

FRIDAY 9th MAY, 2014:

Location : Hospital Sant Pau; Sant Quintí, 89 – Barcelona

08.45 - 09.30: 1st Keynote Speaker: *Dr. José M^a Valderas*, MD, PhD, MPH; Exeter-United Kingdom.

Theme: *"Multimorbidity: hype and hope for preventive activities in patient centred general practice"*.

The last few years have seen the emergence of a huge interest in multi-morbidity. This is in part surprising, given that this is the bread and butter of General Practice and Primary Care. But at the same time it is an extraordinarily under-researched area. The pioneering work of Alvan Feinstein in the early seventies and subsequent work by Mary Charlson and others in the late eighties, the foundations of research in this area were laid. More recently, the late Barbara Starfield inspired advancement of research in this area by underscoring the tensions between an increasing focus on the single disease model in General Practice, perhaps best exemplified by the recognition of figure of General Practitioners with a special interest GPwSI) by the Royal College of General Practitioners in the United Kingdom and the introduction of the disease management oriented incentives schemes in General Practice and Primary Care elsewhere (with a strong focus on primary and secondary prevention), and the core values of the discipline, in particular that of providing whole person and patient centred care.

Multimorbidity provides in this respect both a useful concept and a valid approach for clinical practice and research in General Practice in general and prevention in particular. It is highly prevalent, both amongst the elderly, but also in much younger and deprived populations. It has a significant impact on health and health care, but we still know little about effective interventions in General Practice. There is a need for research in this area that specifically targets groups of patients with multimorbidity, but we also need to develop in parallel methods that allow us to make best of currently available evidence based on research with a single disease focus, while advancing our knowledge of how best to support patients in prioritising and making decisions in the face and competing and changing needs.

The problems posed by multimorbidity in daily practice are a powerful reminders that General Practice cannot be reduced to the routine and standardized application of clinical models that are perfectly well suited to other settings with very different aims, but that fundamentally fail to serve the key functions of General Practice.

Dr. José M^a Valderas,

Professor of Health Services and Policy Research, University of Exeter Medical School, Exeter-United Kingdom.

SATURDAY 10th MAY, 2014:

Location : Hospital Sant Pau; Sant Quintí, 89 – Barcelona

- 08.30 - 09.10: Joint Keynote by two keynote speakers:
- *Dr. Domingo Orozco-Beltran, Barcelona-Spain*
Theme: *"Understanding Family Medicine model (approach) into the Spanish Health Care System"*.
 - and
 - *Dr. Bonaventura Bolívar, Barcelona-Spain*
Theme: *"Organization Primary Care Research in Spain: Strengths and weaknesses"*.

Keynote-Abstract of Dr. Domingo Orozco-Beltran:

The Spanish National Health Service (SNHS) is the agglomeration of public health services in Spain and it was established in 1986. The main characteristics of the SNHS are: a) Extension of services to the entire population; b) Adequate organization to provide comprehensive health care, including promotion of health, prevention of disease, treatment and rehabilitation, c) Coordination and, as needed, integration of all public health resources into a single system, d) Financing of the obligations derived from this law will be met by resources of public administration, contributions and fees for the provision of certain services and e) The provision of a comprehensive health care, seeking high standards, properly evaluated and controlled. Management of health services has been transferred to the different Spanish regions. Every region has his own health service and his own ministry of health. All of them are included in the Interterritorial Council of the SNHS in order to give cohesion to the system.

The system is organized administratively in Health Areas (Areas de Salud) who attend around 250000 inhabitants and have 10 health centers and one hospital. Every Health Center attends around 25000 inhabitants in a Basic Health Zone. So every Health Area has 10 Basic Health Zones. Depending of the characteristics of the population the Health Zone could vary from 5000 to 25000 habitants. Primary and Secondary (outpatient, hospital) care are accessible free of charge for all population.

Primary Care is the basic level of patient care. Primary care includes health promotion, health education, and prevention of illness, health care, maintenance and recuperation of health, as well as physical rehabilitation and social work. Primary health care includes service provided either on-demand, scheduled, or urgently, both in the clinic as well as in the patient's home. Secondary Care is provided at the request of primary care physicians as the patient cannot go directly to the specialists without a previous inform from PCPs. The PC team is formed by different health professionals: A typical health center attends 25000 inhabitants and have 10 family physicians, 10 nurses, 4 pediatricians, 2 pediatric nurses, 1 social worker and administrative personnel. Some of them have additional services as physiotherapy, mental health, gynecologist and family planning. Citizens' access to health services is facilitated by use of an individual health card, as the administrative document that accredits its holder and provides certain basic data. All the records from PC and SC are electronic and the information generated in the system for each patient is linked to a unique number. This is very important for research as there are electronic records for both primary and secondary care and it is possible to have all information from the health process: diagnosis, prescription, visits, from primary care, emergency room, or hospital care.

Some examples of research in primary care using these electronic records are pointed out making possible to design whole population studies in contrast to randomized clinical trials. Finally a whole perspective from research in primary care is done looking to difficulties to really identify all the research coming from primary care.

Dr. Domingo Orozco-Beltran

Catedra of Family Medicine - University Miguel Hernandez, Spain

Keynote-Abstract of Dr. Bonaventura Bolívar:

There is a large variety of organisational frameworks of the research in primary care according to the characteristics existing in each country. But there are some key conditions that will affect the organisation and success of primary care research that will be analysed in Spain:

1. *Development of an own area of knowledge:* there is a strong scientific association of GP (semFYC) with an own indexed journal (Atención Primaria) that is leading this area of knowledge in front the inexistent role of the university
2. *Structural conditions regarding the position of the General Practitioner in the health care system:* GPs have a circumscribed population and a role as gatekeeper. Interesting population-based databases from Electronic Health Records.
3. *Conditions regarding the integration of Primary Care in the academic institutions: No integration in Spain.* There are no formal chairs and departments of Primary Care at the Spanish universities. Specialized training of GP integrated to Primary Care but out of the Universities.
4. *Conditions regarding concrete research opportunities for Primary Care (creation of organized structures):* little presence of primary care in the Spanish organisation framework of health research with a bias towards basic research and hospital research; poor support and resources devoted to primary care research; non existence of dual (clinical and research) contracts.

Besides these limitations of the present situation, two successful examples will be described more in depth: A specific research institute on Primary Care (the IDIAP Jordi Gol), and a primary care research network on health promotion and disease prevention (the redIAPP). From these experiences some of their strengths will be highlighted: creation of competitive groups, creation of support platforms and services, coordination with other research organisations to promote a translational research.

Finally, from this short overview some challenges for the Spanish Primary Care research will be pointed out:

- Human resources devoted to PC research and opportunities for part time research work
- How to obtain more financial support
- Participation in the financing bodies designing the characteristics of public calls and participating in the evaluation of proposals
- Electronic clinical records and population based databases
- Participation in European organisations and European projects
- Innovation in PC

Bonaventura Bolívar, MD, MPH

Scientific director of the IDIAP Jordi Gol

Director of the redIAPP network