

1. Axuda no diagnóstico con modelos predictivos baseados nos motivos de consulta.

A new data collection project for studies of the process of diagnosis in primary care: collecting data on reasons for encounter and diagnoses in episodes of care in Europe.

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Keywords: reasons for encounter; episode of care; ICPC; diagnostic research; decision support; electronic medical records

Background:

The Dutch Transition Project has made a unique contribution to primary care research in collecting data on reasons for encounter (RfEs, including symptoms and complaints) and diagnoses in an episode of care (EoC) model, allowing the study of incidence and prevalence of both, and especially relationships between RfEs and episode titles to research the process of diagnosis. A new collaboration within EGPRN promises to recreate and expand this project now.

Research questions:

To develop and implement a data collection tool which interfaces with existing electronic medical record (EMR) systems, which can alternatively stand-alone as a basic EMR To collect and analyse data on RfEs, interventions and diagnoses collected with ICPC in an EoC model, to empirically inform the epidemiology of primary care To make such data available for research into the process of diagnosis and the development of diagnostic decision support systems

Method:

The steps to develop such systems and to analyse and publish such data will be explained, based on the prior published experiences of the authors. The current progress to achieve such again, in a sustainable project over time will be presented.

Results:

The formal collaboration between EGPRN, MIPC and partner academic and software organisations is in place to allow the development of the project within EGPRN in the immediate future. The current status of the project will be presented.

Conclusions:

This project is expected to raise the profile of EGPRN as a repository of high quality data from primary care, and empower it to be a major partner in the future development of diagnostic decision support systems and learning healthcare systems in primary care.

Points for discussion:

Discussion of the utility of such empirical data for primary care and family practice in Europe
Discussion of the utility of analysis of diagnostic data from different populations
Discussion on the progress and challenges of such an academic collaboration.

2. Plataformas dixitais que facilitan a comunicación entre a investigación e a práctica asistencial.

Bridging the Gap: A Project to promote Collaboration Between General Practitioners and Researchers in Primary Care.

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Keywords: primary care research, GP-researcher collaboration, participatory design approach

Background:

To ensure high-quality and effective primary healthcare, there is a need for more research in primary care settings. However, it has been more and more difficult to recruit General Practitioners (GPs) to participate in research projects. Despite the important role that GPs play in patient care, there is a gap between GPs and health care researchers, with limited opportunities for collaboration between them. This can lead to missed opportunities for improving patient care. Good communication between GPs and researchers plays a substantial role in motivating GPs to participate in primary care research.

Research questions:

How can we improve collaboration between GPs and researchers in primary care?

The objective of this research project is to bridge the gap between GPs and primary care researchers. An online platform will be created to facilitate communication, aid collaboration and enhance GPs' involvement in research, such as supporting studies or being part of study teams

Method:

This project uses an iterative, participatory design. It will start with a qualitative investigation to gather GPs' perceptions and expectations for collaboration with researchers. Based on these insights, a prototype platform will be developed to encourage and facilitate interaction between GPs and researchers. The prototype will be repeatedly refined using Plan-Do-Study-Act (PDSA) cycles.

Results:

The project will result in a prototype platform that promotes collaboration between GPs and researchers in primary care research. The platform will provide updates on research projects, including feedback about their performance and information about planned studies. Research teams can easily disseminate study results and access a pool of interested GPs for recruitment.

Conclusions:

By addressing the gap between GPs and researchers, this project aims to facilitate collaboration and strengthen primary care research. The project employs both quantitative and qualitative data collection and analysis methods to comprehensively evaluate the impact of the platform.

3. **Saúde dental en doentes con enfermedades crónicas.**

Oral Health Status of Primary Dental Care patients with Chronic Diseases

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Keywords: primary dental care, oral health, chronic diseases, general dental practice

Background:

Dental caries and gingival/ periodontal diseases are commonly occurring, preventable conditions. In the presence of chronic diseases, the oral manifestations of these diseases and the medication of the patients may affect oral health. The aim of this study was to evaluate the oral health status of primary dental care patients with chronic diseases using DIMF-T and DMF-S indices.

Research questions:

Does having a chronic disease affect oral health status of the patient?

Should family physicians refer every patient with chronic diseases to a dentist?

Method:

A total of 205 patients from Marmara University, Oral Diagnosis outpatient clinic were included in the study. Study group was conducted with 106 patients with chronic disease (e.g. diabetes, cardiovascular diseases, respiratory tract diseases, gastrointestinal disorders) and 99 healthy subjects (without any chronic diseases) for the control group was selected by simple randomization. The subjects were evaluated for oral health status with DIMF-T (decayed (d), unrestorable and hopeless (i), missing (m) and filled (f) teeth) and DMF-S (decayed (d), missing (m) and filled (f) teeth surface) indices. The stage of the periodontal disease and the type and frequency of the denture were also evaluated. Statistical analysis was applied with SPSS for Windows.

Results:

The study included 205 patients (96 male, 109 female), aged between 16-84 years (mean age: 43.01). The median DIMF-T was found 9.00 in the control group; and 16.00 in the study group while the median DMF-S was 22.00 in the control group, it was 53.50 in the study group. There was a statistically significant difference in the median DIMF-T and DMF-S regarding the presence of a chronic disease ($p < 0.001$).

Conclusions:

The results of this study indicate that the awareness of the adverse effects on oral health of the chronic disease should be increased. Dental healthcare centers should be visited more frequently by patients with chronic diseases.

Points for discussion:

Should oral health be included in screening processes of family practices?

What are the global practices of oral health assessment in patients with chronic diseases and what can be done to bring them up to European standards?

What is the role of newly established family dentistry practices in improving the oral health of patients with chronic diseases?

4. Ferramenta validada para análise das competencias en autocuidado de profesionais sanitarios.

Self-care promotion competences among general practitioners and primary care nurses and their affecting factors

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Keywords: self-care; general practice; nursing; interprofessional care; primary care; home care; patient education

Background:

The world health organization has emphasized the importance to promote self-care, including education on lifestyles, chronic conditions, and new emerging issues such as digital literacy and planetary health. Patient education has not been studied in terms of self-care promotion embedding these different aspects, that might be well addressed in general practice and home care.

Research questions:

the aims of this project will be: a) validating an interprofessional instrument for measuring self-care promotion competencies of general practitioners and primary care nurses; b) measuring these competencies in a European sampling of general practitioners and primary care nurses; c) identifying factors that could promote or hindering acting these competencies.

Method:

the project will be conducted in multiple phases: a) conducting a literature review and semi-structured interviews to identify self-care promotion competencies and their influencing factors; b) building an instrument based on the findings of the first phase; c) conducting a validation study with a transnational Delphi study according to COnsensus-based Standards for the selection of health Measurement Instruments (COSMIN) guideline; d) performing a cross-sectional study using the developed instrument including the competencies assessment part and influencing factors identified in literature and with the interviews; in this phase, influencing factors will be studied with a structured equational model. Participants will be general practitioners and nurses working in general practice and home care. The analysis will be conducted with the Software Rproject and M-Plus.

Results:

The results might inform a curriculum for a future innovative educational program targeted to general practitioners, primary care nurses, managers, educators, and stakeholders. Ameliorating self-care promotion competencies towards new emerging issues will help to improve health outcomes, health-seeking behaviors, and health service use. The results might inform future projects on the association with the patient's self-care abilities and their need for education from primary care providers.

Conclusions:

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Points for discussion:

Do you have other similar projects in your country?

Did you ever study or take part to a project to assess these competencies in primary care?

Do you have training programs on this topic in your country?

5.Saude ecológica desde atención primaria.

Sustainability in primary healthcare practice, no time to lose!

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Keywords: sustainability, primary care, general practice, environmental health, climate change, survey, qualitative research

Background:

Worldwide climate change leads to extreme heat, lack of water and natural resources, but has also negative effects on people's health with more respiratory and cardiovascular diseases due to pollution and unhealthy lifestyle. Healthcare is responsible for 7% of worldwide CO2 emission and general practice has a significant share in it. Pollutes are medicine use, energy and transport. One health, planetary health and sustainability are formulated as creating the bedrock and allowing an integrated approach for the revised WONCA European definition of general practice.

Participants at an EGPRN Network workshop during Brussels WONCA conference, discussed collaborative studies and made an exercise on developing a project about sustainable primary care. Sustainability seems to be a broad concept and all participants had different views on which aspects are important in their country. Different topics were listed: energy-saving measures, climate-friendly devices for asthma, less disposable material, home visits by bike, paperless practice, review of procedures for disinfection. The idea grew to develop an European collaborative study on this topic.

Research questions:

This study intends to gain insight on GPs' knowledge, perspectives about sustainability in primary health care and on how they implement sustainability actions in their own practice.

Method:

A literature-based survey will be developed and distributed among GPs in different European countries. EGPRN national representatives/members will be invited to distribute the survey in their own country. Based on the analysis of these survey data, we will organize a nominal group to frame a priority list for further research. To get more insight into these priorities, relevant experiences and feasible implementation strategies, in-depth interviews will be organized among relevant GP stakeholders in several European countries

Results:

This study will provide GPs' perspectives on sustainable primary care practice and on how this varies across and within countries. We also will define gaps and objectives for further research.

Points for discussion:

What is your experience on sustainability in primary care?

How to select and include respondents for the survey and relevant stakeholders for the interviews?

6. Implicaciones do consello sobre o screening do cancer de mama desde a consulta de atención primaria.

Does personalised advise about cervical and breast cancer screening effects

women's intention to be screened?

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Keywords: Ukrainian Internally Displaced Women, Screening, Breast Cancer, Cervical Cancer, General

practice/family medicine, Primary care

Background:

Ukraine lacks state breast and cervical cancer screening programs which can contribute to the underestimation and overlooked of cancer screening. The ongoing war has led both doctors and population to prioritize managing acute and chronic diseases rather than screening. In 2022, the detection of breast cancer through screening methods decreased from 36.9% to 28.8%, and cervical cancer - from 37.9% to 24.2% according to the Ukrainian national cancer registry.

Research questions:

How much does GPs provision of personalized information about cervical and breast cancer screening affect internally displaced women's (IDPW) intentions to be screened?

Method:

Readiness for breast and cervical cancer screening of IDPW(aged 21-74) will be assessed using a validated questionnaire. Participants will be randomly assigned to 2 groups:

-Group A (receive motivation consulting sessions from GPs and personal intended screening plan developed by designed web-based program "Screening Advisor")

-Group B (receive standard GP consultation sessions and screening educational materials).

Both groups' screening readiness will be reassessed, allowing for comparison and evaluation of the interventions' impact.

After one month performance rate will be estimated: number of participants who have undergone suggested screening.

Results:

We seek to investigate if personalized screening recommendations suggested by "Screening Advisor" have different effect on readiness and performance then handling screening educational materials after the GP's consultation about screening.

Conclusions:

Finding ways to increase readiness and performance of breast and cervical cancer screening is crucial for Ukrainian IDPW to prevent late diagnosis, treatment delays, and mortality during war crisis.

Points for discussion:

What is the experience of EGPRN members in providing breast and cervical cancer screening for Ukrainian refugees?

What are the ways to provide personalised information to the patients to increase readiness and performance of breast and cervical cancer screening?

Would any EGPRN colleagues like to collaborate in this research?

7. Actividades comunitarias, recomendaciones de ejercicio físico desde a escola.

Running 15 minutes daily - interview study with teachers four years after introducing the physical activity intervention "The Daily Mile" at a Swedish junior school

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Keywords: Physical Activity, School children, The Daily Mile, Interview, Implementation

Background:

A sedentary lifestyle is linked to multiple health risks. Various interventions aim at establishing sound physical activity habits among children, one of these being "The Daily Mile", where pupils have scheduled 15-minute walk/run sessions at school. Its implementation over time has not been studied in a Swedish setting.

Research questions:

How did teachers experience the introduction and maintenance of "The Daily Mile" (TDM)? What were the obstacles and facilitating factors for keeping this intervention going?

Method:

Qualitative study using semi-structured interviews performed in 2022. Participants were 8 teachers actively involved in day-to-day running of TDM (focus group interview) and 1 teacher and local originator of TDM intervention (individual interview). The setting was a junior school (ages 6-12) in a socioeconomically vulnerable area of Gothenburg, Sweden. This was the first school to practise TDM in Sweden, in 2018, and the intervention is still on-going. Audio-recorded interviews were transcribed verbatim and analysed using systematic text condensation ad modum Malterud.

Results:

Teachers experience the TDM intervention as simple and appreciated by pupils. Factors that have contributed to TDM being maintained over time are its continuous deployment and integration into day-to-day activities. A strong motivation among the teaching staff is considered a necessary condition for its maintenance, as is the possibility to adapt the implementation of TDM to local circumstances. Among the obstacles are low motivation of some (notably older) pupils, their lack of suitable shoes and clothes, and a reluctance to getting sweaty.

Conclusions:

The Daily Mile appears to be a sustainable intervention for increasing physical activity among school children, but its implementation is dependent on teachers' motivation. Findings may be useful for similar schools starting TDM.

Points for discussion:

Responsibility for introducing and maintaining physical activity among children - pros and cons of involving schools

Ways of improving methodology, possible bias in that participants are enthusiastic

Ways of triangulating outcomes using other types of data collection

8. Algoritmos de decision en doentes con elevación do PSA

Worries and Uncertainty among Male patients with elevated PSA levels .

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Keywords: Prostate Cancer (PCa) ; Prostate Specific Antigen (PSA) Qualitative Research

Background:

Patients who are aware of having high Psa values experience a state of concern and anxiety because they are unsure of whether they will need to undergo biopsies, surgeries or other interventions or treatments. Multiple studies have shown that in a population of men between 50 and 70 years old, a part of them will have elevated Psa levels (>3,5). We also know that 70% of these individuals do not have prostate cancer (PCa), but 30% could potentially have it.

Research questions:

Is it possible to establish a certain diagnostic/therapeutic algorithym for patients with elevated PSA levels?

Method:

We propose to create a monitoring system that can reassure these patients by explaining the various necessary steps using interviews as in qualitative research method. We will enroll 10 PcPs operating in a rural area near Palermo .

Results:

We will conduct interviews with the patients already present in our database to analyze the reasons for their concerns and uncertainties. We will stage the patients based on their high and very high Psa values ,with or without symptoms and their real risk of having a PCa .

Conclusions:

Analysing the interviews obtained by the patients ,using a qualitative research method and Grounded theory ,we could establish a pathway to follow up patients with high Psa values .

Points for discussion:

Can we face worries and uncertainty in a population of men with elevated Psa Levels ?

Qualitative research, Interviews we can conduct with patients can help us to figure out the causes of anxiety and uncertainty in this population ?

Can we establish a pathway to propose to the patients to know what they have to do after they got an high Psa level ?

9. Inteligencia artificial para a detección precoz de doentes con Enfermedad Renal crónica.

The use of Business Intelligence for the early detection of patients with Chronic

Kidney Disease

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Keywords: Artificial intelligence; chronic renal insufficiency; albuminuria; glomerular filtration rate

Background:

Chronic kidney disease (CKD) is the condition with the highest increase in prevalence over the last decades (estimated up to 15%). However, underdiagnosis is still a challenge (estimated between 60% and 90%). The main benefits of early detection and appropriate management are to reduce the progression of CKD to later stages requiring dialysis, an improved quality of life of the patients, and a decrease in the health expenditure related to hospitalization and substitute treatment. The early stages of CKD should be managed in primary health care (PHC), being the family doctors responsible for the use of the new treatments recommended in the most recent guidelines.

Business Intelligence (BI) can use the repository content of Electronic Health Records (HER) to improving the quality of healthcare delivery.

Research questions:

¿Can the use of BI improve the detection of patients with early (asymptomatic) stages of CKD?

Method:

Our two practices hold the primary care EHR of roughly 38.000 patients. We will create an automated algorithm to identify all patients with either glomerular filtration rate under 60 ml / minute or albuminuria over 30 mg / g (or both) in two measurements separated at least 3 months. Those patients will automatically be diagnosed as CKD patients.

The list of patients with new diagnoses of CKD will be sent to the respective family doctors, who will undertake the actions needed in order to appropriately classify and treat those patients according to their stage of CKD.

The family doctors will also label the new diagnosis in the computerized clinical records in order to identify those patients in future consultations.

Results:

This project is still ongoing. We predict an increase of at least 5% in the new diagnoses of CKD.

Conclusions:

The use of BI may improve the early detection and treatment of CKD

Points for discussion:

We expect to have some preliminary results by the Prague conference

Is Business Intelligence widely used in Europe to support Primary Health Care?

Is Business Intelligence useful for the early detection of asymptomatic Chronic Kidney Disease?