



Edition: **November 2016**

Welcome

Dear friends,

The 25th Anniversary of EQuIP is of course a nice opportunity to look back and reflect on the role EQuIP had in the development of Quality Improvement in General Practice in Europe. We are delighted and proud to participate in a movement which took place in so many European countries - and having the story and the testimonies of so many different people and countries is very interesting and meaningful.

It shows how things should always be universal in thinking and development on the one hand - and specific and locally adapted for implementation on the other hand. "Think globally, but act locally" is clearly the strategy to follow and the way we did it all those years within the EQuIP family. The founding fathers and mothers would be very proud.

But we should also think about the future and how EQuIP as a group will tackle both old and new challenges. The reflection about the near future is one of the major tasks for the meeting in Zagreb, where the different working groups will continue their work.

Focussing on concrete outcome, objectives and developing knowledge and visions about their subject: Equity, doctors' health, quality circles, teaching quality, eHealth, patient empowerment, and others topics of interest.

The most important moment for EQuIP in the next year will without doubt be the conference in Dublin 3-4 march 2017: A Safe Practice for Patient and Doctor. This newsletter proves the first announcement.

Please consider if anybody in your country would be interested, could add knowledge and experiences, disseminate the invitation to your Colleges, Universities, Colleagues. Urge people to send in an abstract to testify their work in this field.

It will be the start of the next 25 years of Quality work and thinking, spreading the Quality Virus all over Europe and hoping that a lot of GPs will get infected.

Piet Vanden Bussche,
EQuIP President

EQuiP's 25th Year Anniversary Publications

As you know, 2016 is a very special year for Quality and Safety in General Practice/Family Medicine: EQuIP can celebrate its 25th Year Anniversary.

For this reason, we have launched a campaign where national articles will be published all across Europe, telling the tale of EQuIP's endeavours.



The very first piece was written by David Rodrigues, EQuIP delegate from Portugal, and it has just recently been launched by APMGF (Associação Portuguesa de Medicina Geral e Familiar).

Source

Journal: Jornal Médico de Família • IV Edição • 3º trimestre de 2016. Read the article on the pages 10 and 11.

"The future of EQuIP is obviously connected to the future of quality in healthcare delivery. It will be based on two pillars: Development and participation in multinational research projects together with continuous investment in training and education related to quality improvement".

(David Rodrigues)

Loredana Piloff (Romania)

Interview with *Loredana Piloff, (LP)*



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

LP: EQuIP is WONCA Europe network focusing on quality and safety in family medicine.

What was your first EQuIP experience?

LP: It was in 2006, when the EPA (European Practice Accreditation, red.) project was introduced in Romania.

What major achievements do you know EQuIP for?

LP: The EQuIP network is improving in developing a unified and standardized approach to common issues, but also those which are particular relevant for good quality in family medicine practice in Europe.

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

LP: In the Romanian Health Care System, Family Medicine has not been the priority, which is why great efforts has been made by family doctors/general practitioners and their professional Society, the Romanian National Society of Family Medicine, to increase the quality of family medicine.

Quality improvement in family medicine practice is the core goal for the Romanian National Society of Family Medicine. The outcomes of studies coordinated by EQuIP are important, because of their high quality evidence and their applicability to daily practice, but also because they provide us with strong arguments to inspire decision makers in the health system.

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

LP: Family medicine is a specialty increasingly well represented in Europe. It is perhaps the most dynamic of specialties, and it can - in any European health system - provide and deliver increased efficiency at low costs.

Quality improvement and patient safety should be the main objectives both individually and on the national level in Europe and the rest of the worldwide primary care system. Given the sustained concern in this area and the results, I foresee a positive and stimulative outlook.

EQuIP Working Group on Social Media



E-patient: A Social Entrepreneurship in Turkish Primary eHealth Care
By Zelal Akbayin-Sloane (Istanbul, Turkey)

Background

The Family Medicine Model was introduced for the first time nationwide in Turkey in 2010. However, there has been problems in its implementation during this transition period as it is serving the whole population, which is 77 million.

Primarily, the concerns raised in regard to Turkey's Family Medicine Model are:

- Difficulty getting into communication with General Practitioners (GPs)
- Difficulty making appointments with doctors' clinic
- Difficulties of coming to clinic, such as being elderly or working full time
- Monitoring chronic diseases.

This project aims to use eHealth solutions to provide an easy and free way of communicating between doctors and patients and overcome the difficulties of coming to doctor's office like being elderly and working full-time.

Additionally, this project allows for monitoring of chronic diseases such as diabetes and blood pressure, and thus, aims to improve the life quality of chronic patients.

eHealth Software: e-hastam (e-patient)

We developed a software that provides efficient and easy doctor-patient communication. We made this software available on a web platform called e-hastam (e-patient) and invited 719 GPs who are in a private GP email group to use the system.

The e-hastam platform was designed to help patients receive faster and more convenient access to health treatment. We sent informative emails describing how doctors and patients can use those features: E-monitoring, e-mailing, and e-appointments.



e-Hastam



Once the net friendly doctors became members they informed their patients about the web platform, e-hastam, for post-consultation. In this way, patients started using the e-hastam for communicating with their doctors:

- Patients can ask about their health problems remotely, from their homes or work offices
- They can use the platform for scheduling appointments
- Patients can send their measures of glucose and blood pressure levels using online charts for their doctors to monitor the chronic diseases remotely

Results

Of the invited 719 GPs, 495 became members. In eight months, in total, they served 6.150 patients through the e-hastam platform.

Table - 1 Patients' Demographic Characteristics

	N=6150	%
Gender	Male	38
	Female	62
Age	< 18 yrs	11
	18 - 65 yrs	75
	> 65 yrs	15
Work Status	Unemployed	21
	Employed	79

Over this time, 852 messages were sent between doctors and patients. Also, doctors were able to monitor blood pressure for 297 patients, and blood sugar for 245 patients.

Overall, 14.448 appointments were made by patients. For those patients who participated in e-monitoring feature, 267 were elderly (above age 65) and 201 were still working in full-time or half-time jobs.

Table - 2 Patients with Chronic Diseases

	N=654	%
Gender	Male	49
	Female	51
Age	18 - 65 yrs	43
	> 65 yrs	55
Work Status	Unemployed	68
	Employed	47
Chronic Diseases	Blood Pressure	49
	Glucose	35
	Both	12

Elderly and working people are among those who have the difficulty reaching healthcare. Thus, through e-hastam platform patients were easily able to communicate with their doctors. They sent their monitoring charts to doctors from their homes or offices.

Conclusion

eHealth offers far-reaching benefits for health. With the e-hastam project we aimed to overcome difficulties of being elderly, disabled or taking time-off from work using eHealth solutions. Also, the e-hastam makes it possible for efficient tracking of chronic diseases.

In the near future, web based platforms that support online communication will be strong candidates for family medicine practice through which patients can seek doctors' consultation and receive medical treatment.

The e-hastam is one of such platforms which currently is transforming and reforming the patient-doctor communication. During the eight months 14.448 appointments were made by patients.

Doctors must continue to encourage patients to use online appointment system because of scheduling flexibility, time saved and automated-reminders.

SHALOM: Report from #3 VdGM Forum in Jerusalem



By Ulrik Bak Kirk, EQuiP Manager (Copenhagen, Denmark)

From 14-16 September 2016, the tradition of the VdGM Forums continued in the ancient and historical city of Jerusalem - a true multi-cultural experience in the Holy Land, a mixture of Old and New, East and West. The 3rd VdGM Forum concentrated on urgent matters that concerns us all: "Reaching Out For Diverse Populations: Medicine For The Vulnerable" (immigrants, refugees, LGBTs, low-income populations and people with special needs).



The Host Organizing Committee - consisting of Israeli Family Medicine residents and establishing Family Physicians - with great help of the Israeli Association of Family Physicians, put together a diverse and high quality scientific and social programme. Quality improvement and research in family medicine was discussed, clinical skills were trained through workshops, and we dealt with medical education, domestic violence and exchanges in family medicine.

Medical volunteering: A help or a hinderance?

Also, this VdGM Forum introduced an interactive way of presentation: **Moderated debates**. The idea is that showing both sides of the sacred coin of family medicine can open our minds to a new way of thinking and understanding of other peoples' thoughts and beliefs.

I was invited to moderate a debate on: "When helping hurts: Is medical volunteering a help or a hinderance?" - a new way to raise dilemmas and try to advocate for optimal solutions.

After a brief opening touching upon pros and cons, statements from the two parts and rebuttals were made, and a Kahoot vote - a free game-based learning platform that makes it fun to learn through live polls - was carried out.

"There is a role for medical volunteers in developing countries as they often come in with a lot of resources"

Daniel Motunga
Kenyan healthcare professional

"If you took that money (the large sums of money spent on helping volunteers travel across the globe) you could pay a salary for one to two years, depending on where you are, or put a nurse through nursing school."

Dr. Jessica Evert
Executive director at Child Family Health International

Following discussions and closing statements, a final Kahoot vote was made. It turned out that those unsure of whether medical volunteering was a help or a hinderance, to a larger extend took a stand after the debate.

Measuring Diabetic Care: What Are Good Indicators?

"An indicator is a measurable element of practice performance for which there is evidence or consensus that it can be used to assess the quality, and hence change in the quality of care provided"

H. Lawrence and F. Olesen, EQuiP (1997)

Gordon Litman (the Israeli representative in EQuiP), Michal Shani (an Israeli Family Doctors) and myself ran an interesting workshop on: "Measuring Diabetic Care: What Are Good Indicators?"

Gordon introduced Julian Tudor Hart - a pioneer working for 30 years as a general practitioner in Glyncoffwg, West Glamorgan in Wales. Hart was one of the first doctor to routinely measure every patient's BP and as a result was able to reduce premature mortality in high risk patients at his practice by 30%. Hart was truly one of the forerunners of 'quality indicators'.



In 2006, Professor Graham Watt at University of Edinburgh referred to Hart in the following way: *"His ideas and example pervade modern general practice and remain at the cutting edge of thinking and practice concerning health improvement in primary care. His work on hypertension showed how high quality records, teamwork and audit are the keys to health improvement"*.

Then we broke the workshop participants into groups to come up with and to discuss diabetic care indicators. After discussing whether the suggested indicators were outcomes, process indicators or surrogate markers, Gordon presented the EQuiP statement on quality indicators from 2010 for the sake of comparison.



...have you read and discussed the eighth EQuiP principles about all measurements of quality in health care recently?

"Thank you for all your help yesterday. I enjoyed the workshop and I hope the participants took something useful away with them. And thank you to Ronen for organising the conference here in Jerusalem and giving us the opportunity to run the workshop."

Shabbat shalom, Gordon