EQuiP

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

Newsletter

Edition: **May 2017**

Welcome

Dear EQuiP friends,

Dublin Conference and ePDF

The Dublin conference on patient safety was such a great event. Bringing together the experience of experts and GPs from all over Europe truly gave us the opportunity to learn from each other. We came home inspired and motivated to start new initiatives at home and to continue to think how we can promote patient safety and doctors' health in the feature. It was so nice and stimulating to meet a lot of enthusiastic people.

Further, It is really nice that we are able to offer you the results of the Dublin conference through the **extraordinary ePDF tool**, making sure that we have a testimony of what we did for eternity. Also, we can show it to people who did not participate, but are interested in the topic.

Communication

In the **Facebook Group of EQuiP** we try to spread and disseminate relevant news about the network and events about Quality and Safety related matters. Please feel free to share your information and news with us. We can help you to reach all the other members of EQuiP.

This newsletter is another channel to communicate with all of you - dear delegates, members and other interested people. We warmly welcome new and important members, who significantly supported EQuiP already in the past and hopefully help us to continue our work in the future.

EQuiP Events

We also highlight some of the upcoming events where EQuiP will be promoting Quality and Safety. Perhaps we will be able to meet there. I do hope so.

Piet Vanden Bussche,
EQuiP President

20th Nordic Congress of General Practice June 14-16th 2017, Reykjavik

Workshop: "Quality Improvement in the Nordic Countries - Cases from Denmark, Norway, and Sweden"

22nd Wonca Europe Conference, June 28-July 1, Prague

Workshop: "How do different countries handle quality indicator data and what can we learn from each other?

Workshop: "Safety inequalities related to socio-economic status: How primary care may reduce them?"

Workshop: "Teaching quality and safety to family medicine trainees – best practice examples"

Workshop: "Mental health and safety - a joint EUROPREV, EQuiP and Wonca SIGFV (Family Violence) Workshop"

Oral Presentation: "How can we organize social accountable primary care?"

Oral Presentation: "Personalized self-management support based on an assessment of barriers for self-management and the social support network"

Oral Presentation: "Effectiveness of a medication adherence tool with personalized support"

New Individual Member:
Aneez Esmail, Professor of General Practice (the UK)

Aneez Esmail is Professor of General Practice at the University of Manchester. He continues to practice clinically as a GP. His research interests are in patient safety and reducing health inequalities.

Between 2005-2014 he was the Associate Vice President for Social Responsibility and Equality & Diversity and oversaw the development of the equality and social responsibility strategy for the Universtiy of Manchester.

As a health services researcher he has published work in several areas of public health (prevention of cot deaths, epidemiology of solvent abuse, preventing paediatric admissions, the evaluation of telemedicine and patient safety). He has raised over £11 million in research grants, £1.4 million in educational grants and over £300,000 in consultancy fees over the last 20 years. He is currently responsible for a large area of work looking at patient safety in primary care and works collaboratively with researchers from North America, Australasia and Europe.

He worked as the only Medical Advisor to Dame Janet Smith, the Appeal Court judge who chaired the Shipman Inquiry between 2001-2005. He played a key role in developing the recommendations that resulted in significant changes on reform of the General Medical Council, death certification and investigation, controlled drugs regulation and the regulation and revalidation of doctors.

He is recognised nationally for his research on discrimination in the medical profession. Much of the work that he has carried out in this area has resulted in significant changes in recruitment, selection, monitoring and assessment of the medical profession. This work was recognised internationally with the award of a Harkness Fellowship and Visiting Professorship at Harvard University in 1997. He was offered but declined an OBE for his contribution to primary care and race relations in 2002.

He is a Principal Fellow of the Higher Education Academy.

He continues to practise as a clinician, at the Robert Darbishire Practice, a social enterprise based in one of the most deprived areas of Manchester. It is the largest practice in Manchester with over 22,000 registered patients. The practice has a turnover of over £2.5 million annually and provides an innovative service in relation to same day access, care of deprived populations and looking after patients with complex health needs. He was commended by the Heath Service Journal, as one of the top 100 Clinical Leaders in the NHS in 2014.

I joined EQuiP because I am passionate about General Practice and Patient Safety and want to work at the European level to influence policy makers about the value of general practice and its role in improving the health of the population.

EQuiP eHealth Working Group
- Potential topics for the next 2 years

by Ilkka Kunnamo, eHealth WG Leader

Recent activities of the eHealth group

WONCA Policy Statement on eHealth
Collaboration with WICC (Presentation 9/2016 in Finland)
Promote patient participation (WONCA Europe 2016 Workshop)

Potential Topics and Projects for the Future

Planning strategies for the implementation of the WONCA Policy Statement on eHealth: Focus in patient participation and population health.

Framework for estimating potential to benefit from interventions in making comprehensive care plans:
The primary care physician in collaboration with the primary care team coordinates the care of people with multiple health problems, including tools for estimating potential to benefit, based on individualized prediction and shared decision-making are under development.
Read presentation here.

How to measure patient-important outcomes in primary care
ICHOM is developing tools for measuring health outcomes.
Input from primary care is needed.
Collaboration with WICC.

Health-IT enabled quality improvement
How to use health IT as support for quality improvement

Implementing practice-changing recommendations rapidly - WikiRecs:
A project is under way for rapid development of recommendations and their implementation via clinical decision support.

Comprehensive care plans: How to implement with information technology?

Defining Care Plans
Terms "Plan of Care" and "Care Plan" used interchangeably within healthcare industry: Initial standardization efforts focused on agreement of components of each rather than when to use which term.

COMPREHENSIVE SHARED CARE PLAN (CSCP)
Plan that is not setting specific and uses infor-mation technology to enable the clinical team to collaborate seamlessly as they help address the full spectrum of the patient's needs across all care settings and over time.

"Making the Comprehensive Share Care Plan a Reality"
U.S. Department of Health and Human Services, May 2016.

Fully engage individuals, their caregivers (paid and non-paid) and their clinical and community-based provider teams: Evidence that person-centered care leads to better outcomes.

Encompass individual defined goals, preferences, strengths and weakness.

Address individuals needs and the care and services required to meet those needs.

Integrates multiple interventions proposed by multiple providers and disciplines.

Serve as a blueprint for aligning interventions to improve quality and coordination of care received across settings of care.

Synonymous with 'Shared Care Planning': Recognized in new value based payment models for supporting care of patients with complex medical and functional needs.

Type of Plan	Description
Treatment Plan	**Domain-specific plan** managed by a single discipline focusing on a specific treatment or intervention.
Plan of Care	**Clinician driven plan** that focuses on a specific health concern or closely related concern. It represents a specific set of related conditions that are managed or authorized by a clinician or provider.
Care Plan	**Consensus-driven dynamic plan** that represents all of a Care Team Members (including patient/caregiver) prioritized concerns, goals and planned interventions. Represents one or more Plan(s) of Care and serves to reconcile and resolve conflicts between the various Plans of Care developed during the continuum of care for a specific patient.

Source: Longitudinal Coordination of Care (LCC) Interoperable Care Plan Exchange Use Case v1.0 http://wiki.siframework.org/LCC+Use+Case+2.0+Comments

New Organisational Member:
Paul Bowie on behalf of NHS Education for Scotland

Paul Bowie PhD C.ErgHF MIEHF FRCPEd is a Chartered Ergonomist & Human Factors specialist, patient safety scientist and medical educator with NHS Education for Scotland based in Glasgow, Scotland, UK.

He has worked in the National Health Service (NHS) in Scotland for over 20 years in a range of quality and safety advisory roles. He gained his doctorate in significant event analysis from the University of Glasgow in 2005 and has published over 90 papers on healthcare quality and safety issues in international peer-reviewed journals.

He is Associate Editor of BMC Family Practice and a PhD supervisor/examiner and Honorary Associate Professor in the Institute of Health and Wellbeing at the University of Glasgow. In 2011 he was elected Fellow of the Royal College of Physicians (Edinburgh) and is a Chartered Member of the Institute of Ergonomics and Human Factors.

In his NHS role he leads the innovative design and implementation of research, development and evaluation programmes related to patient safety and care improvement based on Human Factors and ergonomics principles and methods.

NHS Education for Scotland - Safety & Improvement Research Group (SIRG)
A large part of the Safety and Improvement Research Group's remit focuses on the design, development, implementation and evaluation of tools and concepts to improve the quality and safety of primary care at the individual, team and organisational levels.

Many of our research outputs such as 'GP-SafeQuest' (a team-based safety climate survey), 'Enhanced Significant Event Analysis' (a systems-centred tool for individual and team based analysis of patient safety incidents) and the 'Trigger Review Method' (a tool for quickly reviewing small samples of the records of high risk patient groups to uncover safety incidents and hazards) are in routine use in the National Health Service in Scotland, and have attracted a great deal of interest worldwide.

We are excited to join EQUiP to make connections and share learning and outputs with like-minded colleagues and teams who are interested in research, evaluation, education and innovation related to improving the quality and safety of primary care across Europe and beyond.

World Family Doctor Day, May 19

Dear colleagues

World Family Doctor Day (FDD) – 19th May - was first declared by WONCA in 2010 and it has become a day to highlight the role and contribution of family doctors in health care systems around the world.

The event has gained momentum globally each year and it is a wonderful opportunity to acknowledge the central role of our specialty in the delivery of personal, comprehensive and continuing health care for all of our patients. It's also a chance to celebrate the progress being made in family medicine and the special contributions of family doctors all around the world.

Last year many of our colleagues across the globe celebrated the day by organising a variety of events and activities, and we received reports and photographs from many countries, which we were able to feature in WONCA News. Karen Flegg, the WONCA Editor, has even produced a template for countries and College and societies and associations, to aid reporting. The Secretariat has also produced some posters which can be used and adapted locally.

We're very happy for Member Organizations to develop their own theme for FDD, depending on local priorities, but this year we'd especially like to highlight depression. Depression is the chosen theme for World Health Day, and WHO has made a number of posters and videos available for general use, and has even produced regional variations of many of the posters. **These materials can all be found on the WHO website**.

WONCA would like to help to publicise this very important topic and this will be augmented by articles in WONCA News from our Working Party on Mental Health

We look forward to getting reports from Member Organizations in due course with news and photos of the events held – whatever theme you choose - and many of these will be featured in future editions of WONCA News.

Dr Garth Manning
WONCA Chief Executive Office

Wonca Europe Webinar in relation to World Family Doctor Day 2017

Time: Tuesday 16 May, 12.30 CET. This is a free webinar! Maximum of 100 participants: First come, first served! Registration at **info@euprimarycare.org**

The World Family Doctor Day on Friday 19 May is rapidly approaching and taking the 2017 event as a core for this webinar, we will have Dr Mehmet Ungan - Vice-president of WONCA Europe - together with EGPRN members talking about the World Family Doctor Day and Research by General Practitioners in Europe.

EQuiP Session at 20th Nordic Congress of General Practice June 14-16th 2017, Reykjavik

Workshop

Quality Improvement in the Nordic Countries - Cases from Denmark, Norway, and Sweden

Kirk UB (1), Munck A (2), Andersen MK (2), Lykkegaard J (2), Arvidsson E (1,3), Øyane N (4), Thesen J (1,4).

1: European Society for Quality and Safety in Family Practice (EQuiP), Copenhagen, Denmark.

2: Audit Project Odense (APO), Research Unit of General Practice, Uni. of Southern Denmark.

3: The Standing Committee for Quality and Patient Safety (SFAMQ), College of GP, Sweden.

4: Centre for Quality Improvement in Medical Practices (SKIL), Bergen, Norway.

Keywords
Quality improvement, audits, quality circles, peer small groups, indicators.

Objectives
The aims of this 90 minutes workshop are to provide participants with knowledge about and to demonstrate the feasibility of concurrent state-of-the-art tools and methods for quality improvement and patient safety in general practice in Denmark, Norway, and Sweden. Each participant will leave with an updated overview and roadmap of such.

Furthermore, it is the ambition to motivate workshop attendees to take part in or even conduct a quality improvement project in their own practice. After the workshop, they would know whom to contact to take the next step from intention to implementation.

Background
Audit Project Odense has conducted audit-based quality improvement (QI) projects in Denmark and other countries for more than 25 years. The fundamental approach of all APO projects is that participants audit a current subject and subsequently meet other participants as well as experts in a course, including discussion of the audit findings. Some times it is followed by another audit.

The Standing Committee for Quality and Patient Safety within the Swedish College of General Practice (SFAMQ) supports QI by sharing e.g. useful quality indicators and the Quality House, which is a simple way to create a systematic approach to QI. Each year we gather GPs, nurses and physiotherapists from Primary Care in a one-day conference, where different practical QI projects are presented, so we can learn from each other.

Centre for Quality Improvement in Medical Practices (SKIL) in Norway organises QI work through peer small group activities. Before meetings, participants complete an online course with updated clinical knowledge. A facilitator leads the group towards QI, rooted in the participant's own practice. The response so far seems promising.

Session Content
At the beginning of the workshop, after welcoming and matching of expectations, the participants will be introduced to the APO concept and recently conducted projects, the SFAMQ Quality House, and the SKIL peer small group activities in the form of short presentations (40 minutes in total).

In the second part of the workshop, we will break participants into groups and discuss how to use the tools and methods in their respective countries, settings, and practices (40 minutes in total).

At the end, participants will give us feedback, evaluate, and suggest how to improve the session (10 minutes in total).

EQuiP Sessions at 22nd Wonca Europe Conference, June 28-July 1, Prague

Workshop

How do different countries handle quality indicator data and what can we learn from each other?
The use of quality indicators in a GP practice or Primary Health Centre as a mean to improve quality of daily care is common and rarely controversial. However, collecting data from a number of GP practices or even GPs in a whole region or country is different. In this case questions arise on what the information should be used for, how it is collected, stored, the integrity of the patients and the GPs, and the validity and relevance of the data.

Participants will learn more about how to use quality indicators at different levels in the health care system, and how problems concerning quality indicator data can be addressed.

Structure
The use of quality indicators at different levels in the health care system will be illustrated using a few different countries as examples (Sweden, Slovenia and Belgium).

With the participants select 3-5 challenges from the presentations and discuss in groups how these are dealt with in different countries according to the participants' experience.

Reports from groups.

Summary and conclusions:
The results can be used by all participants and will also be used to improve the EQuiP position paper on measuring quality.

Presentors
Eva Arvidsson
R&D Unit for Primary Care, Futurum, Jonkoping Region
Jönköping,
Sweden

Zalika Klemenc Ketis
Slovenian Family Medicine Society
Ljubljana,
Slovenia

Jan Kovar
Department of GP
Volyne,
Czech Republic

Piet Vanden Bussche
Domus Medica
Berchem,
Belgium

EQuiP position paper on measuring quality in health care (revised 2010)
The EQuiP position paper on measuring quality in health care is a statement for all partners in health care on how patient data should be gathered and used for quality purposes. With this position paper, EQuiP wants to emphasise the ethical dimensions of patient data handling in quality measurement. This should, in all situations, guarantee patients' privacy and confidentiality in the doctor-patient relationship.

This document, when referring to quality in health care, refers to the degree to which health care systems, services, and supplies for individuals and populations increase the likelihood for positive health outcomes and are consistent with current professional knowledge (IOM definition). When referring to quality measurement of health care, the document includes the collecting, storing and comparing of any data on health care performance and patient health.

Please read the **EQuiP position paper on measuring quality in health care** here.

EQuiP Sessions at 22nd Wonca Europe Conference, June 28-July 1, Prague

Oral Presentations

Personalized self-management support based on an assessment of barriers for self-management and the social support network
In two previously conducted projects we developed, validated and tested an instrument to assess barriers for self-management (SeMaS) and we developed a tool to assess and visualize a patient's network (EU-WISE).

In this new project we will further develop these into one instrument to provide personalized self-management support based on an individual's barriers for self-management and social support possibilities.

The tool will consist of a patient questionnaire and an infographic showing barriers for self-management and the network. Examples of barriers are an emotional coping strategy, an external locus of control, and depression.

Objective
To develop and test an integrated instrument for assessment of barriers to self-management and the social support network.

Methods
In this pilot test we planned to perform barrier and network assessments in 40 patients visiting general practices for cardiovascular risk management. In an iterative process with input from patients we will develop the final instrument and collect information on the best way to apply the instrument. At least 20 patients will be interviewed individually and we will organize a focus group interview with patients.

Results
To date we tested the instrument in 20 patients from one practice. Patients were invited to fill in the questionnaire in various ways: on a tablet in the waiting room; in the consultation room by themselves or together with the health care professional; and at home either paper based or on a website. In the conference we will demonstrate the infographic and we will present the results of the individual and focus group interviews.

Authors and co-authors
Jan van Lieshout (1), Michel Wensing (2), Juliette Cruijsberg (1)

1: Scientific Center for Quality of Healthcare (IQ healthcare), Radboud university medical center, Nijmegen, Netherlands

2: University Hospital Heidelberg, Dept. of General Practice and Health Services Research., Heidelberg, Germany

Effectiveness of a medication adherence tool with personalized support
Medication adherence especially for prevention is low. In previous research a questionnaire to assess the risk for non-adherence and potential barriers for adherence was developed. Next, we developed instructions for counselling on these barriers based on patient centred communication techniques. Barriers are in three domains: cognitive, emotional, and practical.

Objective
To test the effectiveness of the application of the medication adherence tool on medication adherence in patients starting cardiovascular or oral blood glucose lowering drugs.

Methods
We perform a cluster randomized controlled trial, patients being clustered in pharmacies. Eligible patients are listed with GPs from one care group and visit pharmacies collaborating with the care group. In the Netherlands patients usually visit one pharmacy. Pharmacies are randomly allocated to the intervention or the control group.

Patients are invited to participate in the pharmacy. After inclusion they receive a questionnaire. In intervention pharmacies, relating to patients with an increased risk for non-adherence a patient profile is generated showing barriers for adherence. Based on this profile patients are counselled to overcome barriers at the second dispensing.

The primary outcome measure is the percentage of patients with at least 80% of days covered (PDC) assessed by dispensing data at 8 months follow-up.

Assuming 14 pharmacies participating, sample size calculations show that we will need to include 39 patients at high risk for non-adherence per pharmacy to detect a 20% improvement of patients with a PDC>80%.

Results
To date, we included 15 pharmacies and 236 patients. We will present interim analyses relating to patients who completed follow-up.

Authors and co-authors
Jan van Lieshout (1), Martina Teichert (1), Joyca Lacroix (2), Aart van Halteren (2).

1: Scientific Center for Quality of Healthcare (IQ healthcare), Radboud university medical center, Nijmegen, Netherland

2: Behavior, Cognition & Perception, Philips Research, Eindhoven, Netherlands

Disclosure
Funding for this study is provided by Philips. JL, and AvH are salaried employees of Philips. JvL and MT are salaried professionals of IQ healthcare. IQ healthcare received a grant from Philips.