Methods: We developed a generic codebook for qualitative analysis, serving as a tool for both deductive and inductive approaches. The codebook organizes concepts and themes from qualitative data, comprising nine first-level and 39 second-level themes. First-level codes address core issues, while second-level codes offer detailed insights into facilitators and barriers.

Findings: Our codebook is uniquely comprehensive, encompassing stakeholders across micro, meso, and macro levels. It derives its themes from a diverse array of health systems, spanning high- and low-income countries.

Discussion: The broader scope of stakeholders and diverse health system contexts covered by our codebook enhances its applicability compared to existing tools. It enables cross-country learning, which is essential for improved implementation, scale-up, and outcomes in integrated care for HTN and T2D.

Abstract ID: EFPC2858

"COMPARING THE SUSTAINABILITY OF INFLUENZA-LIKE ILLNESS MONITORING IN A QUESTIONNAIRE-BASED AND A CODE-BASED DATA COLLECTION METHOD IN BELGIAN GENERAL PRACTICES: PROTOCOL AND PRELIMINARY RESULTS"

Timeslot: Round 8

Authors: Mélanie Nahimana, Nathalie Bossuyt, Floriane Rouvez, Sherihane Bensemmane, Robrecht De Schreye

Keywords: Influenza, surveillance, general practitioners, electronic medical records

Purpose: We assessed whether code-based data extraction from general practitioners (GP)'s electronic medical records (EMR) is more sustainable to monitor GP consultations for influenza-like illness (ILI) than a questionnaire-based method.

Theory: In Belgium, the network of Sentinel GPs (SGP) ensures a national ILI surveillance using a standardised questionnaire. However, relatively high withdrawing rates hamper expanding the network. Since 2020, the COVID-19 Barometer in General Practices (COVID-19 BGP) collects ILI diagnoses codes semi-automatically from GPs' EMR.

Methods: On data from 2021 to 2023, we evaluated acceptability, simplicity, and flexibility of both surveillance systems. Acceptability was assessed using the GPs' participation rates and reasons for

withdrawal. Simplicity was evaluated by the number of variables collected. Flexibility was examined by describing both systems' dataflow and resources needed to adapt the system.

Findings: The COVID-19 BGP's participation rate was consistently higher than the SGPs', where registration burden appeared as the main reason for withdrawal. The COVID-19 BGP demonstrated lower complexity by collecting fewer variables. The Barometer tool was less flexible.

Discussion: The COVID-19 BGP was more acceptable, less complex but less flexible. Full automation may even increase its acceptability and hence sustainability. Further analysis will itemise whether the COVID-19 BGP improves ILI monitoring sustainability.

Abstract ID: EFPC2904

"SOCIAL, EMOTIONAL AND PRACTICAL NEEDS ASSOCIATED WITH SOCIAL PRESCRIBING ATTENDANCE – ANALYSIS OF THE FIRST SOCIAL PRESCRIBING PROJECT IN PORTUGAL."

Timeslot: Round 8

Authors: Figueiredo - Dr. Family Doctor, Researcher, Lecturer; NOVA National School of Public Health, Public Health Research Centre, Comprehensive Health Research Center, CHRC, NOVA University Lisbon, Lisbon, Portugal 2 - Baixa's Family Health Unit, São José Local Health Unit, Lisbon, Portugal
Louíse Hoffmeister, Ana Gama, Baltazar Nunes, Sónia Dias

Keywords: social prescribing, patient attendance, social determinants of health, primary health care, integration of care

Purpose: Investigate the reasons of referral associated with patients' attendance to the social prescribing (SP) consultation.

Theory: SP addresses the social, emotional and practical needs of patients by connecting them with a wide range of community support and activities. It starts with the identification of non-medical needs by a PHC (Primary Health Care) doctor or nurse and the subsequent referral to a SP link worker.

Methods: Observational and cross-sectional study of a cohort of 249 patients referred to the SP consultation, between September 2018 and November 2019, in a PHC unit in Lisbon. Descriptive statistics analysis, Chi-Square test and a logistic regression model with backward elimination of variables were performed.