Και μετά; Πώς θα αξιοποιήσουμε την τεκμηρίωση από τα δεδομένα των ασθενών για να βελτιώσουμε τη φροντίδα υγείας;

Χρήστος Λιονής MD PhD FRCGP FESC FWONCA

Ομότιμος Καθηγητής Γενικής Ιατρικής και Πρωτοβάθμιας Φροντίδας Υγείας Ιατρικής Σχολής Πανεπιστημίου Κρήτης

Συν-διευθυντής Συνεργαζόμενου με τον ΠΟΥ Κέντρου της Ιατρικής Σχολής Πανεπιστημίου Κρήτης

Σε ποιο βαθμό αξιοποιούμε δεδομένα σχετικά με τις αξίες του ασθενούς;

Lionis et al. BMC Health Services Research (2017) 17:255
DOI 10.1186/s12913-017-2189-0

BMC Health Services Research

RESEARCH ARTICLE Open Access

Informing primary care reform in Greece: patient expectations and experiences (the QUALICOPC study)

Christos Lionis[1*], Sophia Papadakis[1,2], Chrysanthi Tatsi[1], Antonis Bertsias[1], George Duijker[1], Prodromos Bodosakis Mekouris[3], Wienke Boerma[4], Willemijn Schäfer[4] and on behalf of the Greek QUALICOPC team

Abstract

Background: Primary health care is the cornerstone of a high quality health care system. Greece has been actively attempting to reform health care services in order to improve heath outcomes and reduce health care spending. Patient-centered approaches to health care delivery have been increasingly acknowledged for their value informing quality improvement activities. This paper reports the quality of primary health care services in Greece as perceived by patients and aspects of health care delivery that are valued by patients.

Methods: This study was conducted as part of the Quality and Costs of Primary Care in Europe (QUALICOPC) study. A cross-sectional sample of patients were recruited from general practitioner's offices in Greece and surveyed. Patients rated five features of person-focused primary care: accessibility; continuity and coordination; comprehensiveness; patient activation; and doctor–patient communication. One tenth of the patients ranked the importance of each feature on a scale of one to four, and nine tenths of patients scored their experiences of care received. Comparisons were made between patients with and without chronic disease.

Results: The sample included 220 general practitioners from both public and private sector. A total of 1964 patients that completed the experience questionnaire and 219 patients that completed the patient values questionnaire were analyzed. Patients overall report a positive experiences with the general practice they visited. Several gaps were identified in particular in terms of wait times for appointments, general practitioner access to patient medical history, delivery of preventative services, patient involvement in decision-making. Patients with chronic disease report better experience than respondents without a chronic condition, however these patient groups report the same values in terms of qualities of the primary care system that are important to them.

Conclusions: Data gathered may be used to improve the quality of primary health care services in Greece through an increased focus on patient-centered approaches. Our study has identified several gaps as well as factors within the primary care health system that patient's perceive as most important which can be used to prioritize quality improvement activities, especially within the austerity period. Study findings may also have application to other countries with similar context and infrastructure.

Keywords: Primary care, Quality, Patient-centered care, Greece, QUALICOPC, Cross sectional

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Table 5 Patient value survey responses by quality domain – Proportion of participants who ranked as very important

Variable	% Total n =219	% Without chronic disease n =102	% Patients with chronic disease n = 117	p-value
Accessibility				
The practice has extensive opening hours	43.6	41.9	45.5	0.071
I can get an appointment easily at this practice	47.7	45.3	50.5	0.666
I know how to get evening, night and weekend services	47.2	50.4	43.6	0.416
The practice is close to where I live or work	57.8	63.2	51.5	0.053
I have a short waiting time on the phone when I call this practice	38.1	38.5	37.6	0.322
The doctor does not give me the feeling to be under time pressure	59.4	58	61.2	0.632
The doctor offers me his/her telephone or email to contact for further questions	29.4	28.7	29.3	0.923
I will keep my appointment	34.7	30.9	38.3	0.268
Continuity and Coordination				
The doctor has my medical records at hand	42.1	41.1	46.9	0.144
The doctor knows important information about my medical background and health issues	57.9	59.0	62.4	0.714
The doctor knows about my living situation	28.4	27.7	29.2	0.811
The doctor has prepared for the consultation by reading my medical notes	29.4	29.7	29.3	0.950
The doctor gives me instructions on what to do when things go wrong	64.7	59.4	69.0	0.142
I don't need to tell a receptionist or nurse details about my health problem	21.6	22.2	21.4	0.920
I inform the doctor how the treatment works out	43.0	40.0	45.1	0.450
I can see another doctor if I think it is necessary	29.8	29.3	30.5	0.854
Communication and Patient-Centered Care				
The doctor is polite	63.9	59.4	67.5	0.215
The doctor makes me feel welcome by making eye contact	49.8	47.5	52.1	0.497
The doctor listens attentively	68.8	69.3	68.1	0.849
The doctor is aware of my personal, social and cultural background	13.7	13.9	13.7	0.968
The doctor is not prejudiced because of my age, gender, religion or culture	35.2	34.7	35.9	0.848
The doctor treats me as a person and not as a medical problem	57.8	52.5	62.1	0.154
The doctor is respectful during physical examinations and does not interrupt me	46.8	41.6	50.9	0.172
The doctor takes me seriously	54.7	48.5	59.6	0.103
The doctor understand me	56.7	51.0	62.1	0.101
The doctor asks me if I have any questions about my health problems	46.1	38.6	52.2	0.046
The doctor asks how I prefer to be treated	22.5	20.7	24.5	0.544
The doctor avoids disturbances of the consultation by telephone calls etc.	22.5	26.7	19.0	0.172
The people at the reception desk are polite and helpful	36.1	35.7	35.8	0.992
I understand clearly what the doctor explains	67.1	66.0	67.8	0.776

Μιλάμε συχνά για εγγραμματοσύνη υγείας, αλλά πώς αξιοποιούμε τα δεδομένα;

Studies in humans

Socioeconomic inequalities in relation to health and nutrition literacy in Greece

Maria Michou, Demosthenes B. Panagiotakos, Christos Lionis & Vassiliki Costarelli

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diseases MDPI

Article

Towards a Better Understanding of MASLD: Patient Health Literacy, Illness Perception, and Awareness

Irini Gergianaki [1], Foteini Anastasiou [2,3], Sophia Papadakis [1], Marilena Anastasaki [1], Manolis Linardakis [1], Juan Mendive [3,4,5], Leen J. M. Heyens [6,7,8], Ger Koek [7], Jean Muris [3,9] and Christos Lionis [1,3,10,*]

Σε ποιο βαθμό αναζητάμε και στη συνέχεια αξιοποιούμε δεδομένα σχετικά με τους ψυχοκοινωνικούς προσδιοριστές;

ESC European Society of Cardiology
European Heart Journal (2025) 00, 1–70
https://doi.org/10.1093/eurheartj/ehaf191

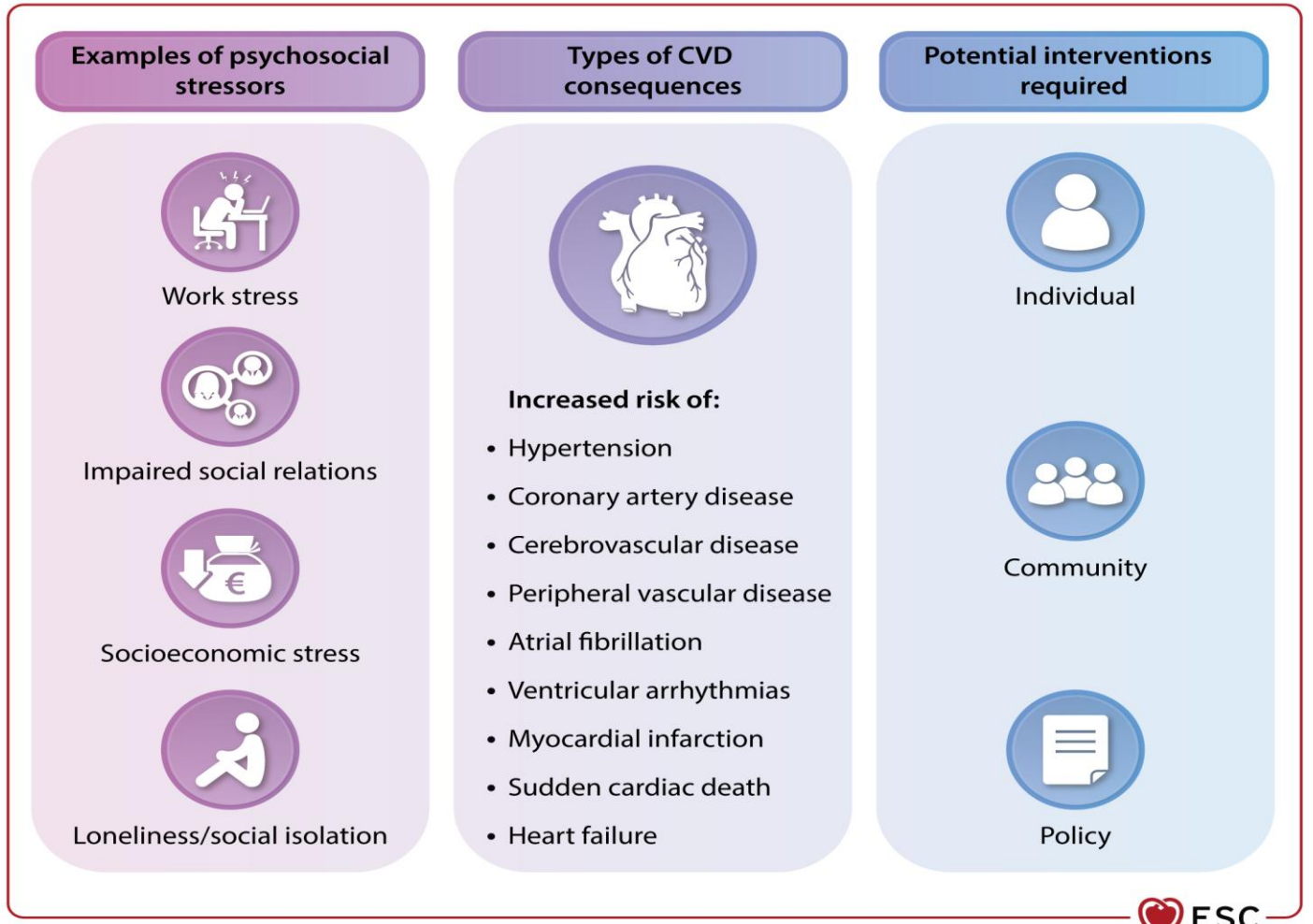
ESC GUIDELINES

2025 ESC Clinical Consensus Statement on mental health and cardiovascular disease: developed under the auspices of the ESC Clinical Practice Guidelines Committee

Developed by the task force on mental health and cardiovascular disease of the European Society of Cardiology (ESC)

Endorsed by the European Federation of Psychologists' Associations AISBL (EFPA), the European Psychiatric Association (EPA), and the International Society of Behavioral Medicine (ISBM)

Authors/Task Force Members: Héctor Bueno *†, (Chairperson) (Spain), Christi Deaton *†, (Chairperson) (United Kingdom), Marta Farrero ‡, (Task Force Co-ordinator) (Spain), Faye Forsyth ‡, (Task Force Co-ordinator) (United Kingdom), Frieder Braunschweig (Sweden), Sergio Buccheri (Sweden), Simona Dragan (Romania), Sofie Gevaert (Belgium), Claes Held (Sweden), Donata Kurpas (Poland), Karl-Heinz Ladwig (Germany), Christos D. Lionis (Greece), Angela H.E.M. Maas (Netherlands), Caius Ovidiu Merșa (Romania), Richard Mindham (United Kingdom), Susanne S. Pedersen (Denmark), Martina Rojnic Kuzman [1] (Croatia), Sebastian Szmit (Poland), Rod S. Taylor (United Kingdom), Izabella Uchmanowicz (Poland), Noa Vilchinsky [2] (Israel), and ESC Scientific Document Group



From the section on CV risk associated with mental health in individuals without known CVD

Σε ποιο βαθμό αξιοποιούμε τα δεδομένα από τις δομές μακροχρόνιας φροντίδας;

Protocol

Improving Antibiotic Use in Nursing Homes by Infection Prevention and Control and Antibiotic Stewardship (IMAGINE): Protocol for a Before-and-After Intervention and Implementation Study

Ana Garcia-Sangenis[1], MSc; Daniela Modena[1], PhD; Jette Nygaard Jensen[2], PhD; Athina Chalkidou[2], MSc; Valeria S Antsupova[2], PhD; Tina Marloth[2], MMS; Anna Marie Theut[2], MD; Beatriz González López-Valcárcel[3], Prof Dr; Fabiana Raynal[3], MSc; Laura Vallejo-Torres[3], PhD; Jesper Lykkegaard[4], PhD; Malene Plejdrup Hansen[4,5], PhD; Jens Søndergaard[4], Prof Dr Med; Jonas Kanstrup Olsen[4], MSc; Anders Munck[4], Dr med; András Balint[6,7], Dr med; Ria Benko[7], Prof Dr; Davorina Petek[8], Prof Dr Med; Nina Sodja[8], Dr med; Anna Kowalczyk[9], MSPH; Maciej Godycki-Cwirko[9], Prof Dr Med; Helena Glasová[10], PhD; Jozef Glasa[10], Prof Dr Med; Ruta Radzeviciene Jurgute[11], PhD; Lina Jaruseviciene[11], PhD; Christos Lionis[12], Prof Dr Med; Marilena Anastasaki[12], Dr med; Agapi Angelaki[12], Dr med; Elena Petelos[12], PhD; Laura Alvarez[13], MSc; Marta Ricart[13], MSc; Sergi Briones[13], MSc; Georg Ruppe[14], Prof Dr; Ramon Monfà[1], MSc; Anders Bjerrum[1], PhD; Carl Llor[15], PhD

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Abstract

Background: Despite the extensive use of antibiotics and the growing challenge of antimicrobial resistance, there has been a lack of substantial initiatives aimed at diminishing the prevalence of infections in nursing homes and enhancing the detection of urinary tract infections (UTIs).

Objective: This study aims to systematize and enhance efforts to prevent health care–associated infections, mainly UTIs and reduce antibiotic inappropriateness by implementing a multifaceted intervention targeting health care professionals in nursing homes.

Παράγοντες κινδύνου για ουρολοίμωξη

Ένδειξη = Λοίμωξη του ουροποιητικού

	DK	GR	HU	LI	PL	SK	SL	SP	Σύνολο
Αριθμός φροντιζόμενων	199	39	166	30	58	54	352	260	1158
Μόνιμος ουρολογικός καθετήρας	18%	59%	32%	10%	21%	15%	12%	2%	15,8%
Σοβαρή γνωσιακή εξασθένηση (άνοια)	43%	28%	24%	30%	10%	33%	34%	54%	37,2%
Χρήση πάνας	62%	80%	53%	90%	43%	69%	68%	84%	68,0%
Διαβήτης	12%	18%	13%	23%	14%	17%	15%	19%	15,5%
Ιστορικό ≥ 3 ουρολοιμώξεων τον τελευταίο χρόνο	31%	13%	22%	7%	19%	35%	22%	44%	28,1%
Κλινήρης ή χρήση αναπηρικού αμαξιδίου	33%	67%	44%	63%	45%	54%	48%	37%	43,5%
Κανένα από τα παραπάνω	7%		11%	3%	29%	4%	9%	4%	8,2%
Ελλιπής	3%		1%				2%	2%	1,6%
Σύνολο %	209%	264%	201%	227%	181%	226%	210%	246%	217,9%

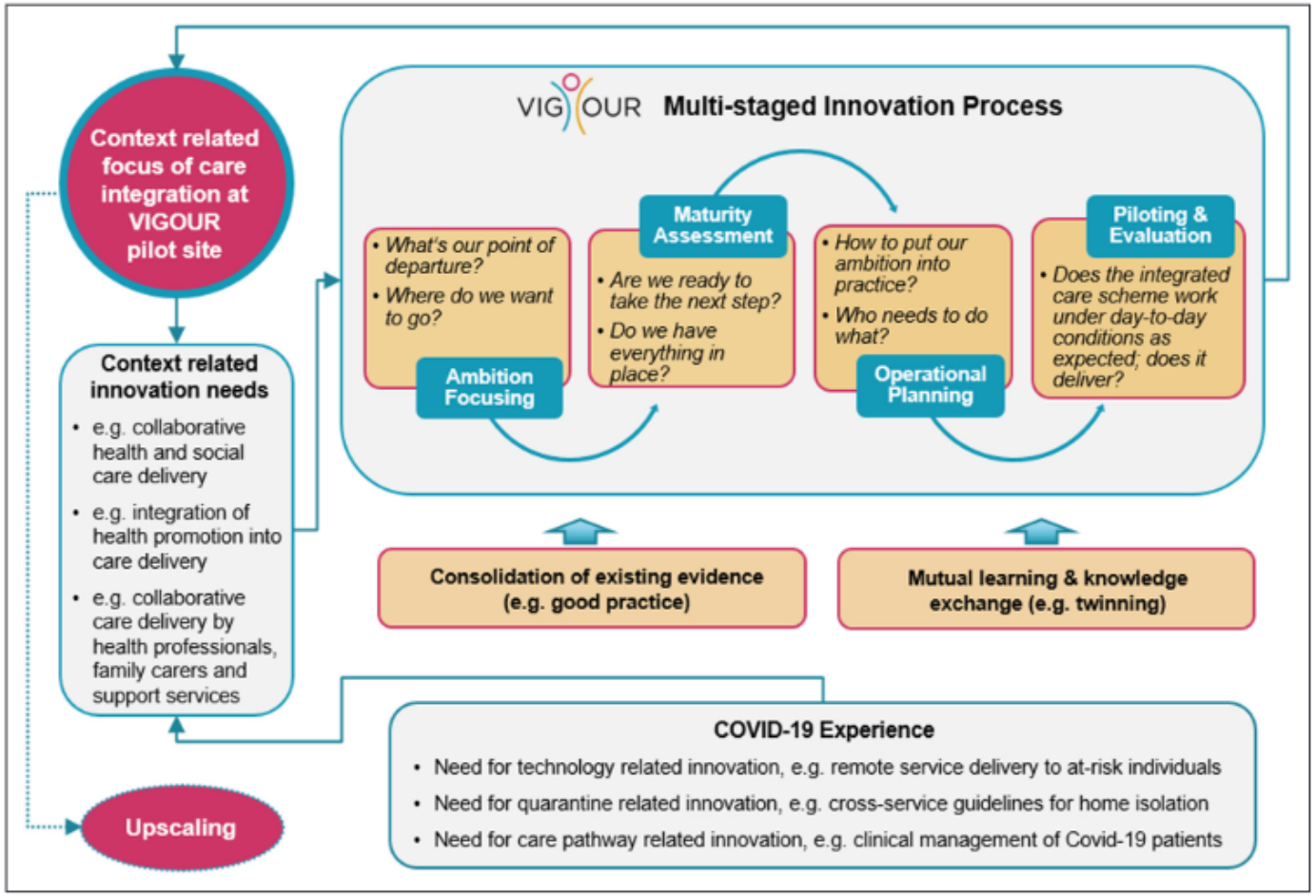
Σε ποιο βαθμό αναζητάμε και διαβάζουμε δεδομένα σχετικά με τη φροντίδα στο σπίτι και την αποκατάσταση; - Ι

Lindner S, et al. Can Integrated Care Help in Meeting the Challenges Posed on Our Health Care Systems by COVID-19? Some Preliminary Lessons Learned from the European VIGOUR Project. *International Journal of Integrated Care*, 2020; 20(4): 4, 1–5. DOI: https://doi.org/10.5334/ijic.5596

PERSPECTIVE PAPER

Can Integrated Care Help in Meeting the Challenges Posed on Our Health Care Systems by COVID-19? Some Preliminary Lessons Learned from the European VIGOUR Project

Sonja Lindner*, Lutz Kubitschke†, Christos Lionis‡, Marilena Anastasaki‡, Ursula Kirchmayer§, Simona Giacomini‖, Vincenzo De Luca¶, Guido Iaccarino**, Maddalena Illario††, Antonio Maddalena‡‡, Antonio Maritati§§, Diego Conforti‖‖, Isabella Roba¶¶, Daniele Musian¶¶, Antonio Cano***, Monica Granell†††, Ana M. Carriazo‡‡‡, Carmen M. Lama‡‡‡, Susana Rodríguez‡‡‡, Agnieszka Guligowska§§§, Tomasz Kostka§§§, Annemieke Konijnendijk‖‖‖, Maria Vitullo¶¶¶, Alejandro García-Rudolph****,††††,‡‡‡‡, Javier Solana Sánchez****,††††,‡‡‡‡, Marcello Maggio§§§§, Giuseppe Liotta‖‖‖‖, Chariklia Tziraki‡ and Regina Roller-Wirnsberger*, on behalf of the VIGOUR consortium

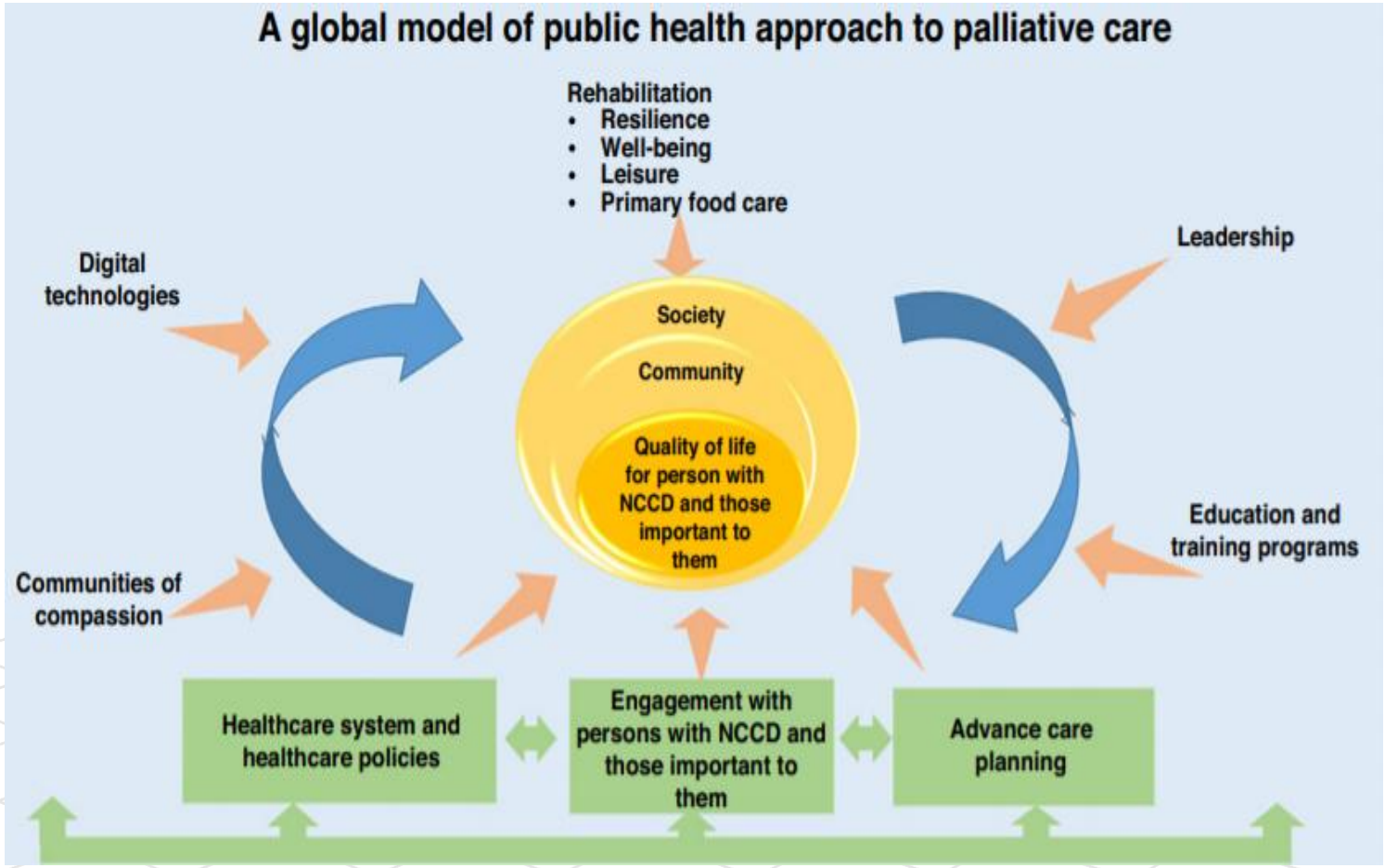


Σε ποιο βαθμό αναζητάμε και διαβάζουμε δεδομένα σχετικά με τη φροντίδα στο σπίτι και την αποκατάσταση; - II

Rethinking palliative care in a public health context: addressing the needs of persons with non-communicable chronic diseases

Chariklia Tziraki[1,2], Corrina Grimes[3], Filipa Ventura[4], Rónán O'Caoimh[5], Silvina Santana[6], Veronica Zavagli[7], Silvia Varani[8], Donatella Tramontano[9], João Apóstolo[10], Bart Geurden[11], Vincenzo De Luca[12], Giovanni Tramontano[13], Maria Rosaria Romano[13], Marilena Anastasaki[14], Christos Lionis[15], Rafael Rodríguez-Acuña[16], Manuel Luis Capelas[17], Tânia dos Santos Afonso[18], David William Molloy[19], Giuseppe Liotta[20], Guido Iaccarino[21], Maria Triassi[22], Patrik Eklund[23], Regina Roller-Wirnsberger[24] and Maddalena Illario[25,26]

Primary Health Care Research & Development 21(e32): 1–9.
doi: 10.1017/S1463423620000328



Σε ποιο βαθμό συλλέγονται δεδομένα από τους επαγγελματίες υγείας που αφορούν κόπωση συμπόνιας και επαγγελματική εξουθένωση;

JOURNAL ARTICLE

Burnout in European family doctors: the EGPRN study

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Jean Karl Soler, Hakan Yaman, Magdalena Esteva, Frank Dobbs, Radost Spiridonova Asenova, Milica Katić, Zlata Ožvačić, Jean Pierre Desgranges, Alain Moreau, Christos Lionis, Péter Kotányi, Francesco Carelli, Pawel R. Nowak, Zaida de Aguiar Sá Azeredo, Eva Marklund, Dick Churchill, Mehmet Ungan, (European General Practice Research Network Burnout Study Group)

Family Practice, Volume 25, Issue 4, August 2008, Pages 245–265, https://doi.org/10.1093/fampra/cmn038