



53rd EQuiP Assembly Meeting (Bratislava, Slovakia)

- GP: Cornerstone for Health Care of Highest Quality



(c) Ludmila Resutikova

Conference Themes and Topics

- The Quality of Medical Education affects the quality, safety, efficiency and effectiveness of Health Care: How to improve Teaching in Quality and Safety?
- Does eHealth improve the Quality and Safety of Care in General Practice?
- Can GPs reduce or prevent overdiagnosis and overtreatment?

Hosted by
Slovak Society of
General Practice



Information

General Information

Badge

The conference badge allows access to the congress site. Participants are requested to wear the badge during the congress.

Catering

Catering (coffee break and lunch) is included in the registration fee of the meeting.

Conference City

Bratislava is easy to access either by air, car, train or Danube River cruise.

In the past, Bratislava became a significant economic, cultural and political centre of Central Europe. In the 16th Century, Bratislava was the capital and coronation town of the Hungarian Kingdom. In spite of its exciting history, Bratislava has become a modern and popular metropolis which is proved by increasing number of foreign visitors every year.

They are attracted by the cosiness and charm of the rather small city that nevertheless possesses a throbbing social life combined with the most recent trends. Palaces, modern shopping and trade centres, admirable arts of the Slovak cooks and brewers, friendly people and various international cultural events, exhibitions, and business opportunities are the reasons why it is worth of visit.

www.visitbratislava.com

Conference language

English

Currency

The currency in Slovakia is Euro (€).

Important dates

Abstract Submission Deadline:	10 January 2018
Notification of accepting abstracts:	10 February 2018
Conference dates:	23-24 March 2018

Abstract Submission

Abstracts must be submitted online by using **the abstract form**.

Abstract must be submitted in English. After submitting the abstract, author will receive a confirmation email. In case you will not receive confirmation within 24 hours, please check your spam. If you have not received any confirmation at all, please contact us at **info@equip2018.sk**

All abstracts will be reviewed by the Scientific Committee. Authors will be notified by email the 10th of February 2018.

Registration

Please fill out **the online form to register** your participation.

Upon completion of your online registration, you will be sent a confirmation by email.

If you are an EQUIP National Delegate, please contact us directly: **oninfo@equip2018.sk**

The registration fee must be paid in EUR by using bank transfer.

All cancellations should be send by email to the organiser. If notification is received 23 February 2018, a full refund - the administrative charge of EUR 30 excluded - can be made. If notification is received after this date, there will be no refund.

Fees

1 full day	
EQUIP & SSVPL Member	€150
Non member	€200
Trainee	€95

2 full days	
EQUIP & SSVPL Member	€200
Non member	€300
Trainee	€150

Registration fee includes scientific program, conference materials and refreshments.

For group registration, please consult **info@equip2018.sk**

Venue

Sheraton Bratislava Hotel
Pribinova 12
811 09 Bratislava, Slovakia

The Sheraton Bratislava Hotel is situated in Eurovea - the City Center of Bratislava, just opposite to the New Slovak National Theatre and 10 minutes walk from the historical centre. The Hotel is located on the banks of the Danube River surrounded by green fields and relaxing zone.



Hotels

- **Conference Venue (Sheraton Bratislava Hotel)**

Other recommendations

- **Radisson BLU Carlton Hotel**
- **Hotel Devín**
- **Skaritz Hotel & Residence**
- **Park Inn by Radisson**

The EQuIP President welcomes you!

Dear Colleagues,

Dear interested Health Care Professional,

As EQuIP President I want to invite you to our Annual Open Meeting. These meetings have become a very interesting moment to find inspiration, to meet interesting people and to continue our work on Quality and Safety.

It is at the same time a moment to hear from international experts the latest news about Quality. To support local initiatives and make the link between national policy and international knowledge on how to assure and promote the Quality of the work of General Practitioners, Family doctors.

Teaching about Quality has been a priority for EQuIP since 2008. A working group has been engaged in European projects to promote continuous medical education about quality in different European countries. We published a framework for local implementation of Quality in the curriculum and are working together with EURACT (the European organisation of teachers in Family Medicine) to implement it in the next years.

Electronic prescribing has been the topic of an open meeting in Estland and we had different workshops on eHealth in Wonca Europe conferences and other congresses. One of the most interesting was a workshop about patient involvement in eHealth in Copenhagen in 2016. It is good to take time to look again into this continuously changing topic and see what is happening and how the future will reshape our work and could support the quality and safety of the health care system.

Patient safety has been the topic of the last two open EQuIP meetings and one of the main safety issues is about correct diagnosis. Not only the delay of wrong diagnosis but also and even more actual, overdiagnosis and overtreatment. We think GPs can play a major role in reducing overdiagnosis and protecting patients from harmful useless treatments.

These are the three topics chosen by our Slovak colleagues to be the subject of this conference. They have one thing in common. In all three domains GPs can make the difference and take the lead to realize safer care of high quality.

Come and tell us about your experience, come to listen to the stories of other colleagues, other countries. You will see how things are similar and different at the same time.

We really look forward to another inspiring meeting with you all.

Dr. Piet Vanden Bussche, GP
EQuIP President



Dr. Piet Vanden Bussche, GP

Welcome from your Slovakian hosts!

Dear Colleagues,

It is my pleasure to invite you to the 1st European Congress of General Practitioners that will take place here in Bratislava, Slovakia. We will welcome top experts from abroad who have long been focusing on the quality, safety, and efficiency of healthcare in all European countries.

We will have an opportunity to discuss the 3 main topics of the Congress we have chosen because of being the areas with the greatest potential for improvement in Slovakia. The first topic is education without which quality healthcare is unimaginable. The second topic is electronic healthcare (e-health) which is being prepared in Slovakia and will be launched 01/01/2018, and we believe it will bring us more benefits than problems in our everyday work. The last topic of the Congress will be an effort to demonstrate that each state with quality, efficient, and good healthcare stands on the functioning primary healthcare – that means us, general practitioners.

I am looking forward to your participation and a rich discussion about the topics mentioned that may contribute to improving the status of general practitioners in Slovakia and at the same time to improving healthcare for our patients.

Dr. Krnáč Štefan

Meeting President
Member of Council Slovak GP Society
Slovak national delegate in EQuIP, EFPC and EMA

Dear Colleagues,

As a president of SSVPL I am very glad and it is a great honour for me, for us and for Slovakia as well as pleasure to be able to organize the 53rd EQuIP Assembly Meeting, which will be held from 23 to 24 March in Bratislava, Slovakia.

It will be the first international congress of GPs for children and adults.

The program of the conference is composed of lectures to be presented by European experts and it will be enriched by a number of interesting workshops.

I would like to welcome you and thank all the lecturers who accepted and arrived from different corners of the world to share their experience and knowledge.

I would like to invite all participants, whether from abroad or from Slovakia. Do not miss this opportunity to become a member of this important event. The topics of the conference are burning and relate to each one of us. They are focused on the changes in healthcare that are taking place in our country, the issue of E-health and the competences of a general practitioner. Come to get information on how healthcare works in other EU countries.

I believe that besides the demanding program you will have the time to visit the historical centre of Bratislava and enjoy the unique atmosphere that our capital offers.

I welcome you and look forward to meeting you in March.

Best regards

MUDr. Peter Makara, MPH.

President of SSVPL



Dr. Krnáč Štefan



MUDr. Peter Makara, MPH.

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General practitioner,
Member of Committee
of Slovak Society of
General Practice,
Bratislava



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General practitioner,
Slovakian EQuIP Delegate,
Slovakia



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Piet Vanden Bussche

General practitioner,
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Zalika Klemenc-Ketiš

Chair of the Department
of Family Medicine, Med-
ical Faculty, University of
Maribor, Slovenia EQuIP
delegate, WONCA Europe
EB member,
Slovenia



Ilkka Kunnamo

Developer of guidelines
and clinical decision
support,
Finland



Adrian Rohrbasser

General practitioner,
Switzerland EQuIP
delegate, Will,
Switzerland

Family medicine education for quality and safe family medicine practice

Assoc. Prof. Zalika Klemenc Ketiš, MD, PhD, GP (Slovenia):



Zalika Klemenc-Ketiš

Short bio

Chair of the Department of Family Medicine at Faculty of Medicine of University of Maribor, Slovenia (since 2015).

Family medicine specialist in Community Health Centre Ljubljana, Slovenia (since 2015).

Associated professor for family medicine (since 2016).

Chair of the Research group of the Department of Family Medicine at the Faculty of Medicine of the University of Ljubljana, Slovenia (since 2015).

Senior researcher at the Institute for the development and research in primary care at the Community Health Centre Ljubljana, Slovenia (since 2016).

Member of Scientific board for medicine at the Slovenian Research Agency (since 2015).

One of 10 members of the executive board of the European Society of Family Physicians (WONCA Europe) (since 2015). Member of the executive board of the Society for Quality and Safety in Family Medicine (EQUIP) (since 2014). This organisation stimulates the development of quality and safety in family medicine at the European level.

Member of the executive board of the Slovenian Family Medicine Society (since 2013).

Vice-president of the Professional body for family medicine of the Slovenian Physicians Society (since 2013) and member of the professional body for family medicine at the Ministry of Health (since 2016). Both bodies are involved in professional decisions at the national level and represent an advisory board.

Member of the steering committee of the project of renewing of family medicine practices in Slovenia (since 2015) run by the Ministry of Health. My field of responsibility is quality and safety assurance and improvement.

Research

From 2014 to 2017, she was the head of the Slovenian research group involved in the international research on the safety culture in out-of-hours healthcare clinics (SAFE-EUR-OOH), which was run in six European countries.

From 2015 to 2017, she participated in the international project CANCON, which involved 27 European countries. The project was aimed at developing guidelines for the quality treatment of patients with cancer at the primary level of health care.

Since 2014 she has been participating in the international PREPARE project financed by the European Commission under the FP7 program. The project is aimed at preparing European countries for the epidemics of infectious diseases.

Editorial board member of the scientific journal "Acta medico-biotechnica", which is an official scientific journal of the Faculty of Medicine, University of Maribor, Slovenia and covers the fields of medicine and bio-technique [COBISS.SI-ID 242526720].

Editorial board member of the scientific journal "Zdravstveno Varstvo" (since 2013) which is the only Slovenian journal from the fields of medicine, social sciences and humanities with an impact factor and indexed in Medline (od leta 2013) [COBISS.SI-ID 3287810].

Editorial board member of the international scientific journal "BMC Family Practice" with an impact factor of 1.7 [COBISS.SI-ID 2437652].

List of publications

<http://izumbib.izum.si/bibliografije/A20170809084419-32520.html>
<https://www.ncbi.nlm.nih.gov/pubmed/?term=klemenc-ketis>

Abstract

Family medicine has already been recognised as an independent speciality within the medical field and as such it needs appropriate education. The latter is one of the factors that ensure quality and safe family medicine practice. This involves all levels of education: undergraduate education, speciality training, and continuous professional development.

The EURACT educational agenda defines topics to be taught and teaching methods to be applied in order to provide a quality family medicine teaching. It is based on the European definition of family medicine/general practice which describes the core competencies each family medicine specialist should possess and practice when consulting with patients.

The European academic family medicine soon realised that a structured and continuous education of the family medicine teachers is necessary. Namely, a high quality of education in family medicine is maintained by professional teachers with adequate preparation in the training of future family physicians.

Recently, a system for the appraisal of teachers of family medicine/general practice has been developed by EURACT.

Read more

http://equip2018.sk/keynote_speakers.php

Teaching Future Family Doctors: *How Does Vocational Training Need to Adapt?*

Assoc. Prof. Jaime Correia de Sousa, MD, MSc, PhD, GP (Portugal):



Jaime Correia de Sousa

Short bio

Jaime Correia de Sousa is Associate Professor in the School of Medicine in the University of Minho, Portugal since 2004. Since 2008 he has been Head of the Scientific Area of Community Health.

He is the President of the International Primary Care Respiratory Group (2016-2018) and member of the Board since 2012.

He is also a practicing family physician in a group practice in Matosinhos, Porto, where he is a tutor of family medicine trainees.

He is a member of the Planning Committee of the Global Alliance against Respiratory Diseases (GARD – WHO) since July 2015.

For 25 years, from 1992 to 2016, he has participated annually as a Course Director and group coordinator in the Bled International Workshops organised by the Slovene Family Medicine Society and the Department of Family Practice, University Ljubljana & Maribor under EURACT patronage, which is aimed at training teachers in family medicine.

He has been a member of the National Committee for Good Clinical Practice at the Portuguese Health Ministry and Member of the Advisory Board of the Portuguese National Respiratory Diseases Program (PNDR) since 2013.

Abstract

The author will initially explore the shift in population health care needs in the world and consider new needs that will require family physicians to work in a different way. Working differently means that learning & teaching should be adapted in order to produce the required professionals to match patients' needs.

EURACT's Educational Agenda, the CanMeds Framework and EURACT's Performance Agenda of General Practice/Family Medicine will be very introduced as important and comprehensive references in medical education in general and family medicine.

In the end of the session participants will be invited to reflect on the need for reviewing and eventually renewing EURACT's Educational Agenda.

Read more

http://equip2018.sk/keynote_speakers.php

Global to local: *Reverse innovation & rethinking the future of health care*

Harris Lygidakis, MD, PhD student, GP (Greece):



Harris Lygidakis

Short bio

The choice of Family Medicine as my specialisation has not been a difficult one, since I have always been fascinated by the holistic approach and the patient communication in Primary Care.

My principal areas of interest comprise the non-communicable diseases, the patient quality of life, and the patient-reported outcomes, but I have also had the opportunity to study and work on lifestyle interventions and medical education.

Furthermore, I am interested in research and keen on being involved in various projects actively. For more than ten years, I have been participating in several international research projects, obtaining valuable experience as field investigator, research manager and coordinator.

Another significant part of my life involves technology. The eHealth, mobile health (mHealth), and social media revolution have been key sources of inspiration for my professional career, motivating me to explore the possibilities to improve health and healthcare through the implementation and integration of new technological tools. As such, the convergence of technology and primary care has become the main focus of my work.

I have taught in various educational sessions in primary care contexts (family medicine residency programs, continuing medical education courses), focusing on topics related to family medicine topics, clinical governance, evidence-based medicine, eHealth, ICT and social media. I have also worked in courses aiming at capacity building of the family medicine in the West Bank, and have employed methodologies from other industries and contexts, such as the Design Thinking for the needs of primary care.

For nearly 15 years, I have been participating in research, educational and advocacy working groups, and contributed to the preparation of 65 oral presentations, 21 workshops and 23 poster presentations in national and international primary care and ICT conferences (e.g. WONCA Europe, WONCA World, EGPRN, Stanford Medicine X, Medicine 2.0, Med-e-Tel, Health 2.0 etc.).

6/2016 – Present Research Unit INSIDE, University of Luxembourg
PhD Student, developing the research project: “Community- and MHealth-Based Integrated Management of Diabetes in Primary Healthcare in Rwanda” in collaboration with Aarhus University.

7/2015 – Present WONCA (World Organization of Family Doctors) Europe
Executive Board, Honorary Secretary

9/2014 – Present ISfTeH (International Society for Telemedicine and eHealth)
Social Media Working Group Leader

2007 – 2010 Diploma of Formal Qualification in General Practice / Family Medicine
Department of Health, Emilia-Romagna Region, Italy

2006 – 2007 Postgraduate Diploma (European Qualification Framework Level 7) in Alcohol-related Problems and Diseases
Faculty of Medicine, University of Florence, Italy

1998 – 2005 Integrated Bachelor’s and Master’s Degree in Medicine and Surgery, and Licence to Medical Practice
Faculty of Medicine, University of Bologna, Italy

Abstract

To attain universal health coverage, there is an urgent call to reinvent processes, advance knowledge, and tackle inequity and the high costs.

Despite the change-resistant health care culture, information technology can be the enabler of profound changes: The skyrocketing computational power, the early stages of the Internet of Things with the omnipresence of mobile devices and the ubiquitous networking, the gigantic datasets, and the new processing models and algorithms will drive transformation.

Innovation, however, requires investments in time, resources, new regulatory frameworks, task shifting and radically different approaches. The surge of technological solutions supporting the health care needs in low- and middle-income countries offer the potential to develop novel strategies in the global health landscape as well.

Identifying the common challenges in emerging and high-income countries, and accelerating the crossover, contextualization, and scaling-up of successful innovative solutions can be the answer to some of the most pressing health care challenges.

Read more

http://equip2018.sk/keynote_speakers.php

Overdiagnosis

Professor John Brodersen, MD, PhD, GP (Denmark):

KEYNOTE



John Brodersen

Short bio

John Brodersen is general practitioner with over ten years' experience in clinical practice. Dr Brodersen has a PhD in public health and psychometrics and works as a professor in the area of prevention, medical screening, evidence-based medicine and multi-morbidity at the Centre of Research and Education in General Practice, Department of Public Health, University of Copenhagen & at the Primary Health Care Research Unit, Region Zealand.

His research is focused on the balance between benefits and harms of medical prevention with a special interest in the field of development and validation of questionnaires to measure psychosocial consequences of medical screening and to measure the consequences and degree of overdiagnosis. He has employed qualitative and quantitative methods e.g. developed patient reported outcomes measures qualitatively and validated those using Item Response Theory Rasch models to objectify subjective areas like psychosocial consequences. Dr Brodersen has published widely in peer reviewed journals.

In relation to the diagnostic process in general practice plus self-testing and screening in the general population Dr. Brodersen expertise lies in areas of diagnostic test accuracy, overdiagnosis, informed consent and what the psychosocial consequences are for healthy people when they are tested. He also teaches nationally and internationally in evidence-based medicine.

Abstract

"Life can only be understood backwards; but it must be lived forwards"
- Søren Kierkegaard (Danish philosopher 1813-55)

Overdiagnosis is the diagnosis of deviations, abnormalities, risk factors and/or pathology that never in itself will: cause symptoms (applies only to risk factors and pathology), lead to morbidity or be the cause of death (1). It arises in many healthcare situations due to over-detection, over-definition and over-selling of disease (2). Treating an overdiagnosed condition (deviation, abnormality, risk factor and/or pathology) will by definition not change the patient's prognosis to the better and can therefore only be harmful (3).

At the individual level, neither we as general practitioners (GPs), nor the patient, can be sure when the patient is actually overdiagnosed. Only at the end of the individual patient's life we can for biomedical conditions be certain if our diagnosis was correct or iatrogenic. Within the area of psychosocial conditions and mental illnesses we will never get a certain answer. Therefore, the dilemmas and pitfalls in all diagnostic processes in the GPs' daily clinical patient-centred practice - with low prevalence of biomedical diseases and high prevalence of psychosocial illnesses - is so beautifully captured in the above mentioned quote of Kierkegaard.

Accordingly, the multi-billion dollar question is: How can we diminish or prevent overdiagnosis?

1: Brodersen J. How to conduct research on overdiagnosis. A keynote paper from the EGPRN May 2016, Tel Aviv. The European journal of general practice. 2017;23(1):78-82.

2: Welch HG, Schwartz L, Woloshin S. Overdiagnosed. Making People Sick in the Pursuit of Health. Boston: Beacon Press; 2011 2011.

3: Brodersen J, Schwartz LM, Woloshin S. Overdiagnosis: how cancer screening can turn indolent pathology into illness. APMIS. 2014;122(8):683-9.

Read more

http://equip2018.sk/keynote_speakers.php

KEYNOTE

Navigating the Sea of Overtreatment: *How to Practice Informed Decision-Making in the Face of Uncertainty?*

Adrian Rohrbasser, MD, MSc, GP (Switzerland):



Adrian Rohrbasser

Short bio

Adrian Rohrbasser, MSc in Evidence Based Health Care, is a general practitioner working for medbase Health Care Centres, in Eastern Switzerland. He is passionate about teaching, learning and training, which he combines with his GP work. In summer he can be found away from his books and at the top of a ladder, painting his holiday home in Sweden or hiking and fishing in the mountains.

Adrian is a member of the quality committee of the Swiss Society of General Internal Medicine and of the European Society of Quality and Safety in Family Practice. In both, he heads working groups for quality circles, promoting knowledge translation and quality improvement in primary health care.

This forms the topic of his research at the University of Oxford, Department of Continuing Education, where he is doing a DPhil in Evidence Based Health Care.

Abstract

We look at different cases and follow the courses of treatment trying to understand what happened. This talk is about underlying forces that may cause overtreatment in everyday practice.

Specialists aim to reduce uncertainty, explore possibility and marginalise error, whereas the family physician aims to accept uncertainty, explores probability and marginalises danger. To do this, treatment and care should take into account individual needs and preferences. Patients should have the opportunity to make informed decisions about their care and treatment, in partnership with their healthcare professionals. But even though family physicians might wish to practice in a more patient centered way, testing and treating less, they work within cultural, social and regulatory frameworks which strongly discourage this. Standard guidelines for practice and treatment, financial incentives and social pressure steer us towards testing, diagnosing and treating our patient populations.

Read more

http://equip2018.sk/keynote_speakers.php

Designing the role of the GP (general practitioner/family physician) within integrated healthcare services* 2018 and beyond

By Dr Andrée Rochfort (Ireland), Director of Quality Improvement & Doctors Health in Practice Programme & Dr Isabelle Dupie (France)

Health systems are facing multiple challenges including rising demands and rising healthcare costs and there is a need to reorganise services.

The role of the GP within primary healthcare must evolve in this environment to coordinate the increasingly complex needs of patients with longer lifespans, chronic conditions, multimorbidity, and escalating use of diagnostics, pharmaceuticals and therapies.

Patients health needs are also met by services outside the practice in primary and secondary care services. Navigating care for patients, especially those with complex needs requires appropriate coordination of services and appropriately trained and skilled professionals.

There is a need to define this emerging new role of the GP in terms of the efficient use of resources of all services while maintaining or improving the domains of quality of care (safe, timely, efficient, effective, equitable and person-centered care).

During the interactive section of this workshop delegates will discuss the role of GPs in various healthcare systems with 3 questions:

1. Which health services outside the practice are involved in the care of patients with different conditions**?
2. What are the risks associated with the interfaces between these services and the practice?
3. Participants will then consider and share examples: How could integrated care for GPs patients be improved?

***WHO definition of integrated health services:** Health services that are managed and delivered so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services, coordinated across the different levels and sites of care within and beyond the health sector, and according to their needs throughout the life course.

**Conditions such as pregnancy, diabetes, mental health, hospital discharge in elderly, clinical emergencies.



The joy of quality indicators in small groups

By Eva Arvidsson (1,2,3) & Adrian Rohrbasser (3, 4)

1) MD, Specialist in Family Medicine, PhD, R&D Unit for Primary Care, Futurum, Jönköping, Sweden; Jönköping Academy for Improvements of Health and Welfare, School of Health and Welfare, Jönköping University, Jönköping, Sweden

2) The Standing Committee for Quality and Patient Safety (SFAMQ), College of General Practice, Sweden

3) European Society for Quality and Safety in Family Practice (EQuiP)

4) MD, Specialist in Family Medicine, MSc Evidence Based Health Care, Department of Continuing Education University of Oxford, medbase, Switzerland

Keywords

Quality improvement, audits, quality circles, peer small groups, indicators.

Objectives

The aims of this 90 minutes workshop are to provide participants with knowledge about quality indicators, and show them how small groups of GPs use them as a tool to mirror their practice and improve their quality of care.

Each participant will leave with updated knowledge on the use of quality indicators used in structured small group work. The ambition is also to motivate workshop attendees to take part in or even conduct a quality improvement (QI) project in their own practice.

Background

Quality indicators can be powerful tools for quality improvement. Studies have shown that we (doctors) believe that we follow guidelines to a much higher extent than we actually do. As a consequence, we need to study and scrutinize what we actually do.

Of course, many of the goals and values in primary care are very difficult to measure, e.g. ethics and humanism in consultations or if priorities are set right in everyday practice.

However, assessing the quality of care in primary health care is important for QI. Indicators can, and should, be used as starting points for discussions about the complex reality. They help us to initiate, stimulate and support local improvement work. Data for these discussions can be collected as quality indicators, data mirroring practice habits or data from other sources.

Structured small groups, also known as Peer Review Groups or Quality Circles, are small groups of health care professionals who meet to reflect and improve their standard practice. They use various didactic methods such as brain-storming and reflective thinking, and also tools for QI such as audit and feedback and therefore quality indicators or other ways of mirroring their practice.

Structured small group work (SSGW) is used for Quality Improvement in primary health care in several European countries.

Session content

1. Plenary: The basics about Structured Small Group work is shown in examples

- Knowledge of the group is more than what each participant adds
- PDSA Cycle
- Facilitator

Group discussions participants' experiences: Do you have any groups in your practice / region? What are their aims and objectives? Short reports from groups

2. Plenary: The concept of quality indicators for local improvement is introduced. Examples from Sweden (using electronic as well as paper medical records) are demonstrated.

Group discussions on participants' experiences from their own practices on quality indicators are initiated. Is this method used? Could it be? What is needed? Short reports from groups.

3. Group discussions:

- What are the next steps: If you have existing groups, can you use them for QI?
- Do you see a way of establishing small groups in your region?
- What data do you have access to: electronic medical record? Other data you can use as quality indicators? Other possibilities and opportunities?

Reports from groups

4. Summary and conclusions

Doctor's perspective on person-centeredness in primary care

By Jan van Lieshout (EQuIP delegate from the Netherlands)

Aims and background

EQuIP has formed a new Working Group on Person-centered Primary Care.

Patient- or person-centeredness is, like generalism and continuity, a core value of primary care.

Person-centeredness has been described in various models and comprises various domains. An example of such a framework is Steward's model with 4 domains:

- Understanding the patient's experience of the illness
- Understanding the whole person
- Finding common ground
- Enhancing the patient-clinician relationship

In this workshop we will aim to elicit the participants' views on person-centeredness and the elements relevant.

Session content

1. Plenary (35 min.)

- Sharing experiences with person-centeredness in several countries (15min)
- Presentation: Introduction on person-centered care relating to frameworks and domains, tools for measurement and its relation with outcomes of care (15min)
- Introduction to small group work (5 min)

2. Discussion in small groups (40 min.)

- Exchange of ideas on relevant elements of person-centeredness with relative importance and ways to measure

3. Plenary

- Wrap up, summarize and take home messages (15 min)

Results

- Participants will be informed on person-centered care frameworks and domains
- Participants will discuss their views on person-centeredness and their experience with working according to the ideas of person-centered primary care.

The EQuIP Working Group will collect information from our participants on their ideas about the various elements of person-centered primary care, hoping for an audience from a variety of countries across Europe representing countries with different healthcare organizations.

Conclusion

Participants will extend their knowledge on person-centeredness and have an increased awareness of the various elements.

The EQuIP Working Group will bring forward their work taking account of the participants input.

