.
Ross said that an e-referral, just like the digital case history, is potentially important as a technical tool as well as for guaranteeing treatment quality.

"*Using the e-referral more would allow us to streamline treatment queues and make information exchange between medical professionals more efficient*," said Ross.
He reiterated that e-services are important to the Health Insurance Fund for three purposes:
1) The medical data of people are held in a single information system or accessible via a single information system – information for patients and the treatment team.
2) The data required for analysing treatment quality and public health are accessible as feedback via a single information system, incl. registers of different diseases.
3) There is decision-making support based on the actual medical data of the patient.
The following principles are important for the achievement of these purposes: Data should move instead of documents and data must be standardised and make it possible to analyse indicators in an operational manner, he emphasised.

Read more **here**:

Overview of digital prescribing systems in Europe based on a survey of EQuiP members

Le Vallikivi and Katrin Martinson, EQuiP delegates from Estonia

Representatives of EQuiP in Estonia, family doctors Le Vallikivi and Katrin Martinson, presented a study that gives an overview of the use of digital prescription systems in European countries.
Martinson said that the study received responses from 18 countries (17 associated with EQUIP plus Latvia). The respondents were active family doctors and family medicine researchers and teachers.

Vallikivi said that with regard to issuing digital prescriptions, what the doctors liked most was having a comprehensive overview of the patient's treatment, that extending the prescription was easy and could be done by nurses, and that the doctor had an indirect overview of the patient's compliance, which meant less work needed to be done by the doctor and they had more time to spend on patients.

"*Issuing the prescription is easier, faster and safer for the patients, because decision-making support helps to determine the dosage, choose the most suitable drug, avoid unsuitable drugs and consider discount conditions*," said Vallikivi when introducing the responses given in the survey.
"*The biggest advantage to pharmacists is that prescriptions are 100% legible, they can be quickly and safely processed and entering data in the computer takes less time*," said Vallikivi.
"*It's also possible for pharmacists to give more informed advice to patients, as they know what other drugs have been prescribed to them*."

Read more **here**:

Conference report #4

Discussion: Q & A

The further development of the digital prescription was discussed at the conference.

Ruth Kalda, Erki Laidmäe, Priit Kruus, Tanel Ross and Chief Medical Officer of the Estonian State Agency of Medicines Alar Irs took part in the discussion, which was moderated by Le Vallikivi and Katrin Martinson.

Irs pointed out that there is a lot of data on the digital prescription, but we are not using all of the options of the digital prescriptions at present. "*The reason here may partly lie in the fact that we've been developing the central system at the national level and the development of functional tools has been left to private companies*," he suggested. "*Family doctors could have a say in what kind of feedback they want from the system and there should be decision-making support that concerns interaction and warning systems*."

Vallikivi confirmed that family doctors would support an e-treatment scheme: "*If it's necessary to replace a preparation, situations could occur where it becomes evident that the patient has received statin, it has been replaced, but the patient ends up taking both and thinks that they're treating their diabetes. An e-treatment scheme would help to avoid such situations*."

"*We can develop certain tools, but the Health Insurance Fund can't be responsible for all development concerning the digital prescription,*" *said CEO of the Estonian Health Insurance Fund Tanel Ross. "It requires stronger coordination and process management*."

Laidmäe confirmed that the biggest emphasis has been on the structure of the system and that there are many ideas about further development.

Read more **here**:

The new president of EQuiP

Nominations and elections

At the 46th EQuiP Assembly Meeting being held in Tallinn in Estonia from 16-18 October 2014, the following posts were up for election:

- President: Tina Eriksson (re-election not possible due to constitution).

- Honorary Treasurer: Zekeriya Aktürk.

- Member at large: José Miguel Bueno Ortiz.

New members of the EQuiP Executive Board

At the 46th EQuiP Assembly Meeting being held in Tallinn in Estonia from 16-18 October 2014, the following EQuiP delegates were elected for the posts:

- President: Piet Vanden Bussche.

- Honorary Treasurer: Zekeriya Aktürk (re-elected).

- Member at large: Zalika Klemenc-Ketis.

New president of EQuiP

1990-2002: Prof. Richard Grol, Professor of Quality Assurance at Nijmegen University (Netherlands).

2002-2005: Prof. Joachim Szecsenyi, Professor of Quality Assurance at Heidelberg (Germany).

2005-2006: Prof. Martin Marshall, UK. However, six months after taking up his presidency he resigned as he accepted a post as Deputy Chief Medical Officer of the NHS.

2006-2007: Prof. Joachim Szecsenyi, Heidleberg, Germany, agreed to be reinstated as President.

2007-2014: Prof. Tina Eriksson Danish College of General Practice, Copenhagen.

Piet Vanden Bussche from Belgium has been chosen as the new EQuiP president.

He will take up his function at the next EQuiP meeting in Switzerland in April 2015. He will be the fifth president of EQuiP.




The current president of EQuiP

1) You were the president of EQuiP for eight years (from 2007 to 2015). What was the most interesting task during these years?

Eight years is a long time, and your view on a task like this one will naturally change over time. At the very first period, chairing EQuiP was a rescuing action - there were conflicting interest between researchers and developers of the instruments for QI that had been developed in EQuiP.

Before I took over, the instruments Europep, EPA and European Maturity Matrix were taken out of EQuiP and placed in a parallel Network for the researchers involved, the TOPAS association. That created tension, as EQuiP members felt that they had contributed and that the legacy of EQuiP was at stake.

In the following years, the innate vision of the early EQuiP as creator of a European center of a uniform practice accreditation proved unrealisable, as politicians and administrators in the different countries were not prone to leave this important task to an international GP organisation. Therefore, EQuiP had to develop a new vision. For me, that vision was to develop a generous and vital network of ideas and exchange of views among GPs and researchers working in this field.

It was important for EQuiP to develop legal grounds. We needed to be a legal body, to set organisational rules. After 2010, opening EQuiP gradually to individual and organisational membership was the vision. In order to do that the constitution had to be changed. Now the network has very good projects, a good economy and a very good new leadership.

2) Are there any particular milestones you want to highlight?

The Leonardo da Vinci project - EQuiPs first EU project and the intellectual basis of structuring thoughts on QI in the future.

The opening of EQuiP for individual and organisational memberships and the new constitution in 2013.

Winning the anniversary project of WONCA Europe in 2012 was another achievement, brought about by the energy, insight and creativity of the group. I am looking forward to witness the completion of that project in 2015.

New valuable projects on Quality Circles and on the quality aspects of inequality.

EQuiP summer schools on QI and safety regularly I in the last 5 years.

Recently TOPAS has again joined forces with EQuiP. For me, that completes a circle. It shows that stressing EQuiP as a collaborative network of sharing ideas and views on QI and Safety is indeed a simple, but strong vision.

3) You are still full of energy - still going strong - what will you do next?

In the field of quality and safety, I will dedicate my efforts to fulfill my personal ambitions for quality work in my own practice. I bought a practice very late in life - in 2010 at the age of 53. I have 2000 patients on my list. To my disappointment, I have found it difficult to organise the quality work in my own clinic. There is always something that compromises the processes: the nurse falls ill, the secretary finds another job, a colleague suffers from stress, the premises are being renovated etc. I have been involved in QI work as a consultant for 10 years at Danish national and regional levels.

In those 10 years, QI developed from almost scratch to a large field. Indicators, automatised data capture, large databases, decision support etc. has been developed. This have led to conflicting interests between those GPs, who embrace this development, and those who see this as a threat to the personal doctor patent relationship as well as a tool for external control of the GPs and clinics. Some GPs feel that they are drowning in administrative work. Conflicts between administrators, politicians and GP organisations started in association with the negotiations of a new contract in 2013, and they are still as open and bleeding wounds in the flesh of Danish general practice. I do not see any easy ways to solve those conflicts.

QI has to do with data, making use of data to improve care. However, data on health as well as other aspects of life is being accumulated and used now in ways I did not at all foresee 8 years ago. Whistleblowers have opened our eyes to the surveillance we are all prone to in virtually all fields of life. I feel uncertain: How will "big data" on health affect primary care in the years to come? How will it affect health insurance practices? Will the Europeans embrace the idea that data on their health is being accumulated or will they try to avoid registration? Will they demand control of their own health data? Moreover, are the GPs and the authorities willing - and able to grant them that?

I have left my job as a quality consultant because I do not feel that I know the way to follow. Eventually I decided that I'll demonstrate my ability to perform QI and safety measures to my own satisfaction in my own clinic before taking on more tasks in this field. I hope I will succeed before I need to retire.

I am grateful for the opportunity to be in EQuiP. It has been a great experience. I thank all those wonderful and dedicated people that comprises the network.

The new president of EQuiP

Interview with the coming president of EQuiP

1) Why did you run for president?

I was candidate for presidency of EQuiP because some members who I value highly repeatedly asked me to do so.

This gave me the self confidence to go for it. And apparently a majority of the assembly members thought I could do it.

It would not be possible to do it without the support of the faculty of the university where I work, the support of my colleagues in the practice and the support of Domus Medica, the organizational member for whom I am the representative.

I hope I can meet the expectations of the members of the assembly and continue the very important work Tina started. I want to emphasize the importance of her presidency. She led EQuiP through a very crucial transition period in a brilliant way. Now it is a stimulating, enthusiastic group of people from all over Europe and it is a great honor to become their president.

2) What tasks will you focus on right away?

The months to come are for me a very important 'learning' phase. Tina is still in the lead and I can watch how she does it and learn a lot from her. I think it will be very important to support ongoing projects as much as possible.

The board is planning a strategic weekend in the months to come. This is good to be able to know each other a little bit better and to stimulate the team spirit. There we will try to set priorities for the next years and present them to the assembly in Switzerland.

3) What challenges does EQuiP face now and in the future?

The challenges for EQuiP in the future may be: can we manage to keep overview and bring together all aspects of Quality in Primary care, emphasize how they are interconnected and show what the basic underlying vision and knowledge is?

Can we stay and become more influential by co-operating with other networks and take up a leading role when the theme of Quality is at stake? How can we spread the quality virus in primary care all over Europe by teaching, in CME and highlighting good practices?

4) What is your vision for EQuiP in the near and the distant future?

Personally I think it is important to open the network, gather as many people and organizations who are interested in Quality in primary care as possible, and convince them to become member.

I think it will be crucial to strengthen the networking by realizing a modern communication system and continue the effort of interesting, stimulating open meetings every spring.

The summerschools are also very important to learn young people about Quality and EQuiP. they are the future of our organization.

New president of EQuiP's CV

- Born in 1961 as the first son of a quality controlling engeneer
- General Practitioner since 1985, working in a multi-disciplinary group practicein Lichtervelde (semi-urban village in the western of Flanders)
- 1999- 2006: President of Flemish Parliament of General Practicioners
- 2006 -2008: President of the College of Flemish General Practitioners (Domus Medica)
- Since 2008 part-time lecturer on quality of care and chronic care in the Department of Family Medicine and Primary Care at Ghent University (Belgium)
- Member of the Council on Quality Promotion of the Belgium National Institute for Health and Disability insurance (NIHDI)
- In 1997 participant at the Equip Summer School Maastricht
- Since 2008 Equip member, as Belgian representative and coordinator of the Equip Teaching Quality Project
- Special interest in translating quality into day to day practice management, seamless care, teaching quality and equitable care
- Co-author of the book "Dokteren met kwaliteit" (Quality in medicine)

Next meetings

Spring 2015, Fischingen, Switzerland
The 47th EQuiP Assembly Meeting will be held in Fischingen in Switzerland from 23-25 April 2015. The theme will be Knowledge Translation in Primary Health Care: Focus on Quality Circles.

Ongoing quality improvement is fundamental to modern family medicine; it is about providing person-centred, safe and effective care, and efficient use of current resources in a fast-changing environment. There are diverse methods, tools and approaches to quality improvement.

Quality Improvement (QI) is an organised and data-guided activity which brings about positive change in the delivery of care; sharing with Knowledge Translation (KT) the desire to increase the prospect of favourable patient outcomes. Whereas QI affects local problems like perceived inefficient, harmful or badly-timed health care, KT deals with generalizable concepts to increase and disseminate knowledge. In other words, KT is the synthesis, dissemination and exchange of knowledge to provide effective health care, and QI is the process at the local or organisational level where quality issues arise..

Knowledge and skills acquired during medical education are insufficient for maintaining an adequate level throughout a professional career. Therefore, continuous development requires continuous medical education (CME). CME is a form of education where physicians acquire new knowledge from research and publications. Incorporation of new medical knowledge into the professional role that allows delivery of good-quality patient care is called continuous professional development (CPD). CME and CPD are necessary prerequisites for both QI and KT.

The emphasis of this conference is on Quality Circles (QCs), small groups of 6 to 12 professionals from the same background who meet at regular intervals to consider their standard practice. The focus of discussion is usually a critical evaluation of a key aspect within the multifaceted nature of quality in health care.

QCs are commonly used in primary health care in Europe to consider and improve standard practice over time. They represent a complex social intervention that occurs within a fast-changing system. Numerous controlled trials, reviews and studies have shown small but unpredictable positive effects on behaviour change. Although QCs seem to be effective, stakeholders have difficulties understanding how the results are achieved and in generalising them with confidence.

The objective of the conference is to document the range of components that characterise QCs, their underlying mechanisms and the local context in which they are conducted. The patterns in which components act both independently and inter-dependently within QCs have to be investigated and mapped in relation to variations in these underlying mechanisms and the local context. A survey on QCs in European countries will be repeated.

The aim is to identify optimal conditions for success which may then inform participants as they manage and maintain current QCs and plan future ones to improve clinical practice. Basically, it is about unpacking the black box to see what variations of the programme work for whom and under what contextual features by looking at numerous projects that have been undertaken.

Successful projects may show what works, whereas unsuccessful projects will show what does not work. Oral presentation of the projects will be followed by discussions in small groups. Workshops on various aspects will give insight into different issues QCs work with.

Relevant resources
- **Download application**
- **Read announcement**
- **Read more here**

Please, fill in the QCs survey **here**

New individual/organizational members of EQuiP

New organizational member of EQuiP

Community Health Centre Ljubljana is an open, dynamic and primary health-oriented public institution.

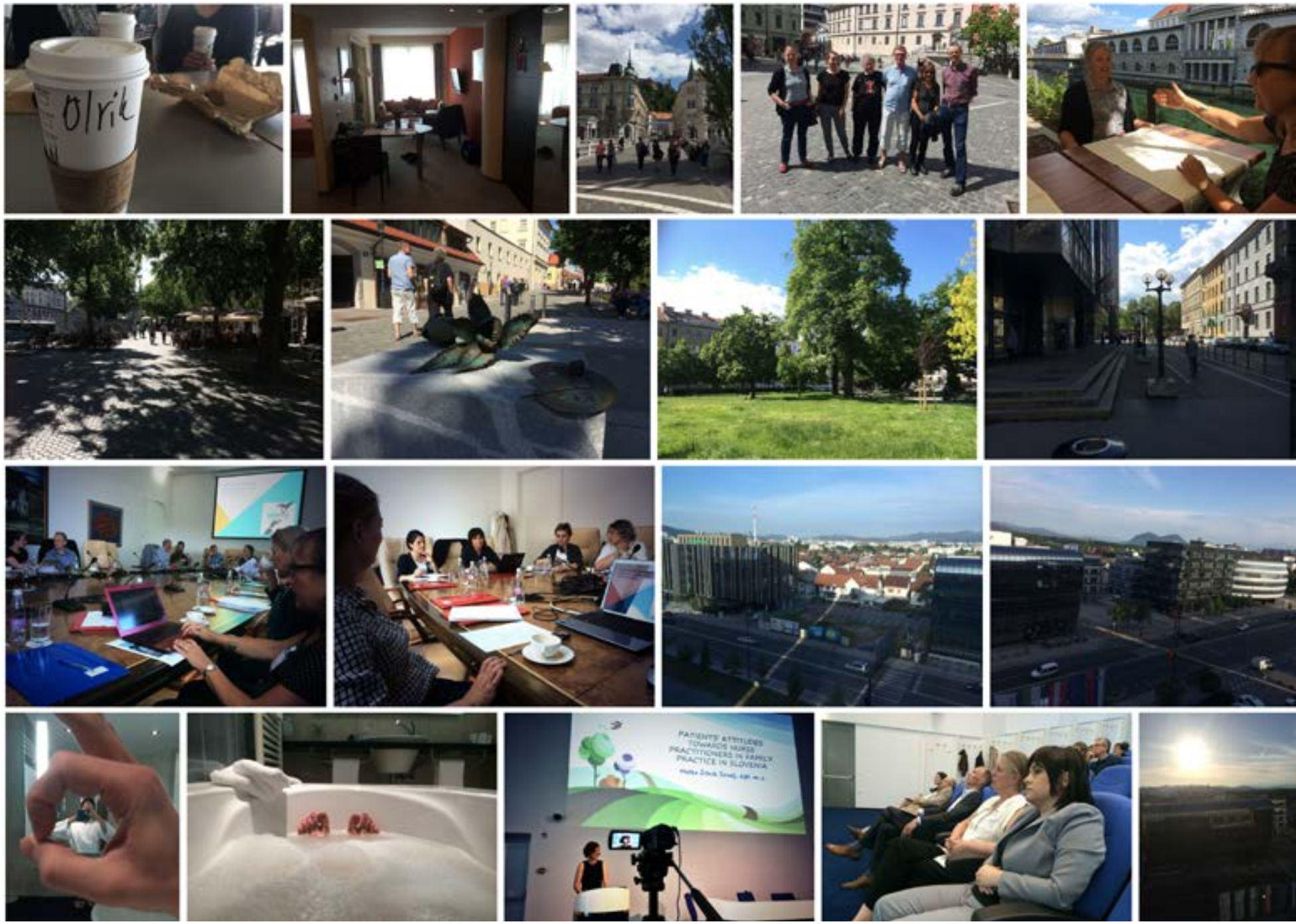
We remain committed to our core values :

- A high level of quality health care for patients
- Access to health services
- The safety of patients and staff
- Investments in the renovation of existing facilities, modern equipment and appliances
- Stimulation and motivation of staff
- Education at all levels

Vision

We want to be recognized for excellence quality and exemplary attitude towards work, development and satisfaction of users of our services.

With ISO certificate for quality management system ISO 9001:2008 accreditation and DIAS, our patients receive even higher quality care at the primary level in the Slovenian health care.



PECC-WE

On September 9th 2011, the minor revision of the WONCA Europe definition of general practice included as its 12th characteristic "Promotion of patient empowerment and self-care". There is a need to enable GPs to fulfill this specific element of general practice.
In order to create a structured approach in primary care to effective patient self management of chronic conditions, it is necessary to specifically assess which educational interventions aimed at health professionals in primary care produce improvement in effective self management by patients of their own chronic conditions.

Work Package 1a: Systematic review

Aim:

• To inform the development of a template educational package (WP2) for primary healthcare professionalt across Europe, to assist these health professionalt in empowering patients to improve patient self-management of their chronic conditions (non-communicable disease).

Core findings:

• Training primary healthcare professionals is critical for patient empowerment in chronic disease.
• Key elements of training include motivational interviewing, goal setting, reflective listening and patient partnerships.

Status: Completed.
Final Analysis and Write Up stage by ICGP June 2014.

Work Package 1b:

Create an online repository of Information for Education, further research, and exploration of the concept of patient empowerment

Status: Ongoing.

Work Package 2: Development of the evidence based summaries and educational framework

• An online course has been produced as a product of WP2 based on WP1 outputs. This consists of online access to slides including animated dialogue between patient and primary care health professional and links to two videos of consultations specifically created for this project, one between a GP and patient and another between a practice based/ community based nurse and the same patient (actor).
• Publishing of this e-learning course/tool was possible using the authoring tools of Duodecim e-learning portal. Access the trial version here:

• **PC**

• **Tablet**

This was demonstrated during Wonca Europe Lisbon 2014 at the Wonca Open Forum Meeting and at the EQuiP Workshop on Patient Empowerment on Saturday morning 11.00.

Further translation of the course into other languages is planned during 2014.

• **In German**

Status: Completed.

Work Package 3: Evaluation of the online course for Patient Empowerment for Patient Self-Management of Chronic Conditions

Aim:

• To design
a) an explorative evaluation (mostly focus groups or meetings) analyzing the data, supporting EQuiP to design
b) a systematic evaluation of the self management package in different European countries, managing the pilot/the survey in German practices, to manage the data, analyzing the data, drafting papers.









Assembly Meeting in Ljubljana: Interprofessional Management of Patients in Family Medicine

Spring 2014

The 45th EQuiP Assembly Meeting was held in May 8-10th 2014 in Ljubljana, Slovenia. The theme was Interprofessional Management of Patients in Family Medicine.

This correlates well with the three competences of family physician:

- To use a comprehensive approach
- To be oriented towards community and to utilise a holistic model of care.
- This approach encompasses managing both acute and chronic health problems, applying health promotion and disease prevention, managing and coordinating health promotion, prevention, cure and care, and reconcile the health needs of individual patients and the health needs of the community.

To accomplish the above mentioned tasks, there is a need for team work in family practices, and between family practices and the community, which includes the transfer of some tasks and performance to other member of family physicians' team and involving the multidisciplinary team in the community, for example, nurse practitioners managing chronic patients and performing preventive activities, clinical pharmacists managing the problem of polypharmacy, patient groups, voluntary agencies and team members promoting and managing patient self-management of their illnesses, social workers managing the social problems of patients etc.

Interprofessional management of patients in family medicine therefore offers quality management of patients and even more potential for quality improvement.

See photos from the EQuiP Meeting here:

Videos

- Diederik Aarendonk:
  Team work -- the future of primary care

- Balázs Hankó:
  Recent developments in pharmaceutical care

- Guido Schmiemann:
  Communication in serious adverse drug events

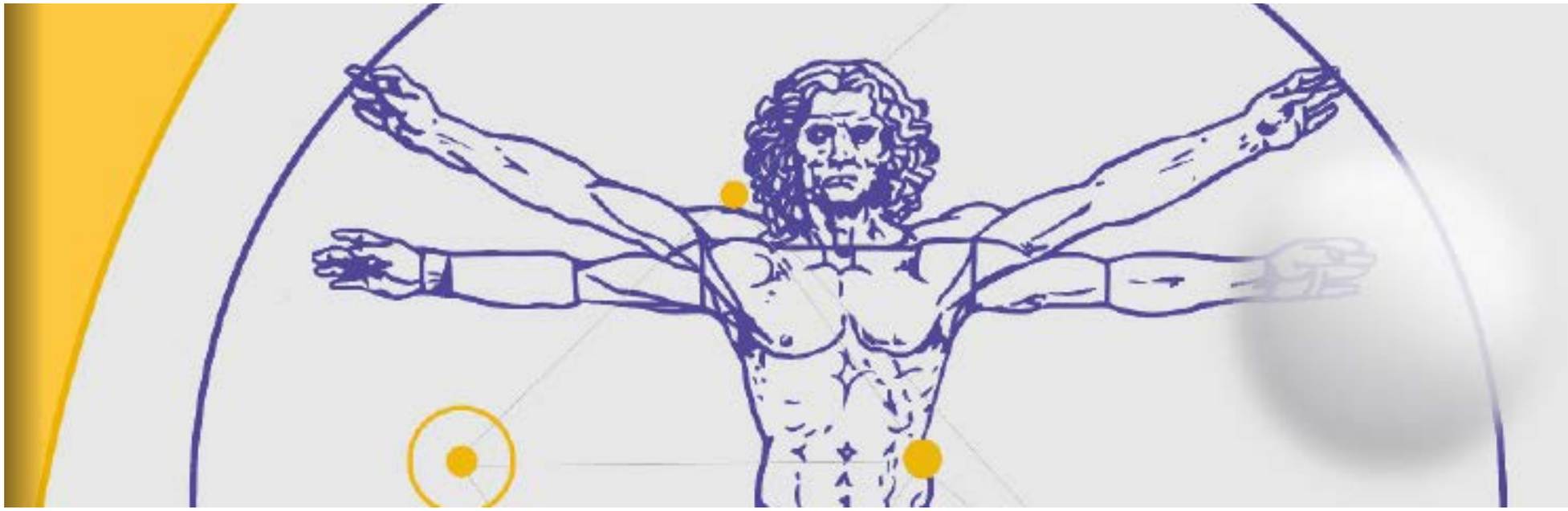
- Eva Arvidsson:
  Management of chronic patients in Sweden

- **Panel Discussion**

- Janko Kersnik:
  Interprofessional collaboration in family practice in Slovenia

- Metka Žitnik Šircelj:
  Patients' attitudes towards nurse practitioners in family practice in Slovenia

- Zalika Klemenc Ketiš:
  Patients' evaluations of multidisciplinary care



Quality circles

Dear EQuiP member,

We would like to update the following publication: The development of quality circles/peer review groups as a method of quality improvement in Europe. Results of a survey in 26 European countries (M Beyer, FM Gerlach, U Flies, R Grol, with contributions by Z Król, A Munck, F Olesen, M O'Riordan, L Seuntjens and J Szecsenyi).

Several characteristics of general practice which might favor the development of QCs/PRGs were identified in the survey and they were validated through additional questions to national experts and written material.
7 possible characteristic factors included:

- Employment conditions of GPs (employed/self-employed)
- The type of remuneration (salary)
- Capitation fee/fee for service
- Predominant practice organization (sole practitioner/ group practice, health centre)
- The gatekeeping role of GPs
- The existence of a practice list
- The proportion of vocationally trained GPs in primary care.

The authors allowed us to use their original questions which we updated so that the factors above can be re-checked and others may be recognized and evaluated.
If QCs are not used in your country, please, fill in the coming questionnaire anyway, we appreciate your answers.
The results of the survey on structured small group work ought to be ready for the meeting on that topic in April 2015 in Switzerland.

Best wishes,
Adrian Rohrbasser and Ulrik Bak Kirk

What are Quality Circles (QCs)/Peer Review Groups (PRG)?
Quality Circles (QCs) /Peer Review Groups (PRG) are small groups of 6 to 12 professionals working in general practice who meet at regular intervals to consider their standard practice.

QCs select the issues they want to deal with themselves and decide on their method of gathering data as well as deciding on a way of finding solutions to the problems. Participation and certain topics may be mandatory for accreditation or for reimbursement by health insurance companies.

The groups provide a social context for reflective practice and allow the dissemination of knowledge to the work practices of the participants. The method they choose usually comprises a combination of different types of intervention such as educational material which is discussed in a workshop-like atmosphere, contact with local knowledge experts, audit and feedback with or without outreach visits, facilitation and local consensus processes. Educational material and data support may be offered by different organisations.

The groups are led through the circle of quality by facilitators who try to keep the members focused on the issue without controlling them, respecting the contribution of each individual and taking into consideration the dynamics in QCs.

Please, fill in the QCs survey **here**

Activities in Wonca Europe

Wonca Europe 2015 Conference in Istanbul: Being Young, Staying Young

In 2008 the Wonca Europe conference was held in Istanbul with the motto "Be a Woncaist; attend Wonca Istanbul". Now after just 8 years the Turkish Association of Family Physicians has the honor to re-organize the European conference again in Istanbul. This time the invitation is made with the slogan:
"Being Young, Staying Young".

The conference in 2008 was a success in the logbook of Turkish family physicians. Given the past experience and grown academia, we expect even a more successful organization this time.

Conference information is published here

Abstracts

Submission starts 22 September 2014.
Submission deadline 22 March 2015.
Notifications 22 April 2015.

Submit your abstract here

VdGM Pre-Conference 2015

The VdGM Pre-Conference 2015 will take place in Istanbul, Turkey, between 21-22 October 2015.

As the Pre-Conference Istanbul 2015 Team, we invite you to the Pre-Conference 2015 Istanbul to share special moments in the amazing city, Istanbul with us.
You will be surprised with an excellent scientific programme which is gilded with amazing social programme.

Read much more here

EQuiP Summer Schools 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.

EQuiP Summer School in Denmark

This year the VdGM and EQuiP were collaborating on establishing an EQuiP Summer School in Denmark.
From July 31 to August 3, the area of Middelfart in Denmark welcomed 18 participants from all over Europe.

Participation in this Summer School was totally free, and it included tuition, meals and accommodation.

- Letter of Thanks from Dr. Susann Schaffer
- Letter of Thanks from Dr. Sandra Adalgiza Alexiu

Testimonials from participants

"*Location and facilities were very nice. The food, our professors, the quality and content of the classes, and the morning exercises were excellent.*"

"*What would be your maximum price for attending a Summer School? It depends of the country, where the summer school was going on.*
As Denmark is very expensive country, I could never attend a summed school here if it would not be free or for a symbolic attending fee."

"*The teachers were extremely qualified and also very keen on teaching and pedagogical methods.*"

"*I had never heard about PICO`s method before, and I found it very useful to structure the aim and method of a quality improvement project or a research.*"

"*Presenting our questions and PICOs and getting feed back and discussing them with the group and professors was especially good.*"

"*People, who participated, were very interesting and each and every one with a different experience and point of view, so we all learned a lot from each other.*"

Member of the month: Estonia

Continuity of the care and e-health

The quality of care over time is linked to the continuity of care. There are two important perspectives on this. In the patient's ideal experience continuity of care is like a „continuous caring relationship" with a certain health care professional. As patients' health care needs can rarely be met by a single professional, for health care providers the ideal of the continuity is the delivery of a service through integration, coordination and sharing of information between different providers. Continuity in the experience of care relates to patients' satisfaction with both the interpersonal aspects of care and the coordination of care.

Moreover, continuity is related to important aspects of services such as „case-management" and „multidisciplinary team working".

One of the bigger challenges of the nowdays health care is the fragmentation- it is usual that in the same time period different providers from different health care levels, or outside of the health care (social service, unemployment agency etc) take episodical care for a person. Each of them has different rights and responsibilities and each of them needs and at the same time produces huge amount of information related to the person's health. E-health is an efficient way to collect and share information such as prescriptions, test results, investigations etc.

One of the best working innovations in Estonia's e-Healthcare system is e-Prescription, which is a centralized, paperless system for issuing and handling medical prescriptions. When a doctor prescribes medicine using the system, he or she does so electronically, with the aid of an online form. At the pharmacy, all a patient needs to do is present an ID Card. The pharmacist then retrieves the patient's information from the system and fills the prescription.

All family doctors, hospitals and pharmacies in Estonia are connected to the system. Patients have a possibility to follow the log attached to every prescription and see who and when has accessed the data. There is a Patient Portal application which allows citizens to view their medical data and related information.

The another well working e-system, which allows easy access to patients health data is the nationwide Picture Archieving and Communication System.

Since 2007, more than 80% of radiological studies in Estonia have been stored in the system. Electronic Health Record and Digital Registration which serve an important role in care coordination, information sharing and improved continuity of care are not working so efficiently as it was hoped some years ago, because not every health care provider send information to the E-health system.

Other important attempt in e-health, implementation of which needs time and more hospital willingness, is e-consultation. There are good examples of e-consultation between some specialists and family doctors in Tallinn and North- Estonia, no achievements in other areas of Estonia.

Some hopes for future developments in e-health in Estonia are related to electronic clinical decision support systems which generate patient-specific advice, warnings about potential drug interaction effects and generate reminders regarding screening and lifestyle modification. Possible developments in taking care of the chronically ill patients can be M-health services.

This is using the mobile Technologies in communication, sharing and exchanging the information, images and data among healthcare professionals, and with the patient, wherever they are located. One pilot study of the diabetes patients was provided in 2011-2013 in Estonia and this had generally positiive feedback from the patients side.

Ruth Kalda, Estonia

Member of the month: Germany

Physician–pharmacist communication about drug interactions

Background

Medication related adverse effects and interactions significantly contribute to morbidity and mortality. Several preventive strategies can reduce the risk of potentially serious interactions and thus increase patient safety:

- Access to a complete medication list
- Access to clinical data (renal insufficiency, allergies)
- Access to a computerized interaction alert system

In addition to these structural requirements the communication between professionals involved in the prescribing process is an important issue.

The German health care system is among others characterized by the lack of a gate keeper resulting in free access to general practice as well as specialist care.

Therefore, complete information on medication including prescribed as well as over the counter drug is sometimes only available at the patient's pharmacy. In contrast to GPs almost all pharmacies in Germany have access to computerized interaction software, enabling them to detect potentially serious interactions.

In a cross-sectional study, German pharmacies daily detect one potentially serious interaction of the highest category ("contraindication"). The risk potential demands a high quality of inter-professional communication between pharmacist and physicians. However, many pharmacists are dissatisfied with the current communication. According to their critical remarks in a cross sectional survey most important reasons were that a) personal contacts with GPs is not possible and b) that software alerts are judged differently by the GPs.

Project idea

To improve this situation A communication tool was developed by pharmacists and GPs This tool did not require personal telephone contact, but could be sent as a fax. If a potentially serious interaction was detected the pharmacist could fill out the fax template (including information on the drugs involved, the potential problems as well as a recommendation how to proceed) and inform the responsible physician.

This instrument was piloted in a region in northern Germany (Kreis Stade). All pharmacists and physicians were informed about the tool and received a questionnaire to assess their attitude towards the instrument and its future use.

The majority of the respondents valued the communication tool as a helpful instrument. As an additional support the project ideas was rewarded with a nomination for the German award on patient safety.

Currently, we are trying to implement the communication tool in additional regions.

Read more here (in German). And here

Guido Schmiemann

EQuiP recommends: Antibioclic

Antibioclic (in French)
A decision tool for antibiotic prescribing in current infectious problems in general practice.

Based on French Guidelines when available, or in expert consensus or textbooks when no strong evidence.

The tool is very useful (and very popular among young GPs.

www.antibioclic.com

European Antibiotic Awareness Day, 18 November 2014
The European Antibiotic Awareness Day is an annual European public health initiative that takes place on 18 November to raise awareness about the threat to public health of antibiotic resistance and prudent antibiotic use. The latest data confirms that across the European Union the number of patients infected by resistant bacteria is increasing and that antibiotic resistance is a major threat to public health.

Prudent use of antibiotics can help stop resistant bacteria from developing and help keep antibiotics effective for the use of future generations.

The 2014 European Antibiotics Awareness Day focuses on self-medication with antibiotics.

Read more here.

Toolkit aimed at Primary Care Prescribers
Key messages for primary care prescribers
- Growing antibiotic resistance threatens the effectiveness of antibiotics now and in the future
- Rising levels of antibiotic-resistant bacteria could be curbed by encouraging limited and appropriate antibiotic use in primary care patients
- Communicating with patients is key

Read more here.

Factsheet for experts
A fact sheet on antibiotic resistance in primary care provides primary care prescribers with EU and national data on the latest trends.

Read more here.

Toolkit aimed at the General Public
Welcome to the European Antibiotic Awareness Day Toolkit on self-medication with antibiotics prepared by the European Centre for Disease Prevention and Control (ECDC). The aim of this toolkit is to assist European public health authorities in preparing campaign materials targeting general public with specific focus on self-medication with antibiotic for the 7th annual European Antibiotic Awareness Day – 18 November 2014.

The toolkit offers advice on how campaign organizers could engage with the general public to promote appropriate and responsible use of antibiotics.

The toolkit contains template materials and some suggested key messages focusing on self-medication with antibiotics.

The guidance note offers ideas for awareness raising activities, and suggested tactics for getting the messages across to the general public regarding prudent use of antibiotics, especially to people self-medicating with antibiotics.

The specific target audience of this toolkit material is the active population, defined as people in work, aged between 18 and 55 years old.

5 Key messages for the general public: Self-medication with antibiotics

Patient Brochure: Keep Antibiotics Effective

Patient Dialogue: A practical illustration of the elicit-provide-elicit method