

Edition: August 2016

### Welcome

### Dear Colleagues and Friends,

I hope you all enjoyed an untroubled holiday during this summer.

Taking some time off can be very fruitful and enhance the quality of your work afterwards. It can be the time to get some distance from the overwhelming reality of the daily stress.

To be able to reflect and redefine the broader picture and get back home with more energy to continue, or the conviction that things should change and get back to the core content of your job.

In that way taking a leave can be a good prevention against burn out and help you find the start of better quality in your life and job.

EQuiP as a network wants to help you a little bit with that. The newsletter as a reminder every two months can give you information that might help to reflect, to look 'out of the box', by offering you inspiration by hearing how others tackle their problems and realize quality.

We also work hard to realize the new website very soon. There we hope you will be able to find the information you need, the moment you need it.

Autumn is for EQuiP the moment to come together in a reflective meeting in Zagreb where we look at what we realized the past year, learn from it and plan the next year (a real PDCA as such).

It has proven to be a very successful strategy in the last year and I hope we can keep testifying about our successes and support you in your quality work in the months to come.

Fiet Vanden Busch EOuiP President

### New International Preventing Overdiagnosis 2016 Conference Partner: EQuiP

Overdiagnosis happens when people get a diagnosis they don't need. It can happen when people without symptoms are diagnosed and then treated for a disease that won't actually cause them any symptoms, and it can happen for people whose symptoms or life experiences are given a diagnostic label which brings them more harm than good.

Although hard to believe, there's growing scientific evidence suggesting many people are overdiagnosed across a lot of different conditions, including asthma, breast cancer and high blood pressure.

One common way overdiagnosis can happen is when healthy people who attend screening programs or receive tests during check-ups are diagnosed and subsequently treated for the early form of a disease which would never in fact have harmed them. With breast cancer screening for example, a systematic review of studies published in the British Medical Journal suggests that up to one in three of the cancers detected via screening may be overdiagnosed. There are similar concerns with overdiagnosis of prostate, thyroid and kidney cancers.

The issue of overdiagnosis is heavily related to patient safety and quality improvement in general practice - and therefore highly relevant to EQuiP. For this reason, EQuiP has decided to support the PODC2016 conference as has recently become an **Associate Partner**. The programme for the event is looking great and we hope to engage with over 400 colleagues across three days, sharing thoughts, debating and looking at solutions to help the current problems of overdiagnosis.

Venue: Centre de Convencions International de Barcelona, Barcelona, Spain.

Time: 20-22 September 2016.

Visit the **PODC website** and read the **conference programme here**.



During the session "Cultural and existential drivers of overdiagnosis", Susann Schaffer, an EQuiP member from Germany, will present and discuss: "Antibiotics for acute cough in general practice. Description of differences between high and low prescribers using claims data".

Toni Dedeu from Agency for Health Quality and Assessment of Catalonia (AQuAS), a former EQuiP delegate from Spain, will introduce the PODC2016 conference.

### **Next EQuiP Conferences**

50th EQuiP Assembly Meeting: Working Group Weekend 24-26 November 2016 in Zagreb, Croatia.

51st EQuiP Assembly Meeting: Patient Safety Conference 3-4 March 2017 in Dublin, Ireland.

### **EQuiP Interactive Communication Materials**

During the Wonca Europe conference in Copenhagen, EQuiP presented its work and content to the entire Wonca Council.

The Interactive EQuiP ePDF

## **Interview with Elisabeth Stura** (Norway)

Interview with

Elisabeth MD, GP Trainee (ES). VdGM representative Norway

What is the first thing that comes to your mind, when you think of EQuiP? ES: Quality

**What was your first EQuiP experience?** ES: The EQuiP Summer School in 2014 held at Brogården in Denmark.

What major achievements do you know EQuiP for? ES: Developing tools like EuroPEP, Maturity Matrix and of course the Summer Schools.

**What is your best EQuiP experience?** ES: The Summer School in 2014 provided inspiring new knowledge and unforgettable memories with amazing people.

How would you describe the current world of quality improvement and patient safety in primarv care?

ES: I feel it becomes more and more relevant. It's high on the health political agenda, and many colleagues are opening their eyes to the importance of quality improvement to keep high standards in our field of work.

How would you predict the future for quality im-

provement and patient safety in primary care?
ES: The future will be bright if we work together. It's important to not focus on patient safety in a way that makes patients feel unsafe and stop trusting their primary care provider. We are good today. We just want to become better tomorrow.



### Interview with EQuiP delegates

**Interview with** David Rodrigues, **(DR)** 

Interview with

Katrin Martinson, MD, GP (KM)

Interview with

Zalika Klemenc Ketiš, MD, GP, PhD **(ZK)** 

What is the first thing that comes to your mind, when you think of EQuiP?

DR: I think about WONCA, quality and a friendly forum.

What was your first EQuiP experience?

DR: The conference in Fishingen, Switzerland last year on quality circles.

**What major achievements do you know EQuiP for?**DR: The QUALICOOP project, reference in quality education.

What is your best EQuiP experience?

DR: Multicultural team work, dynamic discussions, and great ideas about quality in primary care.

How would you describe the current world of quality improvement and patient safety in primary care in your country and in Europe?

DR: In my country I think it's a hot topic right now. Our primary care system is based in small teams so quality improvement is getting a lot of attention. In Europe my main and young perspective tells me that it should an even "hotter" topic than it is today.

How would you predict the future for quality improvement and patient safety in primary care in your country and in Europe?

DR: In my country - as I mentioned - it is a very discussed issue nowadays. The future seems inspiring and it seems that both professionals and authorities want to develop and invest in these topics.

What is the first thing that comes to your mind, when you think of EQuiP?

KM: Brilliant people.

What was your first EQuiP experience?

KM: The Copenhagen Invitational conference on "Value for money" in April 2011.

What major achievements do you know EQuiP for? KM: PECC-WE, EPA, Maturity Matrix.

What is your best EQuiP experience?

KM: The conference in Paris in April 2013 about equity.

How would you describe the current world of quality improvement and patient safety in primary care in your country and in Europe?

KM: In Estonia, practice accreditation is widening step by step - and building a patient safety system in primary care is beginning. So, we are developing!

How would you predict the future for quality improvement and patient safety in primary care in your country and in Europe?

KM: Development within both practice accreditation and patient safety systems.

What is the first thing that comes to your mind, when you think of EQuiP?

ZK: Quality in Family Medicine.

What was your first EQuiP experience?

ZK: I attended the meeting in Bled, Slovenia, in 2009. It was a very positive experience.

What major achievements do you know EQuiP for? ZK: Different projects, such as EUROPEP, Maturity Matrix, inG-PinOI (EU funded Leonardo da Vinci project).

What is your best EQuiP experience?

ZK: TMeeting people from different countries interested in quality and safety.

How would you describe the current world of quality improvement and patient safety in primary care in your country and in Europe?

ZK: In Slovenia, there us an increased awareness of the importance of this subject at primary care level. I was invited by the Ministry of Health to develop quality indicators. Also, a project on quality improvement for family medicine practices is currently running.

How would you predict the future for quality improvement and patient safety in primary care in your country and in Europe?

ŽK: I think and hope that it will become a standard part of working in family practice.







### **EQuiP Working Group on Social Media**

# Report from WONCA Istanbul 2015 Workshop: 'Smarter Planet Smarter Healthcare'

By Zelal Akbayin-Sloane (İstanbul, Turkey), Charilaos Lygidakis (Bologna, Italy), Ulrik Bak Kirk (EQuiP, Copenhagen, Denmark), Raquel Gomez Bravo (SemFYC, Spain), Peter A Sloane (ICGP, Dublin, Ireland & VdGM)

### **Background**

During the October 2015 WONCA Europe Istanbul Conference, 72 Family Doctors participated in our workshop titled: 'Smarter Planet Smarter Healthcare'.

The workshop opened with presentations outlining available resources that can be used for the development of innovative applications, and also showcasing the impact of examples of eHealth implementation.

Participants randomly self-divided into four groups to discuss in 'round table' session the areas presented, namely mobile health, medical education, social media and rural telemedicine. Discussion was based around a SWOT analysis.

Participants were invited to present an insight into their own solutions from a multi-perspective viewpoint, to reflect on the impact of eHealth on their own practice and the lives of their patients, and to outline the feasibility of harnessing potential solutions within the limitations of available resources.

The session provided participants with a powerful networking opportunity that facilitated knowledge sharing and the development of new partnerships. The identified strengths, weaknesses, opportunities, and threats of eHealth are summarized below.

Online poster link **here** 

#### m-Health

Also known as mobile health, m-Health refers to the practice of medicine and public health supported by mobile devices such as mobile phones, tablets, personal digital assistants and wireless infrastructure.

m-Health tools are useful for both triage and management of cases and m-Health can improve the quality of care. Patients can use m-Health tools to access services even where their provision is challenging or inadequate, thus leading to increase in healthcare access equity.

On the other hand, new tools and methods are not proven and there is a lack of current evidence in support of use of m-Health. Connectivity is also necessary, yet it is not universally available. Some patients and doctors have genuine security concerns.

#### Social Media

#SoMe has the potential to inform and educate both doctors and patients. It can enhance doctor-doctor and doctor-patient communication. Social media also has the potential to ease renewal of prescriptions, can be used to send patient reminders, and may provide an opportunity to track chronic patients. One potential novel and innovative use of social media could be for short online consultations.

On the other hand, there are genuine concerns about data security, and social media can provide an overwhelming degree of information overload. Currently, there is a lack of evidence of the utility of social media, with an additional paucity of social media guides to help health professionals get started.

#### Online Medical Education

Online medical education, including both e- and m-Learning, provides ubiquitous learning; medical education anytime and anywhere; lifelong learning independent of your location or time. It is cost effective, can improve the quality of education, and has the potential to provide more personalised and individualised learning.

On the other hand, it is technology and connectivity dependant, and the numerous options, policies and legislations can seem overwhelming. The issue of lack of quality control, the absence of standardisation of content and delivery, and lack of oversight of teaching are also problematic. In some cases e-Learning can be seen as a "tickbox" exercise, whilst the reality is that at the core of e-learning is the delivery of knowledge and skills.

### Telemedicine

Telemedicine is the use of telecommunication and information technologies to provide remote clinical health care; health care at a distance. It helps eliminate distance barriers and can improve access to medical services that would often not be consistently available in distant rural communities. Rural telemedicine has the potential to reduce overall costs and also has the potential to drive innovative development in technology. The ability of rural telemedicine to improve access to Primary Healthcare for remote rural commities can also improve overall health outcomes.

The potential lack of expertise was identified as a major barrier. Groups identified that telemedicine is not holistic. Significant concerns were expressed in relation to the security and reliability of technology. Some participants identified concerns with the potential for telemedicine to create work overload for providers.

### **Interview with Ana Nunes Barata** (Portugal)

### **Interview with** Ana Nunes Barata, **(ANB)**

### What is the first thing that comes to your mind, when you think of EOuiP?

ANB: When I think about EQuiP, I think of the concept of of quality, across borders.

Quality is something that directly affects practice in Primary Care, making it a cornerstone in terms of practice organization as well as of practice provision.

### What was your first EOuiP experience?

ANB: My first EQuiP experience was the attendance of the 3rd EQuiP Summer School in Berlin in 2013.

### What major achievements do you know EQuiP for? ANB: Development of the Quality Book of Tools and the

Summer Schools

### What is your best EQuiP experience?

ANB: My best EQuiP experience was undoubtedly the attendance of the 2013 Summer School.

It was a major opportunity to develop an idea that was still in its initial stages into something that would later on be used as a research project.

### How would you describe the current world of quality improvement and patient safety in primary care in your country and in Europe?

ANB: We are looking into opportunities to develop and promote quality-related projects in Portugal, as it's quite a popular topic between residents and senior Family Doctors.

In some regions of the country, it is expected for residents to develop a small research project on quality improvement so that they become aware of its methodology and benefits.

In terms of national conferences, we have also seen an increase of abstract submissions on quality improvement.

In Europe, I have the feeling that our international peers are also very motivated to work on "quality improvement and patient safety." The popularity of the EQuiP Summer Schools can be seen as a proof for this, namely among the younger generation.

### How would you predict the future for quality improvement and patient safety in primary care in your country and in Europe?

ANB: My opinion is that "quality improvement and patient safety" is here to stay - both at a national and an international level.



(c) Thanks to Thanks to Luís de Pinho-Costa and Yusianmar Mariani.

### National Updates from Switzerland 2013-2016

The popular initiative "Yes to Family Medicine" was launched in 2009. The initiative aimed at promoting and ensuring family medicine because primary health care in Switzerland is increasingly in lopsided: increasing demands caused by the demographic trends, increasing specialization, more and more part-time working physicians and worsening financial compensation deteriorated working conditions.

### **Lack of Family Physicians**

This was and is accentuated by the threat of a lack of family physicians, since by 2021 three quarters of family doctors working today will have retired by then. With a vote share of 88 % YES, Switzerland has clearly agreed to the proposed federal, cantonal and parliamentary constitutional article on basic medical care on May 18, 2014. Switzerland has clearly committed itself to family medicine as a basis for the Swiss healthcare system.

However, two years after the clear folk YES to primary health care, the situation has further deteriorated. The "Workforce Study 2015" of the University Centre for Family Medicine at the University of Basel predicts a soaring GP shortage with high cost implications.

### Swiss Society of General Internal Medicine (SSGIM)

In 2015, the Swiss Association of Family Medicine has merged with the Swiss Society of Internal Medicine to form the Swiss Society of General Internal Medicine (SSGIM) involving ambulatory and hospital based health care.

The SSGIM is committed to a comprehensive, efficient and patient-oriented General Internal Medicine and promotes young doctors and specialists in hospital and general practice.

The profession body protects the interests of physicians in General Internal Medicine and represents both the practitioners and hospital based specialists. It ensures the management of the specialist title. The organization collaborates closely with the departments of General Internal Medicine/Institutions for Family Medicine at universities.

### Four focused fields within quality improvement

The issue of quality improvement is a key element for the SSGIM. The committee of Quality improvement involves different working parties such as for Guidelines, Quality Circles and other areas of interest.

In 2016, the strategy "Health Care 2020" was developed and defines the priorities in the Swiss health policy for the coming years. Four fields of activities are in the focus of attention:

- Improved provision of care
- Increased Quality of life
- Transparency of costs
- Equity

Twelve objectives were set and 36 measures are planned to fulfil the objectives. Funding was key for this future realignment. There is the expectation of a potential saving of over 10 billion francs in annual health care costs of 64 billion francs. The Federal Office of Public Health will address existing overdiagnosis and overtreatment, and will address existing in and outpatient problems. Social health insurance gives everyone living in Switzerland access to adequate health care in the event of sickness, and accident if they are not covered by accident insurance.

#### No new doctor tariff structure has been adapted

The doctor tariff "TARMED" is a project of the Swiss Medical Association (FMH), Swiss health insurance companies association (santésuisse), and other professional bodies and stakeholders.

As the social partners failed to agree on a joint proposal for an adapted new tariff structure in late Spring 2016, the Federal Bureau of Public Health (FBPH) gave the professional bodies and health insurance companies another chance of finding a solution.

If no solution will be found, the FBPH will use its subsidiary competence and plan adjustments in the tariff system TARMED

By Adrian Rohrbasser Swiss EQuiP delegate



(c) Thanks to Susanne Cording.