



# Newsletter

## August 2018

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# New VdGM Liaison to EQuIP

By *Felicity Knights (the United Kingdom)*



## Dear EQuIP network,

I am delighted to be joining you as the new EQuIP-VdGM liaison. I'm a GP trainee with longstanding interests in international health and quality improvement, and lots of experience of collaborating with peers in medical student and young doctors international networks.

I have learnt about the richness that arises when collaborating across different, cultures and countries through previous roles as joint national director of Medsin: the UK student global health charity, co-editing a newly-published global health textbook, 'Essentials of Global Health' authored by over 127 young writers internationally, and my current role on the RCGP Junior International Committee Research team, representing young family doctors in the UK.

It is this cross-cultural collaboration and its potential to effect wider change which makes me so excited to be working with you all. I am passionate about quality improvement and affecting change in our own practice; it's something I believe we should integrate into our daily working lives, and has the potential to make a difference to significant numbers of patients.

Through previous work designing and delivering hospital-wide quality and safety training and initiatives as an Improving Global Health fellow in South Africa, and delivering an award-winning peer-led advocacy and leadership course for 65 international students, I have already seen that many younger doctors share this desire to affect change, and, although not always familiar with quality improvement, enthusiastically embrace it when taught effectively.

Some of the areas I would like to work with you all on would include expanding the EQuIP summer school and similar programs, increasing awareness and engagement with the importance of quality and safety amongst junior GPs, and building opportunities for new and future family doctors with passions in this area. There is ample scope for collaborative workshops, training materials and publications, and I hope that working together, we can also work to integrate quality improvement training into more curricula across Europe.

I believe that Europe desperately needs a generation of enthusiastic and equipped GPs, passionate about quality, with the skills to rigorously evaluate what they are doing, and to collaboratively develop and trial new treatments, methods of working, and models of care for their own countries and beyond.

I believe that through working together, VdGM and EQuIP can play a pivotal role in mainstreaming quality improvement, so that improving care for our patients is seen as a core part of the role of being a GP by the next generation of family doctors.



## NEW LIAISONS

**EURIPA - Berit Hansen**  
**EQUIP - Felicity Knights**

CONGRATULATIONS!

# Reflections on the 6th French EQuIP Summer School 2018

## 18 participants and visits from European EQuIP delegates



The French participants really appreciated the presence of European general practitioners (GPs) representing EQuIP.

During this year's French EQuIP Summer School, 4 GPs from Sweden, Belgium, Spain, and Switzerland participated:

- Piet Vanden Bussche, EQuIP President from Belgium
- María Pilar Astier-Pena, EQuIP delegate from Spain
- Eva Arvidsson, EQuIP delegate from Sweden
- Nicolas Senn, EQuIP member from Switzerland



### Presidential Pensiveness

I got a kind invitation from the organisers of the 6th French EQuIP-SFTG Summer School to give them a visit.

I was happy to accept and showed up in the very nice small town of Saint Paul Trois Chateaux in Southern France.

It was fantastic for me to experience on my own how the soul and spirit of EQuIP was passed on to every participant.

We had a very interesting combination of keynote presentations and structured small group work. Also, the group of participants was a nice mix of experience and novice, GPs and other primary care workers, urban and rural area practices.

The most interesting part for me to participate in was the final presentations of the participants' projects.

The have worked on and came up with very nice projects on quality improvement in primary health care.

Again, I want to give huge thanks and gratitude to both Isabelle and Hector, our dedicated French EQuIP delegates.

Not only for their invitation, but for being the driving forces when realising the French Summer School year after year.

Piet Vanden Bussche  
EQuIP President

### My Shared Story

During the EQuIP French Summer School, I met a group of very talented professionals with a lot of exciting improvement projects. Therefore, choosing the single best moment is not easy for me.

What I liked most, however, besides the stimulating atmosphere that everyone contributed to, was the *group discussions*.

Everyone told each other and shared information about their planned projects - and received constructive feedback from the entire group.

The EQuIP way where participants took a small step forward in their projects day by day, by means of lectures and discussions, worked very well.

Eva Arvidsson  
EQuIP delegate from Sweden



# The 6th French EQuIP Summer School 2018 on Twitter

## Health Care Quality and Patient Safety Across European Countries



[@WONCA\\_QSafety](#) [@EQuIP\\_Quality](#) Wonca Europe Summer School starts at St Paul 3 Châteaux (France). Isabelle Dupie talks about 6 quality dimensions + its application un primary care to promote [#healthcarequality](#) [#ptsafety](#)



06.08 - 5. jul. 2018

4 Retweets 8 Likes

[@WONCA\\_QSafety](#) [@EQuIP\\_Quality](#) Nicolas Senn, Polyclinique médical universitaire de Lausanne, address drivers to improve [#healthcarequality](#) reseach regarding assessing field studies in [#primarycare](#)



06.08 - 5. jul. 2018

4 Retweets 3 Likes

[@WONCA\\_QSafety](#) [@EQuIP\\_Quality](#) Pilar Astier, [@semfyc\\_int](#) at Summer School, Saint Paul 3 Châteaux presenting [#patientsafety](#) Spanish National Strategy + implementation at [#tauste](#) Health centre [@GobAragon](#): [#healthfema](#) emergency care, [#elderpatient](#) [#deprescing](#), [#secondvictim](#) projects



00.55 - 6. jul. 2018

3 Retweets 5 Likes

[@WONCA\\_QSafety](#) Piet Van Den Bussche [@EQuIP\\_Quality](#) explains [#primarycare](#) in [#Belgium](#) is built on small and fragmented initiatives. There are many promoting proposals but there is a lack of global strategy to improve [#healthcarequality](#) in [#primarycare](#).



00.53 - 7. jul. 2018

4 Retweets 6 Likes

# New EQuIP and WONCA Position Paper 2018: Measuring Quality in Primary Health Care



I started to work with quality indicators in the Swedish College of General Practice's Standing Committee for Quality and Patient Safety over 15 years ago. Over the years, we have moved from paper and pencil to digital systems. We have tried to broaden our measurements from adherence to guidelines to also include important values in primary care like continuity, priority setting and multimorbidity. My motivation has all this time been that quality indicators as such are very valuable and important tools in improvement work in daily clinical practice.

Simultaneously, as it has become easier to access data from electronic patient records, many countries have begun to use quality indicators in their payment systems. The use is still increasing, although pay-for-performance (P4P) has not proven to be useful so far (Yuan B et.al, 2017, Cochrane review). Instead, there seems to be quite a lot of risks with P4P, as listed by Mannion (2008):

- Tunnel vision - a focus on aspects of clinical performance that are measured and neglect of unmeasured areas
- Adverse selection - the incentive to avoid the most severely ill patients
- Erosion - the potential diminution of intrinsic professional motivation as a key attribute of high quality health care
- Inequity - creation of perverse incentives to exclude disadvantaged groups
- Over compensation - rewarding providers who already meet or exceed the target threshold
- Misreporting, gaming, or fraud

I have noticed two big problems when using quality indicators for P4P:

1. More quality improvement projects seem to be about *how to maximize payment* (improve what is measured and paid for) instead of what is important to the patient.
2. Over time, health care staff will dislike quality indicators, as they are perceived as merely a means for P4P, not for quality improvement and improved patient safety.

This is very unfortunate, since quality improvement is pivotal for better primary health care. Actually, quality indicators can be fun and useful in this context. We need to keep it this way.

I do hope that this clear and strong EQuIP and WONCA Position Paper on Measuring Quality can be helpful in this matter.

**Please access the EQuIP and WONCA Position Paper on Measuring Quality.**

Eva Arvidsson  
EQuIP delegate from Sweden  
Quality Indicators Working Group Leader



# EQuiP Peer-Reviewed Article in Romanian

## Cercurile calității în medicina familiei

### Quality circles in family medicine

By Dr. Marius Mărginean (Romania)

#### Abstract

Quality circles/peer groups are an important way to increase the quality of health care, being used in many countries. It is a preferred bottom-up approach by family doctors for successful change. It is useful in the implementation of quality systems, in continuous medical education, and in the implementation of practice guides.

The article reviews the development of the quality circles model in Europe and the context in which they can be organised in family medicine.

Keywords: *Quality circles, peer groups, increased quality.*

#### First published

25 October 2017

#### Link to online article

<https://www.medicub.ro/reviste/medic-ro/cercurile-calitatii-in-medicina-familiei-id-1142-cmsid-51>

By Dr. Marius Mărginean (Romania)  
Medic primar Medicină de Familie,  
Medic specialist Sănătate Publică și Management



# EQUIP Peer-Reviewed Article in French

## “La gestion de l’incertitude dans le quotidien de la médecine de famille”

By *Adrian Rohrbasser (Switzerland)*

Journal: Prim Hosp Care (fr). 2018;18(05):82-84.

[Link](#)

### Attaque

De nombreux patients n’ont pas de diagnostic clair quand ils entrent dans le cabinet du généraliste.

La capacité à gérer l’incertitude est particulièrement importante dans la médecine de famille, car des douleurs et des symptômes peu clairs constituent un défi commun pour les médecins et les patients.

L’exposé qui suit décrit les facettes de cette problématique et la gestion de l’incertitude dans le quotidien clinique.

### Résumé

De nombreux patients ne disposent pas de diagnostic clair quand ils entrent dans le cabinet du généraliste.

Dans la médecine de famille, la capacité à gérer l’incertitude est très importante, car des douleurs et des symptômes peu clairs constituent un défi de taille, aussi bien pour les médecins que pour les patients.

Philosophes, psychologues et sociologues emploient différentes approches pour conceptualiser et maîtriser l’incertitude.

Une bonne relation médecin-patient est d’une importance cruciale dans la gestion de l’incertitude, et engendre confiance et respect mutuel.

Les données scientifiquement avérées doivent être utilisées sans perdre de vue la position et les attentes du patient.

Un processus de décision effectué en concertation avec le patient semble incontournable en situation d’incertitude, et peut soulager le médecin de famille.

Éléments utiles pour le quotidien du médecin de famille:

Les médecins devraient accepter l’incertitude comme faisant partie intégrante de leur travail, et se fier à la relation avec les patients. Ces derniers contribuent à la réflexion et peuvent participer aux décisions.

1. Les médecins devraient utiliser les informations scientifiquement avérées, mais respecter leur propre expérience ainsi que celle des patients. Quand on évoque les possibles avantages et effets secondaires, il faut le faire d’une manière claire et facilement compréhensible.
2. Tout patient doit être considéré comme un individu et non comme le représentant d’une maladie. Connaître les patients et leur histoire facilite la prise de décision commune.
3. Les médecins de famille devraient discuter des cas problématiques avec leurs collègues dans leurs cercles de qualité. Cela semble un bon moyen d’apprendre à gérer l’incertitude.

# New Individual Member of EQuIP

*By Charalampos Vittorakis (Chania, Crete)*



I am the owner and director of a GP Polyclinic in Crete-Greece and have been practicing General Medicine for 25 years.

My two children are also doctors. My son is on the first year of general practice specialty in Greece and my daughter is a 5th year medical student at Comenius University in Bratislava.

I have always considered that quality and safety development for general practice is on the top of priorities in daily practice.

I joined EQuIP to learn more about the network, since I strongly believe that qualification of a primary care medical office or center, has to be done by medical experts organizations (and not only ISO organizations). I suppose that EQuIP is the only one that can give directions to this issue.





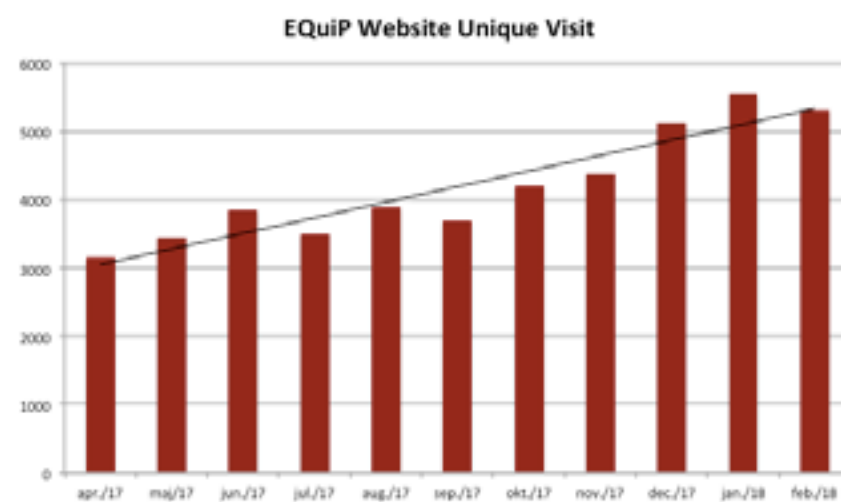
# EQuIP Website Stats

Apr. 2017-Feb. 2018



## From 3.000 to 5.500 Average Website Visits per Month (+85%)

The average EQuIP website visits has increased from 3.000 visits in April 2017 to more than 5.000 visits in February 2018, peaking in January 2018 with 5.543 visits.

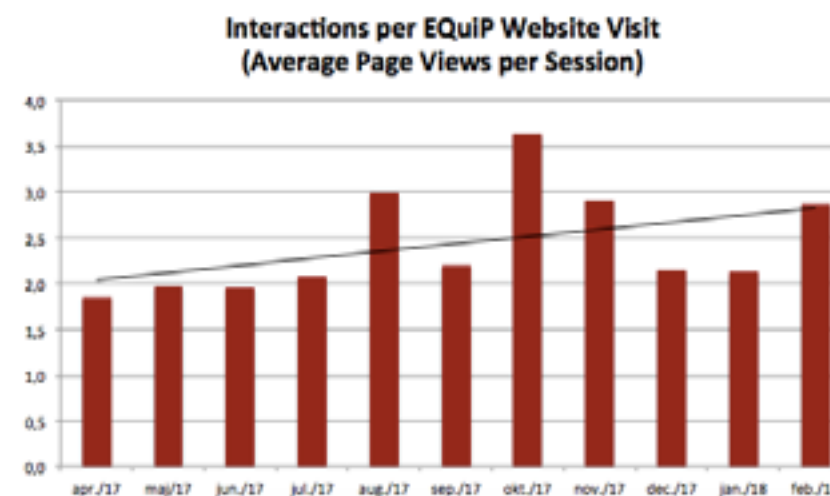


## From 2 to 3 Average Page Views per Visit (+50%)

1 page view is 1 view of a web page on the EQuIP website by a visitor. The page view metric will show just how often visitors successfully access the content on our website.

When there are a high number of page views, this could be due to the quality and value of the content on our website. On a relatively new website, such as the EQuIP website, an average visitor may view only two pages and stay for a little over a minute.

The average page views per visit to the EQuIP website has increased from 1,9 in April 2017 to 2,9 in February 2018, peaking in October 2017 with 3,6 page views per average visit.



## Conclusion

The average page views per visit figures are increasing, which suggest that EQuIP has an engaged audience that interacts with the web content we create.