



24 – 26  
SEPTEMBER

2017

# EUROPEAN FORUM FOR PRIMARY CARE

#EFPC2017 PORTO CONFERENCE

## Programme Book & Information

The Citizen Voice in Primary Care; a social commitment to 'health for all'!

Casa do Medico, Porto, Portugal





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## Welcome

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### Foreword from EFPC

Welcome to Porto!

European Primary Care functions nowadays at the crossroads of societal changes. Increasingly, people who are older (and this is not a problem but a success-story!), are presenting with more complex multi-morbidity, whilst our younger population are becoming more and more multi-cultural and presenting with problems created by our social world, especially stress and mental health difficulties. In order to face the challenges, strong primary health care teams should be prepared to address health promotion, empowerment, cure, care, palliative services and rehabilitation. Working in interprofessional teams, invites us to leave our “comfort zone” and be open to new perspectives, approaches and concepts. The topic of the 2017 EFPC-conference: *The citizen voice in primary care: the social commitment to “health for all”!* invites us to take the citizen on board in our primary care-activities and structures. People, communities and local authorities are important stakeholders when designing the future pathways of care delivery. To work together, drawing on the strengths of communities, to ensure we keep pace with the impact of social change and focus our resources on the priorities that are of the highest concern to our citizens is imperative.

What can primary care offer? There is increasingly evidence that strong primary care, contributes to social cohesion in communities. We can identify this as *working towards the well-being of all members, fighting exclusion and marginalisation, creating a sense of belonging, promoting trust*. Community-orientated primary care aligns with this concept and central to it is the notion of citizen participation and engagement with the aim that by contributing and influencing policies, citizens will be more empowered to change and be part of a social movement that creates social cohesion. EFPC is committed to these ideas and actions at a time in Europe when primary health care and social cohesion is needed now more than ever!

*Prof. Sally Kendall*  
**Chair-elect EFPC.**



*Prof. Jan De Maeseneer*  
**Chairman EFPC.**



## Conference Theme

*The Citizen Voice in Primary Care: a social commitment to 'health for all'*

Health seen as a social commitment of all and for all, of each one and for every single one, simultaneously singular and plural - this is the main goal which the EFPC Conference for 2017, to be held in Porto, wants to discuss, develop and share. A commitment which should be common to the other social sectors, facing citizenship, adequate commissioning of services, resources, goals and aims, and adaptive policies as fundamental instruments to reach happiness and well-being, in both an individual and collective point of view.

To the Annual EFPC Conference in Porto, 2017, we propose to recapture the spirit of Alma-Ata Declaration (1978), reviewed more in depth in the International Conference on Intersectoral Action for Health (1997), consolidated in the Buenos Aires Declaration (2007) and reinforced in the Portuguese recent Aveiro Declaration (2015). They all enlighten the need for an enlargement of the health strategy beyond its boundaries through other social sectors, facing the development of primary care as a keystone of health systems.

### Context

Health, as a fundamental human right and a complex phenomenon, is a responsibility of each and every one and not only of the health sector. Health determinants and an unpredictable combination of many factors, has showed that policies and actions of other social sectors has a strong impact on population's health profiles. However, health sector is frequently seen as the main responsible for results which do not achieve for itself. At the same time, health is commonly out of other social sectors strategic agendas. This is clearer when associated with weak social movements or few citizen participation in public policy making. As result, we have increased isolation of the stakeholders, a frailty communication between the different elements and the loss of opportunities of partnerships, affecting human development in demographically depressed and economically constrained societies of nowadays. Well-being and happiness - welfare state concepts - could be in some way at risk.

It is necessary to invert this state of the art, but how to reorganize the potential and the specific contributes of social sectors towards salutogenic goals, while listening to the public voice? First of all, by putting the development of primary health care - baseline of health systems and guarantee of essential health care delivery - in the core of the social agenda. Then, by discussing and testing new solutions for old problems. To realize this, we can start to restore wide public forums, to put society on a round-table and to give back to public its usually empty chair. We need to build the basis of a new and comprehensive social commitment to health based on a settlement of clear principles, desirable goals and motivated subscribers. A broad commitment which could face European edification as a field of hope and development with all and for all.

### Concepts

The commitment reflects the Conference main intention. For its construction it is necessary to align the various elements inside social space. We need to trigger innovative communication tools between partners, local authorities and professional, patients and citizen associations.

A commitment is built by bringing stakeholders together to the same side. We have selected education, work, science, environment and culture as core territories, linked by common principles. We should always put as condition the benefits to civil society.

To bring together social sectors usually unaware of the health strategy we need valid principles recognized by all participants. In that way, the promotion of a participative citizenship, the development of commissioning

contexts and procedures oriented to quality management and care planning/care delivery integration at their many levels, and the creation of adaptive policies in which people are truly taking into account, must be faced in this Conference as guiding principles. They must be directly associated to instruments of civic participation, transparency, public agreement, accountability and the valuation of specific and local aspects. This conceptual matrix must be clearly used to reach well-being and happiness horizons.

**Porto Charter: the expression of the social commitment**

An abstract agreement is condemned to failure. For that reason, we propose the constitution of the Porto Charter as a material and symbolic expression of the social commitment discussed and settled within the Conference. It should be sufficiently broad to be inclusive and sufficiently pragmatic to expose stakeholders positioning and the nature of the agreements.

Based on the Porto Charter, we could create more conditions to settle for the next years compromise declarations, local agreements, partnerships, joint positions and/or other priority initiatives at national, regional and local levels. They should be properly monitored and supported to ensure health for all, towards to the future of the primary care. Because people counts.

*André Biscaia*

*António Pereira*

*João Rodrigues*

*Tiago Vieira Pinto*

## The Scientific Committee

**Jan De Maeseneer**

EFPC chair

**Peter Groenewegen**

EFPC Executive Board Member

**Sally Kendall**

EFPC Executive Board Member

**Tino Marti**

EFPC Executive Board Member

**Andre Biscaia**

USF AN

**António Pereira**

USF AN

**Wim Van Lerberghe****Aigars Miežitis**

Riga Stradins University

**Diederik Aarendonk**

EFPC coordinator

## The Organizing Committee

**Irene Cubells**

European Forum for Primary Care

**Diederik Aarendonk**

European Forum for Primary Care

**Diana Castro Sandoval**

European Forum for Primary Care

**Annelien Boutens**

European Forum for Primary Care

**Andre Biscaia**

USF AN

**Tiago Vieira Pinto**

USF AN

We wish you a great conference!

Using Twitter?

#EFPC2017

#primarycare

@PrimaryCare4um



## Key-note Speakers

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### Constantino Sakellarides – Emeritus Professor of Health Policy

Born in 1941 (Mozambique), Portuguese nationality, married, father of three daughters.

Medical Doctor, University of Lisbon, (1967); Master in Epidemiology, University of Texas School of Public Health at Houston, USA, (1972); PhD in Public Health, University of Texas School of Public Health at Houston, USA (1975).

Positions held more recently: Director for Health Policies and Services, WHO/Europe, in Copenhagen (1991-95);

Chairman of the Regional Health Administration of Lisbon (1996);

Director-General of Health (Portugal, 1997-99);

Founder and coordinator of the Portuguese Health Systems Observatory (2000-2005);

Director, National School of Public Health, Universidade Nova, Lisbon (2007-2011);

President of the Portuguese Public Health Association (2004-2010)



Presentation for panel Primary Care in Portugal: “How to promote health literacy and citizen participation in health”

### Marta Temido - President of the Executive Board of ACSS - Central Administration of the Health System



PhD in “International Health”, area of Health Policy and Development by Instituto de Higiene e Medicina Tropical, Universidade Nova de Lisboa (2015).

Master in Management and Health Economy by Faculdade de Economia da Universidade de Coimbra (2008).

License in Law by Faculdade de Direito da Universidade de Coimbra (1997).

Previous experience: Member of the Management Board of Hospital do Arcebispo João Crisóstomo (2012-2015).

Presentation for panel Primary Care in Portugal: “How is Health Care organised in Portugal. PHC in health system and National Health Service context”

### Andre Biscaia – USF AN

PhD in International Health, specialty of Health and Development Policies, Instituto de Higiene e Medicina Tropical da Universidade Nova de Lisboa (2010) [Institute of Hygiene and Tropical Medicine of the Nova University of Lisbon], with the thesis “Satisfaction at Work of Family Physicians of the Portuguese Health Centers”

Medical Specialty of General and Family Medicine (1996).

Medical Doctor graduate at NOVA Medical School | Faculdade de Ciências Médicas da Universidade Nova de Lisboa [Nova University of Lisbon] (1990).



I am a family physician with a special interest in health services research, education and training. I have been active in student and then professional and civic associative movements - professional and scientific associations, trade unions and NGOs.

I have also been involved in research since medical school. The majority of the projects are published as papers, book chapters, books or reports. I have recently started to work as advisor to the Board of Directors of the Administração Regional de Saúde de Lisboa e Vale do Tejo [Regional Health Administration of Lisbon and Tagus Valley] in parallel with my clinical activity. Translating research into practice and its usefulness have

always been essential to me. My main research topics include health systems pivotal areas: job satisfaction, contractualization /commissioning, health systems macro to micro organization, human resources planning.

Presentation for panel Primary Care in Portugal: “The 2005 PHC Reform; What it's like to work as a family doctor in Portugal?”

#### Víctor Ramos - ENSP (National School of Public Health – Universidade Nova Lisbon)



Family doctor at USF (Family Health Unit) S. João do Estoril (Cascais – Portugal). Invited professor at ENSP (National School of Public Health – Universidade Nova Lisbon). Actively involved in promoting family medicine and primary health care in Portugal, since 1982, through diverse institutional initiatives, projects and an extensive range of publications.

Presentation for panel Primary Care in Portugal: “Family and General Medicine historical evolution in Portugal”

#### Nicola Bedlington – Secretary general of the European Patients' Forum (EPF)

Nicola Bedlington is British and was born in Kirkcaldy, Scotland.

Nicola studied business and human resource management in the UK and France. She lived for almost 10 years in Brussels, Geneva for 12 years, moving to Vienna in 2012.

Nicola was the founding Director of the European Disability Forum, an umbrella organisation uniting disability NGOs to advocate for the human rights of disabled citizens in Europe (1996 to 1999), and prior to this she worked as an expert for the European Commission, heading the NGO unit within the HELIOS Programme, a major European Commission Action Programme promoting equal opportunities for disabled people (1991-1996).

From 2004 to 2006, she worked for the Swiss Government, leading the Environment and Schools Initiatives Secretariat (ENSI), an international government-based network set up by OECD on innovation, action research and policy development in the field of Education for Sustainable Development (ESD).

Whilst in Switzerland, she also worked as an independent consultant/evaluator, specialising in European social and development policy and health advocacy.

Nicola joined the European Patients’ Forum as its first Executive Director in June 2006 establishing the secretariat in Brussels, and became Secretary-General in October 2014. Under her leadership the organisation has grown to more than 70 umbrella patient organisations covering the spectrum of disease areas. Nicola was the Co-ordinator of the European Patient Academy on Therapeutic Innovation (EUPATI), an IMI funded project focussing on patient education in the life cycle of medicines (2012-2016) which has now become an EPF programme. She is also a co-founder of the Patient Access Partnership (PACT a multi-stakeholder initiative to promote equitable access to healthcare. She is the chair of the Patient Advisory Group for the European Society of Radiology, a member of the European Health Forum Gastein Advisory Board and co-chairs the EFPIA Patient Think Tank and the Patient Med- Tech Dialogue. She also plays an advisory role for organisations and companies advancing on patient engagement. She has authored numerous articles and contributed to several publications highlighting why patient empowerment is key pillar for quality, patient focused sustainable health and social care systems, and led an unprecedented European campaign to advance this on the political agenda. She is currently spearheading EPF ‘s new campaign on universal health coverage, helping to drive and prioritise the Sustainable Development Goal on health in Europe.



**Ensuring community care is provided in close collaboration with citizens and communities**

The European Patients' Forum (EPF) is an independent, non-governmental European umbrella organisation active since 2003. EPF represents 74 patient groups that are either European disease-specific organisations or national patients' coalitions. Our vision is for all patients in Europe have equitable access to high quality, patient-centred health and related care, and all our actions and activities revolve around this. We want to ensure that the patient community drives health policies and programmes that affect them.

Although the EFPC Conference focuses on citizen participation, EPF's membership consists exclusively of patient organisations and groups, meaning that our focus is on patient participation. From a patient's perspective, we advocate for a shift from a patient-centred care to a "patient-driven care". We believe that patients are important members of their care team and that they should be seen as equal partners in decision-making and in choices relating to the course of treatment.

A very important prerequisite for a patient to be able to participate in the decision-making process of his treatment is a certain understanding of health-related information. For this reason, EPF plays an active role in the promotion of "health literacy". It is important to point out that under this term, we do not understand the mere passive accumulation of knowledge but the ability, motivation, and competence to access, understand, and most importantly, apply, information to the patient's everyday life. Health literacy has a very broad spectrum of applicable facades. It does not only mean that a patient can understand and apply medical advice, or maintain a healthy lifestyle, but also the ability to navigate the healthcare system of their city/region/country, filling out medical forms, knowing their rights, etc. Health literacy and especially digital health literacy, are excellent examples where parallels can be found with the broader discussion of citizen participation and is not strictly limited to patients.

The flip-side of health literacy from a patient (or citizen) perspective is that of a more systemic approach. EPF's work is very much focused on the availability of lay-friendly information. The willingness of a patient to be informed is not sufficient if there is no information accessible in a language that is understandable by a non-expert. Patients with chronic diseases are usually increasingly informed about their condition, so when talking about citizen participation, the need for lay-friendly availability is even more obvious.

EPF had identified the need for more patient participation in health-related research. To that end, the European Patients' Academy on Therapeutic Innovation (EUPATI) was established. Initiating from a European project and being now an independent programme, EUPATI aims at helping at linking researchers with patients and making them understand each other's needs and priorities.

EPF advocates for active patient participation and prioritises the creation of opportunities for patients (and citizens) in the healthcare system (be it in research, choices regarding treatment, or the healthcare system more broadly). Nevertheless, it is vital to keep in mind that the patient should not be burdened and that the individual choice to be (or not be) more active than needed, should be respected.

#### [Katerina Koutsogianni – President Association People with Rheumatic Diseases Crete](#)

My name is Katerina Koutsogiannis and I am the president of the Arthritis Foundation of Crete. I was born in Heraklion/Crete where I live.

I am a retired bank employee, mother of a daughter and recently a grandmother. I was firstly diagnosed with rheumatoid arthritis at the age of 29. Having enough experience as a patient I, along with a group of other fellow patients that shared the same ideas, we established in 2003 our association.

Since then I have been working voluntarily with the other members of the Arthritis Foundation of Crete to support, educate and advocate patients, to raise awareness of both the state and the public for the severity of rheumatic diseases to ensure better quality health service and patient access to all available treatments.

I have been attending conferences in Greece as well as in Europe and have participated in meeting with patients' organizations representatives, in order to share experience, to expand my knowledge and become more effective in advocating rheumatic patients.

The last years I am also actively involved in patients' with chronic diseases initiatives in Greece, aiming to achieve patients' involvement in health decision making. I am a member of the Steering Committee of



“Patients in Power” platform and Vice president of the Pan-Hellenic Federation of Patients, parents, caregivers and friends of children with Rheumatic Diseases Associations “ REUMAZEIN”.

### **Promoting participative citizenship in primary care**

A strong primary health care system supports citizens and communities to be healthy, build partnerships and flourish, and enable them to receive the right type of care when and where it is needed most and over time, reducing demand for hospital-based care.

The need for person-centered care is central to the 1978 Declaration of Alma-Ata that states, “People have a right and duty to participate individually and collectively in the planning and implementation of their health care” (WHO 1978). The importance of public involvement to sustainable improvements in public health is promoted in a number of WHO documents, including the Ottawa Charter (WHO 1986), Sundsvall Statement on Supportive Environments for Health (WHO 1991). Furthermore the Council of Europe (2000) declared that the right of the public to be involved in the decision-making processes affecting health care is a basic and essential part of any democratic society.

The practical aims of participation are multiple, often overlapping and sometimes conflicting, namely, to change health-related behaviors; empower citizens to take greater responsibility for their own health; control health costs; improve the quality of health care provision; and improve patient experience.

In spite of health organizations listing community opinion as a high priority, systems for obtaining citizens views tend to be weak due to lack of education and/or sensitization programs but also in some cases due to lack of interest from the part of governments. Studies evaluating community involvement in health services have identified a number of constraints. (Constraints) including the complexity of healthcare systems, professional attitudes, a lack of political will, and pressures of time and resources.

Health planners need to engage with solid mechanisms that integrate community participation into health service development through robust research processes. There is an urgent need for a program to support and evaluate the application of participatory research models in primary care organizations in order to enhance the quality of healthcare which will consequently have a positive impact on the quality of life of all citizens.

[Inês Alves – Fellow of the European Patients' Academy on Therapeutic Innovation \(EUPATI\), Board member of EUPATI](#)

[Portugal, President of the board of ANDO Portugal](#)



Veterinary doctor by training; working full-time in patient advocacy since 2015; Patient Representative in BOND ERN – The Rare Bone Diseases group for the European Reference Networks; EUPATI fellow, National ambassador and founding member of EUPATI Portugal; Scientific advisor of ALPE Foundation (Spain); President of the board of ANDO Portugal; Task force member of PFMD - Patient Focused Medicines Development; Invited expert on Health Literacy and Clinical trials for the National School of Public Health, Lisbon University; Creator and writer of “Beyond Achondroplasia”, a scientific informative blog on achondroplasia.

### **"The Patient as the key contributor in healthcare - The improvement of health literacy towards a participative movement"**

A patient is not just a patient. Is a person with a family, with work or studying, with social networks, with likes and dislikes, with a social background, that has ideas and perspectives of his own health also.

Culturally, people that are patients at a certain point in their life or that are born to be patients for their entire life, have grown with the idea of not questioning the quality of care and how it is centralized towards patient centricity. We need to value the patient and the patient needs to know how to evaluate the care the patient is given and also actively contribute to that care, transforming a unidirectional strategy rather to a bidirectional one.

And all this entails establishing an easy way of communication and contribution.

EUPATI goals of action, aiming to increase patient knowledge in clinical development processes, simplifying concepts typically barred to patients that don't have the scientific basis of the scientific and medical knowledge.

What has been done with this aim?

A domino effect of graduated fellows, patients representatives themselves, inciting other patients to engage with stakeholders in the health environment, to participate in critical projects on health, to create national

platforms and through those, stimulate involvement with universities, students, healthcare providers, industry and projects related to the access of health and information on medicines.

When the patients know more, he is them able to participate as the expert with the real life experience and the course of innovation in medicines development and healthcare can they be assessed in the real life evidence and not in the traditional perspective that does not focus on the patient. When the patient groups and patients have an increased clinical development literacy, this can stimulate the best care and improve society as an all.

**Mitch Blair** – Professor of Paediatrics and Child Public Health, Imperial College London



Prof. Mitch Blair, Professor of Paediatrics and Child Public Health, Imperial College, London , UK Consultant Paediatrician

General and developmental paediatrician , specialist in child public health. Senior Lecturer in Community Paediatrics 1990-98 in Nottingham. In 1998, he established the River Island Academic Centre for Paediatrics and Child Health at Northwick Park Hospital, Harrow.UK Research interests include international child health indicators, child public health monitoring, and health service evaluation. Co-author Manual of Community Paediatrics and also the first textbook on Child Public Health now in its 2nd Edition. US Edition Child Health – A population Perspective 2016.

He worked at the policy division of the English Department of Health (Dec08- Mar10) to advise on the Healthy Child Programme (HCP) and lead on the Two Year Review, he led the production of HCP e learning launched by Ann Milton Minister for Public Health in March 2011 , He was Officer for Health Promotion for the Royal College of Paediatrics and Child Health from 2010-15 and now leads a major research project ( MOCHA) [www.childhealthservicemodels.eu](http://www.childhealthservicemodels.eu) on comparative primary child health care across Europe and complex interventions to prevent unscheduled ED attendance for preschool children in North West London. <http://clahrc-northwestlondon.nihr.ac.uk/what-we-do/delivery-themes/early-years>

## Location

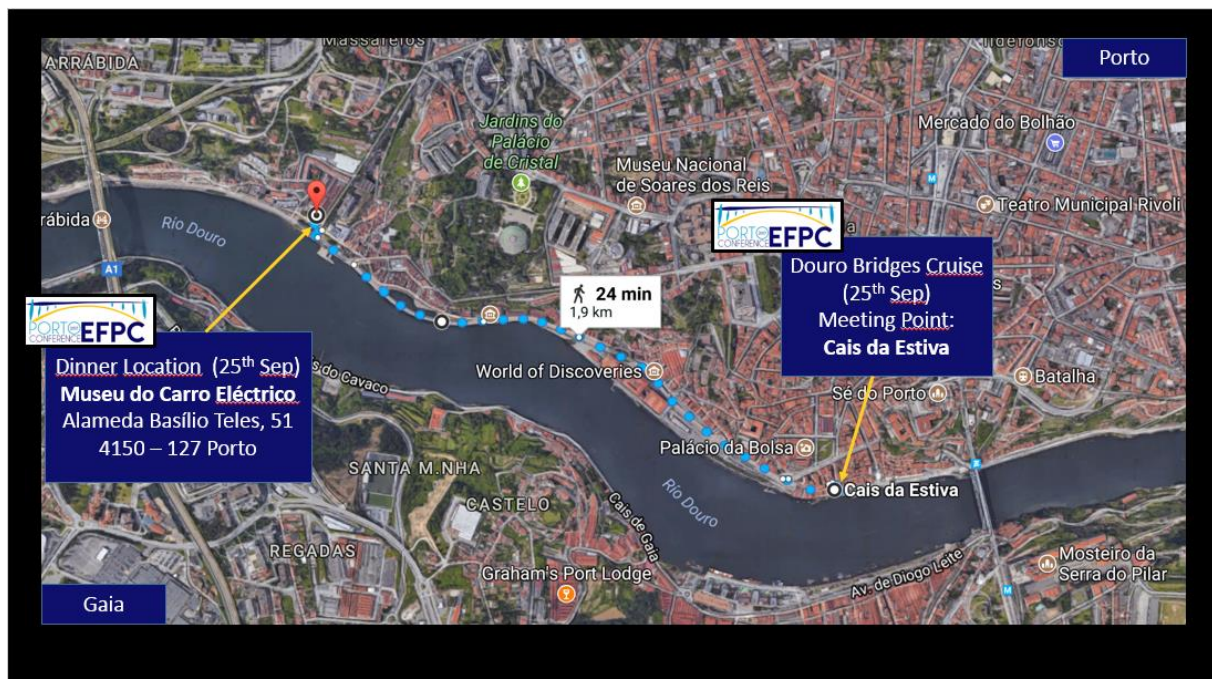
The EFPC Conference 2017 takes place at Casa do Medico in Porto, Portugal.

Address: Rua Delfim Maia 405 – 4200-256 Porto

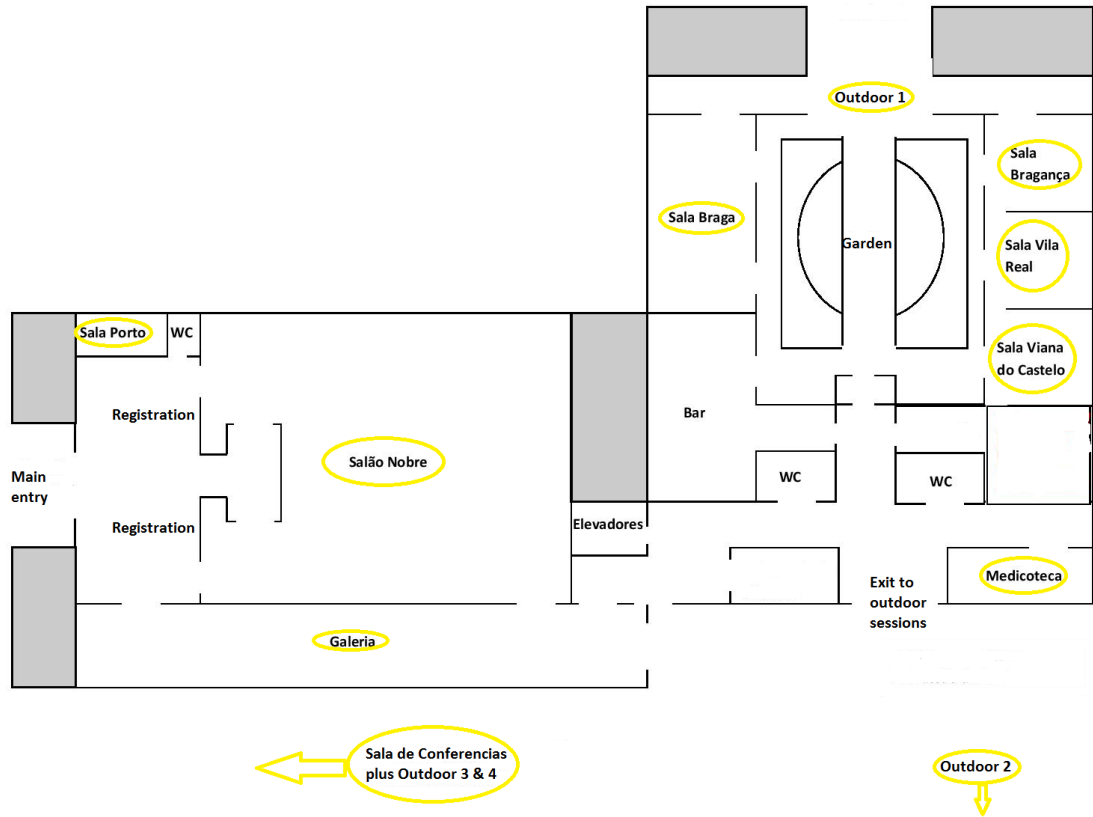
Phone: (+351) 225 070 100

## Travel directions

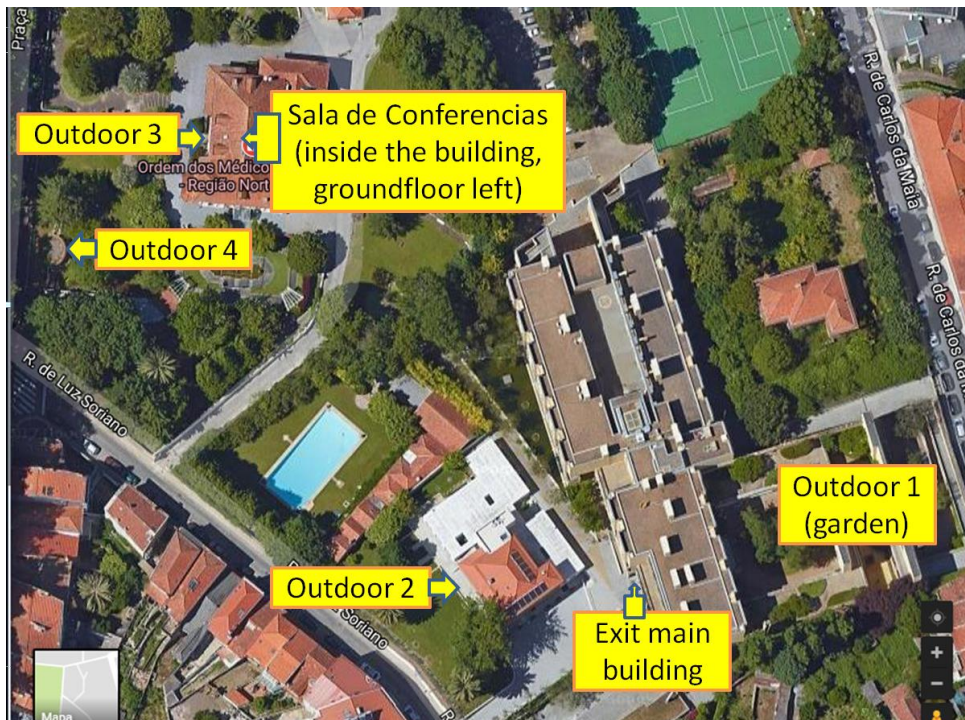
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### Indoor map Casa do Medico



### Outdoor map Casa do Medico



## Programme

<b>Day 1 – 25 September 2017</b>			
<b>Morning</b>		<b>Afternoon</b>	
<b>08:00</b>	Registration	<b>13:30</b>	Key-note Mitch Blair ( Salão Nobre)
<b>09:00</b>	Welcome by Portuguese Medical Board and the Porto Municipality ( Salão Nobre)	<b>14:00</b>	7 Parallel sessions, round 2 (90 minutes) <ul style="list-style-type: none"> <li>• Workshops</li> </ul>
<b>09:05</b>	-Susana Constante Pereira: statement on behalf of Portuguese patients/citizens -Sofia Crisóstomo: statement on behalf of the Portuguese patients/citizens' Associations	<b>15:30</b>	Break (15 minutes) Coffee is served in Galeria
<b>09:15</b>	Key-note Nicola Bedlington ( Salão Nobre)	<b>15:45</b>	Parallel sessions, round 3 (90 minutes) <ul style="list-style-type: none"> <li>• Workshops</li> </ul>
<b>09:45</b>	10 Parallel sessions, round 1 (45 minutes) <ul style="list-style-type: none"> <li>• Meet the key-note</li> <li>• Multi Media</li> <li>• Policy debates</li> </ul>	<b>17:15</b>	EFPC General Assembly (Sala Braga) For EFPC members only
<b>10:30</b>	Break (30 minutes) Coffee is served in Galeria	<b>18:00</b>	Douro cruise, group 1, non-members
		<b>19:30</b>	Douro cruise, group 2, EFPC members attending GA
<b>11:00</b>	Plenary Panel Session ( Salão Nobre) Chaired by Sally Kendall <ul style="list-style-type: none"> <li>• Victor Ramos</li> <li>• Marta Temido</li> <li>• André Biscaia</li> <li>• Constantino Sakellarides</li> </ul>	<b>20:15</b>	Dinner
<b>12:30</b>	Lunch is served in Galeria (60 minutes) <ul style="list-style-type: none"> <li>• Walking Breaks</li> <li>• Lunch talk: Meet the Editors of PHCR&amp;D</li> </ul>		

<b>Day 2 – 26 September 2017</b>			
<b>Morning</b>		<b>Afternoon</b>	
<b>09:00</b>	Key-note Inês Alves ( Salão Nobre)	<b>13:30</b>	10 parallel sessions, round 6 (45 minutes) <ul style="list-style-type: none"> <li>• Multi Media</li> <li>• Policy debates</li> </ul>
<b>09:30</b>	Key-note Katerina Koutsogianni ( Salão Nobre)	<b>14:15</b>	7 parallel sessions, round 7 (45 minutes) <ul style="list-style-type: none"> <li>• Workshops</li> </ul>
<b>10:00</b>	10 parallel sessions, round 4 (45 minutes) <ul style="list-style-type: none"> <li>• Meet the key-notes</li> <li>• Multi Media</li> <li>• Policy debates</li> </ul>	<b>15:45</b>	Break (15 minutes) Coffee is served in Galeria
<b>10:45</b>	Break (15 minutes) Coffee is served in Galeria	<b>16:00</b>	Conference summary: Jan De Maeseneer & Sally Kendall ( Salão Nobre)
<b>11:00</b>	7 parallel sessions, round 5 (90 minutes) <ul style="list-style-type: none"> <li>• Workshops</li> </ul>	<b>16:45</b>	Closure including EFPC 2018 Crete
<b>12:30</b>	Lunch is served in Galeria (60 minutes) <ul style="list-style-type: none"> <li>• Walking breaks</li> </ul>		

## Parallel Sessions

Parallel sessions round 1 (Day 1; 09:45 – 10:30)												
	Session 1	Session 2	Session 3	Session 4	Session 5			Session 6	Session 7	Session 8	Session 9	Session 10
Room	Salão Nobre	Sala Braga	Sala de Conferências	Medicoteca	Sala Viana	Sala Vila Real	Sala Bragança	Sala Porto	Outdoor 1	Outdoor 2	Outdoor 3	Outdoor 4
Chair person	Ms Nicola Bedlington	Ms Kate O'Donnel	Mr Andre Biscaia	Ms Mariska Smit	Ms Charlotte Hazewinkel			Ms Helene Colombani	Mr Henk Parmentier	Ms Kathryn Hoffmann	Ms Anna Stavdal	Mr Imre Rurik
Theme	Patient Participation	Migrant Health	Mediterranean Health	Citizen Voice	Future of Primary Care			E-Health & Health Promotion	Inter-professional Collaboration	Health Literacy	Patient Satisfaction	Organisation of Primary Care
Abstract & presenters	Meet the key-note: round table on patient participation (Susana Constante & Sofia Crisóstomo)	Research abstracts workshop 1: 197 Akman, 198 Condon, 1117 Matthews	News from the South (I): critical reflections on Mediterranean health systems and citizen participation: (Mauro Serapioni, Tiago Vieira Pinto)	INEEN "The citizen voice in the Netherland: how to organise patient centred care?" (Inge Beers)	You&EFPC on the "Porto charter" (Ana Mónica Pereira)			Multi Media session 1: 2138 Sans 3141 Pedrosa, 347 Menezes	Poster debate session 1: 295 Bernardes Carulla, 2119 Maio, 237 Silveira	Poster debate session 2: 246 Henrard, 2126 Medon, 240 Alves	Poster debate session 3: 111 Gomes, 231 Garcia Gimeno, 2131 Ferreira / Raposo	Poster debate session 4: 281 Martino, 2109 Longman, 2125 Marti

Parallel sessions round 2 (Day 1; 14:00 – 15:30)									
	Session 1	Session 2	Session 3	Session 4	Session 5			Session 6	Session 7
<b>Room</b>	Salão Nobre	Sala Braga	Sala de Conferências	Medicoteca	Sala Viana	Sala VilaReal	Sala Bragança	Sala Porto	Outdoor 1
<b>Chairperson</b>	Mr Mitch Blair	Mr Christos Lionis	Mr Tino Marti	Ms Kerstin Haemel	Mr Jan De Maeseneer			Ms Leen De Coninck	Mr Alessandro Mereu
<b>Theme</b>	Paediatric Primary Care	Migrant Health	Organisation of Primary Care, EU	Interprofessional collaboration	Workforce development			Falls prevention	Patient empowerment
<b>Abstract &amp; presenters</b>	MOCHA "Models of Children's Primary Care Delivery in Europe" - EU H2020 Project + 294 Bruges	EUR-HUMAN (EUropean Refugees - HUman Movement and Advisory Network) (Elena Petelos, Diana Castro, Kathryn Hoffmann, Sophie Mayrhuber & Elena Jyrovski)	Research abstracts workshop 2: 113 Hombergh, 1128 Forland, 151 Peixoto / Martins, 138 Kinder, 125 Miller	PriKon-project: the role of nurses and interprofessionality in primary health care (Ligia Giovanella, Maria do Céu Barbieri-Figueiredo, Rob van der Sande, Doris Schaeffer)	"Improving the impact of educational institutions on people's health" Workshop based on the World Summit on Social Accountability April 2017 Hammamet, Tunisia (Jose Gomes)			Research abstracts workshop 3: 158 Martins, 1151 Marrocco, 183 Portella, 280 Silva, 15 Kendall	Research abstracts workshop 4: 145 Waibel / Wong, 164 Graffigna, 169 Ferreira / Raposo, 170 Kvalvaag, 1132 Pinto

Parallel sessions round 3 (Day 1; 15:45 – 17:15)									
	Session 1	Session 2	Session 3	Session 4	Session 5			Session 6	Session 7
<b>Room</b>	Salão Nobre	Sala Braga	Sala de Conferências	Medicoteca	Sala Viana	Sala VilaReal	Sala Bragança	Sala Porto	Outdoor 1
<b>Chairperson</b>	Ms Claire McKenna	Mr Antoni Peris	Ms Leen De Coninck	Ms Sofia Crisóstomo	Mr Walter Marrocco			Ms Loes van Amsterdam	Mr Mehmet Akman
<b>Theme</b>	Citizen voice	Population Health Management	Informal Carers	Citizen voice	Primary Care & Medicines			Interprofessional education	Workforce development
<b>Abstract &amp; presenters</b>	Scottish Health Directorate: Valuing peoples experience, expertise and options in the transformation of primary care in Scotland (Lara Cook, Jan Beattie)	Research abstracts workshop 5: 161 Wong, 167 Ferreira / Raposo, 1107 Bruijnzeels, 1122 Haaland Kramer, 1144 Vyncke	Research abstracts workshop 6: 124 Wittenberg, 174 Huang, 16 Balshina, 1105 Hardeman, 244 Wittenberg	Portuguese Health Care Advocacy Group "More Participation, better health - The path of a civil society movement" (Margarida Santos)	AMR and Primary care: What can we do to stop the development of highly resistant bugs. Workshop by the "Network of Primary Health Care to EMA-EFPC Working Group" (Pieter van den Homberg, John Paget, Jamie Wilkinson & Walter Marrocco)			EFPC IpE WG "Inter-professional education/training for Primary Care professionals" (Robin Miller)	Research abstracts workshop 7: 155 Alves, 1113 Canini, 1142 Fehn, 1148 Braga Da Paula, 175 Martino

Parallel sessions round 4 (Day 2; 10:00 – 10:45)												
	Session 1	Session 2	Session 3	Session 4	Session 5			Session 6	Session 7	Session 8	Session 9	Session 10
<b>Room</b>	Salão Nobre	Sala Braga	Sala de Conferências	Medicoteca	Sala Viana	Sala Vila Real	Sala Bragança	Sala Porto	Outdoor 1	Outdoor 2	Outdoor 3	Outdoor 4
<b>Chairperson</b>	Ms Inês Alves & Ms Katerina Koutsogianni	Mr Ri De Ridder	Mr Mika Salminen	Ms Kathryn Hoffmann	Mr Diederik Aarendonk			Mr Robin Miller	Mr Daniel Widmer	Mr Harry Longman	Mr Antoni Peris	Ms Lorna Hall
<b>Theme</b>	Patient participation	Integrated Care	Infectious diseases & Primary Care	Citizen Participation	Community Oriented Primary Care			Citizen Participation & Interprofessional Education	Health Technology Assessment	Organisation of Primary Care	Coordination of Care	Allied Health Professionals
<b>Abstract &amp; presenters</b>	Meet the key-notes: round table on patient participation	RIZIV: Integrated care in Belgium (Ri De Ridder)	HA-REACT: primary care engagement concerning recurring issues in HIV and hepatitis	Poster debate session 5: 2147 Fehn, 2103 Campos Garcia, 2104 Farkas Pall	Alliance for Community Oriented Primary Care: Community Health Centres- its definition and their feasibility in praxis (Tonka Poplas Susic)			Multimedia presentations 2: 3100 Hubar, 342 Silva, 378 Raguzzoni	EU HTA stakeholderpool (Elena Petelos)	Poster debate session 6: 223 Glenngard, 236 Schneider, 241 Fischer	Poster debate session 7: 23 Corti / Lauri, 239 Garcia Gimeno, 2115 Parent	Poster debate session 8: 260 Maciel Barbosa, 154 Alves, 110 De Coninck

Parallel sessions round 5 (Day 2; 11:00 – 12:30)									
	Session 1	Session 2	Session 3	Session 4	Session 5			Session 6	Session 7
<b>Room</b>	Salão Nobre	Sala Braga	Sala de Conferências	Medicoteca	Sala Viana	Sala Vila Real	Sala Bragança	Sala Porto	Outdoor 1
<b>Chairperson</b>	Ms Robyn Tamblyn	Ms Katherine Froggatt	Ms Nele Gerits	Mr Jamie Wilkinson	Mr Peter Groenewegen			Ms Dineke Smit	Ms Danica Rotar
<b>Theme</b>	Integrated Care	Palliative Care	Community Oriented Primary Care	Primary Care & Medicines	Organisation of Primary Care			Primary Care & Mental Health	Patient Safety
<b>Abstract &amp; presenters</b>	CIHR-IHSPR "Cross-border integrated primary care challenges", Institute of Health Services and Policy Research Canada (Arlene S. Bierman, Caroline Blaum, Martin Fortin, Clare Liddy, Sabrina Wong)	PACE Palliative Care for Older People in care and nursing homes in Europe: Workshop on training modules for Primary Care professionals (Eleanor Sowerby)	FMM & VWGC "Cutting budgets in Community Health Centers in Belgium: how to react? A strategic exercise" (Koen De Maeseneir, H�el�ene Dispas & Hubert Jamart)	Pharmaceutical Group of the European Union (PGEU) & the Portuguese National Association of Pharmacies (ANF) "Enhancing the role of community pharmacists in Primary Care" (Luke Slawomirski, Claire Anderson & S�onia Queir�os)	Workshop by TO-REACH "Organisational innovations in primary care: future research priorities" (Yann Bourgueil)			EFPC Mental Health WG: "Mental health in primary care: just do it!" (Jan De Lepeleire, Ian Watson & Lisa Hill)	Research abstracts workshop 8: 152 Bueno, 1106 Varela Pedrosa, 1112 Poplas Susic, 2149 Marrocco, 182 Doring, 183 Couture

Parallel sessions round 6 (Day 2; 13:30 – 14:15)											
	Session 1	Session 2	Session 3	Session 4	Session 5			Session 6	Session 7	Session 8	Session 9
Room	Salão Nobre	Sala Braga	Sala de Conferências	Medicoteca	Sala Viana	Sala VilaReal	Sala Bragança	Sala Porto	Outdoor 1	Outdoor 2	Outdoor 3
Chairperson	Ms Carola Herter	Ms Dineke Smit	Mr Jan van Lieshout	Ms Lorna Hall	Mr Michael van den Berg			Mr Tino Marti	Mr Andre Biscaia	Mr Antoni Peris	Ms Metka Zitnik
Theme	Citizen voice	Citizen voice	Patient empowerment	Interprofessional collaboration	Organisation of Primary Care			Organisation of Primary Care	Citizen voice	Community empowerment	Interprofessional collaboration
Abstract & presenters	PORT "Patient-Oriented Centers for Primary & Long-Term Care" goes to Porto - Bosch Stiftung Germany	"Citizen voice in Mental Health": (Limke Schopman)	EQUIP: "Patient safety through patient empowerment" (Stijn van den Broek)	EFAD "briefing paper on the role of the European Dietitian in Public Health" (Teresa Rodrigues)	OECD workshop: Strengthening Primary Care: a panacea for societal ills? A sneak preview of OECDs' milestone report on Primary Care and an opportunity to share your ideas			Multimedia presentations 3: 359 Caetano, 388 Coutinho, 3110 Longman	Workshop "The empty chair - Putting the citizen in the center of Primary Health Care commissioning" (António Pereira, José Luis Biscaia)	Poster debate session 9: 1129 Ponte, 1114 Schaubroeck, 248 Vilalta	Poster debate session 10: 232 Goderis, 243 Casado

Parallel sessions round 7 (Day 2; 14:15 – 15:45)								
	Session 1	Session 2	Session 3	Session 4	Session 5			Session 6
Room	Salão Nobre	Sala Braga	Sala de Conferências	Medicoteca	Sala Viana	Sala VilaReal	Sala Bragança	Sala Porto
Chairperson	Ms Carola Herter	Mr Ardigo Martino	Mr Allesandro Mereu	Ms Katerina Venovska	Mr Jan De Maeseneer			Mr Aigars Miežitis
Theme	Citizen voice	Mediterranean Health	Organisation of Primary Care, Out-of-Hours	Citizen Participation	Quality of Primary Care			Organisation of Primary Care, Brazil
Abstract & presenters	PORT "Patient-Oriented Centers for Primary & Long-Term Care" goes to Porto - Bosch Stiftung Germany	News from the South (II): adaptive policies, citizen's participation and innovation in Mediterranean primary health care (André Biscaia, Teresa Campos García)	Research abstracts workshop 9: 1130 Neves Da Silva, 2127 Marchand, 166 O'Donnell, 193 Foster, 1108 Longman	Research abstracts workshop 10: 119 Melo, 120 Melo, 179 Martino, 1143 Vyncke, 1145 Colombani	EU EXPH (Expert Panel on Effective ways of Investing in Health) "Tools and methodologies for assessing the performance of primary care"			Research abstracts workshop 11: 199 Santos, 18 Gomes, 1134 Medina



### You are invited to a frank chat.

The editors are enthusiastic about answering any question posed by you. Also they would like to learn your opinion about the journal.

- What do you expect from your journal?
- What the journal can do more for EFPC members?
- What is the added value of PHCR&D for EFPC?
- How can you submit your papers?
- How is a scientific paper accepted for publication?
- You would like to do something for the journal but you do not know how?
- Would you like to be a peer reviewer for the journal?

#### BRIEF INFORMATION ABOUT JOURNAL

- Primary Health Care Research & Development is aimed specifically at both researchers and practitioners in primary health care, bridging the gap between academic primary care and practice.
- It provides a forum for the publication of international, interdisciplinary research and development in primary health care.
- Implementation of research and evaluation into primary health care practice is also an area of significance to the journal and studies that directly address the challenges and successes of implementation are welcomed by the editors.
- Its *impact factor for 2016 is 1.147* (17 out of 20 primary care journals).

## Abstracts Workshop Sessions

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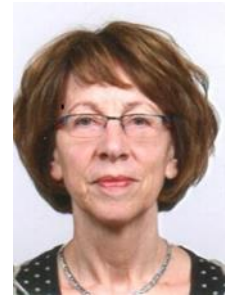
### EFPC IpE WG –

#### "Inter-professional education/training for Primary Care professionals"

Authors/presenters: Loes van Amsterdam, Robin Miller

Purpose: Providing Consultation between authors and participants about the revised EFPC Position Paper on Interprofessional Education in Primary Care

Context: The position paper on Interprofessional Education aims to provide the EFPC view on the importance of IPE within a person-centred, coordinated primary care system. It recommends how IPE can be deployed throughout the career and development of primary care professionals through formal and workplace based learning, informed and engaged research, and supportive organisational and partnership environments. Professionals include those working in social care roles, within public, private and community sectors. It seeks to provide guidance, inspiration and debate amongst educators, professionals, policymakers, researchers, employers and patients/clients in Europe.



State of the art: A revised and further elaborated position paper on Interprofessional Education (IPE) will be presented. It offers a closer look on IPE in Primary Care, as an instrument to develop IPE further within one's own context.

The paper provides a research and practice informed perspective. It has been written by a multi-professional group of authors with experience as educators, researchers and practitioners. It has been informed also by debate and discussion at former EFPC and other international conferences.

Participants will be challenged to debate about their view on the developments of IPE from a perspective of educational setting, workplace learning, collaborative practice, research and policy development.



Using the learning game Kahoot will enhance the interaction between authors and participants.  
<https://getkahoot.com>

#### **Workshop News from the South (I): critical reflections on Mediterranean health systems and citizen participation**

Authors/presenters:

Mauro Serapioni, Centre For Social Studies, University of Coimbra; Portugal

Tiago Vieira Pinto, USF Serpa Pinto; Aces Porto Occidental-ARS Norte; USF-AN; EFPC; CINTESIS-FMUP; Portugal

There is an European macro-region delimited by the southern countries, in the perspective of their health systems characteristics? Some literature follows this line of thinking and points out that, at least, they have more in common than differences. The thesis based on a Mediterranean paradigm - in a health systems point of view - highlights some similarities between them: same born period and historic evolution, a peculiar system based on universality and independent of social and economic classes, same characteristics of health care planning and care delivery, just to mention a few. These similarities are obviously linked with political and social aspects which, with much probability, worked as triggers of social change in a very specific way. Additionally, some aspects of the crisis that affected these countries conducted, in some extension, to a similar and collective response, mainly supported on a strong development of the "welfare state". Likewise, citizenship and social participation as a practice of citizenship, have assumed great relevance in public policies, not only in this European macro-region but in most countries of the world. In fact, the past 10 to 15 years have seen a rise in the number of initiatives of civil society participation oriented to the reformulation of social rights. One of the central issues of health care reforms in Spain, Italy, Portugal and, in a smaller extension, Greece, has focused on the valorization of the citizens' voice. In this workshop, it will be exposed the main reasons that supports the Mediterranean paradigm in terms of social and health systems, as a first step to better understand the general state of the art of citizens' participation in this European region. About this

specific topic, we will go more in depth and try to understand both new strategies of patient involvement, and some constraints, as the lack of evaluation of interventions effectiveness.

### **News from the South (II): adaptive policies, citizen's participation and innovation in Mediterranean primary health care**

#### Authors/presenters:

- André Biscaia - USF Marginal; ACES Cascais; ARS de Lisboa e Vale do Tejo; USF-AN - Associação Nacional de Unidades de Saúde Familiar; Portugal
- Ardigò Martino - Center for International and Intercultural Health, University of Bologna; Italy
- Teresa Campos García - Consejería de Salud Junta de Andalucía; Spain
- Tiago Vieira Pinto - USF Serpa Pinto; Aces Porto Ocidental-ARS Norte; USF-AN; EFPC; CINTESIS-FMUP; Portugal



The financial and social crisis that swept the southern European countries in the last decade was first a threat and then an opportunity for these countries' social services, particularly health services. The primary health care services first were shaken, but survived and managed to continue to support the population at times when they needed it the most. Then, the services have adapted and evolved.

A tool that was used was the implementation of adaptive policies. These policies consist of the adoption of a number of a set of principles:

- analysis of integrated and forward-looking solutions
- decisions based on deliberations of the highest possible number of stakeholders
- capacity for automatic policy adjustments (monitoring of key indicators)
- self-organization and social networking
- governance decentralization
- diverse responses to implement policies with alternative solutions and promotion of innovation
- adoption of policy review routines and continuous learning incentives.

Not everything went well, but the following are good examples: the Houses of Health, the evolution of the process of commissioning of services, the creation of participatory decision-making processes that involve citizens, the generalization of studies of satisfaction with the services or curricular changes in the Higher Education system.

In this workshop, primary care developments in Portugal, Spain and Italy will be the starting point for the discussion.

### **PriKon-project: the role of nurses and interprofessionality in primary health care**



#### Authors/presenters:

- Kerstin Hämel, School of Public Health, Bielefeld University, Germany
- Ligia Giovanella, National School of Public Health, Fiocruz, Rio de Janeiro, Brazil
- Maria do Céu Barbieri-Figueiredo, ESEP, Escola Superior de Enfermagem do Porto, Portugal
- Rob van der Sande, HAN University of Applied Science, Nijmegen, Netherlands
- Doris Schaeffer, School of Public Health, Bielefeld University, Germany

#### Purpose:

The workshop aims to present changing roles and scope of practice of nurses in primary health care in a cross-country comparative view. Accompanying concepts and practices of interprofessionality in primary health care will be discussed.

Context:

As primary health care has to adapt to changing patient needs, professional tasks and roles have changed. In the last years, many countries have encouraged a shift in the responsibilities for certain tasks from physicians to, for the most part, nurses, but also to other health professionals. Both the new responsibilities in patient care and the task shifting necessitate a redesign in primary health care teams and, consequently, a restructuring of cross-professional collaboration.

The workshop will begin with the presentation of the findings from the research project “Primary health care centres – concepts and practices”. We argue that traditions in primary health care concepts must be taken into account as an important context factor affecting the potential of further developing nursing roles and interprofessionality. Afterwards, presenters from Brazil, Portugal, The Netherlands, and Germany will offer a snapshot of primary care developments and discussions in their specific countries. Finally, participants will be invited to discuss with the aid of case examples the potential contributions of nurses to primary health care today and in the future.

State of the art:

This workshop addresses those interested in the research and design of new roles of nurses and strengthening interprofessionality in primary health care.

**Network of Primary Health Care to EMA- EFPC Working Group –  
“Acquired Antimicrobial Resistance (AMR)**

**AMR and Primary care: What can we do to stop the development of highly resistant bugs”**

Chairman: Walter Marrocco; Palestrina (Rome) Via Eliano 38 – 00036; +393898365531; wmarrocco54@gmail.com Family physician and representative for EFPC in EMA.

Co-chair: Pieter van den Hombergh; Kolhornseweg 67 1213 RS; Hilversum +31(0)625097384; p.hombergh@gmail.com Family physician n.p. Policy advisor for EFPC.



Context: The Working Group promotes rational and appropriate use of medicines at community level and has identified AMR as an area where the collaboration by professionals in primary care can make a difference.

Resistance acquired to antibiotics or acquired AMR is defined as the resistance of a bacterium to an antimicrobial drug that was originally effective for the treatment of infections caused by that bacterium. Non-prudent use of AB is a risk factor for AMR. AMR includes antibiotics, antifungal agents, antiprotozoals and antivirals. AMR poses a real threat to public health. WHO highlights a widespread and rapid development of resistance. Its effects cause around 50,000 deaths annually in Europe and the USA alone. It is estimated that by 2050 it can cause 10 million deaths per year.

Research has been done by NIVEL (Dr. John Paget) on adherence to medication and AMR. The NIVEL program on AMR provides state of the art info on AMR efforts in Europe.

Recent studies show no evidence for finishing AB-courses and finishing the AB course may even contribute to AB-resistance. The role of PC (EFPC), and the collaboration with EMA could help to promote proper use of antibiotics, and the GPs could increase their efforts - as first prescribers - for responsible use of antibiotics in an alliance with the patients

Programme

15.45 Opening & outline. Collaboration with EMA; Why picking AMR as a battle. (W. Marrocco)

16.00 AMR, Scope and state of the art in research on AMR in primary care. (John Paget, NIVEL)

16.20 “The community pharmacy contribution to tackling AMR” (J. Wilkinson, pharmacist)

16.40 Discussion on what each profession could contribute in battling AMR & how to collaborate.

17.00 Wrap up and summary of the discussion (P. van den Hombergh)

**Keywords** Acquired antimicrobial resistance, pharmacovigilance, antibiotics, EFPC, EMA.

**Statements for debate**

- Uniform guidelines on AB in Europe help in the battle against AMR
- Professionals should collaborate based on these guidelines
- EMA and EFPC have a role in stimulating professional bodies into adherence to AMR guidelines
- EMA and EFPC should set targets on prudent AB use within the next five years.

**Scottish Health Directorate: Integrating Health and Social Care Services in Scotland –  
“Valuing peoples experience, expertise and opinions in the transformation of primary care in Scotland”**

**Authors/Presenters:** Lara Cook, Jan Beattie, Claire McKenna

**Purpose/Context:** To showcase the value of citizen engagement as services are transformed



The Scottish Government places a huge importance of involving citizens meaningfully in improving health and social care at individual, local and national level. This interactive workshop will take you through a range of methods we use in Scotland to show how we are inclusive in this process.

In August 2015, the Scottish Government launched a 6 month ‘National Conversation’ on creating a healthier Scotland. People across the length and breadth of the country were encouraged and invited to have their say on how our NHS and social care systems should develop in future, taking on board what really matters to people and their families and the support they need to live well and lead healthier lives. Thousands of people took part in events and others gave their feedback through face to face consultation, social media, email, surveys and competitions.

Key findings highlighted the need for:

- More focus on people to care for themselves in order to prevent illness
- The importance of mental health and wellbeing and the role that connected communities have in supporting this
- The need for more accessible, flexible services and joined up care, including easier signposting to what is available
- Recognition of the challenges ahead and the need to set clear priorities for the future.

The Conversation is the start of a long-term process and building from the initial findings we have extended our citizen engagement to enable us to capture those voices that are ‘seldom heard’.

We will present the Our Voice framework along with a variety of systems and processes which are contributing to the development of information led transformation of primary care. We will look at inter-disciplinary and multi-agency approaches which are influencing the development of our primary care vision and work plans from 2017 and beyond.

**Format of workshop:** Presentation which will include real case studies followed by an interactive discussion where we would aim to explore with the audience our plans for future citizen involvement

**MOCHA – “Models of children’s primary care delivery in Europe”**

**Selected Key Items from initial analysis of use of electronic records in Children’s Primary Care in EU and EEA Countries as of 2016**

**Authors/presenters:** Professor Mitch Blair, Dr. Grit Kühne & Professor Michael Rigby

These analyses are based on questions asked of the Country Agents of the Models of Child Health Appraies (MOCHA) project in each of the 30 EU and EEA countries. MOCHA Country Agents are experts in child health who are retained part-time to provide answers to child health policy and practice questions issued through a managed validated process within the MOCHA Project. They are listed at <http://www.childhealthservicemodels.eu/partnerlisting/country-agents/>

These headline figures, relating to the initial return and first analysis of questions related to EHR use, are to enable discussion on the possibility of devising and applying metrics on the impact of EHR use on service provision and children's health outcomes. As has been indicated elsewhere in a wider sense by the European Commission, Europe is a dynamic living experiment, and in this specific case of EHR use in children's primary health care there is an apparent significant opportunity to undertake comparative assessment.

### **RIZIV: Integrated Care in Belgium**

Author/Presenter: Ri De Ridder, director general RIZIV/INAMI



In October 2015 all Belgian national and regional health ministers approved a national plan on dealing with chronic diseases by setting in place a change strategy towards integrated care. It was the result of more than 4 years of interaction between politics and stakeholders on a common understanding on the issues to be tackled. Core element in the change strategy is a bottom up approach in a set of pilot regions covering around 100/150.000 population each. The approach focuses on population management including risk stratification and integration of welfare and health (including primary, secondary and hospital care). The policy is based on triple aim principles, extended to health workers wellbeing and with specific attention to equity.

The strategy is being implemented in a systematic way in several phases of building up proposals and loco regional action plans. By the time of the conference regional initiatives will have been contracted. A maximum of 20 pilot regions can be covered, which would mean that about 1/3 of Belgian population would be engaged in the change process. The process of setting in place the change pilots is supported by several top down frames: a political approved guide for pilot projects; coaching; scientific accompaniment; disclosure of national databases and local data management support like dash boarding; financing integrator management; budget guarantee (all savings stay within the pilot region). The whole process is covered by legal dispositions. During the workshop the strategic concept and the learnings from the setting in place of regional pilots will be discussed.

### **CIHR-IHSPR "Cross-border integrated primary care challenges", Institute of Health Services and Policy Research Canada**

**"Canada and the United States – Experiences in Developing Primary Care Models for Managing Complex Care and Multiple Chronic Conditions"**



#### Session Chair:

Dr Robyn Tamblyn, Canadian Institutes of Health Research – Institute of Health Services and Policy Research

#### Presenters:

Dr. Arlene S. Bierman, Center for Evidence and Practice Improvement (CEPI) – United States Agency for Healthcare Research and Quality (AHRQ)

Dr. Caroline Blaum, New York University, USA

Dr. Martin Fortin, Université de Sherbrooke, Canada

Dr. Clare Liddy, University of Toronto, Canada

Dr. Sabrina Wong, University of British Columbia, Canada

Canada and the United States rank highest in terms of healthcare costs among the OECD countries, and yet amongst the poorest in terms of health outcomes. This shared distinction has spurred investments in primary healthcare innovation on both sides of the border.

Despite differences in the two systems of health care delivery, both countries face common challenges in primary care transformation. At a recent symposium where primary healthcare leaders from the two countries came together to share emerging evidence and successes, one of the most critical challenges facing both systems that emerged is how to shift the system to respond to an increase in patients experiencing multiple chronic conditions.

Indeed, in both research and clinical care guidelines, health conditions are often considered in isolation, yet in healthcare settings it is more common to encounter people with multiple morbidities, many of whom have complex health needs<sup>1</sup>. People experiencing multiple chronic conditions depend on primary care to manage and coordinate their care<sup>1</sup>. Primary care practitioners need to develop dynamic care plans in partnership with patients that reflect their needs, priorities, goals and preferences while collaborating with allied professionals and medical specialists, coordinating care, and managing care transitions<sup>1</sup>.

In this session we will:

Share North American examples of approaches to integrated primary healthcare innovation for patients experiencing multiple chronic conditions;

Highlight approaches to engaging patients in primary healthcare innovation; and

Identify challenges, opportunities and advancements in measuring the impact of primary healthcare innovation

**FMM & VWGC –**

**"Cutting budgets in Community Health Centers in Belgium: how to react? A strategic exercise"**



Authors/presenters:

Jan De Maeseneer, Koen De Maeseneir, Nele Gerits (Association of Community Health Centers – Flanders, Belgium)

Hubert Jamart, Pierre Drielsma, H el ene Dispas, Christophe Cocu (Association of Community Health Centers – Wallonia, Belgium)

Background: In October 2016, the Belgian Federal Minister of Health decided to cut the budget of Community Health Centers with 6%. Moreover, she decided a moratorium on new Community Health Centers and commissioned an audit of these centers. Community Health Centers negotiated in 1982 a capitation system, with patient list, that in 2013 was transformed into an "Integrated Needs Based Mixed Capitation". That means that the centers receive per patient on the list, an amount of money that reflects the average need of the patients on their list, as assessed utilizing a multivariate model with 42 different needs-variables. In 2008, a report by the National Knowledge Centre in Healthcare, found that these health centers are highly accessible, especially for vulnerable populations, that their quality was at least as good, and in some areas better than the average quality in the fee-for-service system, and that, although the system costed more at primary care level, the health centers economized in the care for their patients at the secondary care level, ending with the same total cost for the health system, whilst the care was cheaper for the patients. Currently, 3.5% of the population is taken care of in the framework of these Community Health Centers at the Primary Care level.

Method: Starting from the situation, we will make a situational analysis in an interactive "role-play" where the participants will be divided in representatives of the insurance companies, the Community Health Centers, the patients, and the government. Real documents and materials that were used in the debates will be available (in English).

Objective: To try to understand what the power-relationships are and how a strategy can be developed to make the case of the Community Health Centers. Ideas will be confronted with what happened in reality. By doing so, participants will learn how to analyze budget cuts in primary care in a broader context.

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### **Expert Panel on Effective Ways of Investing in Health (European Commission):**

#### **“Tools and methodologies for assessing the performance of primary care & Benchmarking Access to Healthcare in the EU”**

Authors/presenters: Prof. Sabina Nuti, Istituto di Management - Scuola Superiore Sant'Anna, Pisa, Italy; Mr Christian Anastasy, General Inspectorate for Social Affairs (“IGAS”), Paris, France; Prof. dr. Jan De Maeseneer, professor in Family Medicine and Primary Health Care, Ghent University, Belgium.

Purpose: to inform the audience about the role and functioning of the Expert Panel on Effective Ways of Investing in Health (EXPH), advising the European Commission and debating the current work on: "Tools and methodologies for assessing the performance of primary care" & "Benchmarking Access to Healthcare in the EU".



Context: Since 2013 the Expert Panel provides the European Commission with opinions on relevant topics in relation to European health systems development. In 2016 a new panel has been formed, again under the leadership of Prof Jan De Maeseneer. Now they are working on three mandates of which number 2 and 3 are extremely relevant for the Primary Care context:

2. Benchmarking access to healthcare in the EU: The Panel will use the conclusions of the opinion of the Expert Panel on Access to Health Services and other relevant knowledge to build a framework that can be operationalized and can help guiding the improvement of access to healthcare in EU Member States, taking into consideration the different contexts and the multi-dimensional nature of the challenges.

3. Tools and methodologies for assessing the performance of primary care: The goal is to identify tools and methodologies to support policy makers in the assessment and improvement of the performance of primary care services and to advice for an EU agenda on performance assessment of primary care: goals, opportunities, activities, and possible deliverables

Format: After a general introduction of the Expert Panel and the way it will develop consultations with the important stakeholders in the European Union, both mandates will be presented including the crucial factors to be solved for EU members states. (30 min)

In two subgroups the mandates will be debated, starting from several statements developed by the EXPH working groups. (40 min)

The session will end with a plenary feedback meeting which will provide input for the EXPH to be included in the opinions to be produced in autumn 2017.

### **Citizen voice in Mental Health**

#### **“Who am I? A citizen, a patient or a peer to peer professional in mental health?”**

Authors/presenters: E.H. (Dineke) Smit, secretary EFPC working group mental health, researcher, philosopher of science, manager mental health facility, Netherlands

L.M. (Limke) Schopman, health care management (MSc), inside-out consultant, mental coach and peer-to-peer professional.



Keywords: Peer-to-peer support, mental health, sharing, nonlinearity of mental health,



Limke Schopman, healthcare professional (MA) and (once) diagnosed with a mental disorder will share her story with the participants: how her psychological vulnerability, her specific context and her personal competences played a role in her mental problems and her recovery. Now days she is an active peer to peer professional and a regular part in mental health programs. In this workshop special attention will be given to the importance of sharing.

The use of peer support is essential for mental health. Unfortunately this peer-to-peer support is still far from everyday reality. From a scientific perspective we are used to look in a linear way to mental disorders. At a

given time (T1), the patient meets the criteria associated with a mental disorder and after treatment the symptoms are reduced or disappeared (T2).

Personal circumstances of the client are not included in scientific research to prove the effectiveness of a treatment.

Daily practice is nevertheless complex. Psychological symptoms often arise in a combination of a particular vulnerability, a specific context and personal competences. The cure of mental disorder should also be found in this combination together with scientific qualitative and quantitative research. The interconnectedness of the aims of scientific research should therefore be more in balance with the psychological vulnerability, personal competences and influences from the context. This means giving customized care and making normative choices as a professional.

**PORT "Patient-Oriented Centers for Primary & Long-Term Care" - Bosch Stiftung Germany  
"The future of primary and long-term care in Germany"**

Authors/presenters: Carola Herter (Robert Bosch Stiftung), Representatives of the PORT-initiatives

Purpose: With the workshop the Robert Bosch Stiftung aims to encourage an international exchange on excellent approaches to health centers for primary and long-term care in other countries and discuss the implications for Germany. It is part of our program "PORT – Patient-Oriented Centers for Primary and Long-Term Care" with which we are supporting the (continued) development and setting up of local, comprehensive, and outstanding German health centers.

Context: Our health care system is evolving more than ever. If the system hopes to be fit for the future, its organization will have to reconcile persistent cost pressures with various major trends:

The number of trained caregivers in Germany is decreasing, especially in regions with weak infrastructure. The number of the elderly is increasing. Chronic conditions are becoming more prevalent. Also, our knowledge has increased as well as our expectations of the health care system providing high-quality care. Prevention and health promotion have a visible impact on one's health. New trends in technology (e-health) are also available.

Patients are increasingly showing initiative and are rather a partner of the health care professionals. Therapies and other supporting treatments and services are becoming more complex – outside of hospitals too – and are offered by different professional groups in the health care sector. Long-term approaches and cooperation among the professional groups is becoming increasingly necessary in order to find and implement feasible solutions for and with patients, even for prolonged conditions. The reform pressure increases.

State of the art: Starting in spring 2017 and within the PORT program, the Robert Bosch Stiftung will support five initiatives across Germany which will establish local community health care centers in the years to come. The centers are intended to ensure not only comprehensive primary care for the population of a given region, but also improved care for people with chronic conditions – all from one hand. The future PORT health centers

- Are tailored to regional needs,
- Provide coordinated, patient-centered care on an ongoing basis,
- Help patients cope with their conditions,
- Employ an multi-professional team from the health and social care sectors and other professions, cooperating as equals,
- Use new potential such as e-health,
- Integrate prevention and health promotion activities, are well integrated within their communities.

**EQUIP – Patient safety through patient empowerment**  
**“Improving patient safety by involving patients in quality policy of practice organization”**

Authors/presenters:

Jan van Lieshout, PhD, MD, GP, senior researcher IQ healthcare, Radboudumc, EQUIP delegate DCGP, the Netherlands

Stijn van den Broek, MD, GP, senior policy & organization family medicine, EQUIP-delegate Dutch College of GP's, the Netherlands



Keywords: Citizen oriented healthcare, Procedures to listen to the public voice, patient involvement, patient participation, patient safety, quality policy, intern audit

Purpose: Collecting feedback and getting new ideas on audit models and tools to involve patients with improving patient safety and quality of primary care by:

- A short presentation of an (qualitative) audit model to involve (low literate?) patients with tracing organizational issues in primary care that could be risky to the patient safety and quality.
- Feedback from the participants on this model.
- Discussion of the participants to search for the most wanted profiles (types, persons) of patients who are important to include in an audit.
- Involvement of the participants by playing their role as patients in an imaginary audit in a primary care organization in their own region.
- Summary of the given feedback and most remarkable audit results.

Context: Patient's experience is next to medical practice and practice organization an important pillar of quality policy and improvement that gets more and more the attention of primary health care professionals as well as policymakers in the Netherlands. Quantitative measurements like questionnaires and surveys don't reach every type of patients and don't give the possibility to talk about the results and search for ideas on and possible solutions of the most remarkable findings.

So it's time to use other and more qualitative tools that inspire caregivers and deliver efficient and meaningful incentives to the improvement of patient safety and quality.

State of the art: In medical practice the importance of the role of the patient is well understood and enhanced by patient empowerment and supported with tools for shared decision making. There are instruments to measure these aspects of care. Also in medical practice guideline development, patient participation is well established and evaluated. On a practice organisational level, there are examples of patient participation but this is not systematically implemented or evaluated.

Literature sources:

- Trier H, Valderas JM, Wensing M, Martin HM, Egebart J.

Involving patients in patient safety programmes: A scoping review and consensus procedure by the LINNEAUS collaboration on patient safety in primary care

Eur J Gen Pract. 2015 Sep;21 Suppl:56-61. doi: 10.3109/13814788.2015.1043729. Review.

- Kleurrijk spiegelen in de eerstelijns – spiegelbijeenkomsten met allochtone zorggebruikers  
<http://www.pharos.nl/nl/kenniscentrum/algemeen/webshop/product/80/kleurrijk-spiegelen-in-de-eerste-lijn>

Statements for debate:

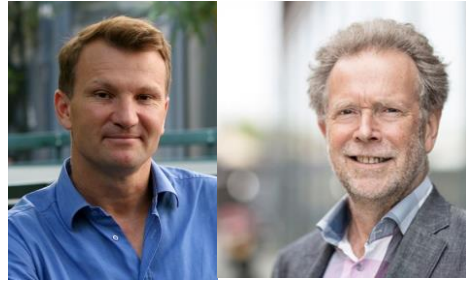
- Is patient involvement to trace organizational risks to patient an efficient and sensible way to improve quality and safety in primary care?
- Is playing your role as patient and looking at your own wishes as healthcare professional a smart way to improve your organization and patient safety?

## TO-REACH

### “Organisational innovations in primary care: future research priorities”

Authors/presenters: Groenewegen, P.; Bourgueil, Y.; Hansen, J.

Purpose: European countries vary in the way they have organised primary care. That provides opportunities for mutual learning. All European countries face challenges as a result of demographic (aging), epidemiologic (multimorbidity) and policy changes (centralization-decentralization, cost containment). Against this background the purpose is to discuss organizational innovations in primary care for future sustainability and resilience of health systems.



Cross-border learning assumes insights into the possibilities to transfer good practices from one country to another and the conditions on the receiving side.

The aim of this workshop is to discuss these issues and to consult participants about their priorities for research in these areas.

Context: The workshop is organized as part of an EU Horizon2020 Coordination and Support Action, called TO-REACH. This CSA brings together an unique consortium of (now) 29 governmental and research funding bodies plus research institutes. This consortium has expressed the ambition to systematically learn from the organization of care in other settings.

Overall objective is to prepare for a strategic research agenda to study transferability, absorptive capacity, scalability and contribution to health system performance of organizational innovations in health care.

State of the project: The CSA is just started. Two of its work packages are particularly important at this moment:

First, the WP that aims at mapping and analysing priorities, common themes and gaps in research on good models of care provision in Europe.

And secondly, the WP that develops an analytical framework and knowledge synthesis on the identification, transferability and scaling up of organizational innovations of care.

In the workshop these aims will be applied to primary care.

Structure of the project: The format of the workshop is as follows. First, the chairs clarify the objectives of the workshop as well as the added value for the European primary care community. Next, the first presentation will clarify what TO-REACH is, what it aims to achieve and what the relevance for the European primary health care communities. The second presentation will provide more information about its analytical framework around the identification, transferability and scaling up of good models of care. In between and after these presentations there will be sufficient time for discussions about experiences, insights and priorities of the participants.

#### Statements for debate:

- European primary health care systems can improve from learning from each other.
- What is current practice in one country, can be an important innovation for another country.

## OECD

### “Strengthening Primary Care: a panacea for societal ills?”

A sneak preview of OECDs’ milestone report on Primary Care and an opportunity to share your ideas

Authors/presenters: Michael van den Berg, Ian Forde, Niek Klazinga

Challenges that health systems around the world are facing are widely known: aging populations, the rise of chronic diseases, rising health expenditures, persisting disparities, disrupting technologies and innovations, etc. These developments form a complicated cluster of interrelated factors and concern not just health systems, but societies as a whole. Differences



between countries exist mainly in the magnitude and /or the stage in which these challenges are.

Given the central role of primary care in many countries, it may not come as a surprise that for all these challenges, solutions are often, at least partly, searched for in primary care. For instance, shifting care from hospitals towards primary care may be an answer to rising health expenditures, implementing disease management programmes in primary care may help to better control chronic diseases, and facilitating primary care in remote or underserved areas may contribute to tackling disparities.

However, “strengthening primary care” is not a simple solution to solve all health systems problems. Specifically how to do it, depends largely on the national or local historical and political context. Investments and reforms in primary care may also meet resistance, conflict with other interests or put high pressure on primary care work force. This urges for a balanced approach tailored to the needs of societies. Since there is a wealth of primary care models available, there are great opportunities for international learning in this perspective.

In this workshop we will discuss the role of primary care, promising perspectives and possible trade-offs with regard to important societal challenges, using a conceptual framework with normative perspectives. These perspectives, which were based on previous work of the Dutch public health forecasting studies, are organized along four major themes that dominate many policy agendas: 1) improving and maintaining the health of populations, 2) fostering autonomy and freedom of choice, 3) supporting vulnerable people and enable social participation and 4) maintaining competitive and fiscally sustainable economies with affordable healthcare.

1. National institute for Public Health and the Environment (RIVM), Netherlands
2. Seconded to OECD
3. Organisation for Economic Collaboration and Development (OECD)

**PACE Palliative Care for Older People in care and nursing homes in Europe Workshop on training modules for Primary Care professionals**

**“Palliative Care in Long Term Care Facilities: the EU PACE Project”**



Authors/presenters: Katherine Froggatt, Eleanor Sowerby

This workshop introduces the EU PACE project (Comparing the Effectiveness of Palliative Care for Older People in Long-Term Care Facilities (LTCFs) in Europe). Following a mapping of palliative care provision in European LTCFs, two empirical studies are being undertaken. Study 1 compares the effectiveness of health care systems in the provision of palliative care in LTCFs. Study 2 will compare the impact of the PACE Steps to Success palliative care intervention with usual care.

Findings from Study 1 are presented regarding the role of primary care in the care of dying residents. A representative sample of deceased residents in LTCFs in Belgium, Finland, Italy, the Netherlands, Poland and the UK was sought using proportional stratified random sampling. Participating facilities retrospectively reported all deceased residents over the previous three-month period. For each case, structured questionnaires were sent to the staff member most involved in care, the attending physician and a family member.

The ‘PACE Steps to Success’ intervention is then presented. This programme introduces six steps of care, within a facility, over a twelve month period. There will be an opportunity to interactively engage with one of the Steps (Co-ordination of care through monthly multidisciplinary review meetings) using experiential methods.

**Pharmaceutical Group of the European Union (PGEU) & the Portuguese National Association of Pharmacies (ANF) "Enhancing the role of community pharmacists in Primary Care"**

Epidemiological data indicates an urgent need for strengthening of primary care to enable adequate, timely and rational responses to the burden of chronic and preventable diseases.

Integrated care requires seamless and joined-up provision of care and demands effective care pathways between community pharmacies and other healthcare providers.

Patient-centred care cannot be achieved without unified mobilisation of all relevant providers towards common purposes.

Community pharmacists are qualified and accessible health professionals whose capabilities are neglected or, at least, still largely underused by health systems.



Across Europe, numerous services are provided by community pharmacists in primary care. They include health promotion and disease prevention (vaccination, needle exchange, health campaigns), self-care support (treatment of minor health problems, instruction on the use of self-administration therapeutic devices, adherence programs), risk screening and referral (cardiovascular risk assessment, diabetes risk assessment, obesity risk assessment, HIV testing), disease management (regular follow-up of patients on asthma, diabetes, hypertension & hyperlipidemia, oral anticoagulation therapy, directly observed therapy (e.g. methadone), HIV therapy) and case management (medication review, "Brown Bag Review", medication reconciliation and packaging interventions using a pill box or blister packs).

In 2012 the Pharmaceutical Group of the European Union (PGEU)<sup>2</sup> published their "Blueprint" for European community pharmacies calling for greater use of this under-utilised resource<sup>3</sup>. Since then, the contribution pharmacists can make to help address the growing burden on EU health systems (and to strengthen their resilience) has been increasingly recognised. For example, the joint European Commission-OECD "Health at a Glance" publication and the European Commission's Expert Panel on Effective Ways of Investing in Health recommendations both call for greater use of community pharmacists. Evidence on the clinical and cost-effectiveness of such services is now widely available.

In Portugal, community pharmacies have great potential to embrace new activities within the health system. Portuguese community pharmacies have high levels of professional qualifications, density, accessibility and advanced technological resources. Additionally, public opinion surveys consistently show high levels of trust and satisfaction by citizens regarding the service available from pharmacies.

Recently the Portuguese Ministry of Health and the National Association of Pharmacies (ANF) signed an innovative memorandum of understanding to deliver new pharmacy public health interventions aligned with health policy and patient needs.

This range of activities include, (but are not limited to), public health interventions, access to medicines previously only available in hospitals and experimental programmes, thus enhancing new interfaces between pharmacies and other healthcare providers in primary care.

Interventions include needle exchange, those in the area of diabetes, influenza vaccination, rational use of medicines and adherence, management of therapy and administration of opioid substitution therapies. Additionally, pharmacies are recognised as having a role in health literacy, quaternary prevention, disease prevention, health promotion and self-care. Such topics have also been included as part of a parallel agreement with the National Association of Health Family Units, thus reinforcing a coalition in primary care.

This innovative approach "qualifies" pharmacies' interventions as a form of health technology. Each intervention is subject to a protocol and will be assessed and evaluated during a trial period. Based upon the generated evidence and health gains, the Ministry of Health can include such services as part of future contracting with pharmacies.

This workshop entitled "Enhancing the role of community pharmacists in Primary Care", co-organised by PGEU and ANF, aims to highlight and discuss the potential benefits of a close cooperation between pharmacies and other healthcare providers in primary care settings, showcasing the Portuguese experience as a case study.

#### Workshop Format:

- OECD (Luke Slawomirski): Key note / Background to "New Health Technologies – Managing Access, Value and Sustainability" (new models, access to care, role of pharmacists in HTA etc)
- PGEU (Jamie Wilkinson): Overview of new services from community pharmacies

- Pharmacists (Claire Anderson): Overview of evidence for the enhanced role of community pharmacists
- Pharmacists (PT): Experiences of collaborating with GPs
- GPs (PT): Experience of collaborating with pharmacists
- Discussion

Following the presentations there will be an interactive panel discussion with the speakers joined by nurse representatives. Audience participation is strongly encouraged!

### EFAD "briefing paper on the role of the European Dietitian in Public Health"

Author/presenter: Teresa Rodrigues, Lorna Hall

Dietitians play a key role in public health, as they promote a healthy lifestyle through better nutrition. The focus of their skills and competences lies in interpreting and communicating theoretical knowledge to enable individuals and groups, across the life-course, to make appropriate dietary choices and sustain healthy lifestyles.



Therefore, public health dietitians may help reduce the number of premature deaths and significantly reduce the burden of preventable diet-related non communicable diseases (NCDs), overweight and all other forms of malnutrition which are strongly influenced by social determinants of health.

So too, they would display leadership in responding to emerging concerns related to nutrition policy and campaigns.

All of these elements make public health dietitians a key stakeholder whose expertise needs to be part of political food and nutrition developments and advocacy.



Thus, with this session, we will try to give a glimpse of the European Public Health Dietitians best practices on research and developing evidence based health promotion programs.

However, in our briefing paper, the section about specific advanced competencies will still be reviewed and updated, as performance indicators will be soon updated by EFAD and further improve the description on how Public Health Dietitians should demonstrate that they are working at a level of advanced competence in Europe.

Once this section isn't closed yet and may benefit from audience input, we will organize an active debate and invite the public to participate, by voting yes or no, whether or not they agree with our proposals for a matrix of advanced competences of European Public Health Dietitians. In the end, we will share and explore the results and there will be a space for discussion and debate, in which the public may suggest new skills or new ways of writing those that have already been presented.

### InEen – “The citizen voice in the Netherlands: how to organise patient centred care?”

Authors/presenters:

- Ms. Mariska Smit, Policy Advisor InEen, Dutch association of primary health care organisations
- Ms. Inge Beers, Policy advisor Zorggroep Almere



#### **Purpose:**

Health policy development in the Netherlands is complex. There are many actors involved, the final responsibility for the health sector lies with the government. Though most policy and guidelines are formed three-way: insurer, provider and (organised) patient. In the Netherlands there is a strong belief policy gets better by involving the (organised) patient.



**Context:**

We will present two examples of how the patients voice in the Netherlands is integrated in Primary Health Care. InEen is a Dutch association and supports their members on how to organise patient centred health care. One of the members is Zorggroep Almere, they will present their regional approach. Both examples will address issues relating to the organisation of patient centred care arrangements from a broad perspective. Several methods and interventions are possible AND necessary.

**State of the art:**

To organise and maintain structural patient centred health care, it is important to pay attention to several key actors: patient, professional, organisation and financing. Listening to patients and practitioners alone will not be sufficient for a sustainable relationship. A system approach is an absolute premise for success.

**EU HTA stakeholderpool meeting**

Authors/presenters: Daniel Widmer & Elena Petelos

Health Technology Assessment Healthcare Provider Pillar in the EU Health Technology Assessment Stakeholder Pool will discuss the following issues with Primary Care professionals at the conference:

- a. Role & Mandates (incl. DG Sanco, EUNetHTA, Member-States) - mapping current status and future steps
- b. Communication - pillar level, cross-pillar interaction and topics of interest

**ACOPC – “Community Health Centres-its definition and their feasibility in praxis”**Authors/presenters:

- Tonka Poplas Susič, MD. PhD, Associate Professor
- Diederik Aarendonk, EFPC coordinator

Introduction

European Forum for Primary Care (EFPC) and its Alliance for Community Oriented Primary Care (ACOPC) is looking for such a definition of the Community Health Centres that could be acceptable in most European countries. The definition of the International Federation of Community Health Centres (IFCHC) (<http://www.euprimarycare.org/international-federation-community-health-centres-ifchc>) supplemented with some organisational aspects has been used as a background for a questionnaire which has been searching the consensus on a common definition between countries.

Methods

The final version of the questionnaire encompassed 35 statements: 27 statements about definition of CHC (published by IFCHC) and 8 statements about collaboration among CHC/countries. The statements repeated twice in two exactly the same part: in the first part participants were asked about agreement with the definition of CHC and in the second about its feasibility in praxis. Every statement had to be assessed on the Likert rating scale (1-strongly disagree, 2-disagree, 3- neither agree nor disagree, 4-agree, 5-strongly agree). A Delphy methodology has been used to achieve consensus. Numbers 1-strongly disagree or 2-disagree were considered as disagreement with the statement and numbers 3- neither agree nor disagree, 4-agree and 5-strongly agree as agreement with the statement. If there were more individuals from the same county who responded, the statement was considered to be acceptable/agreeable if at least one participant signed it with the number 3, 4 or 5. The average value for every statement was calculated.

### Results

The first round of Delphy study (DS) took place in June 2017: 14 countries (12 members of AOCPC-EFPC; 2 outside-Macedonia, Turkey) with 40 individuals were invited to collaborate. 16 individuals from 12 countries (10 members of AOCPC-EFPC; 2 outside) responded. Further details of the results will be provided by the coordinator of the ACOPC and initiator of the study, Dr Tonka Poplas Susic.

### Format of discussion

The IFCHC definition of CHC was fragmented into many statements and supplemented with additional ones that were gathered at workshops, congress and individual consultations. Such a questionnaire enables to participants to express their views according to the possible specific situation in their country and prepare such a common definition that would fit to all countries where participants derived from. The definition of CHC and/or their feasibility cannot be simply generalised over Europe because the sample covers only approximately one-quarter of European countries but offer good opportunity to build up and spread the idea of CHC in Europe.

With the help of the workshop participants a next step will be made to make the definition acceptable throughout Europe as a basis for further disseminating the concepts of Community Oriented Primary Care.

### **Report of the World Summit on Social Accountability April 2017 Hammamet, Tunisia “Improving the impact of educational institutions on people’s health.”**

#### Authors/presenters:

José Gomes, MD, Family Medicine, Faculty of Medicine, Poitiers (France).

Jan De Maeseneer, MD, PhD, Family Medicine and PHC, Ghent University (Belgium).

The World Summit on Social Accountability, with a focus on “Improving the impact of educational institutions on people’s health”, took place in Hammamet, Tunis, in April 2017, at the initiative of the Global Consensus on Social Accountability (<http://www.worldsummitonsocialaccountability.com>) and The Network: Towards Unity for Health ([www.thenetworktufh.org](http://www.thenetworktufh.org)).

The Summit, attended by representatives from over 45 countries, adopted the “Tunis Declaration on Social Accountability in Health” in the presence of the Minister of Health of Tunisia.

The Declaration highlights the central value of “social accountability”, recommending that educational institutions collaborate with health systems, governments and communities to train a health workforce which responds to societal priority health needs. Recruitment, training and deployment of future health workers must be based on the values of equity, quality, efficiency and sustainability with special attention to people in the greatest need. This is founded on a commitment to social justice as a primary determinant of peoples’ health. Improving the availability, relevance, distribution and performance of the health workforce is critical to making progress towards the Sustainable Development Goals (SDGs). Moreover, emerging evidence suggests that investing in socially accountable health workforce education provides solid health, social and economic returns on investment.

The academic and workforce results of this innovation led the Northern Ontario School of Medicine (NOSM) to adopt this approach for its entire cohort. Results from Canada have been outstanding – high level academic achievement in national exams and 94 percent of graduates who also undertook residency in Northern Ontario now practice in Northern Ontario. Similarly, NOSM’s Northern Ontario Dietetic Internship Program (NODIP) has produced registered dietitians two thirds of whom are practising as clinical, community or public health dietitians in Northern Ontario. In an urban setting, Ghent University’s (Belgium) medical curriculum focuses on integrating social determinants, early exposure to primary care and family medicine, and community oriented training in underserved neighbourhoods. Similar approaches in the three other Flemish universities contributed to an increase of graduates opting for family medicine from 94 in 2006 to 332 in 2016.

In 2012, the international association of francophone Deans and medical schools officially adopted the Global Consensus for Social Accountability of Medical Schools ([www.healthsocialaccountability.org](http://www.healthsocialaccountability.org)) as a reference for their future strategic development. Currently, half of the 130 medical school members, in 35 countries on 4 continents, participate in an international action-research project to implement recommendations of the consensus. For example in Tunisia, medical schools formally contracted with health authorities in a region to

better respond to local health priorities through a more equitable distribution of their graduates in primary care services.

In Québec province, the deans of the medical faculties created a Committee for Social Accountability and at the Laval University in Québec, a Vice-Dean for Social Accountability has been appointed.

In Romania and Moldavia, the 13 faculties have negotiated a “Contract Faculty/State” in order to “improve access to quality care”.

In France two medical faculties have taken a commitment towards Social Accountability. In Tours, after a regional conference organised by the medical faculty on 12 June 2015, an integrated regional project was developed, leading to 10 precise actions in the field of socially accountable training and research, dealing with, amongst others: focus on inter-professional cooperation, participation of citizens in the faculty council,... In Poitiers, an assessment of the medical faculty took place by CIDMEF, integrating criteria on Social Accountability. The concept of Social Accountability, will be further explored through research projects and was the guiding principle for the recent reform of Family Medicine training.

In 2011, the "Training for Health Equity Network: THEnet" developed and validated a comprehensive, context-sensitive tool that helps schools design, reform, and evaluate the impact of institutional and educational strategies on health services, career choices and retention of graduates. This tool is based on THEnet schools' successful strategies to train a fit-for-purpose workforce. The social accountability approach offers a comprehensive and non-partisan vision on health needs and challenges, an inter-professional action strategy, the requirement for the optimal use of resources, and the engagement to assess impact.

Drawing on this evidence for impact, the Tunis Declaration supports the World Health Organization's “Global Strategy on Human Resources for Health: Workforce 2030” and the report of the High-Level Commission on Health Employment and Economic Growth: Working for health and growth: investing in the health workforce” . The Declaration highlights the needs and invites all stakeholders to participate actively within the umbrella of the Network: Towards Unity for Health and the Global Consensus on Social Accountability. The Tunis Declaration is an important global step towards achieving Universal Health Coverage.

#### Structure of the workshop

- Presentation on “Improving the impact of educational institutions on people’s health”: Prof. Jan De Maeseneer, Prof. José Gomes.
- Discussion about the concept of social accountability, with a brief overview of the history (2006-2017).
- Small group work: examples of how educational institutions active in primary care can have impact on people’s health.
- Take home messages.

#### **Grupo de Ativistas em Tratamentos (Portuguese Health Care Advocacy Group) “More Participation, better health - The path of a civil society movement”**

##### Authors/presenters:

- Sofia Crisóstomo - Grupo de Ativistas em Tratamentos (GAT) (Treatment Activist Group) and Centro de Investigação e Estudos de Sociologia (CIES-IUL)
- Margarida Santos - Grupo de Ativistas em Tratamentos (GAT) (Treatment Activist Group) and Centro de Investigação e Intervenção Social (CIS-IUL)



Given previous experiences of public involvement in health-decision-making, namely in Europe, and the absence of this topic from the political, institutional and media agenda in Portugal, the “MORE PARTICIPATION, better health” project was put in place to promote the meaningful involvement of patients and their representatives in health decision-making, both at the political and institutional levels.



The process of building consensus based on a truly participatory approach was key to the successful development of the Charter for Public Participation in Health - one of the main outcomes of the project.

The Charter establishes the principles, objectives, guidelines and opportunities for public involvement in health decision-making and was presented in the Portuguese

Parliament, not only to draw the attention of politicians and other key stakeholders to the importance of patients' participation but also to obtain their political commitment for its legal enforcement. A Public Petition was launched and will be submitted to the Portuguese Parliament before the end of 2017.

Currently, a few patient organisations involved in the project are moving towards establishing a formal alliance. By using a truly participatory and whole-of society approach, this initiative has contributed to raise awareness for and advance public participation at various levels.

### **EFPC Mental Health WG: "Mental health in primary care: just do it!"**

#### Authors/presenters

EFPC working group mental health: prof.dr. Jan De Lepeleire, Belgium, Dineke Smit MA / PhD candidate, Netherlands, Ian Walton MD, UK, Lisa Hill MA, UK.

#### Keywords

Mental health, primary care, good examples, EFPC position paper

#### Purpose

Mental health remains stigmatising, with fragmented services, professionals in silo and a lack of clarity on how to meet criteria, whilst issues such as dual diagnosis, learning disabilities and personality disorders don't always fit easily into current service delivery model. This results in increased economic costs due to both inefficiency and poor physical care.

Many of us struggle to offer mental health care from a multiple perspective (social, psychological, physical, functional recovery and existential questions) because of constant changes and cut backs in services. On the other hand there are some good examples, such as the flexible assertive community treatment (FACT) model for intensive support delivered in the community and propose that this may be the basis of a way forward. Do you have some good examples? Come to this workshop!

We will present some good examples how to deal with mental health in primary care from Belgium, the UK and Netherlands. Together we also wish to make clear where the challenges are for the future. We can use all information to write on behalf of the EFPC, an updated Position Paper on Mental health in primary Care.



#### Context

Mental health in primary mental health care is complex and up to date has been poorly researched. Like all other diseases treated in primary care the approach should be a bio-psycho-social and existential one, so that the three elements of this model are not approached as individual parts, but with an understanding of the mutual cohesion and dynamics, which is what good primary care does best. Primary mental health care corresponds therefore with complexity sciences which have cohesion and dynamics in their focus (Smit, 2015). There is an important relation between mental health problems, medical problems, multimorbidity and socio-economic status (Barnett et al., 2012): a person with "somatic comorbidities has an odds Ratio of 4 to have any mental disorder. Thornicroft recently described a framework to integrate the care for people with comorbid long term conditions (Thornicroft, Deb, & Henderson, 2016).

#### Mode of presentation

We will give an overview of the EFPC Position Paper of 2006, overviewing the interesting reports of WHO and UN about the topic. Taking into account the experiences of other countries as inventoried in prior EFPC meetings, we will present recent experiences of care for psychotic patients in three countries. With this background we wish to debate with you about the following questions: Why are current mental health services not enough? What needs to be done? What should be the scope of an updated Position Paper on Mental health in primary Care? Please help us with your experiences and input.

## HA-REACT – “Preventing and treating HIV and co-infections among people who inject drugs (PWID)”



Authors/presenters: Professor Mika Salminen, Ph.D.

Professor Mika Salminen is Director of the Department of Health Security at the National Institute for Health and Welfare (THL), Finland. He is specialized in infectious diseases and epidemiology. He is the coordinator of European Joint Action on HIV and co-infection prevention and harm reduction (HA-REACT).

Purpose: To describe the evidence-base and public health importance of low-threshold services for people who inject drugs (PWID), as well as the activities of the European Joint Action on HIV and co-infection prevention among PWID, and to exchange ideas and experiences on the role of primary health care in ensuring these services.

Context: Despite major advances in treatment and care and successful implementation of evidence-based preventive interventions on HIV and other co-infections (especially tuberculosis and hepatitis) in many EU member states, these infections are still not controlled among certain population groups and regions. The Joint Action on HIV and Co-infection Prevention and Harm Reduction (HA-REACT) addresses existing gaps in the prevention of HIV and other co-infections, especially tuberculosis (TB) and viral hepatitis, among people who inject drugs (PWID). The three-year project was launched in late 2015 with core funding by the European Union’s Health Programme 2014–2020. Twenty-two partners representing 18 EU Member States are currently implementing the project. Additional expertise is provided by 14 collaborating partners, including the European Centre for Disease Prevention and Control (ECDC) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The Advisory Board of HA-REACT includes EFPC. The HA-REACT project has been carried out principally in three focus countries: Latvia, Lithuania and Hungary but is of relevance to the entire EU.

State of the art: To date, personnel working with PWID have been trained in Hungary and Latvia in low-threshold testing of HIV, HCV and TB; training workshops have been organized and there are three more planned. A variety of materials has been developed in cooperation with a drug user organisation in order to encourage PWID to test. A series of seminars and study visits to other countries have been implemented addressing harm reduction interventions both in civil and penitentiary sectors. A mobile unit has started its work in Riga, Latvia, to provide needle and syringe exchange, condoms, as well as testing of HIV, HBV, HCV and syphilis. Further, a pilot on condom distribution has started in a prison in Prague. Publicly available e-learning courses about harm reduction in prisons have been developed (<http://harmreducion.eu>). An international workshop on integration of care for PWID has been organized as well as a meeting on financing of harm reduction services and their sustainability. A survey among harm reduction service providers across the EU has been completed in order to find the gaps and obstacles for access.

The Joint Action HA-REACT will continue until the end of 2018: the next steps of the project will be described in the workshop.

The purpose of this session on the EFPC Conference is to exchange ideas and experiences on best practices, barriers and challenges on prevention and treatment of HIV and co-infections among PWID in primary health care.

## EUropean Refugees - HUman Movement and Advisory Network (EUR-HUMAN) – “Experiences, outcomes, and outlooks from Austria and Greece”



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### The aim and objectives of the EUR-HUMAN

The overall aim of the project was to enhance the capacity, knowledge and expertise of European member states who accept refugees and migrants in addressing their health needs. One of the objectives of the project was the development of an online course with training material for local primary care professionals and refugees who are primary care professionals.



Within this project, the team at the Medical University Vienna, Austria, developed together with international experts an online course for primary health care providers involved in refugee health care. The course for primary health care professionals was piloted in Austria and implemented in other five European setting including that of Greece. In Austria was implemented in two versions between October and December 2016: one for GPs and one for former healthworkers among the refugees. In Greece it was piloted only for local healthcare providers. It was available on the online platform e-Health Foundation. The course was advertised via various networks, amongst others the website of the Austrian Chamber of Physicians. The Austrian participants received CME points after completion of the course. Additionally to the online course, the UoC team prepared, in collaboration with national experts, seven training lecture videos in Greek language on different topics. In Austria, in both courses combined, 102 health workers from multiple disciplines participated. In Greece 17 healthcare providers from different disciplines participated in the educational intervention that was hosted in Kara Tepe hosting centre of refugees and other migrants (Mytilene, Lesvos Island, Greece).

The aim of this workshop is to present the training materials that they developed within this project and as well as their implementation in Austria and Greece. An objective of this workshop is also to discuss its impact for health care policy and its implement in other European settings, while its ultimate goal is to compile a list of agreed statements and recommendations for use of EU and CHAFEA officers.

The workshop will include 5 short presentations that they will offer some background information about what achieved and what learned from that EU project and it will be followed by an interactive discussion with all attendants.

### Funding

*This abstract is part of the project '717319/ EUR-HUMAN' which has received funding from the European Union's Health Programme (2014-2020)*

### Disclaimer

*The content of this abstract represents the views of the authors only and is his/her sole responsibility; it can not be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.*

### **The empty chair - Putting the citizen in the center of Primary Health Care commissioning.**

Authors/presenters: António Pereira, José Luis Biscaia, André Biscaia

In Portugal, the Primary Health Care commissioning process has undergone a radical evolution during the last year.

The first steps in commissioning came before the Primary Health Care (PHC) reform in 2005 (which led to the creation of USF - family health units), but it gained importance and robustness with the reform.

All the primary health care units in the continental territory were quickly involved, allowing a greater efficiency of the incentivized dimensions.

With the evolution of the process emerged a greater sense of accountability. This was



reflected in the creation of the first associations of users / partners in primary health care, the first accountability meetings between health units and the population and the portal promoted by USF-AN - BIUSF – that presents, in a transparent way, the results of the indicators of all USF at national level.

Furthermore, in the meetings of negotiation the focus was more and more on the citizen and its needs. For example, in the ACES Porto Occidental in these meetings there was always an empty chair to symbolize the citizen, who, although not there, is the reason for all this negotiation. But the challenge is to have the citizen sitting, in fact, at the negotiating table. What has been attempted in the past year is to shift the focus from the indicators' discussion to the real needs of the citizens, through the alignment of the health units' action plan with national needs (through the National Health Plan), regional needs (Regional Health Plan) and local needs (Local Health Plan). By doing this, each unit has to evaluate and integrate all these needs, evaluate its current performance and to design strategies to meet the needs. The current commissioning process necessarily encompasses integrated care processes and the different dimensions of access to PHC.

In this workshop the commissioning process in Portugal will be discussed, with focus on its evolution and how commissioning's framework should evolve in order to promote citizens' participation.

## Submitted Research, Policy Debates and Multimedia Abstracts

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Sorted by ID number

### **Abstract ID: EFPC2017110**

#### **Home and community based occupational therapy improves functioning in frail older people: results of a systematic review**

**Author:** Mrs Leen M De Coninck - KU Leuven/OTEurope/UC Artevelde, Belgium

**Additional authors:** Bekkering - CEBAM - Belgium  
Bouckaert - UC Artevelde - Belgium  
Declercq - LUCAS - Belgium  
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Aertgeerts - KU Leuven - Belgium

**Keywords:** **Frail older people, Primary Care, occupational therapy, functionality, social participation**

**Purpose:** The objective of this study is to assess the effectiveness of occupational therapy (OT) to improve performance in daily life activities in community-dwelling physically frail older people.

**Theory:** Many older people with chronic diseases experience limitations in physical activity and lose functionality. OT is important in this respect. OT aims to enable people to perform the daily living activities that foster health and well-being.

**Methods:** We conducted a systematic review of RCT's reporting on OT as intervention, or as part of a multidisciplinary approach. Meta-analyses were performed to pool results across studies. The primary outcome measures were mobility, functioning in daily living activities and social participation. Secondary outcome measures were fear of falling, cognition, disability and number of falling persons.

**Findings:** There was a significant increase in all primary outcomes. The pooled result for functioning in daily living activities was a standardized mean difference of -0.30 (95% CI -0.50 to -0.11; P = .002), for social participation -0.44 (95% CI -0.69, -0.19; P = .0007) and for mobility -0.45 (95% CI -0.78 to -0.12; P = .007). All secondary outcomes showed positive trends, with fear of falling being significant. No adverse effects of OT were found.

**Discussion:** There is strong evidence that OT improves functioning in frail older people.

### **Abstract ID: EFPC20171105**

#### **A new strategy for community-based health promotion: interaction as a driver for change**

**Author:** Mrs Lara Hardeman - Community Health Centre "de Kaai" Ghent Belgium, Association of Community Health Centers – Flanders, Dpt. of Family Medicine and Primary Health Care University Ghent, Belgium

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**Keywords:** **community-based health promotion, interaction, intervention research, realist evaluation,**

Health promotion in Flanders needs new strategies to address health issues in the community. Health promotion workers perceive that they work hard to organise activities but the response from the community is rather disappointing.

To address this problem, we developed an alternative framework for community-based health promotion. The underlying assumption is that interaction is a main driver for behavioural change.

In four community health centres, we tested interventions related to mental health, smoke cessation and physical exercise. Using a realist evaluation methodology, we assessed what the optimal conditions for implementation are. What works for whom in a particular context?

We found that feelings of security within a group, health provider participation and conviviality are crucial contextual factors. The studies revealed innovative mechanisms on how group dynamics determine the change process and demonstrated the influence of social factors. We have found beneficial outcomes at individual,

interpersonal and community level.

Conclusion: interventions that facilitate interpersonal interaction between people in the community have the potential to bring new dynamics into primary care-based health promotion.

The purpose of this workshop is to describe the interventions and study results and to provide an opportunity for the audience to exchange ideas and experiences in this area.

**Abstract ID: EFPC20171106**

**Patient Safety in Primary Health Care, a Case study**

Author: Dr, Pr Vanda C Varela Pedrosa - ACES Leziria, ISCTE Lisbon, Portugal

Additional authors: Vanda Pedrosa - ACES Leziria, ISCTE Lisboa - Portugal

Keywords: **HealthCare Quality, Patient Safety, Primary Health Care, Reporting System**

Purpose: To know what it is that the health professionals of the functional units of a Health Center know and consequently incorporate about safety in Primary Health Care

Theory: The patient safety is a sensitive issue, regarding the context of Primary Health Care; the study is a real priority because the visibility of the results, insufficient, requires a greater effort of management of many actors and places.

Methods: Qualitative, Case Study, Semi structured interview 40 health professionals Health Center (Doctors, nurses, health technicians)

Findings: Is not incorporated (generally) the day-to-day, there is information (little / no uniform) and there is a lack of training and routine action. It is conducive to positive culture, learning, prevention, work team, but coexist unequal organizational levels face definitions, culture security, reporting, more attractive than real (lack feedback, resources, clearly policies not punitive). Found taxonomy of Adverse Events, which mainly indicates organization.

Discussion: It's harder to change the Primary Health Care by mutability and logistical complexity. Difficult, but with strong national/international environment: National Security Sick Plan; Notifies platform; safety culture assessment and Commission of Quality and Safety Health Centers. Confirmed the important involvement of different hierarchical levels, (medical, nursing groups), years of service, previous training.

**Abstract ID: EFPC20171107**

**Population Health Management Strategies based on the Human's Voice in Primary Care**

Author: PhD Marc A Bruijnzeels - Jan van Es Institute & Leiden University Medical School Campus The Hague, Netherlands

Additional authors: Girwar SA - Jan van Es Institute & LUMC-Campus The Hague - The Netherlands

Keywords: **Population Health Management, Risk Stratification, Persons Need**

For Oral Presentation:

To implement a population health management strategy to address the burning platforms in current and future health in populations around three primary care practices in The Netherlands.

Based on the principles of PHM (population segmentation, risk stratification and predictive modelling) followed by an intervention based on the 'what matters to you' approach, for specific strata in the population interventions are designed that match to the risk profile and needs of the populations. Furthermore, in a systematic manner the network of involved care providers are analysed.

For populations listed in three primary care practices in The Netherlands (The Hague, Urk and Nijkerk) segmentation and risk stratification was carried out through the ACG risk stratification tool. Based on qualitative information from the persons from the various risk strata the main problems experienced by the people were identified. The network of providers using network analyses to tackle these main problems was assessed.

The risk stratification is currently carried out in Nijkerk (N=26.000). Six different risk strata were identified, resulting in 226 persons in the highest risk band. The interviews with persons show problems on social, mental and physical domains. The networks of providers extend the health care sector.

Based on a quantitative risk assessment followed by a qualitative people-based problem definition an extended network of providers is needed to address the problems. Next, interventions need to be selected.

**Abstract ID: EFPC20171108****Flow - managing the patient's primary care episode end to end, digitally.**

Author: Mr Harry J A Longman - GP Access Ltd, United Kingdom

Keywords: **flow demand digital measure performance**

Purpose: How can we meet demand with a step change in efficiency? "Demand is soaring!" say the headlines. No, demand is very nearly flat. But the sense of high demand comes from a large backlog of work, patients awaiting help for days or weeks.

Theory: The problem is not high demand, but poor flow. Flow is central to the experience of the patient, from first seeking help to the completion of the episode.

Methods: New data from askmyGP shows how we can manage the flow digitally, measuring the time taken between each step, from entry to the system, through triage, decision on appropriate help, the clinical consultation and outcome. Measuring in minutes, even seconds, pinpoints delays in the flow and enables rapid improvement in both access and continuity of care.

Findings: This study looks at 3 GP practices in the UK and shows how understanding flow. making it visible has brought episode end to end median times below one hour.

Discussion: How general and reproducible are the findings?

**Abstract ID: EFPC20171111****Integral multiprofessional resilience in family health: comparison of health actions between units**

Author: Prof. Dr. Betânia da Mata Ribeiro Gomes Gomes - Universidade de Pernambuco, Brazil

Additional authors: Gicely Regina Sobral da Silva Monteiro - Universidade de Pernambuco - Brasil

Cleytiane Stephany Silva Santos - Universidade de Pernambuco - Brasil

Rennata Cristina Mariz Pereira - Universidade de Pernambuco - Brasil

Keywords: **Primary Health Care; Family Health Strategy; Evaluation of Health Services**

Purpose: To analyze essential attributes and derivatives of Primary Health Care in the Family Health Strategy from the perspective of users and professionals.

Theory: Primary Health Care is a health care organization strategy that responds to most of the health needs of a population, represented as a reference framework for the organization of services and the main alternative to change the care model. Among several concepts, the actions of Primary Health Care services can be defined by means of qualities, called essential attributes and derived attributes.

Methods: Descriptive research, quantitative approach, and cross-sectional design. A simple stratified sample of 398 adult users. Based on the population of four professionals, two doctors and two nurses, we opted for a non-probabilistic sample for convenience. For the search of data, four instruments were used: the Sociodemographic and Socioeconomic Form of the users, Socioeconomic Form of the professionals, the PCATool-Brasil version, and the PCATool-Brasil version Professionals. All ethical principles are being respected. The data will be tabulated with the aid of Microsoft Excel 2010 software and the results will be presented in the form of tables and graphs. The data will be stored in an Excel database and processed in SPSS, version 12.1.

Findings and Discussion: At the moment, we are consolidating and tabulating the collected data of the users and finalizing the collection of the data of the professionals. The review of the literature is done transversally throughout the elaboration and execution of the study. This is a course completion paper with completion in July 2017.

**Abstract ID: EFPC20171112****Improving quality and safety of patients management in the Community Health Centre (CHC) Ljubljana**

Author: Assoc.prof Tonka Poplas Susič - Community Health Centre Ljubljana, Slovenia

Additional authors: Robertina Benkovič - Community Health Centre Ljubljana - Slovenia

Rudi Dolšak - Community Health Centre Ljubljana - Slovenia

Keywords: **quality, risk assessment, safety, primary care**

Purpose: To minimise or remove risks in patients management.

Theory: Implementation of quality standards into the patients management is becoming ever more important. In Slovenia, it depends on every single institution on how it will introduce them in praxis.

**Methods:** Since 2013, CHC has systematically collected accidents/defects/incidents reported by the employees, findings of external/internal supervisions, patients' complaints and accidentally checked medical records. The Committee for quality (CQ) evaluated their consequences using indicators of severity and probability and characterised every risk as either low, moderate, high or extreme.

**Findings:** Until the end of 2016, altogether 432 reports were collected out of which 54 risks were identified and grouped in seven main categories (physical environment, care providers–patients relationship/ communication, patients treatment, changes in standard operating procedures, patient safety during construction work, environmental factors, simulation centre). 16 risks were assessed as low, 23 as moderate, 13 as extreme and 2 as extreme.

**Discussion:** Identifying the hazards, evaluating the risks and deciding who might be harmed and how enables introducing preventive measures. According to the findings, CQ defines priorities and consequently many improvements have been implemented in praxis. An on-going reassessment of risks and its consequences enables adaptation of measures. Despite defining consequences as objectively as possible, it is inevitable that evaluation involves a degree of subjectivity.

**Abstract ID: EFPC20171113**

**Working together for Primary Care Education: the Universsi Project between Italy and Brazil**

**Author:** Dr. Andrea Canini - Centre of International and Intercultural Health (CSI). University of Bologna (UNIBO), Italy

Health professionals education is living today a moment of big crises, given the difficulties to update curricula and teaching methodologies to meet new population needs; health professionals education for primary care is still largely monoprofessional, hospital-centred and held away from the communities it pretends to serve. Italy presents a dramatic delay in the development of primary care education: most faculties don't have a primary care course in their curriculum; the residency in primary care is not academic and has a shorter duration and lower scholarships than any other specialization; there is a mismatch between the future demand of primary care doctors and the number of primary care residents.

In the University of Bologna (Italy) we created "Universsi", an educational project based on the principles of transformative learning held together by students, researchers and professors of our university. Universsi project is part of a global partnership between the Centre of International and Intercultural Health (UNIBO), the Emilia-Romagna Region (Italy), the Brazilian Health Ministry, and many Brazilian universities and institutions. Thanks to this partnership project, many students and academics from both countries had the opportunity to approach the complexity of Primary Care Systems under the point of view of global learning and international solidarity.

**Abstract ID: EFPC20171114**

**Health promotion: community-based intervention can get the patient to do more exercise**

**Author:** Mrs. Emmily Schaubroeck - Community Health Centre "Daenshuis" Ghent Belgium, Association of Community Health Centers – Flanders, Dpt. of Family Medicine and Primary Health Care University Ghent, Belgium

**Keywords:** community-based health promotion, physical activity, African migrant, realist evaluation

**Purpose:** To investigate whether a GP (as a health advocate) can encourage women to do exercise through a community based intervention programme promoting physical activity.

**Theory:** From our daily practice, we have gained the impression that women with a black African background face heavy weight gain challenges, partly arising from a lack of exercise.

**Methods:** A qualitative study using realist evaluation techniques (with a Context-Mechanisms-Outcome hypothesis) was designed to evaluate which kind of physical activity promotion works with this ethnic minority group: how, why, for whom and under what conditions?

**Findings:** This community based intervention programme did indeed encourage women to exercise. The feeling of being heard and the presence of role-models within the group were the strongest contextual factors and, at the same time, underlying mechanisms. The interaction had an impact on the attitudes and physical activity behaviour of the participants and there was a snowball effect on other women.

**Discussion:** These results imply that a GP practice can indeed organize health promotion in the community and

that patient participation can lead to effective interventions. The snowball effect is a welcome bonus. This approach is helpful not only in the primary healthcare setting but also in society at large.

**Abstract ID: EFPC20171117**

**Migration and the media: the effect on healthcare access for asylum seekers and refugees**

Author: Dr Anna Matthews - University of Glasgow, United Kingdom

Additional authors: Nicola Burns - University of Lancaster - England  
Frances Mair - University of Glasgow - Scotland  
Kate ODonnell - University of Glasgow - Scotland

Keywords: Access; Entitlement to care; Media representation; Asylum seekers; Refugees

Purpose: In Scotland asylum seekers/refugees (ASR) are entitled to free healthcare, even if asylum is refused. Newspapers represent a powerful source of information for ASR, healthcare professionals and the public and may impact on the willingness of ASR to access care. Here we explore how discourses in newspapers affect ASR women's and healthcare workers' ideas of deservingness for healthcare.

Theory: Candidacy theory.

Methods: A five-year media analysis of eight UK newspapers. Thematic analysis explored reporting of migration/migrants and health. Qualitative interviews with ASR women and primary healthcare staff explored how media portrayals affect them.

Results: Migration was a constant presence in the UK media, with a set of 'truths' constructed about migration. These truths, often unfair, were internalised by ASR women, affecting their confidence in accessing services and disclosing their asylum status. All interviewees felt confused by the media portrayal of entitlement to healthcare. GPs felt that the media did not affect their care of ASR women but were aware of headlines and felt they influenced the attitudes of other patients.

Discussion: Media portrayal was often positive about individuals, but overwhelmingly negative about migration in general. ASRs felt judged, unsure about entitlement and discouraged from disclosing asylum status. Healthcare staff must recognise this and respond to it.

**Abstract ID: EFPC20171122**

**We are not afraid of the dark - Citizen survey of the "new retirees" in a small Norwegian municipality**

Author: Mrs Hilde Haaland-Kramer - Centre for Care Research, Western Norway University of Applied Science, Norway

Keywords: citizen survey, future needs and wants, municipal health care

Purpose: To gauge the opinions related to health care services of the aging population in a small municipality in Western Norway. The municipality wants to use the results to better organize the services of the future when the elderly population will increase while the working age group will decrease.

Methods: In the spring of 2017, we conducted a survey among all 67-75 year olds in the municipality, totally 368. The survey has not concluded, but the response rate is between 40-50%. The survey was developed together with the municipality and includes questions on housing, health, technology, social network and voluntarism, opinions on the use of telecare, and preferences to who should provide services.

Findings: We found an elderly population with strong social attachments, comfortable with technology and positive towards using technology as part of home-based health care. We see that the willingness to be a volunteer diminishes with the emotional distance to the person in need and that there is still a fairly strong expectation that the public should provide services.

Discussion: What does this mean for the municipality? For example, the municipality may assume that they have a supportive population behind when they introduce new technologies and new services.

**Abstract ID: EFPC20171128**

**Trust and distrust towards the Norwegian health and social services**

Author: Mr. Oddvar Førland - Centre for Care Research – Western Norway. Western Norway University of Applied Sciences, and VID Specialized University, Norway

Additional authors: Bjarte Folkestad - Centre for Care Research – Western Norway and Uni Research Rokkan Centre - Norway

**Keywords:** trust, public welfare services, citizen survey, the institutional hypothesis

**Purpose:** To investigate the level of trust between eight important welfare services in the Norwegian welfare state and how these trust levels varies between different factors.

**Theory:** We ask if the differences can be explained primarily as a result of the differences between the users and their background (the culture hypotheses) or due to their actual experiences with the different services (the institutional hypothesis).

**Methods:** The data is retrieved from three national citizen surveys from the Norwegian Agency for Public Management and eGovernment from 2013, 2015 and 2017. We have made descriptive analysis.

**Findings:** There are significant differences in users' trust in the various welfare services, where family doctor/GP (91 % trust) and Norwegian Labour and Welfare Administration/NAV (52 % trust) as outliers. We find no obvious spillover effect between the NAV and GP trust for the same users. NAV-users have just as much confidence in the family doctor as others.

**Discussion:** Our analysis suggests that it is primarily the features of the services that explains the significant difference in confidence between GP and NAV. It may be due to users' evaluations of their experiences of the different services. This strengthens the institutional hypotheses.

**Abstract ID: EFPC20171129**

**Community engagement in Portugal : what can be learned from UK experience**

**Author:** Dra Paula Ponte - USF Prelada, Portugal

**Additional authors:** António Luz Pereira - USF Prelada - Portugal  
Margarida Vaz Pinto - USF Prelada - Portugal

**Keywords:** Community Engagement; Citizens Participation

**Purpose:** Evaluate the applicability of a community engagement program in the Portuguese reality.

**Theory:** Community engagement encompasses a range of initiatives that lead to improvement in citizens' health and wellbeing and reduction of health inequalities. The last National Health Plans recognized the lack of formal mechanisms for participation in the Portuguese health system and emphasized the importance of strengthening the role of patients/users and their valuable contribution to the political decision-making process.

**Methods:** Based on NICE guideline (NG44), we tried to identify which entities were already available in our country and which changes would have to be made to achieve the objective of implementing this kind of initiatives.

**Findings:** The particular organization of primary care services in our country is liable to a proximity relationship with communities. Implementation of such program would be profitable, however this will imply changes in some institutions, time, planning and well-coordinated resources.

**Discussion:** There is a growing concern to incorporate the voice of citizens in the configuration of the national health system, although this is a recent phenomenon, especially when compared to the great participatory tradition in the Anglo-Saxon countries of northern Europe. This kind of initiatives can bring, in the long run, global health benefits.

**Abstract ID: EFPC2017113**

**Investing in PHC; How to motivate policy makers?**

**Author:** Dr Pieter van den Hombergh - IQhealthcare, Netherlands

**Keywords:** UHC, PHC, Family Medicine principles, SDG,

**Purpose:** To explore the opportunities to change the present Primary Health Care systems towards a Family Practice Care (PHC) approach.

**Theory:** In spite of strong evidence, that FPC is more effective than a public health approach of PHC, policy makers have difficulty in devolving the existing system towards a PFC-system, where Family Physicians and PHC-professionals feel ownership and responsibility.

In 2006 The Dutch Health Care system changed to a more market oriented with investment in personnel, training and remuneration of practices for performance and improved service and access.

Our research question was if during the years after 2006 patient experiences of Dutch family practice had changed.

**Methods:** In a series of annual cross sectional patient surveys the performance of GPs and practices was measured. Sampling of patient experiences took place in 1657 practices involving 2966 GPs. Data on were available from 2007-2012.

**Findings:** 78,985 patients assessed the performance of 2966 FPs, and 45,773 patients assessed the organisation of 1657 practices. The number of patients with positive experiences increased significantly between 2007 and 2012; 4.8% for FPs ( $p < 0.0001$ ) and 6.6% for practices ( $p < 0.004$ ).

**Discussion:** The improvement in general practice care from 2007-2012 was significant, but no direct causation can be made. Explanations may be found in the various reforms/ investments since 2006.

Key determinants of this improvement will be discussed in the workshop. The author will bring in experiences with reforms towards FMC in various countries.

**Abstract ID: EFPC20171130**

**Who Needs Financial Incentives? A life cycle analysis of rewards in primary health care.**

**Author:** Prof. Maria do Carmo Neves da Silva - FEUC - Faculdade de Economia de Coimbra da Universidade de Coimbra, Portugal

**Additional authors:** Carmo Neves - FEUC - Faculdade de Economia de Coimbra - Coimbra  
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**Keywords:** **Reward Systems; Primary Health Care; Public Health Systems.**

**Purpose:** Hierarchical governance of public health systems (Osborne, Radnor, Vidal & Kinder, 2014), has been qualified by readiness in principle, in some countries, to allow varying degrees of autonomy with different reward systems. To inform policy making on (Paauwe, Guest & Wright, 2014) there is a need to assess how this has been perceived by health professionals in terms of motivation and performance.

**Design/Methodology:** Thirty-nine semi-structured, audio taped and fully transcribed interviews with thirteen ( $n = 13$ ) doctors, thirteen ( $n = 13$ ) nurses and thirteen ( $n = 13$ ) health administrators in thirteen different family health units in a southern European country. Plus forty eight ( $n = 48$ ) patient satisfaction questionnaires in four different family health units of which twelve in a unit with institutional financial incentives (Model A), twelve with both institutional and individual performance related pay (Model B) and twelve in each of two units in transition from Model A to B.

**Results:** Younger health professionals (doctors) are more motivated by individual financial rewards (Model B). Patient satisfaction with all of health professionals in terms of empathy is higher with financial incentives (Model B) but only marginally so.

**Originality/Value:** Insight into the scope of financial incentives in primary health care. The attraction of such incentives relates to age, professional life cycles and socio-economic status and also is qualified by other concerns of health workers such as work-life balance.

**Limitations:** Study of only some health centres in one country. Practical Implications: Contributing to an understanding of the effectiveness of financial reward systems

**Abstract ID: EFPC20171132**

**Use of Urgent Care Services : The Role of Health Literacy**

**Author:** Dra. Margarida Vaz Pinto - USF Prelada, Portugal

**Additional authors:** Paula Ponte - USF Prelada - Portugal  
António Luz Pereira - USF Prelada - Portugal

**Keywords:** **Urgent Care Services, Users , Health literacy**

**Purpose:** Evaluate the profile of the urgent care services users using a brief health literacy questionnaire.

**Theory:** Health literacy is being assumed as a fundamental concept for a more active citizen participation in health. It is now known that an inadequate level leads to ineffective patient care which entails costs and worse outcomes for health systems.

**Methods:** The target population of the study is users, over 18 years of age, of the urgent care services (primary care and emergency department) available in the area of influence of ACeS Porto Ocidental.

A convenience sample was used. The variables gender, age, literacy, professional status, health status perceived, prior use of health services, smoking habits, alcohol and physical exercise were recorded, and an adapted shorter version of the validated HLS-EU-PT was applied in an anonymous self-completion questionnaire.

Findings: Currently the statistical analysis of the gathered data is being conducted.

Discussion: Literature review shows that limited health literacy has been associated with fewer doctor office visits and a preference for emergency care. Knowledge about the literacy status of users of different urgent care services will allow the design of literacy improvement strategies appropriate to each location.

**Abstract ID: EFPC20171134**

**More Doctors Program: mapping and analysis of academic production**

Author: Prof Maria Guadalupe Medina - Instituto de Saúde Coletiva / Universidade Federal da Bahia, Brazil

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Keywords: **More Doctors Program; Primary Health Care; Review Study; Brazil**

Purpose: This study aimed to analyze the scientific production on the PMM, identifying its relevance and effects and elaborating a synthesis of the main topics addressed.

Theory: As a goal of strengthening Primary Health Care (PHC) in Brazil, the More Doctors Program (Programa Mais Médicos - PMM) was created in 2013, which provided a hiring of more than 18 thousand doctors, specially allocated in remote areas and those with worse socioeconomic indicators.

Methods: The search was carried out in the Regional Portal of the VHL (<http://bvsalud.org/>), and in the Knowledge Platform of the More Doctors Program (APS / PAHO Network) (<http://maismedicos.bvsalud.org/>). A total of 409 documents were identified and, after exclusion criteria were applied, 47 were selected, of which 23 were considered of high and medium relevance. 32 publications identified the effects of PMM in several areas. 29 identified positive effects of the Program.

Findings: In none of the analyzed articles there was a predominance of negative results. Thematic analysis was performed and studies highlighted: equity, effectiveness, professional training, implementation, work practices and process, media approach and political analysis.

Discussion: Some clues were developed about the program's directionality, its fragilities and some needs that are required for a research agenda for the coming years.

**Abstract ID: EFPC2017114**

**Assessing readability of information documents on diabetes in hospitals and primary care clinics in Quebec, Canada**

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Keywords: **Readability, Primary care, Diabetes**

Purpose: The aim of this study was to evaluate the readability of information documents on diabetes provided to patients in hospitals and primary care clinics in Quebec, and to compare the level of readability to actual

recommendations.

**Theory:** Literature suggests that documents should be adapted to a level of four to six years of formal education.

**Method:** Descriptive research. 173 documents on diabetes from hospitals and primary care clinics of the Université de Sherbrooke network were collected. 51 documents were randomly selected and analyzed using two readability formulas to quantify reading level required to read a document; the French version of simple measures of Gobbledygook (SMOG-fv) and the Flesh-Kincaid (FK) formula. Documents were analyzed manually after inter-rater agreement.

**Findings:** The 51 documents on diabetes showed a mean score of 10.2±1.7 grade level for the SMOG-fv formula, and 14.4±2.6 grade level for the FK formula. For all documents analyzed, one document was between a fourth and sixth grade level, when analyzed with the SMOG-fv formula. When analyzed with the FK formula, all documents were above a sixth grade.

**Discussion:** Level of readability of the information documents analyzed was higher than recommendations from literature in hospitals and primary care clinics in Quebec.

**Abstract ID: EFPC20171140**

**Participation of vaginal pessary users in the elaboration of clinical protocol**

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**Keywords:** Pelvic Organ Prolapse. Pessaries. Protocols. Patient Participation.

**Purpose:** To describe the participation of women with Pelvic Organ Prolapse (POP) in a clinical protocol elaboration phase aimed at the use of vaginal pessary. **Theory:** Protocol development methods have sought to increase transparency and process quality and to stimulate stakeholder participation throughout each stage (MEGA et al., 2015).

**Methods:** A descriptive, cross-sectional study was carried out with four women with POP who used vaginal pessary in a specialized outpatient clinic. The interview took place in July 2015, after authorization from the ethics committee, through a script about the main doubts about the use of the device and the needs to be satisfied in the consultation.

**Findings:** The participation of women generated important topics to be contemplated in the clinical protocol: quality of life; possible complications; selection and adjustment of the pessary; insertion and removal of the pessary; health education.

**Discussion:** Patients' perception in directing the elaboration of protocols is relevant to guarantee essential information and greater reliability to health professionals. This moment helped in the development of the clinical protocol and the suggestions of the users of vaginal pessary were contemplated in the final version.

**Abstract ID: EFPC20171142**

**Privatization to the health professionals' education: a challenge to the PHC strategy in Brazil**

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**Keywords:** Private High schools, health professional education, Primary health care, Health Labour Market

**Purpose:** To describe the growing participation of the private institutions in the health educational market in Brazil and the challenges posed by the PHC strategy expansion

**Theory:** The growing participation of private schools in the health professional education may bring challenges to the quality of education and to the universal health policies, like Primary Health Care

Methods: Integrative literature review

Findings: In Brazil, in 2012 there were 183 medical schools, of which 109 private (61.68% places) and 74 public (32.32% places). In 2014, one year after the More Doctors Law, there is 241 medical schools, 136 of which are private (54.4% of vacancies). From 2000 to 2014, the number of private nursing schools increased seven times (from 108 to 708) with 180 thousand vacancies on distance learning.

Discussion: The Law was passed (Mais Medicos - More Doctors) to support the quick expansion of positions in the PHC network with Cuban and other foreign doctors, but also to expand medical education towards PHC. However, the law made sure that the new schools must be private. Few analyses have been conducted considering this new scenario and their impact on the health workers recruitment and distribution.

**Abstract ID: EFPC20171143**

**Assessing community health needs in a feasible way? Comparing 5 methods to explore a community's health needs in a multidisciplinary primary care center in Ghent (Belgium).**

Author: Dr. Veerle Vyncke - Department of Family Medicine and Primary Health Care, Ghent University, Belgium , Belgium

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Leen - Roobaert - Belgium

Keywords: **Primary care, community, community oriented primary care, health needs assessment**

Purpose: This process answers the current call for a population-based perspective in primary care to ensure health for all, but the lack of appropriate material support challenges the implementation of these principles in busy primary care settings.

Theory: Community oriented primary care is a process to systematically identify and address community health needs by including principles of public health in the primary care practice.

Methods: The team of the community health center Nieuw Gent (Ghent, Belgium) has explored five methods to identify their community's health needs in terms of their effectiveness and efficiency. Successively, the community's health needs were described based on (1) the electronic medical file of patients, (2) two focus group interviews with the multidisciplinary team of the center, and individual interviews with (3) professionals with expertise in health and welfare working in the community, (4) patients and (5) neighbourhood inhabitants that are not patients in the community health center.

Findings & Discussion: The research project suggests that to identify main health needs of the community in a feasible way, a primary care center can use a systematic analysis of both the electronic medical file and the knowledge of the staff members, given the presence of multiple disciplines within the center, their membership of an intersectoral network of social partners in the community and a certain history working with the aimed community.

**Abstract ID: EFPC20171144**

**Assessing community health needs in a feasible way? Using an analysis of available data in the electronic medical file to explore a community's health needs.**

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Keywords: **Primary care, community, community oriented primary care, health needs assessment, electronic medical file, community diagnosis**

Purpose & Theory: Exploring community health care needs is a prerequisite to enable population-based and responsive primary care for all, but the lack of resources (time, money, ...) challenges the implementation of this process in busy primary care settings.

**Methods:** The team of the community health Center Nieuw Gent (Ghent, Belgium) therefore explored the possibility to use data from the electronic medical file (EMF) to identify a community's health needs in an effective and efficient way. Information on sociodemographic characteristics, health care use and ICPC-coded prevalence and incidence of mental and physical diseases of members of the community of interest were compared with surrounding communities and (for some) the general Flemish population.

**Findings & Discussion:** The analyses (1) support pre-existing knowledge of the primary care team (e.g. about the complexity and severity of care needs for the community), (2) deepen and nuance pre-existing knowledge (e.g. by demonstrating the early onset of cardiovascular risk factors in the community) and (3) support the health advocacy role of the team by illustrating the persistent link between health care needs of the community and social determinants of health such as housing and socioeconomic hardship.

**Abstract ID: EFPC20171145**

**Defining and enriching a policy municipal health- Prevention and empowerment around nutrition-BMI improvement an intervention in a social center in Nanterre.**

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**Keywords:** Empowerment nutrition obesity participation community self determination

**Purpose:** Nanterre is confronted with health problems including obesity marker of Inequalities. In a ZUS, women evolved in 6 years of passive spectators of workshops of a social centre to the creation of a sports club

**Objectives:** Sensitize to preserve their health. Acquisition of skills to decrease their BMI.

**Method:** Means the objectives were defined with the women. Choice of the format and contents with them. Actions associating dietetic, physical-activity, improvement of the regard of oneself.

**Findings:** In six years, they are positive and multiple: A weight loss for the whole of the group (BMI ranging between 28 and 35 in 2009 today enters 23 and 30), reduction in the fatty mass increase in the muscular mass. Normalization of the lipidic assessment. Women also passed to a regular sporting practice (two to six times per week according to the women). Creation by the women of a sports club carried and animated by these women promoters of health and the wellness within their district.

**Discussion:** This Co-construction of a programme of health with them made it possible to take into account the whole of the individual determinants of health and to improve the impact of the program for a greater sustainability

**Abstract ID: EFPC20171146**

**Author:** Vanda Cristina pedrosa - Health Center, Portugal

**Keywords:** Primary Care, Conflit Management and Negotiation, soft skills, Competencies

**Purpose:** Whether the technicians of diagnosis a therapy of an ACES consider the skills in conflict management and negotiation a critical factor to modernization of public health center and its professional activity regarding the contact with users.

**Theory:** The study of conflict management and negotiation related with health settings has been a topic of research, particularly in CSP in modernization since 2006. The increasing cooperation between practitioners and users to perform tasks and clinical management makes skills in conflict management and negotiation crucial to the support and establishment of relations.

**Methods:** Qualitative approach and method of interview

**Findings:** It was observe the respondents consider skills in analysis critical to the modernization of services based on logic of shared management. Training is appreciated as as they didn't obtain these skills in different stages of education. Professional group mostly single elements, confirming that having a professional colleague is positive. Beina a single element and detain individuals expertise makes the management of time and resources is crucial.

**Discussion:** Conflicts arise mostly in the context of proximity to the communication, interdependence of functions and resources. They tend to remain unresolved, appearing for no apparent reason. Preferred an integrative orientation and collaborative negotiation strategies. Big importance of soft skills in technical professions

**Abstract ID: EFPC20171148****More Doctors" Program Policy cycle analysis: Brazil Cuba cooperation and health workforce management in primary care**

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Keywords: **Health care systems; Health Human Resources; Policy analysis, Policy Cycle, Workforce management; Primary Care**

Purpose: The objective of the study was to analyze the macro and micro effects of Brazilian physicians and Cuban physicians work process in Brazilian primary care units served by the program.

Theory: Health professional education and provision are the main strategies for increasing capacity and responding to health systems needs among countries worldwide. Qualified health professionals is one of the key features for improving quality of life of general population. Recently, Brazilian government created a law to create a national program to improve the capacity to respond the demand for doctors in the underserved areas, called More Doctors Program. The law was design with three main axes: provision, education and infrastructure. The first, provision, would increase medical doctor's provision through monetary and non-monetary incentives to attract national and foreign doctors to work in remote areas. The education site was related to opening new Courses and Institutions to graduate new doctors in remote areas. The third axe was to improving primary care facilities. However, the most polemic side of this Program was the partnership between Cuba and Brazil, through an international cooperation mediated by Pan-American Health Organization. It involved 18 thousand and 240 new physicians for primary care, covering around 63 more million people all over the country.

Methods: Focusing on the provision experience, mainly in the international cooperation Brazil Cuba, it was designed and conducted a qualitative study, analyzing the policy cycle More Doctors, using Howlet & Ramesh, 2003 as well as Ball, 1992 as reference. This study was organized looking at the five stages of policy cycle: agenda preparation, policy formulation, decision making, implementation and evaluation and context analysis and evaluation on Ball cycle. Ball argues that the policy has to be analyzed on the practice field. Interview with stakeholders, document analysis and case study were developed. For the case study, three cities in the interior of Brazil were visited; the education and program locally managed were the field of observation of the researcher.

Findings: In the macrolevel, the interviews show that medical education and practice are focused on specialized care, Market oriented, over using high technological resources, compared to Cuban doctors. That could be explained by the difference of education strategies, the majority of family physicians in Brazil are not Family doctors by education. All the Cuban in Brazil were educated as General Practitioners. Also the Cuban socialist model could influence. The Cuban doctors bring new perspective to Brazilian health professionals on the way the build linkage to the users, the way the deal with poverty and inequity. On the micro level, both groups are benefited of ongoing learning strategies, supervisions in locus, distant learning courses, and round table on main health problems, group practice sharing, and interchange on health local planning.

Discussion: The main problems are that it is a temporary provision strategy, it is not well settled with the Brazilian medical corporations and union, the supervisions are not always well organized by Universities, and the some evaluation of impact do not show quality of primary care significant changes. It also shows the fragilities of health workforce management in Brazil by the municipalities alone, without the federal and state government interference.

**Abstract ID: EFPC2017115****The w-HEALTHQUAL: a measurement scale for the analysis of patients' satisfaction with primary health care**

Author: Dr Ana Luisa Godoy Caballero - University of Extremadura, Spain

Additional authors: Luis Regino Murillo Zamorano - University of Extremadura - Spain

Keywords: **patients' satisfaction, experiences, patients' importance ratings, primary healthcare**

Purpose: To develop a new scale that adequately measures patients' satisfaction with primary healthcare from the user's perspective.

Theory: There are different measures scales in the literature to measure users' satisfaction with a particular service. However, for the case of the healthcare, there is not a scale in the literature that allows for the analysis

of patients' satisfaction (obtained as a combination of importance ratings and experience) with healthcare.

**Methods:** We use information reported by patients about their experience and the importance they give to certain primary care elements to build the w-HEALTHQUAL scale, which allows to adequately measuring patients' satisfaction with primary healthcare. The w-HEALTHQUAL is used to identify satisfaction areas across the health map of the Spanish region of Extremadura by means of a two-stage cluster analysis.

**Findings:** We identify three groups of patients differing in their level of satisfaction with the facilities, health and non-health staff, and efficiency of the service being received. The classification of patients in each of the clusters also allows to categorising each centre based on the satisfaction level of the patients they treat.

**Discussion:** The categorisation of the different health units based on the levels of patients' satisfaction suggests that a different distribution of healthcare may be needed so that a more effective healthcare can be delivered, that ultimately increases patients' satisfaction with primary care.

**Abstract ID: EFPC20171151**

**STUDY OF PRIMARY PREVENTION OF DOMICILIARY FALLS IN ELDERLY PATIENTS**

**-PREMIO STUDY-**

**A Multicenter interventional educational non-pharmacological trial**

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**Keywords: ELDERLY PEOPLE. FALLS. PREVENTION.**

**Theory:** Many domestic accidents occur every day in elderly people, with disability, admission and mortality. The priority task of family physicians is to prevent falls and their consequences.

**Purpose :** The purpose of this trial is to evaluate if the preventative action of General Practitioners (GPs) and Nurses, based on the proposed programs, reduces the number of falls among the elderly (subjects > 65 years) at high risk of falling (presence of at least 5 risk factors).

**Method:** Duration of 12 months from enrollement. Total number of enrolled patients has to be 2100, divided in 2 groups (Intervention and Control)

Questionnaire on feeding behaviour are given to both groups.

Questionnarire on physical activity and environmental risk modification are given only on the intervention group.

Primary endpoint is difference of falls/year between the 2 groups.

**Findings:** Study currently is at month 4 in itinere, with 1283 enrolled patients.

Rate of falls in control group is 5,3-7,90% and 2,60% in intervention group.

**Discussion:** All the interventions of Gps on involved patients have induced a decrease in falls rates. Conclusion: with a good program of communication to elderly, the aim of the study, has good chance to be met at month 12.

**Abstract ID: EFPC2017116**

**Explaining patients' satisfaction with primary health care: a multilevel analysis**

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**Keywords: patients' satisfaction, experiences, primary healthcare, multilevel model**

**Purpose:** To explore patients' satisfaction with primary health care by identifying to what extent differences in satisfaction are related to both individual users' and healthcare services providers' characteristics.

**Methods:** We extend current literature by applying a two-level multilevel analysis to five alternative satisfaction models using data from 96 primary care centres at the Spanish Autonomous Community of Extremadura. As a second departure from the existing literature, we propose a joint measure of satisfaction using both patients' experiences and their importance judgements of the health services received.

**Findings:** Most of the variation in patients' satisfaction is attributable to the individual users' characteristics, being age and waiting times the most significant variables. At the centre level the aspects of the healthcare with a highest impact on satisfaction are the daily caseloads.

**Discussion:** Our findings provide evidence that neglecting this joint approach could lead to incongruous health policies. Adequate health policies should not only secure the delivery of high quality services but also its reflection in overall patients' satisfaction.

**Abstract ID: EFPC2017117**

**Patients as partners: development, implantation and evaluation of a web-based tool that establishing a cooperative-collaborative relationship between the patient, his family and the actors of the work rehabilitation process**

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**Keywords:** patient-as-partner, collaboration, interdisciplinary, health web-base tool

**Purpose:** With a patient-as-partner approach, the purpose of this study is to develop, implement and evaluate an interdisciplinary health communication web tool for a clientele suffering from musculoskeletal disorders who receives rehabilitation services involving an insurance agent. **Theory:** According to the World Health Organization (WHO, 2010), the benefits of collaboration in acute, primary and community settings are well demonstrated.

**Methods:** This study is a participatory action research (PAR) to develop with patients and all the actors of the rehabilitation process and address issues of access, inclusion, equity and collaboration with a consideration about their reality and needs.

**Findings:** The introduction of new technologies, shared information management systems and more appropriate team-building models is needed to address the new realities. Beyond the electronic file, in order to support the desired innovation, it is necessary to adequately equip the media with a generation of systems and information tools (RUIS, 2014).

**Discussion:** The mobilization and complementarity of each individual's skills will reach the level of efficiency necessary to solve the complex problems of the health system, to the benefit of all the stakeholders, when patients will be partners, not only consumers.

**Abstract ID: EFPC2017119**

**Community Assessment, Intervention and Empowerment Model - a constructivis based study**

**Author:** Dr Pedro Melo - Catholic University of Portugal, Portugal

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**Keywords:** Community Health Nursing; Community Empowerment

**Purpose:** Develop a Community Empowerment Model that supports the decision-making for a Community Nursing centered on the community as client of Nurses.

**Theory:** Community Health Nursing as an advanced field of Nursing requires a community approach as the customer of Nurses, to take health gains grounded in community empowerment as a process and as a result. We used as reference Laverack's Community Empowerment Model, with a continuum of dimensions that allow a structured way to empower communities and the decision-making structure on nursing propose by Figueiredo.

**Methods:** Study carried out under a constructivist paradigm, through a triangulation of methods that included focus groups (with Community and Public Health Nurses Specialists) and a Delphi Study (With the Portuguese Population of Community and Public Health Nursing Specialists).

**Findings:** It was possible to identify a guiding matrix of advanced clinical decision-making in Community Nursing, allowing to integrate Nursing Focus, Diagnosis and Diagnostic Criteria, Interventions and promote health gains sensitive to community nursing care, that allow Community Empowerment as a process and outcome.

**Discussion:** We conclude that the Community Nursing, as an advanced area of clinical decision has a specific field of clinical decision promoting the health of communities, based on community empowerment.

**Abstract ID: EFPC2017120**

### **Community Empowerment Assessment in a School of the North of Portugal - a qualitative study**

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Keywords: **Community Empowerment, School Health, Community Health Nursing**

Purpose: Identify the level of community empowerment in the school community integrated into the national school health program in the north of Portugal

Theory: Community Assessment, Intervention and Empowerment Model developed by Melo, allows a Systematized decision-making in community health nursing that promotes community empowerment as a process and a result of nursing care. In order to evaluate the level of community empowerment, Laverack developed the Empowerment Assessment Rated Scale, that measures de level of empowerment in nine domains.

Methods: Qualitative study, that involved the translation to Portuguese and cultural validation of EARS and a focus group with a school community of teachers, form a professional school from the north region of Portugal, to evaluate the perception of empowerment of its community using the translated scale.

Findings: It was possible to identify the level of empowerment of this school community in the nine domains of empowerment, related to a school health project developed in an health center of North Region Health Administration.

Discussion: We conclude that the EARS is a useful instrument to evaluate community empowerment before and after the use of Community Assessment, Intervention and Empowerment Model in the context of school health.

**Abstract ID: EFPC2017121**

### **The models of organization of primary health care in Brazil and in Québec: strategies to promote access and equity?**

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Keywords: **Primary health care; Access to health services; Equity in health**

Objective: The objective of the research is to glimpse the role of family health strategy and primary health care in its capacity to promote access and equity in public health systems in Brazil and Quebec.

Method: A qualitative study that combines the contextualization of primary health care in the historical trajectory of these two health systems and the examination of the official documents and publications related to the subject. Also analyzed were the responses to a questionnaire formulated for six interviewees in each of the countries, chosen among senior managers of health systems and health professionals, over the last 20 years. Discourse analysis was used according to Foucault and Pêcheux.

Results & discussion: The results were systematized according to the similarities, differences and singularities found and discussed in light of the existing literature in the two countries. **CONCLUSIONS:** the two models are able to promote access and equity, reducing inequalities in health. However, the results obtained so far are not what is expected, nor in the desired proportions, nor in a way to benefit the population in a homogeneous way."

**Abstract ID: EFPC2017122**

### **Evidence-Based Practice: giving voice to clients' preference in Primary Health Care**

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**Keywords:** Primary Health Care; Evidence-Based Practice; Professionals; Patient, Clients

**Objective:** To identify how the patient's preference tenet is considered by Primary Health Care professionals in Evidence-Based Practice (EBP).

**Theory:** The EBP is considered crucial in health work, being made up of three axes: better scientific evidence, professional experience and patient's preference.

**Methods:** Quantitative and qualitative research was carried out with 112 professionals, including doctors, nurses and dentists in the south of Brazil. Data was collected through a focus group and two questionnaires: Evidence Based Practice Questionnaire and Clinical Effectiveness2 and a Script of Secondary Questions. Data analysis was carried out through position and dispersion measurement calculations and content analysis.

**Results:** Findings showed that patient's preference was the most fragile tenet of EBP, with a mean of  $4.33 \pm 1.59$  (Likert scale from 1 "never" to 7 "frequently"). In the focus group, obstacles to discuss the best behavior with the patient were found. Listening to preference only exists when the person has some information about his illness.

**Discussion:** Listening, recognizing and valuing the patient's choice in EBP is extremely important in order to have an EBP that ensures the best clinical decision-making, valuing the patient-professional interaction effectively.

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#### Abstract ID: EFPC2017124

#### Taking informal caregivers' views on roles and responsibilities into account

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**Keywords:** informal care, responsibilities, role negotiation, collaboration, scoping review

**Purpose:** As part of a PhD project, a scoping review was conducted concerning a) the views of informal caregivers on the division of care responsibilities between themselves, governments and professionals and b) the question whether professionals take these views into account during collaboration with them.

**Theory:** The European discourse on informal care aims to diminish the reliance on government responsibility and to strengthen the norm of providing care by relatives (1). Retreating governments and decreasing residential care increase the need to enhance the collaboration between caregivers and professionals.

**Methods:** We performed a scoping review using the Arksey and O'Malley framework (2). Thirteen papers were included, all of them based on a, at least partly, qualitative research design. The method of Thomas and Harden was used for thematic synthesis (3).

**Findings:** Professionals do not seem to explicitly take into account the views of informal caregivers about the division of responsibilities during collaboration. Roles of caregivers and professionals are not always discussed and the division of responsibilities sometimes seems unclear.

**Discussion:** Asking caregivers what their opinion is about the division of responsibilities could improve sharing the care that is given by both caregivers and professionals. Social work and (allied) health professions should put more emphasis on collaboration.

The paper about this scoping review will be submitted May 2017 (Health and Social Care in the Community).

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**Abstract ID: EFPC2017125**

**Contracting for quality: financial incentives and patient centred care**

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Keywords: **Holistic, patient centred; general practice; contractual framework; care plans**

Purpose: To evaluate the implementation of a contractual framework to encourage patient centred holistic care in general practice

Theory: Financial incentives would encourage practices to change their system of patient reviews for people with long term conditions and the clinical behaviours of nurses and doctors.

Methods: Mixed methods including an online survey; observation; interviews; review of care plans; and secondary data analysis.

Findings: The purpose of the framework was not clear to all practices, with many viewing it as a means to streamline processes rather than alter patient care. Some introduced major reform to their systems including development of new assistant roles. Others believed only minor adjustments were required. Clinicians recognised the potential benefits of a more holistic approach but were concerned about gaining sufficient expertise across a range of conditions and support available for unmet needs. Reviews largely remained clinician led and care plans oriented towards medical monitoring rather than patient self-management.

Discussion: The contractual framework was not sufficient to achieve more holistic care. Additional requirements include - sufficient time to engage patients in a meaningful conversation about health goals; preparing patients and professionals for collaborative conversations; clear and sufficient pathways to co-ordinated services linked to general practice.

**Abstract ID: EFPC2017135**

**Mother's perception about the support provided by primary care to children with health problems characterized as urgency and emergency in a Brazilian maroon community**

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Keywords: **Child Health, Emergencies, African Continental Ancestry Group, Nursing**

Theory: In Brazil, the primary care works as gateway to Single Health System (SUS). Purpose: To describe the perception of mothers about the support provided by primary care to children with health problems characterized as urgency and emergency in a Brazilian maroon community.

Methods: Descriptive study with a qualitative approach conducted from December 2013 to June 2014 in maroon community of Praia Grande, located on Maré Island, in Salvador, Bahia, Brazil, with twelve mothers, after approval by the research ethics committee of the Federal University of Bahia, under the protocol 420.096.

Findings: The health problems characterized as urgency and emergency were: febrile seizures, asthma attack, high fever, dehydration and burn. Overall, was observed that in these situations, the primary care doesn't provide the first care and the children are conducted to continent.

Discussion:As legally recommended by Brazilian primary health care policy (Ministerial Ordinance 2.488/2011), the unit of primary care should provide the assistance in these cases, especially in communities where this level of attention is the only one health service. This recommendation to remove these children to continent without provides the first care is characterized as iniquity, breaking with the SUS's principle of integrality.

**Abstract ID: EFPC2017138**  
**Measuring Care Coordination**

Author: Dr. Karen Kinder - Johns Hopkins University, Germany

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Keywords: **Care Coordination, Referral Behavior, Physician Networks, Doctor Sharing**

Purpose: This presentation will address the impact of information on improving coordination of care across the spectrum of the health care and community services systems.

Theory: Patients with poorly coordinated care are likely to have more costly and lower quality health care due to factors such as excess utilization resulting from redundant investigations, potentially harmful missed drug-disease interactions, and lower patient satisfaction.

Method:The Johns Hopkins ACG® System includes four coordination markers as well as a coordination risk score to assess the risk of poorly coordinated care. The markers can identify populations at risk for poor coordination which has implications for cost, quality, and performance assessment. Further, studies have shown that when clinicians share patients with other clinicians more frequently, they are more likely to have referral relationships and seek advice. A measure of patient sharing among physicians, termed "Care Density" assesses the number of individual clinicians a patient sees and the degree to which those clinicians share other patients.

Findings: Two studies of the Care Density measure demonstrated a significant correlation between lower inpatient costs and rates of hospitalization amongst those patients with high care density. Also, for diabetic patients with high care density, lower outpatient costs and higher pharmacy costs were found.

Discussion: Through a better understanding of how patients are shared amongst clinicians, as well as identifying those patients at risk of uncoordinated care, coordination can be improved, rates of hospitalization reduced and potential cost savings achieved.

**Abstract ID: EFPC201714**

**The influence of educational intervention of nursing in the promotion of healthy behaviours of people who underwent coronary surgery**

Author: Mrs Dora Ledo - Portugal

Keywords: **educational intervention, nursing, cardiovascular diseases**

Purpose: The purpose of this study is to evaluate the influence of educational intervention of nursing in the promotion of healthy behaviours of people who underwent coronary surgery. The educational intervention of nursing is a strategy that can be useful for changing behaviours in a person's health. The hospitalisation is a valuable opportunity to implement that education aiming to promote healthy behaviours and secondarily prevent a cardiovascular disease.

Method: Thus, a quantitative, longitudinal and almost experimental study was made with a control group. The experimental group was submitted to an educational intervention, personalized and structured, during the hospitalisation. Two evaluations were made in each group: before the surgery, and three months after the surgery. The instruments to collect data included: the Eating Habits Scale, the Habitual Physical Activity Questionnaire, the Alcohol Use Disorders Identification Test, the Fagerstrom Test for Smoking Dependence and anthropometric values.

Results & Discussion: The results showed that the educational intervention contributes significantly to the improvement of physical activity. It was also noticed the improvement of eating behaviour and decrease of the body mass index and the waist perimeter. More extensive and comprehensive studies are recommended as far as the dimension and type of the sampling and the time of monitoring.

**Abstract ID: EFPC2017145****Is patient-physician ethnocultural and language concordance associated with continuity of care and patient empowerment? Patient perceptions from diverse ethnocultural backgrounds living in Canada**

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**keywords:** continuity of patient care, physician-patient relations, quality of health care, ethnic groups, primary health care

**Purpose:** To examine if ethnocultural and language concordance in the patient-primary care physician relationship is associated with higher reports of continuity, quality and patient empowerment.

**Theory:** Concordance—a similarity or shared identity between physician and patient—might improve patients' perceptions of primary health care received.

**Methods:** A cross-sectional study was conducted in three provinces of Canada (British Columbia, Manitoba and Quebec). Patient surveys were administered to adults who spoke English, French, Mandarin or Cantonese (herein Chinese) or Punjabi, using random digit dialling. The main outcome measures were patients' perceptions of continuity, quality and patient empowerment. A series of regression models examined the relationships. We controlled for patients' sociodemographic characteristics, health status, province, first contact accessibility and interpersonal communication.

**Findings:** Of the total sample (N=3156), almost two thirds reported that their regular physician was from the same ethnocultural background. Chinese and South Asian reported significantly lower language concordance than those of European or Aboriginal background. After adjusting for the different covariates, patients with ethnocultural concordance perceived significantly better continuity – e.g. their regular physician's improved accumulated knowledge of their medical history (OR=1.50; 95% CI=1.26-1.79) or fewer repetition of unnecessary tests (OR=1.41; 95% CI=1.04-1.91) – and patient empowerment (OR=1.22; 95% CI=1.04-1.44). Ethnocultural concordance was not associated with quality and language concordance did not correlate with any primary health care dimension.

**Discussion:** Ethnocultural patient-physician concordance is important to achieve continuity and patient empowerment in primary care; however neither ethnocultural nor language concordance did translate to higher quality of care perceptions.

**Abstract ID: EFPC201715****Development of the Epilepsy Risk Awareness scale (ERA scale) for people with epilepsy**

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**Keywords:** Epilepsy, risk awareness, quality of life, community, people centred

**Purpose:** Quality of life in people with epilepsy depends on balancing protection from risks and avoiding unnecessary restrictions. The aim was to shorten and quantify the existing Epilepsy Risk Awareness Checklist (ERAC) to provide a reliable risk scale for people with epilepsy.

**Theory:** The study is based on the theoretical assumption that people with epilepsy can identify their risk factors to enable partnership with practitioners in primary care to improve quality of life.

**Methods:** 5 clinical experts, 3 people with epilepsy and 5 carers assessed each item on the ERAC questionnaire in a two-round Delphi survey. The refined Epilepsy Risk Awareness (ERA scale) was piloted in 30 patients, overall and sub-scale scores were compared with the Seizure Severity Scale and Epilepsy Self-Management Scale.

**Findings:** ERAC was reduced from 69 to 48 items. Pilot results showed good internal consistency for the ERA scale, for the Personal Safety and Health Care subscales, but less for the QoL subscale. There was strong

association between ERA scale and the Epilepsy Self-Management Scale.

Discussion: ERA is currently undergoing test-retest reliability, results will be presented. The next step is to develop and trial the ERA scale as an App for daily use by people with epilepsy.

**Abstract ID: EFPC2017151**

**Why do patients call to a primary care unit?**

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Keywords: **Telephone, accessibility, reasons, primary care**

Purpose: Assess the reasons why people contact via telephone a PC Unit.

Theory: Teleconsultation has become an essential component of health care systems. The use of the telephone is often the preferential method for patients to access Primary Care (PC).

Methods: All the patients that contacted a Portuguese PC unit by telephone during the study period were included. Sociodemographic variables and reasons for contact were evaluated. Descriptive and analytical statistical analysis for nominal and ordinal variables, using SPSS Statistics 24.0, was made.

Findings: A total of 914 calls (84,2% females) were included, average age  $47 \pm 14$  years. Half of them had at least 10 years of schooling (49,4%). The main reasons to call were: to make an appointment (42,2%), to ask about doctor schedules (16,7%) and to talk with doctors/nurses (15%). Most calls were made between 8 and 12am (48,7%).

Findings & Discussion: This study shows that most calls to this PC unit were performed by women in working age and that most patients contact this PC unit in order to make an appointment. Knowing the reasons that lead patients to contact PC units by telephone will improve the communication between patients and health services, promoting responses that fulfill their needs.

**Abstract ID: EFPC2017152**

**Medication related adverse events in Primary Health Care: Barriers to notification**

Author: Prof.Dr. Denise Bueno - Universidade Federal do Rio Grande do Sul, Brazil

Keywords: **Patient safety; adverse events; medication errors, primary health care, barriers.**

Purpose: This study evaluated health professionals of APS how to recognize the notification as a way to promote patient safety and what are the possible barriers to its implementation.

Theory: The work processes that make up the medication system are subject to errors that can cause harm to patients, called medication related adverse events

Methods: The data were obtained with apply a questionnaire with 230 professionals. The questionnaires was applied to professionals from 24 health units in the teaching district of the city of Porto Alegre, in southern Brazil, and with pharmacists working in the APS of 26 states in Brazil from November to December - 2016.

Findings & Discussion: The main reporting barrier was 72.2% like lack of standardization for reporting medication related adverse events, fear of exposure appeared in 50%, fear of punishment in 44%, fear of loss of reputation in 42, 9%, the time needed to make the notification in 45.2%, the extra work to perform the notification in 39.6%, the non-return of the service notifications in 36.1% and the lack of confidence in the

notification in 21,3%. Knowledge about the concept of Patient Safety was reported in 49.3% of the participants.

Abstract ID: EFPC2017154

**Matrix of skills and abilities of nutritionists in primary health care.**

Author: Prof. Cristina Garcia Lopes Alves - Universidade Federal de Alfenas, Brazil, Brazil

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**Keywords:** Primary health care. Nutrition in Public Health. Competency-based education. Skills and abilities for primary health care.

Purpose: From a matrix built on the competencies of health professionals for primary health care (PHC), elaborated by the authors as result of a doctoral project on the subject, we sought to identify the skills and abilities of the nutritionist to work in PHC, considering specificities of the nutritionist insertion into Brazilian health system

Theory: The training of the nutritionist for PHC is a relevant theme in constitution of health systems, considering the integrality of the attention.

Methods: It is a qualitative, exploratory study, having as sources the literature of reference, especially official documents, guidelines and recommendations of the Ministry of Health and class councils. The matrix used presents data grouped into five domains (political-administrative and organizational dimension; health care; humanistic and cultural competences; social and communication skills; and technical and methodological skills), and each domain is divided into categories.

Findings: The thematic analysis of the collected data allowed identification of the nutritionist skills and abilities according to the matrix used, with the construction of syntheses that corroborate the intended analysis.

Discussion: The skills and abilities identified can support the discussion of this topic, collaborating in construction of guidelines for the academic training of the nutritionist with focus on PHC.

**Abstract ID: EFPC2017155**

**Skills and abilities of health professionals in primary health care**

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**Keywords:** Primary health care. Competency-based education. Health education. Skills and Skills for Primary Health Care.

Purpose: Work was developed with objective of delineating the skills and abilities that are described in scientific literature as desirable for health professionals in primary health care (PHC).

Theory: Academic training of human resources is considered one of the most serious problems of the health systems. There is a little production in Brazil about skills and abilities desirable for the performance on PHC scope.

Methods: The qualitative exploratory study was based on the classical reference literature and the scientific production of the last ten years about professional health training, with focus on PHC. It was used as database: BIREME, PubMed Health and Google Scholar, with descriptors: primary health care, skills and abilities in primary health care.

Findings: The collected data revealed citations to competencies (or groups of competencies) considered as desirable, or necessary, to achieve PHC goals. Thematic analysis allowed grouping of data in five domains (political-administrative and organizational dimension, health care, humanistic and cultural competences, social and communication skills, and technical and methodological skills). Within each domain, categories of analysis were established, with identification of skills and abilities desirable for each category.

Discussion: Skills and abilities identified can collaborate in the construction of guidelines for training of health professionals with focus on PHC.

**Abstract ID: EFPC2017156****Learning with simulation in health**

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Keywords: **Simulation in healthcare, education, patient's safety**

Purpose: This study aimed to evaluate and measure the impact of simulation program in primary care.

Theory: Vitally compromised patients difficult come to physician of family medicine infirmary so team cannot have enough sufficient practical experiences in their treatment, but can obtain them through simulations in the simulation CENTRE (SIM centre), which represents a realistic clinical environment. In this way we improve this method treatment of such patients in family medicine infirmary, and thereby patient's safety and clinical exit. This way of education is particularly crucial because of the rarity and difficulty of situations mentioned in family medicine infirmary. The purpose of education in SIM centre is to train competent medical staff, who is comprehensive practical and theoretical qualified and knows how to adapt in different situations of clinical environment.

Methods: From 1st of January 2015 to 20th of December 2015 was happening learning performance of Pilot testing for 20 teams (health care workers) in SIM centre in Ljubljana ZD. Participants were performing a simulation - the supply of vitally threatened patient when entering the SIM center, then followed training in content of vitally threatened patient. The simulation was repeated after finishing the program. Simulation course was the same for all participants with beforehand scenarios and clearly defined protocol. In this way, we are able to compare input and output knowledge. Based on acquired experiences it has been established educational course for 800 health workers in Community health centre Ljubljana, which has total of 1,400 employees.

Findings: We evaluated: the speed start treatment, the treatment process of itself, consistency work team and the clinical exit treatment of a patient through monitors.

The difference between input-output skills on all described levels was between 40-80% in benefit of exit skills, evaluated through 1-5 stage scale. The satisfaction of participants was over 94.2%, that reaches quality indicator, which is defined at 90% satisfaction.

Discussion and conclusion: In CHC Ljubljana we improve patient's safety and outcomes of treatment for patients with learning simulations in health care, which was in described period of time proved to be effective. It is necessary to renew our knowledge, so we repeat education once per year, because only in this way we can upgrade knowledge our employees, self-confident and in this way patient's quality treatment. Learning with simulations is suitable and effective learning method of vitally endangered patient on systematical level.

**Abstract ID: EFPC2017157****Minor surgery in Primary Care**

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Keywords: **Minor surgery, primary care**

Purpose: Evaluate effectiveness and safety of a minor surgery service in primary care

Theory: Many situations attended in primary care may be solved by simple surgery, under local anaesthesia, with low risk. We may improve accessibility and comprehensiveness

Methods: Descriptive retrospective study during 5 years. We evaluated post intervention incidents and time for surgery. Histopathology was compared to prior diagnose.

Findings: 1207 patients (52% men, mean age 46). Epidermis lesions (warts, seborrheic keratosis) represented 43%. Subdermal lesions (lipomas, sebaceous cysts) rate 33%. Nail problems represented a 7,9%. Wound infection happened in 9 cases (0,7%). Waiting times were 4 week since referral from other doctor to first visit and 2 weeks from these to intervention. In 40% of cases, histological samples were analyzed. Concordance between diagnose prior to surgery and histology was 83%. 20 patients (1,6%) were referred to hospital.

Discussion: Minor surgery in primary care may reduce hospital referral to dermatology or surgery. We increase

accessibility, and primary care comprehensiveness with high safety. We plan increasing the total number of histological samples taken, being higher in literature.

**Abstract ID: EFPC2017158**

**FallSensing: Screening and assessment of the risk of fall – an initiative to prevent falls in community dwelling older adults**

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Keywords: **Fall prevention, Screening and assessment, Community dwelling older adults, FallSensing**

Purpose: To deliver evidence based validated and operational programs for prevention, early identification and minimization of risk and management of falls; to validate the FallSensing screening tool.

Theory: Falls and injuries related with falls are a serious public health problem. According to ProFouND, 33% of people aged 65+ years fall each year, increasing to 50% in people aged 80+ years. The estimated cost reaches 25 billion euros/year in the European Union.

Methods: 453 community-dwelling adults aged 50+ years, recruited in Primary Care Centres from the Central Regional Administration of Health (ARSC) and other settings, were surveyed regarding multidimensional fall risk factors (functional, personal and environmental).

Findings: FallSensing is a feasible monitor and feedback device for screening and assessing the risk of fall; tests proved to have good sensitivity and specificity to identify the risk of fall.

Discussion: Project identified as Good Practice by the Ageing@Coimbra Consortium. Presently, it is ready to be disseminated to other regions in Portugal and internationally to promote a systematic approach in identifying individuals who are at higher risk of falls and harm of fall, and who will benefit from a tailored intervention.

**Abstract ID: EFPC201716**

**Listen to people with dementia about Portuguese primary care services**

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Keywords: **Primary Care, Dementia, Health Services, Qualitative research, Carers**

Purpose: This study is part of a PhD project which aims are to better understand how dementia care is delivered in primary care (PC), to explore which characteristics of PC can influence the quality of life (QoL) of people with dementia (PwD) and their carers, and to provide suggestions for optimising PC for this population.

Theory: In Portugal, the family doctors are the first point of contact for most of PwD. The quality of the health services provided to this population could be compromised, hence there are no national policies regarding PC support to PwD.

Methods: A multiple perspective approach qualitative design will be used. First, consultations involving family doctors, PwD and carers will be recorded, and the participants will be individually interviewed. These findings will guide the conceptual framework to be explored in focus groups discussions involving PwD, carers and PC professionals. Finally, the key findings will be validated with all stakeholders to draw the study's conclusions. Thematic analysis from a constructionist perspective combining inductive and deductive coding strategies will be used to analyse the data.

Findings/Discussion: To our knowledge, this is a pioneer study in Portugal which may contribute to the understanding on how PwD's and carers' needs and expectations are met, and which barriers/facilitators exist in the Portuguese healthcare system.

**Abstract ID: EFPC2017161****Improving the performance reporting of primary care patient experience**

Author: Dr. Sabrina T Wong - University of British Columbia, Canada

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Keywords: **primary care, patient experience, survey, performance measurement**

Purpose: Synthesize multiple measures of patient experience into key dimensions that provide a high level snapshot of PC performance.

Method: Cross-sectional practice-based waiting-room survey of patient experience. Setting: Primary care practices in three peer regions: Central Nova Scotia (n=26); Eastern Ontario (n=15); and Fraser East, British Columbia (n=12). 20 patients in each participating practice. Eligibility: 1) > 18years; 2) with current provider for >1year; and 3) able to complete the survey in English/French

Intervention/Instrument: Self-administered questionnaire, 116 questions - validated subscales, indicators, and descriptive questions.

Main Outcome Measures: Composite indices composed of positive and negative indicators measuring similar construct. Items and scales were mapped to core constructs of PC; fit was adjusted or confirmed using confirmatory factor analyses. Individual patient dimension scores are averaged to the practice level, where actionability for improving performance is expected to happen.

Findings: Data were used from 1,207 patient experience surveys clustered into 56 practices. Indicators and subscales are grouped into seven dimensions: accessibility orientation, relationship-based care, promoting health, self-management support, coordination orientation, safe care and equity orientation. Patient characteristics across jurisdictions and practices were similar but experience varied statistically significantly by practice. Ontario practices had the highest performance across dimensions, followed by those in Nova Scotia and British Columbia.

Discussion: Synthesizing multiple measures of patient reported experience into fewer dimensions of PC can convey high-level information about performance that can become actionable in greater detail. Policy interventions (team care) aimed at practices, rather than individual clinicians, could lead to more impact on strengthening performance of the PC system.

**Abstract ID: EFPC2017163****Operation of a unit of primary care in a remote community from Salvador, Bahia, Brazil, According to the vision of residents**

Author: Prof.<sup>a</sup> Ma. Samylla Maira Costa Siqueira - Universidade Federal da Bahia, Brazil

Additional authors: Viviane Silva de Jesus - Universidade Federal da Bahia - Brazil  
Climene Laura de Camargo - Universidade Federal da Bahia - Brazil

Keywords: **African Continental Ancestry Group, Nursing, Primary Health Care, Nursing**

Theory: In Brazil, the primary care works as gateway to Single Health System (SUS). Purpose: To describe the operation of a unit of primary care in a remote community according to the vision of residents.

Methods: Descriptive and qualitative study conducted from December 2013 to June 2014 in maroon community, located on Maré Island, in Salvador, Bahia, Brazil, with twelve participants, after approval by the research ethics committee of the Federal University of Bahia, under the protocol 420.096.

Findings: In general, the vision of participants is negative, because there isn't diagnostic resources and available doctors everyday, so that when the patient needs, it is not possible to make an appointment. Additionally, there isn't emergency attendance neither 24 hours a day. When the patient is assisted, it takes a long time and in general, it isn't satisfactory. Was also mentioned that the professionals arrive late and leave the service early.

Discussion: Were mentioned a lot of problems which act as an obstacle for the appropriate functioning of unit of primary care in this community. It's necessary some changes to ensure that this level of attention be resolute for the majority of presented problems, as recommended by primary health care policy.

**Abstract ID: EFPC2017164****Fertilizing a Patient Engagement Ecosystem to Innovate Healthcare: The First Italian Consensus Conference on Patient Engagement**

Author: Prof Guendalina GRAFFIGNA - Università Cattolica del Sacro Cuore di Milano; Istituto superiore di studi sanitari Giuseppe Cannarella, Italy

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Keywords: **PATIENT ENGAGEMENT; chronic care model; integrated care; consensus Conference**

Purpose: Despite a supportive policy context, progress to achieve greater patient engagement is patchy and slow. We promoted an Italian Consensus Conference on Patient Engagement (ICCPE) in order to set shared recommendations in this field.

Theory: If both scholars and health practitioners do agree on the urgency to realize patient engagement, no shared guidelines exist so far to orient clinical practice. This contributes to a wide “system” inertia – really difficult to be overcome - and put at risk any form of innovation in this field. As a result, patient engagement risk today to be a buzz words, rather than a real guidance for practice.

Methods: The Italian Consensus Conference on Patient Engagement was conducted according to the standard of the Consensus Development Programs of the American National Institutes (NIH).

Findings: This contribute will report on the main results of the ICCPE. We will advise the importance of “fertilizing a patient engagement ecosystem”: an oversimplifying approach to patient engagement promotion appears the result of a common illusion.

Discussion: Patient “disengagement” is a symptom that needs a more holistic and complex approach to solve its underlined causes. Preliminary principles to promote a patient engagement ecosystem are provided in the paper.

**Abstract ID: EFPC2017165****Ultrasonography in primary care**

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Keywords: **resolution, ultrasonography, primary care**

Purpose: To optimize the referral of patients to other centers to perform imaging tests through the training of primary care team (PCT) in ultrasonography (US)

Theory: US is a common diagnostic test asked from primary care. Our team cares for 24.000 adult population; more than 1300 abdominal and soft tissue US were asked for last year and are referred to a different center away from our area.

Methods: We perform two parallel studies

1. Concordance study, from April to July 2017. Patients with indication of abdominal US will be assigned to “intervention group” in which two US will be performed, one in PCT and another by a radiologist. Patients with severe illness or mobility problems are excluded. Concordance in diagnose will be evaluated through Krombach alfa statistics
2. Observational, longitudinal, descriptive study from April to July 2017. Trained family doctors will perform US for all soft-tissue conditions and then the management is continued according to the findings

Findings: Will be available in September

Discussion: We consider that the number of referrals and successive visits can be safely reduced by training the PCT in US, improving resolution capacity and clinical-radiological correlation.

**Abstract ID: EFPC2017166****Can research inform service development and policy? A systematic scoping review of out-of-hours primary medical care**

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**Keywords:** **Out-of-hours care; Service re-design; Systematic review**

**Purpose:** To informing national policy in Scotland, we conducted a systematic scoping review aimed at identifying the literature on OOH care, focused on structure. Secondary objective was to identify gaps in the knowledge base used to inform service development and policy.

**Theory:** Informed by theoretical approaches to access and use of health care services.

**Methods:** Databases searched for period 1995-201. Studies focused on OOH primary care or an interfacing service e.g. emergency departments, telephone triage. Editorials or opinion pieces/commentaries; not set in primary medical care; non-English language excluded.

**Findings:** 333 papers identified; 169 (50.1%) set in the UK; 135 (40.5%) in Europe. 112 (33.6%) employed quantitative methods, 84 (25.2%) were questionnaires/surveys; 49 (14.7%) qualitative methods. Research focused on assessment of demand, use and outcomes; evaluation of new models of care; patient/carer views. Studies tended to focus on GPs, with little research on new professional roles, e.g. paramedics or pharmacists. With the exception of palliative cancer care, there was little work focused on other individual patient groups, such as the elderly, patients with chronic disease or dementia patients.

**Discussion:** Researchers should stop describing trends in OOH use and instead focus on evaluating new professional roles in the OOH period and better understanding the needs of key patient groups.

**Abstract ID: EFPC2017167**

**User's voice in Portuguese primary care - does geographical data brings new insights?**

**Author:** Prof. Pedro Lopes Ferreira - Centre of Health Studies and Research of the University of Coimbra (CEISUC), Faculty of Economics of the University of Coimbra (FEUC), Portugal

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**Keywords:** **patient satisfaction, primary care, health reforms, equity, health governance**

**Purpose:** Add geographical data considering Portugal NUTs and typology of urban areas (TUA) defined by the National Institute of Statistics to patient satisfaction surveys and understand the role those elements.

**Methods:** Data from two EUROPEP patient surveys (2009, 2015) in primary-care units with different organizational models in the five health-regions (North, Centre, Lisbon/Tagus Valley, Alentejo, Algarve). Data from health unities address was linked with NUTs (levels 1, 2 and 3) and TUA (3 defined areas: predominantly urban, median urban, and predominantly rural). Application of multivariate analysis.

**Findings:** Characterizing the evolution of the organizational models related with primary care reforms from 2009 to 2015 by NUTs and TUA; identify patient-satisfaction asymmetries between NUTs and TUA; find relationships between patient-satisfaction dimensions and the geographical data analysis (NUTs and TUA); propose health policy actions to improve equity between geographical areas.

**Discussion:** Previous analysis related with patient satisfaction surveys show disparity of satisfaction indices by health-administrative regions and, within each, by primary-care unit. Adding NUTs and TUA analysis can bring new insights to the analysis of patient-satisfaction with primary-care that could help policy makers proposing actions – combining macro governance (at national level) with micro governance (at county level) – to improve equity between geographical areas.

**Abstract ID: EFPC2017169**

**Primary care user's voice in Portugal – better participation to improve quality**

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**Keywords:** **patient satisfaction, primary care, health reforms, equity, health governance**

**Purpose:** Determine the degree of user satisfaction with the care provided; identify the determinants of

primary-care user's satisfaction and possible asymmetries; relate with 2009 survey results.

**Methods:** A EUROPEP based questionnaire applied, during 2015, in 444 primary-care units with different organizational models in the five Portuguese healthcare-regions; 58,846 questionnaires distributed to users in a one-day census sample. The main dimensions measured were medical care, non-medical care, organization, and quality of facilities.

**Findings:** A total response-rate of 89.4%. Global satisfaction of 77,8%. Women showed a slightly lower satisfaction than that of men; the same happening to young people facing the elderly; people with less educational qualifications presented best ratings. Satisfaction asymmetries among organizational models and regions. Related 2009, there was an increase in satisfaction in all regions.

**Discussion:** In spite of an improvement regarding last survey, we have noticed a great disparity of satisfaction indices by health regions and, within each, by primary-care unit. The results point to the need to invest in the creation of more USF units. Policy makers/government have challenge of balancing the incentives to attract/encourage professionals from traditional-model to the USF model and the budget and fiscal constraints.

**Abstract ID: EFPC2017170**

**Empowering conversations? Evaluating «Coping groups» at GPs.**

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**Keywords:** primary care, participatory research, coping groups, praxis knowledge, empowerment

**Purpose:** The project "Coping groups at GP" aims to facilitate liberating speech and empower patients, health professionals and, communities to cope with poor health. The paper evaluates how user centered, and praxis oriented groups work to obtain this.

**Theory:** Accepting diversity in knowledge is fundamental in empowerment theories. Legitimizing praxis knowledge qualifies citizens for equal dialogs about bodily experience, and delegate authority from experts to lay people.

**Methods:** The project uses participatory research. Four health centers in two municipalities were included, involving a total of 14 GPs. Three coping groups started up, with a total of fifteen patients. Each group met for six 2 ½ hour sessions. The groups were led by one coach. Using theme based interview guides, focus groups and individual interviews was partly led by coaches, GPs and researcher.

**Findings:** Acceptance and trust is fundamental to free speech in coping groups. Participants express increased self-confidence from sharing experiences. Also hearing and supporting others initiated change processes, even when health and life challenges differed. Consultations with GPs become more constructive after participating in coping group.

**Discussion:** The paper discusses how coping groups can promote liberating speech and empower communities to cope with illness.

**Abstract ID: EFPC2017172**

**Nursing work overload in an emergency unit in a peripheral neighbourhood from Salvador, Bahia, Brazil, because of the lack of primary care services**

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**Keywords:** Primary Health Care, Secondary Care, Nursing

**Theory:** The Single Health System (SUS) operates through a network, and it's necessary that the primary level work properly to avoid workload in higher levels.

**Purpose:** To describe the experience of a nursing work overload in an emergency unit, because of the lack of primary care services.

**Methods:** Experience report about the nurse's experience of an emergency unit from peripheral neighborhood from Salvador, Bahia, Brazil. In findings, will be presented the local, problem and outcome.

**Findings:** The emergency unit is located in a peripheral neighbourhood from Salvador, Bahia, Brazil, where there are not primary care services. This unit is classified as secondary care and attends all demands of children and adults, because this level of attention must attend all patients admitted. Thus, on average, are served three hundred patients per day and of these only approximately 10% are classified as urgency/emergency. As the outcome of this situation, was generated nursing work overload.

**Discussion:** The high demand for this unit is directly related to the lack of primary care services, thus the patients use the secondary care as primary attention. It's necessary the implantation of units of primary care for reducing the demand in this emergency unit.

**Abstract ID: EFPC2017174**

**Combination of Informal Care and Professional Home Care Services in Switzerland**

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**Keywords:** care service utilization, informal care, family members, spinal cord injury, long-term caregiving

**Purpose:** To quantify the extent to which professional home care services (PHCS) supplement informal care by family members efficiently

**Methods:** A self-administrative questionnaire was distributed to persons with spinal cord injury (SCI) in Switzerland, who then forwarded it to their family members.

**Findings:** Seven hundred fourteen questionnaires were returned, while 1,257 persons with SCI reported not receiving care by family members. Only 33% of them combined informal caregiving with PHCS, though the latter is covered by public health insurance. For those with PHCS, the caregiving required 29.6 hours per week on average nonetheless. PHCS tended to be utilized more by female, older, and tetraplegic care recipients, as well as to support caregivers with high personal income. Care recipients with longer time since injury were less likely to use PHCS. GPs as primary contact did not make a difference in care utilization.

**Discussion:** Utilizing PHCS does not merely depend on care demand, but also on socio-demographic factors. Spouses and caregivers with lower personal income are less likely to be beneficiary of professional support. It needs to be clarified how GPs can assume the role of health care coordinator more efficiently and, as a consequence, help to reduce inequity in access to PHCS.

**Abstract ID: EFPC2017175**

**The "House of Health Terre e Fiumi": an incubator for a new model of welfare.**

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Van Lerberghes Wim

**Keywords:** Health Care Professionals Retraining, Permanent Education

**Purpose:** The project intended to retrain the health professionals working in the "House of Health Terre e Fiumi" in Copparo, orienting their practices toward a person centered, primary health care service.

**Theory:** Intersectoral and interprofessional collaboration in permanent education programs based on daily works practices represents an innovative strategy for the retraining of health care professionals and the reframing of the health system.

**Methods:** Participatory research-training project, conducted from November 2014 to October 2016, using institutional analysis, social cartography, ethnographic, epidemiological and permanent education tools.

**Findings:** Through a self-reflective process involving professionals, managers, policy makers and community actors, real case studies have been analyzed in order to identify key elements and organizational arrangements to be implemented during the training interventions. A shared decision-making process has allowed the creation of a “steering board” involving all the stakeholders above mentioned. This innovative governance arrangement has facilitated the transposition into health service daily practices of the decisions made starting from the analysis of real case studies, consolidating a new team work organization.

**Discussion:** The participatory research-training approach seems to be effective in sustaining the health services transition because of its capacity to consolidate and effectively transfer system and context based meaningful knowledge.

**Abstract ID: EFPC2017179**

**Improving multidisciplinary, participatory community based teamwork in primary health care, the experience of AUSL of Ferrara "Health Homes"**

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**Keywords:** Multidisciplinary Community Based Teamwork, Community participation

**Purpose:** To develop a multidisciplinary, participatory community based teamwork in primary health care to implement, evaluate and manage Health Home in Ferrara’s health authority.

**Theory:** The transition from specialized hospital care to primary care territorial preventive and promotive approach needs reconfigured relation between health services and community. This involves a change in health services planning, evaluation and managing, which must be adapted to local contexts and communities.

**Methods:** Community based participatory action-research (CBPAR) applied to primary health care services’ planning, managing, evaluation, training and education.

**Findings:** The research was conducted jointly by Ferrara’s health authority and Bologna University from 2014 to 2016, involving two Health Homes and the respective communities. A lack of health services’ competencies about community participation has emerged. Firstly intra/inter-institutional cooperation was fostered using CBPAR and in a second step a community organization and citizens were included. Since local institutions are highly specialized and bureaucratized, intra/inter-institutional cooperation was extremely conflictual, community participation was bureaucratized. Focusing on solving common problems, an intra/inter institutional network has been built, contrariwise community engagement has to face lack of professional competencies and organizational barriers.

**Discussion:** Findings shown the positive impact of CBPAR on reframing health services delivery in the Ferrara AUSL, indicating that professional re-training must be matched with organizational and evaluation change.

**Abstract ID: EFPC201718**

**Application of the Calgary Model of family evaluation in basic health care**

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**Additional authors:** Gicely Sobral Monteiro - Universidade de Pernambuco - Brasil

**Keywords:** Calgary Model, Family, Primary Health Care, Hospital Care

**Purpose:** To characterize the publications about the application of the Calgary Family Assessment Model in basic health care.

**Theory:** What is the characterization of publications about the application of the Calgary Family Assessment Model in basic health care, disseminated in online health journals?

**Methods:** This is an integrative review of the literature. The material was searched through CAPES, Pubmed, MEDLINE, LILACS, BDNF, CidSaúde and IBECs, and the following inclusion criteria were adopted: online

articles, published in Portuguese, English, and Spanish, between the periods from 2008 to 2013. The sample consisted of 25 papers.

**Findings:** The years 2008, 2010 and 2013 showed a greater number of productions, predominant original articles, 64.0% of the studies were performed in primary health care. Regarding the authorship of the studies, the research showed that nurses participated in 88.0% of the publications.

**Discussion:** It was possible to show that the application of the CFAM in primary health care allows a more in-depth approach to the structure, development and family functioning, which is an effective tool to identify family diagnoses.

**Abstract ID: EFPC2017182**

**Association between elderly's multimorbidity and sociodemographic variables, health self-perception and polypharmacy**

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**Keywords: Epidemiology. Primary Health Care. Health Evaluation. Health of the Elderly. Polypharmacy.**

**Purpose:** The goal of this study is to evaluate the association between elderly's multimorbidity and sociodemographic variables, health self-perception and polypharmacy.

**Theory:** The multimorbidity can cause damages to elderly's quality of life, requiring constant adaptation of the public policies

**Methods:** The research data was collected using a validated questionnaire. The sample was composed by 676 people that were 60 years old or older. The dependent variable was the multimorbidity, that is, the occurrence of two or more chronic disease in the same person and the independent variables were the demographic, socioeconomic and health-related characteristics.

**Findings:** Poisson's raw and robust regression model was used to analyze the effect of the independent variables in relation to the outcome and p was considered significant when  $<0.05$ . Within the interviewed elderly, 45% present multimorbidity, 51.1% reported self-perception of bad/very bad health and 37.1% use polypharmacy. After the adjusted analysis to the occurrence of multimorbidity, association to variables were presented: health perception (regular/bad/very bad)  $RP = 1.15$  (IC95% 1.09 – 1.22) and the use of polypharmacy (YES/NO)  $RP = 1.29$  (IC95% 1.22 – 1.35).

**Discussion:** Multimorbidity may interfere negatively in the elderly's health self-perception and supports the frequent search for health services, contributing to the increase of medicine consumption.

**Abstract ID: EFPC2017183**

**Self-reported visual conditions and falls in elderly people living in rural areas**

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**Keywords: Health of the Elderly. Accidental Falls. Vision Disorders. Rural Population.**

**Purpose:** The aim of this study was to evaluate self-reported visual conditions by elderly people living in rural areas and their relation to falls. Visual problems interfere directly with the daily life of the elderly.

**Theory:** Low visual acuity makes it difficult to perform tasks of daily life and entails vulnerabilities such as deficit of postural control, functional damages and greater risk of falls.

**Methods:** Cross-sectional and population-based study conducted in the city of Coxilha -RS, Brazil. A total of 140 elderly individuals from the rural area participated. The data were collected through a household survey with a validated questionnaire. For analysis of the categorical variables, absolute and relative frequency

measurements were used, for association it was used the Pearson chi-square test, with a significance level of 5%.

**Findings:** The mean age was 69.8 years ( $\pm 8.6$ ), of these 52.1% were men and 47.9% were women. A total of 88.6% reported visual deficits, of these 65.0% wear glasses. The prevalence of falls was 23%, with a higher frequency in women aged 60-69 years, who live accompanied.

**Discussion:** The study demonstrate the importance of early diagnosis of visual impairment. Interventions in primary care can significantly benefit the elderly and avoid functional damage caused by falls.

**Abstract ID: EFPC2017184**

**Elderly women in urban and rural contexts: living and health conditions**

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 Keywords: **Aging. Primary Health Care. Health Evaluation. Health of the Elderly.**

**Purpose:** The objective of this study was to verify the association between the housing area and the sociodemographic and health variables in the elderly.

**Theory:** Older women are among the most visible population segments in the Brazilian society, not only because they are in greater numbers, but also because they live longer. Female longevity may also mean that the elderly women are at risk, which makes them more vulnerable to disability, due to the conditions of the environment where they live.

**Methods:** The study is characterized as cross-sectional, population-based with elderly women living in rural and urban areas of a town in southern Brazil. Data collected by household survey with validated questionnaire. There were 173 women participating in the study, mean age 70 years (SD: 8.2); living in urban area (61.3%), knew how to read and write (68.8%) and referred to agriculture as a previous occupation (51.2%). The self-perception of general health was negative for 57.6% of the elderly, and oral health was evaluated as positive (73%).

**Findings & Discussion:** The results found may contribute to the expansion of alternatives for health promotion and the quality of life of elderly women, regardless the place where they live.

**Abstract ID: EFPC2017185**

**Prevalence of multimorbidity and the repercussions on the life of the elderly**

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 Keywords: **Epidemiology. Primary Health Care. Health Evaluation. Health of the Elderly.**

**Purpose:** The aim of this study was to verify the prevalence of multimorbidity, chronic diseases and their influence on the daily activities of the elderly.

**Methods:** It is a cross-sectional and population-based study with elderly residents in a town in the south of Brazil. The data were collected by household survey using a validated questionnaire. It was used simple frequency and Chi squared test, with a significance level of 5%. A total of 331 elderly people participated. Most are between 60 and 69 years old, female.

**Findings:** The prevalence of multimorbidity was 73.1%. The most frequent chronic diseases were spinal problems, hypertension, depression, heart diseases, rheumatism and those that most interfere in daily life were arthritis/osteoarthritis, osteoporosis and heart diseases. About 60% of the elderly reported not practicing physical activity ( $p < 0.006$ ). There was a high prevalence of multimorbidity, the most frequent chronic diseases such as osteoarticular, cardiac diseases and diabetes, significantly interfere in daily activities. The association between the practice of physical activity and the presence of multimorbidity was also significant.

Discussion: The improvement of the quality of life and formulation of prevention strategies and health promotion for the population should be basic guidelines for the primary care programs.

**Abstract ID: EFPC2017190**

**Pressure levels of black children and importance of primary care services in maintaining of appropriate blood pressure in adult life**

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Keywords: **Hypertension, Child, Ethnicity and Health, Black Population**

Theory: Blood pressure levels deduce the presence of arterial hypertension, this is defined as a clinical condition caused by several factors. Studies have shown an increasing prevalence of the disease in children and pointed out the importance of primary care services in maintaining of appropriate blood pressure in adult life.

Purpose: To evaluate pressure levels of black children and demonstrate the importance of primary care services in maintaining of appropriate blood pressure levels.

Methods: A cross-sectional study, developed in a quilombola community in Salvador, Bahia, Brazil, with 131 children aged 6 to 12 years. A form was applied to the parents, anthropometric measurements and blood pressure measurement. STATA v.12 was used for analysis.

Findings: Prevalence of elevated blood pressure levels was 3.8%. There was statistical significance with the age group and time spent sitting watching television. Children with low weight, overweight and obesity were identified in the proportion of 3.0%, 11.5% and 4.6%, respectively. The black children studied are susceptible to risk factors for hypertension.

Discussion: To avoid arterial hypertension in adult life is essential interventions with the aim of reducing or eliminating the identified factors. Therefore, actions in primary care services as health promotion and education must be developed.

**Abstract ID: EFPC2017193**

**An analysis of media reports on primary care out-of-hours services.**

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Keywords: **Out-of-hours; Media; Service design.**

Purpose: Increasing and inappropriate use of primary care out-of-hours services (OOHS) is a concern. Newspapers frequently report OOHS related narratives which could affect public perception. We aimed to explore OOHS portrayal in UK newspapers.

Theory: We used candidacy theory to explore how the media portrays OOHS.

Methods: We searched 10 UK newspapers. Inclusion criteria: articles from 01/01/2004-31/10/2015 containing "out-of-hours" [≥3 mentions] OR ("NHS24" OR "NHS111" OR "NHSDirect" [telephone triage services]) AND "out-of-hours" [≥1 mentions]. Exclusions: Letters; duplicates; articles not concerning OOHS. Articles from 2005, 2010 and 2015 underwent content analysis. Main outcomes included article tone, tone by publication, personal narratives, and OOHS-theme.

Findings: 332 articles from selected years. Tone: 75.9% of articles were negative, 3.3% positive. Article tone differed by publication and all publications leaned toward negative ( $p < 0.01$ ). 46.1% of articles mention a personal narrative of which 86% portrayed tragedies. 77.8% of articles mention a personal narrative involving rare diagnoses. OOHS-theme varied by year: 2005 dominated by telephone-triage issues; 2010 dominated by one personal narrative.

Discussion: The majority of articles portray OOHS negatively and almost half report tragic, rare problems. This over-representation could skew public perception of OOHS. Studying public perception of OOHS through newspaper representations could help service design.

**Abstract ID: EFPC2017196****evaluation of implementation of the actions of the health school program in belo horizonte, after five years.**

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Keywords: **Evaluation. School Health. Primary Health Care. Health Education. Health Promotion.**

Purpose: The Health School Program aims at the integral formation of schoolchildren through prevention, promotion and health care actions.

Theory: The study evaluated the implantation of Health School Program in Belo Horizonte after five years. Cross-sectional study, quantitative approach of secondary data related to the Program activities, in 2015.

Methods: Visual acuity assessment was performed in 54.78%, oral health evaluation in 53.20%, evaluation of the vaccination situation in 55%, anthropometric evaluation in 83.32% (weight) / 82.44% (height) of the students, respectively.

Findings: Prevention actions for more serious diseases in schools were dengue combat and Human Papilloma Virus vaccination, as well as health promotion actions related to food safety and promotion of healthy eating, and Special Projects. There are no records of training given to health and education professionals. The anthropometric evaluation, with a flying team available for this activity, was the one that reached the best percentages. Some actions to prevent injuries that already seem to be the domain of the perpetrators are done more frequently.

Discussion: The promotion actions of health presented the worst results despite their importance. The monitoring systems have a lack of regularity of feeding and a lack of capacity to fill.

**Abstract ID: EFPC2017197****The prevalence of chronic diseases among Syrian refugees living in Sanliurfa province and utilization of health services**

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Keywords: **migration, noncommunicable diseases, primary care**

Purpose & Theory: Immigration, which creates a sudden and rapid change of the environment and thus affects society, culture and individuals, also has very important effects on health and health variables. The aim of our work is to detect the prevalence of chronic diseases among Syrian refugees and to find out utilization of health services in this population. As a secondary objective, the difficulties in reaching health services in the context of chronic diseases and the services primarily need are explored.

Method: This is a cross-sectional study. In Sanliurfa, according to the records of the Syrian guests coordination center, Kurtuluş district was the neighborhood highly populated by Syrian migrants. Therefore this study was carried in this region. We randomly selected 30 streets from this district and enrolled people over 18 years of age living in 7 randomly selected homes from the selected streets. Each selected house was visited and information on chronic diseases was collected about the whole household with an interpreter who speaks Arabic and Kurdish. A pre-prepared questionnaire was applied to householders face to face.

Findings: A total of 210 households were visited. Data about 617 people over 18 years old was collected. 47.5% of the participants were female, 52.5% were male, the average age was 35,6 years and 68.7% were primary school graduates. At least one chronic disease was found in 27.8% of participants over age 40 and 65.2% over

65 years of age. This ratio is 15.2% among all participants. 40.5% of the participants stated that they can get health care services, and 13.8% stated that they can reach the family physician when they need it. 76.5% of those who applied for health services because of chronic illness applied to state hospital and 15.3% applied to private health center. The rate of application to the family physician for chronic illness is only 2.4%.

Participants who sought health care services preferred free health services with 82.9%.

Discussion: In our study the prevalence of chronic disease was relatively lower than the rates reported in the literature. Immigrants have almost never received primary health care due to their chronic diseases, and it seems that they receive health services predominantly from the hospitals.

**Abstract ID: EFPC2017198**

**Engaging Gypsy, Roma and Traveller communities in primary care research: overcoming challenges and maximising opportunities**

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Keywords: Roma, Gypsies and Travellers, qualitative research, immunisation

Purpose: To explore the challenges and opportunities of engaging Gypsies, Roma and Travellers (GRT) in primary care research

Theory: People of GRT ethnicity are marginalised worldwide and experience severe health inequalities, even in comparison with other minority ethnic groups. As 'hard to reach' groups, they are among the least likely to be represented in research studies. The socio-ecological model was the underpinning theoretical framework.

Methods: Within a national research study of child and adult immunisation, 174 in-depth interviews were conducted with participants from six GRT communities in the UK. Engagement of these communities is discussed in relation to public involvement, access and recruitment.

Findings: Trusted gatekeepers, strong familial ties and awareness of poor health provide impetus for public involvement and lead to opportunities to access and recruit GRT people. However social and financial insecurity within the community, combined with a rapidly changing socio-political environment, meant that adjustment of engagement strategies was necessary throughout the project.

Discussion: Qualitative research is dependent upon the engagement of potential participants and their communities to ensure maximum validity. The management of community engagement during this primary care project provides insights into conducting research effectively with ethnically-diverse, marginalised and 'hard to reach' communities.

**Abstract ID: EFPC2017199**

**Primary Health Care Coverage in Brazil, According to the National Health Survey, 2013. A Portrait of the**

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Keywords: Health surveys, Primary Health Care, Health services coverage, Unified Health System

Purpose: To present primary care coverage according to the National Health Survey (PNS) in the different Brazilian regions.

Theory: In the recent, there was an expansion in Estratégia de Saúde da Família (ESF), the most important policy due to Primary Care in Brazil. The ESF has a major role in the first contact with the patient, logitudinality and care coordination.

Methods: PNS is a national survey which by home visiting, made by the National Institute of Geography and Statistics. Were made 64.348 visits and 205.000 citizens were interrogated about primary care coverage and other social and demographical questions.

Findings: The proportion of citizens covered in Brazil was 56,2% (CI95%: 54,9-57,4) being mostly in rural areas (72,3%) than urbans (53,3%). The Northeast region presented the highest coverage numbers (68,1%) e the Southeast the lowest (48,3%). Also people with less than 100 dollars income/month presented a higher coverage when compared with people with more than 1500 dollars income/month (18,9%).

Discussion: The study showed that half of Brazilian citizens have a register in primary care policies in Brazil,

being the major part of it in vulnerable regions. Which presents another important hole of primary care: the reduction of inequalities.

**Abstract ID: EFPC20172103**

**Social participation for the elaboration of the draft law for the promotion of healthy living and balanced food. strategy to combat the epidemic of obesity**

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Keywords: **social participation, law, obesity**

Purpose & Theory: The General Secretariat of Public Health and Consumption in 2015 prepares a prospective study on the problem of the global obesity epidemic: different strategies recommended by experts and international bodies. The main recommendation is that the public authorities show their leadership in this matter as an essential step in order to move forward.

Methods: It was necessary to activate and manage a process of social participation of the actors involved in order to assume, understand and reflect on the necessary changes, and to discuss all the aspects to be taken into account to ensure the success of the legislative initiative and the impact. 8 interest groups and 8 territorial demarcations were identified that would be involved in the actions that should be developed to combat the epidemic from an ecological model.

Findings: One year worked in this process that culminated in the elaboration of a Law that at the moment is in process.

Discussion: How to manage participation? We will describe how we did it and the conclusions of this experience

**Abstract ID: EFPC20172104**

**"Community involvement to improve participation in preventive health programmes"**

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Keywords: **outreaching, immunisation, patient education**

Purpose: To identify the possible causes of routine immunisation rates below target in Romania and find adequate actions with a needs-tailored approach in communities at risk

Context: Vaccination coverage for MMR was  $\geq 95\%$  in the early 2000s, however since 2010 it has decreased to 86% for the first dose in 2015, resulting in measles outbreak in certain areas. Beside changes in attitude towards immunisations, additional 'system-wide challenges' also exist, leading to unequal access to vaccination. WHO invited Romania to strengthen population immunity by reaching and maintaining  $>95\%$  coverage.

State of the art: In our rural health centre we actively invited patient's representatives from the group we identified to be at high risk in order to explore their views and concerns and identify interventions in the community to improve participation in the national immunisation programmes. Our staff is doing face to face outreach work on a regular basis. We achieved increased vaccination uptake and community engagement

Statements for debate:

1. Primary care team has an important role in proactively approaching the communities at risk and assisting them to answer any concerns they have
2. Strategies promoting community based health education in vulnerable groups should be developed in order to enhance participation
3. Effective communication channels between community, primary care, health authority are crucial in achieving sustainability

**Abstract ID: EFPC20172109**

**7 day, 8-8 opening hours for general practice - no Citizen's Voice, an inexcusable waste of resources,**

Author: Mr Harry J A Longman - GP Access Ltd, United Kingdom

Keywords: **access hours waste NHS England**

Purpose: Improve the allocation of primary care resources, listening to the Citizen's Voice, understanding patient needs and behaviour.

Context: In the English NHS, a policy direction supported by over £100m is to open GP services 7 days per week, 8am - 8pm, for routine appointments (not only urgent out of hours care). Economic analysis by government bodies (NAO, PAC) has shown this is wasteful, while NHS England reports have shown poor utilisation of extended opening hours. Pressure on GP recruitment is increased as their time is taken in less productive settings.

State of the art: We examine the evidence base on when demand occurs, how and in what context GPs are able to give the best care and continuity.

Statements for debate: 7 day opening 8-8: the evidence of poor value is clear, so why is it being pushed by some politicians and NHS leaders?

Whose interests does this serve?

What more efficient and evidence based alternative strategies could be pursued?

**Abstract ID: EFPC20172115**

**Portuguese Electronic Prescription System goes paperless: an improvement?**

Author: Dr. Nuno Parente - USF Viver Mais, Portugal

Additional authors: Joana Castro - USF Viver Mais - Portugal

Keywords: **electronic prescription system; paperless prescriptions; cyber-fraud; prescriptions costs**

Purpose: Debate the evolution of Portuguese Electronic Prescription System (PEPS).

Context: PEPS, introduced in 2004, constituted an important evolutionary step for the Portuguese National Health Service (PNHS). It brought dematerialization and better control of prescriptions. However, prescriptions' increase made certification a hard and expensive task for PNHS. Negotiating with PNHS' private institutions and decreeing PEPS' use mandatory in 2011 helped establishing professionals' high level of acceptance and adherence.

State of the art: Currently, PEPS plays a core role in decreasing prescription costs and fraud levels. New paperless prescriptions represent the next stage. They became mandatory in April 2016 and, by March 2017, 95.5% of all prescriptions were paperless.

Statements for debate: This new approach offers stronger prescriber authentication safety and strongly decreased chance of identity theft. There's an abolition of paper consumption, printing problems and limit to number of medicines per prescription. For patients, partial dispensations and achieving medicines on more than one pharmacy through the same prescription are clearly useful. Despite recent reduction in healthcare expenditures, we still need to ameliorate means of authentication and systems' interoperability and resiliency. So, to preserve the integrity of PEPS we have to reinforce central infrastructures to prevent cyber-fraud and dispensation failure.

**Abstract ID: EFPC20172119**

**Vaccination Calendar for Life: a paradigm of integration among primary care societies**

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Keywords: **scientific and primary care societies, vaccination, policies, best practices, impact**

Purpose: describe the experience of collaboration among scientific and professional societies to draft the best lifetime vaccination schedule in Italy as a paradigm for Europe.

Context: the first Vaccination Calendar for Life was issued in 2012, with updates in 2014 and 2016 by four scientific and professional primary care societies (FIMMG, FIMP, SIP, SITI). It has become a paradigm of reference for national and regional health authorities to set up national and regional vaccination plans.

State of the art: Several regional vaccination calendars in Italy were based on the Calendar for Life. The

recently approved (February 18, 2017) Italian Triennial National Vaccination Plan 2017-2019 is founded on the proposals of the 2014 Calendar for Life.

**Statements for debate:** The collaboration of the four scientific and professional societies (Italian Society of Hygiene, Italian Society of Pediatrics, Italian Federation of General Practitioners, Italian Federation of Pediatricians) has paved the way to the approval of the most advanced and complete vaccination plan in the world. To our knowledge, this represents a unique example of impact of recommendations from scientific and professional societies on decisions of public health authorities in any field of medicine, and can represent a paradigm for other specialties and countries.

**Abstract ID: EFPC20172125**

**Implementing the National community health strategy: primary care team knowledge, preparedness and willingness to community orientation**

**Author:** Mr. Tino Marti - CASAP, Spain

**Additional authors:** Ionut Chiriac - CASAP - Spain

**Keywords:** Community health, Preparedness, Implementation, Self-evaluation

**Purpose:** We explore how to incorporate and implement the National Community Health project (ComSalut) in the city of Castelldefels through the active involvement of primary healthcare teams, the public health agency, community organizations and the city hall. Although the concept of community-oriented primary care is widespread among health professionals, they traditionally use to provide individual assistance at their offices.

**Context:** ComSalut is the ambitious Catalan Community Health project aiming at shifting the focus of the public health system towards health promotion, de-medicalization and addressing the health problems of a defined population. This transition challenges the current status quo of conventional assistance in primary care, particularly for family doctors. To increase the odds of a successful implementation, we started with a professional self-evaluation process to detect gaps in knowledge, preparedness and willingness to change.

**State of the art:** Throughout a digitally adapted Delphi method, we surveyed the whole primary care team to assess community health knowledge, attitudes and beliefs. Relevant differences were detected among primary care physicians, nurses and administrative staff in all domains. Based on these results, we designed and organized a training program based on community health innovation techniques in order to improve design and innovation skills. Two projects on community health, one for elders and one for youngsters, came out as top community priorities.

**Statements for debate:** The main question we addressed was if primary care teams are ready to major change towards a community health approach. Exploring readiness and willingness is crucial for performing reinforcing actions to eliminate detected gaps in order to successfully implement the National strategy in our area.

**Abstract ID: EFPC20172126**

**Communication and health literacy in a primary care unit**

**Author:** Dr. Rui M. Medon - ACeS Porto Ocidental, Portugal

**Additional authors:** Capela, Nuno - ACeS Porto Ocidental - Porto, Portugal

**Keywords:** Primary Care; Health Centre; Communication; Health Literacy

**Purpose:** To develop a community oriented communication strategy, on behalf of a policy to promote health literacy in a primary care unit.

**Context:** A low level of general health literacy (61%) of the Portuguese population and the insufficient communication, are related to poor patient's decision making regarding their own path within the health system. This is related with negative effects in individual and community health profiles, as well as in health resources and costs management.

**State of the art:** In 2009, Porto Ocidental Health Centre Group has defined a communication strategy which uses IT, e.g. site, monthly newsletters, blog and Facebook, as tools of health literacy promotion. This strategy is by now more in depth through the qualification of the rooms and clinical offices, since they are seen as places which people can be triggered and exposed to health literacy promotion. Improving decoration with artistic health promotion photography, interactive tables, intra-TV circuits (with simple digital contents regarding the topics of the Local Health Plans) - with health professionals involvement. The management of patients paths within the health system implied the cooperation between settings, as hospital, municipality, pharmacies and local communities, with health literacy playing a core role.

Statements for debate: How to strengthen the management of patients paths between and within the different levels of health care and of integration of care, especially for patients with chronic conditions? How to achieve a better connection between the different stakeholders?

**Abstract ID: EFPC20172127**

**The Quality and Outcomes Framework and inequalities in the England: A systematic review**

Author: Dr Catherine Marchand - CHSS University of Kent, United Kingdom

Additional authors: Dr Lindsay Forbes - CHSS University of Kent - United Kingdom  
Professor Stephen Peckham - CHSS University of Kent - United Kingdom

Keywords: **Pay-for-Performance, Inequalities, General Practice, Systematic Review**

Purpose: To review the evidence of the effect on inequalities of the Quality and Outcomes Framework (QOF), a pay-for-performance scheme that rewards English general practices for delivering effective interventions. One of the main objectives of the QOF was to reduce inequalities in care across England. It has been suggested that, while the QOF reduced some inequalities in care by geography and practice, it may not have had the same effect on inequalities in care by disease group and sociodemographic characteristics of registered patients.

Content: We carried out a systematic review of the evidence of the effect of QOF on inequalities. We included quantitative studies published in peer-reviewed journals in English that examined the effect of QOF by disease group, sociodemographic, and socioeconomic group.

State of the art: We found 1 systematic review of systematic reviews (search date 2011). We found 4 subsequent relevant studies: 1 interrupted time series and 3 cross-sectional studies. The systematic review and subsequent studies found evidence that socioeconomic inequalities by practice had narrowed over time. They also found evidence that sociodemographic inequalities had persisted over time: women, older patients, and some ethnic minorities have generally continued to receive a lower quality of care than young patients, men, and the white British group. We also found evidence that the recording of monitoring of physical health in patients was less complete in patients with major mental illness. Finally, we found no evidence that the QOF helped to address the complex health and social care needs of patients with complex chronic problems, for example in providing continuity of care or effective integrated care.

Statement for debate: The QOF is an insufficient mechanism for reducing inequalities in care between sociodemographic groups and disease groups.

**Abstract ID: EFPC20172131**

**Patient Satisfaction in Primary Health Care in Portugal: The Last 25 Years**

Author: Prof. Pedro Lopes Ferreira - Centre of Health Studies and Research of the University of Coimbra (CEISUC), Faculty of Economics of the University of Coimbra (FEUC), Portugal

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Keywords: **patient satisfaction, primary care, health reforms, equity**

Purpose: To present the history of the measurement of primary healthcare (PHC) patient satisfaction (PS) in Portugal. It also presents the gains obtained over the last 25 years.

Context: PS is an indispensable component for the evaluation of quality of care, with a clear correlation with health outcomes.

State of the art: This whole process started in 1994 when a group of researchers applied for European funds to create EuroPEP, a measuring instrument to assess PS of PHC. In 2000, there was a first implementation on 86 health centers (HC) of Lisbon and Tagus Valley, then in the following year, on 194 HC, next in all 365 existing HC, and in 2009 on 146 USF. Finally, in 2014 we assessed PS on 394 USF and on 51 UCSP. Currently, a new study is in preparation.

Statements for debate :These studies have allowed the creation of strategic information relevant to the evaluation of the various models of primary health care, to commissioning and to the definition of health policies. A framework of a systematic measurement of PC in PHC is urgent.

**Abstract ID: EFPC20172137**

Author: Vanda Cristina Pedrosa - Health Center, Portugal

Keywords: **Primary Health Care; Groupings Health Centers; Functional Units; Programs / Projects; Occupational therapy**

Purpose: Create an organization versus language common to the OT's that exercise in the same ACES balancing in Priority areas, Procedures, Information systems used in data collection

Context: CSP, Health Center Grouping

State of the art: In CSP the intervention of the OT underpinning his career encompasses a broad field of action that needs to normalize in the face of the reality of each ACES. Based on the multiplicity of realities, it is necessary to base and reflect on the performance of OT in this context, reference bibliography (national, regional and local) in order to allow a common understanding. An innovative experience, a synthesis of experience of direct work. An exploratory study of the same ACES, with ten years or more of exercise in CSP , with the objective of synthesizing the information in a normative circular of Occupational Therapy, to be approved by the Clinical and Executive Direction

Statements for debate: Negotiation of standardized information systems for Occupational Therapy. Normative guidance (technical) the activity of OT of the same ACES, with key areas (recent history) and local realities. Language and common organization in same ACES, privileging the person served, best quality, the best knowledge possible at any given time.

**Abstract ID: EFPC20172138**

**Adoption strategies of virtual visits in primary care teams: the experience of clinicians with e-Consultation at CAP Borrell CAPSBE**

Author: Dr Mireia Sans - CAP Borrell. CAPSBE, Spain

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Keywords: **Accessibility, Digital health, eConsultation, Innovation**

Purpose: This work explored the strategies adopted by family doctors and nurses to expand the use of e-Consultation with their patients throughout a focus group technique.

Context: Information and communication technologies disrupt or significantly modify information-intensive services. E-Consultation was made recently available to family doctors and nurses in Catalonia. Deployed through the electronic health record, it facilitates to establish conversations with patients without time and space constraints. That increased accessibility to primary health services is differently experienced by clinicians. At CAP Borrell, a significant variable adoption rate among primary care clinicians was detected ranging from 2% to 20% of a clinician's patient panel. As digital health is a pillar in CAPSBE strategy, a further analysis was designed to understand why some clinicians adopted earlier these services and expanded faster its use.

State of the art: E-health services are booming. Institutions like Kaiser Permanente claims to deliver more e-visits than traditional face-to-face visits by 2018. Although virtual visits increase accessibility to health services, security, privacy and usability concerns have refrained patients and providers to quickly adopt it. Whether it will increase or reduce the workload of front line services, the exploration of the barriers and facilitators to increase their use in public health systems remain untapped.

**Abstract ID: EFPC20172147**

**Workplace Violence in the Portuguese Health Units**

Author: Mrs Amanda Fehn

Keywords: **Violence against health workers; Primary Care Reform in Portugal, Family Health Unit**

Purpose: to characterize the occurrence of violence against health professionals in Portugal

Context: A comprehensive annual questionnaire to all Family health units (USF) coordinators is being done each year for the last 8 years in Portugal. This year the questionnaire included a section on workplace violence. The response rate was 71.4% (N = 342).

Abstract summary: State of art: 84.5% of the USF coordinators reported at least one case of violence in the last 12 months. The verbal threat / aggression cases reached the highest percentage (80.2% of all units), followed by bullying / mobbing (45.4%), violence against personal property (21,2%), physical violence (14.0%); discrimination (8.8%); and sexual harassment (3,5%).

Statements for discussion: The characterisation of the cases of violence is important to guarantee security for the health professionals and better relationships with their patients. Nevertheless, it is essential to go further. Understand the situational factors that favours violence is crucial. Emotional fragilities, dissatisfaction, frustration and feelings of injustice on the part of the patients, for example, potentializes the vulnerability of workers.

**Abstract ID: EFPC20172149**

**AMR IN SETTING OF PC**

Authors: Gallieno Marri, Antonio Pio D'Ingianna, , Andrea Pizzini, Pietro Scalera, Antonio Verginelli, and Walter Marrocco

FIMMG (Italian Federation of Family Physicians)

S.I.M.P.e S.V. (Italian Society of Preventive Medicine and Lifestyle)

Keywords: **AMR. ANTIBIOTIC. PRIMARY CARE**

Purpose: GP must participate in the promotion of responsible use of antibiotics for the prevention and control of infections improving an alliance with the patients, which favors the "ethical" aspects of individual behaviors which have, as with Vaccines, a strong implications for society.

Context: The annual report of the European Center for Disease Prevention and Control ("Antimicrobial Resistance Surveillance in Europe, 2015 – (<http://bit.ly/2k9fq4z>) in thirty European Union shows the trends of the 2012-2015 period with a broad differentiation according to the considered bacterial species, the antimicrobial group and the reference geographic area.

State of art: Generally, the lowest percentages of antimicrobial resistance are in northern, while increasing in southern and eastern Europe. This is attributable to many factors: different use of antibiotics, prevention and control strategies of infections, health care models, possible role of climatic condition.

EMA highlights as “ in Europe alone, 25,000 people die each year from infections caused by resistant bacteria, with €1.5 billion cost in healthcare expenditures, productivity losses.”

Statement for debate: The role of PC is very important in promoting proper use of antibiotics.

To try to address this issue of AMR we have designed a project to analyze the method of using Antibiotics in Primary Care setting on these topics:

Type and frequency of infections observed

Clinical presentation

Diagnosed Infections

Availability of antibiogram labs in different areas

Antibiogram response times

Prescription before laboratory response

Action after laboratory response

A questionnaire on these topics, shared at national and European, could give a special opportunity to face the problem of AMR.

**Abstract ID: EFPC2017223**

**Does risk adjustment of payment to primary care providers based on socio-economic need influence the care provided? A case study of primary care in Swedish primary care**

Author: Dr (PhD) Anna Häger Glenngård - Lund University School of Economics and Management, Sweden

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Keywords: **risk-adjusted payment, socioeconomic need, practice behavior, accountability**

Purpose: To study the use and impact of risk-adjusted payment to primary care providers based on socioeconomic need, and if such principles support a balance between social objectives of equity and individual

objectives of good access and quality of services.

Context: Swedish primary care with a mix of private and public providers, and payment to providers following unrestricted choice by individuals.

State of the art: Strong arguments have been made that risk-adjusted payments are important and needed to counterbalance the risk of inequity in distribution of services with market-based incentives. Most of the 21 Swedish county councils also practice such risk-adjustment when paying providers. Previous research show some impact on private providers' decisions regarding where to set up their practices. However, no studies exist focusing on how the extra resources are used and to what extent inhabitants in deprived areas benefit.

Statements for debate: Risk-adjusted payment based on socioeconomic need increase payment and revenues, but impact on activities and benefits to inhabitants in deprived areas are uncertain. Services in deprived areas meet other demands compared to service in other areas several different ways. Practices in deprived areas are required to react on these differences in demand, but pro-active strategies including adapted forms of prevention are more limited. Risk-adjusted payment should be combined with accountability towards proactive strategies to make certain that extra payment transfer into benefits for targeted population groups.

**Abstract ID: EFPC201723**

**Primary care managing chronicity, a success story**

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**Keywords: Home-Telemonitoring, Care Plan, Chronic diseases, Multi-Morbidity**

Purpose: This abstract presents the BuongiornoCREG initiative, which deployed both care coordination and telehealth in Lombardy, Italy.

Context: Care coordination programs are increasingly popular in Regional strategies across Europe, to manage patients' diseases and co-morbidities. Patients with chronic conditions can now be treated in their own homes, through the deployment of integrated care strategies and telemonitoring solutions. Lombardy has more than 30% of its inhabitants suffering from chronic conditions and impacting for approximately 70% of the healthcare expenditure. To face this challenge, in 2011 the Regional government started a program called CREG (Chronic Related Groups), with the aim to delegate to primary care the delivery of an established treatment plan to the chronic patients she has in charge, to provide them with a comprehensive care outside the hospital

State of the art: Chronic patients have a fragmented management of their conditions. The new model proposed in Lombardy redefines the role for primary care, providing technological and organizational tools to implement care coordination, telemedicine and home telemonitoring.

Statements for debate: Care coordination and telecare demonstrated in Lombardy that primary care can become the reference point for multimorbid patients. Deployment on a wider scale can only be achieved with new behaviors, routines and ways of working, which require significant organizational changes and technological infrastructure.

**Abstract ID: EFPC2017231**

**Strategies for promoting Right Care in medicine students.**

Author: Dr. Oscar Garcia Gimeno - CASAP, Spain

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**Keywords:** Right care, students.

**Purpose:** Reducing low value procedures in Primary Care. Training medical students to avoid over diagnose and overtreatment

**Context:** current Right Care strategies are being accepted in primary care, widely represented in Catalonia in such projects as Essencial, aiming at improving care quality, reducing non evidence based activities and those that imply increasing over diagnose and over treatment.

**State of the art:** Our organization has decided to foster Right Care strategies in intern medicine students. We created infographics that facilitate patients comprehension of low value practices. After that we ask the students to present a session centered on those recommendations. In the current academic year, 34 students have performed the rotation in our primary care center with a duration of two weeks.

**Statements for debate:** We consider a priority to promote Primary Care in medicine students and to discuss with them Right Care strategies, facilitating their participation in strategies to facilitate communication with the patients.

**Abstract ID: EFPC2017232**

**Bella Vita Medical Center (BVMC): Integrating Primary and Specialist Care in a Joint Outpatient Clinic.**

**Author:** Prof. Geert Goderis - KU Leuven, Belgium

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**Keywords:** Integrated Care Hub, seamless care, Living Lab, General Practice, Specialist Care

**Purpose:** To develop a multidisciplinary healthcare centre, providing patient-centered top quality care close to patients' home, integrating first and second-line care in a comfortable setting with state-of-the-art infrastructure on a human scale.

**Context:** BVMC, created by the 'Europe Hospitals' is settled in Waterloo, nearby Brussels, in a newly created 'transgenerational' living site Bella Vita.

**State of the art:** to carry out its mission, BVMC must:

- Excel in integrated care through clinical pathways combining general medicine, specialised medicine, dentistry and paramedics;
- Welcome every person on a personalised approach;
- Guarantee the best qualified medical team offering state-of-the-art medicine;
- Ensure continuous improvement on a daily basis;
- Be a "Living Lab": develop, apply and evaluate innovative healthcare projects and support services at individual and population level
- Encourage patients to play an active role in his own health;
- Ensure direct and seamless referral to a hospital services.

**Statements for debate:**

- Fragmentation between generalist and specialist care increases waste and decreases quality
- Primary and specialist care are two different 'realities' with inherent dynamics that impede spontaneous integration or coordination
- Integrated care hubs are important, innovative leverage to tackle the persisting problem of fragmentation and miscommunication

**Abstract ID: EFPC2017236**

**Inclusive and participative policy proposal focusing on professional training and primary health care**

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Brazil

Keywords: **public health, health policies, health education, social determinants of health**

Purpose: The purpose of this abstract is to present a participative proposal about a municipal policy that integrates teaching-service-community.

Context: The relationship among university teaching, health professional practices and health care on the Public Health System in Blumenau SC Brazil is guided by the principals of a national policy that integrates these systems. This policy has the goal to qualify the health formation and the health care synergistically from a group of teachers and health professionals. Resources were raised from seven applications and a national award from the Pan American World Health Organization to implement a policy based on following items: teaching and effective care as a unique and interdependent process; legitimacy; integration guided by national policies with the community participation; connection with the university activities; integrated production of teaching, research and extension in undergraduate and master program applied to the service; partnership integrating professionals from primary care to the management level.

State of the art: Events will be held culminating with a municipal conference legitimizing the process.

Participants: communities, students, health administrators and professionals, academic institutions and policy makers.

Statements for debate: The state of art in the training of health professionals reveals paradigmatic changes that should contemplate the health systems to improve the health of the population.

**Abstract ID: EFPC2017237**

**The political dimension of the teaching-service integration in the Education through Work in Health Program**

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Keywords: **health education, social determinants of health, public health, social policies**

Purpose: It presents the political potential of the "Education through Work in Health Program" as a strategy of the National Education-Service-Community Integration Policy of Health Ministry. In Blumenau-SC, Brazil, the "GraduaSUS" project is implemented through multi professional tutorial groups composed by students and professors from ten undergraduate courses of the Regional University of Blumenau (FURB), integrated with physicians, dentists and nurses of the public service team

Context: They develop their activities in health units considering the Community Based Education referential and have financial resources and scholarships for the members. The presence of students and teachers integrated with health teams enables the development of interdisciplinary research applied to community demands and reflections on social determinants of the learning-teaching-care process, broadening actions for the political field.

State of the art: As a result the group approved a proposal for the elaboration of a Teaching-Service-Community Integration Policy at the 8th Municipal Health Conference of Blumenau-SC, held the 1st Forum and the 1st Municipal Conference on this theme with participation of community representatives, Universities and the health service guiding the policy makers.

Statements for debate: The state of the art on professional health education undergoes a paradigmatic change and must contemplate the political dimension in the context of population health.

**Abstract ID: EFPC2017239**

**Primary Care based Integrated Heart failure pathway**

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**Keywords:** Heart failure; Home care

**Purpose:** Reduction of heart failure patients' referrals to hospital Emergency Room Improvement of heart failure diagnose, treatment and follow-up through integrated care between Primary Care Team (PCT) and Primary Care Emergency Team (PCET).

**Context:** Heart failure has a 7 - 8% prevalence in Catalunya, meaning a high workload and high figures in emergency consultation in hospitals. Literature suggests integrated care and better understanding of patients' needs allow focusing on a more palliative and patient centered strategy from care teams.

**State of the art:** Our PCT takes care of a population around 31000. 323 have been diagnosed as heart failure. We agreed with PCET a three pathway procedure for heart failure:

1. Referral for accurate diagnose in case of doubt, solving it through blood analysis including Pro-BNP.
2. Care and follow-up for already diagnosed heart failure patients
3. Care and follow-up for already diagnosed home care heart failure patients, in which situation blood samples may be sent to PCET, remaining the patient at home, avoiding inconvenient transfer and allowing home intravenous treatment when needed.

**Statements for debate:** We consider care integration between PCT and PCET may facilitate care, individualized care, facilitating shared decision and patient centered care. Social issues (lack of home support) are also considered to avoid health worsening because of them.

**Abstract ID: EFPC2017240**

**The challenges of social control in the public health system in Brazil: the role of the university.**

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**Keywords:** social control policies, health education, public health, health legislation

**Purpose:** This work discusses the challenges of social control in the public health system in Brazil.

**Context:** The Health Councils are collegiate, permanent and deliberative instance for the control of the policy public health in Brazil, established in law. Although its composition guarantees 50% of the votes to users, great challenges are observed for the effective participation and social control in the context of health. Through the technique of systematic observation, students and teachers of health followed a meeting of the Municipal Health Council of Blumenau-Brazil.

**State of the art:** The infrastructure and provision of directors did not favor the debate; in the conduction of the works the agenda was not covered with discussion of topics not foreseen and other not discussed; few participation and positioning of the segment of users; difficulty of the board members to discuss the proposed matters; incoherence of the topics addressed regarding to the municipal health plan, limiting itself to administrative problems; high number of absences and abstention from voting.

**Statements for debate:** The legislation in Brazil presents advances, but the population needs to empower themselves with knowledge of their rights, developing citizenship as a value. In this context, university education should have a relevant role in the politicization of health education.

**Abstract ID: EFPC2017241**

**Primary Care in Austria: Strong Political Commitment and Stakeholder's Opinions**

**Author:** Dr. Timo Fischer - Main Association of Austrian Social Security Institutions, Austria

**Keywords: Primary Care Austria**

Purpose: The presentation will focus on the latest legislation in Austria concerning primary care and will depict its key matters with regard to implementation. In addition, the presentation will analyze stakeholder's opinions and views.

Context: Primary care is a top policy topic in Austrian health policy since the Austrian system of primary care is "underdeveloped" compared to international standards.

State of the art: In December 2016, the Austrian parliament approved the health service reform package of the Federal Government which focuses on the implementation and promotion of primary care. In practical terms, 75 new primary care units are supposed to be implemented throughout the Austrian health care system until the year 2020 and 200 Mio. Euros are supposed to be dedicated to outpatient care – either primary or specialized care. In April, a special primary care act is supposed to pass parliament by summer 2017.

Statements for debate: Feedback from international experts to the following questions would be appreciated:

- 1) What kind of change management is needed to get primary care started, e.g. with respect to governance arrangements, workforce (delegation, skill-mix, training), etc.?
- 2) Are there role models of proper change management in other countries?

**Abstract ID: EFPC2017243****A Plastic PCT: New patient-orientated care model for children with asthma**

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Keywords: **Asthma, children, primary care team**

Purpose: To create a multidisciplinary patient orientated care-model for asthma management in children.

Context: Asthma is the chronic condition with the highest prevalence in children. It is around 10% in the EU, being higher in coastal areas like Castelldefels (Barcelona). We work in a urban PCT with family doctors, paediatricians, nurses and clerks, attending a population of 31,311. 5,794 of them are children (18, 5%). 109 children have been diagnosed with asthma. 41,3% were considered as not being adequately controlled and 43% suffered limitations for sport. Traditionally, asthma management has been referred to specialized care in hospital settings.

State of the Art: The need for comprehensive, continuous and accessible care, make primary care the ideal setting to monitor most patient's asthma. A functional unit was created by a paediatrician and a respiratory care expert nurse. They act as an outreach team for asthma care in children by improving diagnosis, early treatment and monitoring control through education programmes.

Statements for debate: The creation of a multidisciplinary care model that includes clinical and functional asthma diagnosis, treatment prescription and adjustment according to asthma control and health education programs is a key method towards achieving patient and families' self-management. This model may offer comprehensive and high quality care independently from secondary level.

**Abstract ID: EFPC2017244****Informal care in a changing context: improving collaboration**

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Keywords: **informal care, professional-caregiver collaboration, division of care, diversity**

Purpose: Urban Vitality is a research theme of the AUAS, aiming to contribute to a city where people live healthy, care for each other and participate in society. Diversity and Informal Care, a project within this program, elaborates on differences between groups when it comes to giving and receiving informal care and its

impact on needs of caregivers with respect to professional care. We focus on urban settings, in which society is diverse.

Context: In Europe, the normative discourse on informal care is changing (1). Retreating governments and decreasing residential care increases the need for informal care. On Dutch policy level, caregivers are seen as essential team members in supporting care recipients. However, collaboration between caregivers and professionals is not always effective and needs improvement. Caregivers and professionals have different frames of reference about providing care (2).

State of the art: Two PhD-projects are conducted, in collaboration between the Faculty of Health and the Faculty of Applied Social Sciences and Law. In this interdisciplinary research, we focus on both professionals' and caregivers' perspectives on collaboration.

Statements for debate: Collaboration with caregivers and guidelines for professionals should be included in the curricula of (allied) health, nursing and social work education, especially when they educate to work in urban areas where organisations have to provide care to diverse populations.

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**Abstract ID: EFPC2017246**

**Towards health literate health care organizations**

Author: Dr Gilles Henrard - Department of Family Practice, Liège University, Belgium, Belgium

Keywords: **Organizational health literacy; self-assessment tool; Health literate healthcare organizations; participatory action research**

Purpose: The project aims at lowering the barrier created by overly complex information inside health care organizations to provide care that is more equitable.

Context: In Belgium, joint pilot projects between first and second line of care are run to ease care experiences of chronic patients.

State of the art: Health literacy entails the capacity for citizens to access, understand and apply health information (1). Having largely focused on quantifying the problem (2), research should now move towards interventions. We wish to promote a 'systems' approach directed towards organizations, in terms of their ability to take into account their users' level of health literacy, rather than towards individuals. We have translated and culturally adapted for French a self- assessment tool (3) with the intention to run a feasibility study. Based on the strengths and weaknesses disclosed through this "organizational diagnosis" process, a toolbox will be proposed.

Statements for debate:

- Although worthy of criticism (4), we believe health literacy could be a lever from which to decrease the mismatch between individuals' skills and health system demands.

How do primary health care workers in other settings feel with the concept?

- Following this first phase, we would love launching a participatory action research with patient committees.

How could we learn from existing similar fields experiences?

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**Abstract ID: EFPC2017248**

**Gender violence. Caring for victims in Primary Care**

Author: Dr Susana Vilalta - CASAP, Spain

**Keywords:** gender violence, primary care

**Purpose:** Organization inside PCT to prevent gender violence, detect cases and support victims

**Context:** Gender violence is unfortunately widely present in Catalonia. 12.478 cases (13,6% of total amount identified in Spain) being reported in 2016 and 8 of them resulting in death of a woman., according to Justice records. Around 73% of the cases involve children. There're different social and political initiatives to prevent it and help the victims. A specific strategic plan on gender violence (2016-20) has been developed in Catalonia by Health and Justice Departments. Our primary care team (PCT) covers a population of 31.606 people, 25793 adults, in a urban area close to Barcelona and a socioeconomic level average- high. A working group has been constituted seven years ago, integrated by 2 nurses, a family physician and a social worker to prevent and identify cases of gender violence and support those suffering from it. Our working group contacts nurse pediatrician and a pediatrician in the PCT whenever the situation may affect children in the family.

**State of the art:** Since the start of this project we have followed 103 cases (one being a man) and 55 have resulted in physical violence towards women. Situations may be identified from patients' complaints but sometimes from professionals' observations. Frequently clinical situations such as depression (31%) or anxiety (42,1%) are linked so it's important to have in mind violence when caring for those patients. During these years, we've identified many pathways and procedures to be improved from Justice and Police Departments, being the reasons lack of empathy when applying protocols or because of the protocols themselves. Current rules do not facilitate an empathic approach to victims and causes emotional instability.

**Statements for debate:** We consider our professional role is not limited to health, organic or mental, care but being also responsible, from a community point of view, for caring for every affected by gender violence, being adults or children.

**Abstract ID: EFPC2017260**

**Move-te – Physiotherapy Movement for Health. How can Physiotherapy contribute to reflection of primary health care policies focused on Movement?**

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**Keywords:** Physiotherapy, Health Policy Cluster, Primary Health Care, Falls Prevention Program

**Purpose:** Move-te is a recent portuguese physiotherapy platform that promotes reflection about primary health care policies focused on Movement as a health tool.

**Context:** After a comprehensive evaluation some failures were detected: lack of national strategic planning regarding physiotherapy's role in primary care; absence of network between clinical and academical fields; need of a platform to promote dissemination and monitoring of best practices. Considering the advantage of a closer articulation between academic and health institutions, a group of clinical elements and three Health Schools (Porto, Coimbra and Setubal) developed Move-te, a bottom-up physiotherapy primary health cluster that pretends to be a civic, clinical, scientific and policy partner to the National Health System.

**State of the art:** With Crochrane Global Ageing support and recent up-to-date scientific evidence this year Move-te Program will focus on Falls Prevention. Epidemiological data shows falls as the third cause of mortality in middle-aged Portuguese citizens, rising to first place over elderly. However there is no national health strategy to face this problem. Physiotherapy Falls Prevention programs show high quality evidence in literature.

**Statements for debate:** How can health professions contribute to policy developments? ;Physiotherapy Role in Primary Care? ;Movement as a health tool?

**Abstract ID: EFPC2017273****Permanent education of community health agents in the patient with diabetes mellitus using insulin.**

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**Keywords: Primary Health Care. Continuing Education. Community Health Agent. Diabetes Mellitus.**

Purpose: Faced with the need to implement a policy of assistance to the population with diabetes. The search for innovative technologies for healthcare started in Graduasus-Nursing.

Context: Nursing students, along with tutors, mentors and teachers started the activities with people with diabetes, who use insulin in the area of the ESF Geraldo Schimtt Sobrinho. In this strategy self-care was promoted, expanding knowledge and linking the Community Health Agent (ACS). They were encouraged to be part of the “Self-care course - how to support the person with Diabetes-community health agents”, provided by Community of Practice of the Ministry of health in distance education mode.

State of the art: The ACS were invited to enrol in the course, consisting of 15 modules. The nursing students and tutor assisted the ACS in the registration and execution of the first module, supporting them in the use of computer technology, and discussing the first proposed concepts in the course. During the course, the nurse/governess of the unit was available for clarification of questions and guidelines, and provided hours of discussion and sharing of knowledge between the ACS. After five months, the ACS met with the nurse at the unit for a conversation, in order to carry out this experience feedback. The ACS health unit 15, 07 completed the full course, 06 are underway and 02 failed the course, because they were new to the team.

Statements for debate: The course brought enthusiasm and demonstrated the potential that ACS have to develop in the implementation and monitoring of the user with diabetes. Most turned out to be motivated with the course and there was improvement in self-esteem. The surprising contribution in the work process expanding the look for teamwork in the care for people with chronic disease.

**Abstract ID: EFPC2017276****Actions taken by nurse in primary care services to promote the breast feeding and prevent the early weaning**

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**Keywords: Breast Feeding, Primary Health Care, Nursing**

Context: In primary care services the nurse has an essential role in promotion of breast feeding and in prevention of early weaning and this professional can use a lot of strategies to ensure this practice.

Purpose: To describe the actions taken by nurse in primary care services to promote the breast feeding and prevent the early weaning.

State of the art: The survey of state of the art occurred on October 2016 and the articles were consulted in the Virtual Health Library portal (VHL). Were used in the search the descriptors “Breast Feeding, Health Promotion, Nursing”, consulted in library of Health Sciences Descriptors (DeCS). The inclusion criteria were: full articles, in Portuguese, published between 2012 and 2016. Were selected seven articles.

Statements for debate: The nurse can make in primary care services the following actions to promote the breast feeding and prevent the early weaning: 1) Home health visiting; 2) Orientations about breast feeding, inclusive during the prenatal care; 3) Nursing team ongoing training; and 4) Construction of a manual with orientations for breast feeding.

**Abstract ID: EFPC2017280**

**Health Education as a resource for primary care - Development of a manual to prevent falls among community-dwelling older adults**

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Keywords: **Health literacy, Health education, Fall prevention, Community-dwelling older adults**

Purpose: To present a manual for prevention of falls for low-health literacy older adults, to increase knowledge of fall risk factors and actively engage these persons.

Context: Falls are a public health problem, representing a bigger threat to the elderly. Frequently result in disability, isolation, institutionalization or premature death.

State of art: The prevention of falls can be achieved through multiple factorial interventions, including the educational approach. In the development of health information materials, it is important to take into consideration the health literacy (HL) adequacy, because the more it is user-friendly and includes fitted information, the higher is the probability of compliance to preventive strategies. The success of these interventions will partly depend on the characteristics of the health information materials, but also on the HL level of its target audience.

Statements for debate: Evidence suggests that education, literacy and self-care are an important part of health promotion. As determinant of health, HL plays a major role in health outcomes, for example, a person with low HL goes more frequently to a health care service, with higher costs to the national's health services. Is health education an effective and efficient resource to prevent falls and achieve health gains?

**Abstract ID: EFPC2017281**

**Adaptive policies and Health Homes implementation in the Ferrara AUSL (Emilia-Romagna Region, Italy)**

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Keywords: **Adaptive Policies, Primary Health Care, Intersectoriality**

Purpose: To debate adaptive policies in primary health care at the local level, starting from a real example in the AUSL of Ferrara district.

Context: The Emilia-Romagna Region (Italy) is shifting its health services from hospital to primary health care through the implementation of "Health Homes". Ferrara district has 350.000 inhabitants distributed in 24 municipalities, each one with distinctive ecosocial, epidemiological and cultural characteristics: from Ferrara (132.000 inhabitants) with typical urban environment to municipalities of 2000-3000 inhabitants with typical rural condition or with a considerable migrants presence.

State of the art: To develop effective but equal health services in such different environments, an adaptive strategy was adopted on three different Health Homes: one urban and two rurals. In our experience vertical fragmentation (from professionals to managers) emerges as major problem, especially in times of financial crisis. Need of expenditure control generates centralization and standardization as well as a strict procedural control. Specific group-based, intra-institutional activities were organized in each Health Home to bridge

vertical fragmentation and to help in rebuilding intra-institutional as well as inter-institutional networks, facilitating effective adaptive policies drafting.

Statements for debate: Adaptive policies need a precise set of institutional and professional skills and competences as well as organizational structures and community support. Financial crisis could be an obstacle or an opportunity.

**Abstract ID: EFPC2017286**

**Portuguese National Vaccination Program: an update**

Author: Dr. Nuno Parente - USF Viver Mais, Portugal

Additional authors: Joana Castro - USF Viver Mais - Portugal

Keywords: **vaccination; Portuguese National Vaccination Program; primary prevention**

Purpose: Discuss the new changes in the Portuguese National Vaccination Program (PNVP).

Context: Vaccination is one of the most cost-effective measures in primary prevention. The PNVP exists since 1965 and represents one of the major accomplishments in Portuguese public health. It's universal, free and accessible to everybody. The majority of vaccines are administered at the primary care setting where the recommended vaccination schedule is followed. The PNVP's coordination is a Directorate-General of Health's responsibility.

State of the art: Overall immunization coverage under 18 years old is averagely 95% country-wide except for human papillomavirus (HPV) vaccination which is 85%. In general, we've eradicated smallpox and we've eliminated measles, poliomyelitis, diphtheria, neonatal rubella and tetanus.

Statements for debate: Bacille Calmette-Guérin vaccine and new serogroup B meningococcal vaccine will adopt a risk group strategy. Pregnant women between 20 and 36 weeks can now be inoculated against whooping cough. Children aged between 2 and 6 months will be given new hexavalent vaccination. New HPV vaccine offers wider protection and higher efficacy with an anticipation of first dose administration to the age of 10 years old. Tetanus vaccination will now follow broader age intervals keeping the 10-year interval booster in the elderly population.

**Abstract ID: EFPC2017294**

**Advance practice nursing in paediatric primary care**

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Keywords: **advance nursing, paediatric care, primary care team**

Purpose: Increase the responsive capacity of a paediatric unit in Primary Care through nurse development.

Context: Paediatric primary care face challenges due to raising expectations of citizens and lack of skilled professionals. Nurses are able to manage a wide range of paediatric consultations. Our primary care team planned a reorganization process implemented throughout 2010-2014 aiming at increasing the responsive capacity based on nurse-led management of acute demand, increasing preventive community health activities and detachment of nurses from the paediatrician who only acted as consultant for check-ups. Nurse training and research played a fundamental role empowering nurse practitioners.

State of the art: Clinical guidelines for nurse-led management of children's acute demand and a follow-up visits were developed. 65% of acute visits were solved by nurses. Responsiveness deferred from 87% in wounds to 66% in trauma or 60% in diarrheal cases. Community health activities expanded including health promotion for new-borns, breastfeeding support, virtual consultation for youngsters and extension of the Health and School Program.

Statements for debate: Nurses may lead the process of care. Team strategy allowed collaboration between nurses and paediatricians defining areas where nursing can reach better levels of responsiveness.

**Abstract ID: EFPC2017295****Farmacap**

Author: Dr. Carles Bernades Carulla - CASAP, Spain

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Keywords: **pharmacist, patients, primary care team**

Purpose: Detection in community pharmacist office of patients in risk situation because of:

- 1.- Inadequate follow-up of medication plan because of complexity or doubts.
- 2.- Loneliness and limited everyday activities.
- 3.- Health status worsening non-evaluated by health team.

Context: The impact of the economic crisis has created an undercontrolled population group with high risk. This fact has made necessary to create new strategies to guarantee access and control of this group.

We think it's necessary to include external health community actors to help the primary care team.

Interdisciplinary strategy based on community case detection and intervention from primary care team, improves the attention towards social and medical fragility.

State of the art: Pharmaceutical teams will be trained to identify the target patients. Once a case is identified, pharmacist office will mail the primary care team. According to situation they may contact social worker.

Therapeutic plan will be considered by an Interdisciplinary approach, including deprescription if needed. As long as cases are detected, intervention will be revalued to improve the service.

Statements for debate: Transfer patient recruitment beyond the health centers can help to increase the full health attention and catch potential patients uncontrolled. Community integration strategies favor prevention, patients' safety improvement and health education. Concrete Data will be provided in September

**Abstract ID: EFPC20173100****Patient in picture**

Author: Mrs Sylvia Hubar - primary health care center de Ridderbuurt Leuven, Belgium

Keywords: **mental health - primary health care- participation- story telling**

Purpose: We would like to present a story telling of four groups of patients who receive care in our primary health care center.

Context: In focus groups made up of primary health care professionals and patients, we defined the following four groups.

The "charge takers" manage their health and life and accept care.

The "help seekers" often lack a formal diagnosis and are looking for help but are unsure where to find it.

The "passers-by" have a lot of mental issues but have also a lot of social problems which they are as yet unable to resolve.

The "avoiders of care" are the people who often end up being homeless. They have major mental health issues, generally multiple pathologies and an addiction problem to boot. The care also avoids them.

State of the art: The model suggested is an iterative model based on phases of motivation and recovery.

We use this model in our primary health care center and we present it to you by three key figures. First of all a doctor who works with the model. Secondly a patient who participated in building it and making the story telling.

Statements for debate: The project leader will talk about the process and the impact on the mental health care network partners. We will also show you excerpts of the story telling that we made in coproduction with our patients.

**Abstract ID: EFPC20173110****How does it feel for patients and staff? The demand led digital practice**

Author: Mr Harry J A Longman - GP Access Ltd, United Kingdom

Purpose: Show how patients and staff are affected, their thoughts, views and feelings, in a GP practice

operating system based on a different ethos and making extensive use of digital communications.

Context: The drivers of change are the need for efficiency, patient desire for easier communication with GPs online, government pressure to adopt technology, and the technology itself. But does it work for patients and staff? They need to experience value, quickly and easily.

State of the art: We interview patients and staff at practices where around 50% of demand originates online, so it's a large part of the normal daily workload, and we see the effect of change.

**Abstract ID: EFPC20173133**

**Construction of online handbook for blind people on hypertension: an experience report**

Author: Mrs Luciana Vieira de Carvalho - Universidade Federal do Ceará, Brazil

Additional authors: Lorita Marlena Freitag Pagliuca - Universidade Federal do Ceará - Brasil

Keywords: **Visually Impaired Persons; Hypertension; Health Promotion; Primary Health Care**

Purpose: The research has the purpose of reporting the experience of building online handbook for blind people on hypertension.

Context: According to the World Health Organization, of the 285 million visually impaired, 39 are blind. The prevalence of blindness is associated with socioeconomic conditions, most of which are in underdeveloped and developing countries. Blind people are more exposed to risk factors related to hypertension, requiring special attention to health. To transform this reality, developing strategies in primary care contributes to the development of the individual capacities of these individuals, helping to prevent chronic diseases.

State of the art: The construction of the accessible handbook to the blind on hypertension contemplated content on clinical aspects of hypertension, health promotion measures and disease prevention using the Falkembach Digital Educational Material Development Model which includes five steps: analysis and planning, modelling, implementation, evaluation and maintenance, and distribution. The handbook contains features such as audio description and text boxes for the accessibility of blind people.

Statements for debate: The research stimulates the implementation of educational strategies through the internet, encourages health professionals in improving care for the blind in primary care and in the provision of resources that stimulate the individual's learning and contribute to health care.

**Abstract ID: EFPC20173136**

**Report of experience on accessibility of the physical structure of primary care for people with disabilities**

Author: Mrs Luciana Vieira de Carvalho - Universidade Federal do Ceará, Brazil

Additional authors: Lorita Marlena Freitag Pagliuca - Universidade Federal do Ceará - Brazil

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Keywords: **Visually Impaired Persons; Health Services Accessibility; Primary Health Care; Health Promotion**

Purpose: Objective of the research is to report the experience of the analysis of the accessibility of the physical structure of health units that make up primary care for people with disabilities.

Context: People with disabilities find physical barriers in health facilities that prevent adequate access to health services. The physical barriers are in the physical structure, furniture and equipment of the health units. Was carried out an analysis of 157 primary health care units distributed in 16 municipalities in the state of Ceará, Brazil. The areas of entrance, reception, corridors, offices, bathrooms, furniture and equipment were evaluated.

State of the art: A checklist type instrument was used to collect data. Most of the units presented stairs, ramps, doors, spaces, furniture and equipment inaccessible to people with disabilities. The lack of accessibility in several sectors of health units compromises quality care in primary care. According to the principle of equal rights, the needs of the people are of equal importance and should form the basis of the planning of primary health care units and the resources must be used in order to guarantee all the same opportunities.

Statements for debate: There is a need for architectural changes in the units needed to include people with disabilities in health promotion.

**Abstract ID: EFPC20173141**

**Occupational Therapy in Groups**

Author: Vanda Cristina pedrosa - Health Center, Portugal

**Keywords:** Groups, OT, CSP, Health Promotion, 3rd and 4th age

**Purpose:** To show OT intervention in Groups in the CSP in 3rd and 4th age

**Context:** Primary Care is important in health promotion. The groups are an important occupational therapy population at this location. 3rd and 4th age is the majority of the population, where the core business is AVC, Dementia, mobility problems and age

**State of the art:** Mobility classes to specific groups include people with changes / limitations in functional abilities (motor, cognitive, emotional and social) and changes in occupational performance. Directed to both genders, with a minimum number of three and maximum of ten people, and maximum duration of one hour. The screening is based on the objectives, by pathology / specific condition, in a logic of rotation, of variable search, with interdependent beginning of the union of the conditions of feasibility. The life expectancy is an important issue in our days. Therefore, OT professionals must be prepared to offer this age a clear, concerted response based on a person's expectations and needs. The group intervention is undoubtedly one of the best ways to work with the elderly, with or without associated basic pathology

**Abstract ID: EFPC2017334**

**Diabetes 5 stars: an innovative project in primary health care**

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**Keywords:** primary care, diabetes mellitus, community health education, health promotion.

**Purpose:** The purpose of this work is to show an innovative proposal regarding comprehensive attention to diabetics at the primary care.

**Context:** According to the World Health Organization (WHO), 8,5% of the world population today has diabetes mellitus.

**State of the art:** The project Diabetes 5 stars, developed in a Health Family Strategy Unit in the city of Blumenau – SC (Brasil), aims to support the diabetic self-care and reduce the injuries caused by the natural course of the disease. The innovation points on the project are: a) Interprofessionalism and interdisciplinarity involving knowledge and practical actions in nursing, dentistry, medicine, psychology and nutrition. b) Integration between teaching and service with active students and health professionals participation c) longitudinally and continuity of the actions; d) focus on preventing and promoting health. Actions: clinical examinations, home visits, weekly group encounters. Themes: to know, to understand and to accept diabetes; healthy habits, insulin use, buccal health and foot care. The video has testimonies of patients, students and health professionals and shows results as improvement of self-esteem, healthy eating, start of physical activities, health and buccal care, better control of glycemic indexes.

**Statements for debate:** Upgrading the primary care requires innovation effort to qualify self-care. The presentation will be in video format.

**Abstract ID: EFPC2017342****Innovative practice of nursing education: rescuing the social determinants**

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 Cláudia Regina Lima Duarte da Silva - Teacher of the Nurse Ungraduate Course of the University of Blumenau - FURB-SC – Brazil

Purpose: The present report presents the paradigmatic changes in the curriculum of nursing from the insertion of the students and teachers at the communities of practices performed by the work education program for PET health/GraduaSUS, developed by University of Blumenau-Brazil and the Health Promotion Department.

Context: In Brazil, the Ministry of Health in 2010 was constituted tutorials groups in the Public Health System – SUS.

State of the art: The program's objectives are: to promote the teaching-service-community integration, involving teachers, students and health professionals for the development of activities in the health system. The Nursing course provides community-based education regarding that the purpose of training is to meet the health needs of the population. The projects contribute to the integral care of the person. It is a learning that recognizes the demand of health station to plan the proposed actions to be developed by the community together with the interprofessional team and users.

Statements for debate: The students, teachers are professionals meet the needs encountered. So, through this innovative proposal we can integrate the knowledge areas and work together for the benefit of the users, to rescue the social determinants, which is fundamental to the quality of primary health care. The presentation will be in video format.

**Abstract ID: EFPC2017347****Presentation of a Board Game to promote debates about Sexuality among Adolescents**

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Keywords: **adolescent health; sexuality; public health;**

Purpose: To present a board game created to promote critical debates, in a ludic context, with adolescents between 11 and 15 years old, about the subject of sexuality.

Context & State of the art: This is a board game built by Psychology undergraduate students. The game contains two dice, three pawns and a board with 50 squares in white, blue or green. By the score obtained through thrown dice, the pawns can move around the board, modifying their squares of permanence. When they fall into blue or green houses, hypothetical situations are presented that evoke the need for decision-making between choices of action on issues related to sexuality. Depending on the decisions made, the consequences can be beneficial to health and wellbeing, or not, that determines whether or not the team advances the squares on the board. If the pawns fall into white squares, questions about sexuality are presented, and if the answers given are not health promoters, there is no pawn advance.

Statements for debate: The questions and situations presented differ according to age group. The debated issues involve puberty and sexual life and are focused on health maintenance

**Abstract ID: EFPC2017350****Prevention of marijuana, cigarette and hookah use with adolescent athletes: Experience Report**

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Keywords: **Adolescent ; health promotion; Substance Abuse ; Handball**

Purpose: To present a health education activity carried out with female handball athletes, with 14 to 16 years old, who live in social environments where people use marijuana, cigarettes and hookah.

Context: Previously, it was identified that at least ten of fourteen athletes were vulnerable to become users of these substances. Method: Before four sport training sessions, the team was assembled to discuss, as of Socratic questioning, the health effects produced by those substances.

State of the art: It was identified that, at beginning of the debates, they did not know most of the deleterious impacts on health caused by those substances, and they identified the use as ways for social approval. It was debated how social approval can be achieved by other ways, such as the development of social skills. At the end of the discussions, they received pamphlets that reported the consequences of the substances, and were encouraged to study in bibliographic sources. At the end of the last session, a "contract" was drawn up indicating the deleterious effects induced by substances on health, that they know it, as well as, that social approval can be achieved by other ways, such as social skills. In the end, two athletes were vulnerable.

**Abstract ID: EFPC2017353****Introducing a dialog with brazilian population about childhood obesity and obesogenic environment.**

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Keywords: **Childhood Obesity; Obesogenic Environment; Food and Nutrition Education; Cancer Prevention**

Purpose: The main purpose of the animation video Childhood Obesity (available at <https://www.youtube.com/watch?v=qsZ9fHdG0ZM>) was to create an audio visual material to introduce a dialog channel and raise awareness of the Brazilian population about the influence of the environment at food and nutrition choices.

Context: An obesogenic environment promotes obesity in people and populations influencing physical, economical, sociocultural and policy factors. It was considered that even with the understanding about healthy food habits the personal choices are not so simple. Children are a special target of food industry advertisements, stimulating the consumption of food products that can promote over weight and obesity. Additionally, the access to shopping facilities, availability and cost of different kinds of food are also important topics to discuss with population about.

State of the art & Statements for debate: What is the people perception about their food environment? How do they organize their routine of buying, preparing, cooking and the consumption of food meals? Which kind of strategies people could create on their communities to guarantee a healthy food environment? These are some questions that could be raised and intermediated with this audio visual resource.

**Abstract ID: EFPC2017359****Doce Alegria Project: partnership between primary and secondary health services teams in caring for children and adolescents with type 1 diabetes.**

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Keywords: **health care organization, health education, pediatric diabetes, intersectoral relations, nursing**

Purpose: To describe actions involved in the partnership between primary and secondary health services teams in caring for children and adolescents with type 1 diabetes.

Context: In Brazilian Public Health System, primary care units are responsible for coordination the actions involved in individual care. Relationship between primary (APS) and secondary health services teams is an important aspect to assure comprehensive health care according individual needs. The DOCE ALEGRIA PROJECT is a university extracurricular project that develops activities of health care and education for children and adolescents with DM1 and their families through interprofessional, intersectoral and interinstitutional practice.

State of the art: In the project, the nurse is the responsible for doing the articulation between APS and secondary health services teams. These actions comprise: receive referrals, welcoming families; scheduling with the other professionals of the interprofessional team; perform active search for missing persons along with APS; identify schools and contact them for education and health actions along with APS; and support the APS teams in the intervals between consultations with the specialized service. This action has favored the construction of an intersectoral care network and the maintenance of the treatment of the users, guaranteeing better results.

**Abstract ID: EFPC2017362****The "Igaracu" Fluvial Mobile Clinic: Lessons Learned While Implementing an Innovative Primary Care Approach in Rural Amazonia, Brazil**

Author: Dr Julio Cesar Schweickardt - ILMD - Fiocruz, Brazil

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Keywords: **primary health care; remote areas; amazonia; evaluation; equity**

Purpose: The objective of this study is to demonstrate lessons learned about the implementation of the "Igaracu Fluvial Mobile Clinic" as an innovative way of primary health care approach in remote rural communities in Amazonas State in Brazil.

Context: In Amazonia, many of the inhabitants live in small communities scattered across a vast area and they cannot be accessed by road. Primary health care must be brought to them on specially constructed river barges, which are floating comprehensive primary care clinics. It refers to a case study about the Primary Health Care National Politic that has incorporated adaptations based on equity principles as the fluvial mobile clinic from Borba, Amazonas since 2013.

State of the art: The relevant changes comprise number of people receiving primary care by over ten percent, as well as, it has improved the quality of primary care provided, particularly in the areas of health promotion, Maternal and child health, sexual health, diabetes, tuberculosis and leprosy care. (1) insufficient professional healthcare staff, (2) lack of privacy during consultations, (3) loss of exam samples, and (4) no continuity of care.

Statements for debate: We conclude that this model of cooperation produces an increase in the access and quality of healthcare in the local community. We conclude that this model of cooperation produces an increase in the access and quality of healthcare in the local community. The mode of presentation will be non-stop-show, video, power point presentation.

**Abstract ID: EFPC201737****Therapeutical itinerary of families with children and adolescents bearers of rare diseases**

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**Keywords:** Rare diseases; Family Nursing; Pediatric Nursing; Health Policy; Health Services Accessibility

**Purpose:** To describe the therapeutic itinerary of families with children and adolescents with rare diseases.

**Method:** an exploratory descriptive study with a qualitative approach, developed with 10 families of children and adolescents with rare diseases, in the city of Recife, Pernambuco, Brazil, from July to November of 2016.

**Theory:** Rare diseases contribute to a higher morbidity and mortality rate in developed countries since a large percentage of children and adolescents receive late diagnosis and inadequate treatment, these are vulnerable to risks and complications that can lead to possible harm to their health.

**Methods:** The data was collected by a semi-structured interview script and analyzed through the Bardin Content Analysis.

**Findings:** The therapeutic itinerary of families with children and adolescents with rare diseases was represented by three thematic nuclei: a family itinerary in search of multi-professional treatment, in the post-diagnosis of rare disease and in the difficulties experienced in the course of treatment maintenance.

**Discussion:** This study allowed knowing the main difficulties experienced by the families and the trajectory travelled in search of the specialized health services for the treatment of the rare disease.

**Abstract ID: EFPC2017371**

**Citizen participation in health research in Brazil: what do they want to tell us about their mental health?**

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**Keywords:** mental health; primary care; citizen participation; health research

**Purpose:** This is a Master's project research that aims to hear what citizens with mental health problems who are treated in primary care in the city of Porto Alegre/Brazil have to say about their health and evaluation regarding the health services they have been through. Most of the research focused on this theme in Brazil only considers the health professionals' speech and does not involve citizen participation.

**Context:** A semi-structured interview will be held with Primary Care users with mental health problems in a district of Porto Alegre/Brazil. The interview will explore what these citizens want to tell us about their mental health, their support network and socio-family care, the health care services they have been through and their evaluation regarding those health care services.

**State of the art:** In addition to giving voice to a sample that is not heard in health research, this study will contribute to identifying the citizens' perception about their mental health and the positive and critical points of the health network that users are experiencing. Also, it will be possible to analyze the citizens' speech to propose actions that enhance mental health promotion in Primary Care.

**Abstract ID: EFPC2017377**

**The forgotten and avoidable leishmaniasis: documenting educational and preventive actions in two indigenous villages in Brazil.**

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**Keywords:** Indigenous peoples' health, leishmaniasis, neglected diseases, primary care, health education

**Purpose:** The video Leishmaniasis: forgotten and avoidable diseases is the result of a conjoint and multilateral work by community outreach and extension programs from the Federal University of Paraíba (2016), which produced an educational and collaborative booklet on leishmaniasis.

It reports on initiatives to raise awareness of villagers in regard to leishmaniasis. Bento and Silva, two Potiguar villages in the state of Paraíba, were chosen because leishmaniasis is endemic to their region.

**Context:** The often neglected leishmaniasis continues to be a health concern. In Paraíba, Brazil, there were 121 cases in 2015. Four cases of tegumentary leishmaniasis were reported in 2016 at Silva, an indigenous village in Paraíba.

**State of the art:** The filming focused primarily on inhabitants and settings that bore relation to the efforts of prevention and education. Storytelling and photovoicing helped design a booklet aiming to promote greater identification between natives and their situation, while also providing with a means for them to develop better self-care, strengthen social bonds and share the responsibility of attention to their health care needs.

**Statements for debate:** It was found that it is possible to develop educational approaches in health care with the participation of community members, aiming to better understand leishmaniasis and design and implement strategies to prevent it.

**Abstract ID: EFPC2017378**

**A training-research project: the experience of the CSI Global Health course**

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**Keywords:** Students, Multidisciplinary, Primary Care

**Purpose:** To study the transformative power of multidisciplinary situated learning

**Context:** In Emilia-Romagna Region (Italy), health services delivery it's being reframed from hospital care to primary care. Health professionals re-training is needed, but universities health education is still based on specialized hospital care, representing an impediment.

**State of the art:** UNIBO Center for International Health (CSI) is carrying out a training-research project based on participative action-research applied to health education and training, aimed to understand how traditional undergraduate health education should interfere with the competencies needed in the new scenario.

Moreover students difficulties in approaching primary care are evaluated. The research relies on services learning, community engagement and a multiprofessional setting, involves 37 students, coming from medicine, nurse, anthropology, health education, psychology faculties. Students, organized in multidisciplinary learning groups, have to reflect on social determinants of health affecting their own lives, their neighborhood and their city. They should learn and understand how health and social services work locally and if they are matching or not community health needs. Students are supervised by tutors and have to collect field notes. The project outcomes are intended to improve multidisciplinary and multiprofessional universities curricula to support health system transition.

**Abstract ID: EFPC2017387**

**Infectious mononucleosis: an important differential diagnosis of sore throat**

**Author:** Dr. Nuno Parente - USF Viver Mais, Portugal

**Additional authors:** Joana Castro - USF Viver Mais - Portugal

**Keywords:** infectious mononucleosis; pharyngitis; sore throat; Epstein-Barr virus

**Purpose:** Debate the clinical findings that can guide the diagnosis of infectious mononucleosis.

**Context:** Infectious mononucleosis (IM) is defined as a classic triad of fever, pharyngitis and cervical

adenopathy. In 90% of cases there's an Epstein Barr virus (EBv) infection. Exposure to EBv is quite common and more than 90% of adults under 30 years old are seropositive. In childhood the primary infection is typically asymptomatic. Acute complications include meningoencephalitis, airway obstruction and spleen rupture. Long-term morbidity can express chronic fatigue syndrome and an increased risk of lymphoproliferative cancer.

State of art: A recent case of an 8 years old child firstly diagnosed with likely bacterial pharyngitis in the paediatric emergency care came to be an IM. This child presented at the primary care setting after her third day of amoxicillin course with sore throat, malaise, neck congestion, painful cervical lymphadenopathy and bilateral tonsillar exudate. She then tested positive to monospot test at the hospital and was given a short course of corticosteroids. The presence of posterior cervical, inguinal or axillary adenopathy, palatine petechiae, splenomegaly significantly increase the likelihood of IM. Frequently, the revision of an acute tonsillitis under analgesic or antibiotic treatment leads to confirmation. As family doctors we need to reinforce preventive care and provide appropriate guidance in urgent situations.

**Abstract ID: EFPC2017388**

**Netherlands and Portugal - a comparison between health systems**

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Keywords: **Netherlands, Portugal, health system, comparison**

Purpose: European countries have different health systems. This work emerges after the author participated in an Hippocrates Exchange in the Netherlands to learn about the dutch health system. Here is made a comparison between Portuguese and Dutch health systems.

Context: Despite the differences between both countries, an average life expectancy around 80 years old, years of life with health around 60 years old and great results in maternal and child health are similar to both. Also, primary care is the basis of both countries health system. In the Netherlands, the health care system is private with a mandatory health insurance. The Portuguese system is public, universal and tends to be free although recent data shows that families are spending more money in health than Dutch ones. Everyone in the Netherlands has a family doctor, an achievement that Portugal is still trying to reach.

State of the art: These are some of the aspects that distinguish healthcare organization in these countries. An insight of the healthcare system organization and functioning of other countries contributes to rethinking our own with the ultimate goal to improve the quality of care to citizens.



# Vulnerability and Compassion: The role of Primary Care in Europe

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