Πρωτοβάθμια Φροντίδα Υγείας στην Ελλάδα: Από την Alma-Ata στην Astana-σκέψεις και προτάσεις

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Ιατρική Σχολή Πανεπιστημίου Κρήτης

Περίγραμμα και πηγές συζήτησης και τεκμηρίωσης (Ι)

1. Το σύστημα υγείας στην Ελλάδα (βασικές διαπιστώσεις)
2. Το έλλειμμα στη συνέχεια στη φροντίδα
3. Το έλλειμμα στην ολοκληρωμένη φροντίδα
4. Το έλλειμμα στην πρόσβαση
5. Το έλλειμμα στο συντονισμό

Περίγραμμα και πηγές συζήτησης και τεκμηρίωσης (II)

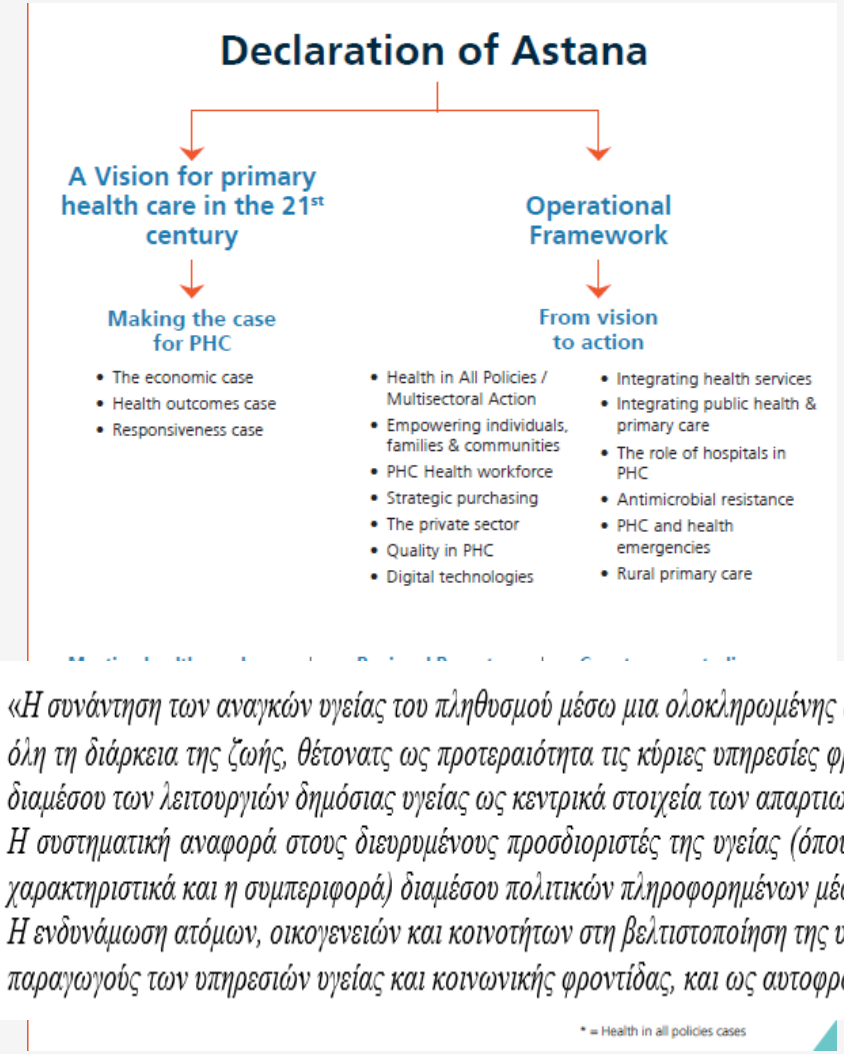


Table 1: Overview of primary health care levers and their relationship to the components of primary health care

Short title	Long title	Component of Primary Health Care		
		Primary care and essential public health functions as core of integrated health services	Multisectoral policy and action	Empowered people and communities
Governance, policy and finance levers				
Political commitment and leadership	Political commitment and leadership that place PHC at the heart of efforts to attain universal health coverage and that recognize the broad contribution of PHC to the SDGs	•	•	
Governance and policy frameworks	Governance structures and policy frameworks in support of PHC that build partnerships within and across sectors, and promote community leadership and mutual accountability	•	•	•
Adequate funding and equitable allocation of resources	Adequate financing for PHC that is mobilized and allocated in ways that minimize financial hardship and promote equity	•	•	
Operational levers				
Engagement of community and other stakeholders to jointly define problems and solutions and prioritize actions	Use of engagement approaches to define problems and solutions and prioritize actions by involving a wide range of actors, including across sectors	•	•	•
Models of care that prioritize primary care and public health functions	Models of care that promote primary care and essential public health functions as the core of integrated health services	•		•
Ensuring the delivery of high-quality and safe health care services	Systems at the local, subnational and national levels to continuously assess and improve the quality of PHC services	•		•
Engagement with private sector providers	Partnership between public and private sector for provision of PHC services	•	•	
				•
			•	•
			•	•
Monitoring and evaluation	Monitoring and evaluation through well functioning health information systems that generate reliable data and support their use for improved decision-making from local to global level	•	•	•

1. *«Η συνάντηση των αναγκών υγείας του πληθυσμού μέσω μια ολοκληρωμένης (comprehensive) φροντίδας που προάγει, προστατεύει, προλαμβάνει, θεραπεύει, αποκαθιστά, ανακουφίζει σε όλη τη διάρκεια της ζωής, θέτονατς ως προτεραιότητα τις κύριες υπηρεσίες φροντίδας στοχεύοντας σε άτομα και οικογένειες διαμέσου της πρωτοβάθμιας φροντίδας και του πληθυσμού διαμέσου των λειτουργιών δημόσιας υγείας ως κεντρικά στοιχεία των απαρτιωμένων (integrated) υπηρεσιών υγείας,*
2. *Η συστηματική αναφορά στους διευρυμένους προσδιοριστές της υγείας (όπου περιλαμβάνονται κοινωνικοί, οικονομικοί κα περιβαλλοντικοί παράγοντες, καθώς επίσης και τα ατομικά χαρακτηριστικά και η συμπεριφορά) διαμέσου πολιτικών πληροφορημένων μέσω της τεκμηρίωσης και δράσεων σε όλους τους τομείς, και*
3. *Η ενδυνάμωση ατόμων, οικογενειών και κοινοτήτων στη βελτιστοποίηση της υγείας των, ως συνηγόρους για πολιτικές που προάγουν και προστατεύουν την υγεία και την ευημερία, ως συν-παραγωγούς των υπηρεσιών υγείας και κοινωνικής φροντίδας, και ως αυτοφροντιζόμενους και φροντιστές».*

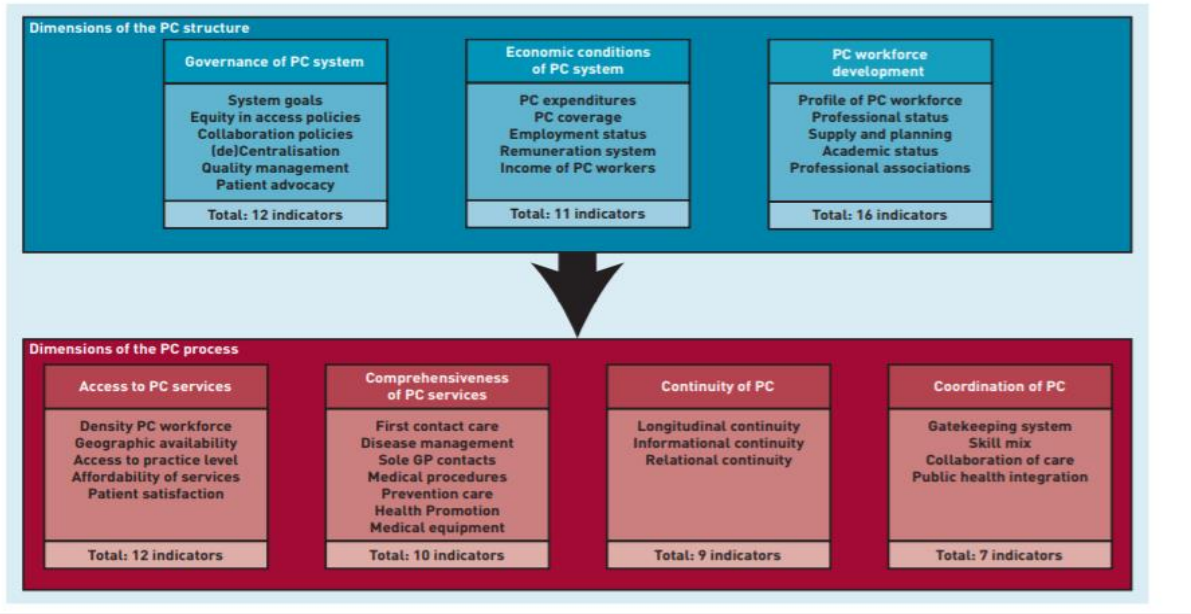
Η ποιότητα των υπηρεσιών ΠΦΥ στην Ελλάδα (Η EU-PHAMEU μελέτη)

Research

Dionne Kringos, Wienke Boerma, Yann Bourgueil, Thomas Cartier, Toni Dedeu, Toralf Hasvold, Allen Hutchinson, Margus Lember, Marek Oleszczyk, Darinca Rotar Pavlic, Igor Svab, Paolo Tedeschi, Stefan Wilm, Andrew Wilson, Adam Windak, Jouke Van der Zee and Peter Groenewegen

The strength of primary care in Europe:

an international comparative study



Kringos, et al BJGP 2013

Table 1. Availability of data on primary care indicators, by dimension and country

	Percentage of indicators (including subquestions with available data, by dimension and country)								
Country	Primary care governance (*n* = 16)	Economic conditions of primary care (*n* = 10)	Primary care workforce development (*n* = 17)	Mean %	Access to primary care (*n* = 19)	Continuity of primary care (*n* = 12)	Coordination of primary care (*n* = 9)	Comprehensiveness of primary care (*n* = 10)	Mean %
Austria	100	90	100	97	100	75	100	100	94
Belgium	100	100	100	100	100	100	100	90	98
Bulgaria	100	100	100	100	100	100	100	100	100
Cyprus	94	80	71	81	95	50	100	70	79
Czech Republic	100	100	100	100	95	75	100	100	92
Denmark	100	89	100	96	100	92	100	100	98
Estonia	100	100	100	100	100	92	100	100	98
Finland	100	89	94	94	95	92	100	100	97
France	100	100	100	100	100	92	100	100	98
Germany	100	90	100	97	100	100	100	100	100
Greece	50	70	94	71	89	67	56	70	70
Hungary	100	100	100	100	100	100	100	100	100
Iceland	75	80	100	85	84	75	78	100	84
Ireland	100	89	100	96	84	75	100	90	87
Italy	100	100	94	98	95	58	100	90	86
Latvia	100	100	100	100	95	100	100	100	99
Lithuania	100	100	100	100	100	100	100	100	100
Luxembourg	100	90	94	95	89	67	89	90	84
Malta	94	60	59	71	68	67	100	60	74
Netherlands	100	100	100	100	100	100	100	100	100
Norway	100	100	88	96	84	100	89	100	93
Poland	100	100	88	96	95	92	100	90	94
Portugal	100	89	100	96	100	100	100	100	100
Romania	100	80	100	93	95	100	89	80	91
Slovak Republic	100	100	100	100	100	100	100	100	100
Slovenia	100	100	76	92	89	100	89	100	95
Spain	100	100	94	98	89	100	100	100	97
Sweden	100	80	82	87	95	67	100	90	88
Switzerland	100	100	100	100	63	67	100	100	82
Turkey	100	60	100	87	100	100	100	90	98
UK	100	100	100	100	100	100	100	90	98
Mean %	97	91	95	–	94	87	96	94	–

Η Πρωτοβάθμια Φροντίδα Υγείας στην Ελλάδα και η διακήρυξη της Astana: τι μας λείπει

Βασικές διαπιστώσεις

- ✓ Έχει αναπτυχθεί στη βάση του **πελάτη/επισκέπτη**, με το γιατρό να περιμένει την επίσκεψη του ασθενούς και να διαχειρίζεται την υγεία αποσπασματικά είτε αφορά το ίδιο το άτομο ή την οικογένεια του χωρίς την ουσιαστική εμπλοκή της ομάδας υγείας.

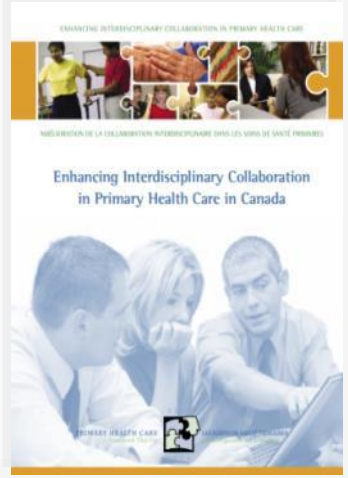
- ✓ Απουσιάζει πλήρως η **διαχείριση του κινδύνου** και της συμπεριφοράς υγείας που σχετίζεται με τα χρόνια νοσήματα και την πολυφαρμακία και το έλλειμα στη διεπαγγελματική συνεργασία.

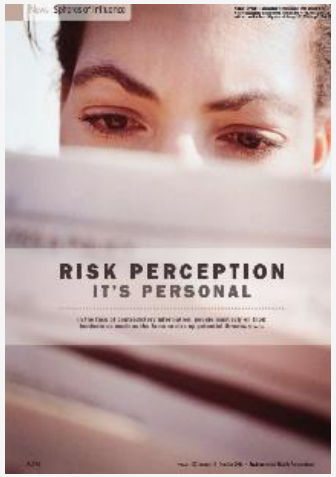
- ✓ Οι λέξεις **πρόληψη και προαγωγή της υγείας** εξακολουθούν να χρησιμοποιούνται ρητορικά

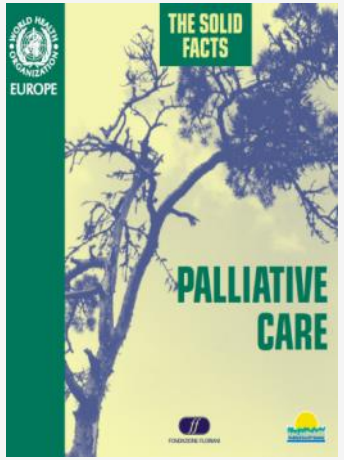
- ✓ Η **οικογένεια** ως έννοια απουσιάζει από την προσέγγιση, ακόμα και από τη συλλογή της πληροφορίας

- ✓ Τέλος, η επίσκεψη στο σπίτι και η φροντίδα ευάλωτων ομάδων του πληθυσμού που συχνά είναι περιορισμένα στο σπίτι, δεν αποτελεί συνήθη πρακτική.

- ✓ Ατομα με **προχωρημένα χρόνια νοσήματα**, **πολλαπλή νοσηρότητα**, **ευπάθεια** και **αναπηρίες**, εξαρτημένα πλήρως από το οικογενειακό και συγγενικό περιβάλλον, μένουν χωρίς συστηματική παρακολούθηση και υποστήριξη, ενώ απουσιάζει πλήρως η παρηγορική ή υποστηρικτική θεραπεία.







Η Πρωτοβάθμια Φροντίδα Υγείας στην Ελλάδα και η διακήρυξη της Astana: τι μας λείπει

Το έλλειμα στην πρόσβαση

• Δεν εστιάζεται μόνο στη δυνατότητα μιας άμεσης, πρώτης επίσκεψης όταν τη χρειασθεί ο ασθενής, αλλά κυρίως στην **καταλληλότητα της πρώτης επικοινωνίας**

• Από μέρους του γιατρού απαιτεί **διαπροσωπικές δεξιότητες**, **δεξιότητες ενσυναίσθησης** και **συμπόνιας**,

• Χρήση μιας **γλώσσας** που ενθαρρύνει και προτρέπει στην ανάπτυξη μιας ουσιαστικής σχέσης.

Η Πρωτοβάθμια Φροντίδα Υγείας στην Ελλάδα και η διακήρυξη της Astana: τι μας λείπει

Το έλλειμμα στη συνέχεια στη φροντίδα

Build sustainable primary health care

PHC will be implemented in accordance with national legislation, contexts and priorities. We will strengthen health systems by investing in PHC. We will enhance capacity and infrastructure for primary care – the first contact with health services – prioritizing essential public health functions. We will prioritize disease prevention and health promotion and will aim to meet all people's health needs across the life course through comprehensive preventive, promotive, curative, rehabilitative services and palliative care. PHC will provide a comprehensive range of services and care, including but not limited to vaccination; screenings; prevention, control and management of noncommunicable and communicable diseases; care and services that promote, maintain and improve maternal, newborn, child and adolescent health; and mental health and sexual and reproductive health[2]. PHC will also be accessible, equitable, safe, of high quality, comprehensive, efficient, acceptable, available and affordable, and will deliver continuous, integrated services that are people-centred and gender-sensitive. We will strive to avoid fragmentation and ensure a functional referral system between primary and other levels of care. We will benefit from sustainable PHC that enhances health systems' resilience to prevent, detect and respond to infectious diseases and outbreaks.

•Απουσιάζει

υπηρεσίες Π

•Δεν περιλαμ

προσώπου α

•Εννοείται ως

ομάδα μέσα

τεχνολογία α

•Έχει συνέπε

ενός νοσήματος επιτυγχάνεται μόνο μέσα από τη συνέχεια στη φροντίδα

Η Πρωτοβάθμια Φροντίδα Υγείας στην Ελλάδα και η διακήρυξη της Astana: τι μας λείπει

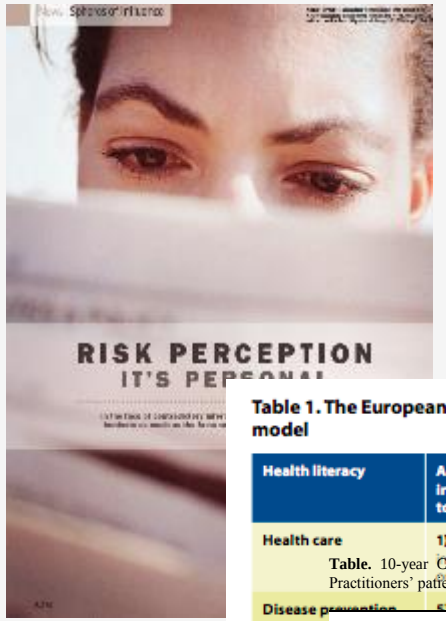
Το έλλειμμα στην ολοκληρωμένη φροντίδα

•Δεν περιλαμβάνει τη **συνεχή φροντίδα (δια βίου)** του προσώπου από την ημέρα της γέννησης μέχρι τα γηρατειά.

•Δεν ενσωματώνει στις υπηρεσίες της τη **φροντίδα της οικογένειας**, χάνοντας έτσι μεγάλο μέρος από τη δυναμική της, ιδιαίτερα στην **αλλαγή της συμπεριφοράς** πάνω στην οποία θα θεμελιωθεί η υγεία του Ελληνικού πληθυσμού στις επόμενες δεκαετίες.

•Υπολείπεται και στο **είδος των υπηρεσιών της ολοκληρωμένης φροντίδας** αλλά και στο **κατάλληλο μίγμα υπηρεσιών** πρόληψης, προαγωγής υγείας, αποκατάστασης και παρηγορητικής φροντίδας σε προχωρημένες περιπτώσεις.

•Δεν έχει επίσης συζητηθεί η αντιστοίχηση των υπηρεσιών αυτών με τα **μείζονα προβλήματα υγείας** του ελληνικού πληθυσμού

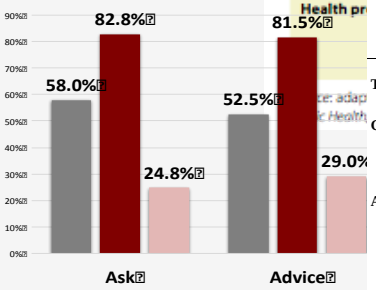


Motivational interviewing:

"Motivational interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change."

Table 1. The European Health Literacy Survey: the 12 subdimensions as defined by the conceptual model

Health literacy	Access or obtain information relevant to health	Understand information relevant to health	Appraise, judge or evaluate information relevant to health	Apply or use information relevant to health
Health care	**1)** Ability to access	**2)** Ability to understand	**3)** Ability to interpret	**4)** Ability to make informed decisions on medical issues
Disease prevention	**5)** Ability to access	**6)** Ability to understand	**7)** Ability to interpret	**8)** Ability to judge the relevance of the information on risk factors
Health pr				**12)** Ability to form a reflected opinion on health issues

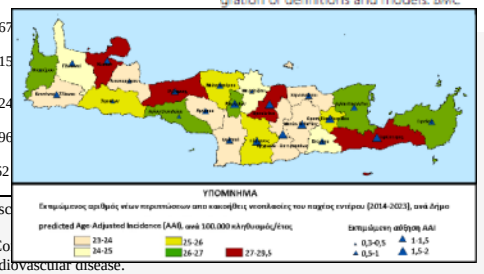


Girvailaki, Papadkis …Lionis Health Educ Behav. 2018

Table. 10-year Cardiovascular Risk (SCORE) by gender and age in 803 Gener Practitioners' patients in Crete, Greece.

		10-year Cardiovascular Risk – SCORE [a]			
		Low-to-moderate risk persons (<5%)	High-risk persons (5-9%)	Very high-risk persons (≥10%)	
		n	n (%)		*p*-value[c]
Total		803 [b]	313 (39.0)	382 (47.6)	108 (13.4)	<0.001
Gender	*males*	355	89 (25.1)	167	
	females	448	224 (50.0)	215	
Age, *years*	*40-59*	266	239 (89.8)	24	
	60-79	452	69 (15.3)	296	
	80+	85	5 (5.9)	62	

The overall mean 10-year cardiovascular risk sc
[a] SCORE: European Society's 10-year Systematic Co
[b] Analysis based on patients with or without any cardiovascular disease.
[c] p-values calculated using Chi-square test.



VI

Empower individuals and communities.

We support the involvement of individuals, families, communities and civil society through their participation in the development and implementation of policies and plans that have an impact on health. We will promote health literacy and work to satisfy the expectations of individuals and communities for reliable information about health. We will support people in acquiring the knowledge, skills and resources needed to maintain their health or the health of those for whom they care, guided by health professionals. We will protect and promote solidarity, ethics and human rights. We will increase community ownership and contribute to the accountability of the public and private sectors for more people to live healthier lives in enabling and health-conducive environments.

Η Πρωτοβάθμια Φροντίδα Υγείας στην Ελλάδα και η διακήρυξη της Astana: τι μας λείπει

Το έλλειμα στο συντονισμό

• Σχετίζεται με τη **διασύνδεση και τη λειτουργική ολοκλήρωση** (integration)

• Οι υπηρεσίες ΠΦΥ εξακολουθούν να υπολείπονται σε **θεσμοθετημένες και προτυποποιημένες διασυνδέσεις** με τη δευτεροβάθμια και τριτοβάθμια φροντίδα υγείας, τη ψυχική υγεία και τη δημόσια υγεία

• Οι **παραπομπές** γίνονται χωρίς πρωτόκολλα και συνήθως είναι μονής κατεύθυνσης όσον αφορά την ενημέρωση

Table 2: Overview of primary health care levers and their relationship to the components of primary health care

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Policy paper

Bridging knowledge to develop an action plan for integrated care for chronic diseases in Greece

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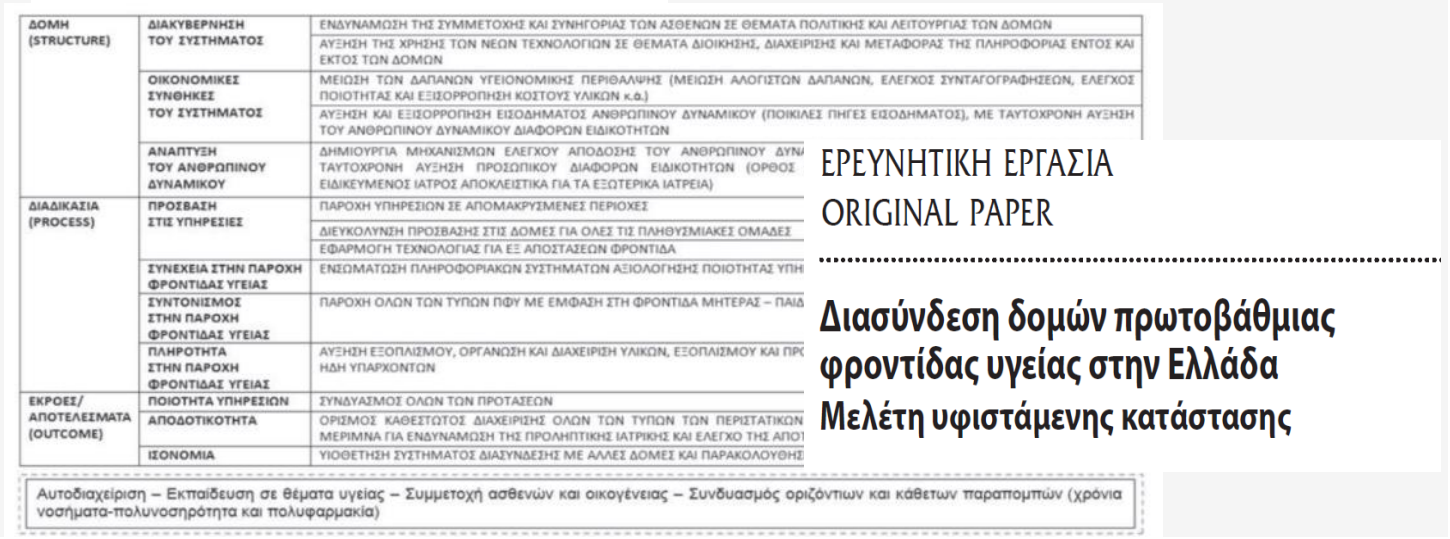
Long title	Component of Primary Health Care		
	Primary care and essential public health functions as core of integrated health services	Multisectoral policy and action	Empowered people and communities



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Αυτοδιαχείριση – Εκπαίδευση σε θέματα υγείας – Συμμετοχή ασθενών και οικογένειας – Συνδυασμός οριζόντιων και κάθετων παραπομπών (χρόνια νοσήματα-πολυνοσηρότητα και πολυφαρμακία)

Εικόνα 8. Προτάσεις βελτίωσης επιπέδων διασύνδεσης.

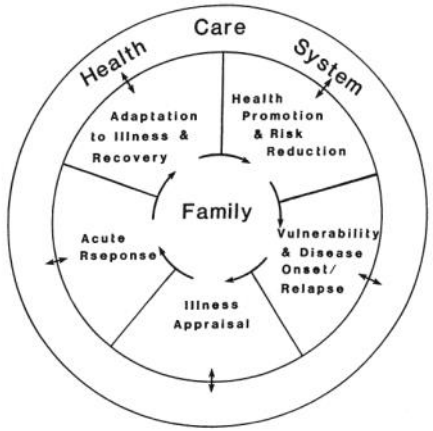
ΕΡΕΥΝΗΤΙΚΗ ΕΡΓΑΣΙΑ
ORIGINAL PAPER

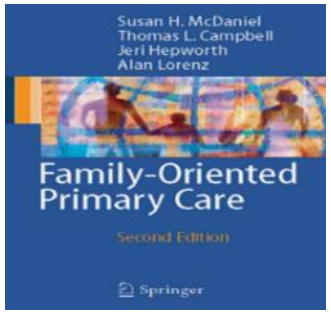
Διασύνδεση δομών πρωτοβάθμιας φροντίδας υγείας στην Ελλάδα
Μελέτη υφιστάμενης κατάστασης

Ο ρόλος της οικογένειας στην υγεία και στην αρρώστεια- ο ρόλος του οικογενειακού ιατρού

Η συμβολή της οικογένειας

- ✓ στην υιοθέτηση στάσεων, συνηθειών ή εξαρτήσεων
- ✓ στην αναγνώριση του συμπτώματος ως μέρος μιας αρρώστειας και στην αναζήτηση φροντίδας
- ✓ στην απάντηση σε ένα οξύ πρόβλημα υγείας
- ✓ στην αντιμετώπιση ενός χρόνιου νοσήματος υγείας και στην αποκατάσταση του





Ο ρόλος του οικογενειακού ιατρού

Στην παροχή πληροφορίας και γνώσης, στην εκτίμηση και κοινοποίηση του κινδύνου, στην ενθάρρυνση και προτροπή για αλλαγή της συμπεριφοράς

Στην εκπαίδευση της οικογένειας για τη διαχείριση κοινών θεμάτων και υιοθέτηση ενός υγιεινού τρόπου συμπεριφοράς

Στον προσαντολισμό μέσα στο σύστημα φροντίδας και στην κατάλληλο παραπομπή

Στην μείωση του συναισθηματι΄κού φορτίου και στην υποστήριξη της

Στην ανάπτυξη δεξιοτήτων αυτοδιαχείρισης και αυτοφροντίδας

Μέχρι πού ο οικογενειακός ιατρός και η εκπαίδευση που απαιτείται

Levels of family involvement for primary care clinicians

Level 1: *Minimal Contact:* Families are dealt with for practical or legal reasons. One-way communication prevails.

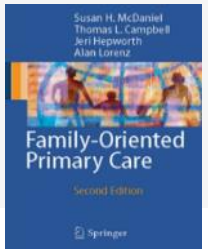
Level 2: *Information and Collaboration:* Communicate information clearly to patients and families. Elicit questions and areas of concern, and generate mutually agreed-upon action plans.

Level 3: *Feelings and Support:* Demonstrate empathic listening and elicit expressions of feelings and concerns from patients and families. Normalize feelings and emotional reactions to illness.

Level 4: *Primary Care Family,* Assessment/Counseling: Assess the relationship between the illness problem and the family dynamics. If the problem is not complex or long-standing, work with the family to achieve change.

Level 5: Medical Family Therapy. It is intensive specialty care delivered by professionals with advanced psychotherapy training.

Doherty WJ, Baird MA. Family Medicine 1986;18:153–156.

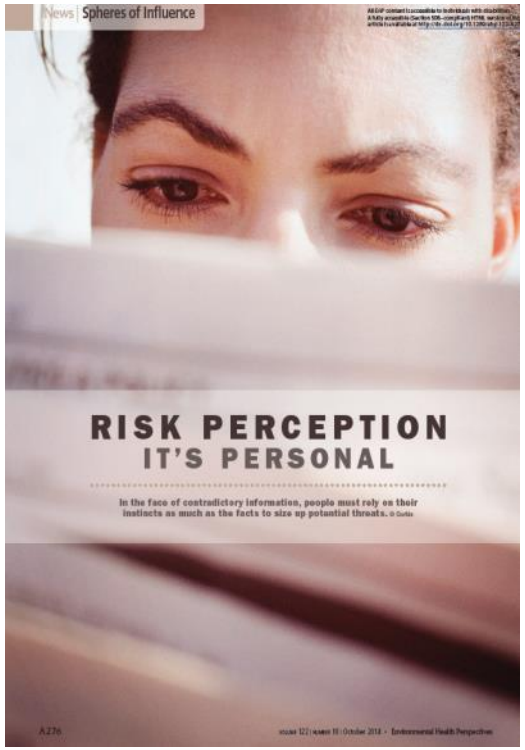


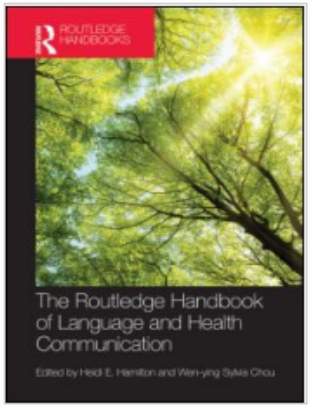
Copy from the Book of Susan H. McDaniel, et al, 2005

Ερωτήματα που χρειάζεται να συζητηθούν

- ✓ Ποιος θα είναι ο οικογενειακός ιατρός στην Ελλάδα;
- ✓ Ποια η εκπαίδευσή του;
- ✓ Μέχρι πού θα φθάνει η παρέμβασή του;
- ✓ Ποιος ο ρόλος του ιατρού Γενικής/ Οικογενειακής Ιατρικής (πεντάχρονη εκπαίδευση);
- ✓ Τι θα γίνει με την μετεκπαίδευση αυτών που δεν ασκήθηκαν;
- ✓ Ποια η εκπαίδευση της ομάδας υγείας στη φροντίδα της οικογένειας;

Η ανάγκη εστίασης στην έννοια του κινδύνου και στη διαχείρισή του





Perceived risk and health risk communication

Authored by: **Erika A. Waters** , **Amy McQueen** , **Linda D. Cameron**

The Routledge Handbook of Language and Health Communication

Print publication date: Φεβρουάριος 2014
Online publication date: Απρίλιος 2014

Print ISBN: 9780415670432
eBook ISBN: 9781315856971
Adobe ISBN: 978131793233

Abstract

Risk is a complex concept that has multiple meanings. The term risk can be used as a noun (e.g., 'Death is a risk of sky diving'), verb (e.g., 'I'll risk it'), adjective (e.g., 'Sky diving is risky'), or probability (e.g., 'The risk of death while skydiving is ##%'). Risk can refer to multiple topic domains, including financial, health, social, and legal hazards. Perceptions of risk are inherently subjective. Although it is possible to calculate a probability estimate of experiencing a particular outcome, the meaning of that outcome to an individual varies based on a variety of intrapersonal, interpersonal, contextual, and societal factors that include both cognitive and affective/emotional components (Slovic 2000; Pidgeon et al. 2003; Tversky and Kahneman 1974). It is also likely that linguistic features (e.g., word choice) and non-verbal cues (e.g., facial expressions) help shape risk perceptions. These factors and others make it exceptionally challenging to inform people about health risks in a way that persuades them to change their behavior (Weinstein and Klein 1995; Lerman et al. 1997). 1

"Individuals mentally assess risk in a similar way, but risk perception is shaped by several largely unconscious emotional processes shared by scientists and nonscientists alike".

volume 122 | number 10 | October 2014 • Environmental Health Perspectives

e-Health και λήψη απόφασης από τον ασθενή, είμαστε έτοιμοι;

COVER STORY — The Whole Patient

A patient's journey is likely to include surfing the web: how can we help?

Internet and people with mental disorders

A "whole patient" can be a person with schizophrenia, who is also an internet user and searches for mental health information online.

Between 2000 – 2018 the internet has grown by 1,052%, with about 4.2 billion people surfing the Web (Internet World Stats 2018). In Europe, about 81% of citizens use the internet at least once per week (Eurostat 2018). The number of internet users who search for health and mental health information online has been growing. About 89% of Americans (Pew Research Center 2018) and approximately 51% of European internet users (Eurostat 2017) search for health information online. It is apparent that the internet has influenced how we search and gather health information and how we generally conduct our day-to-day lives.

People with mental or substance use disorder comprise between 13 to 22% of the global population (Ritchie and Roser 2018), which is approximately 1.1 billion people. Among this population, 21 million are diagnosed with schizophrenia. As a consequence of the global trends, people with mental disorders, including those with schizophrenia, use the internet similarly to the general population (Schrank et al. 2010; Kalckreuth et al. 2014; Miller et al. 2015; Athanasopoulou et al. 2017). About 80% of people with psychiatric conditions are internet users (Kalckreuth et al. 2014). They use the internet for health information seeking, email exchange, social media, web 2.0 use (Miller et al. 2015; Athanasopoulou et al. 2017), and to communicate with peers and health professionals (Miller et al. 2014; Schrank et al. 2010). However, does this population easily find and understand the health information retrieved online?

Studies focusing on mental health and internet use are important, since there is a literature gap in exploring internet use by various populations of mental health patients. We face a period of economic crisis, and since schizophrenia is a costly disease, affecting people of working age, there is an urgent need for governments to effectively meet their citizens' health needs, while at the same time to minimise direct and indirect health-related costs (Tajima-Pozo et al. 2015). The 'whole patient' approach focuses on understanding the patient holistically—as a patient, as an internet user who searches for health information in order to feel empowered, as a friend who wants to connect online, etc. By understanding patients' needs, skills and attitudes, for example, towards the internet, healthcare professionals can use this knowledge to support their patients better and more cheaply, as internet connection has minimal cost. One of the main components of the 'whole patient' approach is the exploration of the patient's information and communication preferences. For example, how someone is seeking for information or how someone prefers to exchange online information with a peer or health professional.

Lessons learned from people with schizophrenia spectrum disorders

In a study performed in two distant European countries (Greece and Finland) (Athanasopoulou et al. 2017), we aimed to explore internet use patterns, attitudes and eHealth literacy among adults with schizophrenia spectrum disorders (SSD). We found that:

1. About one third were never internet users, a few were previous internet users, and more than half were current internet users. More than half of the internet users in each country group used the

378 | HealthManagement.org

Athanasopoulou et al, 2018

Athanasopoulou et al. BMC Medical Informatics and Decision Making (2017) 17:136
DOI 10.1186/s12911-017-0531-4

BMC Medical Informatics and Decision Making

RESEARCH ARTICLE — Open Access

Internet use, eHealth literacy and attitudes toward computer/internet among people with schizophrenia spectrum disorders: a cross-sectional study in two distant European regions

Christina Athanasopoulou, Maritta Välimäki, Katerina Koutra, Elisa Löttyniemi, Antonios Bertsias, Maria Basta, Alexandros N. Vgontzas and Christos Lionis

Abstract

Background: Individuals with schizophrenia spectrum disorders use the Internet for general and health-related purposes. Their ability to find, understand, and apply the health information they acquire online in order to make appropriate health decisions – known as eHealth literacy – has never been investigated. The European agenda strives to limit health inequalities and enhance mental health literacy. Nevertheless, each European member state varies in levels of Internet use and online health information-seeking. This study aimed to examine computer/Internet use for general and health-related purposes, eHealth literacy, and attitudes toward computer/Internet among adults with schizophrenia spectrum disorders from two distant European regions.

Methods: Data were collected from mental health services of psychiatric clinics in Finland (FI) and Greece (GR). A total of 229 patients (FI = 128, GR = 101) participated in the questionnaire survey. The data analysis included evaluation of frequencies and group comparisons with multiple linear and logistic regression models.

Results: The majority of Finnish participants were current Internet users (FI = 111, 87%, vs. GR = 33, 33%, $P < .0001$), while the majority of Greek participants had never used computers/Internet, mostly due to their perception that they do not need it. In both countries, more than half of Internet users used the Internet for health-related purposes (FI = 61, 55%, vs. GR = 20, 61%). The eHealth literacy of Internet users (previous and current Internet users) was found significantly higher in the Finnish group (FI: Mean = 27.05, SD 5.36; GR: Mean = 23.15, SD = 7.23, $P < .0001$) upon comparison with their Greek counterparts. For current Internet users, Internet use patterns were significantly different between country groups. When adjusting for gender, age, education and disease duration, country was a significant predictor of frequency of Internet use, eHealth literacy and interest. The Finnish group of Internet users scored higher in eHealth literacy, while the Greek group of never Internet users had a higher interest in computer/Internet.

Conclusions: eHealth literacy is either moderate (Finnish group) or low (Greek group). Thus, exposure to ICT and eHealth skills training are needed for this population. Recommendations to improve the eHealth literacy and access to health information among these individuals are provided.

Keywords: Schizophrenia, Mental illness, Internet, Computers, Technology, eHealth literacy, Attitudes, Interest, Efficacy, Use

BioMed Central

Athanasopoulou et al, 2017

"*The personal characteristics and social resources needed for individuals and communities to understand, appraise and use information and services to make decisions about health*"

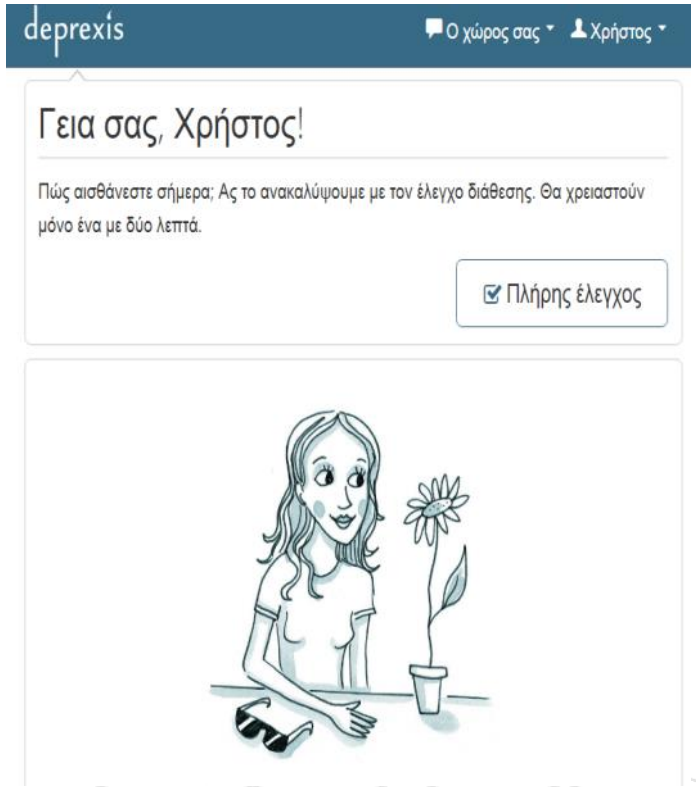
WHO. Health Literacy Toolkit for Low and Middle Income Countries. 2015

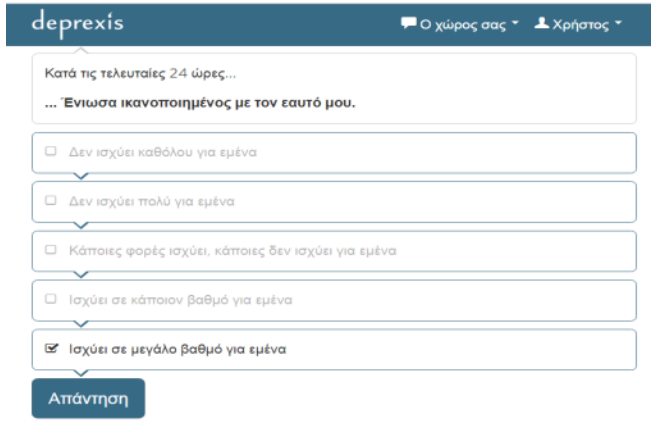
Table 1. The European Health Literacy Survey: the 12 subdimensions as defined by the conceptual model

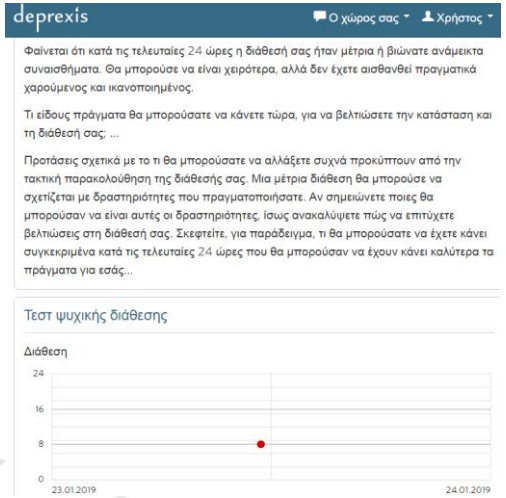
Health literacy	Access or obtain information relevant to health	Understand information relevant to health	Appraise, judge or evaluate information relevant to health	Apply or use information relevant to health
Health care	**1)** Ability to access information on medical or clinical issues	**2)** Ability to understand medical information and derive meaning	**3)** Ability to interpret and evaluate medical information	**4)** Ability to make informed decisions on medical issues
Disease prevention	**5)** Ability to access information on risk factors	**6)** Ability to understand information on risk factors and derive meaning	**7)** Ability to interpret and evaluate information on risk factors	**8)** Ability to judge the relevance of the information on risk factors
Health promotion	**9)** Ability to update oneself on health issues	**10)** Ability to understand health-related information and derive meaning	**11)** Ability to interpret and evaluate information on health-related issues	**12)** Ability to form a reflected opinion on health issues

Source: adapted from: Sørensen K et al. Health literacy and public health: a systematic review and integration of definitions and models. *BMC Public Health*, 2012, 12:80.

Επικοινωνία με ασθενείς με ψυχικές διαταραχές

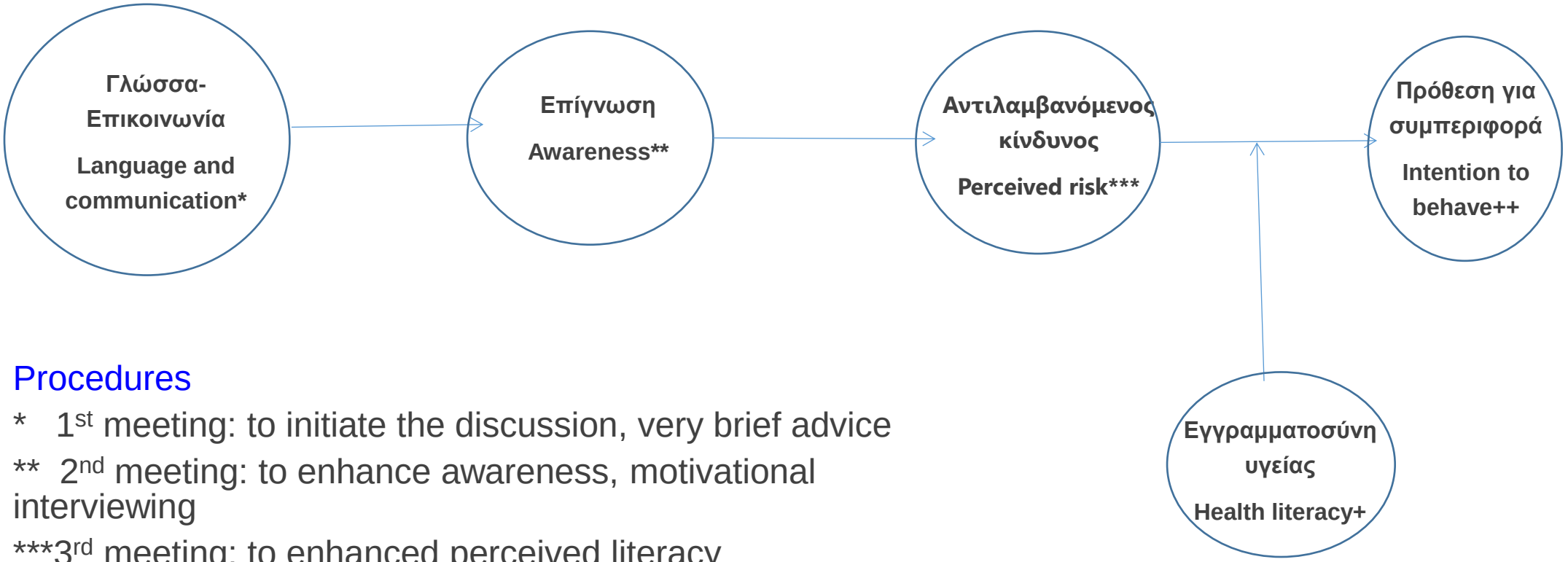






Από ένα πρόγραμμα με όνομα Deprexis που βρίσκεται σε εφαρμογή στην Ιατρική Σχολή του Πανεπιστημίου Κρήτης σε συνεργασία με την GAIA AG

Γλώσσα και συμπεριφορά υγείας



Procedures

* 1st meeting: to initiate the discussion, very brief advice

** 2nd meeting: to enhance awareness, motivational interviewing

***3rd meeting: to enhanced perceived literacy

\+ 4th meeting: to checked what has been achieved

Επικοινωνώντας με τους εκπροσώπους της κοινότητας

Open Access Research

BMJ Open

Engaging migrants and other stakeholders to improve communication in cross-cultural consultation in primary care: a theoretically informed participatory study

Christos Lionis,[1] Maria Papadakaki,[1,2] Aristoula Saridaki,[1] Christopher Dowrick,[3] Catherine A O'Donnell,[4] Frances S Mair,[4] Maria van den Muijsenbergh,[5,6] Nicola Burns,[4,7] Tomas de Brún,[8] Mary O'Reilly-de Brún,[8] Evelyn van Weel-Baumgarten,[5] Wolfgang Spiegel,[9] Anne MacFarlane[10]

BMJ Open first published on 10.1136/bmjopen-2015-010822

ABSTRACT

Strengths and limitations of this study

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Exploring barriers to primary care for migrants in Greece in times of austerity: Perspectives of service providers

Maria Papadakaki, Christos Lionis, Aristoula Sa
Tomas de Brún, Mary O'Reilly-de Brún, Catherii
Evelyn van Weel-Baumgarten, Maria van den M
Spiegel & Anne MacFarlane

To cite this article: Maria Papadakaki, Christos Lionis, Aristo
Dowrick, Tomas de Brún, Mary O'Reilly-de Brún, Catherine A
Evelyn van Weel-Baumgarten, Maria van den Muijsenbergh,
MacFarlane (2017) Exploring barriers to primary care for mig
Perspectives of service providers, European Journal of Gene
10.1080/13814788.2017.1307336

To link to this article: https://doi.org/10.1080/13814788.2

European Journal of General Practice

Reporting mental health problems of undocumented migrants in Greece: A qualitative exploration

Erik Teunissen, Alexandra Tsaparas, Aristoula Saridaki, Maria Trigoni, Evelyn van Weel-Baumgarten, Chris van Weel, Maria van den Muijsenbergh & Christos Lionis

To cite this article: Erik Teunissen, Alexandra Tsaparas, Aristoula Saridaki, Maria Trigoni, Evelyn van Weel-Baumgarten, Chris van Weel, Maria van den Muijsenbergh & Christos Lionis (2016) Reporting mental health problems of undocumented migrants in Greece: A qualitative exploration, European Journal of General Practice, 22:2, 119-125, DOI: 10.3109/13814788.2015.1136283

To link to this article: https://doi.org/10.3109/13814788.2015.1136283

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Strengths and limitations of this study

- The use of Participatory Learning and Action approaches promoted an atmosphere that gave equal power to all participants during fieldwork sessions and was particularly helpful in increasing migrants' engagement and participation with the process.
- Normalisation Process Theory (NPT) served as an appropriate theoretical framework to examine the emergent data and to identify possible gaps in the data.
- Beliefs and opinions of people with different sociocultural status and educational background were equally valued and interpreted within the framework provided by NPT.
- The voice of undocumented migrants was absent

KEY MESSAGES

- Discriminatory attitudes and other provider and system-related barriers are evident in the provision of primary healthcare to migrants in Greece.
- Providers feel unable to fulfil their role efficiently under limited system support and contribution to decision making.
- Training and guidelines promoting cultural competence are necessary in the Greek primary healthcare.

KEY MESSAGES

- Greek GPs are engaged in providing good mental healthcare for undocumented migrants.
- They have to operate under difficult conditions that prevent them from the delivery of appropriate care.
- However, even under these conditions, Greek GPs keep looking for creative solutions to address and treat UMs' mental health problems.

Δυο θέματα που χρειάζεται να συζητηθούν

1. Συστήματα φροντίδας που δίδουν προτεραιότητα στη συνέργεια της ΠΦΥ με τη δημόσια υγεία

2. Ερευ… ΦΥ

3.9 PHC-oriented research

PHC-oriented research and knowledge management, including dissemination of lessons learned, as well as the use of the knowledge to accelerate scale-up of successful approaches

Systems, policies, strategies and operational plans should be informed by the best available evidence of what works and how, and implementation and health systems research is key to providing this. This includes research on interventions that support all components of the PHC orientation, strategies to best engage people in their own care and in service design, self-management of common health problems, the substitution of professionals, and the transfer of care responsibilities along integrated care pathways. It is not enough simply to conduct this research; ensuring that it informs policy and decision-making is key, and a number of efforts have been developed to support countries in doing this. Additionally, the acquisition of information and the development of knowledge will benefit from new options enabled by modern ICT, such as wikis and co-learning models that operate virtually.

In addition to pressing clinical research issues (perhaps best exemplified by the need to identify best approaches for adequately responding to the challenges posed by multimorbidity and inappropriate polypharmacy, both in terms of their management and prevention), PHC research is facing a number of challenges, including:

- devising strategies for addressing population needs and policy priorities and for adopting efficient approaches to priority setting (including through co-production of research);
- the need to develop capacity in broad areas of the world where care delivery is still perceived as the sole objective;
- consolidating multidisciplinary research in terms of both methodologies and research questions;
- advancing the science on complex PHC policy and systems interventions, including the identification of PHC experiences and outcome measures;
- developing and supporting models of knowledge transfer to bridge the knowledge gap and promote knowledge uptake in implementation and PHC systems research;
- developing narratives of impact of research that demonstrate the huge potential benefits of investing in research that has the potential to impact broad segments of the population;
- reinvigorating a focus on equity, which can also effectively address the urban–rural divide.

Relevant stakeholders that need to be involved include research funders (public and charities), universities and research centres, health technology assessment institutions, scientific societies, ministries of science and research and other decision-makers, patients and the public, and health care professionals *(58–61)*.

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REVIEW

Towards evidence-informed integration of public health and primary …nces from Crete

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…t is frequently discussed and has …ally. In particular, the integration …re has received much attention …spite this, integrated health care, …health care and evidence-based …in many European settings. Many …tion and implementation of these …in settings where primary health …rm is underway. The aim of this …tic of Social and Family Medicine …l of Medicine in this area over the past decade, in terms of insights gained through research, capacity-building efforts and practice focused on addressing major public-health issues in primary-care settings. We provide a brief overview of how data about health-care delivery, collected from capacity-building and research initiatives, can facilitate effective planning and implementation of the primary-care reform that is currently unfolding in Greece. We believe this information shows how to best design and rapidly test evidence-based approaches for the operationalization and implementation of integrated health care, approaches that can serve to address public-health priorities, improve the health and well-being of the population and support evidence-informed policy-making, in Greece and in settings similar to Greece.

…CARE, PRIMARY HEALTH CARE, RESEARCH, GREECE, ALMA-ATA, ASTANA, DECLARATION

3.2 Models of care that prioritize primary care and public health functions

Models of care that promote primary care and essential public health functions as the core of integrated health services

A model of care is a particular arrangement of structural elements (financing, workforce, physical environment, information systems and other technologies) and processes of care, ideally supported by explicit identification of roles and allocation of responsibility and tasks along pathways of care. Different models of care can be used for delivering the required functions in a health system and operationalizing the desired health system orientation at the level of care delivery. Variation and innovation based around such models of care delivery, particularly as facilitated by technological solutions using eHealth, and subsequent dissemination and scaling up of successful experiences, can facilitate continuous improvement in the responsiveness and efficiency of the system, further encouraging a culture that is more receptive of change in health care. The relevant stakeholders that need to be engaged include individuals, families and communities, managers, front-line health care providers, ministries of health and social care, health technology assessment agencies, and professional and scientific organizations.

Central to efforts to strengthen PHC is the development of models of care that promote a comprehensive vision of PHC. Since structural arrangements and processes vary across models, the focus needs to be placed on the system functions and core outcomes that are consistent with the PHC orientation in a particular setting. This includes ensuring that population-based services are adequately prioritized and that there is good coordination between public health and primary care. At the level of individual health care services, health systems need to be reoriented to ensure that primary care is both the first and regular point of contact and the core of the health system, linked to all other levels of care and services. The delivery of PHC that is continuous, comprehensive, coordinated and people centred will be facilitated by entrusting the health of defined geographical communities to specific teams through the process of empanelment (assigning individual patients to individual …

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Integrated people-centred primary health care in Greece: unravelling Ariadne's thread

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Σύνοψη - Τι χρειάζεται σήμερα η ΠΦΥ στην Ελλάδα

- ✓ Χρειάζεται χρόνο με σοβαρό μεσο- και μακροπρόθεσμο σχεδιασμό.
- ✓ Απαιτεί αλλαγή της εργασιακής κουλτούρας αλλά και των δεξιοτήτων των επαγγελματιών που θα πρέπει να επιδιωχθεί μέσω διαδιασιών παιδείας και εκπαίδευσης.
- ✓ Χρειάζεται όρους και αρχές κατανοητές και αποδεκτές από όλους τους συμμετέχοντες στο σχεδιασμό (επαγγελματίες, ασθενείς, φορείς της κοινότητας και της εκπαίδευσης).
- ✓ Αναζητά προσανατολισμό και υπηρεσίες που θα ανταποκριθούν στα μείζονα προβλήματα υγείας του πληθυσμού.
- ✓ Χρειάζεται εργαλεία, μέσα και τεχνολογία για την επίτευξη του στοχευόμενου αποτελέσματος.
- ✓ Αναζητά τη δικτύωση και την πολύπλευρη υποστήριξη για να πετύχει τους στόχους.

1. Σύνδεση των μειζόνων προβλημάτων υγείας του πληθυσμού με το συμβόλαιο του οικογενειακού ιατρού
2. Τεχνολογία πλησίον του ασθενούς και προώθηση της αυτοφροντίδας μέσα στο πρόσωπο και στην οικογένεια
3. Αξιολόγηση στη βάση καθιερωμένων και συμφωνημένων δεικτών απόδοσης των υπηρεσιών τόσο του οικογενειακού ιατρού όσο και των δομών ΠΦΥ

Πολλές ευχαριστίες για την προσοχή σας