Μια πρόταση ανάπτυξης ενός λειτουργικού υποδείγματος για την ανασυγκρότηση της Πρωτοβάθμιας Φροντίδας Υγείας στην Ελλάδα

Χρήστος Λιονής

Καθηγητής Γενικής Ιατρικής και πρωτοβάθμιας Φροντίδας Υγείας

Τμήμα Ιατρικής

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Η συζήτηση για τον έλεγχο στις υπηρεσίες υγείας

- *Values of health care system* (a methodology to approach and identify a core values in each health care system).
- *Commercialization of the public sector* (how we can perceive this concept, which models are more applicable).
- *Quality performance* (define requirements and discuss methods of quality assessment in together with a minimum data set of quality indicators)
- *Information technology* (how we can improve the doctors' awareness and knowledge and how we can improve the clinical decision making)
- *Primary Care re-designs* (what changes the primary care needs how we can improve the primary care physicians? Involvement in health promotion and disease prevention activities)

Η εστίαση στην ποιότητα

IMPROVING THE QUALITY OF CARE IN GENERAL PRACTICE

Report of an independent inquiry commissioned by The King's Fund

Figure 1 The five 'outcome domains' of the NHS Outcomes Framework

Source: Department of Health (2010d)

3 Defining and measuring the quality of general practice

The main aim of this inquiry has been to examine the current quality of care in general practice across key 'dimensions' and to identify opportunities for quality improvement. For this reason, the inquiry's main focus has not been on quality measurement per se, but on how data and information on quality may be used to drive quality improvement.

So, we have been primarily interested in the assessment of quality for use within general practice, for the purpose of improvement, rather that the external assessment of quality for purposes of regulation or performance management. We have also been interested in the ways in which information and data can be used in clinical practice to support high-quality care – for example, through stratifying risk, clinical prompts, and to guide case management.

This chapter sets out the challenges in attempting to measure and judge quality in general practice. It distinguishes between the respective roles in quality measurement of:

- national versus local initiatives
- quantitative versus qualitative methods
- peer review versus performance management and regulation.

It examines recent approaches to the measurement of quality in primary care, and uncovers some shortcomings that need to be addressed if general practice is to be better supported to improve care.

Defining quality

Quality within health care can be defined in different ways. In recent years, a range of organisations have sought to define quality. Their work reveals a wide range of possible domains on which to assess it – for example, from patient safety and clinical effectiveness to access and care outcomes (*see* Table 1 overleaf). The one consistent dimension across these quality domains is patient experience.

The 2008 Darzi *NHS Next Stage Review* (Department of Health 2008c) defined quality in the NHS in terms of three core areas:

- patient safety
- clinical effectiveness
- the experience of patients.

Until that time, performance was defined by policy-makers primarily as the achievement of productivity targets, activity volumes and waiting times targets (Raleigh and Foot 2010).

The coalition government has since committed to build on the 'good work' of Lord Darzi by putting a stronger emphasis on quality and outcomes. The NHS Outcomes Framework, which will be used to hold the NHS Commissioning Board to account, defines five domains of quality (*see* Figure 1 overleaf).

Source: The King's fund. Improving the quality of care in general practice, 2011.

Περιεχόμενο της εισήγησης

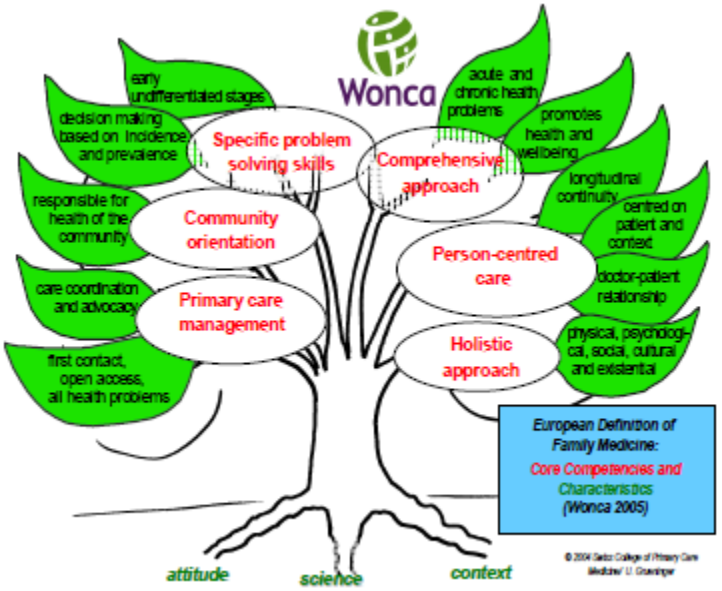
- Ένας συχνός επισκέπτης (ΠΕΡΙΠΤΩΣΗ 1)
- Τι Πρωτοβάθμια Φροντίδα Υγείας θέλουμε;
- Αξιολόγηση των υπηρεσιών ΠΦΥ-τι μάθαμε;
- Ένας συχνός επισκέπτης (ΠΕΡΙΠΤΩΣΗ 2)
- Κουβεντιάζουμε για την πρόληψη, ναι αλλά γιατί δεν πάμε καλά;
- Ένας συχνός επισκέπτης (ΠΕΡΙΠΤΩΣΗ 3)
- Μας λείπουν μόνο οι κατευθυντήριες οδηγίες για μια αποτελεσματική κλινική πρακτική - Τι μας μαθαίνει η έρευνα;
- Εκπαίδευση και κατάρτιση των ιατρών - ποιες είναι οι προτεραιότητες;
- Εκπαίδευση και κατάρτιση επαγγελμάτων υγείας
- Χρειαζόμαστε συμπληρωματικές δομές;

ΠΕΡΙΠΤΩΣΗ 1

Γυναίκα ηλικίας 45 ετών σας επισκέπτεται μετά από προ-συνεννόηση στο ιατρείο σας με αίτημα συνταγογράφηση της αγωγής της ηλικιωμένης μητέρας της. Η μητέρα της και ο πατέρας της όπως πληροφορείστε είναι ασθενείς με σακχαρώδη διαβήτη τύπου ΙΙ. Ενδιαφέρεστε να αξιοποιήσετε αυτή την επίσκεψη με τη συγκεκριμένη κυρία και να μάθετε για την υγεία της. Η όψη της επισκέπτριας σας δείχνει άτομο υγιές και το σχετικό της βάρος είναι 30 κιλά ανά τετραγωνικό μέτρο και πληροφορείστε ότι πρόσφατα ο σύζυγος της έχασε την εργασία του και είναι άνεργος.

Τι Πρωτοβάθμια Φροντίδα Υγείας θέλουμε;

Ο Ορισμός της Γενικής/Οικογενειακής Ιατρικής στην Ευρώπη



g) manages simultaneously both acute and chronic health problems of individual patients.

h) manages illness which presents in an undifferentiated way at an early stage in its development, which may require urgent intervention.

i) promotes health and well being both by appropriate and effective intervention.

j) has a specific responsibility for the health of the community.

k) deals with health problems in their physical, psychological, social, cultural and existential dimensions.

Αξιολόγηση των υπηρεσιών ΠΦΥ - τι μάθαμε;

Αξιολόγηση της ποιότητας των υπηρεσιών των κέντρων υγείας - Ι

- **Conducted by the Clinic of Social and Family Medicine, University of Crete**
- **Aim:** A project with the main aim, to assess the performance and quality of the rural primary health care (PHC) services in Greece is in implementation and this study reports on data from interviews gained from primary care practitioners.
- **Design and Methods:** Qualitative methods were utilized in performing semi-structured interviews during a year period (2008-2009) on the opinion of 31 health care professionals of primary care centers of two regions in Greece (Epirus serving a rural population of 336,392 and Crete serving a rural population of 283,694 residents).
- The respondents were questioned on various in depth dimensions concerning the capacity, resources and the overall quality of the Primary Healthcare System, in following interviews were tape recorded coded and transcribed verbatim and thematic analysis preceded.

Αξιολόγηση της ποιότητας των υπηρεσιών των κέντρων υγείας-ΙΙ

- **Results:** 31 participants were included in the study. The ratio of men to women was approximately 2.1.
- The main Findings of the Interviewers were as follows:
  - The respondents underlined the lack of PHC staff to cover actual demand in both geographical areas.
  - Insufficient economic resources are placed as co-factors of this perceived dysfunction.
  - The respondents also stated that the bio-medical equipment commonly is underused due to the lack of trained personnel and often the equipment is out of order.
  - Free market initiatives within primary care service delivery was seen in a dichotomous manner with most of the informants to be skeptic and have negative opinions related to the privatization of health services.

"The problem is this.We are unable to work a health center with one nurse in a morning shift and a qualified doctor and no administrative staff. It is a problem."

"The money granted by our government as a budget to cover the fixed and stable requirements… are not sufficient for the proper functioning of the Health Center."

"…our instruments are not extremely equipped and always exists a problem."

"I am negative, because this means commercialization of health and we will be supposed to pay for everything."

ΠΕΡΙΠΤΩΣΗ 2

Άνδρας 58 ετών προσέρχεται μετά από προσυνεννόηση στο ιατρείο σας για να του συνταγογραφήσετε τα φάρμακα του. Στο ιστορικό του αναφέρει αρτηριακή υπέρταση και στεφανιαία νόσο και δυο επεισόδια ουρητηρικού κολικού πριν από 20 έτη. Σε ερωτήσεις σας για πιθανά συμπτώματα αναφέρει δύσπνοια και άλγος στα κάτω άκρα μετά από βάδιση 700-1000 μέτρων. Η αρτηριακή του πίεση στο ιατρείο ήταν 162/102 mmHg. Λαμβάνει τα παρακάτω φάρμακα: Ιρβεσαρτάνη 150 mg/day σε συνδυασμό με υδροχλωροθεαζίδη (25 mg/day), ατενολόλη 100 mg/day

Κουβεντιάζουμε για την πρόληψη, ναι, αλλά γιατί δεν πάμε καλά;

Prevention and health promotion in clinical practice: the views of general practitioners in Europe

Carlos Brotons*, Celia Björkelund, Mateja Bulc, Ramon Ciurana, Maciek Godycki-Cwirko, Eva Jurgova, Pilar Kloppe, Christos Lionis, Artur Mierzecki, Rosa Piñeiro, Liivia Pullerits, Mario R. Sammut, Mary Sheehan, Revaz Tataradze, Eleftherios A. Thireos, Jasna Vuchak on behalf of the EUROPREV network[1]

Perception of general practitioners regarding the carrying out of prevention and health promotion activities by individual countries (Yes as %)

	Croatia	Estonia	Georgia	Greece	Ireland	Malta	Poland	Slovakia	Slovenia	Spain	Sweden	ALL
Carrying-out prevention and health promotion activities is difficult	29.95	60.39	73.96	61.29	60.75	49.04	61.99	53.37	61.82	52.44	55.43	56.02
Minimally effective or ineffective in helping patients reduce tobacco use	63.82	76.92	66.67	41.38	48.38	49.36	50.33	55.49	41.82	56.00	30.07	53.14
Minimally effective or ineffective in helping patients reduce alcohol consumption	74.78	81.29	67.29	41.93	58.99	43.59	66.77	60.37	56.37	71.74	53.79	63.84
Minimally effective or ineffective in helping patients achieve or maintain normal weigh	73.50	64.11	61.40	22.58	57.14	35.26	40.39	56.51	54.55	75.28	64.73	58.25
Minimally effective or ineffective in helping patients practice regular physical exercise	77.00	55.84	51.63	25.00	48.14	27.10	46.38	62.42	25.92	58.87	56.73	52.82

Source: Brotons, et al. Prev Med 2004

European Journal of Clinical Nutrition (2005) 59, Suppl 1, S77–S80

0954-3007/05 $30.00
www.nature.com/ejcn

ORIGINAL COMMUNICATION

Healthy diet in primary care: views of general practitioners and nurses from Europe

R Piñeiro[1], C Brotons[1]*, M Bulc[2], R Ciurana[1], T Drenthen[3], D Durrer[4], M Godycki-Cwirko[5], S Görpelioglu[6], P Kloppe[1], C Lionis[7], M Mancini[4], C Martins[8], A Mierzecki[5], I Pichler[9], L Pullerits[10], MR Sammut[11], D Sghedoni[12], M Sheehan[13] and EA Thireos[7] on behalf of EUROPREV network[14]

Table 2 Responses to general questions on healthy diet ($n = 171$)

	n	%
Main source of information on healthy diet for the population (more than one answer was accepted)		
General practice/primary care	65	(38)
Media	130	(76)
Public institutions	48	(28)
Pharmacies	15	(9)
Other	10	(6)
Patients are receiving good and effective information about healthy diet		
Yes	34	(20)
Not enough	115	(68)
No	21	(12)
Primary care professionals are prepared for giving counselling on healthy diet		
Yes, very much	14	(8)
Yes, some of them	95	(56)
No, only a few	54	(31)
No	8	(5)
GPs and nurses should promote the knowledge of nutrition		
Yes	153	(93)
No	11	(6)
Are there healthy diet brochures published by public institutions/national colleges		
Yes	140	(82)
No	30	(17)

ABSTRACT

Background
Due to the increased prevalence of obesity GPs now have a key role in managing obese patients.

Aim
To explore GPs' views about treating patients with obesity.

Setting
An inner London primary care trust

Design of study
A qualitative study using semi-structured interviews.

Method
Twenty-one GPs working in an inner London primary care trust were interviewed about recent obese patients and obesity in general. An interpretative phenomenological approach was used for data analysis.

Results
GPs primarily believed that obesity was the responsibility of the patient, rather than a medical problem requiring a medical solution. They also believed that in contrast to this, obese patients wanted to hand responsibility over to their doctor. This contradiction created conflict for the GPs, which was exacerbated by a sense that existing treatment options were ineffective. Further, this conflict was perceived as potentially detrimental to the doctor–patient relationship. GPs described a range of strategies that they used to maintain a good relationship including offering anti-obesity drugs, in which they had little faith, as a means of meeting patients' expectations; listening to the patients' problems, despite not having a solution to them; and offering an understanding of the problems associated with being overweight.

Conclusion
GPs believe that although patients want them to take responsibility for their weight problems, obesity is not within the GP's professional domain. Until more effective interventions have been developed GPs may remain unconvinced that obesity is a problem requiring their clinical expertise and may continue to resist any government pressure to accept obesity as part of their workload.

A qualitative study of GPs' views of treating obesity

Laura Epstein and Jane Ogden

'It is a very current major problem and yet as primary care providers we are very ineffective and rather powerless.' (Dr 18.)

'I think with any chronic disease … if there is a good doctor–patient relationship then that definitely will help to overcome not just the problem but other surrounding issues.' (Dr 15.)

'People start saying they can't do the exercise, because they can't go to the sessions and … then you talk about other options … like going swimming … just something that would … get them started and it feels like it's just too much to ask … And then I end up feeling it isn't possible for them to do it, so I feel annoyed with them for not just doing it.' (Dr 3.)

Source: Epstein L, Ogden J. A qualitative study of GP's views of treating obesity. British Journal of General Practice, October 2005.

BMC Family Practice

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Research article

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The role of the General Practitioner in weight management in primary care – a cross sectional study in General Practice

Marlene Tham* and Doris Young

Abstract

Background: Obesity has become a global pandemic, considered the sixth leading cause of mortality by the WHO. As gatekeepers to the health system, General Practitioners are placed in an ideal position to manage obesity. Yet, very few consultations address weight management. This study aims to explore reasons why patients attending General Practice appointments are not engaging with their General Practitioner (GP) for weight management and their perception of the role of the GP in managing their weight.

Methods: In February 2006, 367 participants aged between 17 and 64 were recruited from three General Practices in Melbourne to complete a waiting room self – administered questionnaire. Questions included basic demographics, the role of the GP in weight management, the likelihood of bringing up weight management with their GP and reasons why they would not, and their nominated ideal person to consult for weight management. Physical measurements to determine weight status were then completed. The statistical methods included means and standard deviations to summarise continuous variables such as weight and height. Sub groups of weight and questionnaire answers were analysed using the χ^2 test of significant differences taking p as < 0.05.

Results: The population sample had similar obesity co-morbidity rates to the National Heart Foundation data. 74% of patients were not likely to bring up weight management when they visit their GP. Negative reasons were time limitation on both the patient's and doctor's part and the doctor lacking experience. The GP was the least likely person to tell a patient to lose weight after partner, family and friends. Of the 14% that had been told by their GP to lose weight, 90% had cardiovascular obesity related co-morbidities. GPs (15%) were 4th in the list of ideal persons to manage weight after personal trainer

Conclusion: Patients do not have confidence in their GPs for weight management, preferring other health professionals who may lack evidence based training. Concurrently, GPs target only those with obesity related co-morbidities. Further studies evaluating GPs' opinions about weight management, effective strategies that can be implemented in primary care and the co-ordination of the team approach need to be done.

How useful are clinical guidelines for the management of obesity in general practice?

Stewart Mercer

ABSTRACT

Obesity is a major public health issue and numerous clinical guidelines have been published to support management. One of the most comprehensive guidelines on obesity was published by the National Institute for Health and Clinical Excellence (NICE) in 2006 (NICE guideline 43) which aims to offer practical recommendations based on the available evidence and has a strong focus on primary care both in terms of prevention and clinical care. The current article summarises these guidelines in relation to primary care, reports on new evidence and developments since they were published, and critically appraises the usefulness of guidelines for management of obesity.

Possible ways forward and future research

Numerous studies have shown the problems of implementing guidelines in general practice and primary care, and there is no need to re-state this except to highlight a few key points. The most commonly reported barriers to effective treatment in the primary care setting[14] include:

- psychological complexities of cases;
- high rate of relapse;
- perceived lack of effective interventions;
- lack of time;
- lack of resources; and
- lack of onward referral options.

Box 1. NICE Clinical Guideline 43.

Obesity: the prevention, identification, assessment, and management of overweight and obesity in adults and children

The guidance covers:

- how staff in GP surgeries and hospitals should assess whether people are overweight or obese;
- what staff in GP surgeries and hospitals should do to help people lose weight;
- care for people whose weight puts their health at risk;
- how people can make sure they and their children stay at a healthy weight; and
- how health professionals, local authorities and communities, childcare providers, schools, and employers should make it easier for people to improve their diet and become more active.

Source: Mercer S. *How useful are clinical guidelines for the management of obesity in general practice?* British Journal of General Practice, November 2009.

Συνδυάζοντας την πρόληψη με τη διαχείριση του χρόνιου νοσήματος και του κινδύνου

European Heart Journal (2007) 28, 2375–2414
doi:10.1093/eurheartj/ehm316

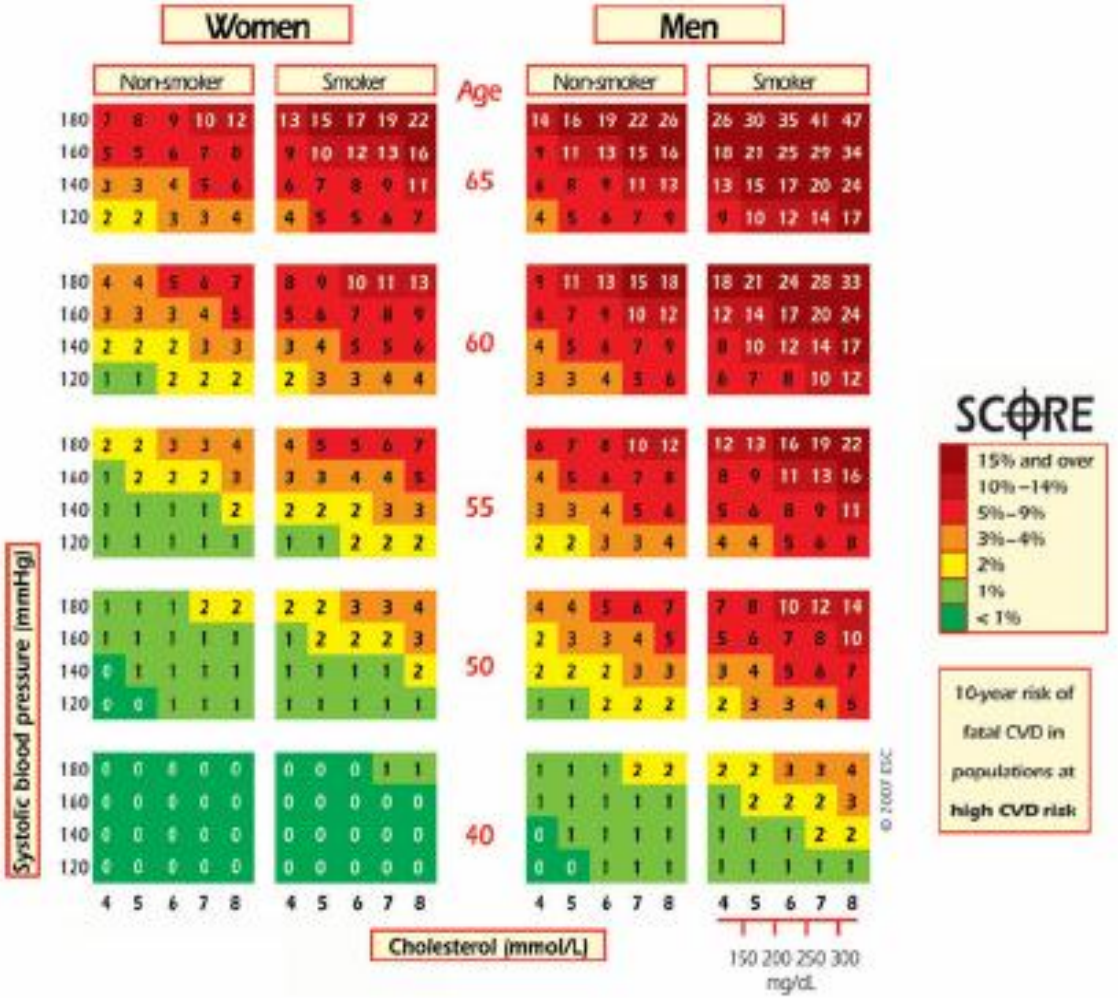
ESC Guidelines
Guidelines

European guidelines on cardiovascular disease prevention in clinical practice: executive summary

Fourth Joint Task Force of the European Society of Cardiology and Other Societies on Cardiovascular Disease Prevention in Clinical Practice (Constituted by representatives of nine societies and by invited experts)

Online publish-ahead-of-print 28 August 2007

Authors/Task Force Members: Ian Graham[1*], Chairperson, Dan Atar[1], Oslo (Norway),



Source: Ian Graham, et al. European Heart Journal 2007

A need to focus on prevention

Pneumoccocal vaccination (PPV) coverage among high risk patients in primary health care centers and elderly care units in Greece

- Aim:
  - The study aimed **to assess vaccination coverage against pneumococcal infection among patients** (VCaPI) with a diagnosis of diabetes mellitus, attending primary health care centers (PHCs) or open care institutes for the elderly in Crete, Greece.
- Methods:
  - 270 patients with Diabetes Mellitus were recruited in the study
  - 9 settings from Crete (rural primary health care centers and open care institutes for the elderly)
  - *A Newly designed assessment form* was created where participants' health habits, medical history, vaccination coverage, socio-demographic features, co-morbidity, hospital visits were recorded.

RESULTS:

- Open Centres for Elderly Care coverage: 6/16 (27.2%)
- Rural Primary Care Centres coverage: 78/46 (62.2%)

ΠΕΡΙΠΤΩΣΗ 3

Άνδρας ηλικίας 85 ετών με ιστορικό σακχαρώδη διαβήτη τύπου ΙΙ από 5ετίας και αρτηριακής υπέρταση σας επισκέπτεται στο ιατρείο σας. Ο ασθενής προσκομίζει διάφορες εργαστηριακές εξετάσεις με τις ποιο πρόσφατες να δίδουν τα παρακάτω αποτελέσματα: LDL χοληστερόλη 160 mg/dl, σάκχαρο νηστείας 132 mg/dl, κρεατινίνη ορού 1,6 mg/dl. Επίσης προσκομίζει ηλεκτροκαρδιογραφήματα που υποδεικνύουν χρόνια κολπική μαρμαρυγή από χρόνου τουλάχιστο με φυσιολογική ανταπόκριση των κοιλιών σε ρυθμό. Ο ασθενής λαμβάνει αγωγή με ιβερσατάνη και υδροχλωροθειαζίζη (12,5 mg) και ακαρβόζη (50 mg). Ο δείκτης μάζας σώματος είναι 29 kg/m^2.

Μας λείπουν μόνο οι κατευθυντήριες οδηγίες για μια αποτελεσματική κλινική πρακτική - Τι μας μαθαίνει η έρευνα;

Πότε θα ξεκινήσουμε τον έλεγχο της κλινικής πρακτικής;

BJGP The British Journal of General Practice
formerly published as The Journal of the Royal College of General Practitioners
RCGP
Journal List > Br J Gen Pract > v.46(411); October 1996

7: 87-120.
6. Smith S, Buchan D. *Adult domestic violence. Health Trends* 1992; **24:** 97-99.

Atrial fibrillation in a primary health care district in rural Crete

Sir,

A review article entitled 'Use of warfarin in non-rheumatic atrial fibrillation: a commentary from general practice' was published in the March 95 *Journal*.[1] A similar audit and research project was carried out in Crete, providing brief information about the development of primary health care research in this area.

The prevalence of known chronic atrial fibrillation (CAF) was studied in the area that is the responsibility of the Spili

Eleven patients (10.09%) were taking warfarin and 43 (39.45%) acetylsalicyclic acid alone or with dipyridamole. Thirty-six (33.03%) were not taking any medication and 30 (27.52%) didn't take any medication without having any documented contraindication.

A data list with patients' names, place of residence, individual history and type of treatment is now available and has been distributed to local physicians. Identification of these patients who are at risk, and the subsequent choice of prophylaxis is now a major task for our district medical doctors. A list of recommendations have also been delivered, and the results of these efforts are to be evaluated in the future.

CHRISTOS LIONIS
GIORGOS FRANTZESKAKIS

Η συμμετοχή του ασθενούς και ο ρόλος της εκπαίδευσής του

A household survey on the extent of home medication storage. A cross-sectional study from rural Crete, Greece

Ioanna G Tsiligianni, Candida Delgatty, Athanasios Alegakis, Christos Lionis

EJGP (accepted)

- Methods: Structured questionnaire - 40 families in Asites in Crete.
- Main findings: 557 medications were stored - total value of 8954 € 1540 € for OTC .
- Mean quantity of medication boxes stored: 8.5± 5.8 (1-26). The2.9±2 were OTC.
- Cardiovascular medications: 56% of chronic use; analgesics: 24% and antibiotics 17% of the OTC.
- Exchange of medicine was high: 95%
- Beliefs: 1.the more expensive the medication is, the more effective it is: 60% and 2. over the counter medications were safe just because they were easily available were observed 87.5%.

BMC Health Services Research

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Designing a multifaceted quality improvement intervention in primary care in a country where general practice is seeking recognition: the case of Cyprus

George A Samoutis*[1,2], Elpidoforos S Soteriades[2,3], Henri E Stoffers[4], Theodora Zachariadou[1], Anastasios Philalithis[5] and Christos Lionis[1]

BMC Health Services Research 2008, 8:181 http://www.biomedcentral.com/1472-6963/8/181

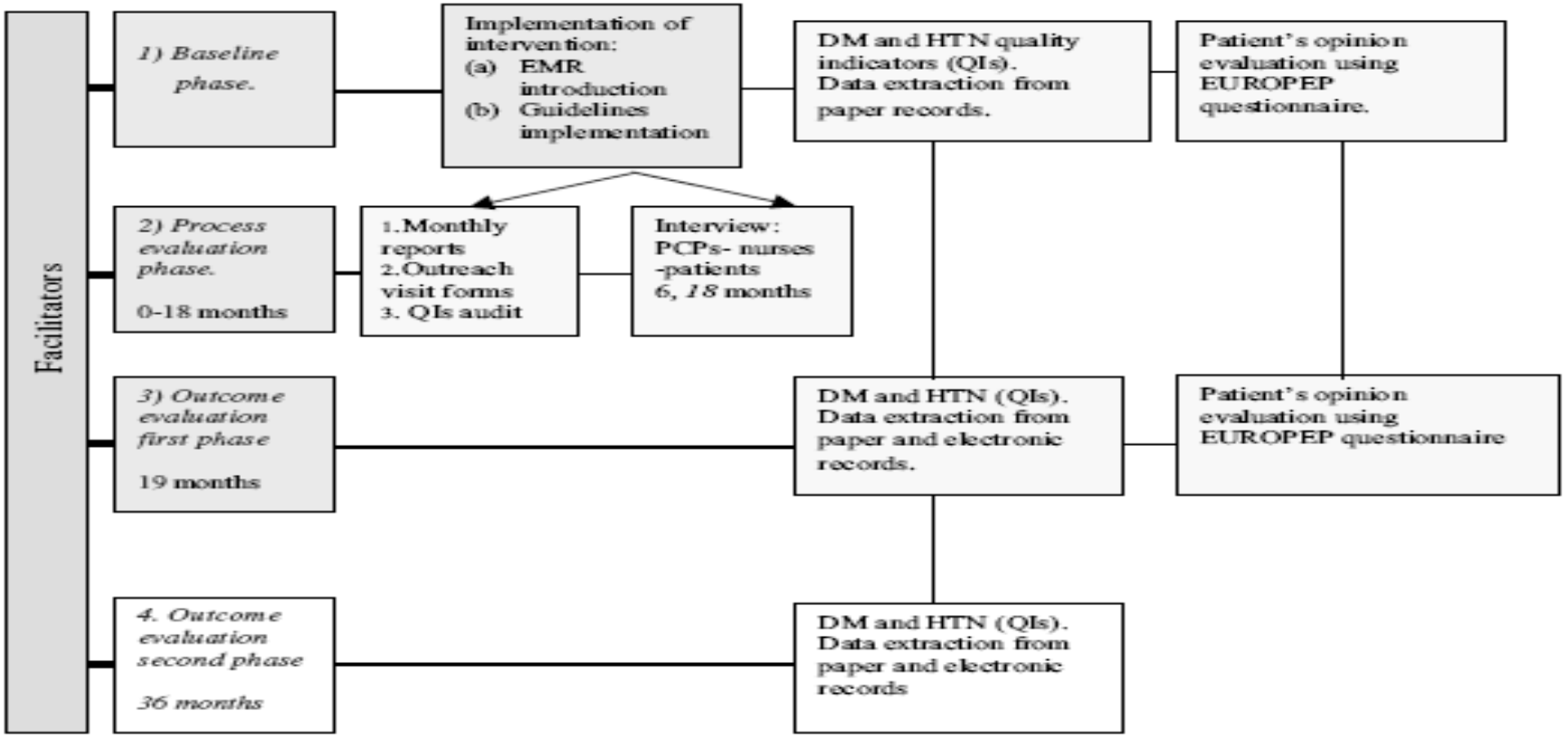


Figure 1
Schematic Representation of the Evaluation Framework.

A pilot quality improvement intervention in patients with diabetes and hypertension in primary care settings of Cyprus

George A Samoutis[a,b,*], Elpidoforos S Soteriades[b,c], Henri E Stoffers[d], Anastasios Philalithis[e], Eumorphia M Delicha[f] and Christos Lionis[a]

Background. The achievement of quality of care constitutes a priority for modern health care systems. The objective of our study was to evaluate a quality improvement intervention in primary care of Cyprus.

Methods. In a two-arm non-randomized controlled study in primary care centres in Cyprus, all patients with hypertension (HTN) and diabetes ($n = 539$) were invited. In one urban and one rural centre, a quality improvement programme was implemented; two other centres (one urban and one rural) served as control practices. The intervention mainly consisted of the introduction of clinical disease management guidelines and an electronic medical record system. The primary outcome measurement was improvement of specific clinical indicators for HTN and diabetes. Patients' satisfaction was evaluated using the European Task Force on Patient Evaluations of General Practice (EUROPEP) questionnaire over an 18-month follow-up period.

Results. Five hundred and four patients completed the study, 278 patients in the intervention practices and 226 patients in the control practices. Mean results for blood pressure, total cholesterol and low density lipoprotein-cholesterol and three annual performance measures (urine protein testing, dilated eye and foot examination) had improved at 18-month follow-up in the intervention as compared to the control group. There was no improvement of HbA1c levels. Patients' satisfaction improved in the intervention practices (improvement of 10/23 EUROPEP items) but decreased in the control group (decline of 20/23 items).

Conclusions. A pilot multifaceted quality improvement intervention programme for patients with diabetes and HTN implemented in primary care settings in Cyprus showed promising results. Future studies need to involve a broader number of practices and patient populations.

Keywords. Cyprus, diabetes mellitus, hypertension, patient satisfaction, primary care, quality improvement, quality indicators.

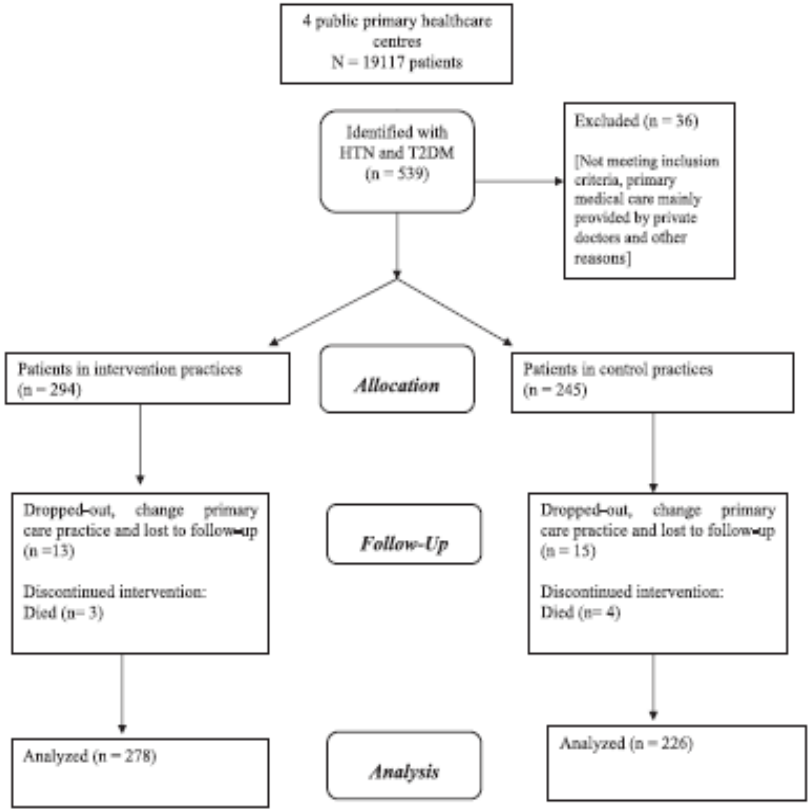


FIGURE 1 *Flowchart*

Source: Samoutis et al, Family Practice 2010.

Oikonomidou *et al. BMC Gastroenterology* 2011, **11**:11
http://www.biomedcentral.com/1471-230X/11/11

BMC Gastroenterology

RESEARCH ARTICLE Open Access

Upper gastrointestinal endoscopy for dyspepsia: Exploratory study of factors influencing patient compliance in Greece

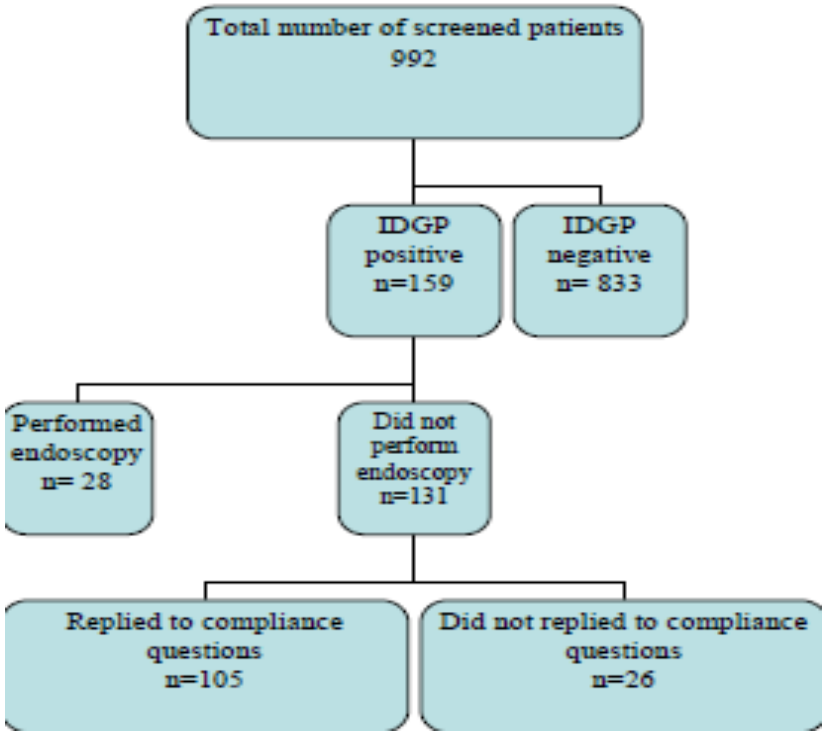
Eirini Oikonomidou[1*], Foteini Anastasiou[2], Ioannis Pilpilidis[3], Elias Kouroumalis[4], Christos Lionis[5],

Patients' possible inconvenience to endoscopy Question 2: Is there any possible inconvenience to the performance of endoscopy?

Barrier	*Total (105)*
Painful/difficult examination	41
Fear	17
External determinants	6
PPIs use as an alternative	1
Not inconvenient	30
I don't know	10

Patients' beliefs concerning the importance of endoscopy for their health Question 3: Do you think that the EGD that was suggested by your Family Physician is important for you health?

Barrier	*Total (105)*
Important	41
Possibly important	20



Can elbow-extension test be used as an alternative to radiographs in primary care?

2007, Vol. 13, No. 4 , Pages 221-224 (doi:10.1080/13814780701814820)

Andreas Lamprakis[1†], Kostas Vlasis[1], Ekaterini Siampou[2], Ilias Grammatikopoulos[3] and Christos Lionis[3]

- ✓Η έκταση του αγκώνα σε ύπτια θέση ως διαγνωστική δοκιμασία στην ΠΦΥ
- ✓Ευαισθησία 92%
- ✓Ειδικότητα 61%

Primary care diagnostic technology update:

point-of-care testing for glycosylated haemoglobin

©British Journal of General Practice 2011; 61: 139–140.

DOI: 10.3399/bjgp11X556290

Annette Plüddemann, Christopher P Price, Matthew Thompson, Jane Wolstenholme and Carl Heneghan

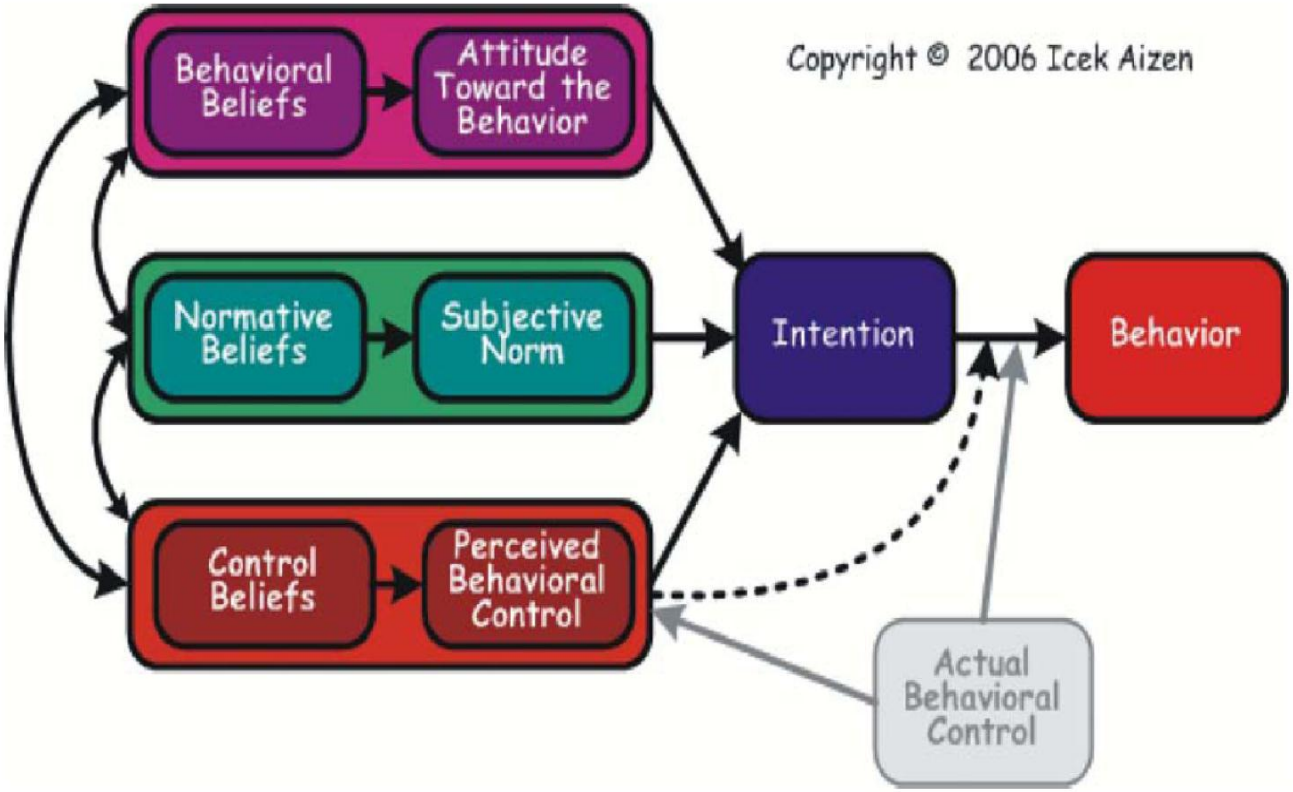
Health Technology Assessments (HTAs)

One relevant HTA report was identified from the UK. A study in diabetes clinics indicated providing near-patient testing of HbA1c results seemed to improve the process of care and aspects of patient satisfaction. The report recommended a prospective randomised controlled trial of near-patient testing in diabetes clinics.[11]

What this technology adds

The point-of-care HbA1c test could improve management of the increasing numbers of patients with established diabetes being managed in primary care.

Εκπαίδευση και κατάρτιση των ιατρών - ποιες είναι οι προτεραιότητες;

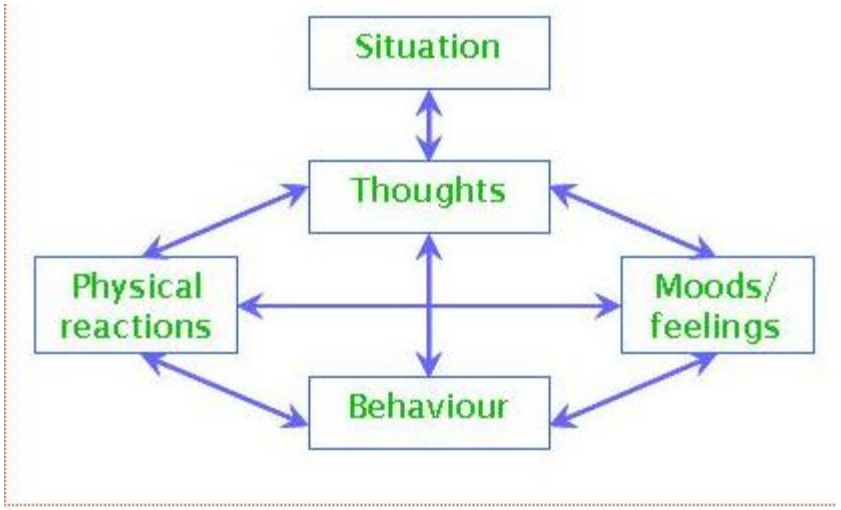


Εκπαίδευση σε μοντέλα αλλαγής συμπεριφοράς (Theory of planned Behavior) για προβλήματα όπως κάπνισμα, χρήση ουσιών, αλκοόλ καταθλιπτικού τύπου διαθέσεις κ.ο.κ.

Cognitive Behaviour Therapy (CBT)

Main Concepts:

- Based on the belief that certain ways of thinking and trigger certain health problems.
- A mixture of both cognitive (thoughts, attitudes, beliefs) and behavioral therapies are used.
- Short term psychological treatment
- Main idea is to challenge the way the patient reacts in a situation.



Source: The Watford and District Hypnotherapy Centre http://www.watfordhypno.co.uk/blog/cognitive-behavioural-therapy/

CBT continued

- The conditions that can be helped by CBT:
  - Anger
  - Anxiety, panic attacks
  - Chronic fatigue syndrome
  - Depression
  - Drug or alcohol problems
  - Eating disorders
  - Obsessive-compulsive disorder
  - Post traumatic stress disorder
  - Chronic persistent pain
  - Schizophrenia
  - Sexual and relationship problems
  - Phobias

Source: The Watford and District Hypnotherapy Centre http://www.watfordhypno.co.uk/blog/cognitive-behavioural-therapy/

Training GPs in cognitive behaviour therapy for the unemployed

Vanessa Rose, BA, MA (Psych), is a research officer, Centre for Health Equity Training Research and Evaluation, Centres for Primary Health Care and Equity, South West Sydney Area Health Service, New South Wales.

Mary Morrow, RN, BA (Hons), MClinPsych, is Clinical Psychologist Consultant, Centre for Health Equity Training Research and Evaluation, Centres for Primary Health Care and Equity, South West Sydney Area Health Service, New South Wales.

Elizabeth Harris, BA, DipEd, DipSocWk, MP, is Director, Centre for Health Equity Training Research and Evaluation, Centres for Primary Health Care and Equity, South West Sydney Area Health Service, New South Wales.

Mark F Harris, MBBS, MD, is Professor, School of Public Health and Community Medicine, University of New South Wales, Centres for Primary Health Care and Equity, South West Sydney Area Health Service, New South Wales.

Cognitive behavioural therapy (CBT) is effective in improving psychological health and promoting employment for people who are unemployed.[1] General practitioners have a role in building the capacity of their unemployed patients to manage health problems[2] and can be trained to deliver CBT effectively to people with depression.[3] We conducted a pilot study of training for GPs in using CBT to assist their unemployed patients. The evaluation assessed changes in GP attitudes toward CBT and their self reported use of CBT techniques with unemployed patients as a result of training.

Table 1. GP self reported experience with CBT at 'time 1' and 'time 2' during training (%)

	Time 1 (n=53) (%)	Time 2 (n=57) (%)	p
CBT reframing of problems	39 (74)	36 (63)	NS
Eliciting distorted thoughts	25 (47)	30 (53)	NS
Modifying distorted thoughts	28 (53)	38 (67)	NS
CBT homework	13 (25)	13 (23)	NS
Problem solving	34 (64)	38 (67)	NS
Useful for patient*	32 (64)	44 (79)	NS
Useful for GP	34 (64)	46 (81)	0.04
Follow up for CBT	28 (53)	37 (65)	NS

*four missing cases (T1=50, T2=56)

Source: V Rose, M Morrow, E Harris, M F Harris. Training GPs in cognitive behaviour therapy for the unemployed. Australian Family Physician Vol. 33, No. 3; 2004.

MOTIVATIONAL INTERVIEWING

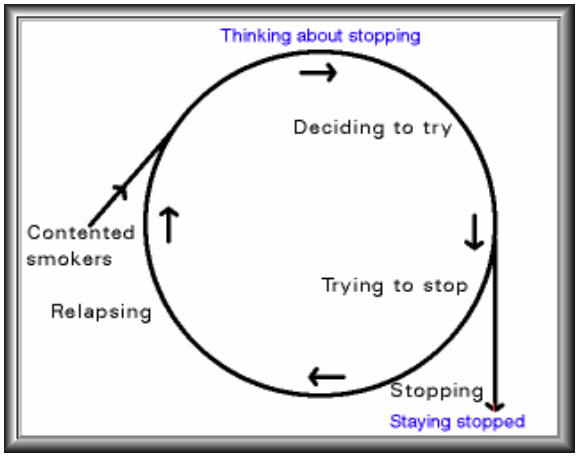
- Background: Designed by William R. Miller, Ph.D. who designed this technique for problem drinkers in 1983.
- Client-centered approach to assist in changing behavior by increasing internal motivation
- Key Elements- (FRAMES)
  - **F**eedback – following assessment of patient's current situation
  - **R**esponsibility – personal responsibility of patient to change
  - **A**dvice – clear advice that changes needs to occur
  - **M**enu – providing alternating strategies
  - **E**mpathy – understanding the patient's experience
  - **S**upporting Self Efficacy – encouragement to the patient

Source: Motivational Interviewing (resources for clinicians, researchers, and trainers) http://www.motivationalinterview.org/

MOTIVATIONAL INTERVIEWING CONT…

- Key Skills
  - Open - ended questions
  - Affirmations
  - Reflective listening
  - Summarize
  - Elicit self motivational statements (desire, ability, reasons, need, readiness, commitment)

Smoking Example



Source: Motivational Interviewing (resources for clinicians, researchers, and trainers) http://www.motivationalinterview.org/

Methodologies for Emotional Management for General Practitioners

- Education about symptoms
- Listening, non - directive interviewing, empathic understanding
- Problem identification and defining skills
- Counseling skills
- Problem - solving techniques
- Behavioral techniques
    - e.g. relaxation, increasing pleasurable activities, stimulus control
- Cognitive techniques
    - e.g. challenging unrealistic thoughts
- Psychodynamic understanding of the doctor – patient relationship
- Family and systemic approaches.

Source: Cape J, Barker C, Buszewich M, General Practitioner psychological management of common emotional problems (I):definitions and literature review. *Family Practice, Oxford University Press* 2001.

Look, Listen, Test (LLT)

- A generic schema
- Informs consultation process regardless of pathology presented
- Supports a holistic view by providing a psychological element to the formulation
- Helpful schema for a primary care consultation
- Useful for medical students

Slide prepared by Dr Lucja Kolkiewicz

Εκπαίδευση και κατάρτιση των υγειονομικών - ποιες είναι οι προτεραιότητες;

Ανάγκη να εξετάσουμε την εκπαίδευση των επαγγελματιών υγείας

Primary health care nursing staff in Crete: an emerging profile

A. Markaki[1] RN, MSN, MA, CS, N. Antonakis[2] MD, PhD, A. Philalithis[3] AKC, MBBS, PhD, MRCP(UK) & C. Lionis[4] MD, PhD

1 Clinical Specialist in Community Health Nursing, Regional Health and Welfare System (RHWS) of Crete, PhD Candidate, University of Crete, 2 General Practitioner, Anogia Health Center, 3 Associate Professor of Social Medicine, University of Crete, 4 Associate Professor of Social and Family Medicine, University of Crete, Crete, Greece

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MARKAKI A., ANTONAKIS N., PHILALITHIS A. & LIONIS C. (2006) Primary health care nursing staff in Crete: an emerging profile. *International Nursing Review* 53, 16–18

- Ο ρόλος των νοσηλευτών στην ΠΦΥ
- Ο υποβαθμισμένος ρόλος τους στη χώρα μας
- Η απουσία εξειδίκευσης σε αντικείμενα στην ΠΦΥ

BMC Health Services Research

BioMed Central

Research article

Open Access

Translating and validating a Training Needs Assessment tool into Greek

Adelais Markaki*[1,2], Nikos Antonakis[3], Carolyn M Hicks[4] and Christos Lionis[1]

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Abstract

Background: The translation and cultural adaptation of widely accepted, psychometrically tested tools is regarded as an essential component of effective human resource management in the primary care arena. The Training Needs Assessment (TNA) is a widely used, valid instrument, designed to measure professional development needs of health care professionals, especially in primary health care. This study aims to describe the translation, adaptation and validation of the TNA questionnaire into Greek language and discuss possibilities of its use in primary care settings.

Methods: A modified version of the English self-administered questionnaire consisting of 30 items was used. Internationally recommended methodology, mandating forward translation, backward translation, reconciliation and pretesting steps, was followed. Tool validation included assessing item internal consistency, using the alpha coefficient of Cronbach. Reproducibility (test – retest reliability) was measured by the kappa correlation coefficient. Criterion validity was calculated for selected parts of the questionnaire by correlating respondents' research experience with relevant research item scores. An exploratory factor analysis highlighted how the items group together, using a Varimax (oblique) rotation and subsequent Cronbach's alpha assessment.

Results: The psychometric properties of the Greek version of the TNA questionnaire for nursing staff employed in primary care were good. Internal consistency of the instrument was very good, Cronbach's alpha was found to be 0.985 ($p < 0.001$) and Kappa coefficient for reproducibility was found to be 0.928 ($p < 0.0001$). Significant positive correlations were found between respondents' current performance levels on each of the research items and amount of research involvement, indicating good criterion validity in the areas tested. Factor analysis revealed seven factors with eigenvalues of > 1.0, KMO (Kaiser-Meyer-Olkin) measure of sampling adequacy = 0.680 and Bartlett's test of sphericity, $p < 0.001$.

Conclusion: The translated and adapted Greek version is comparable with the original English instrument in terms of validity and reliability and it is suitable to assess professional development needs of nursing staff in Greek primary care settings.

Quality in Primary Care 2008;16:xxx–xxx

Editorial

Capacity building within primary healthcare nursing: a current European challenge

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Christos Lionis MD PhD
Associate Professor, Clinic of Social and Family Medicine, School of Medicine, University of Crete, Greece

There is a growing interest and an ongoing debate on primary healthcare (PHC) and professional development in contemporary Europe that struggles to eliminate health inequalities. Capacity building is defined as promoting an environment that increases the potential of individuals, organisations and communities to receive and possess knowledge and skills as well as to become qualified in planning, developing, implementing and sustaining health-related activities according to changing or emerging needs.[1,2] Research capacity that develops skills and structures to facilitate research can be viewed as a critical component of overall capacity building within a profession. Hence, the link between research capacity building and capacity building in PHC nursing practice presents an issue of the utmost importance for the discipline of nursing. Disseminating knowledge and applying experiences gained from countries with well-established, advanced practice nursing in PHC to other countries, such as Greece, where PHC nursing is still seeking recognition, poses a current European challenge.

Throughout Europe, integration of services along the continuum of care, and interdisciplinary collaboration remain two key priorities of research and practice in PHC nursing.[3–6] Moreover, formulation and implementation of a national plan for assessing workforce needs as well as the presence of any constraints in the scope of nursing practice are prominent features of advanced nursing practice.[7] Within countries where nursing is still struggling to be considered an equal partner, advanced nursing practice and research are both lagging behind. In Greece, systematic efforts to assess PHC nursing staff needs have received limited attention,[8] and as of today, there is no national plan to address the severe shortage of specialised nursing staff in PHC.[9] There are also several constraints in the scope of community health nursing practice that merit special consideration.[10,11] One of the major hurdles for rural nurses is the restricted, task-oriented framework. Results from a study in Crete indicate that resistance to organisational change and innovation is related to how 'restricted' or 'expanded' a PHC nurse views his or her role to be.[8] This finding is in agreement with a UK study which showed that receptivity to clinical nurse specialists' ideas is dependent on what community nurses view as their own role.[12] Another constraint is that educational preparation in Crete has been shown to have less of an effect in producing practice role variations and determining professional needs when compared to other countries.[8] This finding lends support to the argument that Greek PHC nurses lack the specialised education and training to adequately function in the community setting.[9,13]

The link between research capacity building and PHC nursing capacity building is further illustrated by common obstacles and hurdles shared by both. In keeping with findings from the scoping report on nursing research in Europe,[14] inadequate funding and 'poor' capacity of PHC staff to undertake the required research and development are two of the major obstacles in building capacity.[15–17] Without sufficient funding, there is no infrastructure from which to support and deliver nursing research or advanced nursing practice. Hence, aspiring nurse-researchers and nurse-clinicians focus on inward-looking, small studies and short-term projects that are easily achievable.[18] Similarly, 'poor' research capacity has been attributed to heavy workloads, staff shortages, lack of required research writing skills, the belief that research is more of a luxury than a necessity, and competition between academic institutions and clinical practice settings.[15,16,19] These hindering factors affect European nursing in different ways, depending on the nursing research and practice traditions within an individual country.[20]

In response to the above challenges, the two-tier system, proposed by Smith,[20] could be adapted to include PHC research and practice capacity building,

Χρειαζόμαστε συμπληρωματικές δομές;

ΑΠΟΨΕΙΣ
OPINION PAPER

Λειτουργική ανασυγκρότηση της πρωτοβάθμιας φροντίδας υγείας

Μια πρόταση για την άρση του αδιέξοδου

ΑΡΧΕΙΑ ΕΛΛΗΝΙΚΗΣ ΙΑΤΡΙΚΗΣ 2003, 20(5):466–476
ARCHIVES OF HELLENIC MEDICINE 2003, 20(5):466–476

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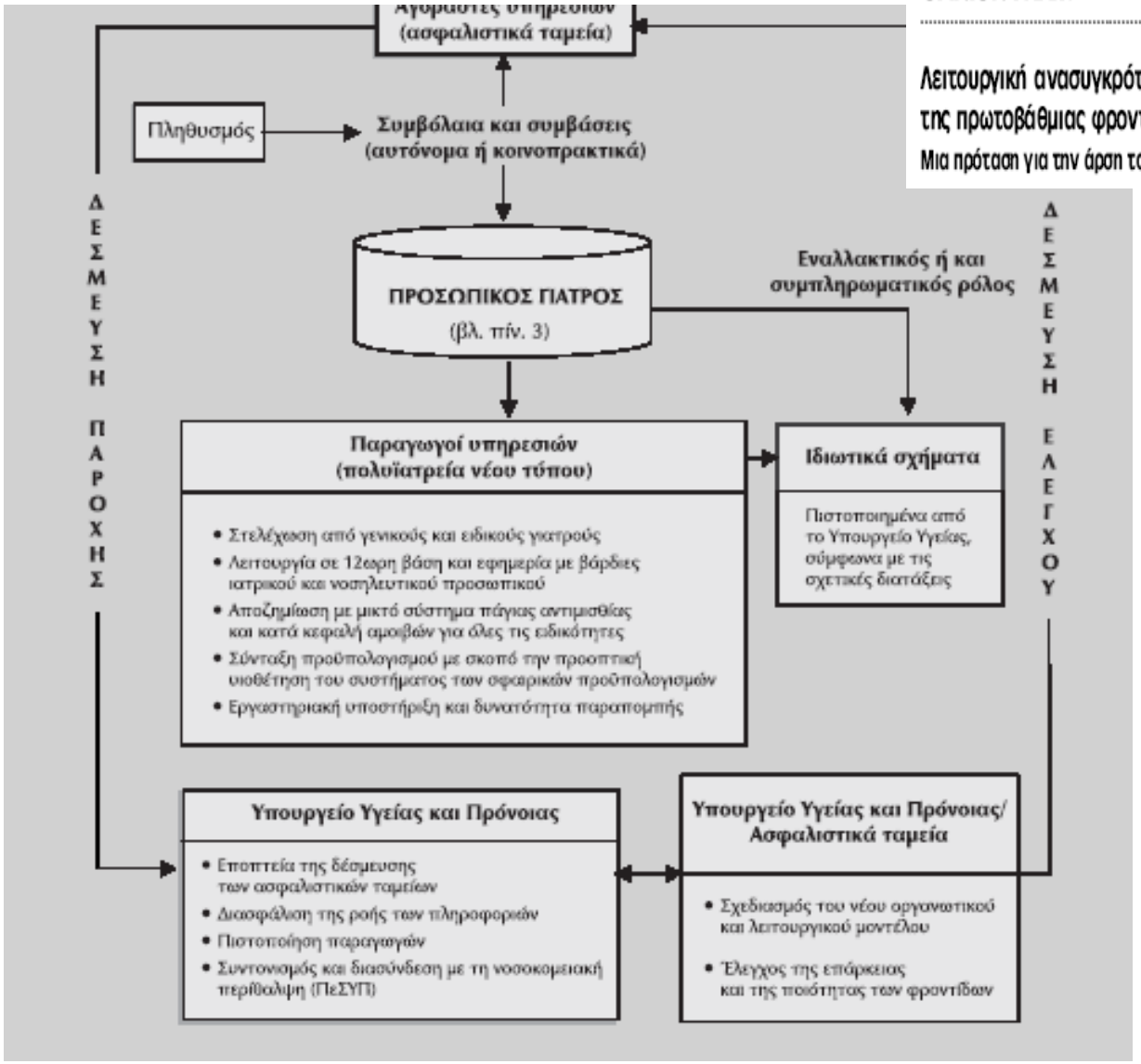

Σουλιώτης και Λιονής, Αρχεία Ελληνικής Ιατρικής, 2003

Η καθιέρωση του θεσμού του προσωπικού/ οικογενειακού ιατρού μέσω συμβολαίων και η καθιέρωση μιας ελάχιστης δέσμης υπηρεσιών

OPINION PAPER

Λειτουργική ανασυγκρότηση της πρωτοβάθμιας φροντίδας υγείας

Μια πρόταση για την άρση του αδιέξοδου

Η πρωτοβάθμια φροντίδα υγείας αποτελεί βασικό συστατικό στοιχείο όλων των μεταρρυθμιστικών προσπαθειών του συστήματος υγείας στην Ελλάδα τα τελευταία 20 χρόνια. Ενώ όμως όλο αυτό το διάστημα, σε επίπεδο επιστημονικού διαλόγου, διατυπώθηκαν σχέδια και προτάσεις που θα μπορούσαν να προσδώσουν στο σύστημα τα χαρακτηριστικά τα οποία θα επέτρεπαν την ικανοποίηση των αναγκών υγείας των πολιτών, σε επίπεδο πολιτικής πρακτικής παρατηρήθηκε ένας περιορισμός σε νομικά κείμενα, τα οποία έμειναν ανενεργά. Στη χώρα μας συντελείται τα τελευταία χρόνια μια ριζική τομή στο σύστημα υγείας, με το πεδίο της πρωτοβάθμιας φροντίδας υγείας να αποτελεί κεντρικό σημείο της πολιτικής και επιστημονικής συζήτησης. Το κείμενο αυτό αποτελεί μια πρόταση για τη λειτουργική ανασυγκρότηση της πρωτοβάθμιας φροντίδας υγείας, η οποία αντλεί επιχειρηματολογία από την υφιστάμενη πραγματικότητα και λαμβάνει υπόψη της διεθνείς καλές πρακτικές, με κεντρικό σημείο το θεσμό του προσωπικού γιατρού. Το προτεινόμενο σχέδιο επιχειρεί να προσδώσει έναν πλουραλιστικό χαρακτήρα στη δέσμη των παρεχόμενων υπηρεσιών και συνιστά μια ρεαλιστική προοπτική, η οποία μπορεί να αποτελέσει ένα πρώτο βήμα για τη διαμόρφωση ενός ενιαίου, τόσο οργανωτικά όσο και χρηματοδοτικά, συστήματος πρωτοβάθμιας φροντίδας υγείας.

ARCHIVES OF HELLENIC MEDICINE 2003, 20(5):466–476

Κ. Σουλιώτης,[1]
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[2]ΠεΣΥΠ Κρήτης, Κρήτη

Functional reconstruction of primary health care: A proposal for the removal of obstacles

Abstract at the end of the article

Λέξεις ευρετηρίου

Πολιτική υγείας
Προσωπικός γιατρός
Πρωτοβάθμια φροντίδα υγείας

Υποβλήθηκε 14.4.2003
Εγκρίθηκε 22.5.2003

Πίνακας Δέσμη υπηρεσιών που θα προσφέρει ο προσωπικός ιατρός σε κάθε συμβεβλημένο με το σύστημα.

- Διαχείριση των περισσότερο συχνών νοσημάτων και προβλημάτων υγείας που συναντώνται στην πρωτοβάθμια φροντίδα υγείας, με βάση και το τοπικό επιδημιολογικό πρότυπο, συμπεριλαμβανομένων της αρτηριακής υπέρτασης, του μη ινσουλινοεξαρτώμενου σακχαρώδη διαβήτη, του βρογχικού άσθματος, της χρονίας αποφρακτικής πνευμονοπάθειας, της καρδιακής ανεπάρκειας, της στεφανιαίας νόσου, των εκφυλιστικών παθήσεων των οστών, της οστεοπόρωσης, των κοινών λοιμώξεων της κοινότητας, της άνοιας και της μείζονος κατάθλιψης
- Διαχείριση μειζόνων παραγόντων κινδύνου, όπως κάπνισμα, διαταραχές των λιπιδίων, παχυσαρκία
- Διενέργεια εμβολιασμών παιδιών και ενηλίκων
- Έγκαιρη διάγνωση συγκεκριμένων μορφών καρκίνου, όπως ο καρκίνος του μαστού, του τραχήλου της μήτρας, του προστάτη και του παχέος εντέρου
- Εκτίμηση κατάστασης υγείας (συμπεριλαμβανομένων και των γνωσιακών και συναισθηματικών διαταραχών) ηλικιωμένων και ατόμων με χρόνια νοσήματα και αναπηρίες
- Παρακολούθηση ανάπτυξης βρεφών και παιδιών, παρακολούθηση εγκύων
- Φροντίδα μικρών τραυμάτων και κακώσεων, εκτέλεση μικρών χειρουργικών πράξεων και παροχή πρώτων βοηθειών, συμπεριλαμβανομένης της βασικής καρδιοαναπνευστικής αναζωογόνησης
- Εκτέλεση ενός ελάχιστου αριθμού διαγνωστικών και θεραπευτικών πράξεων στο ιατρείο

Σουλιώτης και Λιονής, Αρχεία Ελληνικής Ιατρικής 2003

International Journal of Integrated Care – Vol. 9, 30 July 2009 – ISSN 1568-4156 – http://www.ijic.org/

Policy

Special series: Integrated primary health care

Integrated primary health care in Greece, a missing issue in the current health policy agenda: a systematic review

Christos Lionis, MD, PhD, HonFRCGP, *Associate Professor, Head of the Clinic of Social and Family Medicine*, Emmanouil K Symvoulakis, MD, PhD, Adelais Markaki, RN, PhD, *Clinical Specialist Community Health Nursing*, Constantine Vardavas, RN, MPH, Maria Papadakaki, *Social Worker, MPH*, Natasa Daniilidou, *Scientific Collaborator*, Kyriakos Souliotis, *Scientific Collaborator*, and Ioannis Kyriopoulos, *Professor of Health Economics*

Conclusion

Establishment of integrated PHC in Greece is still at its infancy, requiring major restructuring of the current national health system, as well as organizational culture changes. Moving towards a new policy-based model would bring this missing issue on the discussion table, facilitating further development.

Source: Lionis et al., International Journal of Integrated Care, July 2009.

“Walk-in Centers”

Το Υπουργείο Υγείας και Κοινωνικής Αλληλεγγύης προκήρυξε το έργο "ΜΕΛΕΤΗ ΕΚΤΙΜΗΣΗΣ ΑΝΑΓΚΩΝ ΚΑΙ ΕΦΑΡΜΟΓΗΣ ΑΝΟΙΚΤΩΝ ΚΕΝΤΡΩΝ ΠΡΟΣΤΑΣΙΑΣ ΤΗΣ ΥΓΕΙΑΣ (ΑΚΕΠΥ) ΓΙΑ ΤΗΝ ΤΟΠΙΚΗ ΑΥΤΟΔΙΟΙΚΗΣΗ".

Ανάδοχος προέκυψε η Εθνική Σχολή Δημόσιας Υγείας (ΕΣΔΥ), η οποία με ίδια μέσα πραγματοποίησε το υποέργο 1, "ΕΝΕΡΓΕΙΕΣ ΣΥΝΤΟΝΙΣΜΟΥ, ΒΙΩΣΙΜΟΤΗΤΑΣ, ΔΗΜΟΣΙΟΤΗΤΑΣ, ΔΙΑΧΥΣΗΣ ΚΑΙ ΥΠΟΣΤΗΡΙΞΗΣ ΤΩΝ ΟΤΑ ΚΑΘΩΣ ΚΑΙ ΠΟΙΟΤΙΚΟΥ ΕΛΕΓΧΟΥ", (μπορείς να δεις το ιατρικό υλικό υποστήριξης αν ανοίξεις το εικονίδιο «Ενημέρωση για Θέματα Υγείας»), ενώ προκήρυξε διαγωνισμό για τη πραγματοποίηση της καθ' αυτό μελέτης, το υποέργο 2.

Ανάδοχος του υποέργου μετά από διαγωνισμό προέκυψε η συνεργασία των εταιρειών Planning Group Μελέτες-Σύμβουλοι και Nestor – Συμβουλευτική ΑΕ.

Χρήστης της μελέτης είναι το Διαδημοτικό δίκτυο Υγείας και όλοι οι νέοι Καλλικρατικοί Δήμοι.

Τα Ανοικτά Κέντρα Προστασίας της Υγείας (ΑΚεΠΥ) είναι μια δομή στην κοινότητα η οποία παρέχει άμεση πρόσβαση, χωρίς προσυνεννόηση, σε επιλεγμένες υπηρεσίες πρωτοβάθμιας φροντίδας υγείας, προς όλους τους κατοίκους μιας συγκεκριμένης περιοχής ευθύνης Καποδιστριακού Δήμου με διευρυμένο ωράριο λειτουργίας,.

Οι επιλεγμένες υπηρεσίες που το ΑΚεΠΥ προσφέρει είναι η αντιμετώπιση των μικροτραυματισμών των ελασσόνων προβλημάτων, η αγωγή και η προαγωγή της υγείας καθώς και η συμβουλευτική, αφενός για θέματα υγείας και πρόνοιας και αφετέρου για τη καλύτερη χρήση των υπηρεσιών υγείας γενικά.

Το έργο χρηματοδοτήθηκε από το ΕΣΠΑ και από το Ελληνικό Δημόσιο

Μπορείς να δεις μια Συνοπτική Πρόταση της Μελέτης αν ανοίξεις το εικονίδιο «Μάθε για τα ΑΚεΠΥ».

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EDITORIAL

Restoring humanity in health care through the art of compassion: an issue for the teaching and research agenda in rural health care

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Συμπεράσματα

- Έμφαση στον έλεγχο της κλινικής αποτελεσματικότητας και απόδοσης.
- Ενίσχυση των υποδομών και των κλινικών δεξιοτήτων των υγειονομικών στην ΠΦΥ.
- Έμφαση σε νέους ρόλους των υγειονομικών και ιδιαίτερα της των νοσηλευτών στην κοινότητα.
- Υποστήριξη της έρευνας στην ΠΦΥ και ιδιαίτερα των κλινικών παρεμβάσεων.
- Ανάπτυξη της διεπιστημονικής συνεργασίας στην κατεύθυνση μιας ολοκληρωμένης ΠΦΥ.