



# 8th EURIPA Rural Health Forum Programme Book

14 - 16 November 2018  
Maale Hachamisha, Israel

[www.euripaforum2018](http://www.euripaforum2018)

## COLOPHON

Programme Book of the 8th EURIPA Rural Health Forum  
14 - 18 November 2018  
Maale Hachamisha, Israel

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## Programme

### Wednesday, 14th November 2018

08:40 - 09:20	<p><b>[Local Conference Session] Opening of the "Annual conference of rural doctors in Israel"</b>          Topic: Rural disparity from the worst to the best (in English)          Presenter: Prof. Jean-Pierre Jacquet          EURIPA President</p>
09:20 - 10:30	<p><b>[Local Conference Session A] Vaccines</b>          Session in Hebrew</p> <ul style="list-style-type: none"> <li>• Clinical highlights in new vaccines for adults – Dr. Inbal Fux, Family medicine and infectious disease specialist, Infectious disease consult for Clalit Medical Service Southern district and Kaplan Hospital (Pfizer)</li> <li>• Dealing with anti-vax peoples and organizations, Dr. Keren Landsman – Epidemiology and public health specialist, "Midaat" organization</li> <li>• An epidemiological mystery – Dr. Inbal Galor, Military health sector, IDF</li> </ul>
10:30 - 10:45	<p><b>Coffee Break</b></p>
10:45 - 12:35	<p><b>[Local Conference Session B1] Lectures</b>          Session in Hebrew</p> <ul style="list-style-type: none"> <li>• Asthma and COPD: similar but different – Prof. Amnon Lahad, head of family medicine, Hadassah University, Clalit Medical Services, National Council for Community Health (BI)</li> <li>• Approach to vulvovaginal complaints: myth vs reality – Dr. Avinoam Lev-Sagi, Gynecologist, Vulvovaginal disease clinic, Women's health center in Ramat Eshkol and the Department of gynecology at HadassahMt Scopus (in cooperation with the Israeli Society for Adolescent Gynecology)</li> <li>• The role of the family physician in management of biological treatment for inflammatory autoimmune diseases – Dr. Assaf Stein, Gastroenterology specialist, Meir Medical Center (AbbVie)</li> <li>• A recipe for good nutrition: Innovations from the world of culinary medicine and tools for the physician and medical staff – Dr. Rani Polak, The center for lifestyle medicine, Sheba Medical Center; CHEF coaching program, Sapulding Rehabilitation Hospital, Harvard Medical School</li> </ul>
10:45 - 12:35	<p><b>[Local Conference Session B2] Sis, You're Not Only A Nurse! (for nurses)</b>          Session in Hebrew</p> <p>A unique session for nurses from Kibbutz and other rural settings who work as rural nurses.          Chair: Adi Ramot, Health department of the Kibbutz Movement</p> <ul style="list-style-type: none"> <li>• Kibbutz , mutual responsibility, the clinic and in between – Adi Ramot</li> <li>• The unique role of the rural nurse – Director of nursing, Clalit Health Services</li> <li>• "Better together": the joint doctor-nurse working model in the regional clinic, Eilat region</li> <li>• "Servant of many masters": The multiple loyalties in the work of the Kibbutz Nurse – a multidisciplinary panel</li> </ul>
12:30 - 14:00	<p><b>Euripa Forum 2018 Registration</b></p>
12:50 - 13:50	<p><b>[Local Conference Session C] Clinical Skills</b>          Session in Hebrew</p> <ul style="list-style-type: none"> <li>• Uses of POCUS in community medicine - Dr. Lior Fux, Attending physician in internal medicine and medical ICU, Soroka Medical Center</li> </ul>

- The role and impact of the physician on breastfeeding in the rural setting – Dr. Moran Friedman,
- Family medicine specialist, Carmel coast. Founding member of the Israeli Association of Breastfeeding Medicine
- Primary medical skills school: enriching the toolbox – Dr. Ilan Yehoshua, Department head, Family medicine, Maccabi Health Services, Southern district

12:50 - 13:50 **[Local Conference Session D] Telemedicine**  
Session in Hebrew

- The tyranny of distance in maritime medicine – D. Itamar Netzer, Ob/Gyn specialist, Chief Medical Navy Officer, IDF
- From here to there: the efficacy of the online neurological clinic – Dr. Hila Ben Pazi, pediatric neurologist, “Neurokan”
- Across the border: Telemedicine allowing treatment of refugees in Syria, “Natan”, International humanitarian aid – Dr. Sharon Shaul and Dr. Tal Hanani, “Natan” medical unit

13:35 - 14:30 **Lunch**

14:30 - 15:30 **EURIPA Joint Executive Committee and IAB meeting**

14:40 - 16:20 **[Local Conference Session E] Parallel Workshops**  
Session in Hebrew

- Seminar on healing complex wounds and diabetic foot, including case reports – Dr. Moshe Kolikovski, family medicine specialist, Complex wound and diabetic foot referent, Haifa and western Galilee district, Clalit health services.
- Spirometry interpretation: profound understanding and case studies – Dr. Amir Bar Shay, Head of pulmonology, Barzilai Medical Center
- US Workshop: Uses of POCUS in primary care – Dr. Mihai-Sorin Iacob, European Association for the Development of Clinical Ultrasonography in Ambulatory Health Care (in English)

16:00 - 16:45 **Opening Ceremony and keynote speaker**

Chair: Prof. Dr. Jean Pierre Jacquet

Welcome by Local Hosts: Prof. Dr. Shlomo Vinker, Dr. Sody Naimer

Keynote Speaker: Assoc.Prof. Dr. Anna Stavdal

Prof. Anna Stavdal Wonca Europe chair

16:10 - 17:00 **Annual meeting EB Israeli rural medicine - summary**

16:45 - 18:00 **Opening Session Presentations:**

- GP-Clustering: An Evaluation in Quality Circles - Christina Svanholm (p. 13)
- Some challenges of an Israeli physician doing lone locum in remote northern Canada - Mordechai Michael Levenstein (p. 14)

Christina Svanholm & Berit Hansen

18:00 - 19:00 **Opening cocktail with light buffet**

19:00 - 21:00 **Evening options**

Evening - two options

1. Dinner on your own in Abu Gosh (the best Lebanese restaurants in Israel) - by foot or by taxi
2. Night tour in the center of Jerusalem by public transportation (cheap, last bus from Jerusalem Central bus station 23:30) or taxi (~30-40 Euros to each direction)

## Thursday, 15th November 2018

09:00 - 09:30	<b>Keynote</b> Speaker: Prof. Dr. Amnon Lahad
09:30 - 11:00	<b>Plenary Session A</b> Chairs: Dr. Ferdinando Petrazzuoli, Dr. Michal Shani <b>Presentations:</b> <ul style="list-style-type: none"> <li>• Coordinated care and Primary Care PLUS project in Poland - Katarzyna Wiktorzak (p. 15)</li> <li>• Factors Differentiating Between Rural and Urban Population Determining Anxiety and Depression in Patients with Chronic Cardiovascular Diseases - Donata Kurpas (p. 16)</li> <li>• Fraud in Medical Research - Sody Naimer (p. 17)</li> <li>• Health care coordinators - Artur Prusaczyk (p. 18)</li> <li>• The family doctors role in chronic patients self-management - Antoni Zwiefka (p. 19)</li> <li>• Urgent need for action: burnout in informal caregivers of terminally ill patients. - Donata Kurpas (p. 20)</li> </ul>
11:00 - 11:30	<b>Coffee Break</b>
11:30 - 12:30	<b>Workshop B1 Presentations:</b> <ul style="list-style-type: none"> <li>• The Applications of "Point of Care Ultrasonography" (PoC-US) in Family Medicine: an experimental FOCUS (Focused Cardiac UltraSound) Screening or Basic Cardiac Ultrasound for non-cardiologists known under the acronyms of: Rapid Cardiac Assessment(RCA) - Mihai Iacob (p. 21)</li> </ul>
11:30 - 12:30	<b>Workshop C1 Presentations:</b> <ul style="list-style-type: none"> <li>• Recommendations in Poland in the field of physiotherapy concerning the painful back, shoulder and hip in primary healthcare - Krzysztof Kassolik (p. 22)</li> </ul>
11:30 - 12:30	<b>Workshop D1 Presentations:</b> <ul style="list-style-type: none"> <li>• Journalclub - Berit Hansen (p. 23)</li> </ul>
12:30 - 13:30	<b>Workshop B2 Presentations:</b> <ul style="list-style-type: none"> <li>• The Point of Care Ultrasonography (PoC-US) in family medicine - present and perspectives. - Mihai Iacob (p. 24)</li> </ul>
12:30 - 13:30	<b>Workshop C2 Presentations:</b> <ul style="list-style-type: none"> <li>• Social prescribing – Developing the framework for a research proposal - Ferdinando Petrazzuoli (p. 25)</li> </ul>
12:30 - 13:30	<b>Workshop D2 Presentations:</b> <ul style="list-style-type: none"> <li>• Referrals in Rural Practice: A Burden or a Blessing? - Oleg V Kravtchenko (p. 26)</li> </ul>
13:30 - 14:30	<b>Lunch Break</b>
14:30 - 15:30	<b>Poster Session 1</b> Chair: Dr. Donata KURPAS, Dr. Sophia Eilat-Tsanani <b>Presentations:</b> <ul style="list-style-type: none"> <li>• Acute Reasons: The Chronic Issue of a Rural Health Unit - Research Study - Tiago Sanches (p. 27)</li> <li>• Dosage adequacy of new oral anticoagulants in atrial fibrillation: continuous quality improvement - Ines Madanelo (p. 28)</li> <li>• Leg ulcers - a problem in a rural ageing community - Tiago Sanches (p. 29)</li> <li>• Multimorbidity, Polypharmacy, adherence and medical empathy - Ines Madanelo (p. 30)</li> </ul>

14:30 - 15:30

**Poster Session 2****Berit Hansen**

Chairs: Dr. Breit Hansen, Dr. Ian Miskin

**Presentations:**

- A positive FOB test. And what is next? - Beata Blahova (p. 31)
- An analysis of correlation between economic, and psychosocial factors as well as factors contributing to health in the adult population residing in the post PGR (State Agricultural Farm) areas - Bożena Mroczek (p. 32)
- Quality Gap at rural polyclinics based on patient experience assessment - Artur Prusaczyk (p. 33)
- The first steps of new wave of reformation of rural primary care in Ukraine - Victoria Tkachenko (p. 34)

**withdrawn**

15:30 - 16:30

**Plenary Session E**

Chairs: Prof. Dr. José Augusto Simões, Dr. Mordechai Michael Levenstein

**Presentations:**

- A Perfect Storm: Hepatitis A mini-outbreaks in under-immunized communities employing migrant workers - Inbal Fuchs Polishuk (p. 35)
- Experiences of 5 years in teaching rural practice in a two-weekend-programme - Markus Herrmann (p. 36)
- Home Outpatient Antibiotic Therapy- anywhere, for any length of time, without compromises - Ian Miskin (p. 37)
- Increase the capacity of family physicians to respond to the decrease in vaccination coverage - Cristina Vasilica Barbu (p. 38)
- Increasing antimicrobial resistance in LTCF bacteremic patients in north Israel: A 5 year's surveillance - Moti Almog (p. 39)

17:30 - 19:00

**Clinic visits**

19:30 - 22:00

**Rural Dinner**

## Friday, 16th November 2018

09:00 - 10:30

### Parallel Session F

Chairs: Dr. Oleg Kravtchenko, Dr. Negev Bar

#### Presentations:

- "In the Centre of harmony with the world" project: deinstitutionalization of care for dependent persons with mental illness in Eastern Mazovia (Poland) - Paweł Żuk (p. 40)
- Healthcare delivery in rural areas of Eastern Mazovia (Poland) - Paweł Żuk (p. 41)
- Home Hospitalization - Expanding the World of Hospitalization - The Israeli Pilot Project - Omri Shental (p. 42)
- Needs and expectations of elderly rural chronic patients. - Jean-Baptiste Kern (p. 43)
- Research program for the detection of lung cancer in Poland: outcomes from the Eastern Mazovia region - Artur Prusaczyk (p. 44)

09:00 - 10:30

### Parallel Session G

Chairs: Dr. Jean-Baptiste Kern, Dr. Hagit Dascal-Weichhendler

#### Presentations:

- Dementia: preventive care for the patient and the informal caregiver - Ines Madanelo (p. 45)
- Elderly primary health care: functional dependency and physician house call - Ines Madanelo (p. 46)
- Home-Based Palliative Care Experience - José Augusto Simões (p. 47)
- Pitfalls in the decision making process for total knee replacement – A Case Report - Rita Mashov (p. 48)
- Thyroid ultrasonography at the family doctors practice - present and perspectives. Presentation of "the Thyro-screen Project" - the first interdisciplinary integrated and targeted thyroid screening. - Mihai Iacob (p. 49)
- What are the main motivating factors for Czech young GPs to work in rural areas? - Kateřina Javorská (p. 50)

10:30 - 11:30

### Workshop H Presentations:

- Recognise frailty in elderly rural inhabitants - ~~Jean Pierre Jacquet~~ (p. 51) ➤

Jean-Baptiste Kern,

10:30 - 11:30

### Workshop I Presentations:

- An introduction to dry needling: A practical hands-on workshop on the use of dry needling in the treatment of myofascial pain of the forearm and wrist - Negev Bar (p. 52)

10:30 - 11:30

### Workshop J Presentations:

- Vulnerable populations - how it is addressed in rural medicine-the voice of EURIPA IAB - Donata Kurpas (p. 53)

11:30 - 12:00

### Coffee Break

12:00 - 13:00

### Workshop K Presentations:

- How doctors think- clinical decision making - Sody Naimer (p. 54)

12:00 - 13:00

### Workshop L Presentations:

- Barriers to prescribing in rural primary care - Gheorghe Gindrovel Dumitra (p. 55)

12:00 - 13:00

### Workshop M Presentations:

- Family violence ? Not so remote... - Hagit Dascal-Weichhendler (p. 56)

13:00 - 13:30

### Closing Ceremony

By Local Hosts: Prof. Dr. Shlomo Vinker, Dr. Sody Naimer

13:30 - 14:30

**EURIPA Annual meeting**

15:00 - 17:00

**Walking guided tour in the area from the hotel and back**

19:00 - 21:00

**Evening options**

Evening - two options

1. Dinner on your own in Abu Gosh (the best Lebanese restaurants in Israel) - by foot or by taxi
2. Night in Tel Aviv on your own - no public transportation - only taxi (expensive)



**Oral Communication / Completed****GP-Clustering: An Evaluation in Quality Circles**

Berit Hansen, Christina Svanholm

Copenhagen University, 2680 Solrød Strand, Denmark. E-mail: clsvanholm@gmail.com

**Introduction/Background:**

Christina Svanholm  
Berit Hansen

**Rationale, purpose of the study and research question:**

Rural general practitioners work often alone in isolated settings without a network of colleagues and with a large work burden that leaves little time for quality improvement activities. GP-clustering is a rather new movement seen in Europe, aiming to form GPs in groups for quality improvement activities, and for GPs to contribute to the development of their local health systems. So far, we have seen clustering undertaking in a few European countries such as Holland, Denmark and Scotland.

**Subjects and method:**

The workshop aims to introduce rural GPs from different European countries to the clustering model, and to discuss and reflect on the benefit and constraints of this model's potential implementation in rural GP's respective countries.

**Results:**

Attendees will be split into groups of 4-5 people (depending on the number of participants). There will be a general introduction to GP-clusters, and the groups will be asked to discuss the advantages and disadvantages of this model, mimicking 'quality circles' that could be undertaken in GP-clusters. . During the discussion in the circles, the moderator will take part in the group discussions giving options to solve potential constraints.

**Conclusion:**

Participants will be working in groups.

Presentation on 14/11/2018 16:45 in "Opening Session" by Christina Svanholm.

**Oral Communication / Completed****Some challenges of an Israeli physician doing lone locum in remote northern Canada**

Mordechai Michael Levenstein

Clalit health services, 9841224 maaleh adumim, Israel. E-mail: mor\_lev@yahoo.com

**Introduction/Background:**

Dr Mordechai Michael Levenstein

**Rationale, purpose of the study and research question:**

I can lead a 30 minute workshop discussion on issues relevant to rural medicine

**Subjects and method:**

To present to participants the challenges of working as lone physician in remote rural community

Including

- 1) Finding an ICU bed for unstable patient in septic shock and transporting and accompanying patient 1000 km, as closer hospitals were not able to accept the patient. (Another issue arose as to whether we could leave rural community without physician coverage.)
- 2) The challenge of arriving at rural community in time to relieve the previous locum physician despite transportation and weather issues.
- 3) The challenge of dealing with some of the substance abuse issues facing some of the local residents.
- 4) The challenge of getting patient urgent psychiatric assessment, afterss having been brought in by police for suspected crime, when the police suspect patient has psychiatric issues and insist the patient gets a full assessment.

Additional optional issues:

- 5) The incentives given by government to attract physicians.

How the physician shortage was solved for this particular rural community. ( 6

- 7 ) The response of some local patients and colleagues to an Israeli physician coming for 2 week stints despite weather and distance issues

**Results:**

I will present a number of cases I had to deal with and will generate discussion from participants including their input and response

**Conclusion:**

To give feedback either based on experience or based on insight into the situation discussed

**Oral Communication / Completed****Coordinated care and Primary Care PLUS project in Poland**

Katarzyna Wiktorzak, Sylwia Szafraniec-Burylo, Grzegorz Bukato, Magdalena Bogdan, Donata Kurpas

Institute of Mother and Child, 01-211 Warsaw, Poland. E-mail: sylwia.szafraniec@imid.med.pl

**Introduction/Background:**

The National Health Fund is in Poland the public payer accountable solely for securing and organizing an access to health care services. It is organised in 16 voivodship offices, which are responsible for managing access to healthcare on regional level. Payment of monthly contribution is the key criterion of entitlement to healthcare services for adults.

**Rationale, purpose of the study and research question:**

Present system is focused on inpatient care. Patients are mostly passive and poorly informed. The aim of the project is to implement a pilot study introducing patients focused healthcare, targeted on their' needs. The main goal is to make primary health care pro-active and preventive, based on planning, continuous and driven by family medicine teams. Patients are expected to be active, self-monitoring and well informed. Partnership between health professionals and patients is a key.

**Subjects and method:**

Project implementation was divided into 3 stages: I. Creation of concept - developing 3 models; II. Implementation of the model chosen as a pilot; III. Implementation of chosen measures. The project is ongoing, currently at the Stage II.

**Results:**

Most countries experience accelerated progress towards Universal Health Coverage resulting in an economical challenge. Longevity gains lead to chronic health conditions and increased health and long-term care needs, and related spending is outpacing economic growth even in the most developed countries. There is a pressure to improve health outcomes and patient experiences, without further increase of health care costs. Therefore, countries look for more effective ways of delivering high-quality health care services in more coordinated manner.

**Conclusion:**

After a successful execution of the pilot program, the entire project should be implemented in health care system in Poland. Implementation of the program is expected to reduce the number of diagnostic tests and time dedicated to performing them. It is expected also to reduce system costs significantly.

**Oral Communication / Research in Progress****Factors Differentiating Between Rural and Urban Population Determining Anxiety and Depression in Patients with Chronic Cardiovascular Diseases**

Donata Kurpas, Elżbieta Szlenk-Czyczerska, Marika Guzek, Artur Prusaczyk, Dorota Bielska, Anna Ławnik, Piotr Polański

Wroclaw Medical University, 50-367 Wroclaw, Poland. E-mail: donatakurpas@gmail.com

**Introduction/Background:**

Depressive and anxiety disorders are common in people with cardiovascular diseases (CVD) and it becomes more and more important to improve the strategy of identification and coping with depression and anxiety.

**Rationale, purpose of the study and research question:**

The purpose was to analyze selected variables that differentiate the rural population from the urban and potentially increased levels of anxiety and depression.

**Subjects and method:**

Material and Methods: Our study covered 193 patients with CVD, under the care of district nurses in a home environment. The study used the Camberwell Modified Short Assessment, Health Behavior Inventory, WHOQOL-BREF and HADS-M Questionnaires.

**Results:**

Results: Women represented the majority of respondents (71.7%, 81 City-C vs 65.8%, 50 Village-V). The median age of patients was: Me=76, min-max: 17-101 C vs Me=72, min-max: 18-94 V. Differences were found between the correlation coefficients regarding anxiety and the number of visits to cardiologist ( $r=-0.1C$  vs  $r=0.32V$ ,  $p=0.005$ ) and the number of interventions of the district nurse ( $r=0.06C$  vs  $r=0.25V$ ,  $p=0.03$ ). The rural population differs by home visits number, age, assessment of needs and QoL in all domains. In rural patients the relationship between anxiety and: age ( $1/OR=1.04$ ; 95%CI: 0.91-0.99), an assessment of satisfied needs ( $1/OR=293.86$ ; 95%CI: 0.00001-0.56), depression ( $OR=5.85$ ; 95%CI: 1.58-25.66), QoL in physical ( $OR=1.56$ ; 95%CI: 1.11-2.33), social relations ( $1/OR=1.53$ ; 95%CI: 0.04-0.94) and environmental ( $OR=1.67$ ; 95%CI: 1.06-3.00) domains as well as between depression and: anxiety ( $OR=4.60$ ; 95%CI: 1.45-16.28), QoL in the physical ( $1/OR=1.39$ ; 95%CI: 0.50-0.97) and psychological ( $OR=1.37$ ; 95%CI: 1.01-1.93) domains was shown.

**Conclusion:**

Conclusions: The programme of early prevention of anxiety disorders in the diagnosis of chronic cardiological diseases should include rural patients, who are characterized by a younger age, more visits to the cardiology clinic, a greater number of interventions by the family nurse, a lower assessment of needs, a higher level of QoL in the physical and environmental domain, and lower in social domain. Rural patients with QoL: lower in the physical and higher in the psychological domains have a higher chance of depressive disorders.

**Oral Communication / Completed****Fraud in Medical Research**

Sody Naimer, Joyce Kenkre

Ben gurion University of the negev, 76812 yad binyamin, Israel. E-mail: sody112@gmail.com

**Introduction/Background:**

Sody Naimer

**Rationale, purpose of the study and research question:**

Recognizing the various forms of research and publication fraud and so improving proficiency of identifying such conduct protecting us from such instances and safeguarding clinical practice from its harms

**Subjects and method:**

The aim of this workshop is to raise to cognition the types and spectrum of research fraud, each of which, may unfortunately hinder appropriate medical treatment. Specifically, we will offer to discuss examples of repeated misconduct, which must be primarily recognized and then address strategies that could be helpful in minimizing falling into the trap of unfounded trust.

**Results:**

We begin with an introductory review of current knowledge on medical research fraud. A number of exemplifying cases follow through. Then we will follow with small group discussions on developing measures to safeguard ourselves from fraud. Groups will present to the rest of the participants their suggested tactics and conclusions.

**Conclusion:**

Reception of introduction and exposure to examples, then active group discussion of personal experience with such events and how they managed to detect such conduct.

Presentation on 15/11/2018 09:30 in "Plenary Session A" by Sody Naimer.

**Oral Communication / Completed****Health care coordinators**

Anna Kordowska, Marika Guzek, Magdalena Bogdan, Grzegorz Bukato, Sylwia Szafraniec-Burylo, Artur Prusaczyk, Paweł Żuk, Donata Kurpas

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**Introduction/Background:**

Longevity leads to chronic diseases and long-term health care needs. Expenses related exceed economic growth even in most developed countries. Coordinated healthcare system and better distribution of tasks between medical and non-medical personnel leads to savings and better quality of services.

**Rationale, purpose of the study and research question:**

Polish primary health care is struggling with deficit of doctors, whereas nurses and health care coordinators are competent to partially overtake some duties. They contact patients more frequently, having opportunities to educate them. Physicians and nurses could be released from: planning, monitoring, patient preparation, health care plan coordination and IT management. These could be transferred to administrative personnel: medical receptionists, medical assistants and health care coordinators.

**Subjects and method:**

The test project was performed in the Medical and Diagnostic Centre in Siedlce (Poland). Medical receptionists became responsible for the screening of PHC patients. Nurses were involved in renewing prescriptions and assistance at prescription visits. The position of a health care coordinator was introduced - they monitor preparation of reports on preventive medical tests and care for chronically ill patients, supporting physicians and receptionists. They plan patients' 12 months medical service schedules based on health check-ups.

**Results:**

The project resulted in saving of 20% and 10% of working time of physicians and nurses, respectively. The number of non-compliant patients and of some categories of medical services was also reduced. Health care model was reviewed, resulting in an increased quality of care and performance of prophylactic examinations.

**Conclusion:**

Optimal division of responsibilities increases availability of medical professionals for patients, leading also to an increase of their remuneration, dependent on work effectiveness, its quality and other quantitative indicators.

**Oral Communication / Research in Progress****The family doctors role in chronic patients self-management**

Antoni Zwiefka, Robert Adach, Janusz Wrobel, Donata Kurpas

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**Introduction/Background:**

Rural areas often have problems with providing, in this area, care by family doctors. This is often due to large distances from family medicine centers as well as their lack. In this situation, it is necessary to support the process by technology care. It is possible through the use of mobile technologies that enable remote monitoring of the patient's vital parameters.

**Rationale, purpose of the study and research question:**

The patient equipped with such devices makes measurements and is informed about their results. In case they deviate from the standards set for the patient, the system can inform the medical personnel and the monitoring center about this event.

**Subjects and method:**

The experience of Lower Silesia in this area results from the CareWell project. The implemented project concerned only 50 patients in the intervention group. However, getting experience allow us to state that the system itself supports the patient by informing him about his health. Measurement results can also be passed to informal carers who are members of their families. Such support makes it possible to minimize the involvement of doctors. The patient is informed by the system and call center what he should do.

**Results:**

This approach of Lower Silesia has shown that it is possible to demonstrate greater economic efficiency. Patients with chronic diseases most often make their own decisions about self-management of their diseases. However, it requires patient-doctor partnership and cooperation in the field of care and educational support. Self-education complements traditional patient education, supporting patients in maintaining the best possible quality of life with their chronic disease. By implementing the self-management concept, the patient has a sense of self-efficacy.

**Conclusion:**

It means that patients often succeed in solving problems identified by the patient himself. Planning to increase the scaleup to a thousand patients, it is necessary to develop programs that teach the skills of independent management of chronic disease. This is a prerequisite for the further development of integrated care. This sustainable approach for chronic diseases can soon become an integral part of high-quality primary care

**Oral Communication / Completed****Urgent need for action: burnout in informal caregivers of terminally ill patients.**

Marta Gawlik, Marika Guzek, Artur Prusaczyk, Dorota Bielska, Ludmiła Marcinowicz, Donata Kurpas

Department of Medical Sciences, 48-250 Głogówek, Poland. E-mail: martulagawlik@gmail.com

**Introduction/Background:**

The physical and psychological symptoms of terminally ill cancer patients have been associated with a greater burnout in informal caregivers. In health care systems with high level of inequality approach to prevent burnout is very often neglected.

**Rationale, purpose of the study and research question:**

Detection of factors modulating burnout in informal caregivers of terminally ill patients in the home environment.

**Subjects and method:**

The study involved 83 informal caregivers, which took care of terminally ill cancer patients staying in a home environment: 74.7 % (62) of women with age 56.09 (SD 14.50). Median length of care was 13 months (min. 1 – max 130). The research tool consisted of: validated Caregiver Quality of Life-Cancer (CQOL-C) questionnaire, modification of Maslach Burnout Inventory (MBI) questionnaire for caregivers, Health Behaviour Inventory (HBI), WHOQoL-Bref and General Health Questionnaire-28. Spearman's rho rank correlation, Kruskal- Wallis test and the Shapiro – Wilk test were used during statistical analyses.

**Results:**

Somatic symptoms (GHQ28) were more intense in women group 7.53 (vs. 5.00,  $p=0.014$ ). The highest level of caregivers burnout occurred in the Personal Accomplishment (PA) scale of MBI: M 24.67 (SD 7.14) and the lowest level of healthy behaviours in category of healthy practices: M 3.28 (SD 0.66). Caregivers obtained lowest results of CQOL-C in the category: concerns about finances (Me 5.0, min-max: 0.0-12.0) and the Social relationships domain of WHOQOL-Bref (Me 12.00, min-max: 5.33-20.0). Domain of economic situation of CQOL-C was related to the PA scale of MBI ( $r = -0.30$ ,  $p=0.026$ ). The Psychological domain of WHOQoL was related to Emotional Exhaustion scale of MBI ( $r = -0.26$ ,  $p=0.032$ ).

**Conclusion:**

Support for caregivers of terminally ill should include: coping with distress connected with financial situation, improving healthy practices, managing time for social relationships. It would help to increase caregivers QoL and lower level of burnout.

**Workshop / Completed****The Applications of "Point of Care Ultrasonography" (PoC-US) in Family Medicine: an experimental FOCUS (Focused Cardiac UltraSound) Screening or Basic Cardiac Ultrasound for non-cardiologists known under the acronyms of: Rapid Cardiac Assessment(RCA)**

Mihai Iacob

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**Authors and contact person. Who will be attending and leading the workshop:**

Mihai IACOB, Alina Popescu.

**What is the justification (situation, new skill, public health problem, etc.)?:**

FOCUS is a complement of the clinical exam, for the evaluation of cardiac function, in the hemodynamic critical patient. These concepts of ultrasonographic examination of the heart, performed as a diagnosis documentation after physical examination in cardiac care by non-cardiologists, have gained many followers over the past two decades.

**What is the objective of the workshop?:**

FOCUS can be recommended for patients with a very high cardiovascular risk, which presents after clinical examination the suspicion of cardiac pathology, common in outpatient practice such as cardiomegaly, valvulopathy, pericarditis, endocarditis, congenital malformations, aneurysms, and arrhythmias. Early diagnosis of many cardiac conditions, by FOCUS, can save the lives of patients in primary care, based on concepts and guidelines of good clinical practice. Being an operator-dependent method, we only propose it, as a complementary or as a further guidance tool for the clinical examination of the cardiac patients, and we recommend referral to the cardiologist.

**Describe the organization of the workshop:**

The RCA can be done in a few minutes, and traditionally involves the following five views: Subxiphoid view, Parasternal long or short axis, Apical four-chamber view, and IVC assessment. Within each view, there are several cardiac sections, that can be evaluated according to the orientation of the probe. We will present the participants an Experimental FOCUS Screening on 1780 patients with very high cardiovascular risk. We have developed a Computerized Diagnostic Algorithm of the cardiac pathology detected by non-cardiologists by FOCUS, which the workshop participants will work on. The workshop will include an interactive presentation and practice examples with ultrasound movies, role plays and a short Hands On Session, and we will debate lectures and practical demonstrations by the interpretation of FOCUS.

**What type of participation will you be requiring of delegates attending the workshop?:**

Health care professionals and scientific researchers.

**At the end of the workshop, what are the expected outcomes for participants? General practice? Rural practice? EURIPA?:**

Participants will receive information and practical advice regarding the FOCUS new applications in the practice of family doctors.

**Workshop / Completed****The Point of Care Ultrasonography (PoC-US) in family medicine - present and perspectives.**

Mihai Iacob, Alina Popescu

THE ULTRASOUND WORKING GROUP / EUVEKUS., 300150 TIMISOARA, Romania. E-mail: dr\_iacob@yahoo.com

**Authors and contact person. Who will be attending and leading the workshop:**

1.Dr. Mihai IACOB, MD, dr\_iacob@yahoo.com, Department of Research in Primary Care, Ultrasound Working Group / President of EUVEKUS / AEDUS, Vienna / Timisoara, Austria/Romania.

2.Dr. Alina Popescu, MD,PhD, The President of the Romanian Society of Ultrasonography, the University of Medicine "Victor Babes" from Timisoara.

**What is the justification (situation, new skill, public health problem, etc.):**

The Point of Care Ultrasonography performed by the clinician, both in the medical office or at home, is an important tool to guide and improve the case management for the early diagnosis and treatment. It represents basically, an extension and complement, to the clinical examination of the physician, to achieve an accurate positive and differential diagnosis.

A new opportunity for PoC-US represents the application in primary care of the medical projects related to „telemedicine” connections among specialists and family doctors for enhanced patient management. Early diagnosis can help to save many patients in primary care, based on notions of good clinical practice.

**What is the objective of the workshop?:**

We need training and quality standards, to ensure us, that this will be done in a way with positive benefits for our patients, being useful, to the implementation of ultrasound standards and practice guidelines of the primary care level.

The Educational needs of GPs on new methods and technologies are increasing, but the resources and infrastructure are limited now. It is thus necessary, collaboration among family physicians trainers or academics, for the preparation and continuing medical education in family medicine.

Therefore, we will involve, to inform family physicians about the latest diagnostic and treatment protocols in clinical ultrasound.

**Describe the organization of the workshop:**

The workshop will includes an interactive presentation and practice examples with ultrasound movies, role plays and a short Hands On Session, and we will debate lectures and practical demonstrations by the interpretation of various ultrasound images of some applications of POCUS in Family Medicine.

**What type of participation will you be requiring of delegates attending the workshop?:**

Health care professionals and scientific researchers.

**At the end of the workshop, what are the expected outcomes for participants? General practice? Rural practice? EURIPA?:**

Participants will receive information and practical advice regarding the PoC-US new-applications in the practice of family doctors.

## Workshop / Research in Progress

### Recommendations in Poland in the field of physiotherapy concerning the painful back, shoulder and hip in primary healthcare

Krzysztof Kassolik, Elżbieta Rajkowska-Labon, Krzysztof Gieremek, Donata Kurpas

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#### **Authors and contact person. Who will be attending and leading the workshop:**

Krzysztof Kassolik<sup>1,2</sup> , Elżbieta Rajkowska-Labon<sup>1,3</sup>, Krzysztof Gieremek<sup>1,4</sup>, Donata Kurpas<sup>5</sup>

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Contact person Donata Kurpas donatakurpas@gmail.com

#### **What is the justification (situation, new skill, public health problem, etc.)?:**

The intention is to present the assumptions of a new approach of physiotherapeutic treatment standards for patients with motor disorders in the locomotor system at the primary health care back, sholder, hip pain syndromes. The current management provides care for this group of primary care patients mainly through pharmacotherapy and/or by referring them to an appropriate specialist outpatient clinic. In many patients, the pain symptoms are uncomplicated and require a few simple low-cost physiotherapeutic procedures. In such cases, physiotherapeutic treatment should be based on a simple assessment of the patient's condition and planning therapy on this basis. This can be achieved by performing a functional examination and palpation assessment to determine which muscles and ligaments are responsible for the pain. This evaluation provides a basis for establishing a physiotherapeutic strategy based on massage, physical therapy and kinesitherapy on these tissues.

#### **What is the objective of the workshop?:**

To teach the participants of the workshop how to perform a simple palpation assessment on origin muscles and on this basis choose simple forms of physiotherapy in order to normalize the tension of muscles, fasciae and ligaments.

#### **Describe the organization of the workshop:**

For every three people one massage/physiotherapy table is advised. Other requirements are the same as for a standard examination of patients. A projector with a screen and a computer will also be needed.

#### **What type of participation will you be requiring of delegates attending the workshop?:**

Active or passive

#### **At the end of the workshop, what are the expected outcomes for participants? General practice? Rural practice? EURIPA?:**

The potential effects include: increase of the possibility to have an influence on a particular motion system disorder by the patient himself/herself , support of the rehabilitation process.

**Workshop / Completed****Social prescribing – Developing the framework for a research proposal**

Joyce Kenkre, Ferdinando Petrazzuoli, Jane Randall-Smith, Josep Vidal Alabal

Center for Primary Health Care Research, Clinical Research center, Lund University, - Malmö, Sweden. E-mail: 0823860032@iol.it

**Authors and contact person. Who will be attending and leading the workshop:**

Joyce Kenkre, Ferdinando Petrazzuoli, Jane Randall-Smith, Josep Vidal-Alaball

**What is the justification (situation, new skill, public health problem, etc.):**

Social prescribing in primary care involves health professionals referring patients to non-clinical forms of intervention, with the intention of enhancing the patient's health and wellbeing. Recognising that the patient would benefit if their social, emotional and practical needs are met. The assumption being that not all patient's needs, need medical intervention. So if social prescription is practiced well that not only will the patient benefit, but it will reduce costs within national health systems.

**What is the objective of the workshop?:**

Is to discuss the framework for a collaborative European research proposal on Social Prescribing

**Describe the organization of the workshop:**

There will be short presentations on current activities related to social prescribing in various European countries including barriers to implementation. The attendees will go into small group working groups with assigned tasks: Issues to be addressed in different countries; infrastructure; networks; knowledge of third sector activities; motivational factors.

**What type of participation will you be requiring of delegates attending the workshop?:**

The groups will all feedback to the main group and discussion will be made to address the direction of a collaborative research proposal.

**At the end of the workshop, what are the expected outcomes for participants? General practice? Rural practice? EURIPA?:**

An agreed direction for the development of a collaborative European research proposal, which can be developed further by members of EURIPA.

**Workshop / Completed****Journalclub**

Berit Hansen

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**Authors and contact person. Who will be attending and leading the workshop:**

Berit Hansen

Christina Svanholm

**What is the justification (situation, new skill, public health problem, etc.)?:**

Being able to undertake evidence based practice in general practice demands not only sound clinical judgement, taking patients ideas concerns and expectations in account, but also the necessity to consider relevant scientific evidence. The ability to critically analyse a scientific article is essential. This workshop is an invitation to any general practitioner to improve their skills in this discipline

**What is the objective of the workshop?:**

We try to introduce the attendees to a simple tool that can help them approach scientific papers, to critically appraise its evidence, and to acquire answers to clinical questions.

**Describe the organization of the workshop:**

An article will be given to the participants beforehand. During the workshop we will work through the 'journalconcept' tool. The 'journalconcept' is a flashcard that runs through step-by-step 'how to analyse a scientific article'. Together we will work through this and discuss study-design, methods, abbreviations, and analysis together the results and conclusions.

**What type of participation will you be requiring of delegates attending the workshop?:**

Attendees will receive a chosen scientific article before the conference. The article is expected to be read beforehand.

**At the end of the workshop, what are the expected outcomes for participants? General practice? Rural practice? EURIPA?:**

The workshop aims to improve or refresh the attendee critical appraisal of scientific literature. The 'journalconcept' method can be of further use to individuals and study groups after returning home. Through improvement on critical appraisal skills, the ability to implement evidence in daily practice will also improve.

**Workshop / Research in Progress****Referrals in Rural Practice: A Burden or a Blessing?**

Oleg V Kravtchenko, Berit Hansen

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**Authors and contact person. Who will be attending and leading the workshop:**

Dr. Oleg V. Kravtchenko, Dr. Berit Hansen

**What is the justification (situation, new skill, public health problem, etc.):**

Referrals are a crucial part of the everyday practice, especially in rural locations, often due to lack of collegial support on site and to certain level of professional isolation.

**What is the objective of the workshop?:**

To discuss and define the criteria of GRP (Good Referral Practice), based on existing literature, own experience and group interaction at the workshop.

**Describe the organization of the workshop:**

Introduction, 2-3 short presentations on common criteria when making a referral (based on literature and existing practice), Q&A, group interaction on avoiding the pitfalls and improving the referral practice in rural locations, conclusions.

**What type of participation will you be requiring of delegates attending the workshop?:**

Listening to the short presentations, taking part in Q&A and in group interaction, making the recommendations in updating the GRP criteria.

**At the end of the workshop, what are the expected outcomes for participants? General practice? Rural practice? EURIPA?:**

Analyzing and improving own practice by going through SWAP analysis of the existing referrals criteria, updating these criteria, preparing recommendations for improving of GRP, making a further research, publishing a position statement on GRP in rural locations under the auspice of EURIPA.

**Poster / Completed****Acute Reasons: The Chronic Issue of a Rural Health Unit - Research Study**

Tiago Sanches, Vanda Godinho, Helena Sousa, Ines Madanelo

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**Introduction/Background:**

Accessibility, together with quality, are cornerstones of primary health care. The community circumstance determines demand for care, a status quo perpetuated if the health team doesn't establish access rules. The scheduled contact should be privileged over the acute "same-day" appointment. The health unit studied have no nurse triage prior to medical contact, nor are patients inquired about the appointment reason.

**Rationale, purpose of the study and research question:**

Assess volume and reasons for "same-day" appointments.

**Subjects and method:**

Observational, retrospective study. Sample of convenience composed of all "same-day" consultations held in February 2018, in a rural health care unit. Independent, qualitative and nominal variables.

Source: SClínico®.

Recording and analysis: descriptive statistics using Microsoft Excel®.

**Results:**

A total of 422 "same-day" consultations were performed (13.5% of all medical contacts, 18.1% of all face-to-face appointments), ranging 24 to 102 among physicians ( $x=60.2\pm30.6$ ). The average age was 58 (1-96 years). 55.7% are women. The most coded ICPC-2 motif within "Subjective component" (codes -61;-60;-62; and heading A50) weren't part of the criteria for acute consultations. The most codified chapters were A(38.1%) and R(23.0%). The coding in "Assessment" was very diverse: R74(6.6%) was the most used.

Overall, most used chapters are: R(22.5%); L(19.7%) and A(9.8%).

**Conclusion:**

Volume variation among physicians derives from different work policies. The volume may be skewed: scheduled appointments with hidden acute reason. The "Acute" appointment is misused, motivated by bureaucratic and predictable reasons (blood test results, drug prescription); the rest is associated with respiratory complaints (in line with the flu season).

It is suggested to audit clinical records, and to create a nursing triage prior to the medical appointment.

The verification of true reasons in this consultation supports the elaboration of clinical protocols. The study should be repeat after corrective measures.

It is important to understand the type of users, and also evaluate the distribution recommended in time and volume.

**Poster / Completed****Dosage adequacy of new oral anticoagulants in atrial fibrillation: continuous quality improvement**

Ines Madanelo, Tiago Sanches, Lúgia Martins, Helena Sousa

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**Introduction/Background:**

Atrial fibrillation (AF) is the most common sustained cardiac arrhythmia. Oral anticoagulants effectively reduce thromboembolic risk of AF.

The new oral anticoagulants (NOAC) offer posologic and surveillance convenience. Nevertheless, there are individual dose adjustments necessary for its efficacy and safety.

**Rationale, purpose of the study and research question:**

To improve the dosage suitability of the NOAC in the AF in a Health Care Unit.

**Subjects and method:**

Evaluation and continuous improvement of the technical-scientific quality; internal evaluation, peer review and retrospective evaluation.

Patients with AF (K78) under NOAC were selected. Users without consultation for more than 1 year have been excluded. Evaluation criteria: % of patients under NOAC at the adjusted dose.

After approval of the project by the health unit coordinator, 2 data collections were made (March and June 2018) and the 3rd collection was scheduled (September 2018).

Intervention (April 2018): educational with discussion of results.

**Results:**

Phase 1: 255 patients with AF, 161 patients under NOAC.

69 under rivaroxaban; 45 under apixaban; 45 under dabigatran; 2 under edoxaban. Overall: 37.3% were in the correct dose; with 19.9% in sub or overdosage and 42.9% without monitoring.

Phase 2: 262 patients with AF, 178 under NOAC.

65 under rivaroxaban; 58 under apixaban; 53 under dabigatran and 2 under edoxaban.

Overall: 61.2% is in the correct dose, with 18.6% in sub or overdose and 20.2% without monitoring.

**Conclusion:**

The results improved with an increase from 37.3% to 61.2% of patients at an appropriate dose. Nevertheless, the result is below the target (100%). One of the reasons may be the recent absence of a family doctor (FM).

It is planned to deliver a pocket guide for adequacy of the NOAC and list of users to review, for each FM .

By collective decision, this protocol integrates the commitment of quality, with annual cycles of continuous improvement.

**Poster / Research in Progress****Leg ulcers - a problem in a rural ageing community**

Ines Madanelo, Tiago Sanches, Raquel Pereira, Bruno Barbosa, Rita Loureiro, André Tojal

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**Introduction/Background:**

Telemedicine is a way of interaction between levels of health care with proven efficiency. It allows shorter waiting times and saves economic resources.

It's even more important for isolated rural populations, far from hospitals. It guarantees accessibility, gaining equity, by facilitating access to differentiated medical care.

Thus, it is a growing trend in the national and international context.

Leg ulcers are a common problem in primary care, particularly in elderly populations with multimorbidity.

**Rationale, purpose of the study and research question:**

The clinical success of lower limb ulcer treatment is highly conditioned by the correct and early diagnosis and guidance. Unfavorable outcomes decrease patients quality of life, which can lead to chronic pain, functional limitation or even limb amputation.

**Subjects and method:**

Creation of a protocol between Primary Care and General Surgery Service.

Elaboration of clinical guides (with photographic examples).

Elaboration of a guidance tool, "Telemedicine in Leg Ulcers".

Obtaining authorization from the Ministry of Health and the clinical system to make the tool widely available.

The informatic systems guarantee patient images confidentiality.

**Results:**

Improve outcomes in the treatment of leg ulcers.

**Conclusion:**

The availability of asynchronous, basic telemedicine, aimed at the observation of ulcerated lesions of the lower limb (vascular, pressure, diabetic, ...) can improve management and treatment outcomes.

Allows screening of more urgent cases and distant follow up, as well as mutual and continuous learning through multidisciplinary collaboration.

Ensuring the best treatment should be a concern of the health services. The implementation of projects that guarantee accessibility to care is fundamental in primary care, especially in elderly populations isolated in poor rural contexts.

The telemedicine in leg ulcers is a guarantee of success, which is recommended to be implemented.

**Poster / Completed****Multimorbidity, Polypharmacy, adherence and medical empathy**

Ines Madanelo, Marisa Marques, Luiz Santiago

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**Introduction/Background:**

Multimorbidity (72,7% prevalence in Portugal) and polypharmacotherapy in the elderly patient is a problem for the patient and physician. Due to increasing prevalence of polypharmacy, the therapeutic regimens become more complex. National data regarding about polypharmacy and adherence are scarce.

**Rationale, purpose of the study and research question:**

Obtain information from the elderly, with multimorbidity and polypharmacotherapy, about usual medication, pathologies and adherence. Conclude about the level of adherence of the elderly, with multimorbidity and polypharmacology.

**Subjects and method:**

An epidemiological survey was prepared and distributed to some patients, in 2 health units: T. (urban) and V. (rural). It was a qualitative and quantitative methodological triangulation study that was based on MMAS and JSPPPE scales and questions related to medication and pathologies. The statistical treatment of the data of descriptive and inferential form, with absolute confidentiality of the individual information.

**Results:**

Excellent adherence: 71.7% in V. and 28.3% in T.; Higher percentage of younger patients (<75 years) in T. (72.1%); More older patients (> 76 years) at V. (45.6%); Greater number of women in both units (56.7% women vs 43.3% men); Low education level: 92% in V. and in 79,1% in T.; Prevalence of arterial hypertension is similar in both units: V.- 81.2%; T.: 80.2%

**Conclusion:**

We need to improve the quality of health care provided to the elderly population. Due to integrate urban and rural health units in the same study, we evaluate the correlation between the measured variables and the unit. These results can be extrapolated to other geographic areas. The conclusions about the level of adherence, allow us to reflect on how to intervene in order to improve the level of adherence and to provide better clarification to the patients.

**Poster / Research in Progress****When the problem jumps to the sight - A case report**

Vanda Godinho, Ines Madanelo, Filipa Vicente, Tiago Sanches, Helena Sousa

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**Introduction/Background:**

Breast cancer, with a high incidence worldwide, is the leading cause of death in women, both in developed and underdeveloped countries. The generalization of screening through mammography increased substantially the early diagnosis of this neoplasm, decreasing the mortality rate. However, there are still cases where the diagnosis is done in a late stage.

**Rationale, purpose of the study and research question:**

Awareness of possible cases of family neglect.

**Subjects and method:**

Case report of an 83-year-old healthy and independent woman, who was mourning for the death of her husband since 2009. Meanwhile, she lived with her daughter, son-in-law and grandchildren in a remote rural area since then.

**Results:**

She was taken to the Health Care Centre by her neighbours due to an intense foul odour and a bloody discharge at her clothes. At observation, she presented a vegetative and ulcerated wound in the left breast. She was referred to the Gynaecology Emergency Department. Mammography and breast ultrasound were performed, as well as incisional biopsy. Imaging tests showed heterogeneous solid nodular masses and adenopathies. The histological examination described ductal invasive carcinoma and CT-scan revealed hepatic and bone metastasis. After a multidisciplinary discussion, palliative treatment was performed, with left mastectomy followed by neoadjuvant chemotherapy.

Two years later, due to non-attendance in scheduled consultations, the family doctor chose to carry out a home visit. On arrival, the patient was in the annex of the house, sitting among farm animals, with poor hygiene conditions. At the Health Care Centre, she was found to be cognitively impaired. The family refused forwarding the patient to a Neurology outpatient clinic, and the Social Services were notified.

**Conclusion:**

In current days, breast cancer can still be detected late at advanced stages, mainly in patients living in poor conditions at distant rural areas. Despite being rare, it's extremely important for the Health Care Team to monitor closely these cases.

**Poster / Completed****A positive FOB test. And what is next?**

Beata Blahova, Katarina Dostalova, Jana Bendova, Michaela Machacova

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**Introduction/Background:**

Colorectal carcinoma is in the second place in the Slovak Republic. One method of reducing the mortality of this disease is through earlier diagnosis. A biennial fecal occult blood test is performed in the Slovak Republic.

**Rationale, purpose of the study and research question:**

To find how many FOB test positive patients undergo colonoscopy and follow them next two years.

**Subjects and method:**

314 patients were included in our cross-sectional study. FOB tests were performed in our PC unit during the period 2014 – 2015 and 2016 -2017. All patients underwent a routine preventive examination. Positive patients were followed and checked after 2 years.

**Results:**

We examined 314 patients in 2014 and 2015. 31 of them had positive FOB tests. 11 patients were examined by colonoscopy and in some cases also a gastrofibroscopy was done. 6 patients had polyps, 3 antrumgastritis, 2 hiatal hernia, 2 diverticulosis, 1 fissura ani was found, one was without pathology. 20 refused colonoscopy. After 2 years was FOB performed between 17 patients. 5 were positive, 12 negative. 3 colonoscopy were done. 2 of them had polyp, 1 carcinoma. 4 patients died (Colon cancer, Parkinson, Alzheimer, stroke). 2 patients refused FOB test.

**Conclusion:**

Although we found 31 FOB positive tests. Just 11 patients were examined. Next years came just half of them. The FOB test screening is a big step forwards in colorectal cancer screening, but we also have to take the next step. We need to find out how to explain to our patients all about it and then how to recommend it in the right way. Although more information in media would help too.

**Poster / Completed****An analysis of correlation between economic, and psychosocial factors as well as factors contributing to health in the adult population residing in the post PGR (State Agricultural Farm) areas**

Bożena Mroczek, Anna Grzywacz, Joanna Chmielowiec, Krzysztof Chmielowiec, Aleksandra Suchanecka, Grzegorz Trybek, Iwona Małecka

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**Introduction/Background:**

From 1991 to 1993, the process of liquidation of state farms was ongoing. The transformation of these areas has led to a decline in the number of jobs, the elimination of social services and facilities, and a decline in the quality of life of local residents.

**Rationale, purpose of the study and research question:**

Assessing the quality of life of the inhabitants of the land after the state pension, taking into account their economic situation and health behaviors.

**Subjects and method:**

The study was carried out among 350 rural inhabitants, previously belonging to the State Farms, located within the province of West Pomerania and Lubuskie. The research was based on the diagnostic survey method. The technique for direct surveying was employed using the following tools: SF-36 v.2 (Polish version of the survey); Healthy Behaviour Inventory; An original survey on the socioeconomic situation.

**Results:**

In the individual studies on the analysed population the results obtained for the mental component were lower by 10 points, compared to the physical component and indicated important differences resulting from the sex, education and the fact of having offspring. Men, childless people and well-educated people had a higher mental component. It was also noted that the quality of life was higher for a higher level of education. Another component which was analysed was a statistical description of the respondents' declared monthly expenses. 62.9% of the respondents did paid work for a living. Statistically, males (84.2%) worked significantly more often than females (52.5%).

**Conclusion:**

The highest score was obtained for PF and the lowest for VT. A higher quality of life in men and childless people was also observed.

The paid work and then family support were the most common sources of earning their living.

The women provide better assessment of their health behaviour, both from a general point of view and for particular domains as well

**Poster / Research in Progress****Quality Gap at rural polyclinics based on patient experience assessment**

Maciej Prusaczyk, Artur Prusaczyk, Paweł Żuk, Sylwia Szafraniec-Burylo, Grzegorz Bukato

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**Introduction/Background:**

The patient age dependent capitation fee is a basis of PHC sites remuneration in Poland. There is no link between patient satisfaction or experience and the money paid by Polish National Health Fund – called NFZ – the sole public payer.

**Rationale, purpose of the study and research question:**

To check, if healthcare providers meet patients' expectations, not being motivated by any financial incentives.

**Subjects and method:**

Data related to nineteen Medical Diagnostic Centre primary care rural sites and twelve similar sites of other providers were collected. As a benchmark, data gathered from every PHC at 4 cities at East Masovian and North Lubelskie Voivodeship were used. Each data set (probe) consists of 30 or more surveys per clinic randomly gathered out of clinic at the given location (town or villages). 17-item questionnaire based on SERVQUAL method, which measures quality, expectations and importance of items included perceived by patients, was used. Quality gap means the difference between expectation and perception.

**Results:**

There are differences in quality gap analysed, dependent on subregions, type of provider and geographical location (town or village).

**Conclusion:**

The study undertaken is expected to answer the question, whether integrated care organisation, such as Medical Diagnostic Centre, or old-fashioned one is providing better care from the patient perspective.

Presentation on 15/11/2018 14:30 in "Poster Session 2" by Artur Prusaczyk.

**Poster / Research in Progress****The first steps of new wave of reformation of rural primary care in Ukraine**

Victoria Tkachenko

 **withdrawn**

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**Introduction/Background:**

The implementation of family medicine in Ukraine started from 1986-1987, making improving. In 2017-2018, another wave of reorganization aimed at the priority development of rural primary care takes place in the country. This is evidenced by the Laws of Ukraine "On State Financial Guarantees of Medical Care of the Population" and "On Increasing the Availability and Quality of Medical Services in Rural Areas" (2017).

**Rationale, purpose of the study and research question:**

The aim of the study is to analyze changes in rural practice during the reform.

**Subjects and method:**

Subject and Methods - the statistical analysis of the reports of the Ministry of Health and primary care centres.

**Results:**

Results. In accordance with the enumerated legislative acts, more than 600 establishments of primary care have turned into communal non-profit enterprises in Ukraine. The National Health Service of Ukraine has been created, which concluded payment agreements with more 480 communal non-profit primary care centers and about 85 private primary centres depending on the number of prescribed of patients per capita. The each 5th patient signed the agreement with primary care doctors for medical services. In order to better control of quality of medical care e-Health system for medical records and the International Classification of Primary Care ICPC-2 are implemented. The possibility to apply English-language clinical guidelines has expanded. The new licensing system is introduced. But such changes have led to reduce staff and lack of equipment in some places. The reform continues until the end of 2020, so the each steps are going to be analysed every year.

**Conclusion:**

Conclusion. The first steps of reformation of rural primary care in Ukraine has positive and negative aspects, but the reform continues until the end of 2020, so the each steps are going to be analysed and the improving of quality of rural primary care is expected.

**Oral Communication / Research in Progress****A Perfect Storm: Hepatitis A mini-outbreaks in under-immunized communities employing migrant workers**

Inbal Fuchs Polishuk, Ehud Kaliner, Ehud Har Shemesh, Orna Mor, Eli Schwartz

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**Introduction/Background:**

Following the incorporation of Hepatitis A vaccine (HAV) into the Israeli national immunization plan in 1999, disease incidence dropped significantly and outbreaks became rare. In recent years, small HAV outbreaks re-emerged in Southern Israel, particularly from cooperative agricultural communities (moshavs).

**Rationale, purpose of the study and research question:**

We aimed to assess the spread of HAV in those communities in order to recognize an epidemiological pattern and recommend appropriate control strategies.

**Subjects and method:**

The study covered 51 months, from October 2013 to January 2018, and included all HAV cases diagnosed in clinics served by the "Clalit services health fund". For outbreaks involving two or more patients, the regional infectious diseases consultant coordinated epidemiological and virological data collection in collaboration with the primary clinic staff, the regional virological laboratory, and the ministry of health. HAV isolates were detected in sera of outbreak patients and typed using a nested RT-PCR targeting the VP1/2A junction.

**Results:**

During the study period, three outbreaks occurred in two geographically distinct regions of Southern Israel and included 5 Israeli adults, 2 Israeli children, and 4 Thai migrant workers. All adult patients required hospitalization. All sequenced outbreak viruses were HAV genotype 1B. Both outbreak communities were geographically isolated, and characterized by a low rate of childhood HAV vaccination completion compared to the national average.

**Conclusion:**

Genotype 1B is endemic in Israel. Unimmunized adults are at risk of severe disease. The epidemiology of the mini-outbreaks requires re-evaluation of the vaccination strategy in specific communities in Israel.

**Oral Communication / Completed****Experiences of 5 years in teaching rural practice in a two-weekend-programme**

Markus Herrmann, Silke Brenne

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**Introduction/Background:**

In Germany a shortage of physicians especially in rural and remote areas is observable. Only 10 percent of medical students are going to family medicine. The majority wants to work in urban regions. To get insights in rural practice we started 2014 with an elective course in the undergraduate medical curriculum to strengthen rural practice. Till now we have experiences about 5 courses offered to 15 fourth and fifth year medical students in an ecovillage and a climate health resort in the North of Saxony Anhalt

**Rationale, purpose of the study and research question:**

The aim of the course: to illustrate the attractiveness of rural practice; train crucial skills; reflect on personal and professional goals; discover more about rural lifestyle, Evaluation of the course and the expectancies of the students for later work in rural practice.

**Subjects and method:**

With the participation of the students the course has been developed and implemented and evaluated. Different qualitative instruments and didactic elements were used. The seminar was audio- and videotaped, and protocolled by students. The material was analyzed, using qualitative content and heuristic analysis. A survey one year later was made.

**Results:**

The development of this new elective format and the results of the focus groups are described. The most important topics include how the elective influenced a student's motivation to engage in rural medicine, and which key elements of the elective had the strongest impact on students' career considerations, also one year later.

**Conclusion:**

We present an innovative training format that supports students' interest in rural medicine and the rural lifestyle. Integrating the students into the development of the course and their positive real-life experiences during the elective can positively influence their perceptions of rural medicine.

**Oral Communication / Completed****Home Outpatient Antibiotic Therapy- anywhere, for any length of time, without compromises**

Ian Miskin, Inbal Fuchs Polishuk

Clalit Health Services, Jerusalem District, 9626113 Jerusalem, Israel. E-mail: [miskin@clalit.org.il](mailto:miskin@clalit.org.il)**Introduction/Background:**

Hospital stay for prolonged intravenous antibiotic therapy is avoided in most developed countries due to the cost involved, the threat of acquiring resistant bacteria and the inconvenience to both patient and family. Some of the patients may be switched to highly effective oral therapy, however, these are a minority. Most patients will be treated by an Outpatient Parenteral Antimicrobial Therapy (OPAT) programme. In most countries this is in a hospital outpatient setting or at a central clinic necessitating a switch to once-daily treatment, often utilising broad-spectrum antibiotics which increase antibiotic resistance. In Israel all 4 HMOs offer OPAT. Clalit, the largest HMO, provides OPAT at home to all Israeli resident members. Responsibility for connecting, disconnecting and flushing the intravenous catheter is assumed by the family or caregiver, after receiving instruction and proving proficiency while at hospital. A specialist nurse is available for consultation 24/7 and visits weekly to inspect the iv line and change the dressing. Responsibility for lab testing (performed at home or locally) is with the GP who is in contact with the community infectious diseases consultant.

**Rationale, purpose of the study and research question:**

We wished to ensure that multi-dosing did not cause treatment failures (failure to complete the course). The research question was: which factors (multi-dosing, background risk factors, age etc.) were associated with treatment failure?

**Subjects and method:**

Consecutive patients using OPAT in the South and Jerusalem districts of Clalit HMO during 2016 and 2017. Follow up was performed by the district ID consultant who recorded the number of line connections as well as health and demographic risk factors. Statistical analysis was performed to link risk factors to treatment failure.

**Results:**

Age over 80, prosthetic valve endocarditis, lack of source control and >2 background diseases were associated with unplanned readmission.

**Conclusion:**

Home OPAT can utilize multi-dosing with narrow-spectrum antimicrobials without increasing unplanned readmission allowing treatment in rural settings.

**Oral Communication / Research in Progress****Increase the capacity of family physicians to respond to the decrease in vaccination coverage**

Gheorghe Gindrovel Dumitra, Donata Kurpas, José Augusto Simões, Cristina Vasilica Barbu, Madalina Vesa

National Society for Family Medicine, 200430 Craiova, Romania. E-mail: dumitragino@yahoo.com

**Introduction/Background:**

Gindrovel Dumitra

**Rationale, purpose of the study and research question:**

At European level there are reports that indicate the decrease in vaccine coverage, which lead to occurrence of epidemics but also rise the number of high-risk countries for vaccine preventable disease re-emerging . The survey by EURIPA this year has revealed that both rural and urban vaccineprovider doctors have indicated the need to improve communication techniques with hesitants. Following the EURIPA workshop in Krakow, participants considered communication with patients for vaccination as an educational priority.

**Subjects and method:**

General objective: Participants will acquire knowledge, skills and attitudes in pro-vaccine communication with patients

Specific Objective: At the end of the workshop the participants will be able to:

1. Identify 5 reasons related to parental refusal of vaccines
2. Name 3 most appropriate method to respond to vaccine deniers or hesitant in rural GP practice area

**Results:**

We will present general principles of communication with the parents or adults who refuse vaccination or do not understand its usefulness. The presentation will be folowed by a 5-minutes presentations by EURIPA IAB members. Further we will use role play to explore different ways of communication approaches in different countries. Next will take place disscussions and moderators will summarize the information.

**Conclusion:**

All participants

Presentation on 15/11/2018 15:30 in "Plenary Session E" by Cristina Vasilica Barbu.

**Oral Communication / Completed****Increasing antimicrobial resistance in LTCF bacteremic patients in north Israel: A 5 year's surveillance**

Moti Almog, Hana Edelstein, Naama Schwartz, Bibiana Chazan

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**Introduction/Background:**

Residents from long-term care facilities (LTCF) hospitalized with an acute infectious disease are challenging in terms of diagnosis and treatment, considering the frequent atypical clinical presentation and high rate of infections with resistant bacteria

**Rationale, purpose of the study and research question:**

Characterize patients with LTCF acquired bacteremia (LTCF-B), epidemiology of blood cultures (BC) and potential risk for mortality

**Subjects and method:**

retrospective study of LTCF residents hospitalized in Haemek hospital with LTCF-B. Demographic, clinical and laboratory data were collected and analyzed using SPSS 22 and SAS.

**Results:**

177 LTCF residents hospitalized in internal wards were included, mean age 81.6 years, mostly fully dependent, 54.8% were males. The most frequent diagnosis was urinary tract infection (UTI), followed by respiratory tract infection. Half were hospitalized during prior 6 months and a third had a permanent indwelling urinary catheter. On admission, 70% had WBC blood count >10,000cells/ml. Pathogens isolated from BC: gram-negative enterobacteriaceae (70%) and gram-positive cocci (21%), of which E.coli were 40% and S.aureus 5.08% (55.5% of them MRSA) respectively. Extended-spectrum-beta-lactamase (ESBL) producing enterobacteriaceae were 47.1% of gram negative BC with a significant increase during the years, 26% (2010) - 63% (2014). Absolute majority of enterobacteriaceae were sensitive to carbapenems and amikacin, half were resistant to gentamycin, 2nd& 3rd generation cephalosporins and quinolones.

Inappropriate empiric antimicrobial therapy was given to 46.8% of patients and was associated with ESBL-producing enterobacteriaceae ( $p<0.001$ ). Mortality rates were 21.5% in-hospital and 46.3% day-90 post discharge. Variables associated with mortality: initial diagnosis of skin and soft tissue infections (SSTI) (OR=14.44), inappropriate empiric antibiotic (OR=5.038), high level of urea (OR=1.017) and nasogastric tube (OR=4.966). UTI (OR=0.316) was a protective factor.

**Conclusion:**

Diagnosis of SSTI, high urea levels, nasogastric tube, and inappropriate empiric antibiotic were associated with in-hospital mortality. The notable increased rate of ESBL-producing enterobacteriaceae should alert physicians to be aware of local microbial resistance profile, especially among LTCFs patients.

**Oral Communication / Research in Progress****"In the Centre of harmony with the world" project: deinstitutionalization of care for dependent persons with mental illness in Eastern Mazovia (Poland)**

Paweł Żuk, Sylwia Szafranec-Burylo, Grzegorz Bukato, Artur Prusaczyk, Agnieszka Walczuk

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**Introduction/Background:**

The aim of the project "In the Centre of harmony with the world" co-funded by European Union is the support for deinstitutionalization of care for dependent persons with mental illness in Eastern Mazovia region in Poland.

**Rationale, purpose of the study and research question:**

The main task of the project is to create a daily form of care for vulnerable group of patients as an alternative to hospital care in areas with limited access to healthcare services.

**Subjects and method:**

The project is ongoing. For now, 35 participants in 3 sites have been recruited. 10 - 15 participants can participate in the project simultaneously in each site. During 24 months of project's duration, a total of 80 people will be enrolled, 50% of which in the age > 65 years. The average time of patients' participation will be about 95 working days, and the expected range is 30 to 260 working days, dependent on given patient's needs. Meeting of inclusion criteria according to the Bartheli score will be confirmed by psychiatrist.

**Results:**

Project participants have access to integrated services in a daily form for 5 days a week for 8h a day plus on selected days in the afternoon and on Saturdays. Activities are carried out by the following team of specialists: psychiatrist, nurse, clinical psychologist, psychotherapist, occupational therapist, physiotherapist, medical carer, speech therapist, social worker and pedagogue.

**Conclusion:**

Patients, so far isolated and deprived of help outside the period of being in the hospital, have access in the project to consultations with psychiatrist and clinical psychologist, psychotherapy sessions by a psychotherapist, and rehab services, treatment including manual exercises by a physiotherapist, advice of a speech therapist, support of a pedagogue and a social worker.

**Oral Communication / Research in Progress****Healthcare delivery in rural areas of Eastern Mazovia (Poland)**

Jacek Gronwald, Artur Prusaczyk, Agnieszka Walczuk, Paweł Żuk, Grzegorz Bukato, Sylwia Szafraniec-Buryło

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**Introduction/Background:**

The project named "Healthy Commune" consists in the provision of free of charge basic medical services for population of areas, local government of which is not able to organise it due to constraints of economical or logistic nature.

**Rationale, purpose of the study and research question:**

The main goal of the action was raising the awareness of patients regarding the prevention of cancer, resulting in increased patient attendance for prophylactic examinations, increased availability of screening tests and increased detection of tumours in early stages, having in mind increased survival expectancy, in particular:

- Identification of groups of increased cancer risk
- Increase public awareness of the desirability of preventive examinations
- Development of long-term cooperation between local governments and medical professionals to find ways of solving problems in the field of health protection
- Creation of interregional scientific-medical clusters aiming at applying the latest achievements in the field of cancer prevention and new technologies.

**Subjects and method:**

To ensure the effectiveness of a given program, the target percentage of people who need to be screened in a given area should be 65% or more.

**Results:**

The highest efficacy was achieved in a population not screened for 5 years or more.

**Conclusion:**

Achieving the target performance of 65% is difficult. Careful planning, close collaboration with local government and NGOs and synchronizing events in a given area makes this complex process feasible. These types of activities allow us to achieve the highest quality of medical services in accordance with the theory of M. Porter.

**Oral Communication / Research in Progress****Home Hospitalization - Expanding the World of Hospitalization - The Israeli Pilot Project**

Omri Shental, Ron Sabar, Haled Abu Hussein

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**Introduction/Background:**

Hospital admission is the standard of care for acute illness. However, hospital admissions are costly, associated with various adverse effects (infections, falls, delirium, deconditioning) and are uncomfortable for many patients and their families. From November 2017, Sabar Health in association with Maccabi Healthcare Services, has launched a home hospitalization program which provides acute care in patients' residences for conditions otherwise requiring hospital admission.

**Rationale, purpose of the study and research question:**

To assess the clinical outcomes and patient satisfaction in the acute home hospitalization program for patients who would normally require hospital admission.

**Subjects and method:**

During the study period, more than a 110 patients requiring hospital admission for various acute conditions (pneumonia, UTI, cellulitis, CHF exacerbation, COPD exacerbation and others) were allocated to the home hospitalization program. Patients were recruited in the area of Haifa and its vicinity and were referred to the home hospitalization program from emergency departments, hospital departments or primary care clinics.

**Results:**

Outcomes of the study include length of stay, 30-day readmissions, mortality, falls, delirium, patient and caregiver satisfaction.

**Conclusion:**

Research in progress

Presentation on 16/11/2018 09:00 in "Parallel Session F" by Omri Shental.

**Oral Communication / Completed****Needs and expectations of elderly rural chronic patients.**

Jean Pierre Jacquet, José Augusto Simões, Jean-Baptiste Kern, Pauline Boos, Lucie Tardif, Zakaria Ammari

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**Introduction/Background:**

Access to healthcare in rural areas is difficult for elderly people with chronic diseases that affect their independence. As part of the European Institute of Innovation and Technology in Health call for projects we are considering an Smart Personal Assistant (SPA) for these patients to preserve their autonomy and improve their quality of life

**Rationale, purpose of the study and research question:**

This study was to identify the needs and expectations of elderly diabetic rural patients in order to define the most relevant functionalities of the dedicated SPA.

**Subjects and method:**

According to the COREQ criteria (Consolidated Criteria for Reporting Qualitative Research) a qualitative study using semi-directed interviews was conducted with type 2 diabetic patients aged over 65 years in French Alps until data saturation. After a complete transcription of the interviews, the collected data were analyzed with a researcher triangulation.

**Results:**

21 patients, 12 men and 9 women, aged from 66 to 92, were included from September 2017 to March 2018. The needs and the desires identified by the patients were: help with hygiene and dietary measures, the daily practical management of their condition, the delivery of information on diabetes and social needs (e.g. interaction between patients and the medical staff).

**Conclusion:**

Three functions have been selected for the starting development of the SPA: help with respect to hygienic-dietary rules, the provision of information concerning diabetes and a reminder of medical and paramedical appointments. To build the complete device the views of other stakeholders will be required.

**Oral Communication / Research in Progress****Research program for the detection of lung cancer in Poland: outcomes from the Eastern Mazovia region**

Artur Prusaczyk, Sylwia Szafranec-Burylo, Agnieszka Walczuk, Anna Kordowska, Grzegorz Bukato, Paweł Żuk

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**Introduction/Background:**

Early detection resulting in early intervention is the key in lung cancer mortality prevention.

**Rationale, purpose of the study and research question:**

One of aims of the National Cancer Control Program in Poland, is the early detection of lung cancer by low-dose CT screening. This subtask is managed by Tuberculosis and Lung Diseases Institute, and it was launched on the territory of Poland, among others in Eastern Mazovia, where it was commissioned to Medical Diagnostic Centre in Siedlce (CMD). CMD operates mainly in areas with limited access to health care. CMD as coordinated care organization has developed efficient ways to invite patients to attend clinical examinations.

**Subjects and method:**

The project was initiated in CMD on 01/01/2016 and is ongoing. Inclusion criteria are: patients aged 55-70, smoking cigarettes at least 20 pack-years, exposed to carcinogenic factors: asbestos, radon, uranium, arsenic, beryllium, coal transformation products, with FEV1 <70% (regardless of age), residing in Eastern Mazovia. The results of tests are sent to the National Registry of the Program of Lung Cancer Early Detection.

**Results:**

In 2016, 700 low-dose tomography studies were carried out, of which 582 were negative, 90 with a doubtful result and 28 positive. In 2017, a total of 2008 tests were carried out, of which 1782 were negative, 146 doubtful and 80 positive. In 2018, 550 tests have been carried out so far, including 37 with a positive result.

**Conclusion:**

Thanks to commissioning such programs to coordinated care organization, which is an active PHC, many early diagnoses of cancer in populations living in rural or with limited access to health care areas are obtained.

**Oral Communication / Completed****Dementia: preventive care for the patient and the informal caregiver**

Ines Madanelo, Tiago Sanches, Vanda Godinho, Lígia Martins, Helena Sousa

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**Introduction/Background:**

Dementia (P70 of ICPC-2) encompasses Alzheimer's disease and senile dementia, defined as "syndrome due to a brain disease, usually of a chronic and/or progressive nature (...) It excludes senility".

Patients with dementia have diminished functionality and autonomy, so preventive care for patient and their families should start at diagnosis.

**Rationale, purpose of the study and research question:**

Describe the population coded with P70, their informal caregivers and the care provided (preventive home visit and Neurology consultation) in a rural population.

**Subjects and method:**

Observational retrospective descriptive research. Data collected in June 2018 in a Portuguese Primary Care Unit.

A quantitative descriptive analysis was performed using Microsoft Excel®.

**Results:**

The prevalence of P70 was 1,5% (n=154). The mean age at diagnosis was 77 years, with actual mean age of 80.

60.4% are women. 55,8% completed primary education. 62,3% were farmers.

Barthel's index was filled in 39%, with 60% of those showing total dependence.

The family type is mainly nuclear, in Duvall's last stage (58,4%). 39% are unitary. 89% have registry of economic insufficiency.

In 37% the informal caregiver role is played by direct descendants and/or their partners. In 9,7%, there's another dependent elder.

Concerning community support, 4,5% are institutionalized, 16,2% have day care aid. For those supportless, 7% ask referral to a nursing home.

Regarding medical care, 63% are followed by Neurology, but only 18,2% had ever a home visit by their family doctor. 47,4% are taking anti-dementia medication, 55,3% antipsychotics; 31,5% anxiolytic/hypnotic and 39,5% antidepressants.

**Conclusion:**

There is a family and social frailty of elderly people with dementia in the rural context, compromising future care and health outcomes.

Despite the considerable Neurology support, there is a lack of preventive care through home visitation.

It is encouraged a reinforcement in the family doctors' skills in ways to approach the patient with dementia and care for informal caregivers.

**Oral Communication / Completed****Elderly primary health care: functional dependency and physician house call**

Ines Madanelo, Tiago Sanches, Vera Miranda, Luiz Santiago

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**Introduction/Background:**

Portugal is one of the oldest countries in the European Union. Aging is accompanied by the increased risk of decline and functional dependence, which should be valued in primary health care in General and Family Medicine. Particularly in the elderly, the physician' house calls arise as a good strategy in the provision of health care.

**Rationale, purpose of the study and research question:**

The study aimed to compare the care provided to elderly in different primary health care units (organization model and territorial context), attending to the functional status presented.

**Subjects and method:**

Observational study performed in a population aged 75 or older, with active follow-up in two kinds of primary health care (USF and UCSP), both belonging to the Health Centers Grouping Dão-Lafões. The sample was grouped according to the organization model and the territorial context of the follow-up units. It was characterized the medical resource to the Barthel Index (BI) as functional dependency registry; measured the ratio physician/patient and the number of physician' house calls for patient.

**Results:**

Sample of 32810 individuals with average age of 82,1 years old, corresponding to 13,7% of all users in the active follow-up. The largest portion of users is under the care of UCSP (15,7%). The BI was filled 4,1% of the sample of which 45,1% have shown intermediate dependence for ADL. Physicians' house calls accounted for 2,5% of all medical consultations and registered a higher frequency in urban context units, along with the highest proportion of physician / patient aged 75 years or older (0,5%).

**Conclusion:**

In an older population we found discrepancy between the proportion of old patients regarding the organizational models and the territorial context of the primary care units which encourages the adjusted weighting of the number of users by a new algorithm. It seems that it is necessary to improve the type of dependence that the BI allows to study.

**Oral Communication / Completed****Home-Based Palliative Care Experience**

José Augusto Simões

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**Introduction/Background:**

Currently there is a preference by families and patients for palliative care be delivered at home, coupled with the trend of changes in society, which returns to families the responsibility of care for patients in end of life. Being domiciliary teams challenging for the organization and delivery of palliative care, was created the Community Support Team in Palliative Care – Gandara (CSTPC), which aims to meet the needs of patients with chronic and advanced illnesses in that region.

**Rationale, purpose of the study and research question:**

Objectives

- a) Training in palliative care aimed at health center teams and other teams of care;
- b) Full evaluation of the patient;
- c) Treatments and palliative interventions to complex patients;
- d) Management and control of coordination procedures between resources of health and social levels;
- e) Advising and supporting community teams;
- f) Support for family and caregivers;
- g) Support in mourning.

**Subjects and method:**

Team

- 1 Doctor - part-time
- 3 Nurses - full time
- 1 Social Worker - part-time
- 1 Psychologist - part time

**Results:**

Home visits was conducted to patient resident in the Gandara area and in the counties of Anadia, Cantanhede and Mealhada.

They were referenced by direct contact, through family doctors and even by Oncology Services.

Home visits were divided: scheduled and unscheduled visits according to the needs.

Scheduled visits are made between 9:00 am and 22:00 from Monday to Friday and unscheduled whenever the team is requested in person or support by telephone.

In the last year, the team followed 84 patients and families.

In short, took place 758 visits and 441 calls distributed by all the professionals that make up the team.

Of the four eighty-four patients, there was seventeen hospital admissions and thirty-two in emergency services.

Sixty-three patients died, thirty-one of which at her home, twenty-six in health institutions and six in social institutions.

**Oral Communication / Completed****Pitfalls in the decision making process for total knee replacement – A Case Report**

Rita Mashov, A. Gichka, E. Wexler, A. Oberman, S.s. Jackson

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**Introduction/Background:**

Available data suggest that the symptoms of knee Osteoarthritis (OA) are rather weakly associated with radiographic findings and vice versa. Many individuals with radiographic knee OA are asymptomatic and in contrary, in many patients with knee pain suggestive of OA, radiologic findings are absent. The results of knee X -rays should not be used in isolation when assessing individual patients with knee pain.

**Subjects and method:**

We report the case of a 74-year-old female who was referred for total knee replacement (TKR) d/t knee pain and gait difficulties. Early in her postoperative rehabilitation, due to severe bilateral proximal lower extremity weakness she was diagnosed with a large spinal tumor.

The patient had suffered from muscle pain and weakness for several years and severe radiological findings consistent with OA were noted. Following a relatively rapid decline in her daily functioning, recurrent falls and failure of conservative treatment, she was referred to TKR without reexamining the cause of the deterioration. The patient was known as "frequent visitor" (she visited the community clinic and emergency room at least 3 times a month with a lot of different complains), diagnosed as suffering from "somatisation disorder" since her middle age. The appearance of recurrent falls and bilateral lower extremity weakness were dismissed and attributed to her osteoarthritis.

**Conclusion:**

The discussant will highlight several potential pitfalls in decision making process for TKR and the importance of extensive evaluation of elderly patient's clinical symptoms. Steps to prevent similar misdiagnoses will be presented.

**Oral Communication / Completed****Thyroid ultrasonography at the family doctors practice - present and perspectives. Presentation of "the Thyro-screen Project" - the first interdisciplinary integrated and targeted thyroid screening.**

Mihai Iacob, Alina Popescu

THE ULTRASOUND WORKING GROUP, EUVEKUS., 300150 TIMISOARA, Romania. E-mail: dr\_iacob@yahoo.com

**Introduction/Background:**

1. Dr. Mihai IACOB, MD, dr\_iacob@yahoo.com, Department of Research in Primary Care, Ultrasound Working Group / EUVEKUS / AEDUS, Vienna / Timisoara, Austria/Romania.

2. Dr. Alina Popescu, MD, PhD, The President of the Romanian Society of Ultrasonography, the University of Medicine "Victor Babes" from Timisoara.

**Rationale, purpose of the study and research question:**

This project has three main stages. The first step was the development of a computerized diagnostic algorithm, titled "The-Smart-Thyroid-Ultrasound-Software", used to stratify the risk in thyroid pathology, based on conventional ultrasound, Doppler and Elastography. It set the optimum time for thyroid puncture (FNAB) and cytological examination for early diagnosis of malignant lesions. We have used the latest international classifications, as well as a "scoring" made by us, correlated with the cytological or histopathological results as a "Gold-Standard-Method". The second stage included a targeted thyroid screening in a high-risk population (4386-adults), conducted in a single medical clinic, statistically significant. At the third stage, we are launching an Interdisciplinary-Multicentric-US-Screening, titled Thyroscreen.

**Subjects and method:**

**Aim:** Early diagnosis and treatment of the diffuse and focal thyroid pathology by screening on the high-risk population.

**Objective:** Performing Doppler-US-Screening together with Strain-Elastography, will be have the best accuracy in analysis of the vascular network and absence of elasticity, for differentiating "benign versus malignant" of the thyroid tumors and also for diagnosis of the diffuse thyroid diseases in primary care.

**Results:**

The workshop will include an interactive presentation and practice examples with ultrasound movies, a diagnostic algorithm software, role plays, Tele-medicine connections, and a short Hands On Session, and we will debate lectures and practical demonstrations by the interpretation of various ultrasound images of some applications of the POCUS in Family Medicine.

**Conclusion:**

**Participants:** Family physicians (GPs), Health care professionals, scientific researchers.

**Recommendation:** The participants of this workshop, must have a laptop/tablet/Smart-Phone with them, to interact online with lecturers.

**Oral Communication / Research in Progress****What are the main motivating factors for Czech young GPs to work in rural areas?**

Kateřina Javorská, David Halata, Markéta Pfeiferová

VicusMedicus, s.r.o., 75622 Hostalkova, Czech Republic. E-mail: halatad@gmail.com

**Introduction/Background:**

For people living in the country is a rural GP the main (an often exclusive) link to access the healthcare. Young GPs are mostly bound to practices in large cities and the danger of lack of rural GPs is emerging. Their absence in rural areas can consequently lead to unequal access to healthcare.

**Rationale, purpose of the study and research question:**

To what extent are young GPs in Europe interested in working in rural areas? Are there any motivating factors for young GPs? What can make rural practice more attractive? How can we get the situation sorted out? What can we do for young GPs to start working in the country?

**Subjects and method:**

Structured questionnaire.

**Results:**

Results describe motivating factors of Czech young GPs for rural work. The questionnaire research took place during first 6 months in year 2018. The statistic sample include 1/3 of Czech doctors in specialty training who want to become a GP.

**Conclusion:**

Conclusion of the research is supposed to be a base for future strategy for sustainability of rural medicine in the Czech republic.

**Workshop / Research in Progress****Recognise frailty in elderly rural inhabitants**

Jean Pierre Jacquet, Jean-Baptiste Kern, José Augusto Simões, Donata Kurpas, Ferdinando Petrazzuoli, Jane Randall-Smith, Ana Nunes Barata

EURIPA, 73230 Saint Jean d'Arvey, France. E-mail: [jpc.jacquet@wanadoo.fr](mailto:jpc.jacquet@wanadoo.fr)

**Authors and contact person. Who will be attending and leading the workshop:**

Jean Baptiste Kern, Donata Kurpas, Jane Randall-Smith, José Augusto Rodrigues-Simoes, Jean-Pierre Jacquet

**What is the justification (situation, new skill, public health problem, etc.):**

Frailty is not only related to chronic disease but also to wide range of clinical, social and psychological situations. It is known that Frailty is at risk of dependency, huge problem of public health mainly in rural. To answer to a call to research project of the EIT Health, we explore the frailty notion

**What is the objective of the workshop?:**

Frailty, its definition and how to apprehend it

**Describe the organization of the workshop:**

attendees will have a short presentation about frailty (Fried criteria) the others elements to take in account.(IADL, ADL, MMSE etc.) which tools are already existing.

In short groups participants will have to criticise a questionnaire done to apprehend frailty they will answer to:

- what is missing
- what is relevant
- feasability in our practices

**What type of participation will you be requiring of delegates attending the workshop?:**

Delegates will have to give their opinion (with references) about the questionnaire submitted , with interactive exchanges

**At the end of the workshop, what are the expected outcomes for participants? General practice? Rural practice? EURIPA?:**

Participants will be aware of frailty

The WS will be the first step to validate a questionnaire relevant for our rural practices, and to be used for a study . Further studies must be performed by EURIPA to validate the questionnaire

**Workshop / Completed****An introduction to dry needling: A practical hands-on workshop on the use of dry needling in the treatment of myofascial pain of the forearm and wrist**

Negev Bar, Robert Satran, Baki Harash

The Israeli Society for Musculoskeletal Medicine, 19239 kibutz dalia, Israel. E-mail: negevbar@gmail.com

**Authors and contact person. Who will be attending and leading the workshop:**

Dr. Negev Bar - leading

Dr. Robert Satran

Dr. Baki Harash

**What is the justification (situation, new skill, public health problem, etc.)?:**

Teaching new skill that can help in treating myofascial pain - the leading cause of pain in primary care

**What is the objective of the workshop?:**

The objective of this workshop is to offer a glimpse into the fascinating world of dry needling

**Describe the organization of the workshop:**

We will introduce clinical and physiological aspects of myofascial pain, go over the basics of building a comprehensive treatment plan, and will experience and train a full myofascial examination of the forearm and wrist.

Finally, we will teach basic dry needling techniques and train on the muscle, frequently involved in forearm and wrist pain.

**What type of participation will you be requiring of delegates attending the workshop?:**

It is recommended that all participants will complete the free online internet course "The Theory of Myofascial Pain" prior to the workshop

A Link to the free on-line course is: <http://ismm.org.il/quiz/lecture0/>

**At the end of the workshop, what are the expected outcomes for participants? General practice? Rural practice? EURIPA?:**

1. Participants will be able to make a diagnosis of myofascial pain syndrome of the wrist by taking history and conducting focused physical examination.

2. Participants will be able to use dry needling of the forearm in a safe and effective manner

Presentation on 16/11/2018 10:30 in "Workshop I" by Negev Bar.

**Workshop / Completed****Vulnerable populations - how it is addressed in rural medicine-the voice of EURIPA IAB**

Donata Kurpas, Gheorghe Gindrovel Dumitra, Sody Naimer, Paweł Żuk, Ferdinando Petrazzuoli, Markus Herrmann, Jane Randall-Smith, Kateřina Javorská, Beata Blahova, Jean Pierre Jacquet

IAB-EURIPA, 50-367 Wrocław, Poland. E-mail: donatakurpas@gmail.com

**Authors and contact person. Who will be attending and leading the workshop:**

All co-authors

**What is the justification (situation, new skill, public health problem, etc.):**

EURIPA is a representative network organisation founded by rural family doctors to address the health and wellbeing needs of rural communities and the professional needs of those serving them across Europe irrespective of location, culture or resource. It represents a growing network of rural practitioners and organisations across Europe working together to disseminate good practice, initiate research, develop rural education, and influence policy. The purpose of the IAB (International Advisory Board) is a direct contributor to EURIPA's main goals as well as to develop cooperation between rural family doctors and primary care experts across all European countries. By working together within EURIPA we support not only our members in their scientific projects, but also share practical information suitable for the everyday diagnosis and treatment of our rural patients as well as supporting our colleagues and their patients in the most remote areas.

**What is the objective of the workshop?:**

To identify vulnerable individuals in rural and remote areas and to present the most urgent issues in terms of their care by EURIPA IAB members.

**Describe the organization of the workshop:**

The 5-minute presentations of EURIPA IAB members will be followed by a discussion panel which will be guided and summarised by moderators. Our WS should facilitate identification of problematic and common issues regarding vulnerable populations in European rural and remote areas. The WS will provide useful insights into perceived priorities of EURIPA future projects.

**What type of participation will you be requiring of delegates attending the workshop?:**

Active discussion

**At the end of the workshop, what are the expected outcomes for participants? General practice? Rural practice? EURIPA?:**

The WS may inspire participants faced with diverse challenges of rural medicine to tackle the disparities between rural and urban areas while focusing on vulnerable populations in rural and remote areas.

**Workshop / Completed****How doctors think- clinical decision making**

Sody Naimer

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**Authors and contact person. Who will be attending and leading the workshop:**

Hagit Dascal-Weichhendler, Sody Naimer, Shelly Rothschild

**What is the justification (situation, new skill, public health problem, etc.)?:**

Background and Aim:

In the course of a routine working day the doctor makes numerous diagnostic, treatment and social decisions many of which have major impact and sometimes critical influence on our patients' lives. However, while the science of medicine and even intricacies of the interaction is taught and trained, most of us lack formal introspection and guidance in the mere act of decision making itself. Rarely are we even aware of the painstaking efforts and anxiety aroused by the necessity to make decision when so much uncertainty prevails.

**What is the objective of the workshop?:**

The aim of this workshop is to raise to cognition the phases and processes involved in decision making. Specifically, we will offer to discuss examples of common "cognitive errors" which must be primarily recognized and then address strategies and tools that could be helpful in minimizing them.

**Describe the organization of the workshop:**

We begin with an introductory review of current knowledge on processes that influence medical decision making, such as biases /cognitive errors. Strategies that could minimize these errors will be presented. We will follow with small group discussions of clinical cases brought forth by participants, as well as clinical vignettes. Sharing knowledge, experience and personal styles and specific tools will be encouraged. Groups will present to the rest of the participants their morals and conclusions.

**What type of participation will you be requiring of delegates attending the workshop?:**

Receptiveness towards the materials presented, then work in small groups to judge how principles are implemented and raise conclusions from each vignette to enrich other participants.

**At the end of the workshop, what are the expected outcomes for participants? General practice? Rural practice? EURIPA?:**

We expect the participants to gain increased awareness and knowledge regarding different factors that influence our thought processes during clinical decision making and especially learn to define and provide examples of common cognitive errors.

## Workshop / Research in Progress

### Barriers to prescribing in rural primary care

Cristina Vasilica Barbu, José Augusto Simões, Gheorghe Gindrovel Dumitra, Ferdinando Petrazzuoli, Donata Kurpas

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**Authors and contact person. Who will be attending and leading the workshop:**

Gindrovel Dumitra 1 1 IAB, Vice-president Romanian National Society of Family Medicine.

Jose Augusto Simoes 2 2 IAB, University of Beira Interior, Portugal

Donata Kurpas 3 3 Chair of IAB, EURIPA; Wroclaw Medical University, Poland.

Ferdinando Petrazzuoli 4 4 Chair of Euripa Scientific Board; Lund University, Sweden.

Cristina Vasilica Barbu 5 5 Member of Rural Department of Romanian National Society of Family Medicine.

**What is the justification (situation, new skill, public health problem, etc.):**

In some European countries, the family physicians can prescribe certain drugs without any condition, in others a prior-authorization with a medical letter from a secondary care specialist is required in order to have the drug for free prescription or reimbursed by the Health care system.

The second situation leads to lowering the quality of the medical activity despite the curriculum. This is not due to professional capacity of GP, but to financial and bureaucracy reasons.

Hence, patients are in a way discriminated because they have to travel long distances, waste a lot of time and money. Thus, it's also a public health problem which shouldn't be neglected.

**What is the objective of the workshop?:**

The objective of the workshop is to find together solutions in order to solve these barriers.

**Describe the organization of the workshop:**

Each participant will present the situation in his/her country and then share his/her personal experience to find ways to improve the problem he/she has to face at national level.

In the end, a draft of position paper will be issued and published in the final document of EURIPA.

**What type of participation will you be requiring of delegates attending the workshop?:**

Active participation.

Everybody will be involved in debates or discussions on finding solutions to the above issue.

**At the end of the workshop, what are the expected outcomes for participants? General practice? Rural practice? EURIPA?:**

General practice? Rural practice? EURIPA?

The outcomes of the workshop are as follows:

- to identify the common problems and issues regarding barriers to prescribing in primary care in rural and remote European areas.

- to overcome the barriers to pres

## Workshop / Research in Progress

### Family violence ? Not so remote...

Hagit Dascal-Weichhendler, Shelly Rothschild

Department of Family Medicine, Clalit Health Services and Bruce Rappaport Faculty of Medicine, Technion, 3009500 Ramat Yishai, Israel. E-mail: hagitdw@yahoo.com

#### **Authors and contact person. Who will be attending and leading the workshop:**

Hagit Dascal-Weichhendler  
Shelly Rothschild

#### **What is the justification (situation, new skill, public health problem, etc.):**

Domestic violence is a common but underdiagnosed problem in primary care. It can affect different members of families. Vulnerable family members such as elders, minors, ill and incapacitated people are at higher risk of being abused. On the other hand – any abuse victims can become vulnerable. Family violence is common and a leading public health problem, and health care teams are in a unique position to diagnose and intervene.

#### **What is the objective of the workshop?:**

1. Get acquainted with prevalence and major health effects of family violence (FV)
2. Learn what are the possible clinical presentations of FV
3. Understand approach and principles of care when treating victims of family violence
4. Discuss the main barriers and facilitators, specifically for the rural setting

#### **Describe the organization of the workshop:**

Following a short presentation the participants will work in small groups analyzing different cases of family violence.

#### **What type of participation will you be requiring of delegates attending the workshop?:**

Participants will be encouraged to share cases from their rural clinics and practice dialogues on the topic using role play. Highlights and conclusions will be presented in the plenary. Groups will be encouraged to discuss different vulnerable populations, considering cases of child abuse, elder abuse as well as intimate partner violence

#### **At the end of the workshop, what are the expected outcomes for participants? General practice? Rural practice? EURIPA?:**

Outcomes for participants will include better knowledge and understanding of family violence and approach to those affected by it. Increased confidence in approaching relevant cases. The unique and major role of the rural family physician in these situations as well as specific barriers and challenges will be better understood and addressed.

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