

EUROPEAN FORUM FOR PRIMARY CARE

2022 Conference



Ghent, Belgium | September 25th – September 27th

PROGRAMME BOOK & INFORMATION



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Welcome

Foreword from EFPC

Dear participants,

We are delighted to welcome you here with us, in Ghent, at our annual conference. At last, we can meet in person, after two years of virtual conferences due to the COVID-19 restrictions. Ghent is a special place for the EFPC as it is home to one of our founders and first chair of the EFPC, Prof. Dr. Jan De Maeseneer. We want to thank him and his team very much for organising a very promising programme with so many exciting events, in the social as well as in the scientific part. Organising a conference like this, providing all participants and speakers with all necessary information and the possibility to partake in the items they prefer, is a huge task. Behind the screens the small staff of the EFPC also plays an important role in this. So thank you Diederik Aarendonk, Irene Cubells, Christopher van der Linden and Pelin Zenginoglu.

The theme of this years' conference – integrated care – is close to our hearts. The EFPC has made it its core business to support the realization of integrated primary care close to the homes where people live, connecting prevention, medical and social care. The aim of the Forum is to improve the health of the population by promoting this person-centred, community oriented integrated Primary Care, provided by an interprofessional team in close collaboration with the community. The importance of a strong integrated Primary Care is evident now even more than before: in places with a strong primary care involvement in testing and treating of COVID-19 (like the Veneto region in Italy), the outcomes of the COVID-19 pandemic proved to be far better than in places with a merely disease / specialist care oriented system (like the Lombardy region in Italy). Family doctors played a crucial role in reaching out to the poor and other vulnerable patient groups to provide care and vaccinations. Good existing collaboration with public health and social care were key factors in realizing this. The need for integrated primary care will only increase now we face in Europe the biggest crises since World War II: the war in Ukraine, the resulting crisis in energy, the inflation on top of the climate crisis will result in a huge increase of poverty with disastrous consequences for health and access to healthcare. In addition, the lack of adequate numbers of health care professionals will lead to places where health care will be scarce service.

The EFPC strives to realise its aim by advocating for Primary Care through policy work, by generating data and evidence on Primary Care and by sharing new ideas and good practices with our members. Our conference is the place to exchange knowledge – scientific as well as practice based – and experiences on practices in policies and care. To forge friendships and develop new partnerships, bridging differences in nationalities and professions. To refresh and look beyond the daily challenges.

I hope and expect this conference will inspire you to continue the important work of promoting researching and practicing person-centered, community oriented integrated Primary Care – now more than ever.

On behalf of the executive board of the EFPC,

Maria van den Muijsenbergh, Chair

Foreword from University of Ghent

Welcome in Ghent!

The focus of the 2019 EFPC-conference in Ghent is on “Integrated Community Care” (ICC). This topic represents a kind of synthesis of different approaches that are part of our work in primary care: integrated eco-bio-psycho-social care through interprofessional cooperation, addressing the social determinants of health at community level and taking advantage of the resources of the community in order to strengthen the care process and focusing on the achievement of the life-goals of the patient. This ICC-approach results from a 3 years action-reflection process by the Transform-consortium (<https://transform-integratedcommunitycare.com/>), that co-organizes this conference.

This topic is timely, as it responds also to the challenges we faced during the Covid-19 pandemic. In the pandemic, primary care demonstrated responsiveness to the needs of patients suffering from Covid-19, with the timely referral of seriously ill patients, and organized the interprofessional care for those that could stay at home. Moreover, the primary care teams supported the process of testing, contact-tracing, isolation and quarantine, in order to contain the spread of the epidemic. Once Covid-19 vaccines were available, primary care supported local authorities to realize equitable vaccination and improve coverage of the vaccination-campaigns, putting into practice the WHO-slogan: ‘everybody counts, no one should be left behind’. The epidemiological context required new strategies, e.g. tele-consultations, separate circuits in the practices for infected and non-infected patients. Moreover psychological suffering e.g. in the context of “longcovid” had to be addressed and social workers contributed to address the important socio-economic impact of the pandemic and provided outreach to specific groups e.g. refugees, homeless,... In short, they put “integrated community care” in practice, and engage in population-oriented strategies with public health services.

We are very happy, that this conference creates opportunities to meet in person, with people that during more than 2 years, were only able to mostly interact virtually. We think the environment of the conference centre ‘Het Pand’ (a medieval monastery), will inspire renewed contacts, new ideas, projects and friendships.

In the forthcoming days, with the help of VisitFlandersConventionBureau, we also want to pay special attention to the legacy of this conference for the primary care in Ghent and Flanders and for the health of the local population. By doing so, this international conference creates impact that can make a difference for the health of individuals and communities in the region.

The conference welcomes 300 participants from over 30 different countries, stretching from Azerbeidzjan, over Turkey, Italy, Spain, France, Austria, Poland, the Netherlands, Norway, to Canada. We hope you all will enjoy the conference and take also some ‘ME-time’ to enjoy Ghent!

Prof. em. Jan De Maeseneer, on behalf of the Ghent hosts.

Using Twitter?

#EFPC2022

#primarycare

@PrimaryCare4um



We wish you a great conference!

Scientific Committee

Alessandro Mereu

Anette Fagertun

Diederik Aarendonk

Mehmet Akman

Janique Lobbestael

Jan De Maeseneer

Judith de Jong

Maria van den Muijsenbergh

Dominique Van de Velde

Peter Decat

Peter Pype

Patricia De Vriendt

Organising Committee

Diederik Aarendonk

Irene Cubells

Pelin Zenginoglu

Christopher van der Linden

Janique Lobbestael

Fiorella Farje

Jan De Maeseneer

Mylo Vergucht

Peter Decat

Peter Pype

Dominique Van de Velde

Patricia De Vriendt

Keynote Speakers

VALERIA CAPPELLATO – RESEARCH FELLOW AT THE DEPARTMENT OF CULTURES, POLITICS AND SOCIETY, AND ADJUNCT PROFESSOR IN SOCIOLOGY OF HEALTH AT THE UNIVERSITY OF TURIN, ITALY



Valeria is an active member of the General Council of Fondazione Compagnia di San Paolo, one of the philanthropic organizations that started the Transnational Forum on Integrated Community Care (TransForm) in 2018.

She obtained her PhD in Comparative Social Research from the University of Turin with a dissertation focused on social and health care integration in the care pathways for amyotrophic lateral sclerosis (ALS) in Italy. She has several scientific publications on social and health inclusion, family health services, and women studies. Her research interests include chronic conditions, Long Term Care, ageing and health-care policies, care practices and organization. Issues related to inequality and rights of vulnerable groups are central to her research, covering various areas from discrimination based on sexual orientation to gender studies, from care work to access to health care services.

MENIA KOUKOUGIANNI – CO-FOUNDER AND MANAGER OF NGO KARKINAKI



Menia Koukougiani is the co-founder and manager of NGO KARKINAKI, Awareness for Childhood and Adolescent Cancer, an advocacy organization, founded by parents in 2015.

As a parent advocate, she is a board member of the Pan European Network for Care of Survivors after Childhood and Adolescent Cancer (PanCare), member of the Childhood Cancer International Europe (CCI Europe), member of the children's medicine working party of the European Forum for Good Clinical Practice (EFGCP) and member of the Data Advisory Group of EURORDIS.

She is also member at the Patients Expert Group of the European Organization for Research and Treatment of Cancer (EORTC) and member of the Scientific Advisory Group of Oncology of the

European Medicines Agency (EMA)

Recently, she became a member at the AMR Patients Group of Health First Europe and member of the AMR Stakeholders Network.

MARIA VAN DEN MUIJSENBERGH – RESEARCHER DEPARTMENT OF PRIMARY AND COMMUNITY CARE, RADBOUD UNIVERSITY MEDICAL CENTRE NIJMEGEN

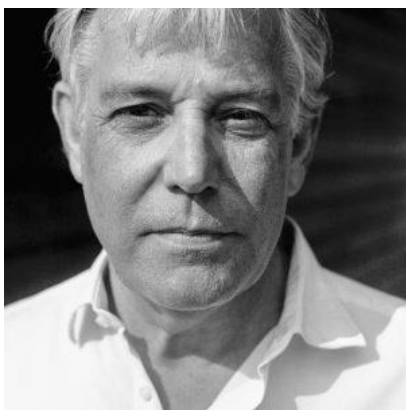


Prof. Dr. Maria van den Muijsenbergh (1956) is general practitioner for over 35 years and researcher at the department of Primary and Community care at Radboud University Medical Centre Nijmegen, the Netherlands, and at Pharos, the Dutch centre of expertise on health disparities. Her chair on “health disparities and person centered integrated primary care” focusses on the possible contribution of primary care in reducing existing socio-economic and ethnic health disparities, and how healthcare best can be tailored to the needs of vulnerable patients, like migrants or persons with limited health literacy. To achieve this, person centred instead of disease centred healthcare is the key, with a focus on and in collaboration with

the wider community, healthcare and social services – thus integrated care.

She is involved in national and international community oriented research projects and has ample experience in (participatory) research with vulnerable groups, with a focus on refugees and other migrants. On this topic she acts occasionally as external advisor for the European Centre for Disease Prevention and Control (ECDC). She was founder and chair for 10 years of the WONCA special interest group on migrant care and international health, and member of the NAPCRG special interest group on refugee and immigrant healthcare.

DAMIAAN DENYS – PROFESSOR AND CHAIR OF THE DEPARTMENT OF PSYCHIATRY, UNIVERSITY OF AMSTERDAM



Damiaan studied Philosophy and Medicine at the University of Leuven and obtained his doctorate cum laude from Utrecht University with a dissertation entitled *On certainty: studies in obsessive compulsive disorder*. His scientific research is characterized by a translational approach, making use of clinical psychiatry, philosophy and fundamental neurosciences. A particular focus of his research is the development of deep brain stimulation (DBS) for psychiatric disorders. He received in 2020 the IgNobel prize for medicine for his discovery of Misophonia.

In his Ghent EFPC key-note he will focus on the content of his last book *“Het tekort van het teveel”* which describes the shortcomings of today’s psychiatric care and health care in general. Have a look at one of his previous inspiring speeches at the TedX with the title *“anxious to learn”*.

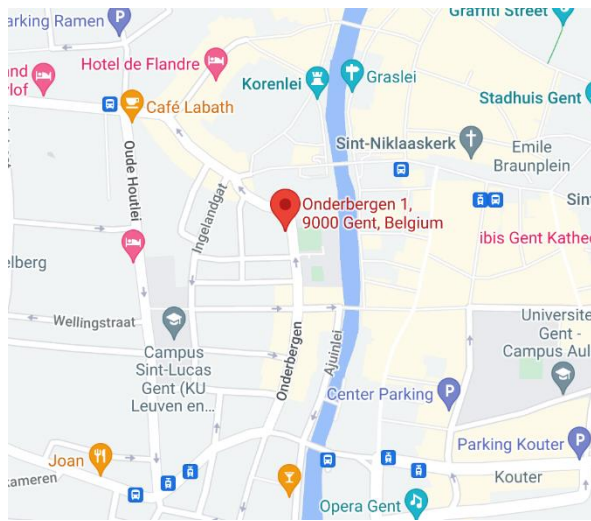
Location

PRE-CONFERENCE & MAIN CONFERENCE

The 2022 EFPC Conference takes place at the **Conference and Meeting Center Het Pand** in Ghent, Belgium.

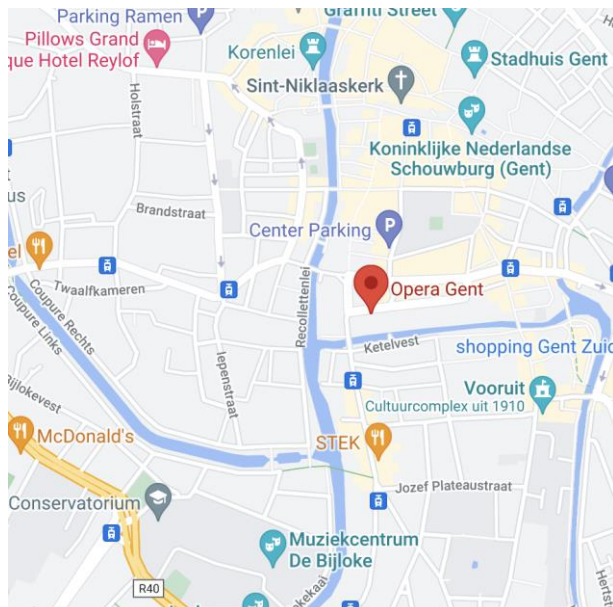
Address: Onderbergen 1, 9000 Gent, Belgium

Phone: +32 9 264 83 05



The EFPC conference **dinner** will take place at the **Opera House**, situated in the city center of Ghent

Address: Schouwburgstraat 3, 9000 Gent, Belgium



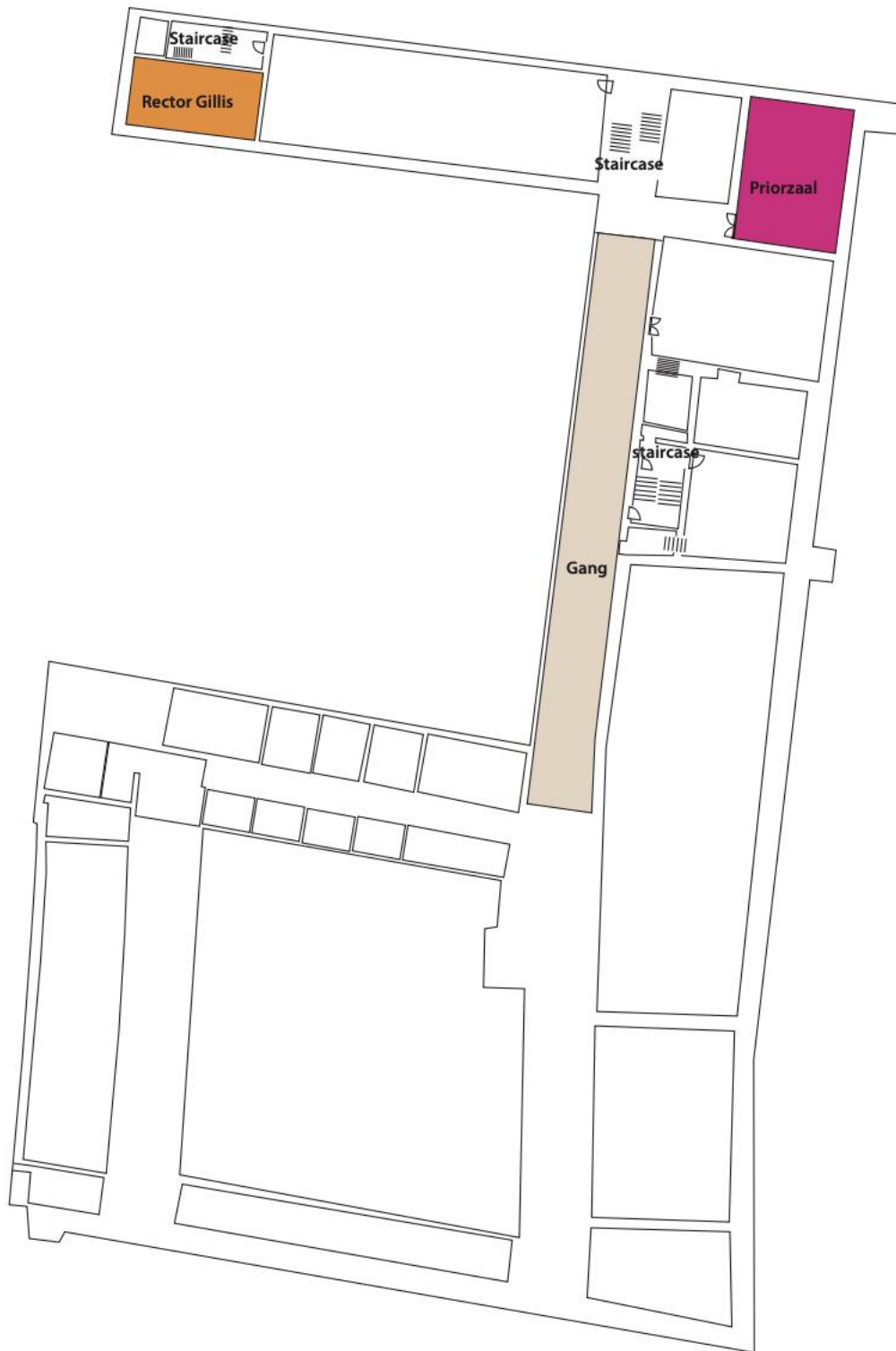
MAP 'HET PAND'

GROUND FLOOR



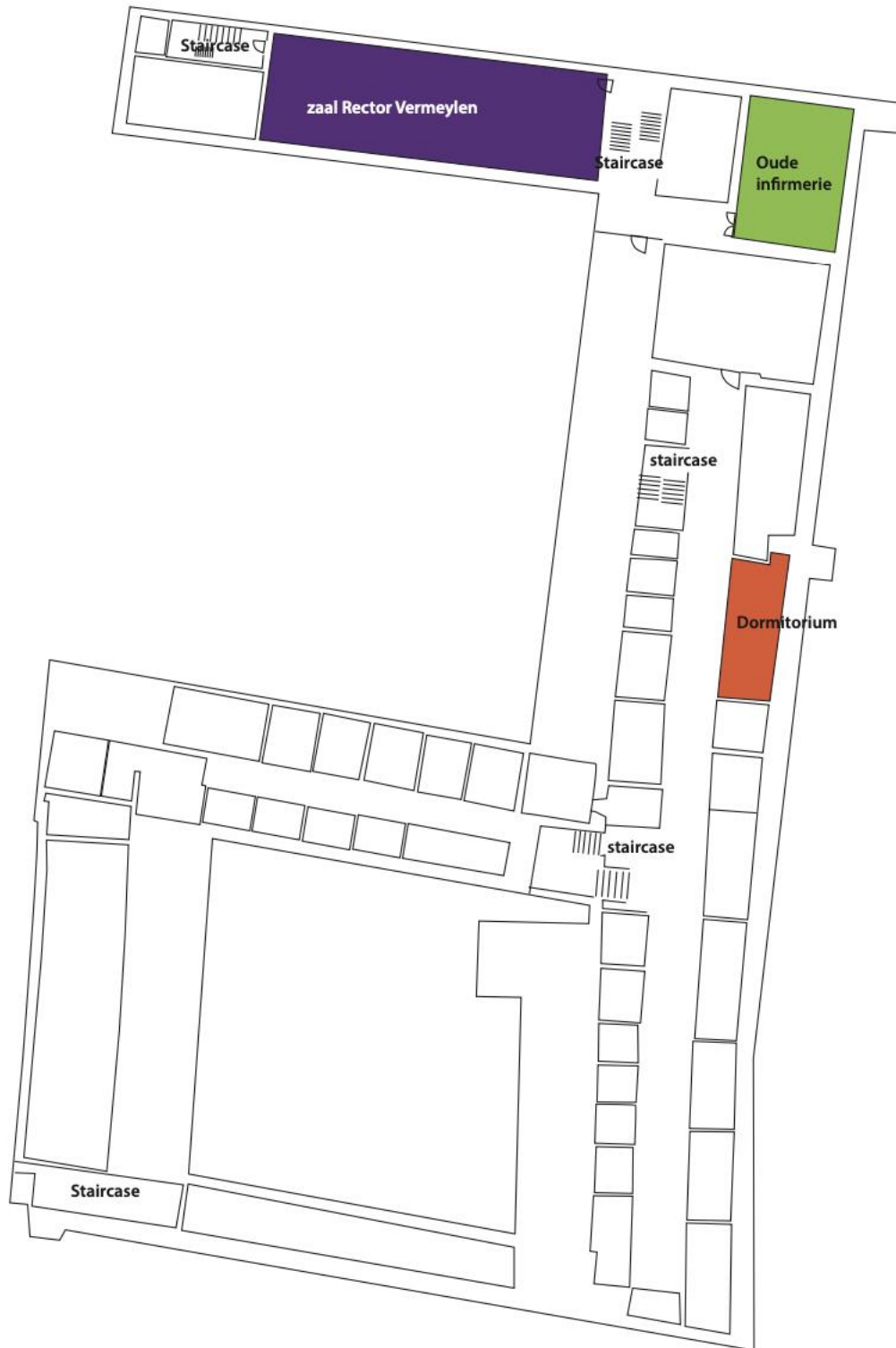
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MAP 'HET PAND' FIRST FLOOR



FIRST FLOOR

MAP 'HET PAND' SECOND FLOOR



SECOND FLOOR

Program Main Conference

26th-27th September

Day 1 – 26 September 2022

Morning		Afternoon	
08:00	Registration	13:30	Key-note Menia Koukougiani
09:00	Welcome words: Mathias De Clercq, Mayor Ghent Hans Kluge, WHO Regional Director for Europe (video presentation)	14:00	Round 3: 10 parallel sessions (45 min) <ul style="list-style-type: none"> Meet the key-note Video presentations Policy debates
09:15	Key-note Valeria Cappellato	14:45	Break (15 min)
09:45	Break (30 minutes)	15:00	Round 4: 8 parallel sessions (180 min) Site-visits illustrating Primary Care / Integrated Community Care
10:15	Round 1: 10 parallel sessions (45 min) <ul style="list-style-type: none"> Meet the key-note Video presentations Policy debates 	18:00 – 19.30	EFPC General Assembly For EFPC members only
11:00	Round 2: 8 parallel sessions (90 min) Workshops	20:00	Dinner at the Opera House
12:30	Lunch is served (60 min)		

Day 2 – 27 September 2022

Morning		Afternoon	
08:30	Key-note Damiaan Denys	13:30	Round 7: 8 parallel sessions (90 min) Workshops
09:15	Break (15 min)	15:00	Key-note Maria van den Muijsenbergh
9:30	Round 5: 8 parallel sessions (90 min) <ul style="list-style-type: none"> Meet the key-note Workshops 	15:30	Closing
11:00	Round 6: 8 parallel sessions (90 min) Workshops	15:45 – 17.00	Extra session for #EFPC2023 Istanbul
12:30	Lunch is served (60 min)		

Parallel sessions

Parallel sessions round 1 (Day 1, 10:15 – 11:00)

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9	Session 10
Room	Main hall "Refter"	Rector Vermeylen	Banketzaal	Priorzaal	Oude Infirmierie	Sacristie	Rector Gillis	Dormitorium	Restaurant	Zuidergang, ground floor
Chair		Rene Keet	Claire Collins	Veerle Vyncke	Jan De Maeseneer	Maria Louisa Busuttill	Maria Papadakaki	Alessandro Mereu	Yann Lefeuvre	Judith de Jong
Abstracts	Meet the keynote: Valeria Cappellato	"From human rights to the expertise of the patient; The long and winding road to community mental health (Dineke Smit & Rene Keet)	EGPRN: The EGPRN Research Strategy for General Practice in Europe 2021 – how to apply it in your country and how we can measure its impact (Claire Collins & Pemra Unalan)	VWGC/FMM: Let's talk money. Financing primary care for integrated community care. (Veerle Vyncke & Hubert Jamart)	Family Medicine and Primary Care - Jan De Maeseneer in German, Turkish, English and Dutch: what are the experiences in the different countries? (Jan De Maeseneer, Mehmet Akman, Lorena Dini, Kathryn Hoffmann)	Multi Media session 3.1 Inter-professional Collaboration (Buldeel 1677; Tjelta 1765; Mustafayeva 1783)	Debate poster session 2.1 Inter-professional Collaboration (Gascon Ferret 1543; Eberle 1688; Guida Marrocco 1761)	Debate poster session 2.2 Patient Perspectives (Longman 1546; Mayer 1672; Marrocco 1773)	Multi Media session 3.2 Resilient Primary Care & Public Health (Goosens 1651; VanderMeere n 1732)	Debate poster session 2.3 Organisation of PC (Burgmann 1658; Sessa 1774)

Parallel sessions round 2 (Day 1, 11:00 – 12:30)

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8
Room	Main hall "Refter"	Rector Vermeylen	Banketzaal	Priorzaal	Oude Infirmerie	Sacristie	Rector Gillis	Dormitorium
Chair	Philippe Vandebroeck	David Blane	Machteld Huber	Sjoert Holtackers	Sarah Burgmann	Harry Longman	Anette Fagertun	Kate O'Donnell
Abstracts	Transform: How to ensure that Integrated Community Care is really happening on the field? How does it look like when communities are active partners in their health and care systems? (Tinne Vandensande)	The Deep End GP project: 'Joining the Deep End movement: primary care for those who need it most' (Jessica Fraeyman & David Blane)	The Institute of Positive Health: "Positive Health in primary care" (Machteld Huber)	VIVEL: Facilitating dialogue and action towards integrated care with the SCIROCCO Maturity Model for Integrated Care (Sjoert Holtackers & Solvejg Wallyn)	You&EFPC: "Let's make public primary care sexy again" (Sarah Burgmann & Christopher vd Linden)	Research abstract session 1.1 Digital Health (Nordtug 1532; Rees-Roberts 1632; Pless 1693)	Research abstracts session: 1.2 Community Perspective (Jager 1558; De Vriendt 1668; Cruyt 1690; Luisi 1695)	Research abstracts session: 1.3 PC & COVID (Ramon-Roquin 1694; Moreels 1715; Zitnik 1739; VanPoel 1745; Akman 1781)

Parallel sessions round 3 (Day 1, 14:00 – 14:45)

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9	Session 10
Room	Main hall "Refter"	Rector Vermeulen	Banketzaal	Priorzaal	Oude Infirmerie	Sacristie	Rector Gillis	Dormitorium	Restaurant	Zuidergang, ground floor
Chair		Tor Helge Tjelta	Beatrice Scholtes	Stefan Moreel	Sarah Burgmann	Gert Verbruggen	Toni Dedeu	Leen De Coninck	Lorena Dini	Alexandre Barna
Abstracts	Meet the key-note: Menia Koukougiani	City of Oslo /Lovisenberg Diaconal Hospital /Inland Norway University of Applied Sciences: Service user involvement in mission-oriented innovation: debate session on achievements in area service user involvement in innovation and research in the field of mental health and addiction in primary care (Tor Helge Tjelta)	Health for Future Belgium: Bringing together health actors around environmental health? Origins of a local-national movement in Belgium (Beatrice Scholtes & Anton Saerens)	University of Antwerp: "Streaming low-risk patients from an emergency department to an out of hours primary care site: an opportunity for both services?" (Stefan Moreel)	You&EFPC: The future perspectives of young Primary Care professionals (Sarah Burgmann, Christopher vd Linden, Jan De Maeseneer)	UMCA – Antwerp University: Integrated Community Care (ICC): a future-oriented approach for primary care in Flanders and Belgium? (Gert Verbruggen)	Debate poster session 2.4 Vulnerable Groups (Brugues 1542; Mammadova 1782)	Debate poster session 2.5 Learning by doing (Lefevre 1738; Turan 1786)	Multi Media session 3.3 Resilient Primary Care & Public Health (Pace 1758; Hasanova 1784; Durak 1788)	Debate poster session 2.6 Integration of care (vdPutte 1734; Scotti/Alti 1766; Busuttil 1780)

Parallel sessions round 4 (Day 1, 15:00 – 18:00)

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8
Room	Rector Vermeulen							
Chair	Sanja Simic	Student A	Student B	Student C	Student D	Student E	Student F	Student G
Abstracts	Virtual site-visit Canada, Conconi Family Foundation (Julie Zimmerman, Elise Durante, Karen Giang)	Ghent PC site-visit I "Overkop huis" (Jannes Vanmelle) (max 30p)	Ghent PC site-visit II "De Kaai" (Peter Decat) (max 30p)	Ghent PC site-visit III "Nieuw Gent" (An Vande Walle) (max 30p)	Ghent PC site-visit IV "Botermarkt" (Jan De Maeseneer) (max 30p)	Visit Holy Lamb (max 30p)	Guided boat trip (max 30p)	Guided city walk (max 30 p)

Parallel sessions round 5 (Day 2, 9:30 – 11:00)

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8
Room	Main hall "Refter"	Rector Vermeylen	Banketzaal	Priorzaal	Oude Infirmerie	Sacristie	Rector Gillis	Dormitorium
Chair	Jan De Maeseneer	Anke van Dam	Sandra Zwakhalen	Florian Stigler	Leen De Coninck	Lorena Dini	Metka Zitnik	Elena Petelos
Abstracts	Meet the key-note: Damiaan Denys	EFPC Prison Health WG: Presentation of the Position Paper The health of detainees and the role of primary care (Anke van Dam & Peter Groenewegen)	Maastricht Uni, Department of Health Services Research: "Needs assessment in home care nursing" (Sandra Zwakhalen)	Austrian Public Health Institute: Knowledge transfer between and within policy makers and healthcare professionals in Austria and in Europe - challenges and solutions (Florian Stigler)	Research abstracts session: 1.4 Professional Health (Chiriac 1544; Ziuteliene 1666; Buffel 1673; Collins 1756; Cholewa 1759)	Research abstracts session: 1.5 Access to PC (Detremerie 1420; Lazarovic 1676; Giang 1696; Gabrani 1770)	Research abstracts session: 1.6 Integration of PC (Hernandez-Soto 1621; Rens 1629; Sirimsi 1660; Alyousef 1675)	Research abstracts session: 1.7 Equity & PC (van Loenen 1472; Wu 1663; O'Donnell 1686; Moadinne 1751)

Parallel sessions round 6 (Day 2, 11:00 – 12:30)

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8
Room	Main hall "Refter"	Rector Vermeylen	Banketzaal	Priorzaal	Oude Infirmerie	Sacristie	Rector Gillis	Dormitorium
Chair	Maria van den Muijsenbergh	Dineke Smit	Peter Decat	Maria Louisa Busuttil	Yann Lefevre	Alexandre Barna	Elena Petelos	Judith de Jong
Abstracts	Refugee & Migrant care EFPC WG: Counteracting polarisation in Europe: How to bring PC professionals together? (Maria vd Muijsenbergh, Kate O'Donnel)	EFPC Mental Health WG: Examples of best practice for Primary Care Mental Health from 3 Countries (Dineke Smit, Jan De Lepeleire & Ian Walton)	Universities of Antwerp & Ghent: Community health workers, pioneers of integrated community care (Peter Decat)	Research abstracts session: 1.8 Home Care (Janssens 1645; Brenne 1669; Alvarez-Irusta 1689; Brabers 1746; Unalan 1778)	Research abstracts session: 1.9 Access to PC (Ahmed 1444; Duhoux 1679; Moran 1743; Akman 1787)	Research abstracts session: 1.10 Goal Oriented Care (Claeys 1654; Haverals 1667; Garcia Moreno 1768; Vatansever 1785)	Research abstracts session 1.11 Substance use / Mental Health (Albanese 1531; Tjelta 1634; Hafid 1684; Papadakaki 1772)	Research abstracts session: 1.12 Organisation of PC (Fagertun 1742; Vanneste 1750; Huybrechts 1752; Martens / Danhieux 1755)

Parallel sessions round 7 (Day 2, 13:30 – 15:00)

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8
Room	Main hall "Refter"	Rector Vermeylen	Banketzaal	Priorzaal	Oude Infirmerie	Sacristie	Rector Gillis	Dormitorium
Chair	Emily Verte	Wienke Boerma	Leen Van Zele	Elena Petelos	Anette Fagertun	Lorena Dini	Anke van Dam	Toni Dedeu
Abstracts	Primary Care Academy/BeHive: Supporting primary care education, research and knowledge sharing in a sustainable way: the case of two chairs in Belgium funded by philanthropy (Roy Remmen & Emily Verté)	NIVEL & CoPC22 research team: "Up-to-date indicators to characterise primary care at the national level; development of the CoPC22 instrument (Peter Groenewegen & Wienke Boerma)	WHO- Collaborating Centre of Family Medicine and Primary Care- Ghent University: "The integration of Primary Care and Public Health at different levels" (Leen Van Zele & Isabelle Van de Steene)	EFPC's interaction with EMA and its EMA-GROUP; An interesting experience and an opportunity to continue (Walter Marrocco & Elena Petelos)	Research abstracts session: 1.13 Interprofessional Collaboration (Danhieux 1650; Talrich 1657; Pless 1691; Ramon-Roquin 1692; vd Linden 1741)	Research abstracts session: 1.14 Interprofessional Education in PC (Sirimsi 1661; Claeys 1674; Van Houwaert 1748; Duhoux 1763)	Research abstracts session: 1.15 Vulnerable Groups (Hamdiui 1501; vdBossche 1749; vdBerghe 1760; Masquiller 1789)	Research abstracts session: 1.16 Organisation of PC (Hoffmann 1655; Capiou 1678; O'Donnell 1685; Peris 1744; Collins 1775)

Abstract Workshop Sessions

A DIALOGUE ON EUROPEAN FAMILY MEDICINE AND PRIMARY CARE

Timeslot: Monday, round 1

Authors/Speakers:

- Jan De Maeseneer
- Lorena Dini
- Mehmet Akman
- Kathryn Hoffmann

Purpose: This session will contrast experiences and vision of family medicine and primary care from four different countries.

Context: Having the same purpose, to bring health care to the people in need of health services, in the appropriate quality and in the community at the right time, the form on how family practice and primary care has transitioned to different expressions in each country. Jan De Maeseneer has published the first edition of his book "Family Medicine and Primary Care: At the Crossroads of Societal Care" in English. A "... book (that) offers theory enforced with practical case studies and reflections ..., there is need for reform - but before reform, there must be a vision. Not only for daily healthcare, but also for education - because in education lays the roots for social change..." ([© LannooCampus, 2017](#)). Soon the Turkish version "Aile Hekimliği ve birinci basamak : toplumsal değişimin yol ayrımında" ([© TAHEV, 2018](#)) and the Italian version: 'Medicina di Famiglia e Assistenza Primaria' ([© KOS editrice, 2019](#)) followed. Recently the German version was published under the name "Familienmedizin und Primärversorgung; Am Scheideweg des gesellschaftlichen Wandels" ([© Kiener Verlag, 2022](#)).

Presenters will share their views on recent development in his/her country and reflect in a dialogue and debate on the content and vision delivered of the Book by Jan De Maeseneer. The audience will be invited to engage bringing in their own perspective or posing questions.

State of the art: Participatory reflection on the current state and the possible developments and reforms needed for and in family medicine and primary care.

About the Speakers:



Jan De Maeseneer, worked as Family Physician from 1978-2017 in the interprofessional Community Health Centre Botermarkt in Ledeburg-Gent. Head of the WHO Collaborating Centre on Family Medicine and PHC - Ghent University.



Lorena Dini, medical doctor and health systems researcher, Head of the Working Group Health Policy and Systems Research and Innovation (WG HPSRI) at the Institute of General Practice and Family Medicine, Charité -Universitätsmedizin Berlin

Mehmet Akman, medical doctor, Chair WONCA Working party on Research, Associate Editor of Primary Health Care Research and Development journal, consultant WHO Azerbaijan, working at Marmara University School of Medicine, Department of Family Medicine, Istanbul.



Kathryn Hoffmann, medical doctor, Head of Unit Health Services Research and Telemedicine in Primary Care, Department of Social- and Preventive Medicine, Medical University of Vienna; Senior expert at Austrian Public Health Institute.

THE EGPRN RESEARCH STRATEGY FOR GENERAL PRACTICE IN EUROPE 2021 – HOW TO APPLY IT IN YOUR COUNTRY AND HOW WE CAN MEASURE ITS IMPACT

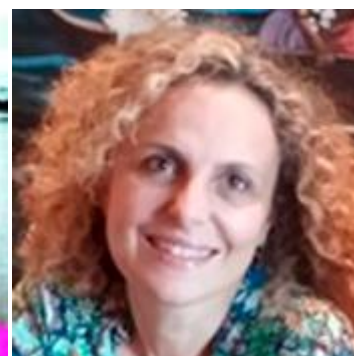
Timeslot: Monday, round 1

Organized by European General Practice Research Network

Authors/presenters:

- Claire Collins
- Pemra Unalan

A strong research basis is a necessity to provide effective health care; and research in general practice/family medicine (GP/FM) is important in terms of improving patient outcomes effectively.



In 2021, the EGPRN published its updated research agenda, now framed as a research strategy providing an overall plan with guidance to achieve specific goals. Based on a review of research in GP/FM 2010-2019 and on a proposed modified research wheel, recommendations are suggested to advance research in GP/FM. Within the strategy, a framework is presented to be adapted by those involved in research in GP/FM in individual countries.

In this workshop, a participatory approach will enable all attendees to share their ideas and learn strategies from others regarding how the EGPRN recommendations can be best applied in your context. This workshop aims to create a sense of community and common purpose working together and assisting one another to both apply and monitor the progress of our efforts to contribute to the strategic development and growth of research and innovation across the European GP/FM research community.

FROM HUMAN RIGHTS TO THE EXPERTISE OF THE PATIENT; THE LONG AND WINDING ROAD TO COMMUNITY MENTAL HEALTH

Timeslot: Monday, round 1

Organized by European Network of Community Mental Health Service Providers (EUCOMS) and the EFPC working group mental health

Authors/Presenters:

- Rene Keet
- Dineke Smit

Purpose: Providing insight into the developments related to mental healthcare, as well as providing hands-on tools



Context: The mental health sector is in a state of great flux. There is a normalization of mental health symptoms. The focus on recovery is growing with a better understanding of the different dimensions of recovery. The collaboration between psychiatry and the social domain is growing towards a co-creation.

Mode of presentation:

Discussing the six principles of community mental health (EUCOMS).

1. Ethics Perspective: The focus on human rights is a fundamental principle in community mental health care.
2. Public Health Perspective: Community mental health services work for the health of all citizens in their catchment area.
3. Recovery Perspective: Recovery is the client's journey, and the task of the mental health professional is to support this journey.
4. Effectiveness Perspective: Evidence-based medicine and the recovery attitude are not of different camps and can be compared to oil and vinegar: two approaches that can be combined very well and together make a tasty vinaigrette.

5. Community Network Perspective: A community mental health service is a network within a broader network of self-help, family, friends and other informal resources and generic community services. This requires interdisciplinary and intersectoral collaboration.
6. Peer Expertise Perspective: Clients and service users are equal partners in the design, delivery, steering and evaluation of a service. 'Nothing about us without us'

Presenting practical interventions to achieve the needed change in mental healthcare

1. Dynamical model of recovery with clinical recovery, social recovery, functional recovery, physical recovery, existential recovery and recovery of quality of life.
2. The recovery supporting dialogue using the dynamical model of recovery and the positive health questionnaire.

LET'S TALK MONEY. FINANCING PRIMARY CARE FOR INTEGRATED COMMUNITY CARE

Timeslot: Monday, Round 1

Organized by Association of Community Health Centers (VWGC)

Authors/presenters:

- Veerle Vyncke
- Hubert Jamart



Purpose: using the integrated needs-adjusted capitation system to pay Belgian community Health Centers as an example, we want to open the debate and explore how the financing of primary care might support or hinder the provision of integrated community care.

Context & state of the art

In Belgium, the law enables financing general practitioners, nurses and physiotherapists in the primary care setting via an "Integrated needs-adjusted capitation system for Primary Care" since 1982. The current financing model uses available data on sociodemographic composition and morbidity indicators to redistribute available funds according to estimated care needs in the population. The available research shows a societal cost comparable to the dominating fee for service payment system, with a similar to higher level of quality of care. Additionally, financial barriers for patients are smaller.

This session gives an introduction to the Integrated needs-adjusted capitation system for Primary Care used in Belgium, both from a policy and practice perspective. Using the experiences of participants, we open the debate to jointly reflect on strengths and weaknesses of current financing methods used within primary care & how they hinder or foster integrated community care.

JOINING THE DEEP END MOVEMENT: PRIMARY CARE FOR THOSE WHO NEED IT MOST

Timeslot: Monday, round 2

Organised by Deep End GP project and Flanders Association of Community Health Centers- (Vereniging van Wijkgezondheidscentra)

Authors/presenters:

- Carey Lunan
- David
- Daniel Butler
- Jessica



Purpose: (1) To showcase PHC initiatives in areas of high deprivation from Ireland, Scotland and Belgium, and (2) to present and discuss a practical framework for starting a Deep End group.

Context: In 1971, Julian Tudor Hart defined the inverse care law as: *“the availability of good medical care tends to vary inversely with the need for it in the population served.”* Research has since shown how the inverse care law manifests in primary care, both in relation to the distribution of resources (fewer GPs and less funding in more deprived areas) and within consultations (higher GP stress, lower empathy, and lower patient enablement in practices in deprived areas). 50 years later, evidence suggests the inverse care law is still going strong. Although the inverse care law can apply in all healthcare settings, primary care is of prime importance, due to its population coverage and continuity of care, which makes it the key part of the NHS in terms of potential impact on improving or maintaining health for the whole population (approximately 85% of NHS activity takes place in primary care).



An important ‘ground-up’ response to the challenges of the inverse care law emerged over a decade ago in the form of the ‘GPs at the Deep End’ group, comprising general practitioners working in the 100 most socio-economically deprived practices in Scotland, which was formed in 2009. The group has involved collaboration between front-line and academic GPs, with a range of other colleagues, to mitigate the impact of health inequalities, through four main areas of activity: 1) advocacy, 2) evidence, 3) service development, and 4) professional development.

50 years after Tudor Hart’s ‘inverse care law’ paper, it is timely to take stock of key learning from Deep End initiatives across Europe relating to responses to the inverse care law.

State of the art: This interactive session will begin by presenting innovative examples of professional and service developments in Deep End primary care in Scotland and Belgium. We will then explore the opportunities to develop similar ‘coalitions of learning’, based on the Deep End model.

Proposed timings:

- Brief overview of inverse care law and Deep End project (5mins)
- Three presentations of evaluations of different Deep End projects:
 - Govan SHIP (Social and Health Integration Project) (10mins) – project leads
 - Deep End Pioneer Scheme (10mins) – project leads
 - Attached mental health nurses (10mins) – project leads
- Presentation(s) from Belgian CHC (20mins)
 - 10 min - Community health workers (gezondheidsgidsen) - UGent + CHC Rabot
 - 10 min - Caring neighbourhoods (Zorgzame buurten) - CHC De Punt
- A presentation mapping out the process of establishing a ‘Deep End’ GP group in a new geographical area – Dan Butler (10mins)
- General discussion (25mins):
 - 2-3 small groups:
 - What we’ve heard, how it relates to own practices
 - Ideas/questions
 - Questions for the panel?

POSITIVE HEALTH IN PRIMARY CARE

Timeslot: Monday, Round 2

Organized by The Institute of Positive Health, Utrecht, The Netherlands

Authors/presenters:

- van den Brekel-Dijkstra
- Machteld Huber
- Hans Peter Jung



Theory and purpose

To address the increasing burden of lifestyle related chronic diseases, preventive care is needed. Health problems and poor lifestyle habits often have a multidimensional background. Therefore, effective collaboration with public health and the social domain is needed.

Positive Health - health as the ability to adapt and to self-manage, in the face of social, physical and emotional challenges, elaborated into six domains - is a new concept of health with an easy to use tool, to practise person centred care. The concept has been included in the program for medical training in The Netherlands.

Aim to inspire the participants how to apply person centred care into primary care with Positive Health.

Learning objectives

After this workshop the participant:

1. Knows how a new concept of Health developed and elaborated in the Netherlands. How Positive Health is related to salutogenesis - a medical approach focusing on

factors that support human health and well-being - and is supported with a practical tool, the spiderweb to use in daily GP practice.

2. Knows the results of the research and added value for the GP and the patient with “more time for the patient” for the “alternative personalised dialogue”.
3. Will experience what Positive Health means for themselves and will learn about results and lessons learned in the Netherlands in consultations with a patient, in implementation in the GP practice, in the collaboration in community and regional and in regional networks.
4. Will learn how Positive Health is now part of national policy and education of the future professionals in the Netherlands and is upscaled international, following the phases: inspiration, implementation, embedment.
5. Will learn how Positive Health has been implemented in Primary Care, with practical cases and examples.

Methods

Background and presentation/workshop

In subgroups will Positive Health be experienced for themselves, and their practices.

Summary and definition of take home messages (Proposes)

Results /Discussion This presentation will provide insight into the possibilities of a new concept of Positive Health for themselves, their community, region and country. Barriers, success factors and lessons learned will be discussed.

INTEGRATED COMMUNITY CARE: A NEW OPPORTUNITY FOR PRIMARY CARE WALKING THE TALK OF ICC

Timeslot: Monday, round 2

Organized by Transform



Authors/presenters:

- Philippe Vandenbroeck
- Tobias Luthe
- Andreas Chatzidakis
- Evana Ward
- Julie Zimmerman
- Caroline Verlinde
- Amy Salmon

Introduction:

Integrated community care (ICC) engages people and communities as co-producers of care. It implies a shift in traditional thinking based on problem-based, disease-oriented care to a goal-based, person-centred care aiming at enhancing the quality of life of vulnerable individuals and improving population health amongst communities.

ICC moves away from the framing of care delivery to deficient communities, and instead promotes

a process of co-development where local communities and individuals are the drivers. ICC is a whole-of-society approach to health and well-being that is determined by the needs and preferences of individuals and the communities in which they live. This entails the development of new forms of collaborations across diverse contexts and settings.

[The Transnational Forum on Integrated Community Care \(TransForm\)](#) is a joint initiative of Foundations across Europe and Canada that aims to put the community at the centre of integrated primary care. It seeks to combine strengths-based and needs-based approaches to enabling communities to develop their own models of caring for their people.

Workshop objectives:

This session seeks to inspire and mobilise ICC at policy and practice level through:

- Illustrating what ICC looks like in real life and its benefits
- Making the urgent case for change
- Defining what it will take for ICC to become the norm

Session programme:

Time	Item
11:00	A whistle tour of promising ICC projects / of what ICC looks like in real life <i>Video</i>
11:05 – 11:35	<p>Why is ICC more important than ever? A conversation on the big issues in Europe and the world impacting on people’s health and wellbeing (Climate crisis, Covid, inequalities)</p> <ul style="list-style-type: none"> • 1 systems thinking perspective <i>Tobias Luthé, Founding Director, Monviso Institute (IT), Professor AHO Oslo/ ETH Zurich</i> • 1 perspective on the expanded definition of care <i>Andreas Chatzidakis, The Care Collective, Professor at Royal Holloway, University of London</i> • 1 perspective from community health practice <i>Evana Ward, Solentra (BE), Trauma psychologist and coach (tbc)</i>
11:45	<ul style="list-style-type: none"> • Participants questions and discussion
11:45 – 12:15	<p>We know where we’re going, now how do we get there?</p> <ul style="list-style-type: none"> • 1 perspective on how ICC has been scaled/ made part of the system/ made more sustainable <i>Julie Zimmerman, Provincial Director, Primary Care and Virtual Care, Foundry (BC, CA)</i> • 1 perspective on how to get local policy makers and community leaders on board and how ICC can be supported through policy development <i>Caroline Verlinde, Director of VIVEL, The Flemish Institute for Primary Care (BE)</i> • 1 perspective on evaluation as a tool for systems

	<p>transformation</p> <p>Amy Salmon, <i>Centre for Health Evaluation & Outcomes</i></p> <ul style="list-style-type: none"> • <i>Sciences (CA)</i>
12:15 – 12:25	Participants questions and discussion
12:30	Session close

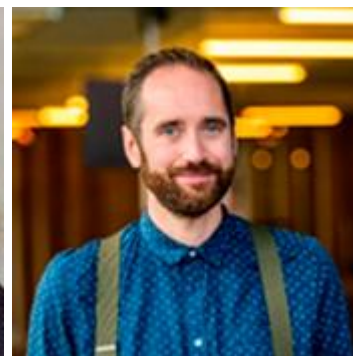
FACILITATING DIALOGUE AND ACTION TOWARDS INTEGRATED CARE WITH THE SCIROCCO MATURITY MODEL FOR INTEGRATED CARE

Timeslot: Monday, round 2

Organized by VIVEL (Flemish Institute For Primary Care)

Authors/presenters:

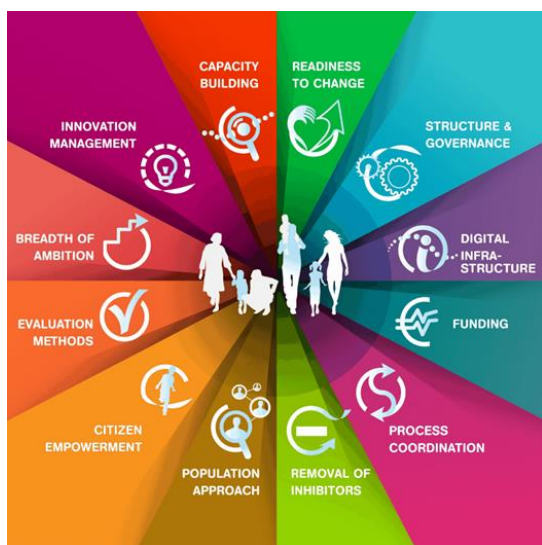
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Context:

The SCIROCCO Exchange project builds upon the preliminary achievements of the B3 Action Group on Integrated Care (of the European Innovation Partnership on Active and Healthy Ageing) that first developed the concept of the B3 Maturity Model. Through the activities of the EU Health Programme funded project SCIROCCO (www.scirocco-project.eu), the Model has been further refined and tested and is supported by a validated online self-assessment tool for integrated care. The Maturity Model groups the activities that need to be managed in order to deliver integrated care into 12 dimensions:

The use of the tool can be divided in three (or four) steps:



1. Each individual fills in the online tool (self-)assessing the maturity of integrated care for his region. He gives a score to each dimension and adds some explanation as to why he gives a certain grade to a dimension.
2. The individual scores are put together in a radar diagram to see the variation and mean scores per dimension
3. De participants are invited to a consensus workshop where, with the help of a coach, they find a common score per dimension and decide what aspects and gaps need focus in future strategic planning.
4. (Optional) another workshop is organized to use the consensus scores to make decisions regarding strategic and operational goals

VIVEL (the Flemish Institute For Primary Care) and the Flemish Agency for Care and Health worked together to pilot the tool in 4 primary care zones in Flanders, after it was adapted to the Flemish ecosystem of primary care, in collaboration with Lotte Vanneste (Ghent University). The first results of the pilot are promising and it has been decided to further implement it in 4 additional primary care zones.

Content of the workshop

During the workshop, the tool will be presented, followed by a brief overview of the pilot in the Flemish primary care regions. After the presentation the attendees will participate in a shortened version of the consensus workshop to discuss dimension ‘citizen empowerment’, and, if time allows, ‘removal of inhibitors’.

Attendees

Primary care experts and stakeholders (care providers, patients, informal caregivers,...), local, regional and federal policymakers.

LET’S MAKE PRIMARY CARE SEXY AGAIN! FINDING ATTRACTIVE WORKING CONDITIONS FOR YOUNG PROFESSIONALS

Timeslot part 1: Monday, round 2

Timeslot part 2: Monday, round 3

Organised by You&EFPC working group

Authors:

- Sarah Burgmann
- Lisa Mayer
- Christopher van der Linden
- Fiorella Farje De la Torre

- Andrea Canini

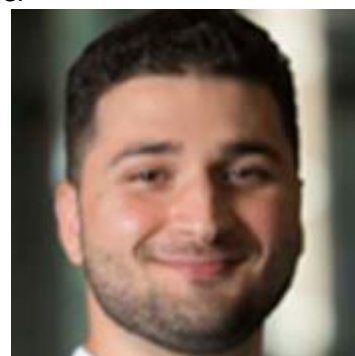
Presenters:

Sarah Burgmann is a health expert at the Austrian National Public Health Institute and works at the department "Coordination of Primary Healthcare Issues". Her focus is primarily on PHC including the establishment of the Austrian Primary Care Platform.



Lisa Mayer is fully trained nurse with many years of experience in the healthcare sector. She studied healthcare management and works as a Junior Health Expert at the Austrian National Public Health Institute, Department of long-term care.

Christopher van der Linden is the Junior Coordinator of the EFPC. Christopher studied at Maastricht University and graduated with a Master's in 'Healthcare Policy, Innovation, and Management'. His interests in primary care lie in digital health, global health, and sustainability in healthcare.



Purpose: The objective of this workshop is to discuss the working conditions in primary care within the different European countries from the perspective of young professionals. The aim is to identify the main challenges for young professionals in this specific setting and develop strategies and solutions to attract this target group to work in primary care.

Context: A strong primary care sector equipped with an adequate number of professionals and a qualified workforce acts as the foundation to resilient health systems. Bearing this in mind, many developed countries in Europe are however struggling to attract young health as well as social professionals to work in the primary care field.

State of the art: Several studies have assessed the facilitators and barriers for working in primary care units in addition to factors affecting the attractiveness of working conditions in the primary care setting. They collectively mention the following relevant variables: career perspective, working conditions (e.g. remuneration/salary, flexibility, work-life-balance), collaboration (inter-, intraprofessional), education/training and continuity of care / doctor-patient-relationship.

Format: Working groups of young professionals should discuss how they face the main issues in their countries and develop strategies to address the challenges.

In the **follow-up session**, accessible for all conference participants, the key findings of the working groups will be presented in form of elevator pitches. Presenters will be questioned by experts on the solutions they have developed.



17th EFPC Conference Ghent | Integrated Community Care: a new opportunity for Primary Care

The methodology and findings of the most powerful/effective strategy will be part of the further You&EFPC working group agenda.

Agenda of the Workshop and the Follow-up Session

Part 1: Let's make primary care sexy again! (90 minutes)

Purpose: Finding attractive working conditions for young professionals & develop strategies

Target group: All young professionals,

Experts: Jan De Maeseneer and Kathryn Hoffmann

1. Introduction and icebreaker including questions on working conditions and (personal) experiences
2. Discussion on working conditions especially challenges and problems young professionals are facing in their countries
3. Finding solutions: development of strategies/solutions in working groups on the following issues
 - Career perspectives
 - Working conditions (e.g. remuneration/salary, flexibility & work-life-balance)
 - Collaboration (inter-, intraprofessional)
 - Education/training: (academic) practical training in PC
 - Continuity of care & doctor-patient-relationship
4. Summary/conclusion by creating a poster and preparation for part 2

Part 2: Let us make primary care the heart of the health care system again' (45 minutes)

Purpose: Discussion on strategies to attract young professionals on primary care

Target group: All conference participants

1. Introduction
2. Elevator pitches on the previously developed strategies
3. "Shark Tank": Aspiring young professionals from Europe present their strategies and solutions to a group of experts and convince them to "invest" in their idea followed by critical questions by the experts and the audience.
4. Ranking and closing

SERVICE USER INVOLVEMENT IN MISSION-ORIENTED INNOVATION AND RESEARCH

Timeslot: Monday, round 3

Organized by the City of Oslo

Authors/presenters:

- Tor Helge Tjelta
- Marie Eriksdatter Strifeldt
- Lars Poverud,
- Fredrik Nilsson



The purpose for this policy poster is to debate how much we have achieved on the area service user involvement in innovation and research in the field of mental health and addiction in primary care.

There are still a way to go before we can truly state that we have co-creation and co-production. We will present how we have done it on a research and mission-oriented innovation project about a service model for people with both severe mental illness (SMI) and substance use disorder (SUD) - INNOFACT.

Lessons learned, other experiences will be presented, and we will present a debate in this regard that is going on in Norway.

BRINGING TOGETHER HEALTH ACTORS AROUND ENVIRONMENTAL HEALTH? ORIGINS OF A LOCAL-NATIONAL MOVEMENT IN BELGIUM

Timeslot: Monday, round 3

Organized by Health For Future Belgium, Research Unit of Primary Care and Health, Dept. of General Medicine, University of Liege, Belgium

Authors/presenters:

- | | |
|----------------------|-------------------|
| • Beatrice Scholtes | • Anton Saerens |
| • Richard Duport | • Jean Thomann |
| • Arne Dambre | • Leslie Delcarte |
| • Anne-Lise Poirrier | • Michael Moors |
| • Bert Verstappen | • Felix Scholtes |



Outline:

Belgium, 2019. More than a thousand doctors sign a carte blanche demanding that the climate crisis be recognised as a public health emergency. In the wake of this, the signatories wanted to go further and take concrete action: educating professionals, raising awareness among patients, improving the environmental footprint of the health system, activism with citizens and politicians, financial

disinvestment in fossil fuels, etc. They are caregivers, vets, patients, researchers, technical and administrative staff of healthcare institutions and ecosystem specialists.

The idea quickly emerged that a structure was needed to serve these goals. The nonprofit organisation Health for Future Belgium was created in 2022. It is based on local groups, which are the democratic basis of the movement and where most of the movement's actions take place. The national level is responsible for coordination, providing resources for the local groups, inclusion in the national and international network and large-scale projects (e.g. academic courses).

Here we tell the story of the origins of this structuring movement designed to support health actors in the field of environmental health. We ask: How, in the face of unprecedented challenges, can our mobilisation be the positive tipping point that is still missing?

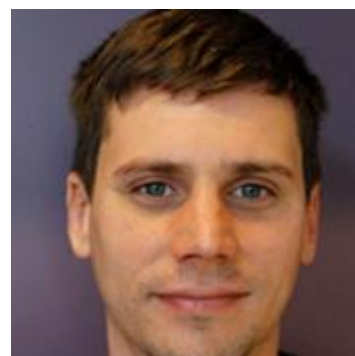
STREAMING LOW-RISK PATIENTS FROM AN EMERGENCY DEPARTMENT TO AN OUT OF HOURS PRIMARY CARE SITE: AN OPPORTUNITY FOR BOTH SERVICES?

Timeslot: Monday, round 3

Organised by Antwerp University, Department of Family and Population Health

Authors/presenters:

- Stefan Morreel



Purpose: an interactive discussion on the contradiction that more patients can and should go to the general practitioner for urgent problems but there are not enough general practitioners to help them and they are not organized in a way to deliver efficient urgent care.

Context: When confronted with an illness during out-of-hours care, patients can consult primary care (organised in General Practice Cooperatives, GPCs) or an Emergency Departments (EDs). Up to 40% of those who choose the ED have complaints suitable for primary care. One solution to this problem is to help patients to make this choice by triage, a quick examination to determine the priority of need and proper place of treatment.

State of the art:

The TRIAGE trial was an unblinded randomised controlled trial with weekends serving as clusters. The intervention was triage by a nurse using a new tool assigning low-risk patients to the GPC. During intervention weekends, patients were encouraged to follow this assignment while it was not communicated during control weekends (all patients remained at the ED).

Out of the included patients, 9.5% were diverted to the GPC. This proportion was influenced by the reason for encounter, age of the patient, and the nurse on duty. Out of the diverted patients, 4% were referred back to the ED. The trial was randomised for the secondary outcome: the proportion of patients assigned to the GPC. In the intervention group, this proportion was 13%, in the control group 25%. This discrepancy was due to differences in the use of the studied tool.

Using semi-structured interviews with healthcare workers a high enthusiasm was found. Risk aversion of some nurses, possible language barriers and the non-adapted ED infrastructure were the main barriers to implementation. One quarter of the patients who received an assignment to the GPC

refused to comply and stayed at the ED. This proportion was influenced by the nurse on duty and the patient's socio-economic status. The intervention reduces costs for patients but increased cost for the government.

Overall, the intervention of the TRIAGE trial was evaluated positive, albeit some methodological limitations and a low efficiency. It helps patients to choose the most appropriate caregiver. An integrated approach which includes self- and telephone triage is required for further implementation. Such an implementation will always lead to more workload at the GPC and thus largely depends on the availability of primary care services to help diverted patients and on the availability of highly trained ED nurses.

Points for discussion:

- Should GPCs allow more patients or refuse to collaborate profoundly with EDs?
- In times of shortage, should the government invest in GPC-ED collaboration?
- A delay of care might help, should legislation allow nurses to advice such a delay?
- Studying triage instruments before implementation is crucial but research using control circumstances, simulation and written scenarios correlates poor with everyday reality, what is the ideal design?

INTEGRATED COMMUNITY CARE (ICC): A FUTURE-ORIENTED APPROACH FOR PRIMARY CARE IN FLANDERS AND BELGIUM?

Timeslot: Monday, round 3

Organised by UMCA (Universitaire Medische Campus Antwerpen) – Antwerp University

Authors/presenters:

- Gert Verbruggen
- Jan De Maeseneer



Purpose: Open discussion with participants about Integrated Community Care: what do we need to build a future-oriented approach for primary care?

Workform: interactive debate - group discussion

State of the art: In the past 5 years the development of Primary Care at meso— and micro-level has made a lot of progress in Flanders. The 60 Primary Care zones have designed a territorial model for organization of integrated primary care and create opportunities for local authorities to improve their commitment for accessible quality primary health care at local level. Increasingly, the gap between care for health and care for wellbeing has been bridged. And Covid-19 has demonstrated the need for complementarity between the approach focusing on the individuals and families and the population-oriented approach.

When it comes to care-strategies, there is attention for subsidiarity as one of the answers to the need for appropriate utilization of providers in health care and social care sector. Moreover investments in improved health literacy are made and informal care givers contribute a lot to the care processes.

The question: 'How can all these developments be translated into appropriate interprofessional educational programmes?' challenges the institutions for health professionals' education.

In the upcoming EFPC-conference in Ghent (25-27 september 2022) one of the aims is to further explore the potential of ICC in addressing the challenges. This can be done by looking at recent developments:

At the level of the underpinning concepts of integrated care:

- The increasing attention for '**goal-oriented care**'(GOC), looking at how primary care can contribute to achievement of the life-goals of an individual;
- **Community-Oriented Primary Care** (COPC) looking at health needs of a community, investigating the upstream causes of ill health (e.g. social and ecological determinants of health and wellbeing), making a community diagnosis and developing and monitoring interventions, involving the local population in all the steps of the process.

At the level of care organization:

- Integrated interprofessional care teams, with the patient in the driver's seat, operating in the context of '**primary care networks**', that are accountable for the population on the list (>10000 in cities; >5000 in rural areas);
- The development of '**zorgzame buurten**' that create the conditions for improvement of health and wellbeing locally so that "everybody counts and no one is left behind' and stimulate intersectoral action at local level.

VIRTUAL SITE VISIT FOUNDRY, BC, CANADA

Timeslot: Monday, round 4

Organized by Foundry

Authors/presenters:

- Julie Zimmerman
- Elise Durante
- Karen Giang



About Foundry: With an open-door policy and community-centered approach, Foundry offers young people between the ages of 12-24, an easy point of access for integrated youth services. Taking a team-based approach, Foundry offers in-person and virtual support specifically in the areas of mental health care, substance use services, physical and sexual health care, youth and family peer supports, and social services.

Program (1.5 hours):

Introduction: Sanja Simic, Executive Director, Conconi Family Foundation

Q&A session on the basis on virtual tours

- Chapter 1: A virtual tour of the Foundry centre in Abbotsford, British Columbia, Canada. Q&A discussion on how primary care is integrated into the Foundry model.

- Chapter 2: An example of innovation in care through the Foundry model. Q&A discussion with Foundry on how it is designed and governed including engaging lived expertise of youth and their caregivers.
- Chapter 3: The expansion story of Foundry, from 1 centre to soon 23 across British Columbia. Q&A discussion on what it takes to scale an integrated community care model.
- Closing: Foundry Manifesto Video

THE HEALTH OF DETAINEES AND THE ROLE OF PRIMARY CARE

Timeslot: Tuesday, Round 5

Organized by the EFPC working group on Prison Health

Authors/presenters:

- Anke van Dam
- Peter Groenewegen
- Jan Matthys
- Veerle Vyncke



Aim of the workshop

- To present the position paper of EFPC on the health of detainees and the role of primary care
- To present organization, successes and challenges of prison health care in Belgium
- To discuss next steps and the role of EFPC regarding prison health and primary care
- To create interest in participating in the working group Prison Health and developing activities as follow up of the next steps

Programme

1. Introduction to the aims of this workshop (Anke van Dam, 5 min)
2. Background of the prison health working group and the road to the position paper (Anke van Dam, 5 min)
3. Evidence behind the position of the EFPC re Prison Health and primary Care (Peter Groenewegen, 15 min)
4. Successes and challenges of prison health care in Belgium
 - The care for detainees with mental health issues – Jan Matthys (7 min)
 - The care for detainees with social issues – Veerle Vyncke (7 min)
5. Position of EFPC (Peter Groenewegen, 10 min)
6. Discussion in small groups (per perspective of primary care professionals, policy makers and researchers, 20 min)
7. Plenary discussion (20 min)

KNOWLEDGE TRANSFER BETWEEN AND WITHIN POLICY MAKERS AND HEALTHCARE PROFESSIONALS IN AUSTRIA AND IN EUROPE– CHALLENGES AND SOLUTIONS

Timeslot: Tuesday, round 5

Organized by Primarversorgung, Ostereich

Authors/presenters:

- Florian L. Stigler
- David Wachabauer
- Sarah Burgmann
- Lisa Mayer
- Kathryn Hoffmann



Purpose: Participants are invited to this workshop to collaboratively “solve” a widely acknowledged challenge of most healthcare systems worldwide: how to connect the different worlds of policy making and healthcare practice in order to foster communication, collaboration and effective healthcare reform?

We believe that this is an important neglected question, which can be answered by sharing creative ideas and practical experience (e.g. from our knowledge transfer initiatives related to the Austrian primary health care network).

Content:

- 1) The Austrian experience: The EU Recovery and Resilience Facility enabled Austria to further strengthen the preexisting primary care reform efforts. One aspect focuses on how to improve knowledge transfer within and between the communities of healthcare professionals and policy makers. Several creative solutions were developed and already implemented. We are happy to present you and discuss with you these tools.
- 2) European experiences: Knowledge transfer between policy and practice is often considered as an important challenge for successful healthcare reform. Therefore, we expect that many creative, useful, and inspirational solutions were developed within the healthcare systems of the different European countries. Here we would like to share ideas and experiences in order to learn from each other.

This workshop aims to learn collaboratively about different ways of connecting and engaging the, often disconnected, communities of policy makers and healthcare practitioners.

Format of the workshop

After a brief introduction, a) we will present the knowledge transfer efforts related to the Austrian primary care reform, b) we will initiate an open discussion concerning knowledge transfer efforts within other European healthcare systems, c) participants will be invited to join a WORLD CAFÉ with several stations in order to gather the previously discussed ideas and experiences and to develop them further creatively and collaboratively.

GAINING INSIGHT IN PRACTICE VARIATION IN NEEDS ASSESSMENT OF PRIMARY CARE NURSES.

Timeslot: Tuesday, round 5

Organized by Maastricht Uni, Department of Health Services Research

Authors/presenters:

- Jose van Dorst,
- Marit Zimmerman,
- Anneke Beverlander,
- Mariëlle Schuitema,
- Simone van den Boogaard,
- Sandra Zwakhalen



Purpose: In this workshop we provide insight in current state the problem in Dutch primary nursing care and discuss possibilities to reduce practice variation and improve the needs assessment. Students, nurses and researchers will provide this interactive workshop using a participatory workshop format. We invite care professionals, researchers, educators and students to join us in this workshop and share ideas and possible solutions.

After this workshop the attendees:

- Have knowledge about how practice variation may impact the quality of primary care provided.
- Have knowledge about improvement actions undertaken by home care nurses/ organisations to reduce unwarranted variation;
- Have insight in factors that influence warranted and unwarranted practice variation in needs assessment of nurses working in primary care;
- Have insight in nurses' beliefs and considerations on aspects that influence needs assessment of nurses working in primary care.
- Have discussed possibilities on micro, meso and macrolevel to reduce practice variation in needs assessment by primary care nurses.

Context: Primary care nurses determine the needs of clients by a needs assessment. The needs assessment is used to determine the amount, type and duration of care, and is therefore the starting point of good quality client-centered primary care. Since primary care nurses indicate the care needed, signals of practice variation in needs assessment are heard. This suggests that, in apparently similar situations, clients in need of may receive different types and/or hours of care. Over or under provision or care is both undesirable as it may result in inequities in access of primary care.

State of the art: Although research on practice variation in primary care nursing is scarce, practice variation itself is not new. There is an extensive body of literature devoted to practice variation in other areas, for instance in surgical procedures. Practice variation can be warranted or unwarranted. In case of practice variation in needs assessment in primary care, this variation is unwarranted if the variation is not caused by patients' characteristics, context and preferences of the patient to achieve goals that are taken into account by the homecare nurse in a professional, substantiated decision-making process.

PRIMARY CARE AND SOCIAL COHESION – BRIDGING PREJUDICE THROUGH REFUGEE STORIES

Timeslot: Tuesday, Round 6

Organized by the EFPC Working group on Migrant Care

Authors/presenters:

- Wadah Yousif
- Pavel Stotsko
- Samar Al-Tashi
- Victoria Yefymenko
- Omar Ashur
- Sana Seddihi
- Kate O'Donnell
- Christopher van der Linden
- Darina Uram
- Maria van den Muijsenbergh



Background:

The current war between Russia and Ukraine has had devastating effects, in the first place on the Ukrainian citizens: those who have to suffer the daily threats and the more than 12 million who have fled their homes (of whom appr. 5 million reside as refugee in other countries). However, the economic and environmental consequences have also hit people in Russia and all other countries, and – like always in times of crises – most of all the socio economic most vulnerable populations like refugees and other migrants. All this fosters polarisation between countries and populations, for instance against Russian migrants or Russian healthcare workers, or between different refugee groups as a result of the different treatment they receive.

International polarisation is not new of course – we have seen this in many previous conflicts and still see this for instance between Israel and Palestine.

This polarisation is also of concern to us, working in Primary Care. Prejudice and societal polarisation negatively affect health and access to healthcare. But at the same time, in Primary Care we are used to achieving common ground with our patients, regardless of their backgrounds, and to foster social cohesion in our neighbourhoods. We know how all people, regardless of their migration or ethnic background, share the same hopes and dreams, sadness and challenges in life. However also within healthcare racial prejudice exists, endangering our role in achieving social cohesion.

With our experience and knowledge on bridging differences and bringing about cohesion, we can take a role in fighting polarisation and bringing about international cohesion and solidarity.

Therefore the working group on migrant care of the EFPC has decided to dedicate her workshop at the annual EFPC conference to this theme.

Bringing together in this workshop refugees and professionals of different, and often opposing countries in itself will be a novel way to foster international cohesion. As the focus is on cohesion, we will not venture into political discussions.

Aim:

1. To gain knowledge of the different policies regarding refugees in European countries, and differences in treatment between refugees from Ukraine and other refugees
2. To gain knowledge on the effects of experiences discrimination on health and access to healthcare
3. To gain insight into the experiences of Ukrainian, Russian and other refugees
4. To gain awareness of our own racial and other prejudice, from an intersectional perspective
5. To gain insight into the different approaches and activities within Primary Care that help to bridge differences, to reach common ground and enhance social cohesion.
6. To gain insight into the possibilities of Primary Care to contribute to international social cohesion and solidarity

Programme:

Sharing experiences and views, leading to insights and joint actions are central in this workshop. Scientific evidence (on different policies regarding different refugee groups and on experienced discrimination among refugees and the adverse effects on health and access to healthcare of ethnic prejudice and bias) will be provided to the participants in a hand-out at the start of the workshop. An interlude of creative reflection will help to foster the awareness that there is more that unites us than what divides us.

We will end with a plenary discussion on what Primary Care is already doing to reach common ground with patients and colleagues, despite ethnic differences, and to enhance social cohesion, and how we can put these experiences into action to contribute to international cohesion and solidarity.

COMMUNITY HEALTH WORKERS, PIONEERS OF INTEGRATED COMMUNITY CARE

Timeslot: Tuesday, Round 6

Organized by:

- University of Antwerp, Department of Sociology
- Intermut
- Ghent City Council
- Department of Public Health and Primary Care Ghent University

Authors/presenters:

- Peter Decat
- Caroline Masquillier
- Theo Cosaert
- Jan De Maeseneer
- Dorien Vanden Bossche
- Sara Willems
- Ann Hendriks
- Karen Mullie
- Mathias Neelen
- Leen Vanoverschelde
- Leen Van Zele



Background: In many parts of the world, community health workers (CHWs) provide care to individuals, families and communities in close collaboration with health professionals. CHWs are “trusted members of local communities who share lived experiences with their neighbours and peers, and they are experts in navigating complex systems of care, serving as a link between clinical and community-based services and the people who need them most” (Peretz, Islam et al. 2020: p. e108(1)). CHWs contribute to improving health care access and to optimizing health care efficiency. They also act as community ‘change agents’ who have the potential to impact health behaviors and empower communities to make joint decisions about health care. Low- and middle- income countries (LMICs) have decades’ experience in engaging CHW’s in the provision of care. Recently, the involvement of CHW’s in primary care has attracted attention in high-income countries (HICs) driven by concerns about the inequities in quality of care and the shortage in health workforce which have become more prominent in the COVID 19 health crisis.

Currently, two pilot projects of CHWs are running in Belgium. The council city of Ghent has implemented a voluntary workforce of CHWs who are trained to detect problems and to inform and advise, support, stimulate, and empower vulnerable patients. These CHWs support people who already have access to healthcare by being linked via a healthcare or welfare professional. In addition, a national project runs in socio-economically vulnerable areas of ten Belgian cities in which CHW work in an outreaching way to support people who experience difficulties accessing healthcare. In this project, a coalition of all health insurance funds employ about 50 CHWs who guide people in socially vulnerable situations to primary health care and making them familiar with it.

Actors of both projects joined efforts to organize a workshop during the EFPC conference in Ghent with following objectives:

1. Increase knowledge and consciousness on the potential of engaging CHWs in primary care in Europe.
2. Learn from experiences with CHWs in different European contexts
3. Share ideas on the complementary role of CHWs next to health professionals, on the practical implementation of CHWs in European primary care contexts and on the professionalization of on the supervision and training of CHWs.
4. Explore possibilities for future exchange of knowledge, experience and research on the involvement of CHWs in European primary care contexts.

The content of the workshop

1) European health systems can learn from the practice of CHWs in LMICs. It is an example of ‘reverse innovation’. An introductory video shows the involvement of CHWs in supporting people living with HIV and AIDS in South Africa (Caroline Masquillier)

2) Coordinators and CHWs present the Ghent and Belgian pilot projects.

3) Introduction of the three topics for the brainstorm sessions:

- The complementary role of CHWs next to health professionals (Dorien Vanden Bossche)
- The implementation of CHWs in European primary care contexts (Caroline Masquillier)
- The professionalization of CHWs (Ann Hendriks, Karen Mullie, Mathias Neelen, Lieve Vanoverschelde)



17th EFPC Conference Ghent | Integrated Community Care: a new opportunity for Primary Care

4) Brainstorm sessions in small groups on the aforementioned topics (cf. point 3) with the aim to share experiences and generate new perspectives.

5) Wrap up

- key messages for the conference wall
- planning for future exchange on the involvement of CHWs in European primary context

THE CHALLENGE AND OPPORTUNITIES OF MENTAL HEALTH IN PRIMARY CARE

Timeslot: Tuesday, Round 6

Organized by EFPC Working Group Mental Health

Authors/presenters:

- Jan de Lepeleire
- Dineke Smit
- Lisa Hill
- Ian Walton



Purpose: The purpose is to discuss the challenges, opportunities and changes in mental health services in European countries.

Context: Triggered among other evolutions by the Covid pandemic, many countries experience big gaps in the provision of mental health care. We outline the actual reform in The Netherlands, UK and Belgium, with attention to the connection between healthcare and welfare organizations. A broad view.

The EFPC Position Paper on mental health in Primary Care and the connected publication are the background for a discussion.

Mode of presentation: A discussion group with an introduction with the focus on the following questions:

- In your country, as to the organization and functioning of mental health care:
 - What are the most important
 - Challenges
 - Problems
 - Solutions (ongoing or planned)?
 - How is the connection made with the social and welfare sector?
 - What are the important evolutions in the health care system that stimulate or hamper the accessibility of mental health care (insurance, privatization, etc.)

EFPC'S INTERACTION WITH EMA AND ITS EMA-GROUP: AN INTERESTING EXPERIENCE AND AN OPPORTUNITY TO CONTINUE

Timeslot: Tuesday, round 7

Organized by the EFPC EMA working group

Authors/presenters:

- Walter Marrocco
- Elena Petelos
- Pieter van den
Homborgh



What is the EMA WG of the EFPC?

EMA and healthcare professionals collaborate and interact in two major fields:

- Help EMA to better understand how medicines are used in real clinical practice and to understand the potential impact of specific regulatory actions on patient care;
- Support the creation of greater awareness among healthcare professionals on the regulatory debate on the risk-benefit assessment of medicines and promote the alignment of regulatory decisions with the reality of clinical practice.

The ultimate common goal is to protect public health by promoting the rational and safe use of drugs.

Involvement of Experts in EMA activities

Involve GPs / PQs, and where possible other health professions, on concrete activities, through the creation of a specific group of experts, initially composed of the participants in the workshop; each expert can act as a contact person at national level; entire groups or individual experts to be involved in virtual and / or physical meetings depending on the issues - these issues can be organized by population groups or around therapeutic areas:

PC can furthermore support reflections and proposals on broader issues, which may be of particular importance for respecting the health of all citizens, such as: Mental health, timely access to quality medicines guaranteed worldwide, emergency management.

PROGRAM

- Why and how can EFPC participate in the work of EMA-HCPWP and other initiatives?
- Topics on the EFPC call for expressions of interest: HCPWP mandates 2022-2025

Walter Marrocco, Elena Petelos

EFPC Representatives in HCPWP EMA

DISCUSSION WITH THE PARTICIPANTS

SUPPORTING PRIMARY CARE EDUCATION, RESEARCH AND KNOWLEDGE SHARING IN A SUSTAINABLE WAY: THE CASE OF TWO CHAIRS IN BELGIUM FUNDED BY PHILANTHROPY

Timeslot: Tuesday, round 7

Organized by the Primary Care Academie and BeHive and the Fund Dr. Daniël De Coninck managed by the King Baudouin Foundation, Belgium

Authors/presenters:

- Roy Remmen
- Emily Verté
- Pauline Boeckxstaens
- Ann Clé
- Sibyl Anthierens
- Bénédicte Gombauld
- Tinne Vandensande
- Hilde Vandenhoudt
- An De Sutter
- Benoît Pétré,
- Anouk Tuinstra
- Elien Colman
- Sandra Martin
- Thérèse Van Durme



Purpose: To examine the sustainability of two models of interorganizational and interprofessional networks, initially funded by the Fund Dr. Daniël De Coninck, to strengthen primary care in Belgium.

Context: Belgium belongs to the top health care spenders in Europe and is in transition towards care integration. Primary care is therefore regarded as important by policymakers and its landscape is rapidly changing. However, research funding to underpin innovative approaches is scarce.

In 2019, the Fund Daniël De Coninck, managed by the King Baudouin Foundation, initiated multiple practice-based research funds. Two chairs in each language part of the country were awarded 500 K euro annually for a period 5 years.

There is some evidence in valuing the role of philanthropies in research and teaching activities and its sustainability in developed countries. There are issues regarding risks, opportunities and long-term effects that should be considered.

State of the art: After three years of operation, the two chairs can show their work which is still in progress. In this session they will present their main achievements and give some food for discussions. Together with the attendees, avenues for future work will be explored as the Fund Daniël De Coninck intends to sustain its input in primary care research and teaching.

Content of the workshop

During the workshop, three brief introductions will guide the discussion.

- 1) The funder: aims and scope of the Fund and why the choice for two chairs?
- 2) The chairs: both chairs will present their short- and long-term goals, interim achievements and hurdles to overcome.
- 3) Discussion with the attendees. Can our networks fill the gaps in training and research? What more is needed to have sustainable impact? A World Café approach and a brief plenary session will be applied.

Attendees

Staff of the two chairs, advisory boards (regional and international), primary care experts and stakeholders, regional and federal policymakers.

UP-TO-DATE INDICATORS TO CHARACTERIZE PRIMARY CARE AT THE NATIONAL LEVEL; DEVELOPMENT OF THE COPC22 INSTRUMENT

Timeslot: Tuesday, Round 7

Organized by NIVEL & CoPC22 research team

Authors/presenters:

- Wienke Boerma
- Peter Groenewegen
- Marta Ballaster
- Dolf de Boer
- Astrid Doorduyn
- Pilar Illaramendi
- Rosa Sunol
- Jose M Valderas



Purpose: Through an interactive workshop we will test a new framework and a draft set of indicators for assessing the strength of primary care at health system level with the participants. We will be looking for possible gaps in the framework and missing indicator fields and indicators. The workshop also aims to discuss how the indicators can be measured reliably in different health care systems in order to result in comparable information. After a short introduction to the work done so far, participants will be asked in a structured way for their inputs.

Context: The development of a new framework for primary care is part of the PaRIS project of OECD. The PaRIS survey, or International Survey of People Living with Chronic Conditions, has been commissioned by the Organisation for Economic Co-operation and Development (OECD), on behalf of its member states. It aims to collect and exchange information on the quality and performance of primary care from the perspective of people living with chronic conditions, and as such support countries in improving care for these people. Information will be collected at three levels: users of primary care, providers of primary care services and health care systems. For the system level we are developing the new framework and indicators, called CoPC22 (Characteristics of Primary Care 2022).

State of the art: For practical and continuity-related reasons we took the PHAMEU framework and indicators as the starting point in developing CoPC22. Based on a systematic review of literature published before 2008, the PHAMEU framework consisted of 10 dimensions, made measurable by 99 indicator items, jointly characterising primary care in a country. The dimensions were related to structure, process and outcome of care. In the PaRIS survey the focus is on the structure of primary care and systemic aspects of the primary care processes. Provider level process characteristics will be measured through a provider questionnaire. Outcomes will be measured through Patient Reported Experience (PREMs) and Outcome Measures (PROMs) by a patient questionnaire. To update the framework and indicators, we have reduced the indicator set of PHAMEU and searched for more recently published frameworks. We have also reviewed authoritative reports of professional and international organisations, to identify new insights, visions and innovations related to primary care. The results will be presented in the form of a draft new framework and indicators, which will be discussed in the workshop.

THE INTEGRATION OF PRIMARY CARE AND PUBLIC HEALTH AT DIFFERENT LEVELS

Timeslot: Tuesday, round 7

Organized by City of Ghent, VIVEL and WHO-Collaborating Centre of Family Medicine and Primary Care-Ghent University

Authors/presenters:

- Véronique Bos
- Sophie Liekens
- Leen Van Zele
- Isabelle Van de Steene



It has been over four decades since the 134 national government members of the WHO signed the Alma Ata Declaration where the concept of Primary Health Care (PHC) came into existence. The Declaration made Primary Health Care (PHC) the official health policy of all members countries, based on the consensus that health was a human right driven by the principles of equity and community participation. Overall, primary care (PC) is understood as the first point of contact when seeking healthcare, where people present their health problems and where the majority of the population's curative and preventive health needs are met (Boerma & Kringos, 2015). The concept of Public health (PH) has a much longer history and is understood as the art and science of preventing diseases, prolonging life, and promoting health through the organised effort of society (Acheson 1988). Overall, public health is concerned with protecting the health of entire populations. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious diseases (CDC 2021).

Over the years, there has been a growing interest in the willingness of PC and PH to integrate and build relationship in areas such as vaccinations and emergency preparedness (Pratt et al., 2017). Especially during the COVID 19 pandemic, collaboration and integration of PC and PH have shown to

be vital in order to roll out vaccination campaigns, detection and referral of positive cases, reaching vulnerable groups, etc... The efforts made by the combined force of PC and PH to respond to the COVID-19 pandemic was rapid and extraordinary, even though they were challenged with the absence of a coherent and connected strategy (Park et al., 2021). Exchange of data among health professionals and integrated care governance, among others, have been major challenges.

This prolonged emergency situation has provided even a bigger opportunity for PC and PH to strongly re-unite and align their shared goals to make progress beyond the COVID-19 era (Westfall et al., 2021). Voices are calling louder for an improved integration between PC and PH, but little is known about how this success can be achieved in practice, considering how both sectors and services are financed and organised quite differently (Rechel, B. 2020).

During this workshop at the EFPC, experts from different levels (health care workers, researchers, policymakers, government officials) will be given the platform to discuss and deliberate on their personal experiences, beliefs and recommendations regarding PC and PH integration (within the context of the COVID-19 pandemic) through panel discussions. After the workshop responses will be formulated regarding the following key questions: what has been a success/failure within PC and PH integration in the past, which lessons have we learnt, what is the way forward post COVID 19.

Questions/discussion points during the workshop:

- *what has been a success/failure within PC and PH integration in the past*
- *which lessons have we learnt*
- *what is the way forward post COVID 19*
- *questions from the audience*

TOWARDS #EFPC2023 ISTANBUL: INTERNATIONAL HUMANITARIAN CRISES: WHAT IS THE ROLE OF PRIMARY CARE FOR SOCIAL COHESION?

Timeslot: Tuesday, 15.45 after the closure of the conference

Organized by the organizing committee of the #EFPC2023 Istanbul conference

Authors/presenters:

- Cagri Kalaca
- Mehmet Akman



Following some exceptional decades of growth in the developing world which has lifted millions out of poverty, due to of many world-wide and regional crisis situations such as vicious conflicts and wars, global warming and accelerating disasters, a paralysing pandemic, and dramatic growth in mass displacement and migration, living conditions have been deeply changed, inequalities have widened, threatening social cohesion once again reaching levels unprecedented in recent history.

All international crises have very important deteriorating effects on all aspects of health care systems, including primary care. Studies, reports and evidence-based materials illustrates how these international crises have influence on health of the wide populations. Therefore, the role of and the need to primary care cannot and should not be neglected in these uncertain times.

It is not only the because of the health services provided by primary care; but also because of the possible roles of primary care may have in “Social Cohesion”. Social cohesion is an important determinant of a peaceful, democratic and prosperous community. As put in recent literature convincingly social cohesion has a critical social determinant of health and wellbeing.

Given the important role that social factors have in an individual’s well-being, primary care and related disciplines have been increasingly interested in understanding how social cohesion, as a concept characterized as person’s trust and solidarity among a group of people, relates to health.

THE EFPC FOCUS ON SOCIAL COHESION AND PRIMARY CARE

We would like to highlight the importance of addressing the social determinants of health by including *“creating social and physical environments that promote good health for all”* as one of the overarching goals of health for all perspective. Studying on “Social Cohesion with Respect to Primary Care” aims to provide a clearer understanding of the concept of social cohesion in the context of health behaviour and health outcomes.

Utilizing a consistent definition of social cohesion is important for strengthening the theoretical conceptualization and operationalization of the concept, as it is applied to understanding the social determinants of health.

EFPC Istanbul Conference will provide an opportunity for all partners and members, and also experts from different backgrounds to study on a working definition of social cohesion with a focus on Primary Care as the degree to which an individual finds trust, solidarity, connectedness, and sense of belonging within a group in society. The Istanbul Conference also will provide a basis for highlighting **the antecedents, attributes, and consequences of social cohesion**, which can be utilized to inform future hypotheses surrounding the mechanisms of action for primary care systems, teams and/or individual healthcare professionals, in which social cohesion may influence health behaviours or health outcomes of individuals and/or community.

Since the primary care teams play a pivotal role in holistic health among many settings (ie, inpatient, out-patient, community, and schools), they are in a unique position to improve and consider this “Social Cohesion” dimension of social determinants of health in their practice.

More specifically, with a better theoretical understanding of social cohesion and its related health consequences, primary care practitioners can consider the influence of social cohesion when developing educational tools and recommending lifestyle changes for their patients. The academic works and research will investigate the most relevant uses of social cohesion and how these can be applied to inform intervention and policy.

THE GHENT SESSION FOR EFPC ISTANBUL CONFERENCE

In this session we will explore efficient and creative ways of handling the Istanbul Conference theme, brainstorm to sketch any demonstrative real and/or fictional case stories to be studied on. We hope that through “creative and collaborative design tasks” we, the EFPC community, might improve “our cohesion” further, while contributing to the preparation of Istanbul Conference.

Sub-Themes:

- Management of pandemic (especially COVID-19) and related health issues in primary care

- Organization of primary care in times of pandemic, and other natural disasters
- Primary care services for immigrants, refugees (issues about health personnel, language, communication, health services)
- War and primary care
- Accessibility to primary care during crises
- Service delivery of primary care during crises
- Health policy issues of primary care related to humanitarian crises
- Collaboration of different stakeholders (mobility, environment, urbanisation, health & care...) during the humanitarian crises

Dimensions

- Economic Stability
 - Employment
 - Food Insecurity
 - Housing Instability
 - Poverty
- Education
 - Early Childhood Education and Development
 - Enrollment in Higher Education
 - High School Graduation
 - Language and Literacy
- Social and Community Context
 - Civic Participation
 - Discrimination
 - Incarceration
 - Social Cohesion
- Health and Health Care
 - Access to Health Care
 - Access to Primary Care
 - Health Literacy
- Neighborhood and Built Environment
 - Access to Foods that Support Healthy Eating Patterns
 - Crime and Violence
 - Environmental Conditions
 - Quality of Housing

Research Abstracts

Abstract ID: EFPC20221420

“COMMUNITY HEALTH WORKERS AS INTERMEDIARIES TO IMPROVE HEALTHCARE ACCESSIBILITY: A REALIST EVALUATION OF A PILOT PROJECT”

Author: Thibault Detremerie

Key Words: Community Health Workers, Patient Navigation, Empathy, Health Services Accessibility, Qualitative Research

Background: To address existing barriers to healthcare access, the city of Ghent (Belgium) set up a community health worker (CHW) project, in which CHWs' main role was patient navigation: guiding patients in overcoming these barriers by contacting patients to arrange health care visits and transportation, reminding patients of appointments and assistance with insurance.

Objectives: This study explored the process of this CHW-project to understand what works, for whom, to what extent, and under which conditions, in order to formulate some recommendations for future similar projects.

Methods: Data were collected through 12 in-depth interviews and a group evaluation session by the steering group committee of the project. Using a qualitative approach, we aimed to unveil contextual factors and mechanisms that determine the CHW's effect on healthcare and its accessibility.

Results: CHWs provide support to patients and enable more efficient care. The contribution of the CHW is based on trust and empathy bringing an extra humanitarian dimension into health care. Informality and free task interpretation play a facilitating role as these give room for spontaneity and flexibility. Role unclarity might be an inhibiting factor. This project shows a promising role for CHWs in improving accessibility of future healthcare.

Conclusion: This study clarified mechanisms and contextual factors by which CHWs can improve healthcare accessibility.

Key Messages:

- CHWs provide support and efficient care, through trust, a sense of humanity and empathy and through their intermediary function.
- Informality facilitates this via enabling spontaneity and free task interpretation, but can hinder via role unclarity.
- Researchers and policymakers should explore the use of CHWs in primary health care.

Abstract ID: EFPC20221444

“PERSON-CENTRED CARE, PRIMARY HEALTH CARE, PRIMARY CARE PHYSICIANS, REALIST REVIEW”

Authors: Anam Ahmed
Maria van den Muijsenbergh
Hubertus Vrijhoef

Key Words: person-centred care, primary health care, primary care physicians, realist review

Purpose and Theory: Insights into when person-centred care (PCC) does (not) work, for whom, why and how, are lacking. In this study the objective is to identify the relationships between the context, the mechanisms, and the outcomes of PCC by means of a rapid realist review (RRR)

Methods: Peer-reviewed and non-peer-reviewed literature reporting on PCC in primary care were included. Selection and appraisal of documents was based on relevance and rigour according to the Realist and Meta-Review Evidence Synthesis: Evolving Standards (RAMESES) guidelines. Data on context, mechanisms, and outcomes of PCC were extracted.

Findings: It was found that for PCC to be effective in primary care, healthcare professionals (HCPs) should be trained and equipped with knowledge and skills to communicate effectively tailored to the wishes, needs and possibilities of patients, leading to higher satisfaction. Consequently patients will be more involved in the care and shared decision-making process, resulting in higher treatment adherence, and an improved treatment approach. A respectful and empathic attitude of HCPs is key in establishing a strong therapeutic relationship and improved health (system) outcomes. A good accessibility of care for patients and setting up a personalised care planning with all involved parties may positively affect the self-management skills of patients. Good collaboration within the team and between different domains is desirable to ensure good care coordination.

Discussion: for PCC in primary care to be effective, the interplay between context, mechanisms and outcomes needs to be understood well. A RRR provides information about this interplay.

Abstract ID: EFPC20221472

“HOMELESS DURING A PANDEMIC: LESSONS LEARNED FOR CARE FOR HOMELESS PEOPLE IN THE NETHERLANDS”

Authors: Tessa van Loenen
Maria van den Muijsenbergh

Key Words: homeless, COVID-19, streetdocter, primary care

Abstract: Theory: Homeless people are likely to be a high-risk group for a Covid-19 infection due to higher exposure and a higher probability for complications. The preventive behavioral measures and changes in the organization of care and shelter might have an impact on their lives and the care and support they receive.

Methods: This mixed-methods study consists of several sub-studies each with a different research aim. First, COVID-19 related illness and changes in street doctor care were monitored in street doctor practices and general practices in 9 cities in the Netherlands. Secondly, we conducted three rounds of semi-structured interviews with about 60 homeless people during the last two years. Topics were compliance with the COVID19 measures, the consequences of those measures, physical and mental health during the pandemic, and challenges in received care and shelter. We also conducted three rounds of semi-structured interviews with caregivers, such as street doctors and social workers about the challenges they face for the chain of care for homeless people during the pandemic.

Findings: We found no indications that homeless people suffered more often or more severely from COVID-19 infection than others; yet the measures had a huge negative impact on them: their mental health deteriorated, due to uncertainty, lack of daily activities, and inaccessibility of services. The small-scale whole-day shelter was much appreciated and provided rest.

Discussion: In co-creation with all stakeholders recommendations were formulated for policy, shelter, medical care, and social support.

Abstract ID: EFPC20221501

“EVALUATION OF A WEB-BASED CULTURALLY SENSITIVE EDUCATIONAL VIDEO TO FACILITATE INFORMED CERVICAL CANCER SCREENING DECISIONS AMONG TURKISH- AND MOROCCAN-DUTCH WOMEN AGED 30 TO 60 YEARS: A RANDOMIZED INTERVENTION STUDY”

Authors: Nora Hamdiui
Martine Bouman,
Mart Stein,
Rik Crutzen,
Damla Keskin,
Amina Afrian,
Jim Evan Steenbergen,
Maria van den Muijsenbergh,
Aura Timen

Key Words: cervical cancer screening; informed decision-making; web-based intervention; culturally sensitive educational video

Purpose: The objective was to evaluate the effect of a Culturally Sensitive Educational Video (CSEV) on informed decision-making (IDM) regarding cervical cancer (CC) screening participation among Turkish- and Moroccan-Dutch women aged 30-60 years.

Theory: In the Netherlands, especially Turkish- and Moroccan-Dutch women show low CC screening participation and limited IDM in this regard. To meet the needs of these women, a CSEV was developed.

Methods: Following respondent-driven sampling, respondents were asked to recruit a number of peers from their social network to complete a questionnaire. Respondents were randomly assigned to the control- (brochure) or intervention condition (brochure and CSEV). We evaluated the CSEV's added effect on knowledge, attitude, intention, and IDM using intention-to-treat analyses.



Findings: The final sample included 686 Turkish- and 878 Moroccan-Dutch women. Among Turkish-Dutch women, 33.1% of the control- and 40.5% of the intervention respondents consulted the brochure. Among Moroccan-Dutch women, these percentages were 28.2% and 37.9%, respectively. Of all intervention respondents, 96.1% (Turkish) and 84.4% (Moroccan) consulted the CSEV. The CSEV resulted in more positive screening attitudes among Moroccan-Dutch women (74.3% versus 68.4%).
Discussion: Our CSEV resulted in more positive screening attitudes in Turkish- and Moroccan-Dutch women and can thus contribute to informed CC screening decisions.

Abstract ID: EFPC20221531

“EXPLORING THE RELATIONSHIP BETWEEN MENTAL HEALTH AND POST MIGRATION LIFE EXPERIENCES IN ASYLUM SEEKERS AND REFUGEES: A SYSTEMATIC REVIEW AND META ETHNOGRAPHY”

Authors: Alessio Albanese
Kate O'Donnell
Sara Macdonald
Barbara Nicholl

Key Words: Mental Health; Asylum Seekers; Refugees; Post-migration experiences

This systematic review and meta-ethnography aimed to further explore the role of post-migration life difficulties, including access to health care, on the mental health of asylum seekers and refugees. Research has consistently indicated that post migration experiences are a risk factor for poor mental health (Zimmermann et al., 2011). In our study, the extant evidence relating to post migration life difficulties in asylum seekers and refugees, and its impact on mental health was systematically searched using relevant databases and individual key words. These were combined using Boolean Logic. In total, 17 qualitative and mixed-method papers were included in the meta-ethnography. Our findings illustrate that one of the main post-migration difficulties that asylum seekers and refugees encounter in the post migration context is related to the biomedical language of mental health which is often needed to access healthcare support. Importantly, this approach to mental health is often reductionistic for these groups, and fails to meet their needs. To improve this issue, we discuss the need for support services that are co-designed by asylum seekers and refugees, and that are responsive to their complex psychosocial needs.

Abstract ID: EFPC20221532

“Patient experiences with videoconferencing as social contact and follow-up from oncology nurses in primary health care”

Authors: Bente Nordtug
Hildfrid Vikkelsmo Brataas



Lisbeth Ostgaard Rygg

Key Words: Cancer; communication; coping; health care; health psychology

Purpose: The aim of this study was to gain knowledge of cancer patients' experiences of videoconferencing in municipal oncology nurses' follow up and contact with family and peer network.

Theory: Cancer are likely to rise with the aging population. Patients are discharged from hospitals more quickly than before. More effective support for home-dwelling patients seems needed. Cancer patients often have unmet psycho-social support needs. In rural areas, videoconferencing on tablets, smartphones, or computers can be used to maintain social contact with others and be a method in delivery oncology care from psychologists, oncologists, specialized nurses, or others involved in healthcare.

Methods: A qualitative design with interviews of six home-dwelling cancer patients in rural Norway. For three months they participated in a video-conference follow-up by oncology nurses through municipal primary health service.

Findings: Three themes emerged: (1) From skepticism to videoconferencing-enthusiasm; (2) Oncology nurses ensured tablet mastery and delivered close follow-up; (3) Oncology nurses helped ensure general social support using videoconferencing.

Discussion: Oncology follow-up care in rural areas using videoconferencing enhanced the patients' feelings of safety and promoted their quality of life. Videoconferencing involved less strain for patients compared to traveling to meetings or receiving visits from oncology nurses at home. The study demonstrates that such follow-up may provide continuous access to support from expert nurses, be person-centered, and empower patients to define what questions to discuss with oncology nurses at times when they feel in need. Additionally, the aid turned out useful in peer-to-peer support and valuable contact with family.

Abstract ID: EFPC20221544

“LOSS OF EMPATHY IN PRIMARY CARE PROFESSIONALS AFTER COVID PANDEMIC”

Authors: Oscar Garcia-Gimeno
Carlos Bernades-Carulla
Antoni Peris-Grao
Ionut Chiriac

Key Words: Empathy, family doctor, covid pandemic, over prescription, listening

Purpose: Analyze whether family doctors have lost empathy during the pandemic

Theory: Primary Care Teams (PCT) have been overrun by administrative workload reducing face-to-face visits, shifting care to virtual consultations. We feel after two-year pandemic doctors' attitude lost empathy and was substituted by an increased test and drugs prescription.

Methods: Our PCT consists of 13 family physicians, 17 nurses, 5 nurse assistants and 14 health assistants. We used psychometric evaluation(Jefferson scale) to measure empathy dimensions

(cognitive, emotional, putting oneself in patients' shoes). We also analyze evolution of x-ray imaging, benzodiazepines or specific blood tests prescription.

Findings:

Year	Attended patients	Spine Xray	Unnecessary PSA	Unnecessary IBP	Unnecessary statines
2018	54.347	345	11,04	39.7	/
2019	49.996	360	7,93	38.16	0,26
2020	20.765	295	11.14	38,95	0,46
2021	14.211	440	18,79	45,52	13,27

Year	Patients >75ys with inadequate prescription	Patients >18ys with opioids and benzodiazepines	Patients with dementia treatment and antipsychotics for >6 months
2018	62	/	27
2019	367	40	82
2020	360	48	77
2021	384	74	122

Jefferson scale results (n=24)

Family doctors' mean	111,121197
Nurses' mean	111,1846254
Clinical assistants' mean	111,200483
Nurses aids' mean	112,4336283
Male mean	109,1071311
Female mean	112,6814238

Discussion: Our data show a 10 point reduction in Jefferson scale compared to literature (usually over 120), being "putting oneself in patients' shoes" dimension the most affected one. There's a clear increase of spine x-ray, prostate antigen test and excess of prescription of proton bomb inhibitors and statins. We'll proceed in different working lines. First, facilitating more interview time between patients and doctors for those with new or chronic illnesses. Secondly, trying to change this prescription habits following guidelines. At the same time, facilitating some resources such as anti-stress sessions for the professionals. New evaluation will be performed in six months.

Abstract ID: EFPC20221558

"ASSESSING CULTURAL COMPETENCE IN DIETICIANS THROUGH DIRECT OBSERVATION"

Authors: Mirjam Jager
Susanne Leij-Halfwerk
Rob van der Sande

Maria van den Muijsenbergh

Key Words: Cultural competence, dietetic care, direct observation, migrants, assessment

Purpose: To describe the cultural competence of dieticians through direct observation.

Theory: To provide good quality care for migrants, dieticians should be culturally competent. No observation instrument exists to assess the cultural competencies of dieticians.

Methods: The cultural competency of dieticians was observed during 26 consultations with migrant patients. An observation instrument was developed, based on Seeleman's cultural competence model, the Dutch dietetic consultation method and literature. Behaviours were scored on a 3-point scale, and analysed descriptively in SPSS.

Findings: Thirteen dieticians participated, aged 22 to 61 years. Nine were of Dutch, four of non-Dutch origin. Dieticians showed patient-centred behaviours such as listening, asking clear questions and treating the patient as an individual. Formal interpreters were never used. Neither the patient's literacy, nor the patient's understanding of the consultation were checked and the food intake assessment was often incomplete. Visual materials were used infrequently.

Discussion: The developed observation instrument for the purpose of this study is promising to assess cultural competency of dieticians. Further refinements are recommended and validity and reliability should be assessed. There is room for improvement in the cultural competences of dieticians. Use of interpreters, asking about literacy, checking understanding and using visual materials should be trained.

Abstract ID: EFPC20221621

“PALLIATIVE CARE SUPPORT TEAM (PCST) IN ALJARAFE-NORTH SEVILLE PRIMARY HEALTH CARE DISTRICT IN ANDALUSIA. AN INTEGRATED CARE, MULTIDISCIPLINARY AND PEOPLE CENTERED MODEL”

Authors: María del Rocío Hernández-Soto
Luis G. Luque -Romero
Miguel E. Garcia-Linares
Isabel María Mañas-Alvárez
Rocío Aranda-Colubi Carmen Perez-Alcaide

Key Words: Palliative care, integrated, multidisciplinary, people centered model

Theory: WHO in 2021 published that Palliative Care improves the quality of life of patients, families and caregivers. In Andalusia, about 35000 to 60000 people need palliative care every year. This PCST depends on a Primary Care District in Seville province.

Purpose: To describe the activity of the PCST and to evaluate the level of satisfaction of the health workers who receive their support by face to face visits and teaching sessions.

Methods: observational prospective study on patients that have been assisted by the PCST and a transversal descriptive study with an ad-hoc and semi-open designed interview. The target population is every patient in need of palliative care assisted in 2021.

Findings: 334 home visits were developed by PCC health workers and 251 home visits altogether with the PCST. 4500 phone calls and 1300 online communications, 30.4% to patients and families. The PCST has conducted 160 palliative sedations, 237 nursing evaluations, 47 paracentesis, 33 ultrasound examinations and 35 percutaneous endoscopic gastrostomy tube exchanges, at the patients' home. We analysed 200 questionnaires, 52% answered by nurses, 48% by doctors. Of them, 96.5% had at least once contacted with the PCST. 81% of them considered that their intervention had been very effective.

Conclusions: This PCSTs depending on Primary Care District has implement a shared, integrated and person centred model of attention. Being a Primary Care Team guarantees the Integrated, Universal and Equal Attention

Abstract ID: EFPC20221629

“BUILDING BRIDGES BETWEEN COMMUNITY PHARMACY AND PSYCHOSOCIAL CARE: FINDINGS FROM A FLEMISH PROJECT (#CAVASA)”

Authors: Eva Rens
Caroline Hutsebaut
Kris Van den Broeck
Veerle Foulon
Janne Scheepers
Aline Ghijssels
Anita Cautaers
Hilde Deneyer

Key Words: community pharmacy, psychosocial care, community care, unmet needs

Purpose: In Flanders, a project was launched in which community pharmacists were trained to detect (unmet) psychosocial needs and refer these patients to psychosocial care. The feasibility and added value of this new role was evaluated.

Theory: Psychosocial needs are often unmet. As community pharmacists are accessible and locally embedded primary care providers, they are in a good position to detect these needs.

Methods: A total of 70 pharmacists were trained in the detection and referral of psychosocial needs. During the study phase (October 2021 – January 2022), all patient contacts about psychosocial wellbeing were registered. Moreover, pharmacists' experiences and perceptions on the new role were examined using online focus group discussions.

Findings: A total of 79 patient contacts were registered, of whom the majority were middle aged females. Family problems and mental health problems were discussed the most. The pharmacists felt comfortable in this role and see the added value it brings, but time constraints (partly due to COVID-19) were an important barrier.

Discussion: Pharmacists can be valuable partners in psychosocial care by identifying patients with psychosocial needs and directing them to appropriate care. Further efforts should be made to implement local and sustainable collaborations between pharmacists and social workers.

Abstract ID: EFPC20221632

“OPTIMISING THE DEPRESSION PATHWAY ENABLED BY NOVEL DIGITAL ASSESSMENT TECHNOLOGY”

Authors: Melanie Rees-Roberts
Rasa Mikelyte
Eirini Saloniki
Julie MacInnes
Sabrena Jaswal
Rachel Borthwick

Key Words: Depression, primary care, digital technology, multi-disciplinary care

Purpose: Depression care can be enhanced by digital technology with resulting positive impact on recovery. We evaluated a new primary care service in Kent, England optimising care for depression using skilled multi-disciplinary professionals, a range of therapy options and digital technology, i-spero.

Theory: Implementation science using an evidence integration triangle approach.
Methods: Mixed methods, observational study of multi-disciplinary primary care for depression utilising novel digital technology supporting recovery, self- and clinical management. Analysis included context, implementation, resource use; effects on outcomes and experiences. Intervention service users (n=111) were compared to standard care (n=48).

Findings: Significant improvement in symptoms of depression with intervention over time ($p < 0.001$) and compared to standard care ($p = 0.47$) without significant change in wellbeing or anxiety symptoms. Ninety-six percent were happy with the care received, exceeding their expectations compared to standard treatment ($p < 0.001$). The i-spero technology was considered easy to use and most (87%) participants would use it again. The average total cost to the health and social care providers was significantly higher for the intervention (£756.00, SD £511.69) compared to standard care (£239.49, SD £387.34) ($p < 0.001$). Intervention active ingredients were identified.

Discussion: Multi-disciplinary care with digital technology improves recovery from depression, but is associated with higher cost.

Abstract ID: EFPC20221634

“MISSION IMPOSSIBLE? INTEGRATED CARE FOR PEOPLE WITH SEVERE MENTAL ILLNESS AND SUBSTANCE USE DISORDER IN THE COMMUNITY”

Authors: Tor Helge Tjelta
Linda Elise Couëssurel Wüsthoff



17th EFPC Conference Ghent | Integrated Community Care: a new opportunity for Primary Care

Martin Rønningen
Anne Landheim

Key Words: integrated, collaboration, inter-professional, community

Purpose: Study of what inhibits and promotes integrated care for people with severe mental illness and substance use disorder in FACT – Flexible Assertive Community Treatment. FACT is an innovative Dutch service model for people with severe mental illness and often substance use disorder that are implemented in several countries worldwide.

Theory: Integrated care and mission-oriented innovation (MOI).

Methods: Qualitative method with the use of focus group interviews of the FACT team members (primary/secondary health and social care) and thematic analysis.

Findings: The findings will be presented at the conference.

Discussion: The discussion will also be presented at the conference.

Abstract ID: EFPC20221645

“EXPERIENCES AND PREFERENCES OF NURSING HOME RESIDENTS ON PROFESSIONAL ON-SITE ORAL HEALTHCARE IN FLANDERS (BELGIUM)”

Authors: Lynn Janssens
Barbara Janssens

Key Words: oral health, frail older adults, qualitative research, nursing home

Purpose: To evaluate the complex oral health intervention ‘Gerodent’ and to assess the preferences and needs of nursing home residents for their professional oral health care.

Theory: Gerodent is a complex, long-term (6 to 11 years) intervention comprising preventive and curative components, including a mobile dental team visiting each participating nursing home every 6 months. Gerodent aims to offer accessible and affordable professional oral health care for care-dependent frail elderly. Quantitative research has shown a positive effect on the clinical treatment needs of the nursing home residents, and on the knowledge and attitude of the nursing staff.

Methods: Semi-structured face-to-face interviews were conducted with nursing home residents. Interviews were audio-recorded, transcribed verbatim and analysed thematically.

Findings: So far, 9 residents were interviewed (ages 82-98, 65% female). Residents were generally pleased with the oral care provided by Gerodent. If oral health problems should arise, they would like to receive care in the nursing home itself. Transport to a local dentist is difficult to impossible. The speed with which they can be helped and trust in the oral health professional are other determining factors. Residents rely mostly on nursing home staff and second on family to organise professional oral care.

Discussion: Intramural professional oral healthcare is preferred by nursing home residents. This information is valuable at policy level and for the design of oral health services, as intramural professional oral healthcare is still not very common.

Abstract ID: EFPC20221650

“QUALITY OF CHRONIC CARE COMPLETELY ASSESSED: A UNIQUE COMBINATION OF THE CHRONIC CARE MODEL AND CASCADES OF CARE”

Authors: Katrien Danhieux
Veerle Buffel
Philippe Bos
Edwin Wouters
Josefien Van Olmen

Key Words: Chronic care model, Diabetes, Quality of care, Indicators

Purpose and theory: Chronic diseases, such as diabetes, are on the rise, making, accessibility and quality of services paramount. The Chronic Care Model (CCM) provides guidance on how to organise primary care for qualitative care. Although it is a robust model, it mainly measures structure indicators, whereas process and outcome indicators are needed to get the complete picture. Therefore, we will explore whether practices in Belgium, scoring higher on the implementation of the CCM (structure) also score higher on process and outcome indicators, summarized in a cascade of care.

Methods: To measure the quality dimension ‘structure’, the Assessment of Chronic Illness Care (ACIC), based on CCM was completed based on interviews in 66 primary care practices of different organizational types. Health insurance data, including health care and medication use information, and lab data, such as HbA1c values, were obtained for all patients with diabetes of these practices. A cascade of care, following the different steps in a patient journey were constructed based on these data.

Findings: Multidisciplinary and capitation-based practices scored considerably higher than traditional monodisciplinary fee-for-service practices on the ACIC. It is expected that they also score higher on process and outcome indicators, namely having enough consultations, following treatment and reaching the target of HbA1c.

Discussion: In order to have a comprehensive view on quality of care for chronic diseases, it is important to combine all elements of Donabedians model: structure, process and outcome parameters. Only in such a way we can really evaluate effectiveness, efficiency, accessibility and equitability of care and formulate useful and precise recommendations for policy makers and practitioners.

Abstract ID: EFPC20221654

“DESIGN AND EVALUATION OF A TEAM-BASED INTERPROFESSIONAL PRACTICE PLACEMENT: A DESIGN-BASED RESEARCH APPROACH”

Authors: Tony Claeys
Diana H. J. M. Dolmans
Jascha de Nooijer

Key Words: Team-based interprofessional practice placement; design-based research; interprofessional education; interprofessional collaboration; authentic learning

Introduction: Team-based Interprofessional Practice Placements (TIPPs) are innovative training practices. Evidence to substantiate the design of TIPPs is limited. This study explores the design and evaluation of TIPPs to support undergraduate students in gaining a better understanding of the complexity of patient problems in primary care settings and of collaboration within interprofessional teams.

Method: We implemented TIPPs at a University of Applied Sciences, Belgium based on three principles: (1) authentic tasks with real clients, (2) students collaborated in small interprofessional teams, and (3) students were supported by teachers. TIPPs were evaluated using focus groups (N=5) that explored teachers' (N=3) and students' (N=22) experiences. Data were analysed thematically.

Results: Three themes were constructed. First, TIPPs enhance students' understanding of the complexity of clients' problems and what matters to the client. Second, TIPPs support students to value the expertise of interprofessional team members. Finally, to enhance students' learning, TIPPs must strike an appropriate balance between teacher support and student autonomy.

Conclusion: The three design principles used to underpin the TIPPs were viable. Although students reported to receive sufficient support, they also felt this support should have been gradually withdrawn to offer more opportunities for autonomous learning. Teachers reported difficulties in balancing their support.

Abstract ID: EFPC20221655

“CHALLENGES OF PRIMARY CARE FACILITIES IN AUSTRIA REGARDING COMMUNICATION WITH PUBLIC HEALTH AUTHORITIES DURING THE COVID19 PANDEMIC – A QUALITATIVE STUDY”

Authors: Kathryn Hoffmann
Maria Gomez Pellin
Nathlie Szabo
Mira Mayerhofer

Key Words: Primary Care, public health authorities, COVID19 pandemic, Austria, communication

Purpose: Primary Care (PC) is crucial for a proper management of the COVID19 pandemic; simultaneously the pandemic brought up many challenges for Primary Care facilities. One important challenge has been the necessary and, in general, unusual close cooperation with local and national Public Health (PH) authorities regarding e.g. diagnostics, testing, and vaccination.

Theory: Since this high level of co-working between PH authorities and PC facilities was new in Austria, we assumed that a lot of challenges might have come up, which are worth disclosing to learn from.

Methods: A qualitative study design with semi-structured interviews was used. Thirty GPs from different PC facilities all over Austria were interviewed with a special focus to cover both, single-handed practices as well as larger PC facilities. Content analysis was applied.

Preliminary findings: We could find several severe challenges regarding communication from the GPs' point of view. Overall, larger PC facilities were able to maintain communication better because of more staff and, therefore, better distribution of workload. All GPs expressed the common feeling that PH authorities did not fully understand and recognize the value of good communication with PC facilities. In opposite, GPs pointed out that PC was even overseen in several official communication strategy documents.

Discussion: Given the important role of PC in the pandemic, a proper communication strategy particularly between PH authorities and PC facilities would be of high importance and should be implemented immediately.

Abstract ID: EFPC20221657

“THE KEY TO SUCCESSFUL REFERRAL AMONG CARE PROVIDERS TO GROUP CARE IN PRIMARY CARE ORGANISATIONS: FINDINGS FROM A QUALITATIVE EVALUATION”

Authors: Florence Talrich
Katrien Beeckman
Astrid Van Damme

Key Words: group antenatal care, referral, behavior change theory, primary care, pregnancy

Group Care is a new type of prenatal care, based on the principles of the Centering Pregnancy model. Despite the model is well accepted among participants and is associated with positive effects on pregnancy outcomes, a persisting challenge is the recruitment of participants. This is especially the case for primary care organisations offering Group Care, in which the Group Care facilitators depends mostly on other care providers.

The main objective of this study is to understand what determinants are at play for health care providers to refer to Group Care facilitators in primary care organisations. Accordingly, we recommend strategies in order to increase the influx of women in Group Care.

Qualitative findings were obtained from healthcare providers responsible for the referral of women to the Group Care facilitators working in primary care organisations, Group Care facilitators working in primary care organisations and stakeholders indirectly involved in the referral. The domains of the Consolidated Framework for Implementation Research (CFIR) and the Theoretical Domains Framework (TDF) helped to raise awareness of important elements during interviews and thematic analyses.

The finding show that mobilizing referrers in function of Group Care is a complex process that depends on characteristics of the individual (e.g., beliefs, motivation, habits), the organization (culture and structure) and the broader context (financing system and organization of health care, and attitudes in society concerning pregnancy follow-up).

Based on these findings and current literature, we recommend that the Group Care team implement strategies that anticipate relevant determinants: identifying and selecting potential referrers based on their likelihood to refer, customize communication and work approaches according to the referrer, and invest in the personal working relationship.

Abstract ID: EFPC20221660

“HOW DO PRIMARY CARE PROFESSIONALS PERFORM IN BIO-PSYCHOSOCIAL WORKING? A CROSS-SECTIONAL STUDY IN FLANDERS, BELGIUM”

Authors: Muhammed Sirimsi
Dominique Van de Velde
Veerle Buffel
Lies Lahousse
Patricia De Vriendt

Key Words: primary care, integrated care, interprofessional collaboration, bio-psychosocial model

Purpose and theory: Biopsychosocial working helps caregivers to combine biological and psychosocial components of illnesses, and improves the relationship between caregivers and their patients. In this research, we aimed to evaluate if and to what extent Flemish primary care (PC) professionals work in a bio-psychosocial way.

Methods: A cross-sectional online survey was performed among Flemish PC, between June and September 2020, using the bio-psychosocial scale (BPSS), consisting of five subscales (networking, using the client's expertise, assessment and reporting, professional knowledge and skills, and using the environment). Additionally, data on sociodemographic and job characteristics were collected.

Findings: In total, 591 caregivers (male: 21.83%, female: 78.17%) participated in the survey: 27.85% medical (general practitioners, pharmacists), 23.82% care and cure (nurses/midwives, dietitians, care/practice assistants), 28.55% rehabilitation (physiotherapists, occupational therapists, dietitians, speech therapists, podiatrists, audiologists), and 19.79% psychosocial professionals (psychologists, social workers). In addition, three types of settings (solo:26.35%, multidisciplinary:26.95%, and monodisciplinary:46.71%) and two payment models (salaried professionals: 47.12%, and self-employed: 52.88%) were distinguished.

For BPSS total score, medical professionals scored significantly better than the rehabilitation (2.17 versus 2.02; $p=0.003$) and the psychosocial professionals (2.17 versus 1.94; $p=0.001$). For networking, the rehabilitation professionals scored significantly better than the psychosocial (2.14 versus 1.91; $p=0.046$), and the care and cure professionals (2.14 versus 1.84; $p= <0.001$). For using the client's expertise, the medical professionals scored significantly better than rehabilitation professionals (2.00 versus 1.76; $p=0.012$) and psychosocial professionals (2.00 versus 1.74; $p=0.008$). Caregivers working in a solo practice scored significantly better for networking than caregivers working in a multidisciplinary setting (2.20 vs 2.06; $p= <0.001$). Additionally, self-employed professionals scored significantly better for networking than salaried employers (2.09 vs 1.84; $p= <0.001$).

Discussion: We identified significant differences between several groups of caregivers regarding the BPSS and its subscales in an unexpected way. Further research is needed to gain more insights into the explanation of these results.

Abstract ID: EFPC20221661

“HOW DO PRIMARY CARE PROFESSIONALS PERFORM IN INTERPROFESSIONAL TEAM COLLABORATION? A CROSS-SECTIONAL STUDY IN FLANDERS, BELGIUM”

Authors: Muhammed Sirimsi
Dominique Van de Velde
Veerle Buffel
Lies Lahousse
Patricia De Vriendt

Key Words: primary care, interprofessional collaboration, integrated care, teamwork

Purpose and theory: Interprofessional collaboration is considered a necessary strategy to overcome issues when treating persons with chronic diseases. In this study, we aimed to measure how Flemish primary caregivers collaborate in an interprofessional way.

Methods: A cross-sectional survey of the Flemish primary care professionals was performed using the Assessment of the Interprofessional Team Collaboration Scale (AITCS) consisting of three subscales (partnership, cooperation, and coordination). In addition, sociodemographic and job characteristics were asked for. Data were collected between June and September 2020 through online questionnaires in Dutch.

Findings: In total, 156 caregivers (male: 21.79%, female: 88.21%) participated in the study of which 30% were medical professionals, 28% care and cure professionals, 25.33 % rehabilitation professionals, and 16.67% psychosocial professionals.

We found that self-employed caregivers (33.77% of the sample) scored significantly higher than salaried employers (66.23%) on the AITCS total score (2.66 versus 2.27; $p < 0.001$), and its subscales: partnership (2.72 versus 2.23; $p < 0.001$) and coordination (3.09 versus 2.52; $p < 0.001$). In addition, no significant differences were observed between genders, and the four groups of caregivers.

Discussion: Although we expected to see significant differences between the different groups of caregivers regarding the AITCS and its subscales, surprisingly self-employed caregivers scored significantly better than salaried employers. Further research is needed to explain these unexpected results.

Abstract ID: EFPC20221663

“SMILING IN THE RAIN: FOSTERING AGENCY AND ENHANCING WELLBEING FOR ASYLUM-SEEKING MOTHERS AT A COMMUNITY-BASED PSYCHOSOCIAL SUPPORT PROGRAM”

Authors: Yufei (Mandy) Wu
Gabriela Peterson
Els Rommes
Rachel Kronick

Key Words: asylum seekers; community-based psychosocial program; agency; wellbeing

Purpose: Asylum seekers experience higher degrees of psychological distress compared to other migrants (Beiser et al., 2017), because of the fundamental psychosocial pillars that were disrupted during their forced migration process (Silove, 2013). Community-based services have demonstrated potential in mitigating distress and enhancing well-being through providing culturally safe psychosocial support to asylum seekers (Chase et al., 2018). However, few studies have examined how such programs may support asylum-seeking mothers' capacity to exert agency, as a way to enhance their wellbeing.

Theory: The current study aims to explore 1) how asylum-seeking mothers re-establish their sense of agency during resettlement in Montreal and 2) how attending a community-based psychosocial support program may foster agency and wellbeing?

Method: Based on an ethnographic approach, the current study will use i) semi-structured interviews with asylum-seeking mothers; ii) participant observation (fieldnotes) during program activities.

Findings: Preliminary results indicate that asylum-seeking mothers are agentic individuals who have the capacity for meaning-making and use resources creatively to enhance their mental wellbeing, despite facing systemic barriers. The community-based psychosocial support program supports their agency and wellbeing by restoring psychosocial pillars through informational empowerment, service navigation, and fostering a sense of belonging and purpose.

Discussion: By better understanding mothers' agency and which elements of participation in a community-based program can enhance their capacity as agentic actors, service providers and clinicians may gain insight into how to better support the mental health of this vulnerabilized population.

Abstract ID: EFPC20221666

“CARE FOR HEALTH CARERS: HEALTHCARE SPECIALISTS' WORKABILITY AND CHRONIC DISEASE MANAGEMENT”

Authors: Kristina Ziuteliene
Ida Liseckiene
Rita Raskeviciene

Key Words: work ability, healthcare specialists, chronic disease, occupational health

Purpose: To evaluate and compare changes in workability and chronic disease course through introducing a new occupational health care model for healthcare specialists.

Theory: Healthcare specialists' work ability and being enabled to tend to patients' needs directly correlates to healthcare service provision and public health outcomes. A tendency to undermine their own health needs consequently results in distorted work ability and compromised longevity in labor market. In our study, we seek to introduce, test, and evaluate a new model of occupational health care through the collaboration of primary care physicians and occupational health physicians.

Methods: Single-blind, randomized control trial. Duration of enrolment is set for 12 months. Patients will be divided into two groups. The control group will receive usual care from their family physician and usual occupational health check-up whereas the test group will undergo a new protocol of care with the intervention from an occupational health physician. Each group will fill in questionnaires and have tests performed at the beginning and at the end of the 12-month period. Primary endpoint is the difference in workability and chronic disease control between the two groups.

Findings: the study is set to be launched in June 2022 - no immediate data is available yet.

Discussion: the findings of this study are expected to reveal the scope and prevalence of chronic disease burden among the healthcare specialists and workability rates, indicate if a change, introduced through occupational healthcare provision, will help to achieve better chronic disease management and workability results.

Abstract ID: EFPC20221667

“PERSPECTIVES, STRATEGIES, AND CHALLENGES TOWARDS PUTTING PATIENTS’ GOALS FIRST THROUGH THE EYES OF PRIMARY CARE STAKEHOLDERS”

Authors: Reini Haverals
Dagje Boeykens
Pauline Boeckstaens
Dominique Van de Velde
Patricia De Vriendt

Key Words: Goal-oriented care; chronic care, primary care stakeholders; patients' goals

Purpose: This study aims to explore the perspectives of primary care stakeholders towards putting patients’ goals first, the strategies they therefore use, and the challenges they encounter.

Theory: Primary care is in constant transformation to address emerging challenges like the increasing number of chronic conditions posing questions on how to optimize care delivery. One of the suggested strategies is a focus on patients’ goals to reorient care delivery back from the diseases to the persons.

Methods: Primary care stakeholders (n=41) - recruited via maximal variation purposive sampling-participated in six focus groups. Data were collected through a semi-structured interview guide, audio recorded, and analyzed following a phenomenological-hermeneutical philosophy of Lindseth and Norberg.

Findings: The participants reported that they intrinsically created room towards their patients to explore what is important for them. They also informed patients about the options of their goals to strive for the best quality of life, involved informal caregivers and the social environment of the patient to value everyone’s role during the care process, and integrated the patients’ goals during interprofessional goals. However, to engage patients’ in sharing their goals and being able to put the patients’ goals first, the participants mentioned that they have to acquire skills to elicit them and organizational transformations have to occur prior to sustainable putting patients’ goals first.

Discussion: The participants showed an open attitude to put patients’ goal first. To do so, they integrated insights of the one-on-one conversations they had with their patients, the perspectives of



informal caregivers, and the interprofessional team. However, challenges were detected in the area on the personal level of the provider and the organizational level.

Abstract ID: EFPC20221668

“EXPERIENCES OF PEOPLE LIVING WITH CHRONIC CONDITIONS AND THEIR INFORMAL CAREGIVERS TOWARDS PRIMARY CARE IN FLANDERS”

Authors: Dagje Boeykens
Muhammed Mustafa Sirimsi
Lotte Timmermans
Maja Lopez Hartmann
Dominique Van de Velde
Patricia De Vriendt

Key Words: chronic illness; lived experiences; nursing practice; phenomenological-hermeneutical; primary care; qualitative study.

Purpose: Gaining insight in how people living with chronic conditions experience primary healthcare within their informal network.

Theory: The primary healthcare system is challenged by the increasing number of people living with chronic conditions. To strengthen chronic care management, literature and policy plans point to a person-centred approach of care (PCC). A first step to identify an appropriate strategy to implement PCC is to gain more insight into the care experiences of these people and their informal caregivers.

Method: In-depth, semi-structured interviews with people living with chronic conditions and informal caregiver dyads (PCDs) (n = 16; 32 individuals) were conducted. An open-ended interview guide was used to elaborate on the PCDs' experiences regarding primary care. A purposive, maximal variation sampling was applied to recruit the participants. The interviews were analyzed using a phenomenological-hermeneutical philosophy.

Results: Based on sixteen PCDs' reflections, ten themes were identified presenting their experiences with primary care and described quality care as listening and giving attention to what people with chronic conditions want, to what they strive for, and above all to promote their autonomy in a context wherein they are supported by a team of formal caregivers, family and friends.

Discussion: To meet the PCDs' needs, self-management should be addressed in an interprofessional environment in which the PCD is an important partner. The findings may facilitate a shift to encourage PCDs in their strengths by enabling them to share their personal goals and by working towards meaningful activities in team collaboration.

Abstract ID: EFPC20221669

“WHEN PROFESSION MEETS THE SYSTEM - IDEALS AND REALITIES IN HOME-BASED CARE. A PHENOMENOLOGICAL HERMENEUTIC STUDY”

Authors: Bodil Brenne
Kari Ingstad
Marianne Hedlund

Key Words: Home care Nursing, New Public Management, Organizational work, Primary Care, Tacit knowledge

Purpose: To explore how nurses’ professional standards maintains and develops in home-based care with a purchaser/ provider approach organization.

Theory: Many Norwegian municipalities organize home care services according to a purchaser/provider model, which splits the provision and administration of home healthcare services into two separate units. This model does not address how the content of the decisions is understood and implemented according to nurses’ professional standards.

Methods: The study has an inductive design with empirical data collected from in- depth interviews of 15 registered nurses in four Norwegian municipalities.

Findings: The analysis led to three main themes. Challenges lie in the fact that decisions made for health and care services are not directly related to the actual problems that the provider of health services encounters in the complex reality of practice.

Discussion: The nurses exercise great freedom and professional autonomy despite detailed work lists. Shadow work” includes a lot of invisible work which is not ordered explicitly. However, shadow work is crucial for practicing holistic nursing care. According to the nurses’ professional standards, professional judgment seems to trump the prescribed work lists due the complexities they encounter.

Abstract ID: EFPC20221673

“GENERAL HEALTH AND WORKING CONDITIONS OF FLEMISH PRIMARY CARE PROFESSIONALS”

Authors: Veerle Buffel
Mustafa Muhammed Sirimsi
Patricia De Vriendt
Dominique Van de Velde
Lies Lahousse

Key Words: primary care sector, health professionals, general health, working conditions, quality of employment

Purpose and theory: The quadruple aim explicitly includes ‘health and wellbeing of the care team’ as an important requirement for the care of patients. Therefore, in this study we examined working

conditions and health status of health and social care professionals active in the primary care (PC) in Belgium (Flanders), and how these are interrelated.

Methods: Flemish PC professionals were surveyed between May and September 2020. For the operationalization of quality of employment, the theoretical framework outlined by Eurofound was used. We performed logistic regression analyses to study the relations between working conditions and general health (measured with self-reported health) of PC professionals.

Results: The sample consists of 1033 PC professionals, and among them, 90% reported having a good health. Quality of employment was high, in particular regarding job security and supportive relations with colleagues (respectively 4.19[0.89] and 4.29[0.69] on scales from 1 to 5). Almost 28% of PC professionals worked 40 hours or more a week and a lot of them (38.5%) reported having a quite poor work-life balance. A good health was more likely among the youngest age group (vs. middle aged 36-50y), those with university studies, general practitioners, those working in a multidisciplinary group and with a fee-for-service system. All dimensions of employment quality, and especially supportive relations with colleagues and job recognition, were positively related to general health.

Discussion and conclusion: The PC sector is unique in its working conditions and differs in financial and organizational settings. Despite work-life balance was often reported poor, working conditions were perceived in general relatively well, potentially driven by high job security, proper rewards or specific career opportunities for some specific professions active in the PC sector.

Abstract ID: EFPC20221674

“POWERFUL LEARNING ENVIRONMENTS FOR PRIMARY CARE”

Authors: Tony Claeys
Leen Van Landschoot
Hilde Vandenhoudt
Becky Noyens

Key Words: Education - undergraduate - primary care - learning environment

Purpose: A large number of students we educate in the field of health and welfare care end up working as professionals in primary care. The current pandemic has given Primary Care more attention and enabled it to prove its prominent role within health care. An important step in strengthening Primary Care is to train future health and welfare professionals for this role, thereby giving them increased educational responsibilities. Numerous initiatives have been launched in the meantime to meet this educational need. However, it remains unclear what a powerful learning environment might look like that prepares students for a powerful primary care role. In addition to designing powerful learning environments for Primary Care, educational institutions find it difficult to implement this within the existing curriculum.

Method: In this presentation, we give an overview on the design elements needed to design a powerful learning environment for Primary Care and discuss a number of characteristics in order to arrive at some basic conditions for organizing powerful learning environments for undergraduate students. We will also present on how these basic components can be implemented within a curriculum with the presentation of some good practices that meet innovative ways of teaching and the existing literature.

Theory: The content of this presentation is inspired by recent research from the Primary Care Academy, Belgium. The presentation will provide educational institutions and the involved teachers with a theoretical framework and practical tools to design and implement education specifically for Primary Care within the curriculum of health and welfare students.

Abstract ID: EFPC20221675

“GENERAL PRACTITIONERS’ PERSPECTIVES ON PRIMARY CARE WITHIN HEALTH SYSTEM REFORMS: A THEMATIC SYNTHESIS”

Authors: Mohammed Alyousef
Corina Naughton
Colin Bradley
Eileen Savage

Key Words: General Practitioner (GP) , Primary Care, Health Services Accessibility, funding, Health Care Delivery, Integrated care, Health Care Reform

Purpose: Globally, many countries are undertaking health system reforms to increase the emphasis on primary care (PC) and shifting care into the community. The aim of this study to undertake on evidence synthesis on GPs’ perspectives on PC services within the context of health system reform.

Method: A systematic search was conducted in the electronic databases CINAHL and MEDLINE. The thematic-synthesis was guided the framework outlined by Thomas and Harden (2008). This entailed line-by-line coding, identification of descriptive themes and analytical themes.

Theory : General practitioners (GPs) engagement is core to the delivery of services related to PC reform.

Findings: Three overarching themes were identified from the synthesis of the literature reporting on GPs’ perspectives:

- Health system reform: lack of integrated and co-ordinated services
- Funding primary care: competition versus collaboration
- GP engagement in shaping primary care reform.

Discussion: The findings indicate that the key areas of reform that GPs viewed as important to the services they provided were: integrated care between PC and secondary services and other services such as community and welfare services; funding that fostered collaboration rather than competition; and GP engagement in policy decision making regarding PC reform. The GPs believed it is necessary to address these challenges to support changes in PC system and reform. The study indicates that GPs need stronger representation, dialogue and relationships with other healthcare providers and policy makers to strength and accelerate PC reform.

Abstract ID: EFPC20221676

“ENVIRONMENTAL SCAN OF ORGANIZATIONS IN QUEBEC OFFERING NURSING CARE TO PEOPLE WITH HOMELESSNESS”

Author: Marion Lazarovici

Key Words: Primary Care, accessibility, nursing care models, nurse-led innovations

Purpose : Although accessibility to primary care is a public health priority, access to these services remains a challenge for homeless people. To address this problem, initiatives involving nurses have emerged. However, little is known about the role and level of autonomy of the nurses within these organizations and these last have not yet the subject of a review.

This project aims to draw a portrait of the organizations offering nursing care to homeless people in the province of Quebec.

Theory : The objectives are to identify these organizations, to group them according to their primary care model and to analyze the degree of nurse’s autonomy in each of them.

Methods : A scan environment was carried out. The structure of organizations, their sources of financing, as well as the partners involved are elements that have been compiled.

A particular attention was paid to the place of the nurse within the organization as well as her level autonomy. These two aspects have been documented based on the analysis of governance structures.

Findings : The results are based on a comparative analysis according to a typology of existing primary care models.

Discussion : This research could be useful for actors who would like to offer health care for marginalized people.

Abstract ID: EFPC20221678

“EXPLORING EVALUATIVE PRACTICE WITHIN MULTIDISCIPLINARY PRIMARY CARE TEAMS: THE CASE OF BELGIAN COMMUNITY-ORIENTED PRIMARY CARE”

Authors: Madeleine Capiou
Thunus Sophie
Macq Jean

Key Words: Evaluation practice, community oriented primary care, qualitative research

Purpose: The purpose of this qualitative research is to describe and analyze the evaluation practice used by a particular type of multidisciplinary primary care team: community-oriented primary care (COPC). More specifically, the research has two main objectives. The first objective is to describe the evaluative practices of COPC. The second objective is to map evaluative practices against contextual factors.

Theory: Multidisciplinary primary care teams are increasingly being asked to evaluate themselves, whether in terms of their organization, services, activities or care practices. While evaluation is

increasingly seen as important, little is known about how multidisciplinary primary care teams practice evaluation on a daily basis.

Methods: We use a qualitative design, using semi-structured interviews with healthcare practitioners working in different COPC in French-speaking Belgium. We have already conducted interviews with 17 COPC practitioners.

Findings: Preliminary findings show that healthcare practitioners are engaging in all kinds of evaluation activities. We hypothesize that evaluation practices in COPC are characterized by a different use of evaluation modalities depending on factors at the individual, organizational, teamwork and external levels.

Discussion: By better understanding evaluative practices within COPC and the determinants that contribute to them, the results of the study help us develop strategies to support evaluative practice.

Abstract ID: EFPC20221679

“INTEGRATED PRIMARY CARE TEAMS CAN IMPROVE PATIENT ACCESSIBILITY”

Authors: Arnaud Duhoux
Damien Contandriopoulos
Martin Sasseville
Émilie Dufour

Key Words: Integrated care; primary care; Accessibility; PREM; Administrative data

Purpose: To assess the accessibility of primary care for patients who have an IPCT as their primary source of care with PREM and administrative data.

Theory: Integrated Primary Care Teams (IPCTs) have four key characteristics (intensive interdisciplinary practice; advanced nursing practice with an expanded role; group practice; increased proximity and availability) aimed at strengthening primary care in Quebec, Canada.

Patient Reported Experience Measures (PREM) provide patient-centered measures that allow for the capture of quality dimensions that are important to patients but that are not captured by other data sources usually used in health services research such as administrative data.

Methods: We used a quasi-experimental longitudinal design based on a pre and-post administered survey at a 2-year interval. Patients who used an IPCT as their primary source of care were recruited during a consultation received in one of the participating IPCT. They completed a self-administered questionnaire at inception and two years later. We measured 5 PREM including 5 dimensions of patient-reported accessibility. We also used their administrative data to measure accessibility indicators.

Findings: A total of 1473 patients completed both the pre- and post-surveys. Results showed that patients who were newly registered with an IPCT had a significant increase in reported accessibility and a significant decrease in emergency room use.

Discussion: Our results suggest that the IPCT model is tailored to the needs of its target populations, resulting in improved accessibility. These results imply that broader implementation of innovative and flexible community-based care models should be considered by policymakers.

Abstract ID: EFPC20221684

“FACILITATORS AND BARRIERS TO MANAGING PEOPLE WITH ILLICIT SUBSTANCE USE DISORDER IN FAMILY PRACTICE? A QUALITATIVE STUDY AMONG BELGIAN GENERAL PRACTITIONERS.”

Authors: Imane Hafid
Lou Richelle

Key Words: illicit substance users, general practitioners, qualitative research, stigma

Purpose: What are facilitators and barriers to manage people with illicit substance use disorder in family practice?

Theory: Some general practitioners (GPs) are not willing to provide care to people with illicit substance use disorder. These patients need better access to primary care, especially the most vulnerable: migrants, women and people who inject drugs.

Methods: Semi-structured interviews were conducted with 33 GPs in the French part of Belgium between 2019 and 2021. Grounded theory was used to analyze emerging themes as stigma, professional career, philosophy of care and difficulties in taking care of these patients.

Findings: 4 types of GPs were identified: “refusal” GPs, “no-choice” GPs “inclusive” GPs and “involved” GPs. “Refusal” GPs had a lot of stigma and negative attitudes towards these patients. “No-choice” GP’s were characterized by a lack of knowledge about substance disorder treatment. “Inclusive” GP’s were driven by health equity. “Involved” GPs were very concerned about these patients and the public health problem of illegal substance use. “Inclusive” and “involved” GPs were also conscious of specific health needs of this population.

Discussion: Stigma, lack of knowledge, collaboration between the different health providers and accessibility to mental health care were the main barriers for GPs to manage illicit substance use. Improving emotional skills and training on the biopsychosocial model of addiction could make a great change.

Abstract ID: EFPC20221685

“OUT-OF-HOURS PRIMARY CARE: WHAT HAS 25 YEARS TAUGHT US?”

Authors: Kate O'Donnell
Tim Martin
Hamish Foster
Keith Moffatt
Sara Macdonald

Key Words: Out-of-hours; After hours; Service delivery; Service organisation

Purpose: Out-of-hours (OOH) primary care operates when routine practice is closed. Like daytime services, it faces increasing demand and multiple service models in different settings. We aimed to identify the scope of international literature exploring the delivery of OOH services, impact on other services, staff and patient perspectives.

Theory: A whole system approach, identifying research at macro, meso and micro levels.

Methods: Systematic scoping review informed by PRISMA criteria; bibliometric analysis of identified literature using VOSviewer. Six databases searched from 1995 to March 2022. Screening and data extraction conducted by two reviewers using a priori inclusion/exclusion criteria. Research topics and methods assigned to pre-defined categories.

Findings: We identified 551 articles published from 1996 onwards. Most research was located in Europe and UK. GP cooperatives are predominant model of care studied. Quantitative research on demand, use and outcomes is most common; work on patient views and on quality of care also features. There is little work on care for marginalised or complex patient populations. Bibliometric analysis shows few connections across research groups in the field.

Discussion: Much research conducted over the past 25 years focuses on demand, use and outcomes. Newer models of care are under-evaluated; shared learning across groups is sparse.

Abstract ID: EFPC20221686

“THE EQUITY IMPLICATIONS OF CONTACT TRACING IN A PANDEMIC.”

Authors: Kate O'Donnell
Sara Macdonald
Susan Browne
Alessio Albanese
David Blane
Tracy Ibbotson

Key Words: COVID-19; equity; digital tools; marginalised populations

Purpose: Digital contact tracing has been an important public health strategy during the COVID-19 pandemic. We aimed to explore the views of groups often excluded from such developments and their views about the potential for contact tracing to exacerbate inequalities.

Theory: Analysis was guided by the PROGRESS framework, which addresses equity by considering place of residence, race/ ethnicity/culture/language, occupation, gender/ sex, religion, education, socioeconomic status, and social capital.

Methods: A qualitative study; interviews with key informants from organisations supporting people in marginalised situations followed by interviews and focus groups with people recruited from these groups.

Results: 42 people participated: 13 key informants and 29 members of the public. While public participants were supportive of contact tracing, key informants raised particular concerns. Barriers included finances, language and trust. One strength was that NHS Scotland, the data guardian, is seen as a generally trustworthy organisation. Poverty was a key barrier to people's ability to self-isolate if required. Some participants were concerned about giving contact details for people who might struggle to self-isolate for financial reasons.



Discussion: Contact tracing and associated digital tools have clear barriers for marginalised populations. Future pandemic planning needs to acknowledge and address these barriers.

Abstract ID: EFPC20221689

“CONTEXTUAL FACTORS AND THE ROLE OF PRIMARY CARE NURSES WITH PATIENTS WITH CHRONIC WOUNDS CARED FOR IN THE COMMUNITY”

Authors: Lucía Alvarez-Irusta
Thérèse Van Durme
Jean Macq

Key Words: "primary care nurses" "chronic wounds" "continuity of care" "complex situations"

Purpose: This presentation aims to share an approach of analysis of care contexts. In these contexts, nurses and other primary care providers are involved in the care of patients with chronic wounds, cared for at home and living in complex situations.

Theory: In Europe, people with chronic wounds are mostly cared for at home by nurses and other primary care providers. Chronic wounds are generally associated with age, the presence of chronic diseases and vulnerability, creating multiple needs. This means that many care providers may be involved in their care, which can jeopardise the continuity of care. The combination of patient-specific factors and the interaction with multiple providers creates very different care contexts, with specific resources and barriers. Because of these interactions of multiple factors, the situation can be described as complex.

Method: We collected stories from care providers (mostly nurses) through interviews and work groups in a workshop. These stories are based on the participants' experiences in various contexts of home care of people with chronic wounds. In view of the complexity of the situations but also of the materials, we opted for a realist approach (identifying different hypotheses in the form of context-mechanisms-outcomes).

Findings: The analysis identified hypothetical relationships between interprofessional collaboration and patient-specific factors and the role of nurses that impact on relational, clinical and organisational continuity.

Discussion: Contextual factors seem to shape the role of primary care nurses, restricting or expanding their potential for action.

Abstract ID: EFPC20221690

“DAILY MEANINGFUL ACTIVITIES AND THE ASSOCIATION WITH MENTAL HEALTH DURING THE FIRST COVID-19 LOCKDOWN.”

Authors: Ellen Cruyt
Patricia De Vriendt

Dominique Van de Velde

Key Words: Covid-19, mental health, meaningful activities

Purpose: To identify correlates of adults' mental health during the COVID-19 lockdown in Belgium and to assess the role of meaningful daily activities in particular.

Theory: Engagement in daily meaningful activities (MA) is significantly associated with morbidity, mental health, and even mortality, regardless age. The Covid-19 measures had not only a big impact on the infected patients but also on the healthy people who had to deal with strict measures and lockdown in which they had to give up or adapt their activities.

Methods: A cross-sectional web survey was conducted (N=1781) between April 24 and May 4, 2020, to obtain a view on the mental health (General Health Questionnaire), resilience (Connor-Davidson Resilience Scale), and changes in the occupational repertoire (Engagement in Meaningful Activities Survey) in Belgian citizens. Hierarchical linear regression was used to identify key correlates.

Findings: Participants reported low mental health (M = 14.85/36) and loss of meaningful occupations was strongly correlated to mental health ($\beta = -.36$), explained 9% incremental variance (R² change = .092, $p < .001$) above control variables indicating that occupations are an important contributor to health and well-being.

Discussion: The extent of performing meaningful activities during the COVID-19 lockdown in Belgium was positively related to adults' mental health. Insights from this study can be taken into account during future lockdown measures in case of pandemics. With a view to prevention and goal-oriented care in primary health care, mapping the meaningful activities of the client to set goals is recommended.

Abstract ID: EFPC20221691

“STIMULATING AND INHIBITORY FACTORS FOR COOPERATION AROUND CARE AND WELLBEING IN TOWNS AND CITIES”

Authors: Sam Pless
Jasmine Buntinx

Key Words: Primary care, community care, caring neighborhoods

Purpose: To identify the stimulating and inhibitory factors for cooperation around care and wellbeing in towns and cities.

Theory: We use a wide variety of concepts and theories concerning cooperation, teamwork, organisations, networks, ecosystems, ...

Methods: A multiple case study design was used to explore the factors in one town and three cities, questioning more than 130 actors through survey, interviews, focus groups and collaborative brainstorming. Most actors were professionals from the healthcare or social sector, but actors from 'atypical' sectors as well as informal actors were also involved. The data was analysed thematically.

Findings: We found that cooperation is often of a limited intensity (referrals), frequency (monthly or less) and diversity (both within and across sectors, especially with 'atypical' sectors and informal actors). Stimulating factors include having a shared goal, complementary expertise, trust, good

communication, ... Inhibitory factors range from historical fragmentation over legal and financial regulations to practical limitations and self-interest. The complexity and dynamics of the cooperation context (market, organisation, network, ecosystem) also play a big role.

Discussion: The study sheds light on stimulating factors than can be strengthened, and inhibitory factors that are to be dealt with by policymakers, professionals and other stakeholders.

Abstract ID: EFPC20221692

“INTERPROFESSIONAL TEAM MEETING IN MULTIPROFESSIONAL PRIMARY CARE HEALTH CARE CENTRES. A QUANTITATIVE DESCRIPTIVE STUDY IN FRANCE.”

Authors: Aline Ramond-Roquin
Laure Fiquet
Matthieu Peurois
François-Xavier Schweyer
Sébastien Fleuret
Renaud Gay

Key Words: interprofessional collaborations; teamwork ; primary care ; clinical situations

Purpose: To describe interprofessional team meetings in French primary care centres (PCC) and to explore differences between PCCs

Theory: Very little is known about interprofessional work in French PCCs although it is considered critical for quality of care.

Methods: Quantitative descriptive study based on interprofessional team meetings reports in 8 French PCC (2018 and 2019). Patients' characteristics, clinical situations (using the International Classification of Primary Care -3) and professionals involved were systematically extracted, described then compared between teams.

Findings: 1733 patients' situations were described where the average patients' age was 52.1 years (\pm 26.1), varying from 41.7 (\pm 24.1) to 80.2 (\pm 10.0) according to the PCCs. 59.8% were women, 35.3% were retired, 93.7% lived at home. Clinical situations could be described in 1575 reports where a psychological, social or functional dimension were found in 395 (25.1%), 385 (24.4%) and 247 (15.7%) situations, respectively. 682 (43.3%) situations were coded with several ICPC-3 codes and situations significantly vary between PCCs. The average number of professionals participating in meetings was 5.0 (\pm 3.8), varying from 2.3 (\pm 1.2) to 9.5 (\pm 0.9) according to the PCCs, general practitioners and nurses being the professionals most frequently involved.

Discussion: Teams of French PCCs address varied and complex patients' situations during interprofessional meetings. Further analyses will explore whether differences between teams relate to characteristics of the territory / population deserved.

Abstract ID: EFPC20221693

“EXPLORING THE POTENTIAL OF DIGITAL NEIGHBOURHOOD PLATFORMS FOR HEALTH AND SOCIAL CARE PROFESSIONALS IN NEIGHBOURHOODS”

Authors: Sam Pless
Tine Vynckier

Key Words: Primary care, community care, caring neighbourhoods, digital neighbourhood platforms

Purpose: Digital neighbourhood platforms (e.g. Hoplr, a facebook neighbourhood group) could enable healthcare and social professionals to respond to needs with the help of the community. This study explores whether if, when and how this is possible, and which adjacent measures could help realize the potential.

Theory: This study uses concepts and theories related to integrated care, cooperation, community care, etc

Methods: A case study design was set up to explore the opinions and needs of health and social professionals in six different rural and urban communities. An explorative online survey is ongoing, which will be supplemented with in-depth interviews. The data will be analysed thematically, using existing concepts and theories.

Findings: Preliminary data shows a knowledge and skills gap regarding the use of these platforms in practice as well as a lack of time and financing. Aligning digital platforms and actual neighbourhood communities is also identified as a key challenge. Nevertheless, several organisations (home nursing) and networks (primary care network) are experimenting with ways to incorporate these platforms in everyday care.

Discussion: The potential of digital neighbourhood platforms for health and social care is real, but requires substantial investments and developments on the policy, organisational, community and individual level.

Abstract ID: EFPC20221694

“ORGANIZATIONAL ADAPTATIONS OF FRENCH GENERAL PRACTITIONERS (GP’S) IN MAY 2020 FOR PATIENTS (POTENTIALLY) HAVING A COVID-19 INFECTION: A NATIONWIDE DECLARATIVE STUDY”

Authors: Aline Ramond-Roquin
Tiphonie Bouchez
Yann Bourgueil
Julien Lebreton
Sylvain Gautier

Key Words: Organizations; primary care; general practitioners; COVID-19; interprofessional teamwork

Purpose: To describe patterns of adaptations of French GPs in May 2020 for patients (potentially) having a COVID-19 related infection and to identify factors associated with.

Theory: Better knowledge on adaptations of French GPs during COVID-19 pandemics may be useful to policymakers to face future crises.

Methods: A nationwide survey was conducted amongst GPs by a primary care interdisciplinary network (ACCORD) in May 2020. A typology based on adaptations for patients (potentially) having a COVID-19 infection was created, using a multiple correspondence analysis and a hierarchical ascendant classification. Then a multivariate multinomial logistic regression model was undertaken, using typology as dependent variable and individual and organizational factors as independent variables

Findings: Questionnaires from 3068 GPs (mean age 46,6 years; 55,2% women) were included (5.8% of French GPs) and classified into 4 categories: 1970 (64,2%) GPs autonomously adapted their organization, while 488 (15,9%) relied on interprofessional teamwork; 156 (5,1%) collaborated with hospitals and 454 (14,8%) worked with COVID-19-dedicated care centers. Except for age, significant variables in the model were related to organizational factors, including type (alone / monodisciplinary / multidisciplinary), size of practice and usual local partners.

Discussion: Our results reveal high heterogeneity in GPs adaptations during COVID-19 pandemics which mainly relates to organizational factors. Despite some selection bias, our results provide original data that may be useful to better face future crises.

Abstract ID: EFPC20221695

“INVOLVED ACTORS’ UNDERSTANDING OF COMMUNITY PARTICIPATION AND EMPOWERMENT IN THE CONTEXT OF THE CASE DELLA SALUTE IN EMILIA-ROMAGNA REGION, ITALY”

Authors: Daniela Luisi
Kerstin Hämel

Key Words: Community participation, community health centres, Italy, community empowerment, primary health care

Purpose: Emilia-Romagna region in Italy implemented CHCs called “Casa della Salute” (CdS) which are encouraged to promote community participation and community empowerment (CP&CE). The aim of this qualitative study is to analyse which understanding of CP&CE emerges with the setup of participatory approaches between communities and the CdS.

Theory: CP&CE were identified as key factors for strengthening democratic, people-centered primary health care.

Methods: We conducted 19 semi-structured interviews, lasting 1-3 hours, with a) professionals from or collaborating with the CdS, b) local/regional stakeholders like health authorities, voluntary organisations, c) key informants on development of CP (e.g. researchers, managers). We analysed our data using qualitative content analysis.

Findings: We identified four themes: a) CP as multifaceted dialogue and cooperation in practical doing, b) CP as a means to improve services, c) CP as lever for democracy, empowerment and collectivism, d) CP as stimulus for institutional change and new professionalism.



Discussion: There is a varied understanding of which community members should be involved, what CP&CE mean in practice and which functions they fulfil for the CdS and 'the community'. It is important that involved actors compound, through exchange, to a common idea of CP&CE to facilitate practice implementation also on a larger scale. Simultaneously, a shared understanding should consider the heterogeneity of specific local contexts to promote ad-hoc needs-based participatory approaches.

Abstract ID: EFPC20221696

“IMPLEMENTING FOUNDRY: REGIONAL AND VIRTUAL EXPANSION TO IMPROVE ACCESS TO PRIMARY HEALTH CARE YOUTH IN BRITISH COLUMBIA, CANADA”

Authors: Karen Giang
Julie Zimmerman
Elise Durante
Emilie Mallia
Steve Mathias
Skye Barbic

Key Words: youth, primary health care, integrated youth services, Foundry

Purpose: Foundry provides services to youth age 12-24 through a Primary Youth Health Care Model. The purpose was to evaluate the outcomes of service utilization for primary care at Foundry in 11 centres.

Methods: Data were analyzed using R for all youth clients accessing in-person (April 27th, 2018-April 30th, 2022).

Findings: The mean client age was 19.62 years (SD = 3.57) and clients most commonly identified as female (62%). 31,462 unique youth received 245,699 services at Foundry during the four year period. Mental health (27.2%, n=67,514), Physical health (22.2%, n=54,533), Sexual Health (14.2%, 34,986), Walk-in Counselling, (12.7%, n=31,122), and Substance Use (6.6%, n=16,210) describe the five most frequented services. Illness/Injury (n=15,880), Prescriptions (n=17,176), and transcare (n=7216) were the most frequented reasons for physical health services. Birth control (41.6%) and STI testing/treatment (32.9%) were most frequently sexual health services accessed. Over 60% of youth scored "high" or "very high" for distress and 29% had a self-rated mental health of "poor".

Discussion: Overall, Foundry has continued to reach the target age group of 12-24 years, a range of youth with complex needs and service requests. Primary care plays a critical role as Foundry continues to expand both physical centres and virtual primary health services.

Abstract ID: EFPC20221715

“LONG COVID IN PRIMARY CARE: STUDY AMONG BELGIAN GENERAL PRACTITIONERS.”

Authors: Sarah Moreels



17th EFPC Conference Ghent | Integrated Community Care: a new opportunity for Primary Care

Sherihane Bensemmane
Robrecht De Schreye

Key Words: long COVID, primary care, epidemiology, Belgium

Purpose: With the COVID-pandemic going on for over two years, the number of patients suffering from long-term COVID-related symptoms is increasing. Many of these patients are treated by general practitioners (GPs). However, little is known about the definition of long COVID GPs use, or the care provided for these patients in primary care.

Methods: An online survey was carried out among all GPs of the Belgian network of Sentinel General Practices (N=84) during spring 2022. The survey has 16 (ordinal, open-ended or multiple choice) questions. Descriptive analysis (with Pearson' chi2) were performed. A case definition for long COVID was not included, as there is currently no widely accepted definition available in general practice.

Findings: 48 GPs (well distributed across all Belgian regions) completed the questionnaire. To identify long COVID patients, GPs considered the duration of symptoms (from 4 weeks to 5 months). 75% of participating GPs indicated to have contact with long COVID patients in their practice. No difference was found between practice type, GP's gender or age. A median of 2 long COVID patients per 1000 active patients was estimated.

Long COVID patients suffer mainly from fatigue (92%), breathing difficulties (80%), concentration/memory problems (64%), impairment in daily functioning (63%) and smell/taste disorder (46%). GPs are consulted biweekly by 19% and monthly by 33% of these patients. Half of them is followed up by only the GP and 31% in multidisciplinary cooperation.

Other healthcare professionals involved include pneumologists, physiotherapists, specialists in physical medicine/rehabilitation and neurologists.

Conclusions: A majority of GPs frequently provide care to long COVID patients and take a key role in the coordination of care for these patients. Although evidence-based clinical practice guidelines are not yet available, the duration of complaints and most occurring symptoms were identified among long COVID patients in Belgian general practice.

Abstract ID: EFPC20221734

“TOWARDS INTEGRATED CARE IN BELGIUM'S COMPLEX HEALTHCARE SYSTEM: AN IMPLEMENTATION STRATEGY BASED ON VICINITY TEAMS AND A MIXED FINANCING MODEL”

Authors: Marie Van de Putte
Gijs Van Pottelbergh

Key Words: vicinity teams, Cappuccino model, neighborhood tailored

Purpose: Leuven Cares (Zorgzaam Leuven) started a change management project in 2018, aimed at chronic care integration and realizing quintuple aim for a population of 102000 inhabitants.

Theory: An approach with vicinity teams and mixed funding model aims better multidisciplinary care neighborhood tailored, evidence based chronic care and a strengthening of cooperation between primary care providers.

Methods:

- 8 vicinity teams of primary care professionals were established to focus on the chronically ill patients supported by care pathways and a population based approach
- The vicinity teams receive a joint innovation fee that is based on a mixed financing model 'Leuven Cappuccino model'.
- The entire change process is supported by an integrator to sustainably implement the quality culture based on a PDCA cycle.

Findings: Using a bottom up approach based on a process of co-creation, a complex model with focused actions, vicinity teams, a strong governance with visionary and managerial leadership, it is possible to move a whole region towards change.

Discussion: To sustain implementation, the first findings in Leuven highlight the importance of a strong integrator, motivated healthcare providers, policy factors, the availability of necessary resources and a long term vision. The model implemented in Zorgzaam Leuven is very valuable, as it is a first significant step towards integrated care.

Abstract ID: EFPC20221738

“PRIMARY CARE USE OF REMOTE ACCESS AND PATIENTS SUPPORT”

Author: Yann Lefevre

Key Words: Primary Care, remote access, medication review

Purpose:

1. To what extent remote technologies can provide us a platform sensitive to complexity of a patient and his/her needs?
2. Is it possible to create/develop online tools for it?
3. beyond this how it is perceived by the patients?
4. Does everyone keen on having their GP online?
5. Will that not create more inequity on behalf of the groups more IT literate and able to have means for it?
6. To what extent artificial intelligence can be included (prescreening / history taking questions and computer based initial assessment)?

Theory: The remote access takes away physical cues from face-to-face consultations. The history taking process and introduction to the appointment has already happened and reduces preamble and scene setting. The National health service is a capitation service.

Patients are registered on a Medical Centre 's list and Partners have signed up a PMS contract, services are provided via face-to-face contact. Covid-19 has changed the dynamic. There are some concerns, patients not accessing dedicated health provider.

Findings: We came up with an answer by monitoring and reviewing repeat prescriptions. The process was changed to have proactive contacts with patients. On an average Medical Centre list size, 1/3 of patients have a repeat prescription therefore already diagnosed with a long-term condition, we used self-monitoring when well evaluated (1,2) and advised patients to communicate self-monitoring results via remote access messaging. When reviewing prescriptions, we considered the last time patients were seen, what surveillance was due – blood tests for instance – and issue the request, any potential ill effects, polypharmacy and deprescription.

Abstract ID: EFPC20221739

“SELF-EVALUATION OF KNOWLEDGE AND AMONG HEALTHCARE PROFESSIONALS IN NURSING HOMES TOWARDS MEASURES FOR CONTROLLING INFECTION WITH SARS-CoV-2”

Authors: Metka Žitnik
Danica Železnik

Key Words: nursing home, covid-19, measures, knowledge

Purpose:

The purpose of the research is to check the self-evaluation and attitude towards knowledge and assessment of it in employees of elderly homes. Theory; Healthcare professionals have many obstacles in acquiring additional knowledge, but it is important that the management is aware of the importance of knowledge. Only with sufficiently educated employees we can raise the quality of care.

Method:

A non-standardized questionnaire was used. The Cronbach's alpha coefficient was used to check the reliability of the questionnaire. The non-randomized sample included 299 nursing providers employed in selected nursing homes. Descriptive and bivariate statistical methods were used. The level of statistical significance was set at $\alpha < 0.05$.

Findings:

85.3% of nursing staff rated their knowledge as good or excellent (hi square = 33.635; $p < 0.001$). Study participants attending workshops for prevention and control of SARS-CoV-2 reported better knowledge of control measures ($p > 0.05$).

Discussion:

Knowledge and understanding of the importance of measures to prevent and control SARS-CoV-2 infection is of paramount importance to prevent disease outbreaks in nursing homes. It is important to understand the motivation of nursing staff and also the obstacles they face. The latter will encourage more discussions on education and professional development of nursing staff.

Abstract ID: EFPC20221741

“CHALLENGES OF INTERPROFESSIONAL COLLABORATION”

Author: Christopher van der Linden

Key Words: Interprofessional collaboration, primary care, healthcare practitioners, challenges, facilitators

Introduction: In the last decade, different policymakers worldwide have repeatedly called for the use of Interprofessional Collaboration (IPC) as an integral approach to improve the quality and safety of patient care. IPC in primary care has led to the development of care models that improve healthcare processes, patient outcomes, and reduce health-related costs in primary care. However, building and

developing a valuable collaboration for healthcare professionals is no easy task. A growing body of literature recognises interprofessional collaboration (IPC) as an effective care model to address the complex needs of patients. Nevertheless, there is a need for more comprehensive studies that focuses on IPC in areas that need improvements such as the effective implementation of IPC and potential barriers that can occur when mixing professional healthcare skills at different levels.

Purpose: the purpose of this paper is to explore the views of monodisciplinary researchers regarding the impact of IPC interventions designed to improve collaboration amongst health care professionals.

Methods: The paper will focus on IPC in terms of barriers and facilitators, and perspectives for improving cooperation in the field. The research will use a mixed-methods design in its sequential explanatory form to explore IPC among monodisciplinary researchers. The explorative design is divided into two phases, the first method (scoping review) can help develop or inform the second method (semi-structured interview). The purpose of the mixed method is to use the first qualitative method to expand the explanatory potential of the second qualitative data.

Results: Not Available. Still working on thesis.

Conclusions: Not available. Still working on thesis.

Abstract ID: EFPC20221742

“THE RE-POLITICIZATION OF PRIORITIZATION AND ITS IMPLICATIONS FOR PRIMARY CARE IN NORWAY”

Author: Anette Fagertun

Key Words: re-politicization, prioritization, Norway, municipal healthcare, access, threshold

Purpose: To explain implications of the ongoing re-politicisation of prioritization for primary care in Norway, and to delineate what prioritization entails in the complex context of municipal healthcare services.

Theory: A nodal and critical logics perspective (Glynos et al. 2014; Dahl 2017) is applied to analyse the new problematizations and questions that arise at the nodes of governance and provision in the municipal healthcare service chain, and three intersecting logics – social, political and fantasmatic – are identified and analysed as contributing to processes of de and re-territorialization of established norms for care.

Methods: Fieldwork, observations and individual interviews with politicians, administration, leaders at all levels, and healthcare staff (n=55) in three Norwegian municipalities.

Findings and Discussion: Prioritization in municipal healthcare services entails three dimensions: as objects, spaces and as actions. Furthermore, prioritization in the municipal services take mainly three forms: political, technical (/adm) and professional. These dimensions and forms sometimes overlap yet oftentimes conflict, as the different agents may understand the object and space for prioritization differently. The argument is that through emerging struggles of prioritization established norms and logics of good quality care are de-territorialized (and silenced) through re-territorializing logics promoting higher thresholds for access to services.

Abstract ID: EFPC20221743

“INVESTIGATING THE RELATIONSHIP BETWEEN UNMET NEED FOR HEALTH CARE AND UTILISATION OF HEALTH CARE IN EUROPEAN COUNTRIES.”

Authors: Valerie Moran
Ellen Nolte
Marc Suhrcke
Maria Ruiz

Key Words: Access to health care, unmet need, utilisation of care, European countries

Purpose: Unmet need for and utilisation of health care reflect different dimensions of access. There is a lack of cross-country evidence on the relationship between unmet need and utilisation at individual and country levels.

Theory: We use the framework of Levesque et al (1) which conceptualises access from the perspective of health systems and individuals.

Methods: We used multilevel random effects logit models to analyse Wave 2 (2013-2015) of the European Health Interview Survey. Outcome measures were unmet need due to wait, distance and affordability of medical care and the probability of a General Practitioner (GP) or specialist consultation or an inpatient admission. We examined the proportion of variation in outcomes attributable to each level and the correlation between residual outcomes. We investigated the association between health system characteristics and outcomes.

Findings: We found positive correlations between all measures of unmet need and GP consultation at the individual level and a positive correlation between unmet need due to wait and GP consultation at the country level. Incentives or a requirement for a GP referral to specialist care were associated with a lower probability of a specialist consultation.

Discussion: The positive correlation between unmet need due to wait and GP consultation at country level could be due to gatekeeping or patients attending GPs due to long waits for specialists. (1) Levesque, J.-F., M.F. Harris, and G. Russell, Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *International Journal for Equity in Health*, 2013. 12(1): p. 18.

Abstract ID: EFPC20221744

“TEAM REORGANIZATION AFTER COVID PANDEMIC. DIFFERENCES BETWEEN PRICOV RESULTS AND CURRENT DATA”

Authors: Antoni Peris-Grao
Núria Freixenet
Alba Brugués-Brugués
Oscar Garcia-Gimeno

Key Words: Primary care team, Covid pandemic, PRICOV study, Task shifting

Purpose: To compare Catalonia Primary Care Team (PCT) professionals' opinions in the PRICOV study with Spanish ones. Specifically, we explore GP proactiveness and their feelings about the changing role of professionals during the pandemic.

Context: PCT are responsible for care, prevention and health promotion in assigned communities. Catalonia suffered six waves from February 2020 to December 2021. Health professionals were to shift their roles. From November 2020 to January 2021, 46 PCT in Catalonia and 263 in Spain filled the PRICOV survey. We compare the figures and analyse them with standard OLS regression analysis.

1. 61.6% of GPs were more proactive in Spain compared to 73.8% in Catalonia.
2. 78.8% of respondents reported having increased their tasks in Spain, whereas in Catalonia, this ratio was 81%
3. 50.9% of Spanish respondents felt unsatisfied with shifting roles compared to Catalonia since only 27.9 were unsatisfied.
4. 50.2% of Spanish respondents considered ready for shifting roles compared to 79.1% in Catalonia. 39.4% of Spanish respondents thought they needed further training to adapt, whereas, in Catalonia, it was only 25.6%. Both differences were statistically significant

State of the art: From October 2021 Covid care co-exists with new non-covid diagnostics and chronic situations care. Patients are now more demanding. Task shifting stays, nurse aids and health assistants have more responsibilities acknowledged and new roles in primary care are added: mental health support and nutritionist.

Statements for debate: Is task shifting and current reorganisation in Primary Care enough to improve the situation? Do health professionals accept task shifting?

Abstract ID: EFPC20221745

“ACTIVE OUTREACH TO VULNERABLE PATIENTS DURING COVID-19: A COMMON PRACTICE OR EXCEPTION IN PRIMARY HEALTH CARE?”

Authors: Esther Van Poel
Claire Collins
Sara Willems

Key Words: primary health care, general practice, equity, community medicine, quality of care, PRICOV-19

Purpose: This study aims to gain insight into active outreach activities in European primary care (PC) practices during the COVID-19 pandemic

Theory: COVID-19 led directly and indirectly to an increased number of vulnerable population groups. General practitioners were in a unique position to identify vulnerable patients and limit the growth of health inequities. However, COVID-19 confronted PC practices with unprecedented structural and organizational challenges to provide high-quality care.

Methods: Data from the PRICOV-19 study among PC practices in 38 European countries were used for the analyses. A 4-item scale on active outreach was constructed as the outcome variable. Using the

software MLWin, multilevel Poisson analyses were performed on the PC practices nested in countries.

Findings: The 4-item scale on active outreach was reliable with an internal consistency coefficient of 0.70 (Cronbach alpha). According to preliminary analysis (using 2nd order PQL estimation) on 3,874 GP practices, the following practice characteristics were significantly positively associated with the setup of outreach activities: multidisciplinary (versus monodisciplinary), being a group GP practice (versus being a solo practice), and more screening for the financial status of patients since COVID-19 (versus no screening).

Discussion: Further analyses are needed to verify and elaborate on the current statements.

Abstract ID: EFPC20221746

“PRACTICE VARIATION IN HOME CARE NURSING: A SCOPING REVIEW OF THE QUANTITATIVE AND QUALITATIVE LITERATURE”

Authors: Anne Brabers
Marloes Meijer
Peter Groenewegen
Nienke Bleijenberg
Sandra Zwakhalen
Judith de Jong

Key Words: practice variation, home care, needs assessment, nursing

Purpose: There are indications that practice variation in needs assessment exists among home care nurses. Purpose of this study was to gain insight into possible explanations for practice variation and examine whether these explanations can be applied to home care nursing, and more specifically to practice variation in needs assessment in home care nursing.

Theory: The starting point for our review was a model of practice variation, based on our previous research. This model distinguishes between different levels (i.e. micro, meso and macro) at which variation may be found and where explanations for the occurrence of variation have to be sought.

Methods: A scoping review of the literature on practice variation in 1) needs assessment in home care nursing, 2) home care nursing in general, and 3) medical care in general. We performed searches in PubMed and CINAHL and assessed over 5,000 references. Ultimately, 341 studies were included. Variables related to practice variation were grouped, and divided into micro, meso and macro level.

Findings: We found a wide variety of variables that are empirically related to practice variation. E.g. the availability of evidence, the availability of guidelines, the culture of an organisation, the norms within a team, the availability of resources, and patient preferences. In the literature on needs assessment by home care nurses, variables relating to patients and their social environment were more present.

Discussion: Insight was gained into a wide variety of variables at the micro, meso, and macro level that might play a role in explaining practice variation in general. We argued how these variables are related to mechanisms, and gave some examples of how these mechanisms can be applied to home care nursing, and more specifically to practice variation in needs assessment. A next step is to

empirically examine the role that these mechanisms play in explaining practice variation in needs assessment.

Abstract ID: EFPC20221748

“EVIDENCE-BASED PRACTICE ESCAPE ROOM: EVIDENCE-BASED PRACTICE MOTIVATION, EDUCATION AND IMPLEMENTATION IN PRIMARY CARE THROUGH GAMIFICATION.”

Authors: Erika Vanhauwaert
Ellen Westhof
Laura Verbeyst

Key Words: evidence-based practice (EBP), primary care, interdisciplinary, gamification, escape room

Purpose: The development and evaluation of an escape room to promote and educate evidence-based practice (EBP) in primary care.

Theory: Gamification already demonstrated its positive effect in healthcare education. An escape room was built to enhance EBP knowledge, skills, attitudes and interdisciplinary teamwork.

Methods: A prototype escape room was developed in the shape of a mobile box with 5 drawers. The EBP-box contains game elements focusing on group dynamics, communicative skills, interdisciplinary decision-making and competition in order to improve knowledge and skills about EBP. The 5 steps in the EBP process are integrated in the 5 drawers of the box. The next drawer will only open if the team has cracked the code in the previous step by using EBP principles. Participants get 60 minutes to “escape”.

Findings: The EBP-box was tested several times by a multidisciplinary team of students (N=16) and lecturers (N=9). The EBP-box was given an average score of 9/10. The learning method was recommended by all participants.

Discussion: The EBP box is promising and will be further tested in multidisciplinary teams of healthcare professionals. A second box will be developed so that more people can play at the same time. Furthermore, the box will be integrated into a multidisciplinary half-day EBP training.

Abstract ID: EFPC20221749

“UNDERSTANDING TRUSTFUL RELATIONSHIPS BETWEEN COMMUNITY HEALTH WORKERS AND VULNERABLE CITIZENS DURING THE COVID-19 PANDEMIC: A REALIST EVALUATION”

Authors: Dorien Vanden Bossche
Peter Decat
Sara Willem

Key Words: community health workers; primary healthcare; vulnerable populations; trust; COVID-19; realist evaluation; grounded theory

Purpose: Community health workers (CHWs) are an essential public health workforce defined by their trustful relationships with vulnerable citizens. However, how trustful relationships are built remains unclear. This study aimed to understand how and under which circumstances CHWs are likely to build trust with their vulnerable clients during the COVID-19 pandemic.

Methods: We developed a program theory using a realist research design. Data were collected through focus groups and in-depth interviews with CHWs and their clients. Using a grounded theory approach, we aimed to unravel mechanisms and contextual factors that determine the trust in a CHW program offering psychosocial support to vulnerable citizens during the COVID-19 pandemic.

Findings: The trustful relationship between CHWs and their clients is rooted in three mental models: recognition, equality, and reciprocity. Five contextual factors (adopting a client-centered attitude, coordination, temporariness, and link with primary care practice (PCP)) enable the program mechanisms to work.

Discussion: CHWs are a crucial public health outreach strategy for PCP and complement and enhance trust-building by primary care professionals. In the process of building trustful relationships between CHWs and clients, different mechanisms and contextual factors play a role in the trustful relationship between primary care professionals and patients. Future research should assess whether these findings also apply to a non-covid context, to the involvement of CHWs in other facets of primary healthcare (e.g., prevention campaigns, etc.), and to a low- and middle-income country (LMIC) setting. Furthermore, implementation research should elaborate on the integration of CHWs in PCP to support CHWs in developing the mental models leading to build trust with vulnerable citizens and to establish the required conditions.

Abstract ID: EFPC20221750

“A FRAMEWORK FOR PATIENT GOALS THAT GUIDES PROFESSIONALS IN THE PROCESS OF GOAL-ORIENTED CARE.”

Authors: Lotte Vanneste
Boeckxstaens Pauline

Key Words: goal-oriented care, patient goals, goal-elicitation, process of care

Purpose: The purpose of this study is to develop a framework for patient goals that guides professionals in the process of goal-oriented care.

Theory: Goal-oriented care implies a shift from disease-oriented care towards care that starts from the patients' goals. The necessity of person centered and goal-oriented care is highlighted, but there is no clear understanding on how to encourage goal-elicitation in primary care.

Methods: First, an international literature search on treatment goal-setting for complex patients was conducted. Next, a document analysis was performed of the background reports of the Flemish tools and strategies for goal-oriented care. Last, twelve primary care professionals were trained to engage in goal-elicitation encounters with their patients. These encounters were recorded and analyzed thematically.



Findings: An integration of the literature search, the document analysis and 25 goal-elicitation encounters led to the development of a framework for patients' goals. Four key elements are the fundamentals of this framework: values, patient goals, care goals and care planning.

Furthermore, key questions and elements for patient goals are formulated to give more insight into what patients' goals are.

Discussion: This research project develops a framework for patients' goals that supports professionals to implement a goal oriented process of care.

Abstract ID: EFPC20221751

“COVID-19 VACCINATION DECISION-MAKING PROCESS AMONG MOROCCAN-DUTCH IN THE NETHERLANDS.”

Authors: Saïda Moaddine
Nora Hamdiui
Marion de Vries
Mart Stein
Maria van den Muijsenbergh
Aura Timen

Key Words: COVID-19, vaccination, decision-making, migrants

Purpose: Several studies suggest that vaccination intention and uptake in the Netherlands is lower among migrants compared to the general Dutch population. Literature indicates low vaccination intentions and uptake among especially individuals with a Moroccan migration background. Research explaining these low intentions and uptake is scarce among this minority population. This study explores the COVID-19 vaccination decision-making among Moroccan migrants living in the Netherlands.

Theory: The theoretical underpinning of this study is based on determinants of health-related behaviour derived from well-known behavioural change theories and models. We also focused on religious and cultural values and beliefs in regards to COVID-19 vaccination decision-making.

Methods: Semi-structured interviews were conducted between April and June 2022 with Moroccan-Dutch aged 16 years and older. Discussions were transcribed verbatim and thematically analysed.

Findings: Preliminary findings suggest that the vaccination decision is largely an individual decision. Common information sources about the vaccination were the news, current affairs programs, social media, and WhatsApp. Decisive factors in decision-making were having vulnerable parents and the desire to re-open society. Respondents indicated the preference to be more transparently informed about uncertainties in managing the pandemic.

Discussion: Moroccan-Dutch perceived their COVID-19 vaccination decision to be well-informed. Additional interviews should shed light on possible other factors explaining the low vaccination intention and uptake.

Abstract ID: EFPC20221752

“WHAT DRIVES FORWARD THE IMPLEMENTATION PROCESS OF GOAL-ORIENTED CARE? A QUALITATIVE STUDY IN FLANDERS (BELGIUM) USING ROGERS’ DIFFUSION OF INNOVATION THEORY”

Authors: Ine Huybrechts
Anja Declercq
Emily Verté
Peter Raeymaeckers
Sibyl Anthierens

Key Words: goal-oriented care, implementation, implementation process, diffusion of innovation

Purpose: This study aims to explore how the concept of goal-oriented care is being picked up and adopted in Flanders, Belgium. Looking at the meso- and macro-level: what drives forward the implementation process of goal-oriented care?

Theory: Rogers’ Diffusion of Innovation theory offers insights in what contributes to the diffusion of an innovation. Some innovation characteristics that determine people’s use of an innovation are: relative advantage, compatibility, complexity, trialability and observability. This theory can be used to interpret how the concept of goal-oriented care is adopted in Flemish society.

Methods: Qualitative research, performing in-depth interviews with n=23 respondents that are involved with the implementation of goal-oriented care within their professional function, either on project level or strategic/policy level. Data were collected using a semi-structured interview guide, audio recorded, and analyzed first inductively and then deductively using Rogers’ Diffusion of Innovation theory.

Findings: Several success ingredients are identified for implementation of goal-oriented care: creating commitment, organizing coordination, establishing recognition for goal-oriented to be “good care” and ensuring continuous attention to put it into practice. Relating to the innovation characteristics as defined in Rogers’ Theory of Diffusion, most innovation characteristics of goal-oriented care are still questionable and need strategies to respond to them.

Discussion: Our findings can contribute to further translate the concept of goal-oriented care into a practice-based intervention. The next step is to define implementation strategies for goal-oriented care that are built upon the success ingredients as identified in our research and that respond to the innovation characteristics that are still questionable.

Abstract ID: EFPC20221755

“INTEGRATION OR FRAGMENTATION OF HEALTH CARE? EXAMINING POLICIES AND POLITICS IN A BELGIAN CASE STUDY”

Authors: Monika Martens
Katrien Danhieux
Sara Van Belle
Edwin Wouters
Sibyl Anthierens
Josefien van Olmen

Key Words: Stakeholder Analysis, Processual Analysis, Chronic Care, Integrated Care Policy, Qualitative Research

Purpose: Globally, health systems have been struggling to cope with the increasing burden of chronic diseases. Integrated care (IC) offers solutions, but implementing these new models requires multi-stakeholder action and integrated policies to address social, organisational, and financial barriers. This paper examines how IC policies in Belgium were developed over the last decade and how stakeholders have played a role in these policies.

Methods: We interviewed 25 stakeholders in the field of IC. The stakeholder analysis entailed a mapping of the stakeholders' power, position, and interest related to IC policies. Interview participants included policy-makers, representatives of health professionals' associations, academics, and patient organisations.

Findings: In Belgium, a variety of policy initiatives have been developed in recent years both at central and decentralised levels. The power analysis and position maps exposed tensions between federal and federated governments in terms of overlapping competence, as well as the implications of the power shift from federal to federated levels as a consequence of the 2014 state reform.

Discussion: The 2014 partial decentralisation of healthcare has created fragmentation of decisive power which undermines efforts towards IC. This political trend towards fragmentation is at odds with the need for IC.

Abstract ID: EFPC20221756

“DISTRESS AND WELLBEING AMONG GENERAL PRACTITIONERS DURING COVID-19: RESULTS FROM THE CROSS-SECTIONAL PRICOV-19 STUDY”

Authors: Claire Collins
Els Clays
Esther van Poel
Joanna Cholewa
Katica Tripkovic

Key Words: wellbeing; distress; COVID-19; general practice/family medicine; health system; organizational; interventions

Purpose: We aim describe the frequency of distress and wellbeing, measured by the Mayo Clinic Wellbeing index, among general practitioners/family physicians during the COVID-19 pandemic and to identify some of the key levers that could mitigate the risk of distress.

Method: Data were collected by means of an online self-reported questionnaire among GP practices. Statistical analysis was performed using SPSS software on Version 7 of the database which was the version consisting of the cleaned data of 33 countries available as of November 3rd, 2021.

Data from 3,711 was included. MCWI scores ranged from -2 to 9 with a mean of 2.7. Using a cut off of ≥ 2 , 64.5% of respondents were considered at risk.

Findings: GPs with less experience, in smaller practices, and with more vulnerable patient populations have lower well-being scores and hence are at a higher risk of distress.

Collaboration from other practices and adequate governmental support are significant protective factors for distress.

Discussion: While individual factors are important, it is necessary to address practice and system level organizational factors in order to enhance wellbeing and support primary care physicians.

Abstract ID: EFPC20221759

“GENERAL PRACTITIONERS IN BELGIUM AND WELLBEING: BEYOND THE COVID-19 PANDEMIC”

Authors: Joanna Cholewa
Segolene de Rouffignac
Cecile Ponsar
Benoit Pétré
Esther Van Poel
Sara Willems

Key Words: General practice; wellbeing; social responsibility; COVID-19; Belgium; Regions

Background: The COVID-19 pandemic, by putting practices of general medicine under intense strain, has shed a harsh light on the weaknesses of our health care system. One of these weaknesses is the low level of general practitioner (GP) well-being. While recent literature has highlighted the huge toll the pandemic has had on GPs mental health, few studies have examined the relationship between the unexpected structural and organizational challenges caused by COVID-19 and GPs' wellbeing.

Objective: This study explores workplace-related stress factors on GPs wellbeing during the pandemic in Belgium, with an inter-regional comparison, and identifies the potential key organizational and structural levers that could help promote Belgian GPs wellbeing after the crisis.

Study setting: Data from the PRICOV-19 study, a multi-country cross-sectional study under the coordination of Ghent University (Belgium), were used.

Methods: Belgian general practitioners were recruited between December 2020 and August 2021 in the three Belgian regions. A pseudonymized survey was used for data collection using an online self-reported questionnaire. The Mayo Clinic Well-being Index was used to evaluate GP well-being. Statistical analysis was performed using SPSS Statistics. Descriptive statistics and chi-squared tests were performed.

Results: 479 Belgian GP practices completed the survey. 57% of Belgian GPs were considered at risk of distress during the pandemic. Those numbers varied between regions, with 72,9% in the Walloon Region, 54,5% in the Brussel-Capital Region, and 48,6% in the Flemish Region. The study shows the influence of some organizational and structural factors on GPs wellbeing. This influence varies between regions. Among these factors are the support received from the government, the ability to distribute the workload within practice and between practices, the practice organization, the work experience, and time left for private life.

Discussion: For GPs, social responsibility lies in meeting the health needs of their community to the best of their ability and in every way possible. The identification of the structural and organizational factors that have influenced GPs' wellbeing during the pandemic provides a unique framework to the development of recommendations to reinforce the wellbeing of the workforce.

Abstract ID: EFPC20221760

“SEXUAL AND DOMESTIC VIOLENCE IN PRIMARY CARE: WHAT DO GP’S NEED?”

Authors: Anke Vandenberghe
Lisa Fomenko
Ines Keygnaert

Key Words: Sexual violence, Domestic violence, General practitioner, Primary care

Purpose: Commissioned by the Belgian Federal Public Health Service and led by Prof. Dr. Ines Keygnaert, we are researching the role and needs of general practitioners (GPs) in addressing sexual and domestic violence. The goal is to draw up recommendations and guidelines in terms of training, tools for implementation in practice and support for GPs in approaching sexual and domestic violence (SV/DV) within primary care.

Theory: The first representative research investigating the prevalence of sexual violence in the Belgian population aged 16 to 69 years found a lifetime prevalence of 64% (1). During the first 12 months of the COVID-19 pandemic at least 1 out of 3 Belgian residents became a victim of domestic violence (2). With GPs being key healthcare providers in primary care, it is extremely important to involve them in the care for victims of SV/DV.

Methods: By means of a cartography we will map out on a national level, which support GPs consider necessary in dealing with SV/DV in primary care, from November 2021 until May 2022. Subsequently, through an online survey, a more in-depth questioning of the content and design of this support will take place. Finally, a first trial version of a practical guideline will also be evaluated in GP practices.

Findings and discussion: The first preliminary results (from 2th March till 3th May, data collection still running) show that participating GPs experience their knowledge and skills regarding SV/DV as insufficient and need support by means of at least a practical guideline and training.

Abstract ID: EFPC20221763

“PRIMARY CARE NURSE PRACTITIONERS’ PERCEPTION OF THEIR COMPETENCY DEVELOPMENT IN QUEBEC, CANADA: RESULTS FROM A NATIONAL SURVEY”

Authors: Arnaud Duhoux
Annie Rioux-Dubois

Key Words: Nurse Practitioner; professional development; leadership

Purpose: To examine the NPs’ perceptions of their competency development as it relates to their initial academic training, their continuing education, and the real-world professional role in primary care.

Theory: Primary care Nurse Practitioners (NPs) form an essential group of workers that can optimize health care and its delivery (1,3). The rapid rise of the NPs’ workforce in Quebec, Canada, implied the formulation of recent academic programs (2) and therefore, continuing education is at a start-up

phase. In order to design a NPs' competency based continuing education program, one needs to understand the real-life dynamics experienced by NPs in their new work environment and their effects on how they perceive competency development, as well as their stated needs.

Methods: We conducted a transversal survey with a self-administered on-line questionnaire among all the NPs in Québec, Canada. Data were collected between March and April 2022. A total of 490 primary care NPs participated in the study, for a response rate of 65.2%.

Findings: The results show that NPs' stated competency needs are greatly influenced by their workplace environment and working conditions.

Discussion: Those results help formulate new avenues for the development of NPs competencies in clinical practice, academia and research. Key recommendations for improvement of training will be drawn and shared.

Abstract ID: EFPC20221766

“ANTI SARS-COV2 VACCINATION IN ITALY: AN EXAMPLE OF INTEGRATED PRIMARY CARE IN PREVENTIVE MEDICINE”

Authors: Silvestro Scotti
Elisabetta Altì
Mirene Anna Luciani
Tommasa Maio

Key Words: integrated primary care, covid-19 vaccination, primary care, fimmg

Purpose: To analyse different organisation strategies in Sars Cov2 vaccination in Italy, to promote integration strategies in Primary Care, to improve cooperation between General Practitioners, hospitals and Prevention Departments.

Theory: In Italy the SarS CoV 2 vaccination campaign was organized at the level of the single region with different methods of booking and delivering the vaccination.

The General Practitioner was also involved in cooperation with the prevention departments and hospitals.

Methods: The study analyzes the integration of GP with other primary care or hospital health workers in all the Regions.

Findings: We analyzed the involvement in the administration of the vaccine in relation of the categories of population to which the GP was allowed to offer the vaccination, the place of administration (own clinic, public office or hospital) type of organization (own or carried out by external personnel), the registration of the data and the possibility of accessing the digital regional vaccination registry.

Discussion: The results show that there has been a different involvement according to the region in which the General Practitioner practices. It varies from the impossibility of vaccinating in one's own practice to the possibility of being able to choose, based on one's own organization, whether to vaccinate in one's own office or in centers organized either by Prevention Departments or, hospitals or directly by groups of GPs.

Abstract ID: EFPC20221768

“PERSON CENTRED-CARE AND FAMILY CENTRED-CARE: THE PERSPECTIVE OF HEALTHCARE PROFESSIONALS, PATIENTS AND FAMILY MEMBERS IN PRIMARY CARE”

Authors: Aitor García Moreno
Itxaso Respaldiza Berroeta
Sandra López Caballero
Ander Portugal Martínez
Amaia Rueda Merino
Heather L. Rogers

Key Words: person-centered care; family-centered care; family medicine

Purpose: To explore person centred-care (PCC) and family centred-care (FCC) perceptions in primary care (PC) healthcare professionals and their patients, and identify associated socio-demographic and professional factors.

Theory: PCC requires response to patients’ needs, preferences and beliefs and encouraging shared decision-making. PCC leads to improved patient satisfaction and decreased symptomatology and days hospitalized.

Methods: Cross-sectional observational study conducted from February to June 2022 in 5 PC centres in Basque Country, Spain.

100 healthcare professionals (physicians, pediatricians, nurse, midwives, and nurse assistants) with at least 1 year in PC completed a modified Person-Centred Practice Inventory-Staff (33 items in 10 sub-scales).

150 patients, 30 from each centre stratified by gender and age, completed a modified Family Nurse Caring Belief Scale (10 items in 3 sub-scales).

Findings: Analysis of data from 70 professionals shows that more PC years worked was associated with older age, being a physician (vs. nurse) and more years in current position. More PC years worked was negatively associated with lower PCC total scores ($\rho=-0.24$; $p<0.05$) and specific sub-scales, and lower FCC total scores ($\rho=-0.28$; $p<0.05$). When controlling for significant factors, multivariate linear regression analyses indicated that more PC years worked was negatively associated with the providing holistic care sub-scale ($p<0.05$) and tended to be negatively associated with the PCC-FCC sub-scale ($p=0.06$).

Discussion: Preliminary results suggest that professionals with more PC years worked report less provision of holistic care, including less incorporation of aspects of the patient as a person into their consultation. Analysis of the full professional and patient samples will be presented.

“OUT OF POCKET PAYMENTS AND ACCESS TO NCD MEDICATION IN TWO REGIONS IN ALBANIA”

Authors: Jonila Gabrani
Kaspar Wyss
Christian Schindler

Key Words: Out of pocket payments (OOP); primary health care (PHC), chronic disease; non-communicable disease (NCDs); Albania, Western Balkans, Europe

Objective: The financial burden from non-communicable diseases (NCDs) is a threat worldwide, alleviated only when good social protection schemes are in place. Albeit the Government in Albania has committed to Universal Healthcare Coverage (UHC), Out-of-Pockets (OOPs) persist. Through this study, we aimed to assess the OOPs related to consultations, diagnostic tests, and medicine prescriptions as self-reported by people suffering from NCDs.

Methods: A household survey was conducted in two regions of Albania. The present analysis includes respondents who suffered from chronic health conditions and consulted a health care provider within the last 8 weeks (n= 898). Mixed logistic regression models with random intercepts at the level of communities were employed in order to assess the association of OOPs with age, gender, urban vs. rural residency, health insurance, marital status, barriers experienced, type of chronic condition(s) and region.

Results: Of those who consulted a provider, 95% also received a drug prescription. Among them, 94 % were able to obtain all the drugs prescribed. Out-of-pocket payments occurred throughout the NCD treatment process; specifically, for consultation (36%), diagnostic tests (33%), and drugs purchased (88%). Drug expenditures accounted for 62% of all household expenditures. Respondents with health insurance were less likely to pay for consultation and drugs. The elderly (patients above 60 years old) were less likely to pay for consultations and tests. Those who lived in urban areas were less likely to pay for drugs and consultations.

Patients encountering any form of barrier when seeking care had increased odds of OOPs for consultations (OR; 2.25 95%-CI; 1.56; 3.24) and tests (OR; 1.64 95%-CI; 1.14; 2.36).

Conclusion: Out-of-pocket payments by NCD patients principally made up through the purchase of prescribed drugs, remain important. Tackling the high costs of drugs will be important to accelerate the UHC agenda. Here, it is important to raise the population’s awareness on patients’ knowledge of their entitlements to health insurance, and on the current health reforms.

Abstract ID: EFPC20221772

“THE PSYCHOSOCIAL NEEDS AND ACADEMIC PERFORMANCE OF STUDENTS TREATED AT THE PRIMARY CARE UNIT OF A GREEK UNIVERSITY”

Authors: Maria Papadakaki
Alexia Papadopoulou
Aglaia Karali

Key Words: primary health care, university, vulnerable students, psychosocial needs, academic performance

Purpose: The study aims to explore the profile of students treated at the primary care (PHC) unit of a Greek university.

Theory: The delay in the timely completion of studies is a long-standing problem of Higher Education in Greece. Increasing the capacity of educational institutes in addressing students' vulnerabilities has been deemed necessary especially during the financial crisis.

Methods: A project co-financed by the European Union (MIS 5045937) has been initiated to support students with low family income or a certified disability. As part of the project, a primary health care (PHC) unit has been set up to offer medical/nursing care (health unit) and psychosocial support (counseling centre). An observatory has also been set up to monitor the bio-psychosocial needs and academic progress.

Findings: The current presentation reports on the profile of 80 students treated between mid2019-mid2020 (71.3% women; 43.8% Social Work students; 51.3% up to 2nd year of studies; 17% residing in university dormitories; 15% divorced parents; 60% 4+family members; 61.3% received social benefits; 2.5% certified disability). 16 received health services primarily due to bronchial asthma and colliac disease. 64 received psychosocial support, primarily due to stress, emotional difficulties and interpersonal relationship problems. Other major issues were anxiety, phobias, anger, mourning and psychosomatic problems. The average number of sessions per student was 5.42 (sd3.6). The academic performance of the 80 students using grade point average (CPA) was 6.76 (sd1.31). Poor academic performance was found in 36.4% pre-treatment and 2.5% post-treatment (academic records examined upon consent).

Discussion: Students' complex bio-psychosocial needs have been shown to affect their academic progress. PHC units are important in higher education settings due to offering holistic care to vulnerable students and monitoring students' needs.

Abstract ID: EFPC20221775

“INFECTION PREVENTION AND CONTROL IN GENERAL PRACTICE DURING COVID-19: RESULTS OF THE PRICOV CROSS-SECTIONAL SURVEY”

Authors: Claire Collins
Esther Van Poel
Milena Šantrić Milićević
Katica Tripkovic
Limor Adler

Key Words: infection prevention and control; COVID-19; general practice/family medicine; health system; organizational; interventions

Purpose: The aim is to describe the infection prevention and control (IPC) strategies implemented in general practice during the COVID-19 pandemic and to identify the factors which impact on their availability.

Theory: Effective IPC practices ensure safe and quality health care. The COVID-19 pandemic highlighted the need for enhanced IPC measures.

Method: Data were collected by means of an online self-reported questionnaire among GP practices. Statistical analysis was performed using SPSS software on Version 7 of the database which was the version consisting of the cleaned data of 33 countries available as of November 3rd, 2021.

Findings: Data from 4,466 practices was included in the analysis. Seven key infrastructural items were identified and measured and were used to form an infrastructural score. Larger practices reported a smaller number of items ($p < 0.001$). Practices with an above average proportion of patients with financial problems had a lower infrastructure score ($p = 0.007$).

Practices with a capitation only payment system had a higher score compared to those other payment systems. No relationship was seen between score and the number of staff or practice location.

Discussion: Practice population size and the practice payment system were key factors related to adoption of a range of IPC measures. These results can inform intervention strategies.

Abstract ID: EFPC20221778

“MONITORING THE HEALTH CONDITIONS OF 265 NURSING HOME RESIDENTS DURING THE PANDEMIC”

Authors: Ismail Cem Şeker
Serap Çiççili
Pemra C.Unalan

Key Words: COVID-19, nursing homes, Electronic Frailty Index, Barthel Index Activities of Daily Living, Modified Charlson Comorbidity Index, Geriatric Depression Scale, integration

Introduction: The elderly living in nursing homes have been the population worst affected by the COVID-19 pandemic, with a higher mortality rate as they have more comorbidity, frailty and disability than the elderly living in the community-dwelling. On the other hand strict isolation rules didn't let the Primary Care teams to collaborate with the health professionals working in nursing homes. The aim of this study is to discuss the health status and the mortality of the nursing home residents for 6 months during the pandemic conditions as a life changing parameter and to detect if there is a need for follow ups in the pandemics.

Method: In this prospective cohort study, a total of 265 residents living in nursing homes were monitored for 6 months with 3 visits made 3 months apart with all the participants and the nursing team of the organization and the accompanying caregiver if there is any. Electronic Frailty Index (eFI), Barthel Index Activities of Daily Living (BIADL), Modified Charlson Comorbidity Index (MCKI), Geriatric Depression Scale (GDS) were used to monitor the health status of the residents besides the general health history, COVID-19 infection, symptoms, diagnostic tests, hospitalizations, vaccinations and other acute infections. The relations between the mortality and COVID-19 infection with the other independent variables were evaluated by analyzing frequencies, chi-square, T-test and logistic regression tests.

Results: The average age of the participants was 82.44 ± 9.23 (min:50, max:99), and 72.1% were female. Moderate and severe frailty was found in 64% of the participants, moderate, severe and total dependency was found in 83%, depression was in 43%. In terms of COVID-19 vaccination, 95% of the participants had a full dose, 86% had a rapel dose, and 39.6% had a history of COVID-19 infection. The COVID-19 mortality rate was found to be 13.7%. The frequency of COVID-19 cases were found to be

higher in those who were not frail, independent in their daily activities, and those who were not in a depressive mood ($p < 0.05$). The rate of those who have had at least one non-COVID-19 infection in a 6-month period is 64%. Death because of all causes was 18.1% of the participants, and the most common cause was found to be heart disease, followed by infectious diseases other than COVID-19. It was observed that mortality was higher among the residents who were more frail, dependent, depressed and higher MCKI scores ($p = 0.000$). The question "Do you think any reason that effected your health in general in the last 3 months?" answered by either the caregivers ($n = 50$) or the participants ($n = 45$) and their words are noted by the researcher. 50/52 of the answers of caregivers were about organic/biologic problems, but 16/45 of the participants' answers were organic/biologic problems and 29/45 were psychosocial problems which were categorized as 1-family members and own private life 2-life conditions and friendship in the nursing home 3-habits and individual needs.

Discussion and Conclusion: The COVID-19 case rates in Turkey is 17.8%, the mortality rates is 0.6%, so the frequency of COVID-19 case and death rates in our nursing home population were found to be higher than the general population of Turkey. Hospitalizations were made through the emergency services without any contact with the primary care professionals both for the preventive or acute health services. The residents who are less frail, non-depressed and have higher daily life activities leave their rooms, socialize and so they have more risk of COVID-19 transmission, more COVID-19 infection. But the frail ones were prone serious COVID-19 outcomes thus decreasing their quality of life as the hospitalization and mortality. Regardless of whether nursing home residents have COVID-19 or not, their general condition has deteriorated in a holistic context. So not only the frail and dependent elderly but also the residents who are less dependent must be visited and periodical health visits must be completed by the primary care team. Digital health technology may help primary care team to communicate with the nursing home team and also the residents in pandemics.

In nursing homes health teams are the gatekeepers but they are not integrated with primary care officially. They might have problems to get clinical support for this sensitive population. So integration with Primary Care team will improve access to health care for not only during pandemics but in routine care, too. It is known that organizational structure, information flow, staff alliance and motivation for integrated care will secure a healthy environment for the elder residents.

Abstract ID: EFPC20221781

"LIVING WITH THE CHRONIC DISEASE DURING THE PANDEMIC"

Authors: İlknur Şen
Mehmet Akman

Key Words: primary health care, COVID-19, Chronic Diseases

Purpose and Theory: While the Covid-19 pandemic continues to affect the whole world, according to shared data the beginning of the epidemic shows that the group most affected by COVID-19 and with the highest mortality rate in people with comorbidities of hypertension (HT) and diabetes (DM). Due to the quarantine and restrictions during the Covid-19 pandemic, it has become difficult for vulnerable groups with chronic diseases, access to health care and management of their chronic diseases.

Materials and Method: This study is qualitative research in phenomenological design. In the study, the sample size was determined by matrix calculation. Quota sampling, which is one of the purposive

sampling types, was used. 16 volunteers from the participants had face-to-face in-depth The interviews were conducted by the same researcher through a semi-structured questionnaire and audio recordings were taken. The semi-structured questionnaire was prepared based on the theoretical frameworks of Candidacy and the European Primary Health Care Activity Monitor (PHAMEU) and using evidence-based findings from the literature review.

Findings: From the coded data, 45 categories and their affinity to each other were discussed and 13 themes were formed. According to the framework adapted from the Candidacy and PHEMAU conceptual frameworks, 13 themes were placed under 5 main themes: Identification of Candidate Patients for Health Care, Access to Health Care Services, Facilitators of Health Care Use, Management of Chronic Diseases, and Individual and Systemic Resilience. It has been observed that individuals with chronic diseases have sufficient knowledge and attitude about Covid-19 disease. They continue their lives by taking the necessary preventive measures against the pandemic. They felt unhappy and overwhelmed due to social isolation. They have experienced the positive effects of knowing and recognizing their disease while managing their chronic diseases. They postponed the routine examinations of their current diseases due to the fear of being infected with Covid-19 and the absence of complaints about their chronic diseases. Although they worry about going to the hospital, they did not hesitate to utility from the primary health care service. They declared that they could tend to primary care more for both acute and chronic problems.

Discussion: Considering that chronic disease management is mainly carried out in the Primary Health Care, access to and delivery of health services for the follow-up of chronic diseases during the pandemic can be realized by strengthening the Primary Health Care services.

Abstract ID: EFPC20221785

“ORGANIZATION OF PRIMARY HEALTH CARE IN SHAMAKHI: A TAILOR-MADE NETWORK AS A MODEL FOR THE FORMER-USSR STATES”

Authors: Kevser Vatansever
Mehmet Akman
Taavi Lai
Ayla Alasgarova
Emin Huseynzade
İbrahim Durak
Hande Harmancı

Key Words: primary health care, WHO, mobile clinics

Purpose: The aim of this study is to establish a Primary Health Care (PHC) Organisation Model based on the healthcare needs of the Shamakhi district, Azerbaijan.

Theory: Several significant changes in health care have been taking place in Azerbaijan during the last decades, after the independence from the Soviet Union including the establishment of the State Agency for Mandatory Health Insurance. PHC has not yet received priority in these changes. WHO operational framework for PHC was used as a theoretical background in this project to suggest a fit-for-purpose PHC model for the country.



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Methods: WHO Azerbaijan Country Office has been implementing a Primary Health Care (PHC) demonstration project (PROACT-Care) in Shamakhi, a mountainous region with a population of 107.800, since March 2020.

The Project began with a Rapid Health Systems Needs Assessment in August-September 2020, utilizing the European Primary Care Monitor framework. Secondly, Shamakhi PHC workers' learning needs were assessed through focus group interviews on 21-23 December 2020. These assessments revealed the priority health problems of the region and the learning needs of PHC workers. Finally, a PHC organization model was developed based on the needs assessments, geographical distribution, population density, available manpower, infrastructure, and public transportation opportunities.

Findings: A 3-tiered PHC organization, based on a population-based geographical catchment area model is proposed. First tier is the village health points (VHP) per ~1000 population staffed with one nurse/feldsher, second is the family health centres (FHC) per ~5000 population, staffed with 2 doctors, 2 nurses and 1 midwife, and a reference FHC with additional capacities. Reference FHC covers the whole region besides its own population, with overarching responsibilities for coordination, diagnostics and training. Total 14 FHCs and 11 VHPs were identified and mapped. Three mobile FHCs are procured for remote villages without adequate facilities.

Discussion: This seems to be a promising model for PHC organizations, especially for former-USSR states.

Abstract ID: EFPC20221787

“PRELIMINARY EVALUATION OF SHAMAKHI PRIMARY HEALTHCARE DEMONSTRATION PROJECT FOR HEALTH SERVICE PROVISION”

Authors: Mehmet Akman
Kevser Vatansever
Mehtap Kartal
Duygu Ayhan Başer
İbrahim Durak
Hande Harmancı

Key Words: primary health care, people centred, mobile clinics

Purpose: This study aims to determine the effectiveness of the Shamakhi PHC (Primary Health Care) Demonstration project that promotes high-quality, people-centered primary care as the core of integrated community and individual health services in the Shamakhi district of Azerbaijan.

Theory: Since September 2021, primary care service provision has started with three mobile clinics in three remote villages of Shamakhi in concordance with the action plan of the PROACT-Care (PHC Demonstration) project. In total 49% of the Shamakhi population (approx. 106,000 habitants) has been covered with mobile and stationary health centers. Mobile clinics in three remote villages are currently serving a population of 19,103. Besides, four Village Doctor Points (VDP) with adequate facilities are covered in the project, and a total of 33,893 (33.4%) rural population is served. PROACT-Care aimed to determine new cases of hypertension and diabetes mellitus, cardiometabolic screening of the adults, and growth monitoring of the children.

Methods: This is a mixed-method study. Electronic health records and screening data between Sept. 2021 and May 2022 have been analyzed for quantitative results; focus groups of patients and health care providers and In-depth interviews with community leaders are planned for the assessment (Coordination, Accessibility and comprehensiveness of care, sustainability and acceptability) of the implementation.

Findings: Throughout this period, 1142 adults and 919 children applied for different health problems and for periodic examinations at nine different health units. Among the adults, 60.4% were female. Adults with a body mass index above 30 constitute 45.8%. The total number of hypertensive patients was 414 and 344 were newly diagnosed. The total number of diabetic patients was 116 and 58 were newly diagnosed. Among screened adults, 261 (22.8%) had moderate to high cardiovascular disease risk and 162 (14.1%) people had moderate to high diabetes risk. The most Common ICPC codes for adults are hypertension, routine health control, myalgia, knee osteoarthritis, and gastritis. Among under five-year olds (n=320), 14% of them were wasted, 9.6% were stunted. Among 599 children between the ages of 5 and 18, 6% were over +2 Z score (overweight) and 2% were over +3 Z score (obese). Referral rates to secondary care were very low (<1%) in both adults and children. Qualitative data is being collected and results will be presented at the EFPC conference in September.

Discussion: It is obvious that PROACT-Care touched a limited number of individuals, however it succeeded in establishing accessibility for undiagnosed, possibly asymptomatic patients. Newly diagnosed hypertensive and diabetic patients, and also stunted and wasted children need effective interventions for the prevention of complications of these conditions.

Abstract ID: EFPC20221789

“HEALTH KIOSK – A COMMUNITY HEALTH LITERACY HUB FOR PEOPLE LIVING IN SOCIO-ECONOMICALLY VULNERABLE CIRCUMSTANCES”

Authors: Caroline Masquillier
Kathleen Van Royen
Patricia Van Pelt
Dorien Onsea
Hilde Bastiaens

Key Words: Low SES, Health Literacy, health promotion

Theory: Health literacy is important for empowerment to make better health decisions, to gain resources for access to care and to improve self-management skills, among others. As such it is a key determinant of health. However, previous research shows that people living in socio-economic vulnerable circumstances have lower levels of health literacy. There is a need for innovative measures to improve health literacy among people living in socio-economic vulnerable circumstances. Literature shows that this innovation needs to be community-based; adapted to the needs of the target group; and have a low-threshold.

Findings: In response to this need, this presentation describes – guided by the principles underpinning Integrated Community Care (ICC) framework designed by the Transnational Forum on Integrated Community Care – the development and implementation process of a grassroots innovation, namely,



a health information hub with a 'low-threshold access' for people living in socio-economically vulnerable circumstances.

Policy Debates

Abstract ID: EFPC20221542

“NURSE MANAGED CHILDREN CARE IN PRIMARY CARE CENTER”

Authors: Alba Brugués-Brugués
Antoni Peris-Grao
Marta Calabia
Ivette Serra
Aleix Fontanals Jimenez
Paola Raventós

Key Words: Nurse, task shifting, children care, health promotion

Purpose: Developing a promotion and prevention-oriented nurse-based children health team

Context: Pediatricians are included in Spanish primary care teams (PCT) caring for children up to 14 years. Hospital training makes them to consider illness situations although our population has a low rate of severe children disease. Nurses have specific training on health promotion and prevention. We care for 5.585 children being 14% up to 24 months. Most common diagnostics are dental procedures (976), overweight and obesity (325), allergies and asthma (331) and anxiety disorders (224).

State of the art: Training nurses for children follow up and acute situation care may avoid “chronically healthy” children. We shifted from a model with 4 pediatricians and 4 nurses to 3 pediatricians and 6 nurses. Team agreed on each group’s responsibilities and developed protocolized care pathways.

Nurses were trained by doctors on patients’ evaluation and alert signs. Schedules were adapted and a fast track allowed different care for acute situations and follow up. Also group activities with children parents were introduced. An asthma office is cared by nurses and doctors. Health promotion is strengthened and doctors act as consultants in case of relevant diseases. Pediatricians’ scheduled consultations reduced from 13.215 (2018) to 3152 (2019) while nurses’ activity increased from 4536 (2018) to 18.197 (2021). Scheduled nurse agenda increased slightly from 7.355 (2018) to 8121 (2021) and group care accounted for 204 visits (2019). Asthma agenda went up from 92 visits (2018) to 141 (2021). Health indicators ranked high for acute and chronic situations care but COVID altered follow up.

Statements for debate: Does nurse role improve health promotion, accessibility and longitudinality caring for children in PCT?

Abstract ID: EFPC20221543

“PRIMARY CARE HEALTH ASSISTANT IN POST COVID ERA”

Authors: Jordi Gascón-Ferret
Antoni Peris-Grao
Andreu Baiget
Alba Brugués- Brugués
Daniel Teixidó Coll

Key Words: health assistants, task shifting , accessibility , empowerment , team work

Theory: Catalonia Primary Care Teams (PCT) include not only clinicians but also health assistants. Their responsibilities include patients’ support (both in front desk and phone) and agenda management and, in our PCT, patients’ triage. We considered Health Assistants are to be fully considered as health professionals so they may improve accessibility and problem solving.

Methods: Our PCT cares for around 28.000 adult patients and 6000 children under 15 year old, cared for 13 family physicians, 16 nurses, 3 pediatricians and 15 nurses. Covid pandemic has reduced face to face care with clinicians, creating a gap between PCT and patients. Learning from each covid wave we shifted more responsibilities to the Health Assistants. We increased the number of health assistants from 11 to 14. Specific training was developed, including teamwork and strategies for stablishing empathic relations with patients. Simultaneously we urged them to propose new strategies or pathways. They asked to leave external call center to use an app that allowed users to select reason for calling. Health assistants call back according to possible emergency situations and manage demands according to situation. They also developed on their own a webpage so citizens may fill forms that allow also health assistants to manage patients’ needs.

Findings: In 2021 we received 63,742 mails (daily average 200), 113.745 phone calls (over 500 daily and up to 1000 during December 2021) and 27.227 tasks were programmed by Health Assistants. Internal pathways in the team have been agreed in order nurses and doctors refer activities to health assistants to fulfill, either being diagnostic tests or referral scheduling. On the other hand, patients have been assigned to specific health assistants who, being first contact, may be identified to solve some administrative needs.

Discussion: We feel our Health assistants are currently more proactive and more satisfied. We consider that team working improves accessibility and enhances comprehensiveness. Task shifting must include administrative staff.

Abstract ID: EFPC20221546

“HOW HAVE CHANGES IN GP CONSULTATIONS ENDURED FOLLOWING THE PANDEMIC?”

Authors: Harry Longman
Steve Black

Key Words: Pandemic, consultations, patients, general practice

Purpose: GP consultations changed overnight to be almost all remote in March 2020, and patients were happy to respond. As the pandemic has progressed and policies changed, to what extent have the changes in general practice endured?

Context: A continuous dataset since January 2020 is analysed. Approx 14 million records from 200 GP practices show both patient preferences on consultation mode and actual mode used by clinicians.

State of the art: Before the pandemic patients chose face to face consultations for 30% of requests, matched closely by clinicians reported mode. Since February 2022 patient choices have stabilised at 11% face to face, and clinicians actual mode at 15%

Statements for debate:

- Both patient and clinician behaviour changes have endured after legal restrictions ended
- Patient satisfaction is driven by accessibility, not mode of access.
- Calls for more face to face, from some in politics, media and profession, do not appear relevant to patients.
- Free choice should be given on consultation mode, driven by what is appropriate clinically, not by notions of what “should” happen.

Abstract ID: EFPC20221658

“BETTER TOGETHER – THE AUSTRIAN PRIMARY HEALTH CARE NETWORK”

Authors: Sarah Burgmann
Kathryn Hoffmann
Lisa Mayer
Florian Stigler
David Wachabauer

Key Words: primary health care, primary health care units, reform, network, professional role development

Purpose and context: Since 2013 the Austrian primary care system is undergoing a reform process to foster the establishment of multiprofessional primary health care units (PHCU). Currently, (April 2022) 36 PHCUs of the planned 75 PHCUs (policy objective) are working. By law, only GPs are legitimated to found PHCUs, remuneration agreements are set in three of nine counties and characteristics of these agreements diverge. In the last years several national and regional activities were implemented to support the establishment of PHCU. In 2021, the Austrian Federal Ministry for Social Affairs, Health, Care and Consumer Protection successfully applied for the Recovery and Resilience Facility of the European Union. One element of the Austrian resilience plan is the project “Enhancing primary health care in Austria”. Nearly 90 Mio. Euro were appropriated as funds mainly to boost PHCU. 10 Mio. Euro are reserved to strengthen the overall concept of PHC in general by establishing a national network.

State of the art: The Austrian Primary Health Care Network is managed by the Austrian National Public Health institute and will be launched in September 2022. The aim is to create a meeting and exchange space for PHC professionals and thereby improve the development of multiprofessional PHC in Austria as well as the role of the professionals working there.



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All persons who are interested or already working in multiprofessional PC as well as associated institutions and academic organizations can become a member in this network. Activities comprise e.g. inter- and intraprofessional networking events, webinars or regional workshop events. The activities were designed based on the feedback (needs, challenges) of the potential members. A website will provide basic information on primary care issues and a members' zone

Statements for debate: Which additional activities would you consider as relevant for active participation? How can we improve the chances for a sustainable network?

Abstract ID: EFPC20221672

“COMMUNITY NURSING IN AUSTRIA – A STEP TOWARDS INTEGRATED COMMUNITY CARE”

Authors: Lisa Mayer
Linda Eberle
Merle Treichel
Sarah Burgmann
Kathryn Hoffmann
Elisabeth Rappold

Key Words: Community Nursing, Austria, demand-oriented, population-based

Purpose: Since the beginning of 2022 Community Nursing Pilot Projects are being implemented in Austria. More than 120 projects are established in provinces throughout the country. The aim of community nursing is to increase and strengthen the health literacy of the population, improve their well-being, and especially enable older people to remain in their own homes. Approximately 50,000 people are expected to be reached annually and to profit from easy access to care and health services.

Context: In Austria the role of the community nurses is to provide low-threshold, demand-oriented and population-based care on a community level. Besides the aim of identifying the unmet needs of the population and addressing them to nurses, the strategic purpose is to ensure an efficient, quality-assured, and sustainable implementation.

State of the art: These projects are funded the Recovery and Resilience Facility (NextGenerationEU). The Austrian Federal Ministry of Social Affairs, Health, Care and Consumer Protection is responsible for and administers the pilot projects at the national level. The Austrian National Public Health Institute is responsible for the implementation, funding process, networking and educational activities, coordinating as well as project reporting. Therefore, a common approach in all regions via close and continuous support and monitoring is ensured.

Statements for debate: Community nurses actively manage the interface between the social and health sector, thereby increasing and facilitating the access to services.

- What are the experiences in other countries, especially regarding implementation pitfalls?
- Are these pilot projects effectively really driving efforts toward integrated care?

Abstract ID: EFPC20221688

“COMMUNITY NURSING IN AUSTRIA – A NEW WAY OF WORKING ACROSS SECTORS”

Authors: Linda Eberle
Merle Treichel
Lisa Mayer
Alice Edtmayer
Petra Kozisnik
Elisabeth Rappold

Key Words: Community Nursing, Austria, long-term care, cross-sector, demand-oriented

Purpose: The Austrian social system remains separated from the health care system in several ways. People move between the systems, especially in the healthcare and long-term care (LTC) sectors. With the community nursing pilot projects funded by the European Union (NextGenerationEU), a nursing role is established that is the interface between these sectors.

Context: Ongoing reforms have not yet adequately addressed the lack of coordination between the sectors. In order to combat this problem, community nursing (as a community-based care service) has been implemented in Austria since the beginning of 2022.

State of the art: Some of the main tasks of community nurses include networking with other healthcare professionals, directing clients to services that meet their needs at an early stage, and health promotion. Through close monitoring and evaluation, potential for change in the extramural sector can be identified, analyzed and subsequently used for the further development of the LTC sector. However, as the projects only last until the end of 2024, it is unclear how the services and system will be continued.

Statements for debate:

- Can well-supported pilot projects demonstrate that the systems can be linked and thereby challenge the current status?
- Is an implementation that opposes traditional national conditions sustainable?

Abstract ID: EFPC20221761

“THE FLORENTINE EXPERIMENTAL MODEL FOR THE CONTINUITY AND COORDINATION OF CARE: THE AGENCY FOR THE CONTINUITY OF CARE BETWEEN DIFFERENT SETTINGS”

Authors: Andrea Guida
Chiara Milani
Giulia Naldini
Tiziana Silei Secchini
Marco Nerattini
Guglielmo Bonaccorsi

Key Words: Primary Care, Continuity of Care, Multidisciplinary team, Discharge pathway

Purpose: The Agency for Hospital-Territory Continuity of Care (AHTCC) guarantees the continuity of care through different settings by managing appropriate discharge pathways and providing a comprehensive assessment of long-term and short-term care needs within long-term care facilities, residential cares, and even within patients' own home. The purpose of this abstract is to describe the current experimental AHTCC model in Florence, which overtakes the Territorial Operational Centre (TOC) instituted by the recent Ministerial Decree 71/2022 on primary care.

Context: In the Health District of Florence, the AHTCC - operating seven days a week - involves a multidisciplinary team, including community doctors, nurses, social workers, and physiotherapists, and benefits from the collaboration with general practitioners, especially from the "Case della Salute" (Houses of Health), geriatricians and psychiatrists. During the daily briefing, the team evaluates the appropriate care pathway for each case.

State of the art: In Tuscany, the AHTCC was first introduced in 2016 by a regional resolution, which adopted the 2008 regional guidelines which foresaw the discharge room model. The model embraces elements of comprehensive continuity of care and care transition for patients with complex health and social care needs across primary care and hospitals, so as to support care where patients live.

Statements for debate: In the period 2017-2021, the average number of annual discharges reported to AHTCC in Florence was 12255.6 (from a minimum of 11570 to a maximum of 13452). The number of territorial reports increased by 74.2% (from 198 in 2017 to 345 in 2021). The analysis accomplishes the mandate of reinforcing primary care services in response to rapidly changing health needs during the COVID-19 pandemic.

Abstract ID: EFPC20221773

"IMPORTANCE OF DATA IN THE PROGRAMMING OF WORK IN PRIMARY CARE"

Authors: Gianmarco Marrocco
Gatti Francesca
Guidi Alessandro

Key Words: Data, RWE, Primary Care

State of the art: The CP, and in particular the General Practitioner, feels the need for a more structured approach to Data, aimed at better taking care of patients in an integrated management with the other actors of the NHS. The main aspects that, from our point of view, must be considered are: 1) Access to Data (Privacy), 2) the use of Data for the Stratification of needs, based on the fragility, comorbidity and clinical complexity of real patients afferent in our studies, 3) the use of data to define the hierarchy of intervention priorities, 4) structuring and use of databases for the management of therapies; 4) the use of data for an economic and health assessment of the interventions. But also access to data for Scientific Research purposes. All this was amply exploited in the time of Pandemic, where many decisions were taken through an on-going observation process, which served to shape the interventions, so that Observational Studies have fully entered among the research tools at alongside pure Clinical Trials. However, a particularly critical aspect of the approach to Data in GM presupposes the need to make use of indicators and signs, substantially already present in the daily practice of



Primary Care, and not to be mainly borrowed from contexts that do not reflect the experience of the Territory such as those hospital.

Abstract ID: EFPC20221774

“THE "2018 PRIMARY HEALTH CARE (PHC): NOW OR NEVER" ITALIAN MOVEMENT AND ITS MANIFESTO TO REFORM PHC IN ITALY”

Authors: Giorgio Sessa
Andrea Canini
Viviana Forte
Alice Cicognani
Andrea Maurizzi

Key Words: healthcare policy, primary health care, health reform, advocacy, health movement

Purpose: Believing in Astana Declaration principles, an Italian health professionals created the “2018 PHC: now or never”, a movement to urge a radical shift in the National Health System (NHS). A Manifesto, containing a reform proposal has been realized with educational activities and advocacy campaigns.

Context: In the last decades, sustainability of the Italian NHS has been extensively debated (due to economic crisis and financial restraints). A group of general practitioners, social assistants, nurses, physiotherapists, psychologists and anthropologists, young health professionals, united by the aim to promote the right to health and the discomfort related to the current PHC system, wrote a detailed reform proposal following community-oriented and comprehensive PHC and health promotion values, and to tackle health inequalities.

State of the art: Between 2017-2020, the movement organized 13 national events in 7 different Italian regions which included peer-education training sessions, educational site-visits to some of the Italian best PHC practices, lectures and workshops with national and international experts.

The Manifesto has been written throughout 2020 with an open process that involved more than 200 participants divided in 12 thematic working groups.

When published it rapidly became a recognised political reform proposal to change the Italian NHS; and more than 300 professionals and associations signed the Movement Manifesto (called Libro Azzurro).

To date, the PHC movement might be considered one of the strongest not-institutional voices in Italy in supporting the public beveridge-model NHS.

Statements for debate: To what extent a not-institutional health movement can actively contribute to promoting cultural and health policy change?

Abstract ID: EFPC20221780

“THE ROLE OF PHYSIOTHERAPISTS IN SCHOOLS”

Author: Maria-Louisa Busuttil

Key Words: Physiotherapy, health promotion, school health, Ottawa charter

Type of Presentations: The policy debate poster will outline the service content of newly developed physiotherapy service in schools. The examples used are proposal developed in Ireland and Malta, whereby Europe region of World Physiotherapy is providing this brief to outline the role of physiotherapists in school through health promotion programmes, sedentary/physical activity register, guaranteed physical activity times including via the medium of digital technology. The ‘settings’ approach includes the pupils, teachers, parents and the wider community in which each school is situated.

Purpose: The theme of this conference is Integrated Community Care: a new opportunity for Primary Care. The purpose of this presentation is to outline the characteristics of this innovative service where physiotherapists in schools are extending their role in the education sector in order to prevent, educate, screen and assess children/adolescents who need physiotherapeutic assistance. The evidence shows that early detection in primary healthcare also affect outcomes and this case is no exception. This presentation will also outline how other theme such as mental health, policy development in crisis and integration of public health and primary care are main characteristics of this physiotherapy services in schools.

State of the art: The propose physiotherapy services are state of the art and innovative services within the physiotherapy profession in primary care settings. They are in line with the Sustainable Development Goals according to the Agenda 2030 of the United Nations which is “Good health and well-being”. Throughout this presentation the speaker will be outlining the role of physiotherapists as health promoters within the education system (schools) with a description of the horizontal and vertical actions plans to be able to develop and implement this service at primary healthcare level. Diagram 1 outlines the characteristics of these physiotherapy services which are described in the statement debate to lead our participants to an interesting debate on the topic.

Statements for debate:

- 1) Physiotherapy service will have a positive impact on the mental health of students, parents, teachers, members of staff of schools and wider community.
- 2) The extended role of physiotherapists in schools is to prevent, to educate, to screen, to assess children/adolescents and to refer (if needed) the pupils to healthcare services. Through a health promotion programme the physiotherapists employed in schools will be able to empower students, teachers and parents. This service development has a great economic impact post global pandemic crisis by integrating public health and primary healthcare.
- 3) According to the Ottawa Charter (1986) Health is created and lived by people within the settings of their everyday life: where they learn, work, play and love. According to the United Nations the third goal of its Sustainable and Development Goals by 2030 is “Good health and Well-being”. These physiotherapy services are in line with both the Charter and the SDGs moreover these services will have an economic impact on the health system of the country. Investing in a proper physiotherapy workforce to develop these services is value for money!

Abstract ID: EFPC20221782

“MOBILE PRIMARY CARE CLINICS AS A SOLUTION FOR SERVICE PROVISION IN LOW RESOURCE SETTINGS”

Authors: Mehmet Akman
Kevser Vatansever
Ayla Alasgarova
Leyla Mammadova
İbrahim Durak
Hande Harmancı

Key Words: Primary Care, mobile clinics, Low SES

Purpose: A recent project run by WHO Azerbaijan (PROACT – Care) aims to prevent excess deaths in the community through strengthening outreach health services through mobile clinics and improved healthcare workers’ competencies in Shamakhi, Azerbaijan where health care resources are limited. Can mobile clinics be an efficient way of providing health care in low-resource settings?

Context: Expert reports on rapid health needs assessment of the Shamakhi region underlined the urgent need for infrastructure and due to many ruined primary care buildings, mobile clinic service was recommended as a temporary option. Also, the shortage of health care workers in the rural villages was mentioned in the rapid health assessment report and mobile primary care teams of 2 doctors and 2 nurses were formed for each mobile clinic.

State of Art: Starting from September 2021; 3 fully equipped mobile clinics became operational in 3 remote villages of Shamakhi. Two all-terrain vehicles are supporting the mobile clinics for the hard-to-reach villages in the mountainous locations. The mobile clinics function like a Family Health Center providing comprehensive, continuous, and accessible health care. In compliance with the health needs assessment findings, healthy lifestyle counselling, individual risk assessments including cardiometabolic risks, management of hypertension and diabetes, immunisation, and growth monitoring of the children were emphasised.

Statements for debate:

1. What are the pros and cons of providing primary care service via mobile clinics instead of a settled primary care facility?
2. What can be the most feasible team composition for mobile primary care clinics?
3. How can the efficiency of such a service be measured? What kind of indicators will fit this purpose?

Abstract ID: EFPC20221786

“TIME TO GO BACK HOME: RETHINKING HEALTH SYSTEMS IN TRANSITION AND VOCATIONAL TRAINING FOR PRIMARY HEALTH CARE WORKERS IN SHAMAKHI, AZERBAIJAN WITH THE LENS OF ACTIVITY THEORY”

Authors: Kevser Vatansever
Mehmet Akman
Sevgi Turan
Hande Harmancı
İbrahim Durak

Key Words: Primary Health Care, vocational training, change agents

Purpose: We aim to discuss the Transition Period Training Program for primary and public health care (P2HC) workers (P2HC Program) in Shamakhi, Azerbaijan with the perspective of the Activity Theory.

Context: WHO Country Office has been implementing a Primary Health Care (PHC) demonstration project in Shamakhi, since August 2020. The Project began with two rapid assessments on health systems needs and PHC workers’ learning needs, that showed the need for integrating public health and PHC and brought about the concept of a “P2HC” system for Azerbaijan. To support the transformation, P2HC Training Program was developed with national and international experts.

State of the art: Performance of healthcare workers is under multifactorial influence, and as in many former-USSR countries, low salaries, and weak professional support and work regulations bring in an impairment in professional skills and attitudes. This reminds Vygotsky’s revolutionary idea on sociocultural learning explaining that human actions are formed by mediation of cultural tools or artefacts. This idea inspired the development of cultural-historical Activity Theory (AT).

Engeström expands the sociocultural context by giving greater importance to rules, community, and division of labour aspects of activity systems. Activity systems are concerned with using creative potential for social change and forward movement, and to turn work environments into Change Laboratories (CL) where participants become the change agents.

Statements for debate:

1. Emerging from USSR, AT moved to Western context to explore workplaces and labour. Isn’t it the time to go back home to deeply understand the conflicts of transition processes?
2. How can PHC work environments be transformed to CLs that support openness, creativity and help workers to become change agents?

Multimedia Abstracts

Abstract ID: EFPC20221651

“EDUCATIONAL GAME “GUIDE IN HEALTH AND HEALTHCARE” TO IMPROVE HEALTH LITERACY”

Authors: Joline Goossens
Sofie Lamote
Stephanie Byl

Key Words: Health literacy; Educational game; Primary Healthcare

Purpose: An educational game “GUIDE in Health and Healthcare” (in Dutch: WEGWIJS in Zorg en Gezondheid) was developed to improve health literacy among clients. By playing the game, people gain more insight into the Belgian healthcare system.

Context: Research suggests that 33% of the Belgian population aged 15 years and over has a low level of health literacy (Charafeddine et al. 2018). Low health literacy is associated with greater use of health care services, and higher morbidity and mortality (Dewalt et al 2004).

State of the art: In the last decade, the emphasis is on a system approach to improve health literacy rather than focusing on individual behavioral change alone (Brach 2017). Although professionals in health organizations try to improve health literacy in their clients, few tools are available to guide such efforts.

The game was created by a group of health promoters of the community health centers in Ghent. The board game with its digital component was evaluated in six different settings through a questionnaire, observation, and focus group interviews.

Mode of presentation: An instructional video was developed for professionals and can be displayed during the EFPC conference: <https://www.youtube.com/watch?v=OKubAeNh7M>

Abstract ID: EFPC20221677

“EFFECTS OF IMPLEMENTING THE PRINCIPLES OF CENTERINGPREGNANCY INTO GROUPCARE “MAMA TO BE(E)””

Authors: Chelsea Buldeel
Hanne Devos
Florence Talrich

Key Words: Groupcare, pregnancy, centeringpregnancy, multidisciplinary

Purpose: The main objective of our groupcare “Mama to be(e)” is to provide accessible medical- and psycho-social support for vulnerable pregnant women and their families.



Theory: Centering-based prenatal groupcare is an alternative form of prenatal care that follows the basic principles of CenteringPregnancy®. Centering is based on the idea that when people are actively engaged and involved in a discussion with their peers, rather than being lectured, they will have greater understanding and are more likely to change their behavior. This includes prenatal care which centralizes health assessment, interactive learning, and the development of a network (Rising & Quimby, 2016).

Context: The pregnant women that sign up for our groupcare are directed to our program either by their gynecologists, the G.P.'s from community health centers or other primary care workers. We provide ten sessions, of which nine prenatal and one postnatal, where the same group of eight to twelve women (and their partners) participate. The groups are facilitated by two people, of which at least one has the legal authority to practice the medical follow up of the pregnancy. This check-up is integrated in the group session, as well as information sharing about pregnancy- and parenting related subjects and peer-support. In this way "Mama to be(e)" groupcare leads to pregnancy being normalized, empowering women in their own care trajectory and continuity of care and caregiver, making this an accessible way of multidisciplinary pregnancy follow-up.

Photo exhibition will be provided

Abstract ID: EFPC20221758

"THE IMPORTANCE OF MOVEMENT EDUCATION IN CHILDREN THROUGH THE APPLICATION OF DYNAMIC MOVEMENT SKILLS DMS."

Authors: Josef Pace
Mike Antoniadis

Key Words: Movement, CNS Stimulation, Dynamic Movement Skills

State of the art: To demonstrate the effect of Dynamic Movement Skills DMS on kids diagnosed with various learning disorders including ADHD and autism along with kids not diagnosed with any form of learning disabilities. The contextual purpose of this presentation through the use of audio visual means will show the effect of DMS on the overall movement ability of these kids prior to the commencement of such exercise and after a few sessions of such exercise.

Abstract ID: EFPC20221765

"COMMUNITY MENTAL HEALTH SERVICES IN NORWAY - THE IMPORTANCE OF PRIMARY CARE"

Authors: Tor HelgeTjelta
Torleif Ruud

Key Words: mental health, community mental health, integrated care, assertive outreach

State of the art: The purpose of this video presentation is to show the development in community mental health in Norway from 2015 until today. We have imported the service model ACT - Assertive



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Community Treatment from the USA (2007) and FACT - Flexible Assertive Community Treatment from the Netherlands (2013). In both service models we have integrated primary care services and specialist health care services in one team here in Norway, unlike many other countries.

The video presentation was made for the ten-year anniversary for EAOF - The European Assertive Outreach Foundation (www.eaof.org) last year, and was presented by professor emeritus Torleif Ruud and Tor Helge Tjelta (EUCOMS www.eucoms.net).

URL: <https://vimeo.com/616013850/9685651dc1>

Abstract ID: EFPC20221783

“PRIMARY HEALTH CARE CLERKSHIP PROGRAM IN SHAMAKHI DISTRICT FOR SIXTH YEAR STUDENTS OF AZERBAIJAN MEDICAL UNIVERSITY: PRELIMINARY RESULTS OF A COMMUNITY-BASED AND EDUCATION-ORIENTED PROGRAM”

Authors: Kevser Vatansever
Mehmet Akman
Aygün Mustafayeva
Fidan Baylarova
Afsana Shamilli
Hande Harmancı
İbrahim Durak

Key Words: Primary Health Care, community based training program, Interprofessional collaboration

Purpose: It is aimed to introduce the Clerkship Program and share the preliminary results.

Context: WHO Azerbaijan Country Office has been implementing the PROACT-Care Primary Health Care (PHC) demonstration project in Shamakhi district of Azerbaijan. Within this context, a community-based and education-oriented clerkship on PHC was carried out. Aim of the clerkship is to help students understand the health problems in the disadvantaged regions and realize the importance of PHC.

State of the art: A total of 118 students in 8 groups participated between 13.12.2021 and 22.04.2022. The program started with a half-day course on PHC and screening cardiometabolic risks in adults. Then, students encountered patients under supervision and screened for cardiometabolic risks in villages and the city center. Screening data were collected by an online form. The clerkship was evaluated by an open-ended evaluation form each day.

Among the 1320 adults screened, fatal cardiovascular disease risk was >5% in 791 (59,9%), and diabetes risk score was >7 was for 949 (71.8%). Blood pressure was >140 and/or 90 mmHg in 841 (63.7%) adults.

Students were satisfied with observing health needs in remote villages, providing primary preventive care and encountering large numbers of and various patients. They suggested starting the program in earlier years.

The PHC Clerkship is a first in Azerbaijan in terms of its content and methodology. It could be better to evolve the program to an interprofessional clerkship of medical, nursing and midwifery students.

Statements for debate:

1. How can this program be implemented in earlier years?
2. How can this program be evolved to a longitudinal clerkship for teaching family-orientedness, longitudinality and continuity aspect of PHC?
3. How can this program be advanced to an interprofessional program for medical, nursing and midwifery students?

Abstract ID: EFPC20221784

“USE OF EUROPEAN IMMUNIZATION WEEK AS AN OPPORTUNITY FOR RAISING AWARENESS ON THE PRIMARY PREVENTION FUNCTION OF THE PRIMARY HEALTH CARE SERVICES IN RURAL SETTINGS: 2022 SHAMAKHI-AZERBAIJAN CASE”

Authors: Sevinç Hasanova
Kevser Vatansever
Mehmet Akman
Emin Huseynzade
Araz İbrahimov
Hande Harmancı
İbrahim Durak

Key Words: Primary Health Care, Public Health, immunization, rural area

Purpose: Azerbaijan WHO country office used 2022 European Immunization Week (EIW) to raise awareness on primary prevention functions of primary health care (PHC) among national stakeholders, local healthcare workers (HCW), medical and nursing students, and the community.

Context: EIW 2022 activity in six villages of Shamakhi was planned to resume the incomplete COVID-19 vaccination in adults and the incomplete immunization courses of 0-15 ages children along with a risk assessment.

State of the art: A three-tiered and ten-day-long EIW 2022 activity was realized in Shamakhi, a mountainous city of Azerbaijan with 107.800 population, where the WHO country office has an ongoing PHC demonstration project. The first-tier was home visits by teams of students and community leaders; the second was setting up vaccination posts in village health points, while the third was using mobile clinics to identify high cardiovascular risk people. A total of 80 HCWs, including 17 medical students, 17 nursing students, and 12 community leaders participated. An active engagement of community leaders improved acceptability.

1091 adults and 473 children of 0-18 age group were screened with WHO cardiovascular risk charts, FINDRISK scale, and WHO percentile charts. 580 (53.2%) adults had a risk of fatal cardiovascular disease >5% , and 693 (63.5%) had a diabetes risk score >7.

294 (61.7%) children had incomplete or uncertain immunization status. A total of 387 children were administered any vaccina. Among children of 0-5 age group, 46 (20.6%) were stunted and 23 (10.3%)



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were underweight. Among children of 5-18, 38 (15.0%) were overweight or obese and 32 (13.4%) were wasted.

EIW was a beginning for expanding the PHC horizons in Shamakhi. Collaboration with MoH, TABIB, and educational institutions made all stakeholders meet on common grounds. Also, it served as an interprofessional education program.

With a thorough organization, home visiting has been shown to be a good tool for primary prevention without waiting for people's demand for healthcare.

Abstract ID: EFPC20221788

“SHAMAKHI FELLOWSHIP PROGRAM: ACCELERATING PHC RESILIENCE AND HEALTH WORKFORCE DEVELOPMENT IN AZERBAIJAN”

Authors: İbrahim Durak
Kevser Vatansever
Mehmet Akman
Elif Dönmez
Nilüfer Demiral Yılmaz
Hande Harmancı

Key Words: Health workforce, Primary Health Care, Fellowship programme

Purpose: To improve PHC resilience with local solutions, the PROACT-Care project was launched in 2021. Building on PROACT-Care, a pilot to specifically improve PHC workforce development launched in July 2021 and supported by WHO SDG3 recovery challenge funds. We aim to share this experience.

Context: 122 km to the north of the capital Baku, over half the population in Shamakhi district lives in rural areas. PHC services here are scarce mainly due to a dire shortage of PHC workers, deficiency of clinical equipment and deteriorating infrastructure. Healthcare workers trained in Azerbaijan tend to not seek employment in PHC or rural areas. Workforce shortages have worsened in the last decade. When COVID-19 struck, the lack of resilience in PHC had damaging consequences for the wider health system. PHC has therefore been identified as a key mechanism to strengthen Azerbaijan's health system.

State of the art: The Shamakhi Fellowships program aligns well with the national priorities of PHC, emergency medicine and health science education. This pilot project funded 164 Shamakhi fellows to learn, train, and deliver community-orientated PHC for six months. Fellows were selected from medical students, nurses and international experts. The project supported PHC workforce development nationally with conferences and faculty development programs for medical teachers. Funding also supported an emergency care (EMC) week in collaboration with the Ministry of Health of Turkey and a diverse group of national stakeholders.

The human impact of all these projects taken together includes more PHC delivered for rural populations, reducing inequalities from PHC service gaps, increasing health literacy and training healthcare workers nationally to improve PHC for underserved populations in the short, medium and long term.

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