



# ***5th Newsletter***

*September 2015*

---

## Introduction

We are very proud to present to you the 5th EQUIP newsletter.

In the newsletters we want to keep you informed. A lot is happening in EQUIP and in the different countries and regions of Europe. One of the ways EQUIP wants to promote the idea's, the knowledge and the skills of working with quality (improvement) in primary care is by participating, organising and supporting European conferences.

In this newsletter we testify about the EQUIP conference in April in Fisingen and participation of some members in the Nordic Conference of General Practice in June.

We can announce an important participation of EQUIP and EQUIP members in the Wonca Europe 2015 conference in Istanbul. And we look forward and have a first announcement for the EQUIP open conference in Prague in 2016 on the topic of patient safety.

More details about presentations and workshops can be found on our website. And we hope to be able to continue this in the future and enlarge our online information base for interested members.

We want to thank all people who payed their membership in 2015. If you did not until now and you think our work is important, feel free to do it still. It has enabled us to build further on the content of the website, to extend our communication with you all and to keep you informed about the actual status of quality in primary care in Europe.

I look forward to meet you in one or more of the upcoming conferences.

*Piet Vanden Bussche,*  
EQUIP president

## Upcoming EQUIP events/conferences

- 20th WONCA Europe Conference  
Istanbul, 22-25 October 2015

[Read more here.](#)

- 48th EQUIP Assembly Meeting  
Zagreb, 12-14 November 2015

- 49th EQUIP Assembly Meeting  
Prague, 22-23 April 2016

- 21st WONCA Europe Conference  
Copenhagen, 15-18 June 2016

[Read more here.](#)

## Completed EQUIP events/conferences

- 47th EQUIP Assembly Meeting  
Fischingen, 23-25 April 2015

[Read much more here.](#)

- 19th Nordic Congress of General Practice  
Gothenburg, 16-18 June 2015

- EQUIP Summer School (in French)  
Centre Port Royal, 8-11 July 2015

## 47th EQUIP Assembly Meeting

The 47th EQUIP meeting was historical, because for the first time it was an open conference. Not only GPs, but also sociologists, pharmacists and teachers gathered in the Fischingen Kloster to share their culture and thoughts about a topic.

The emphasis was on Quality Circles (QCs) and the objective of the conference was to document the range of components that characterise QCs, their underlying mechanisms and the local context in which they are conducted.

It happened to be my very first venue to an EQUIP meeting and my interest for Quality in Primary Care guided me naturally here. I, André Nguyen Van Nhieu, am a French GP practicing in the eastern suburbs of Paris and teaching at Paris Diderot University.

I came because I was seeking other people whose interest for quality and security in health care would meet mine, meet EQUIP members and get to know them. Well, I found them and made connections. The quality of the experts talking about Quality Circles during this meeting got me into writing a report in French. [Read the report here.](#)

Thank you for the quality of the scientific program and experts (Sharon Mickan, Janet Harris, Adrian Rohrbasser) and all oral presenters.

The report brings, following the timeline of the conference, commented key notes and analyses about :

- Definitions of 'Quality' and concepts such as 'Knowledge Translation' and 'Implementation Science' brought by Sharon Mickan.
- Systematic review of literature about QCs: Successful projects may show what works, whereas unsuccessful projects will show what does not work. Experts: Janet Harris & Adrian Rohrbasser.
- Example of Great Britain and Switzerland in accreditation process of health centres and certification of physicians.
- Many experiences of small learning groups (SML) which seem to be wide spread all over Europe, and we witnessed some successful stories from Germany, the Netherlands, Denmark, Scotland and Ireland.

*Dr André Nguyen Van Nhieu,*  
Médecin Généraliste

## 48th EQUIP Assembly Meeting

The 48th EQUIP Assembly Meeting will be held on November 12-14, 2015 in Zagreb, Croatia, hosted by "Andrija Štampar" School of Public Health, School of Medicine, University of Zagreb.

This is the first in the series of closed autumn EQUIP meetings that will gather EQUIP delegates and invited EQUIP members - experts on invitation by the working groups.

The focus of the meeting will be on new and ongoing EQUIP projects and EQUIP organisational issues.

## 49th EQUIP Assembly Meeting

EQUIP invites general practitioners, family physicians and other professionals interested in primary care quality issues to the Conference with the key topic: Patient Safety in General Practice.

The EQUIP Conference will be held in Prague on April 22-23, 2016. Prague is a convenient location in the heart of Europe, a beautiful, easily accessible, affordable and a visitor friendly city.

Patient safety is an emerging topic in all health care systems around Europe. It is a challenge for primary care physicians to respond appropriately: How do we balance between autonomy and control in patient safety in primary care?

What is the role of the patient, professional societies, the reimbursement scheme?

Experts in Quality and Safety share their expertise in plenary sessions. Successful projects are invited to bring their testimony. Systematic measures for patient safety and experiences at the level of practice will be discussed in interactive workshops.

[Read the First Announcement here](#)



## WONCA Europe Istanbul Conference: EQUIP Involvement and Presentations

### October 23

#### 09:00-10:15 WORKSHOP - 294 MARMARA ROOM

Quality Circles at a Glance – Use of Antibiotics in General Practice  
Peter A Sloane, Christina Svanholm, Ulrik Bak Kirk, Adrian Rohrbasser

#### 15:30 – 16:45 GRAND SESSION FENER HALL

Wonca Networks: Contribution to Family Medicine  
Moderator: Carl Steylaerts

Speakers: Euract Ruth Kalda, Equip Piet Vanden Bussche,  
Euripa Tanja Pekez Pavlisko, Europrev Mateja Bulc

### October 24

#### 09:00–10:15 WORKSHOP - 287 CIBALI ROOM 2

Can we improve our low back pain tackling?  
José Miguel Bueno Ortiz et al.

#### 09:00–10:15 WORKSHOP - 1835 HASKOY ROOM

Quality Indicators for Family Practice  
Zekeriya Aktürk, Ebru Yilmaz

#### 11:15–12:30 WORKSHOP - 676 MARMARA ROOM

Health inequalities related to socio-economic status: how primary care may reduce them  
Hector Falcoff, Sara Willems, Piet Vande Bussche, Isabelle Dupie

#### 15:30–16:45 GRAND SESSION HALIC AUDITORIUM

Anniversary project

#### 15:30–16:45 GRAND SESSION EYUP HALL

Patient centeredness and community centeredness: How to deal with diversity  
Moderator: Andree Rochfort

Speakers: Thomas Freeman, Tina Eriksson

#### 17:00–18:15 WORKSHOP - 676 KASIMPASA ROOM 5

Health inequalities related to socio-economic status: how primary care may reduce them  
Hector Falcoff, Sara Willems, Piet Vande Bussche, Isabelle Dupie

#### 17:00-18:15 WORKSHOP - 1580 BALAT ROOM

Patient safety in primary care: get started  
Isabelle Dupie, Andree Rochfort

#### 17:00–18:15 WORKSHOP - 306 SUTLUCE ROOM 1

Quality in my practice. How do I start?  
Piet Vanden Bussche, Andrée Rochefort



## EQUIP Grand Session: - Abstracts

Prof. Mehmet Ungan (Chair of the Scientific Committee) and Prof. Dr. Dilek Guldal (Chair of the Host Organizing Committee) recently confirmed that the abstract entitled PECC-WE - Patient Empowerment in Chronic Conditions - WONCA Europe - The WONCA Anniversary Research Fund Project: Motivational Interviewing & E-Learning Tool has been accepted as Grand Session.

Time duration: 75 minutes.

Read the Acceptance [Letter here](#).

## EQUIP workshop on Health Equity - Abstracts

Primary care may contribute to increase health inequalities related to socio-economic status (SES) when the “inverse care law” operates, i.e. when the availability of good primary care varies inversely to the need for it in the population served. At the opposite, primary care may contribute to reduce these inequalities by delivering equitable care.

After participating this workshop, you will have clarified the concepts of health inequalities (related to SES) and equity of health care. Furthermore, you will understand how primary care can increase or reduce these inequalities, identify patient SES information important to register in the patient medical record, and understand the contribution of these informations to guide the consultation. Finally, you will understand how to improve the equity of primary care.

You will work in small groups of 5-6 participants on the detailed narrative of a low SES patient with negative outcomes:

- What could have been done, when, and by whom, to modify the outcomes?
- What modifications of the practice organisation would have been necessary?

## WONCA Special Interest Group on Health Equity

The WONCA Special Interest Group (SIG) on health equity was started last year aimed to provide a platform for exchange of ideas, advice, and support from like-minded primary care healthcare professionals and researchers around the world and, to advocate and help to address differences in health that are unfair, unjust, unnecessary but seemingly avoidable in our systems.

It is completely free of charge and does not require to be the members of WONCA.

For more information, feel free to visit [our webpage](#) or send us an email at [SIGhealthequity@wonca.net](mailto:SIGhealthequity@wonca.net) to subscribe to the group.



PRINCIPLES AND PRACTICES

## Change is possible

A professional acting in a motivating manner strengthens the patients trust in change (instead of shrinking him)

How should I act?

- I ask, listen and bring out the patients resources, strengths, and earlier successes.
- I note and state which things in the patient's behaviour are already directed to change.
- I avoid giving advice for change and emphasizing all the things in the patients behaviour that are wrong
- I find out who are the people close to the patient that could be asked to support in the change.



### What was the most important thing you learned during the e-learning course?

*I was reminded of what the "art of helping" is all about:*

- You must find the patient where (s)he is.
- Understand his/her resource and strong sides.
- How the patient's own resources can help to accomplish the wanted change.

### Would you recommend it to your colleagues?

*Yes! I think every GP can benefit from taking the course. And I will recommend it to younger colleagues, like the ones I am mentoring as part of the Norwegian specialization program.*

### What perspectives in patient empowerment from a WONCA Europe point of view?

*There is a broad understanding among health professionals and policy makers that the increase of NCDs is a challenge in all European countries. The reason for this development lies in the way we live our lives.*

*GPs must be trained to help patients to identify their own goals for their health, and support them in finding ways to make the necessary changes. It is crucial to develop an understanding of why unhealthy habits are hard to change. And it is equally important to develop tools for how to start the process, and how to support the patient along the road.*

*There is an explicit goal for WONCA Europe, described in our Future Plan, to contribute to make GPs capable of helping people to live healthy lives.*

*Empowerment is key!*



*Dr. Anna Stavdal*  
WONCA Europe Vice President (Norway)

Read more [here](#):

# 19th Nordic Congress of General Practice

## Nordic Research Prize in Family Practice 2015

This year's prize from Magda and Svend Aage Friederichs' Memorial fund was awarded to a General Practitioner, who has contributed to the development of thinking and research in Family Medicine in the Nordic countries: John Brodersen from Denmark.

GP, PhD and Associate Professor John Brodersen from the Research Unit for General Practice in Copenhagen taught at the EQuIP Summer School in Denmark in 2014, and he has a long experience from general practice, teaching family medicine and doing research.

His research has covered a wide spectrum of family medicine: over-medicalisation and overdiagnosis, quaternary prevention, evidence based medicine, effect of screening, psycho-social consequences of screening, medical ethics and prevention. He masters both quantitative and qualitative research methods and has developed the skills of statistic psychometric validation of questionnaires.

His research is very important today, but will be even more in the future. His ideas are controversial, but his relentless efforts to curb what he sees as an increasing tendency for modern medicine to promote preventive practices that inflict unforeseen harm to healthy people. This combined with his highly rigorous research has brought him supporters, but also enemies.

He has met more resistance than most other GP researchers, but he is not giving up. He is a forceful member of the Nordic Risk Group. Has presented papers and chaired sessions at the Nordic Congresses and Wonca meetings. From a young irritating and critical GP-researcher, he has now risen to become an authority with a worldwide impact on medicine through his scientific publications in BMJ, the Lancet and other international journals with a high impact.

Congratulations!

EQuIP was very active at the Nordic Congress of General Practice in Gothenburg, Sweden.

## Quality Improvement and Patient Safety

Ulrik Kirk (EQuIP Manager) and Eva Arvidsson (Swedish EQuIP Delegate) successfully held a workshop about Quality Improvement and Patient Safety in Family Medicine.

The goal was to provide participants with knowledge about EQuIP support materials on quality and safety for GPs interested in and/or involved with quality and safety work in the Nordic countries and the various methods by which these can be accessed.

During the workshop, participants in small groups discussed the concepts of Quality Improvement in Family Medicine, and what - if any - support materials available to GPs on quality and safety in their respective countries. 15 such projects and materials were collected and described.

## PECC-WE

Ulrik Kirk (EQuIP Manager) and Eva Arvidsson (Swedish EQuIP Delegate) also ran a fruitful workshop about patient empowerment and the PECC-WE Anniversary Project.

The aim of this workshop was to discuss the concept of patient empowerment among participants from the Nordic countries. We had really good discussions about patient empowerment and awareness of knowledge, skills and attitudes to responsibilities for effective management of health related decisions.

Furthermore, we demonstrated the e-learning module in English on Patient Empowerment in Chronic Conditions to all the workshop participants. It was well-received.

Finally, we kindly asked the participants to contribute to the online repository about patient empowerment. 14 different resources were gathered and described from the Nordic countries.

## Digital prescribing in Europa - an EQuIP overview

Katrin Martinson and Le Vallikivi (the two Estonian EQuIP Delegates) decided to get an overview about prescribing systems and habits in Europa. In Estonia the nationwide digital prescribing system has been in use from 01.01.2010, and they wanted to know what kind of prescription systems are used in other European countries.

The expert network of EQuIP was used to fill the questionnaire about digital prescribing in Europe. They got answers from 25 countries.

There is a big variety in Europe in using prescribing systems. 6 out of 25 countries are using the nationwide digital prescribing system, whereas 12 out of 25 countries do not use digital prescribing. In other countries digital prescribing is described as regional or between selected partners.

Central prescription-database exists in 11 out of the 25 countries. Some of the countries use automatic decision support systems with different warnings and reminders, helping to follow the guidelines. Feedback to doctors (medical service providers) is given centrally in 15 out of 25 countries, mostly about guideline follow-up, but also about generic medication prescribing and medical service expencies.

Digiprescribing was considered convenient, timesaving and safe with benefits of statistics and feedback from the authorities. The negative aspects are the delicate data protection and IT- connection disturbances, also the danger to loose of doctor/patient relationship.

What is the future of nationwide digiprescribing in your country?

