



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.

Piet Vanden Busche
EQuIP 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 Internacional 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 Stura,
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 primary 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 improvement 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)

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 Fisingen, 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 be 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.



Interview with Katrin Martinson, MD, GP (KM)

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.



Interview with Zalika Klemenc Ketiš, MD, GP, PhD (ZK)

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-PinQI (EU funded Leonardo da Vinci project).

What is your best EQuIP experience?

ZK: Meeting 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 is 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?

ZK: 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 (Istanbul, 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 dependent, 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 "checkbox" 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 communities 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.

