



EUROPEAN GENERAL PRACTICE
RESEARCH NETWORK



Abstract Book

14 - 17 October 2021

www.egprn.org

COLOPHON

Abstract Book of the 93rd European General Practice Research Network Meeting
Halle, Germany, 14 - 17 October 2021

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This book is available on the EGPRN website: www.egprn.org

ISBN 978-90-829673-7-1

First Published: 10 November 2021

All times listed in book is in the Central European Summer Time (CEST / UTC+2)

This book is available on the EGPRN website: www.egprn.org

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Foreword

Fostering clinical research in general practice and family medicine

Dear Colleagues,

On behalf of the EGPRN and the local organizing committee we welcome you to the Meeting at Halle. Most of the sessions in the meeting will be physically with hybrid components, some will be online. The topic of the congress "Fostering clinical research in general practice and family medicine" touches an area that is of high relevance for us as researchers and our patients. However, as research in general practice is overall underrepresented compared to other disciplines, this is especially the case for clinical research in the field. The current meeting will provide examples of planned and conducted clinical research projects. Opportunities and obstacles will be mentioned and discussed. Thereby we hope to identify approaches which foster clinical research in general practice and family medicine. Together with other activities of EGPRN, e.g. the actually published research agenda, this hopefully contributes to a strengthening of general practice research in the future years!

Enjoy the conference!

Prof. Dr. Thomas Frese

Host Organising Committee

- Dr. Alexander Bauer
- Dipl.-Kffr. Birgit Silbersack
- Lisa-Marie Klix
- Prof. Dr. Thomas Frese

THURSDAY, 14th OCTOBER 2021				
Time	Dorint Charlottenhof Halle Hotel - EB Schloss Neuenburg Hall	Dorint Charlottenhof Halle Hotel - Moritzburg 1+2 Hall	Dorint Charlottenhof Halle Hotel - Rudelsburg 1+2 Hall	Dorint Charlottenhof Halle Hotel - Burg Wettin 1+2 Hall
9:00	Executive Board Meeting 09:30-13:00			
9:30				
10:00				
10:30				
11:00				
12:00				
13:00				
13:00- 14:00	Lunch Break (Price is not included in the conference fee)			
14:00		Council Meeting 14:00-17:00		
15:00				
16:00				
17:00				
17:00	Educational Committee 17:00-18:00		PR & Communication Committee 17:00-18:00	Research Strategy Committee 17:00-18:00
18:00				
19:00- 20:30	Welcome Reception and Opening Cocktail Location: Dorint Charlottenhof Halle Hotel - Giebichenstein 1+2			

FRIDAY, 15th OCTOBER 2021		
08:00-08:30	Registration - Händelhalle Foyer	
	Händelhalle Großer Saal	Händelhalle Kleiner Saal
08:30-08:45	Opening of the Meeting by EGPRN Chairperson Davorina Petek	
08:45-09:00	Welcome by Local Host Thomas Frese	
09:00-09:40	International Keynote Lecture Prof. Anthoyn Heymann How do we integrate clinical research in General Practice? It's time to wake the sleeping beauty.	
09:40-11:10	Plenary Session - Theme Papers	
11:10-11:40	Blue Dot Coffee Break - Händelhalle Atelier (3rd floor)	
11:10-11:40	Coffee Break - Händelhalle Foyer	
	Händelhalle Großer Saal	Händelhalle Kleiner Saal
11:40-13:10	Parallel Session A - Theme Papers: Mental Health	Parallel Session B - Freestanding Papers: Mental Health and Person-Centred Care
13:10-14:10	Lunch - Händelhalle Foyer	
13:10-14:10	Research Café! - Händelhalle Atelier (3rd floor) Do you have any questions about research that you are doing or would like to do? Ask the EGPRN's experts at the lunchtime "Research Café"! Lunchboxes will be available in the meeting room.	
	Händelhalle Großer Saal	Händelhalle Kleiner Saal
14:10-15:40	Parallel Session C - Theme Papers: Vaccines	Parallel Session D - Freestanding Papers: COVID- 19
15:40-16:00	Coffee Break - Händelhalle Foyer	
16:00-17:30	Parallel Session E - Theme Papers: Miscellaneous	Parallel Session F - Freestanding Papers: Miscellaneous
17:30-17:40	Summary of the day Prof. Anthoyn Heymann	
17:50-18:50		EGPRN Collaborative Study Group Meeting: Örenäs
	Practice Visits	
19:00 - 20:00	Location: 3 different options. Online pre-registration required, space is limited. Please see https://meeting.egprn.org/page/practice-visits for more details.	

SATURDAY, 16th OCTOBER 2021		
	Händelhalle Großer Saal	Händelhalle Kleiner Saal
08:30-09:10	National Keynote Lecture Prof. Christian Franken	
	Online Session	Online Session
09:10-10:50	Parallel Session G - Online Presentations: Theme & Freestanding Papers and One Slide Five Minutes Presentations	Parallel Session H - Online Presentations: Freestanding Paper and Posters
10:50-11:10	Coffee Break - Händelhalle Foyer	
	Poster Sessions - Händelhalle Foyer (1st floor)	
11:10-12:40	Poster Session 1	Poster Session 2
	Poster Session 3	Poster Session 4
12:40-13:40	Lunch - Händelhalle Foyer	
	Händelhalle Großer Saal	Händelhalle Kleiner Saal
13:40-16:10	Parallel Session I - Freestanding Papers: Digital Health	Parallel Session J - EGPRN Special Methodology Session and Research Course Presentations
16:10-16:30	Coffee Break - Händelhalle Foyer	
	Händelhalle Großer Saal	Händelhalle Kleiner Saal
16:30-17:30	Parallel Session K - Theme Papers: Digital Health	Parallel Session L - One Slide Five Minute Presentations
17:30-17:40	Summary of the day Prof. Christian Franken	
17:40-18:00	Chairperson's Report by EGPRN Chair Davorina Petek	
18:00-18:15	Presentation of the Poster-Prize for the best poster presented	
18:15-18:25	Introduction to the next EGPRN meeting Pemra C. Unalan	
18:25-18:30	Closing	
20:00-23:30	Social Night with Dinner, Dance and Music! Pre-booking online essential. Location: Steintor Varieté Halle. Am Steintor 10, 06112 Halle	

Programme

Thursday, 14 October 2021

09:30 - 13:00

EGPRN Executive Board Meeting

Location: Dorint Charlottenhof Halle Hotel - EB Schloss Neuenburg Hall

Only for Members of the Executive Board

13:00 - 14:00

Lunch

Price not included in conference fee.

14:00 - 17:00

EGPRN Council Meeting

Location: Dorint Charlottenhof Halle Hotel - Moritzburg 1+2 Hall

Only for EGPRN Executive Board and EGPRN Council members.

17:00 - 18:00

EGPRN Committee Meetings and Working Groups

- EGPRN Educational Committee - Dorint Charlottenhof Halle Hotel - Schloss Neuenburg Hall
- EGPRN Research Strategy Committee - Dorint Charlottenhof Halle Hotel - Wettin 1+2
- EGPRN PR & Communication Committee - Dorint Charlottenhof Halle Hotel - Rudelsburg 1+2

17:30 - 18:15

Online Presenters Orientation Meeting

We welcome all online-presenters (Session G & H) to join this meeting to familiarize themselves with the presentation user interface, ask questions and resolve any technical issues. If you have presented an oral presentation during any of the past two virtual conferences you do not need to attend this session.

19:00 - 20:30

Welcome Reception and Opening Cocktail

Location: Dorint Charlottenhof Halle Hotel - Giebichenstein 1+2

Friday, 15 October 2021

08:00 - 08:30

Registration

Location: Händelhalle Foyer

08:30 - 09:40

Opening & International Keynote Lecture

Location: Händelhalle Großer Saal

- Tiny Van Merode (Chair)
- Welcome by Local Host - Thomas Frese (Speaker)
- How do we integrate clinical research in General Practice? It's time to wake the sleeping beauty. - Anthony Heymann (Keynote Speaker)

09:40 - 11:10

Plenary Session - Theme Papers

Location: Händelhalle Großer Saal

- Lieve Peremans (Chair)
- Incidence and Case-Fatality of Hemorrhagic Stroke In Patients With Atrial Fibrillation: A Nationwide Registry-Based Cohort Study - Paula Tiili
- Impact of multimorbidity on healthcare professional task-shifting potential in patients with type 2 diabetes in primary care: a French cross-sectional study. - Irene Supper
- Lessons learned from the implementation of the IMOCAPV multicenter study on Family Violence - Lodewijk Pas

11:10 - 11:40

Blue Dot Coffee Break

Location: Händelhalle Atelier (3rd floor)

11:10 - 11:40

Coffee Break

Location: Händelhalle Foyer

11:40 - 13:10

Parallel Session A - Theme Papers: Mental Health

Location: Händelhalle Großer Saal

- Ana Luisa Neves (Chair)
- Community Health Workers as a Strategy to Tackle Psychosocial Suffering Due to Physical Distancing: A Randomized Controlled Trial - Dorien Vanden Bossche
- Evaluation of a pragmatic c-RCT to discontinue (z)BZD use for insomnia in general practice - Kristien Coteur
- "Never change a winning team": GPs' perspectives on discontinuation of long-term antidepressants - Ellen Van Leeuwen

11:40 - 13:10

Parallel Session B - Freestanding Papers: Mental Health and Person-Centred Care

Location: Händelhalle Kleiner Saal

- Ayse Caylan (Chair)
- Challenges of research on person-centered care in general practice: a scoping review - Jako Burgers
- Experiences of Patients with Common Mental Disorders concerning Team-based Primary Care and a Person-Centered Dialogue Meeting: an Intervention to promote return to work - Ausra Saxvik
- Frequency, content and stress levels of incoming phone calls related to COVID-19: Results of a flash-mob study among German general practice teams - Achim Mortsiefer

13:10 - 14:10

Lunch

Location: Händelhalle Foyer

13:10 - 14:10

Research Café

Location: Händelhalle Atelier (3rd floor)

Do you have any questions about research that you are doing or would like to do?

Ask the EGPRN's experts at the lunchtime "Research Café"!

Lunchboxes will be available in the meeting room.

14:10 - 15:40

Parallel Session C - Theme Papers: Vaccines

Location: Händelhalle Großer Saal

- Jean Yves Le Reste (Chair)
- Effectiveness and safety of the tetanus vaccine by intramuscular versus subcutaneous route in anticoagulated patients. Randomized clinical trial in primary care. - Ana Clavería
- Shared decision making enhances vaccination rates in adult patients in outpatient care – a systematic review and meta-analysis - Linda Sanftenberg
- Vaccine hesitancy in adults: a multi-center study on primary healthcare users' attitudes in Greece - Philippe-Richard Domeyer

14:10 - 15:40

Parallel Session D - Freestanding Papers: COVID-19

Location: Händelhalle Kleiner Saal

- Torunn Bjerve Eide (Chair)
- Regional differences in the perception of COVID-19 pandemic management: A Germany-wide survey among general practitioners - Manuela Schmidt
- The Covid-19 pandemic: Reorganization of health services and coping of health care workers in Primary Health Care. - Conceição Outeirinho
- The long-term effect of COVID-19 – primary care survey - Shlomo Vinker

15:40 - 16:00

Coffee Break

Location: Händelhalle Foyer

16:00 - 17:30

Parallel Session E - Theme Papers: Miscellaneous

Location: Händelhalle Großer Saal

- Philippe-Richard Domeyer (Chair)
- Clinical outcome data of first cohort of chronic pain patients treated with cannabis-based sublingual oils in the United Kingdom – analysis from the UK Medical Cannabis Registry - Michal Kawka
- Designing and implementing an evidence-based integrated and multidisciplinary and patient-centered model of care for NAFLD/NASH in primary care in Europe - Irini Gergianaki
- Evaluation of Simplified Tool In Pharmacovigilance For General Practitioners: 5 Years of Insight - Andry Rabiaza

16:00 - 17:30

Parallel Session F - Freestanding Papers: Miscellaneous

Location: Händelhalle Kleiner Saal

- Pavlo Kolesnyk (Chair)
- Men's knowledge about erectile dysfunction and its management options: Results from primary care study in Latvia - Kamila Pankova
- The effect of violence against healthcare professionals on the career plans of intern doctors - Sanem Nemmezi Karaca

17:30 - 17:40

Summary of the day

Location: Händelhalle Großer Saal

- Tiny Van Merode (Chair)
- Anthony Heymann (Speaker)

17:50 - 18:50

EGPRN Collaborative Study Group Meetings: Örenäs

Location: Händelhalle Kleiner Saal

19:00 - 20:00

Practice Visits in Halle

Location: 3 different options

Online pre-registration required, space is limited.

Please see <https://meeting.egprn.org/page/practice-visits> for more details.

Saturday, 16 October 2021

08:30 - 09:10

National Keynote Lecture

Location: Händelhalle Großer Saal

- Thomas Frese (Chair)
- Ready for the future ? Disruptive innovations - data - studies - Christian Franken (Keynote Speaker)

09:10 - 10:50

Parallel Session G: Online Session: Theme & Freestanding Papers and One Slide Five Minute Presentations

Location: Händelhalle Großer Saal

- Thomas Frese (Chair)
- A COVID-19 Conundrum – Can the reported skin manifestations of COVID-19 be explained by re-activation of herpes virus? - Itamar Getzler
- A new data collection project for studies of the process of diagnosis in primary care: collecting data on reasons for encounter and diagnoses in episodes of care in Europe. - Jean Karl Soler
- BNT162b2 vaccine effectiveness in preventing asymptomatic infection with SARS-CoV-2 virus: a nationwide historical cohort study - Galia Zacay
- Has social isolation during COVID 19 pandemic lead to exacerbation of diabetes mellitus in the elderly and has the use of information and communication technologies (ICT) changes these results? - Niva Kallus
- Health Issues and Health Needs of Gay and Bisexual Men Concerning Primary Health Care in Turkey - Filiz Ak

09:10 - 10:50

Parallel Session H: Online Session: Freestanding Papers & Posters

Location: Händelhalle Kleiner Saal

- Claire Collins (Chair)
- A study of burnout and associated factors in Irish GPs and GP trainees during the COVID-19 Pandemic - Darragh Mc Kenna
- Heartwatch: a chronic disease management program for heart disease in Ireland. - Fintan Stanley
- Musculoskeletal pains among phlebotomists in outpatient clinics: prevalence, and association with personal factors and ergonomic analysis of the workstation - Joseph Azuri
- Syphilis and Gonorrhoea: Portugal Trend and Seasonality - Cátia Dias
- The patient-centered care and its relation to the outcomes of care in family medicine - Goranka Petricek

10:50 - 11:10

Coffee Break

Location: Händelhalle Foyer

11:10 - 12:40

Poster Session 1

Location: Händelhalle Foyer

- Paul Van Royen (Chair)
- Experiences and expectations of medical students and GP teachers regarding long-term mentoring relationships in longitudinal general practice tracks - Preliminary results of an ongoing qualitative study - Anna Scholz
- Lifestyle of adolescents in Roumanian Southeastern Region - Mariana Stuparu Cretu
- Preventive Care practices in Europe according to the health expenditure - Sara Ares Blanco
- Raising medical students' awareness for the interdependence between oral health and chronic diseases to promote future collaboration with dentists – evaluation of a problem-based learning approach - Tobias Deutsch

11:10 - 12:40

Poster Session 2

Location: Händelhalle Foyer

- Negar Pourbordbari (Chair)
- Factors That Influence the Mortality Rate Among Individuals Who are Over 65 Years Old and Utilize Home Health Care Services - Büşra Çimen Korkmaz
- Motivational Interviewing for substance abuse. A systematic review. - Carla Dietrich
- Point-of-care testing among general practitioners, a cross-sectional study - Ricarda Oehme
- Telemonitoring during the COVID-19 pandemic at the primary care level: patients' perspective - Marija Petek Šter
- The impact of the Covid 19 pandemic and related restrictions on the development of depression in primary care, Latvia - Maija Puce

11:10 - 12:40

Poster Session 3

Location: Händelhalle Foyer

- Ana Clavería (Chair)
- Community pharmacy as an alternative source for mental health support within the primary care network – the views of pharmacy users. - Franziska Stoeckel
- Evaluation of practice rotations using the Placement Evaluation Tool (PET): A standardized translation involving medical students and teaching physicians - Maximilian Wehner
- Identifying patients with psychosocial problems in general practice: a scoping review. - Rosemarie Schwenker
- PIA: Acceptability of the Practice Management Center PIA for hypertension treatment in general practices - Physicians' and practice assistants' point of view - Arian Karimzadeh

11:10 - 12:40

Poster Session 4

Location: Händelhalle Foyer

- Didem Kafadar (Chair)
- Cardiovascular risk assessment in general population with the national health service: The SPICES French first step. - Delphine Le Goff
- Caring relatives in General Practice – subjective perspectives of General Practitioners from Saxony-Anhalt - Yvonne Marx
- Peer- elaboration and ranking of core values in general practice in post-Soviet Ukraine. - Pavlo Kolesnyk
- Pragmatic controlled study to test the effectiveness of a group intervention using pain neuroscience education and exercise in women with fibromyalgia - Jesús González-Lama
- Randomized controlled trials on prevention, diagnosis and treatment of chronic obstructive pulmonary diseases in African countries - a systematic review - Eric Kroeber
- The GPs' low readiness to treat excessive consumers with brief intervention to reduce their alcohol consumption: A problem of the health problem? - Thomas Fankhaenel

12:40 - 13:40

Lunch

Location: Händelhalle Foyer

13:40 - 16:10

Parallel Session I - Freestanding Papers: Digital Health

Location: Händelhalle Großer Saal

- Radost Assenova (Chair)
- Benefits and Challenges of Using Virtual Primary Care During the COVID-19 Pandemic: From Key Lessons to a Framework for Implementation - Ana Luisa Neves
- Chatbots in Family Medicine: A Systematic Review and Perspectives - Simon-Konstantin Thiem
- Predicting Body Mass Index From Self-Declared Socio-Demographic, Psychological, and Behavioral Data With Artificial Neural Network - Pemra C. Unalan
- Telemonitoring of patients with COVID-19 at the primary care level: a pilot study results - Diana Podgoršek

13:40 - 16:10

Parallel Session J - EGPRN Special Methodology Session and Research Course

Presentations

Location: Händelhalle Kleiner Saal

- Ferdinando Petrazzuoli (Chair)
- A Situational Analysis of Serbian strategy for implementation of Primary Health care in Family Violence - Snezana Knezevic
- Establishing An Obesity Management Programme In Primary Care - Didem Kafadar
- Pathways and Perspective from Family Doctors who are Researchers in Portugal - A Policy Brief Forum for the development of a Strategic view . - Margarida Gil Conde
- Response of the Primary Health Care Professionals to Domestic Violence - Serbian a mixed method review - Snezana Knezevic
- What do people without a healthcare qualification think are the advantages and disadvantages of COVID-19 vaccination? A European research protocol from the EGPRN Fellows. - Marija Zafirovska

16:10 - 16:30

Coffee Break

Location: Händelhalle Foyer

16:30 - 17:30

Parallel Session K - Theme Papers: Digital Health

Location: Händelhalle Großer Saal

- Shlomo Vinker (Chair)
- IT-Infrastructure for Supporting the North Rheine-Westphalian General Practice Research Network (NRW.GPRN): Results from the Pilot Study - Birgitta Weltermann
- Rapid detection of NAFLD and its evolutionary stages toward cirrhosis at the targeted population through multiparametric liver ultrasonographic screening (MLUS) and artificial intelligence with fibrosis risk stratification by family physicians. - Mihai Iacob

16:30 - 17:30

Parallel Session L - One Slide Five Minute Presentations

Location: Händelhalle Kleiner Saal

- Ferdinando Petrazzuoli (Chair)
- Cornerstones for involving General Practitioners in research in Latvia - Elina Skuja
- Fostering specialist training in General Practice – evaluation of the centers of competence in specialist training in Saxony-Anhalt - Christiane Henckel
- Simplified follow-up clinical trial in type 2 diabetes ESSIDIA - Pilot - Sabine Bayen
- The Impact of Multimorbidity and Socioeconomic Status on Health Service Utilisation Before and During the COVID 19 Pandemic - Anna Evans
- What about primary health care data during the COVID-19 pandemic in Europe? - Sara Ares Blanco

17:30 - 18:25

Closing Session

Location: Händelhalle Großer Saal

- Summary of the day - Christian Franken (Speaker)
- Chairperson's Report by EGPRN Chair - Davorina Petek (Chair)
- Presentation of the Poster-Prize for the best poster presented - Pemra C. Unalan
- Introduction to the next EGPRN meeting - Pemra C. Unalan

18:25 - 18:30

Closing

20:00 - 00:00

Social Night with Dinner, Dance and Music!

Pre-booking online essential.

[Steintor Variété Halle](#) - Am Steintor 10, 06112 Halle

Sunday, 17 October 2021

09:30 - 12:00

EGPRN Executive Board Meeting

Location: Dorint Charlottenhof Halle Hotel - EB Schloss Neuenburg Hall

Only for Members of the Executive Board

International Keynote Lecture

How do we integrate clinical research in General Practice? It's time to wake the sleeping beauty.

Prof. Dr. Anthony Heymann

The Department of Family Medicine, The Sackler School of Medicine, University of Tel Aviv, Israel

Medical specialties are characterized by a definable body of knowledge applicable to patient care, a scientific foundation and new knowledge generation. Family medicine has defined an emerging body of knowledge, specifically relevant to primary care, and research capacity has grown incrementally since the founding of the specialty.

Not all research conducted on primary care problems constitutes primary care research, but all research done in primary care is primary care research. That is, it is not the nature of the problem studied that makes it primary care research but, rather, the context and the way in which the research is conducted. Since primary care is the point of first contact for all problems, it follows that these problems are potentially and properly the subject of primary care research.

Our EHR systems are becoming more interconnected each year meaning that we can both identify patients for different trials and follow them at relatively low cost. This allows for effective randomization and easier identification of confounders. With increasing research capacity I see a time where significant national funding will come to primary care in order to answer the question that face us every day. This will benefit both the patients and the payer of services. We are in a unique position to undertake patient-reported chronic disease outcomes, translational research, and research on drug side effects that have previously been underreported.

Using the electronic health record, the clinical experience of both patient and physician is virtually indistinguishable whether or not the patient is randomized, primarily because the outcome data are obtained from routine clinical data or from short web based questionnaires. Such an approach can be used for head to head studies of common drugs, rare diseases and lifestyle intervention.

As opposed to standard clinical research, once the data base has been set up and the IRB approval given there is a very low marginal cost for enlarging each trial.

A trial showing no difference in treatment efficacy for two different drugs such as topical antibiotics, steroids or common oral medication could help reduced the number of medications and save money. The same trial demonstrating a difference will guide us to better medical outcomes.

I will talk about why we need to do primary care clinical research and what we need to study, but for most of the talk I will share my experience of clinical research in primary care in the hope that some of you will join me in a clinical research journey!

Family Medicine research is the essential link in the chain that brings medical science from the bench to the bedside and beyond: into our homes and communities.

To be true to our calling we must integrate clinical research with the tender loving care that we offer our patients. After all, if we offer tender loving care without asking the difficult clinical questions we are only doing half the job. The sleeping beauty is of course the Electronic Medical Record.

Local Keynote Lecture

Equipped for the future? Disruptive innovation - data - studies

Prof. Dr. Christian Franken

DiHeSys Digital Health Systems

The topic of conducting clinical studies in the outpatient setting has been the subject of controversial discussion for some time. This from a structural point of view on different levels. Firstly, the question of which studies should be used, whether RCTs are preferred or whether it is better to collect real world data in order to derive real world evidence. Then on the organizational level. How should private practices be enabled to carry out studies of high quality and with the highest possible frequency? Feasibility currently correlates with a comparatively high expenditure of time and personnel, which meets a thin personnel cover with only short treatment times for patients. Similarly, a strongly inhomogeneous IT landscape in practices, but also inhomogeneous organizational structures within the medical profession, as well as professionally inhomogeneous guidelines, indicators, etc. are identified as obstacles to the implementation of studies. In addition, there is still a high wall between inpatient and outpatient care.

This is an almost fatal situation, because relevant and reliable care data are collected on a daily basis, but are too rarely available for valid evaluation. The goal set out in the Geneva Declaration of sharing medical knowledge for the benefit of patients and the promotion of health care will be difficult to achieve in its best form.

However, another aspect is left out of the discussion. This is the increasing integration of innovative, sometimes disruptive changes in the healthcare market as part of the digital revolution, which also have the power to permanently change the physician market; this is completely independent of the different designs and structures in the various healthcare systems. In Germany, telemedicine, electronic patient files and electronic prescriptions are frequently mentioned, but these are no longer really innovations; these tools have already been in use in other healthcare systems for a long time. However, they are indispensable for the implementation of further innovations, platforms, digital applications (digital printing, use of soft artificial intelligence, etc.). None of these innovations can do without accompanying evaluation, and the discussion about reimbursement will always be decided on the basis of data.

In Germany, these innovations in healthcare fall on structurally and organizationally inhomogeneous ground, which in some cases is also associated with considerable reservations about the digitalization that cannot be prevented.

In order not to leave the organization of the market entirely to those whose day-to-day business and core competence is dealing with large volumes of data and who can successfully implement this without further external help, the course must be readjusted. This includes the serious and efficient, not over-bureaucratized expansion of the IT infrastructure, the networking of health care professionals and patients, the use of existing institutions (e.g., chairs for general medicine) and certainly also the establishment and expansion of homogeneous structures (guidelines, teaching physician practices), as well as an adjustment of the remuneration.

Although a head-to-head comparison of complete health care systems has always failed and will continue to fail, a look at best practice solutions in other physician markets is nevertheless permitted in order to adapt solutions in Germany. Europe should become an attractive research location again, and Germany should not be left behind.

Incidence and Case-Fatality of Hemorrhagic Stroke In Patients With Atrial Fibrillation: A Nationwide Registry-Based Cohort Study

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Keywords: Atrial Fibrillation, hemorrhagic stroke, incidence, case fatality, registry-based

Background:

Oral anticoagulants, while highly efficient in thrombosis prophylaxis, also impose an increased risk of bleeding. There are limited population-based data on the epidemiology of hemorrhagic stroke in patients with atrial fibrillation (AF). We aimed to describe hemorrhagic stroke incidence and case-fatality among patients with AF in Finland.

Research questions:

- What is the incidence of hemorrhagic stroke in patients with AF?
- What is the case-fatality in hemorrhagic stroke in patients with atrial AF?
- Has there been a change in the incidence or case-fatality in the recent decade?

Method:

The Finnish AntiCoagulation in Atrial Fibrillation (FinACAF) is a nationwide retrospective registry-linkage database of patients diagnosed with AF between 2004-2018 in Finland. To assess temporal trends, we compared two time periods, 2009-2013 and 2014-2018, with a minimum of 1-year follow-up. Patients with a prior diagnosis of any intracranial hemorrhage during a minimum look-back time of 5 years were excluded. Crude incidence rates and 30-day case-fatality were calculated for subarachnoid hemorrhage (SAH) and intracerebral hemorrhage (ICH).

Results:

In years 2009-2013, 85,000 patients (49% female) contributed a total of 219,506 person-years. Crude incidence rate for SAH was 0.33 (95% confidence interval 0.26-0.42) and for ICH 2.28 (2.08-2.49) per 1,000 person-years, respectively. The 30-day case-fatality was 50.7% (40-64%) and 51% (47-56%), respectively.

In years 2014-2018, 90,569 patients contributed altogether 238,631 person-years. Crude incidence rate for SAH was 0.38 (0.30-0.46) and for ICH 2.69 (2.48-2.90) per 1,000 person-years, respectively. The 30-day case-fatality was 34% (26-46%) for SAH and 45% (41-49%) for ICH.

Conclusions:

In this population-based nationwide registry-based study, we observed an increasing incidence of both SAH and ICH in patients with AF during the last decade. However, 30-day mortality from hemorrhagic stroke decreased, particularly that of SAH. Further research on factors associated with the risk of hemorrhagic stroke in this population is pending.

Points for discussion:

Collaboration between researchers at primary care and other levels of care. Experiences? Benefits? Difficulties?

Theme Paper / Published**Impact of multimorbidity on healthcare professional task-shifting potential in patients with type 2 diabetes in primary care: a French cross-sectional study.**

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Keywords: Interprofessionnal collaboration diabetes multimorbidity cross-sectional study

Background:

Increasing patient complexity and shortage of doctors lead to consider more interprofessional collaboration.

Research questions:

To estimate the transferability of processes of care from general practitioners (GPs) to allied healthcare professionals, and the determinants of such transferability.

Method:

A French national cross-sectional multicentre study in 128 family practices.

Participants: All patients consulting with their GP over a total number of 20 days. Secondly, encounters where type 2 diabetes was one of the managed health problems were selected for analysis.

Outcome measures: Processes of care that were associated with specific health problems were collected by 54 residents, who consulted under senior GPs' supervision. Potential process transferability was the main outcome assessed; including the professionals involved in the collaboration and the conditions associated with any transfer.

Results:

From 8574 processes of care that concerned 1088 encounters of patients with diabetes, 21.9% (95%CI 21.1-22.8) were considered eligible for transfer from GPs to allied healthcare professionals (78.1% to nurses and 36.7% to pharmacists). 70.6% processes were transferable with condition(s), i.e. a predefined protocol, a shared medical record or supervision. The most transferable processes concerned health maintenance/prevention (32.1%), followed by management of cardiovascular risk factors (hypertension (28.7%), dyslipidaemia (25.3%) and diabetes (24.3%)). Multivariate analysis showed that educational processes or a long term condition status were associated with an increased transferability (OR= 3.26 and 1.47, respectively), whereas patients that held higher intellectual professions or that had two or more associated health problems managed during the encounter were associated with a lower transferability (OR =0.33 and 0.81, respectively).

Conclusions:

A significant part of GP activity relating to patients with at least a diabetes could be transferred to allied healthcare professionals, mainly on prevention and global education to cardiovascular risk factors. Organisational and finance conditions of team work as views of patients and healthcare professionals must be explored before implementation in primary care

Points for discussion:

Healthcare organization to face patients' complexity and multimorbidity rather than a disease centered approach

Fostering teamwork at a proximity level

Prevention in a person centered team care rather than strictly curative care

Theme Paper / Ongoing study with preliminary results**Lessons learned from the implementation of the IMOCASFV multicenter study on Family Violence**

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Keywords: Family Violence, Scoping review, Inquiry, Consensus development methodology

Background:

Due to its various presentations and patients' multisectoral support needs family violence is difficult to investigate. It is highly frequent, but generally neglected relation to core principles for family medicine, Guidelines indicate what should be done, but international consensus on how and effective implementation strategies are lacking.

Research questions:

What methodological lessons can be learned from a multicentre study during the global health crisis?

Method:

Key-persons inquiries, country scoping reviews and nominal groups were conducted. Intimate partner violence, child abuse, elder abuse, and Female Genital Mutilation were included. A consensus procedure modified Delphi study follows.

Results:

Lessons learned include strategies to manage different countries and levels of competence, the area of cultural differences, voluntary involvement with central support, translation and back-translation, operating online exchange tools, and dealing with participants' workload, not only for the project but also for the meeting.

Online training increased research competence reorienting quantitative researchers to qualitative analysis; adaptation to local experience increased the needed number of meetings.

A flexible research process resulted in some centers starting independently. Piloting key-person questionnaires among National Coordinators encouraged involvement. The first data collection wave stimulated others' participation.

The complexity of the project methodologies and local Ethical Committees requests increased workload. Only some partners obtained local support. Finally, a proposal was submitted to the EU by those eligible. Key-person questionnaire data, scoping reviews, and preliminary nominal group works will illustrate possibilities and limitations of the research framework.

Conclusions:

Agility during a global process is axiomatic and lessons learnt can be used to transform how multi-site studies are undertaken. A large number of voluntarily involved people resulted in a common research framework rather than a single project. Regular online sessions were essential during the pandemic. A comprehensive multi-center project should build in flexibility, stepwise planning, piloting, training, and methodological support.

Points for discussion:

1. How to perform well an international multi-country study with large differences in facilities between participating countries?
2. How can qualitative content analysis of findings collected in local research be integrated internationally?
3. How can we take best advantage to improve research coordination and support using online facilities and based on lessons from the pandemic?

Theme Paper / Published**Community Health Workers as a Strategy to Tackle Psychosocial Suffering Due to Physical Distancing: A Randomized Controlled Trial**

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Keywords: community health workers; primary healthcare; mental health; psychosocial support; vulnerable populations; COVID-19; health crisis

Background:

During the COVID-19 pandemic, many primary care professionals were overburdened and experienced difficulties reaching vulnerable patients and meeting the increased need for psychosocial support.

Research questions:

This randomized controlled trial (RCT) tested whether a primary healthcare (PHC) based community health worker (CHW) intervention could tackle psychosocial suffering due to physical distancing measures in patients with limited social networks.

Method:

CHWs provided 8 weeks of tailored psychosocial support to the intervention group. Control group patients received 'care as usual'. The impact on feelings of emotional support, social isolation, social participation, anxiety and fear of COVID-19 were measured longitudinally using a face-to-face survey to determine their mean change from baseline. Self-rated change in psychosocial health at 8 weeks was determined.

Results:

We failed to find a significant effect of the intervention on the prespecified psychosocial health measures. However, the intervention did lead to significant improvement in self-rated change in psychosocial health.

Conclusions:

This study confirms partially the existing evidence on the effectiveness of CHW interventions as a strategy to address mental health in PHC in a COVID context. Our findings support the potential of CHW interventions as a task shifting strategy to reduce family physicians' and other primary care professionals' workload. Further research is needed to elaborate the implementation of CHWs in PHC to reach vulnerable populations during and after health crises.

Points for discussion:

A hypothesis possibly explaining this contradiction could be that the intervention on itself was not community-oriented in its design nor in its implementation.

Theme Paper / Finished study**Evaluation of a pragmatic c-RCT to discontinue (z)BZD use for insomnia in general practice**

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Keywords: blended care; primary care; benzodiazepines; z-drugs; pragmatic; cluster randomised controlled trial; process evaluation; mixed method; framework

Background:

There is a well-known problem of overuse of sleeping pills, benzodiazepines and z-drugs ((z-)BZD), in the Belgian population. A large proportion of people use this type of medication on a daily basis. High consumption rates of (z-)BZD are problematic as they are associated with potentially serious medical complications as well as a high social cost. In Belgium, patients need a prescription from their treating physician, which is mostly their general practitioner (GP), in order to obtain (z-)BZD. Although GPs are aware of the problem of overconsumption, they often encounter difficulties in managing the decrease and stopping of (z-)BZD. Considering the success of blended care for the treatment of sleeping disorders and the support of substance use disorders, evidence suggests that a blended care approach, combining face-to-face consultations with the general practitioner with web-based self-learning by the patient, is beneficial for the discontinuation of chronic benzodiazepine use for primary insomnia in general practice.

Research questions:

How can we improve implementation of blended care interventions for the discontinuation of (z-)BZD use in general practice? This study aims to evaluate the effectiveness of a blended care approach for the discontinuation of (z-)BZD use in the long term (12 months) as assessed by toxicological screening, and evaluate the implementation process.

Method:

Evaluation of a multicenter, pragmatic, cluster randomized controlled trial, with a mixed method design. Data was collected through an online survey, interviews with patients, focus groups with GPs, and a usage logbook of the online intervention.

Results:

Inspired by the framework of Grant et al. (2013), we will present lessons learned from the perspective of patients, GPs, and the managing research team with regard to the processes of recruitment, delivery of the intervention, and response.

Conclusions:

Diversity among patients and GPs requires differentiation, for which blended care is an added value. Patients highly appreciated follow-up by the GP.

Points for discussion:

Long-term use of (z-)BZD and patient education: impact? shared-decision making?

Disbelief versus fear: generation gap among GPs

Pragmatic trials in practice: pros and cons

Theme Paper / Finished study**“Never change a winning team”: GPs’ perspectives on discontinuation of long-term antidepressants**

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Keywords: Long-term antidepressants, discontinuation, General Practitioner, depressive disorder, anxiety disorder, qualitative review

Background:

Long-term antidepressant use, much longer than recommended by guidelines, can harm patients and generate unnecessary costs. Most antidepressants are prescribed by general practitioners (GPs) but it remains unclear why they do not discontinue long-term use.

Research questions:

To explore GPs’ views and experiences of discontinuing long-term antidepressants, barriers and facilitators of discontinuation and required support.

Method:

20 semi-structured face to face interviews with GPs. Interviews were analysed thematically.

Results:

The first theme, ‘Success stories’ describes three strong motivators to discontinue antidepressants: patient health issues, patient request and a new positive life event. Second, not all GPs consider long-term antidepressant use a ‘problem’ as they perceive antidepressants as effective and safe. GPs’ main concern is risk of relapse. Third, GPs foresee that discontinuation of antidepressants is not an easy and straightforward process. GPs weigh up whether they have the necessary skills and whether it is worth the effort to start this process.

Conclusions:

Discontinuation of long-term antidepressants is a difficult and uncertain process for GPs, especially in the absence of a facilitating life-event or patient demand. Absence of a compelling need for discontinuation and fear of relapse of symptoms in a stable patient, are important barriers for GPs when considering discontinuation. In order to increase GPs’ motivation to discontinue long-term antidepressants, more emphasis on the futility of the actual effect and on potential harms related to long-term use is needed.

Points for discussion:

is discontinuation of long-term AD necessary?

what to do with patients with long-term antidepressants with difficult life circumstances

is discontinuation similar to bringing bad news?

Freestanding Paper / Published**Challenges of research on person-centered care in general practice: a scoping review**

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Keywords: General Practice, Family Practice, Patient-Centered Care, Patient Outcome Assessment, Scoping review

Background:

Delivering person-centered care is one of the core values in general practice. Due to the complexity and multifaceted character of person-centered care, the effects of person-centered care cannot be easily underpinned with robust scientific evidence.

Research questions:

What are the concepts and definitions, the type of interventions, and the outcome measures used in research on person-centered care in general practice?

Method:

Systematic reviews on person-centered care compared to usual care were included from Pubmed, Embase and PsycINFO. The search was conducted in February 2021. Data selection and charting was done by two reviewers.

Results:

Four systematic reviews were included in this review. All reviews used different definitions and models and classified the interventions differently. The explicit distinction between interventions for providers and patients was made in two systematic reviews. The classification of outcomes also showed large differences, except patient satisfaction that was shared. All reviews described the results narratively. One review also pooled the results on some outcome measures. Most studies included in the reviews showed positive effects, in particular on process outcomes. Mixed results were found on patient satisfaction and clinical or health outcomes. All review authors acknowledged limitations due to lack of uniform definitions, and heterogeneity of interventions and outcomes measures.

Conclusions:

Person-centered care is a concept that seems obvious and understandable in real life but is complex to operationalise in research. This scoping review reinforces the need to use of mixed qualitative and quantitative methods in general practice research. Research could be personalised by defining therapeutic goals, interventions, and outcome variables based on individual preferences, goals, and values and not only on clinical and biological characteristics. Observational data and patient satisfaction surveys could be used to support quality improvement. Integrating research, education, and practice could strengthen the profession, building on the fundament of shared core values.

Points for discussion:

The use of classic designs as randomized controlled trials may not be optimal for studying the effects of person-centered care on patient outcomes.

Research methods used in implementation and complexity science, and 'individual point-of-care trials' building on the framework of N-of-1 studies can be considered.

Beyond the evidence, the worldwide consensus on person-centered care as core value in general practice will not be affected.

Freestanding Paper / Finished study**Experiences of Patients with Common Mental Disorders concerning Team-based Primary Care and a Person-Centered Dialogue Meeting: an Intervention to promote return to work**

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Keywords: Common mental disorders, rehabilitation, collaboration, qualitative study, person-centered dialogue meeting, return to work.

Background:

Common mental disorders in combination with work-related stress are widespread in the western world, not least in Sweden. Various interactive factors, primarily work-related, have impact on the return to work process, for example; a supportive communicative function between the person on sick leave and the employer may facilitate this process. The aim was to investigate experiences of being part of a collaborative care model including a person-centered dialogue meeting with the employer and with a rehabilitation coordinator as the moderator.

Research questions:

The aim of this study was to explore experiences of persons with common mental disorders who participated in the Co-Work-Care model with a person-centered dialogue meeting and a rehabilitation coordinator as the moderator.

Method:

A qualitative design based on individual interviews with 13 persons diagnosed with common mental disorders who participated in an extensive collaborative care model, called the Co-Work-Care model. Persons were recruited as a heterogeneous sample with respect to age, gender, work background, and time since the intervention. All interviews were analyzed with Systematic Text Condensation by Malterud.

Results:

Five codes synthesized the results: 1) A feeling of being taken care of, 2) Collaboration within the group was perceived as supportive, 3) An active and sensitive listener, 4) Structure and planning in the dialogue meeting, 5) The person-centered dialogue meeting was supportive and provided increased understanding.

Conclusions:

Participants experienced the close collaborative contact with the care manager and the rehabilitation coordinator as highly valuable for their rehabilitation process. Participants valued a well-structured dialogue meeting that included initial planning and a thorough communication involving the patient, the employer, and coordinator. Further, participants appreciated having an active role during the meeting, also empowering the return to work process.

Points for discussion:

Do you have a rehabilitation coordinator in your Primary Care Center?

What kind of models do you use to increase the quality of care for patients with common mental disorders?

How does Collaborative Care work in your country? With or without care manager function?

Freestanding Paper / Finished study**Frequency, content and stress levels of incoming phone calls related to COVID-19:
Results of a flash-mob study among German general practice teams**

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Keywords: COVID-19, practice assistants, telephone calls, primary care

Background:

General practices teams face high workloads during the COVID-19 pandemic.

Research questions:

This study aimed to (1) quantify the frequency of patients' telephone requests in German general practices, (2) analyse issues raised by patients about COVID-19, and (3) determine the stress level of practice assistants in connection with phone calls on COVID-19.

Method:

On April 28, 2021, a cross-sectional flash-mob study was carried out in general practices across Germany. The study material and invitation was disseminated via social media and postal or electronic mails. For a half day, participating practices counted every incoming call. For calls addressing COVID-19, reason, duration, and perceived stress level were documented. Descriptive statistics and regression analyses were performed.

Results:

A total of 5,646 phone calls, which of 1,826 addressed COVID-19 (32.3%) were documented by 73 practices (practice average: 13.8 ± 11.8) within a single Wednesday morning. Most calls addressed vaccination ($n=1,050$, 59.0%). During 22.0% ($n=388$) of COVID-19-related calls practice assistants felt stressed, which was mainly influenced by the call duration. Feeling well-prepared to meet patients' requests on COVID-19 was a protective factor for the average stress perceived per practice assistant.

Conclusions:

General practice teams experience a high volume of sometimes stressful phone calls on COVID-19. Even if the practices are mostly well prepared, the data on the perception of stress show that some practice assistants are better able to cope with a high volume of telephone inquiries and the advisory function associated with patient information requests than others. In order to adequately support the practice assistants in performing this underestimated advisory function, further training, financial recognition and organizational support are necessary.

Points for discussion:

How to motivate a practice team with high workload to collaborate in a research project

Possibilities and limits of the flash-mob study design

Theme Paper / Finished study**Effectiveness and safety of the tetanus vaccine by intramuscular versus subcutaneous route in anticoagulated patients. Randomized clinical trial in primary care.**

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Keywords: clinical trial, vaccine effectiveness, safety.

Background:

In patients treated with oral anticoagulants, subcutaneous injections of anti-tetanus vaccine are usually recommended to reduce the risk of bleeding, although the effectiveness of the vaccine has only been proven for intramuscular injection.

Research questions:

Are subcutaneous injections of tetanus-diphtheria vaccine as effective and safe as intramuscular route in patients treated with oral anticoagulants?

Method:

DESIGN: Prospective, double blinded, clinical trial, comparing tetanus-diphtheria vaccine routes, intramuscular (im) vs subcutaneous (sc) injection, in patients with oral anticoagulants. Randomized allocation.

STUDY POPULATION: Patients treated with oral anticoagulants, with at least one dose of vaccine, at 15 Health Centres in Vigo (Spain). Sample size estimated: 115 patients in each group.

OUTCOME VARIABLES: For effectiveness analysis: differences in antibodies titers against tetanus toxoid. Independent variables: route, sex, age, basal serology, number of doses administered. For safety analysis: systemic reactions and, at the vaccine administration site, brachial diameter, eritema and pain.

ANALYSIS: Multivariate logistic regression for safety, multivariate regression with repeated measures, for effectiveness. Intention-to-treat analysis was performed.

Trial registration: ISRCTN69942081.

Clinical Research Ethics Committee approval on 07/06/2007, with 2007/089. Grant from the Consellería de Sanidade of Galicia (Spain), No. PS07/114.

Results:

117 im / 117 sc. 102 women / 132 men. 75% one dose administered. No difference between groups in any independent variable. Duration of the study was six years. Protocol was followed.

For effectiveness, there were adjusted significant differences only by basal serology.

Considering safety, just one systemic reaction. Locally, there were adjusted significant differences in pain by sex (female, protective) and route (sc, 0.55 (0.31-0.97)); in eritema, by sex (female, protective) and route (sc, 5.19 (1.87-14.41)); in tumefaction, by sex (female, protective) and route (sc, 2.74 (1.19-6.32)).

Conclusions:

There were no adjusted significant differences in effectiveness by route. There were adjusted differences in local reactions, by sex and route.

Patients preferences should be considered.

Points for discussion:

Difficulties in clinical trials in primary care: recruitment, follow-up, monitorization, insurance.

Patient preferences as outcome.

Difficulties in multicentric studies: standardization, records management, documentation.

Theme Paper / Published**Shared decision making enhances vaccination rates in adult patients in outpatient care – a systematic review and meta-analysis**

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Keywords: shared decision making; vaccination; influenza; pneumococcal disease; systematic review; adult

Background:

Insufficient vaccination rates in adults are a major problem in primary health care, leading to an international burden of disease. Shared decision-making (SDM) might address major barriers to vaccination.

Research questions:

The objective of this review was to assess the impact of SDM on adult vaccination rates in outpatient care.

Method:

We conducted a systematic literature search in MEDLINE, EMBASE, CENTRAL, PsycINFO, and ERIC on February 2nd, 2020. Only (clustered) RCTs were included. Studies had to aim an uptake of vaccination rates in adults and comprise a personal interaction between health care provider (HCP) and patient. Three further aspects of the SDM process (patient activation, bi-directional exchange of information and bi-directional deliberation) were assessed. A meta-analysis was conducted for the effects of interventions on vaccination rates. Trial Registration PROSPERO: CRD42020175555

Results:

We included 26 studies in our analysis. The pooled effect size was OR (95% CI): 2.26 (1.60–3.18) for pneumococcal vaccination and OR of 1.96 (95% CI: 1.31 to 2.95) for influenza vaccination rates. Subgroup analyses among influenza vaccination studies suggested a higher effectiveness if all criteria of a SDM process were considered, compared to interventions that focused only on patient activation. Sharing responsibilities among HCP teams increased also influenza vaccination rates. Concerning pneumococcal vaccinations, impersonal patient activation methods, the exchange of information facilitated by a non-physician HCP and a deliberation of options enabled by a physician were successful.

Conclusions:

This systematic review and meta-analysis provide evidence that SDM processes can be an effective strategy to increase adult vaccination rates. With the majority of patients being vaccinated in outpatient care, especially in primary care practices, our findings are of direct relevance for HCP and vaccination service delivery. Further studies with more detailed descriptions of SDM implementation modalities is necessary to understand which components of SDM are most effective.

Theme Paper / Finished study**Vaccine hesitancy in adults: a multi-center study on primary healthcare users' attitudes in Greece**

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Keywords: Vaccine hesitancy; vaccine safety; vaccine efficacy

Background:

WHO declared vaccine misinformation as one of the main health threats for 2019.

Research questions:

The aim of this study was to explore primary healthcare users' attitudes towards adults' vaccination in order to investigate possible barriers in the effort to raise national vaccination coverage.

Method:

In this multi-centre, mixed-methods study- conducted at 23 Primary Care units- for 30 consecutive working days, a pre-tested questionnaire was administered to three randomly selected patients who visited the practice each day. Informed consent was signed prior to their participation.

Results:

A total of 1571 patients were recruited (75.9% response rate); mean± SD age was 59.8±15.2years and 61.4% (965) were female. Among them, 37.8% (594) declared that vaccination is another way for pharmaceutical companies to gain financial profit. Concerns about side effects, mistrust in pharmaceutical companies, misinformation about immunization and disbelief in vaccines' efficacy were among the commonest reasons to explain vaccination hesitancy.

Conclusions:

A person-centered approach within primary healthcare and provision of appropriate information about vaccines' safety and efficacy are considered crucial to advocate against the spread of vaccine misinformation and increase vaccination coverage.

Points for discussion:

Detection of barriers to vaccination

How to overcome vaccination hesitancy

Freestanding Paper / Almost finished study**Regional differences in the perception of COVID-19 pandemic management: A Germany-wide survey among general practitioners**

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Keywords: general practice; pandemic management; regional

Background:

In Germany, different regional structures and processes, such as COVID practices, diagnostic centers, COVID taxis, and COVID home care teams, were developed to better serve the needs posed by the pandemic as well as to maintain regular patient care. International studies show that adaptable primary care is essential to meet pandemic demands and that implemented strategies in general practices have a high influence on local infection rates.

Research questions:

To identify regional differences in the experiences of general practitioners across Germany with existing and new health care structures and processes during the pandemic.

Method:

The web-based questionnaire addresses general practitioners' experiences with regional pandemic management: newly implemented structures and processes for patient care and general interactions, cooperation with partners in the health care system, use of pandemic information, burden, capacity for pandemic decision-making, and lessons learned. The survey was distributed nationwide among German general practitioners. Standardized instruments such as the net promotor score were adapted to evaluate strategies of pandemic management, which were chosen based on clinical governance frameworks and the national pandemic plan. The study is funded by the German Federal Ministry for Research and Education.

Results:

A total of N=630 general practitioners participated in the survey, representing all German regions. Just over half (57.8%) of participants were male, with 18.8 (± 9.6) years of professional experience. Practices differed regarding both number of employees (8.0, ± 8.8) and number of patients per quarter (17.9% up to 1000, 31.6% 1001-1500, 18.4% 1500-2000 and 32.1% ≥ 2001). Preliminary analyses show prominent regional differences regarding new structures/processes and their perception by GPs, e.g. COVID practices, test centers, COVID taxis. Detailed results will be available at the conference.

Conclusions:

The outcome of newly implemented structures and processes is influenced by the regional structure. The results will be used to support the revision of the German national pandemic plan.

Freestanding Paper / Almost finished study**The Covid-19 pandemic: Reorganization of health services and coping of health care workers in Primary Health Care.**

Conceição Outeirinho, Raquel Braga, Joana Costa-Gomes, Luís Alves, Ana Margarida Cruz, Ana Clavería, Antón Núñez-Torrón, Marina Jotic, Jacopo Dermutas, Tugba Çalışkan, Victoria Tkachenko, Poliana Jorge

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Keywords: Primary Health Care; COVID-19; SARS-CoV-2; Pandemic; Health care services; Primary care management; anxiety; emergency management.

Background:

The COVID-19 pandemic has forced the reorganization of health care services, and the implementation of contingency plans which impacted Primary Health Care (PHC) workers' daily demands. The training and support of health workers staff, its clinical, psychological and social support are additional challenges.

Research questions:

How have PHC services responded to the pandemic and how this has impacted PHC workers, namely regarding anxiety levels?

Method:

We conducted a cross-sectional survey with a convenience sample of Primary Care Services workers from 7 European countries (Portugal, Spain, Bosnia, Italy, Turkey, Ukraine and France) using an online questionnaire. Ethical aspects were guaranteed. We collected information on gender, age, professional group, perceived support, access to personal protective equipment (PPE), overall pressure felt by professionals and their anxiety levels by March 2020 and May 2021. The association between each variable and anxiety were estimated through multivariate logistic regression.

Results:

Our sample comprised 1045 PHC workers (73.8% female, mean age 44.8 years; 49.6% doctors). Almost 70% of participants claimed to monitor suspected covid patients and 66.5% reported there was a risk management protocol in place. In March 2020 54% of participants reported little/no PPEs availability whereas in May 2021 76% stated PPEs were available/very available. About 65% of the participants feel high/extreme pressure at their work. High/extreme anxiety levels were reported by 54,1% in March 2020 and 38.3% in May 2021. Multivariate logistic regression analysis showed that feeling supported regarding personal problems and encouraged to maintain social interactions was associated with lower anxiety levels (adjusted OR=0.292, $p=0.009$; adjusted OR=0.390, $p=0.012$).

Conclusions:

Despite perceived high work-related pressure levels, PHC services adapted to the pandemic demands through the implementation of risk management plans. PHC workers anxiety levels reduced from March 2020 to May 2021. Feeling encouraged to maintain social interactions and supported regarding personal problems decreased the likelihood of anxiety.

Freestanding Paper / Finished study**The long-term effect of COVID-19 – primary care survey**

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Keywords: COVID-19, long COVID, primary care

Background:

Long COVID-19 is a multisystem syndrome that may start 12 weeks after the acute illness. It appears that about 10% of the recoverees will have at least one symptom during this period. We lack information about the rate of various symptoms and persistence beyond six months especially after mild disease without hospitalization.

Research questions:

Characterization of the long-term symptoms of COVID-19 patients in Israel.

Method:

A nationwide telephone survey was conducted using a structured questionnaire on 714 post COVID-19 participants aged 18 or over, 12 weeks or more after virological defined recovery. Patients were randomly selected from approximately 80,000 COVID-19 recovered patients at Leumit Health Service in Israel.

Results:

About 14% of convalescents had at least one symptom, 12 weeks or more from recovery. The most common symptoms were memory or concentration disturbances (10%), muscle aches (8.5%), muscle weakness (7.6%), loss of taste or smell (5.9%) and headaches (3.8%). Six months after recovery, the incidence of most symptoms decreased, but memory or concentration problems (9.2%), muscle pain (7.8%) and muscle weakness (6.6%) remained common. In patients who had fever or muscle aches at the time of COVID-19 and in patients with chronic diseases, the rate of prolonged symptoms (>6 months) was higher. Older age and hospitalization during the course of the disease were not predictive of prolonged symptoms.

Conclusions:

In a large sample of recovering patients, most of them with mild, community managed, the most common long term complaints were disturbances in memory and concentration and muscle pain.

Points for discussion:

Do long COVID exist and if yes to what extent and how to evaluate it?

Theme Paper / Finished study**Clinical outcome data of first cohort of chronic pain patients treated with cannabis-based sublingual oils in the United Kingdom – analysis from the UK Medical Cannabis Registry**

Michal Kawka, Simon Erridge, Carl Holvey, Ross Coomber, Azfer Usmani, Mohammad Sajad, Michael W Platt, James J Rucker, Mikael H Sodergren

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Keywords: Cannabinoids, Medical Cannabis, Health-related Quality-of-Life, Chronic Pain.

Background:

The estimated global incidence of chronic pain is 20%, with the burden expected to rise further as the global population ages. Whilst pharmaceutical management of chronic pain is increasingly limited in primary care, Cannabis-based medicinal products (CBMPs) represent an emerging therapeutic option in the management of chronic pain. Despite promising pre-clinical data, there is a paucity of high-quality evidence to support the routine use of CBMPs for chronic pain.

Research questions:

This study aimed to investigate the health-related quality of life outcomes of patients with chronic pain who were prescribed CBMP oil preparations.

Method:

A case-series comprised of patients from the UK Medical Cannabis Registry, who were treated with CBMP oils (Adven®, Emmac Life Sciences Group) for a primary indication of chronic pain was performed. The primary outcomes were the changes in Brief Pain Inventory short-form (BPI), Short-form McGill Pain Questionnaire-2 (SF-MPQ-2), Visual Analogue Scale (VAS) Pain, General Anxiety Disorder-7 (GAD-7), Sleep Quality Scale (SQS), and EQ-5D-5L PROMs, at 1, 3, and 6 months.

Results:

110 patients were included, with the majority having a diagnosis of chronic non-cancer pain (n=53, 48.2%). Significant improvements in SQS, EQ-5D-5L pain and discomfort subscale, and Brief Pain Inventory Interference Subscale ($p < 0.050$) at 1, 3, and 6 months were demonstrated. There were no notable differences between cannabis naïve and previous cannabis users in terms of quality-of-life outcomes. The adverse event incidence was 30.0%, with most (n=58, 92.1%) adverse events being either mild or moderate in intensity.

Conclusions:

Treatment of chronic pain with CBMP oils was associated with an improvement in pain-specific outcomes in addition to HRQoL and self-reported sleep quality. Similarly, relative safety was demonstrated over medium-term prescribed use. Whilst these findings must be treated with caution considering the limitations of study design, this provides a platform to inform future clinical trials.

Points for discussion:

How do CBMPs fit into the current paradigm for chronic pain treatment?

Are CBMPs an acceptable treatment for medical practitioners and patients?

Is RWE sufficient to inform regulatory guidance and individual clinical care with CBMPs?

Theme Paper / Ongoing study with preliminary results**Designing and implementing an evidence-based integrated and multidisciplinary and patient-centered model of care for NAFLD/NASH in primary care in Europe**

Irini Gergianaki, Marilena Anastasaki, Sophia Papadaki, Foteini Anastasiou, Filothei Voltyrakis, Barbara Sidiropoulou, Ger Koek, Leen Heyens, Juan Mendive, Jean Muris, Christos Lionis

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Keywords: NAFLD; NASH

Background:

In spite of its high prevalence and impact on health, non-alcoholic fatty liver disease (NAFLD) and steatohepatitis (NASH) have not received prompt attention by primary care (PC) providers. There is limited clinical research on the effectiveness of their involvement in the management of this disease. An ongoing international project aims to develop and evaluate an integrated, multidisciplinary, patient-centered model of care (MoC) for NAFLD/NASH screening, diagnosis/linkage to specialty care and translate learnings into harmonized PC practice guidelines.

Research questions:

To what extent a scaling-up clinical research could guide evidence-based formation of guidelines in PC.

Method:

A multi-stage implementation project is being conducted in PC settings in Greece, Spain and the Netherlands. First, a descriptive survey examining patient and provider barriers, beliefs and needs related to NAFLD/NASH was designed. Then, an international expert panel including ESPCG and EASL delegates, has been assembled to guide the translation of NAFLD/NASH practice guidance to PC with country-level tailoring. Lessons learned will be used to develop: 1) an e-learning module for PC professionals (evaluated before and after implementation), 2) an integrated NAFLD/NASH MoC (evaluated through a randomized controlled trial), 3) guidance to address practice gaps to PC.

Results:

The preliminary findings of this ongoing project show that patients recognized at a large proportion (76.3%) that obesity is a key determinant for NAFLD/NASH, and 74.2% out of 190 patients stated the ultrasound as the main diagnostic modality. Further NAFLD/NASH related awareness, illness perception and risk communication data are anticipated. The e-learning educational program has been developed with five modules, while an integrated MoC is under preparation.

Conclusions:

Project results can be used to inform European and national policies concerning the role of PC on early NAFLD/NASH identification and management.

Points for discussion:

The project can work as an example of scaling-up clinical research in PC that can guide effective management of NAFLD/NASG high-risk patients.

Theme Paper / Finished study**Evaluation of Simplified Tool In Pharmacovigilance For General Practitioners: 5 Years of Insight**

Agathe Trenque, Andry Rabiaza, Marion Sassier, Basile Chretien, Joachim Alexandre, Sophie Fedrizzi, Xavier Humbert

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Keywords: pharmacovigilance ; adverse drug reaction ; general practice ; surveillance

Background:

Spontaneous reporting of adverse drug reactions (ADRs) remains the cornerstone of postmarketing drug safety surveillance (pharmacovigilance). However, ADRs are often underreported.

Research questions:

The main objective of this study was to assess the use of this simplified reporting by general practitioners (GPs) on the number of reports of ADRs and, secondarily, to determine its impact on the quality of these reports.

Method:

An online tool was proposed in June 2015 by the regional pharmacovigilance center of Caen (Normand, France), in conjunction with the regional union of private GPs. It was evaluated in terms of number of monthly reports and number of reporting GPs before and after its initiation. Quality of reports was also evaluated.

Results:

Between June 2010 and May 2020, 1,000 reports were given by 307 GPs. At five years, monthly number of reports was multiplied by 3.6 and number of reporting GPs increased of 42%. The quality of reporting remained unchanged over the same period (35.35% versus 34.35%, $p = 0.71$), as was also the case with the simplified pharmacovigilance tool (33.61% versus 35.59%, $p = 0,51$).

Conclusions:

This tool showed its effectiveness in quantitative terms without loss of quality. It should now developed in professional software and be extended to other regions in France.

Points for discussion:

Best method to increase pharmacovigilance reporting ?

How to conserve this good result in the future ?

Freestanding Paper / Finished study**Men`s knowledge about erectile dysfunction and its management options: Results from primary care study in Latvia**

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Keywords: Latvia, men, erectile disfunction, family doctor

Background:

Different level of erectile dysfunction (ED) problems affects nearly 17 % of men in Latvia (Lietuvietis, 2016). The urgency of problem grows with the age. To objectify data we used The International Index of Erectile Function (IIEF-5). The study purpose is to figure out awareness of erectile dysfunction symptoms, treatment opportunities and relevance of this topic among men in Latvia.

Method:

This cross-sectional study was conducted in 6 family practices in Latvia, in both urban and rural settings. We invited 300 (50 per practice) randomly selected 40 to 65 old men to fill in an anonymous online questionnaire using online randomizer (random.org). To quantify self-reported ED the IIEF-5. Score below 22 was considered as ED. Patients with Diabetes mellitus type 2 were excluded.

Results:

Out of 300 men 246 completed the questionnaire (response rate 82%). According to the collected data 13 % (n = 31) men think they have problems with erection and 18 % (n = 44) found it difficult to answer this question. According to IIEF-5 index, 29% (n=78) of respondents scored < 22 points, which corresponds to ED. However, only 23 out of 78 respondents from this group acknowledge that they have erection problems. Our data shows that most respondents (n= 231) have never consulted family doctor about ED. According to the multiple choice question reasons were different: in 152 cases respondents thought that they do not have ED; 20 admitted being too shy; 27 replied that they can solve the problem without family doctor and other causes).

Conclusions:

Despite accessible medicine only nearly every 3rd respondent with decreased IIEF – 5 considered that he had erection function problems. Our study implies that men in Latvia rarely talk to a family doctor about ED and that awareness about symptoms and treatment options is still insufficient.

Freestanding Paper / Ongoing study with preliminary results**The effect of violence against healthcare professionals on the career plans of intern doctors**

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Keywords: Career plans, healthcare professionals, intern doctors, violence

Background:

In our country, violence against healthcare workers increases day by day.

Research questions:

1. What is the effect of violence against healthcare professionals on intern doctors' career plans?
2. Do violence against health workers affect the specialization choices of trainee doctors? If so, in which direction does the effect occur?

Method:

This study was conducted at a 47-year-old Medical School in Sivas, eastern of Turkey. The questionnaire prepared by the researchers was completed to 178 intern doctors about to graduate, with the face-to-face interview technique, by the same researcher. Doctors who left the form half-way were excluded from the study. The survey was consisted of 38 questions, evaluating sociodemographic data, specialization choices, desired workplaces, whether there was a alteration in these areas throughout the medical school education, and the impact of violence against healthworker on this process. Data uploaded to SPSS 23:00 and descriptive statistics were used. Significance level was accepted as $p < 0.05$.

Results:

Our study is continuing and datas of 91 trainees are presented in this congress. The mean age of participants was 25 ± 1.8 (min-max:23-32), 57.1% (n:52) were men, and 96.7% have been thinking violence increased. During their educational life, 73.6% had witnessed violence, and 36.3% had been subjected to it themselves. It was indicated by 62.6% of students that violence against someone familiar will affect their choice of specialty. There were only 13 (14.3%) interns who were not concerned about violence after graduation. Among trainee, it have been thought that the most likely to be exposed to violence was in emergency service (78.7%), obstetrics-gynecology clinics (40%), general surgery (34.7%) and cardiovascular surgery clinics (26.7%), respectively. It was also followed by surgical branches. Besides, 61.3% (46/75) of interns stated that they could have planned careers for these branches if there were no violent incidents.

Conclusions:

TheNumbers of Emergency/Surgical specialist could be indanger of declining.

Freestanding Paper / Ongoing study no results yet**A COVID-19 Conundrum – Can the reported skin manifestations of COVID-19 be explained by re-activation of herpes virus?**

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Keywords: COVID19; COVID-19; Herpes; Herpetic lesion; Herpesviridae; Zoster; Skin Manifestations**Background:**

Over the past year, numerous reports concerning COVID-19 skin manifestations have started to emerge. A debate has ensued, with lacking evidence to support whether these skin manifestations are unique, or rather represent a form of re-activation or superinfection with Herpesviridae viruses. The primary goal of this research is to examine the differences in frequencies and/or the time to develop herpetic lesions between COVID-19 patients, vaccinated individuals, and a control group. This, to supply evidence and a possible solution to the COVID-19 skin manifestations debate. Secondary goals include characterizing the skin lesions in the COVID19 group compared with the control group in respect of recent literature and examine possible vaccine side-effects.

Research questions:

The working hypothesis is that there is no difference in the frequency or the average time to develop lesions between the COVID-19 group and the other groups, among patients with no known history of herpes infection (i.e. first documented lesion). The parallel hypothesis is that there is a difference in the average time to develop lesions between the COVID19 group and the other groups among patients with known history of herpes infection. An additional hypothesis is that there might be occurrences of herpes re-activation within the vaccinated group.

Method:

Patient files mentioning a herpetic lesion between December-20 to March-21 would be extracted from Maccabi Health Services database. These patients would be grouped by the association of the lesion to the COVID-19 disease (Infected, Vaccinated, Control). These groups would then be statistically matched to reduce bias, using common criteria such as age, sex, immunocompetence, and known risk factors for severe COVID19 disease as published by the CDC. A statistical analysis of the data would be applied on the matched groups, focusing on survival analysis.

Results:

Work in progress...

Conclusions:

This study could provide evidence and a possible solution to the COVID-19 skin manifestations debate.

Points for discussion:

What are the arguments and evidence supporting unique skin manifestations of COVID-19?

What are the arguments and evidence supporting reactivation of herpesviridae during COVID-19 illness?

One-Slide/Five Minutes Presentation / Study Proposal / Idea**A new data collection project for studies of the process of diagnosis in primary care: collecting data on reasons for encounter and diagnoses in episodes of care in Europe.**

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Keywords: Primary care, diagnostic research, Bayes theorem, electronic medical records, ICPC, episode of care, reason for encounter

Background:

For many years the Transition Project has been unique in collecting data on reasons for encounter (RfEs, including symptoms and complaints) and diagnoses in an episode of care (EoC) model, allowing the study of incidence and prevalence of both, and especially relationships between RfEs and episode titles.

Research questions:

Objectives:

1. To establish a formal collaboration led by EGPRN to re-vitalise the routine collection of practice-based data on RfE and EoCs
2. To develop and implement a data collection tool which interfaces with existing electronic medical record (EMR) systems, which can alternatively stand-alone as a basic EMR
3. To collect and analyse data on RfEs, interventions and diagnoses collected with ICPC in an EoC model, to empirically inform the epidemiology of primary care
4. To make such data available for research into the process of diagnosis and the development of diagnostic decision support systems

Method:

The steps to develop such a system and the software to analyse and publish such data will be explained, based on the prior published experiences of the authors.

Results:

A successful outcome of the presentation would be the creation of a formal collaboration between EGPRN, MIPC and partner academic and software organisations to present a formal project plan to EGPRN in the immediate future.

Conclusions:

This proposal is expected to potentially raise the profile of EGPRN as a repository of high quality data from primary care, and a major partner in the future development of diagnostic decision support systems and learning healthcare systems in primary care.

Points for discussion:

1. Discussion of the utility of such empirical data for primary care and family practice in Europe,
2. Discussion of the utility of analysis of diagnostic data from different populations,
3. Discussion on the formalisation of such an academic collaboration.

Theme Paper / Published**BNT162b2 vaccine effectiveness in preventing asymptomatic infection with SARS-CoV-2 virus: a nationwide historical cohort study**

Galia Zacay, David Shasha, Ronen Bareket, Itai Kadim, Fabienne Hershkowitz-Sikron, Judith Tsamir, David Mossinson, Anthony Heymann,

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Keywords: Covid-19, SARS-CoV-2, vaccine effectiveness, asymptomatic infection, observational study

Background:

There is strong evidence regarding the efficacy and effectiveness of BNT162b2 vaccine in preventing symptomatic infection with SARS-CoV-2 virus.

There is a relative paucity of data regarding effectiveness in prevention of asymptomatic infection.

Research questions:

What is the real-world effectiveness of BNT162b2 vaccine in preventing symptomatic and asymptomatic infection with SARS-CoV-2 virus?

Method:

In this real-world observational study, we identified a sub-population of individuals in a large health maintenance organization who were repeatedly tested for SARS-CoV-2 infection by PCR. We included these individuals in the study cohort, and compared those who were vaccinated with BNT162b2 mRNA vaccine to the unvaccinated ones. A positive SARS-CoV-2 PCR test result was used as the outcome. Follow-up period was from January 1, 2021 until February 11, 2021.

Results:

6,286 individuals were included in the cohort. Seven days following the second vaccine dose, a rate of six positive PCR tests per 10,000 person-days was recorded, compared with a rate of 53 positive tests per 10,000 person-days for the unvaccinated group. The estimated vaccine effectiveness against infection with SARS-CoV-2 virus after two vaccine doses was 89% (95% confidence interval 82%-94%). The estimated effectiveness two weeks following the first vaccine dose was 61% (95% confidence interval 49%-71%).

Conclusions:

In this study, vaccination with BNT162b2 reduced infection rates among individuals who underwent screening by frequent SARS-CoV-2 PCR testing. Using a cohort of frequently tested individuals reduced the indication bias for the PCR testing, which enabled estimation of infection rates.

One-Slide/Five Minutes Presentation / Ongoing study no results yet**Has social isolation during COVID 19 pandemic lead to exacerbation of diabetes mellitus in the elderly and has the use of information and communication technologies (ICT) changes these results?**

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Keywords: COVID 19, Loneliness, Diabetes Mellitus, information and communication technologies (ICT)

Background:

It is well established that social isolation and loneliness are strong contributing factors to the emergence of new medical and psychological conditions, as well as the exacerbation of existing ones. The recent COVID-19 crisis has arguably increased isolation and loneliness by inflicting social distancing rules and in-home quarantine for long periods.

Research questions:

To evaluate whether an increase in feeling of isolation and loneliness within the elderly population (over age 65 years old) led to exacerbation of existing diabetes mellitus?

To Investigate whether technological proficiency reduces loneliness and thus affect these results?

Method:

Comparison of information in medical records for the period of March 2020 to the end of the year (December 2020), to the same information in that time period in the year 2019. Evaluation of loneliness through analysis of answers of the patients, based on the DeJong Gierveld Loneliness Scale, with added questions regarding the ICT (Information and communication technologies) proficiency of the patients.

Presentation on 16/10/2021 09:10 in "Parallel Session G: Online Session: Theme & Freestanding Papers and One Slide Five Minute Presentations" by Niva Kallus.

One-Slide/Five Minutes Presentation / Ongoing study no results yet**Health Issues and Health Needs of Gay and Bisexual Men Concerning Primary Health Care in Turkey**

Filiz Ak, A. Serkan Uçarı, A. Bora Yayla, Batuhan Ceran, Batuhan Demir, Canberk Koçak, Deniz Demirtürk, Atilla H. Elhan

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Keywords: LGBTIQ+ health, gay and bisexual men, primary care

Background:

The LGBTQ+ population faces discrimination in access to health care as well as in social life. Benefiting from primary health care is a right for every individual. The curriculum of pre-graduate and post-graduate medical education and primary care should consist LGBTIQ+ terms and health in order to prevent the discrimination in health care. LGBTIQ+ population and gay and bisexual men have specific health needs in guidelines. Health issues and health needs of gay and bisexual men concerning primary care are not known in Turkey.

Research questions:

This study aims to answer whether there is a significant difference between gay and bisexual men in health issues and health needs, and do the access to health care cause a significant difference in these health issues and health needs in Turkey.

Method:

The research was planned as a cross-sectional study. A questionnaire form with two sections first of which consists of 55 questions investigating the participant's demographic characteristics, health status, access to health services, chronic health problems, smoking and alcohol use, physical activities, oral health, awareness of health risks and health needs, and second of which consists of Beck Depression Scale with 21 questions, was uploaded as online form. The link of the questionnaire was sent via mail to the LGBTIQ+ organizations in Turkey on April 7, 2021, after ethical committee approval, asking them to announce the sample population as voluntary gay and bisexual men among the members. The study was planned to continue till April 2022.

Results:

The study is an ongoing research. Preliminary results will be presented in EGPRN meeting if the abstract is accepted. The researchers want to invite the participants of EGPRN Meeting to plan an international multi-country collaborative study by improving the study with a collaborative team.

Conclusions:

The results will be a source for future studies, medical education, and primary care.

Points for discussion:

We plan a multi-country collaborative study to investigate health issues and health needs of gay and bisexual men concerning primary health care and , and to compare the results of the countries.

Do the participants of different countries want to participate in this study?

May we plan a research consisting of all LGBTIQ+ community?

Freestanding Paper / Finished study**A study of burnout and associated factors in Irish GPs and GP trainees during the COVID-19 Pandemic**

Darragh Mc Kenna, Mala Raghoonath, Imoleayo Abioye, Leila Abdoul-Rahman, Claire Collins

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Keywords: Exhaustion, Disengagement, Burnout, OLBI, Oldenburg Burnout Inventory, Wellbeing, COVID-19, Pandemic, Irish, Ireland, Europe, European, General Practice, Primary Care, GP, Trainee, Training

Background:

Prior to the COVID-19 pandemic burnout among Irish GPs was estimated at 6.6% using the Maslach Burnout Inventory. Associated factors were male gender, younger age and early career status. During the COVID-19 pandemic burnout frequency was reported as high as 76% in medical residents in Romania and doctors in Northern Italy. In the US burnout was seen in 46.3% of physician trainees exposed to the virus at work while in China burnout was noted in 13% of frontline healthcare staff.

Research questions:

The aim of this study is to measure burnout and associated factors in Irish GPs and GP Registrars during the COVID-19 pandemic.

Method:

A cross-sectional study using an online questionnaire, comprising of the 16-item Oldenburg Burnout Inventory (OLBI) and a 24-item novel demographic and wellbeing questionnaire that was designed to assess demographic, personal, practice and health system related factors that may be associated with burnout. Data collection was conducted from January to April 2021. Data were analysed using SPSS v27.

Results:

A total of 153 of the 172 responses received were suitable to calculate burnout inventories. OLBI subtotal scores for disengagement and exhaustion were high in 9.8% and 12.7% respectively. The total OLBI score was high in 12.1% respondents. High OLBI scores were most strongly associated ($p < 0.01$) with less downtime, less sleep, less family time and a fear of colleagues being off work with COVID-19. Female gender was associated with higher total OLBI scores.

Conclusions:

High OLBI total scores were associated with several factors. Most notable were the effects of the pandemic on practitioner wellbeing outside of work. Fear of the effects of colleagues being off work with COVID-19 was also associated with higher burnout scores. Further evaluation is required to investigate the nature of the relationship between these factors and burnout.

Points for discussion:

Both health system related and societal factors contributed to a greater burnout score in GPs and GP trainees working during the peak of the COVID-19 pandemic.

Demographic factors associated with burnout in the Irish experience prior to the pandemic appear to no longer be significantly associated with higher burnout scores during the pandemic.

Poster / Ongoing study with preliminary results**Heartwatch: a chronic disease management program for heart disease in Ireland.**

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Keywords: chronic disease Management, cardiovascular, heart disease,

Background:

In Ireland, the standardised death rate from ischaemic heart disease in Ireland was 133 per 100,000 inhabitants, which was slightly more than the EU rate of 119.4 per 100,000 inhabitants. In 2003, Ireland started Heartwatch, a secondary prevention programme for patients with a history of coronary heart disease during which patients have up to 4 specialised visits per year across 20% of Irish GP practices.

Research questions:

Do patient health outcomes improve over the course of the programme?

Method:

Data is collected in general practice during structured visits and is held in a central database. Variables collected include blood pressure (systolic & diastolic), cholesterol (total & LDL), waist circumference, as well as HbA1C and fasting glucose for diabetic patients. Data was extracted and analysed using R (4.1.0).

Results:

Between when signup began in 2003 and May 2021, 21,000 patients participated. Over 17,000 have 1 year follow-up, while more than 7,000 patients have participated for at least 8 years. Based on patients with at least 1 year of participation; 73% are male; they sort equally into 0-74, 75-84, and 85+ age bands; and most were retired (56%).

Mean systolic BP among patients with 4 yrs. follow up was 132.7mmHg down 1.4 from their average baseline. The target systolic BP within the program is <140mmHg, and divergent results are seen based on whether patients begin the program above or below this target. For the same cohort, patients starting with a systolic BP >140 see an average decrease of 13.2 (mean 138.8), while patients who enter the program with BP <140 see an average increase in of 6.18 (mean 128.7). Other metrics show a similar pattern of divergence.

Conclusions:

Patients do see an overall improvement in some targeted health metrics, however there is a divergence in the direction of metric change based on baseline readings.

Points for discussion:

What drives the divergence of patients, where those outside targets see improvement, while those entering the program within targets drift closer to being off target over time?

Poster / Finished study**Musculoskeletal pains among phlebotomists in outpatient clinics: prevalence, and association with personal factors and ergonomic analysis of the workstation**

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Keywords: phlebotomist, drawing blood, clinical laboratory technicians, ergonomics, musculoskeletal disorders.

Background:

Phlebotomists are laboratory workers who collect blood as a significant part of their occupation. They are a unique group within the medical laboratory's working force. The literature has rarely dealt with musculoskeletal disorders among these workers.

Research questions:

To investigate the prevalence of musculoskeletal pains among phlebotomists, their relation to personal factors, and ergonomic workstation analysis.

Method:

In this cross-sectional study, self-administered questionnaires were distributed to phlebotomists in out-patient clinics (N=115, 65.16% response rate). The questionnaires included socio-demographic data, information about the workstation, and the Nordic Musculoskeletal Questionnaire. In addition, an ergonomic score was used for the characterization of workstations.

Results:

80.7% reported at least one symptomatic body area in the past year. The three most common symptomatic body areas in the past year were the lower back (72.7%), neck (60.9%), and shoulders (59%). These areas also had the highest incidence of complaints disrupting work. A logistic regression model for predicting pain within a year found adequate leg space as a significant component of the ergonomic score ($p=0.045$, $OR=0.222$). This component was also a protective factor for neck pain disrupting work ($p=0.047$, $OR=0.385$).

Conclusions:

The prevalence of musculoskeletal pains among phlebotomists in out-patient clinics was high. Further research should investigate the impact of psychosocial factors on these complaints.

Points for discussion:

Musculoskeletal pain as a health hazard for healthcare workers.

Poster / Finished study**Syphilis and Gonorrhoea: Portugal Trend and Seasonality**

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Keywords: Syphilis; Gonorrhoea; Trend; Seasonality;**Background:**

Infection with *Treponema pallidum* and *Neisseria gonorrhoeae* are a global problem. The World Health Organization estimates that, worldwide in 2016, there were 19.9 million cases of syphilis in adolescents and adults aged 15 to 49 years, and 6.3 million new cases. Gonorrhoea was responsible for about 80.7 million infections in 2016, worldwide. It is difficult to establish the real number because of the lack of diagnostic capability and reporting systems in many parts of the world. In Portugal, these illnesses are included in the list of notifiable diseases, therefore it is important to assess the trend and temporal distribution of their notifications in order to understand whether further measures are needed to reduce the number of new notifications.

Research questions:

The aim of this study is to assess the temporal evolution and distribution of gonorrhoea and syphilis notifications in mainland Portugal, between 2015 and 2018.

Method:

Descriptive observational study of the ecological type, with data collected from PORDATA and the National Health Service's Transparency Portal, processed and combined with the R (3.4.2) for the production of distribution graphs. A linear model for a short temporal series (January/2015- December/2018, monthly resolution) was created with a trend component and a seasonal component (the seasonal pattern was approximated by fourier terms).

Results:

There is a clear increase in the number of notifications between 2015 to 2018 in both illnesses (gonorrhoea: trend coef. 1.1792, $p < 0.0001$, syphilis: trend coef, 0.4797, $p < 0.0006$). Contrary to syphilis, gonorrhoea model shows a periodic component [coef fourier (df, 2) $S^2 = 6.7334$, $p = 0.0272$]. Gonorrhoea and Syphilis notifications were always higher in male population (female 11.5% and 26.2%, respectively).

Conclusions:

Gonorrhoea and syphilis are a major cause of morbidity among sexually-active individuals in Portugal (as worldwide), particularly in males, and these data revealed a need for intervention in this area.

Points for discussion:

Which are the temporal evolution and distribution of gonorrhoea and syphilis?

How to improve the diagnosis of syphilis and gonorrhoea?

How to decrease the syphilis and gonorrhoea new cases?

Poster / Finished study

The patient-centered care and its relation to the outcomes of care in family medicine

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Keywords: patient-centered care, outcomes of care, family medicine

Background:

Patient-centered care (PCC) contributes to higher patient satisfaction, greater adherence to treatment, health outcomes improvement and a more rational use of health services.

Research questions:

To investigate the PCC level and its relation to the outcomes of care in family medicine (FM)

Method:

Prospective study was carried out on 120 unselected consecutive adult patients (18 years and over) attending routine consultations with selected six Croatian FM practices. The post-consultation questionnaire included items about the sociodemographic details, the 9-item Patient Perception of Patient-Centeredness (The 9-item PPPC) and the Short Form Health Survey. Patients were followed up after two months with the Outcomes in Relation to Impact on Daily Life (the ORIDL measure) and we reviewed notes after two months for reattendance, investigation, and referral. Statistic analysis was done using Statistika, version 7.1 statistic program, and values $P < 0.05$ were considered statistically significant.

Results:

Patients mean age was 42.35 ± 14.46 years. Distribution of the 9-item PPPC average scores (on range 1-4) showed high scale range for all items: patient problem discussion (3.26 ± 0.77), patient satisfaction with problem discussion (3.37 ± 0.70), doctor listening (3.7 ± 0.51), doctor problem explanation (3.56 ± 0.59), respective roles discussion (3.28 ± 0.77), doctor treatment explanation (3.54 ± 0.61), doctor manageability of treatment for patient exploration (3.47 ± 0.67), doctor patient understanding (3.76 ± 0.47) and doctor personal or family issues that might affect patients' health discussion (3.21 ± 0.87). Patients with greater extent of the respective roles discussion were significantly less referred to the secondary care specialists ($p < 0.05$). Patients with greater extent of the doctor personal or family issues that might affect patients' health discussion were significantly less referred to the investigation ($p < 0.05$).

Conclusions:

Significant relationships between PCC and number of patients' investigation and referral observed in this study imply strengthening PCC could be helpful in a more rational use of health services.

Poster / Ongoing study with preliminary results**Experiences and expectations of medical students and GP teachers regarding long-term mentoring relationships in longitudinal general practice tracks - Preliminary results of an ongoing qualitative study**

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Keywords: General practice track, medical students, mentoring, expectations, qualitative design

Background:

To fight the shortage in general practitioners, longitudinal general practice (GP) tracks have been established in medical faculties in Europe and worldwide. In most programs, long-term mentoring relationships play an important role to provide students with positive role models, regular practical experiences and acquisition of clinical skills in a community context. In Leipzig, a six-year extracurricular GP track called LeiKA started in 2016 offering 30 slots per year for interested medical students. Individual preceptors are assigned to each student with regular short-term visits in their community practice over the whole course of study, accompanied by thematic workshops and social events. However, little is known about medical students' and preceptors' expectations, experiences, challenges and ideas for improvement within long-term mentoring relationships in general practice.

Research questions:

What are motivations, expectations and experiences of students and preceptors in long-term mentoring relationships? How can these relationships be adjusted and improved?

Method:

Semi-structured interviews with students and preceptors from the first three cohorts were conducted via video-call. Interviews were audio-recorded and transcribed verbatim. We used MaxQDA for data analysis, following a mixed deductive/inductive approach. Coding was performed by two researchers and results discussed with the whole research group.

Results:

The study is still ongoing. Preliminary analysis of 15 student interviews revealed the following topics: Most students are highly satisfied with their mentoring relationship, although expectations are rarely openly discussed between mentors and mentees. If so, expectations are pronounced with regard to professional rather than personal issues. Many students value the relationship because they feel more comfortable and encouraged to actively participate in a familiar setting as compared to similar short-term experiences. Relationships were positively influenced by additional time spent together in the context of longer clerkships.

Conclusions:

Longitudinal GP-tracks should encourage and support regular feedback and exchange of expectations between students and preceptors and facilitate joint long-term practice experiences.

Points for discussion:

Do our findings reflect experiences from similar projects?

How can opportunities for regular exchange of expectations and feedback successfully be implemented in the context of everyday patient care?

What is the role of project staff in the support of successful mentoring relationships?

Poster / Finished study**Lifestyle of adolescents in Roumanian Southeastern Region**

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Keywords: adolescents, nutritional habits, physical activity, obesity

Background:

Experts from different fields, have a general concern to find out the best ways to stop the growing of obesity worldwide. To prevent its occurrence is the best way in the management of certain important noncommunicable diseases: metabolic, cardiovascular, rheumatological, oncological, depressive. The best approach is considered to early educate the young generation for a healthy lifestyle.

Research questions:

To evaluate the correlations between weight status, physical activities and food preferences of students in southeastern Romania

Method:

The questionnaires applied to high school students in Galați were analyzed: 1006 girls and 880 boys, aged between 14 and 19. Using the Unscramble X program (Camo, Norway), multiple variables were assessed: age, body mass index, nutritional habits and physical activity, depending on gender.

Results:

With a statistical correlation of over 86% for 99% of cases, girls have a general preference for sweet foods, nighttime consumption associated with computer work and reduced physical activity time. A percentage of normal-weight girls consumes high-calorie foods and predisposes this group to turn into cases of overweight in time. The boys statistics show a positive correlation of almost 87% for over 96% of cases in preferences for high-calorie foods, fast-food, sweet juices and low physical activity. Overweight and obesity are present in less than one-fifth of adolescents surveyed.

Conclusions:

Although adolescents in the study group are generally sedentary and have poor nutritional habits, the frequency of obesity and overweight are below the statistical average of Eastern Europe. The involvement of GPs in the education and monitoring of young people promotes an early understanding of the difference between food and nutrients as well as the benefits of physical activities, integrated into a healthy lifestyle. The authors consider it useful to adapt nutrition education to new methods of food processing, market demand and increase sedentary jobs.

Points for discussion:

changing the eating behavior by increasing the consumption of semi-prepared or overprocessed foods

increasing sedentary lifestyle during the pandemic

Poster / Almost finished study**Preventive Care practices in Europe according to the health expenditure**

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Keywords: primary care, preventive care, early detection of cancer, Health Expenditure

Background:

Stronger primary care services are usually related to higher health expenditure in Europe. Investing in health promotion and disease prevention can reduce modifiable risk factors to health and mortality

Research questions:

Is higher health expenditure related to lower comorbidity and higher coverage of preventive care practices?

Method:

Cross-sectional questionnaire survey conducted by the European Commission (European Health Interview Survey: EHIS wave 2) based in individuals aged 25 to 74 years from 30 countries, n: 242.212. Questionnaires were collected between 2013- 2015. Variables: sociodemographic factors, comorbidities, cardiometabolic screening (glucose, blood pressure (BP) and cholesterol measurement), influenza vaccination and cancer screening (colon, breast and cervical cancer). Ratio of health spending to gross domestic product (GDP) was categorized in <7%, 7-10%, >10%. Descriptive, bivariate analyses and multilevel logistic regression models were performed.

Results:

53.7% of the sample were women. 55.3% of the subjects were aged 40-64 years. 63.6% had a healthy diet and 25.7% smoked. Comorbidities: hypertension (22.4%), obesity (20.7%).

Differences between countries according to health expenditure/GDP between <7% vs >10% were found: BP measurement: 88.1% vs 92.1% ($p<0.001$); Cholesterol measurement: 78.4% vs 79.5% ($p<0.001$); Glucose measurement: 46.3% vs 50.8% ($p<0.001$). Greater ratio of health expenditure/GDP was related to a lower percentage of obesity, coronary heart disease, stroke and renal disease.

Rates of colon cancer screening varied from 8.1% for faecal occult blood test in countries with <7% of expenditure/GDP to 39.4% in countries with >10% of expenditure/GDP ($p<0.001$). The highest ratios of the cancer screening and influenza vaccination were found in countries with higher expenditure on health.

Conclusions:

Individuals living in countries with higher health expenditure received more preventive care practices and had lower comorbidities.

Points for discussion:

- If we had to choose just one preventive care practice, what would be more beneficial?
- In countries where the health expenditure is <7%, which preventive policies could improve the health of the population?
- In case the expenditure on health grew, would it improve the expenditure on prevention?

Poster / Ongoing study with preliminary results

Raising medical students' awareness for the interdependence between oral health and chronic diseases to promote future collaboration with dentists – evaluation of a problem-based learning approach

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Keywords: undergraduate medical education, problem-based learning, general practice, dentist, collaboration, oral health, chronic diseases

Background:

Despite substantial evidence regarding the interdependence between oral health and several chronic diseases, suggesting a high benefit of structured interdisciplinary treatment, collaboration between German general practitioners and dentists is poor. To sensitize medical students for the topic, new interdisciplinary teaching content was implemented into a geriatric problem-based learning (PBL) curriculum at Leipzig University.

Research questions:

How do medical students evaluate the new content? Does the curricular intervention increase students' knowledge and raise awareness regarding the importance of the field and the benefit of collaboration?

Method:

During their mandatory geriatric PBL curriculum (fifth study year) students had to solve six paper-based patient cases in small-group online seminars. One case covered an oral health topic (2x1.5 hours at two days + preparation and follow-up work). Participants completed online-questionnaires before and after the case. Analyses include post-hoc evaluation, pre-post comparison, and comparison with an external control group (University of Halle-Wittenberg, fifth study year, no intervention).

Results:

These are preliminary results of an ongoing study. Response rate in the intervention group was 35.9% (125/348 complete pre-post datasets). Mean age was 25.7 and 68.5% were women. Referring to a ten-point scale (1-'not at all' to 10-'absolutely'): Students' overall confidence in dealing with dental problems slightly increased (pre: 2.5±1.7, post: 3.1±1.9) as well as their perception of the importance of collaboration (pre: 7.4±1.8, post: 8.3±1.5; p<0.001). After the seminar, participants felt more aware of systemic diseases associated with complications after dental interventions (pre: 5.8±2.4, post: 7.0±2.0; p <0.001) or negative effects on the progression of dental diseases (pre: 4.5±2.1, post: 6.6±1.9; p<0.001). Most students reported a positive influence on their perceptions regarding collaboration (87.9%) and to have gained new insights (89.5%), and recommended the content for future years (81.5%).

Conclusions:

Dental content is welcomed by medical students and can raise their awareness of the benefit of a structured collaboration with dentists.

Points for discussion:

How is the topic implemented in undergraduate education in other European countries?

What is the current status of interdisciplinary collaboration between general practitioners and dentists in other European countries?

Is there any interest to collaborate regarding this research topic (educational research/ health services research) on a European level?

Poster / Finished study**Factors That Influence the Mortality Rate Among Individuals Who are Over 65 Years Old and Utilize Home Health Care Services**

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Keywords: Elderly, Mortality, Home Health Care services

Background:

Mortality and morbidity of elderly people have become more important due to the increasing elderly population. So investigating the conditions that affect the mortality of the elderly and determining the factors affecting survival is getting important.

Research questions:

To determine the conditions affecting mortality in patients aged 65 years and over utilizing home health care.

Method:

In this retrospective cohort study, sociodemographic characteristics of patients 65 years and older who were first registered to Marmara University Home Care Services between January-December 2018, the time interval they stayed in-home care, chronic diseases, drug numbers, fall risks, cognitive situations, daily life activity scores, presence of pressure sores, incontinence, sociodemographic characteristics of the caregiver, and the date of death were collected. Descriptive and comparative analyzes were performed and $p < 0.05$ was considered statistically significant.

Results:

Of all 67.7% were female. The median age was 81 years. 159 patients died while utilizing home care. The average number of days in-home care services was 313.49 (min:0 max:572) days. Mortality was found to be related to male sex, malignancy, gaita incontinence, daily living activity score, and fall risk score. In survival analysis, men have a 1,407-fold higher risk of mortality than women (95% G.A:1,008-1,963). Those with a diagnosis of malignancy had 3,489 times higher mortality than those without (95% G.A:2,341-5,200). The mortality risk is 2.093 times higher in patients with gaita incontinence (95% G.A:1,332-3,290). A one-unit increase in the total score of daily living activity reduces the risk of mortality by 0.735 times (95% G.A:0,603-0.895). The high fall risk is 2,869 times higher mortality than those with low risk (95% G.A:1,795-4,588).

Conclusions:

The geriatric syndromes and malignancies are associated with old age and build a significant portion of the causes of mortality and morbidity. To improve the quality of relationships between the elderly and primary care may help the elderly patients.

Points for discussion:

Which further analysis can be applied?

Poster / Ongoing study with preliminary results**Motivational Interviewing for substance abuse. A systematic review.**

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Keywords: Motivational Interviewing, substance abuse, general practice, systematic review

Background:

Motivational Interviewing (MI) is a widely used psychosocial intervention in the addiction treatment field with the aim of building a person's intrinsic motivation and commitment to change behaviour. MI is considered a fluid intervention that has been operationalized and implemented differently across studies, sites and providers over nearly four decades. As a result, MI is both a versatile intervention used in a variety of clinical settings and challenging in terms of assessing its effectiveness. We conduct an update of the Cochrane review by Smedslund et al., 2011. We consider specific quality conditions in order to include only studies in which MI was performed accurately.

Research questions:

To assess the effectiveness of MI for substance abuse in relation to levels of substance use and readiness to change.

Method:

We adapted the search strategy developed by Smedslund et al. A systematic search of five electronic databases and a registry (CENTRAL, MEDLINE, Embase, PsycINFO, Web of Science Core Collection, CDAG registry) was conducted for randomized controlled trials published from 2010 to 2021.

Results:

We identified 3451 references through database searching. After removal of duplicates, we screened the title and abstracts of 1664 studies. Of these, 194 were included for full-text review. Extraction is currently underway for 42 studies. At the EGPRN conference, we will provide an overview of the study population and characteristics, as well as the quality criteria that studies had to meet for inclusion.

Conclusions:

Our review is a relevant contribution to general practice professionals, as the results will show that MI can be delivered by a range of professionals in a variety of formats and time frames to a broad patient population with diverse substance dependencies. We will also highlight the importance of quality conditions in clinical research that should be considered in future studies.

Points for discussion:

There are a variety of interventions labeled as MI which presents a methodological challenge in terms of comparing and assessing the effectiveness. Future clinical research on MI should consider and report quality conditions with more transparency and accuracy.

What endpoints or findings would be of particular interest to professionals in general practice?

What has been the experience with the use and the feasibility of MI in general practice?

Poster / Finished study**Point-of-care testing among general practitioners, a cross-sectional study**

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Keywords: point-of-care-testing, general practice, utilisation, estimated usefulness, Germany

Background:

Point-of-care testing (POCT) has numerous potential benefits to improve health care service, especially in resource-limited settings.

Research questions:

We aim to identify which POC-tests (POCTs) are known, utilized, and rated as useful by general practitioners (GPs).

Method:

Methods: A questionnaire with 27 POCTs was posted to a haphazard selection of GPs (n=451) in Saxony, Germany.

Results:

A total of 208 GPs replied (response rate 46.1%). Out of 27 POCTs, each GP knew an average of 20.3 as laboratory parameters and 9.2 as POCTs. Urine test strips (99.0%), blood glucose test (98.1%), and Troponin I/T (86.4%) were the best known, followed by INR/Quick (82.5%), Microalbumin (79.1%), and D-dimer (78.6%) POCTs. Yet, solely 0 to 13 POC tests were actually used (mean value 4.6). Urine test strips were employed most frequently (97.6%), followed by blood glucose test (94.7%), Troponin I/T (57.8%), Microalbumin (57.3%), and INR/Quick POCTs (41.7%). Heart fatty binding protein (H-FABP), Syphilis, Coeliac disease, and Malaria appeared as the least frequently used POCTs. The majority of the GPs declared eleven of the 27 POCTs to be useful.

Conclusions:

The most recurrently employed POCTs are those for diagnosing or monitoring diabetes mellitus, ensued by POCTs addressing acute cardiovascular diseases (Troponin I/T, D-dimer) or monitoring the therapy of infectious diseases or the anticoagulant therapy. POCTs most often rated as useful by GPs are also widely known and frequently used. Nonetheless, the majority of GPs rate only a very limited number of POCTs as useful. Frequent concerns might be low economic benefit, over-reliance, and test accuracy coming along with the complex implementation of the tests requiring technical skills, accurate storage, and the correct interpretation of test results.

Points for discussion:

Implication for further research

Implications for improving control of chronic diseases in general practice through POCT-testing

Poster / Ongoing study with preliminary results**Telemonitoring during the COVID-19 pandemic at the primary care level: patients' perspective**

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Keywords: COVID-19, pandemic, telemonitoring, primary care, qualitative research

Background:

The rapidly progressive course of coronavirus disease 2019 (COVID-19), staff shortages, and the contagious nature of the disease contributed to the introduction of simple telemonitoring of blood oxygen saturation. However, uncertain patient compliance and satisfaction warranted further research.

Research questions:

This study aimed to qualitatively determine the feasibility, strengths, weaknesses, opportunities, and threats of telemonitoring in patients at high risk for hospitalisation due to COVID-19.

Method:

A qualitative study was conducted among 77 COVID-19 patients who received telemedicine care at PHC Trebnje between October 2020 and June 2021. After recovery, patients were contacted to participate in a semi-structured interview using a standardised interview guide for data collection. The interviews were recorded and transcribed. Afterwards, two independent researchers analysed the text using an inductive (coding) and later deductive approach (themes) to form the highest analytic units – categories.

Results:

The mean age of the patients was 67.8 ± 14.9 years, of which 64.9% were male. Data saturation was reached after 25 interviews. The average length of the interviews was 4 minutes. Qualitative analysis revealed that the greatest strength was the sense of security patients felt when measuring oxygen saturation at times of discomfort. However, many patients were concerned about inaccurate readings from pulse oximeters. Additionally, there was a widespread misconception that home telemonitoring only delayed hospitalisation. Therefore, the greatest threat of the system was poorly given instructions.

Conclusions:

Telemonitoring of patients with COVID-19 proved to be an acceptable method of remote care during the pandemic. Moreover, because of its simplicity, the telemonitoring model could be extended to other chronic respiratory or heart diseases after the pandemic.

Points for discussion:

What are your experiences with telemedicine care during the COVID-19 pandemic?

How did you successfully engage older people in telemonitoring systems?

Poster / Finished study**The impact of the Covid 19 pandemic and related restrictions on the development of depression in primary care, Latvia**

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Keywords: Covid 19 pandemia, mental health depression**Background:**

Covid-19 pandemic has affected the mental health, causing depression, post-traumatic stress disorder, anxiety and increasing the risk of suicide.

Research questions:

What factors affected the development of depression in primary health care (PHC) patients during Covid-19 pandemic

Method:

A quantitative cross sectional research was conducted in PHC center in Latvia including 315 respondents aged 15 and above. Each respondent, completed a questionnaire with PHQ-9 depression self-assessment and answered closed questions on unemployment, downtime payments, distance learning, distance learning for the kids, number of the people in the household, fear of falling ill with Covid 19, history of chronic disease, agitation caused by the limitation of planned healthcare, organising of work from home, loneliness, and increased workload during the Covid 19 pandemic.

We considered a clinically significant depression at PHQ-9 score >10 points. A binary logistic regression was performed, to estimates relationship between probable factors and depression. A multi-factor analysis was used to determine the most significant risk factors.

Results:

The prevalence of depression was 17,8% (N=56). We found that among significant risk factors for depression were unemployment (OR=5.24, $p<0,001$), living alone (OR=2.33, $p=0,011$), loneliness, due by inability to see friends, family (OR=1.87, $p=0,004$). Agitation caused by limitation of planned healthcare during the Covid 19 pandemic increased chances of developing depression by 2.33 times and fear from getting infected with Covid 19 - by 2.92 times, however in the multi-factor analysis these factors didn't gain credible significance. ($p=0,076$ and $p=0,078$)

Conclusions:

Our results imply that unemployment, living alone and loneliness, caused by inability to see friends and family were among the most important risk factors for developing depression during COVID-19 pandemic.

Points for discussion:

mental health, depression, primary care, Covid 19 pandemia

Poster / Finished study**Community pharmacy as an alternative source for mental health support within the primary care network – the views of pharmacy users.**

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Keywords: community pharmacy, mental health, public

Background:

Tackling the ongoing mental health crisis requires all primary care providers to contribute and capitalise on their strengths. Community pharmacists are recognised as currently under-utilised healthcare providers, despite pharmacists' extensive training, and the accessibility of pharmacies. Thus, community pharmacy may present an alternative source for mental health support within the primary care network.

Research questions:

Evaluating pharmacy users' views towards mental health support provided in pharmacies.

Method:

This study followed a sequential explanatory mixed methods approach. First, a survey was distributed in 15 community pharmacies in Nottinghamshire for two weeks in March 2020. Secondly, follow-up interviews were conducted online with some survey participants and additionally sampled members of the public. The quantitative data were analysed descriptively in STATA (Release 16). The narrative data were subjected to an inductive thematic analysis; qualitative data were managed and analysed with the support of NVIVO (Release 12).

Results:

2860 pharmacy users were invited to participate; 1474 completed the survey (response rate 51.5%). Two-thirds (n=975) of participants identified as female, and 60% (n=879) reported to be aged 50 years or older. One-third of participants (n=493) were in favour of consulting a pharmacist as well as other health professionals, such as a GP, when encountering a mental health problem, and a majority (40.6%) reported to trust mental health advice provided by pharmacists. The accessibility of community pharmacy without the need for an appointment was highlighted as an important advantage for pharmacy provided mental health support by interview participants (n=9), especially in cases which require immediate attention. However, pharmacists' lack of full access to patients' medical records may present a considerable barrier.

Conclusions:

Pharmacy users identified community pharmacy as a viable alternative for mental health support within the primary care network, especially in situations where long waiting times are to be avoided.

Poster / Finished study**Evaluation of practice rotations using the Placement Evaluation Tool (PET): A standardized translation involving medical students and teaching physicians**

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Keywords: Learning evaluation, learning environment, think-aloud method

Background:

GP offices constitute an important learning environment for medical students. In fact, there is a heterogeneous teaching situation that is difficult to evaluate. Especially the learning environment, the relationship with the supervisor and the expectations of the student are often not recorded, but play a major role in the students' learning success.

Cooper et al. (2020) developed and validated the Placement Evaluation Tool (PET) for nursing students to capture student perception of the learning environment.

Research questions:

The aim of our work was to translate the PET questionnaire into German in order to find a suitable tool to evaluate medical students' learning environment in GP practices.

Method:

A three-stage approach was used for the translation. First, three experienced teaching physicians translated the various items of the questionnaire. Second, the questionnaire was evaluated with six medical students using the think-aloud method. Subsequently, the results of this evaluation were used to finalize the translation.

Results:

All 20 PET questionnaire items were translated separately by the teaching physicians with subsequent discussion for one agree-upon version. The six medical students assessed the comprehensibility and relevance of each item for a primary care rotation with overall very good results. There were particularly many comments on the comprehensibility of individual statements as well as the consistency of the wording. Eight items were adjusted thereafter for the final version.

Conclusions:

The feedback of the medical students currently rotating in a practice was extremely helpful. The aim of further research should be the feasibility of surveying the learning environment with the help of the PET questionnaire in order to evaluate and improve teaching in GP practices.

Points for discussion:

How to other academician evaluate the learning of medical students' in teaching practices?

Might there be cultural differences in assessing surveys of the learning environment?

Are other academic teachers interested in participating in the feasibility study?

Poster / Ongoing study with preliminary results**Identifying patients with psychosocial problems in general practice: a scoping review.**

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Keywords: psychosocial problems, general practice, scoping review

Background:

Psychosocial problems (PSP), understood as health complaints that are not primarily medical and do not yet meet the criteria for a disease, are common issues associated with negative health outcomes. Since general practitioners (GPs) are the first point of contact for any health-related concern, understanding their options to identify patients with PSP plays an important role as it is essential for early intervention and can prevent serious conditions. We conduct a scoping review with the aim of comprehensively exploring the evidence on tools that can capture a broad range of potential problems at once and provide a supportive and practical aid in daily practice for general practice professionals.

Research questions:

What tools are used to identify patients with PSP in general practice?

Method:

We follow the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews and the Joanna Briggs Institute Reviewer's Manual on scoping reviews. A systematic search of four electronic databases (Medline (Ovid), Web of Science Core Collection, PsycInfo, Cochrane Library) was conducted for quantitative and qualitative studies published in English, Spanish, French and German without time restriction. The protocol has been registered with Open Science Framework, <https://osf.io/c2m6z>.

Results:

We identified 508 studies through database searching. After removing duplicates, two reviewers screened the title and abstract of 466 studies. Of these, 82 were included for full-text review which is currently underway. At the EGPRN conference, we will present an overview of the included studies and provide details on study objectives, findings, and key conclusions.

Conclusions:

Our review contributes to the development of a practical approach that incorporates a biopsychosocial perspective in medicine. We will highlight the challenges and the importance of the under-investigated topic and provide direction for future clinical research.

Points for discussion:

The varying understanding and imprecise classification of PSP as a challenge for both daily practice and clinical research.

What has been the experience in identifying and managing patients with PSP? What support is needed for general practice professionals?

Poster / Almost finished study**PIA: Acceptability of the Practice Management Center PIA for hypertension treatment in general practices - Physicians´ and practice assistants´ point of view**

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Keywords: Hypertension management, general practices, eHealth, UTAUT, technology acceptance

Background:

Lack of blood pressure control and continuous hypertension management is a key primary care deficit in Germany. International studies show that information communication technology (ICT) supported care leads to significant improvements in blood pressure control rates. However, overall adoption and acceptance of new technologies in general practices seem limited. Using data from the cluster-randomized PIA study, the present analysis aims to investigate barriers and facilitators for the acceptance of the PIA Practice Management Center (PIA-PrMC), which is a hypertension management software for general practices.

Research questions:

What are the barriers and factors influencing the acceptance of PIA-PrMC by physicians´ and practice assistants´?

Method:

In the PIA study, the PIA-PrMC is being used in 31 general practices with 32 physicians´ and 52 practice assistants´. We selected the Unified Theory of Acceptance and Use of Technology (UTAUT) model for the analysis of barriers and facilitators for the use of the PIA IT solution. In the literature, the UTAUT model was successfully tested in the context of healthcare and indicates high predictive power. In UTAUT, Performance Expectancy, Effort Expectancy, and Social Influence are the factors (constructs) that explain Behavioral Intention to use a technology. The constructs Facilitating Conditions and Behavioral Intention have an influence on the Use Behavior. Gender, Age, Experience, and Voluntariness of Use are moderators in UTAUT. Subsequently, the UTAUT model is applied and evaluated quantitatively. To test the relationships between the constructs in the UTAUT model, we use partial least squares structural equation modeling (PLS-SEM).

Results:

The data collection for the UTAUT-Model is currently taking place. The first results will be available by the time of the conference.

Conclusions:

The results of the UTAUT model will be taken into account in the further development of the PIA-PrMC to ensure long-term use of the system by users.

Points for discussion:

What are your experiences with ICT-driven approaches for disease management?

What are your experiences with barriers to using e-health technologies?

Poster / Finished study**Cardiovascular risk assessment in general population with the national health service: The SPICES French first step.**

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Keywords: cardiovascular diseases, primary prevention, risk assessment

Background:

In 2015, cardiovascular diseases (CVD) caused 31% of worldwide deaths. SPICES is an international non-pharmacological primary prevention implementation study involving five countries. In France, the study is implemented in a rural, deprived, medically underserved territory with a cardiovascular increased mortality. The first step of the study was an assessment of CVD risk of individuals in general population in sport events, cultural events, and public places of the territory. Number of possible assessments, relevance of this type of assessment and quality of such a recruitment were uncertain.

Research questions:

Following the Non-Laboratory Interheart risk score (NL-IHRS), what are the characteristics of the individuals undergoing CVD risk assessment for SPICES?

Method:

A cross-sectional descriptive study was undertaken. The NL-IHRS was completed on a voluntary basis. Students doing their national health service canvassed people attending to the events. Age, gender, familial history of heart attack, diabetes, hypertension, smoking status, physical activities, dietary habits, psychosocial factors, and abdominal obesity were evaluated. No blood sample was required to achieve NL-IHRS.

Results:

From April 15th to September 14th, 2019, 3374 assessments were undertaken in 64 different places. 1582 individuals were at low CVD risk, 1304 at moderate risk, 488 at high risk. The population consisted of 38% of men, 62% of women. Mean age was 54. 18,9% were current smokers, 4,3% diabetics, 18,9% hypertensive. Stressed or depressed individuals were remarkably numerous (39,8% and 24,4% of the population).

Conclusions:

An original recruitment was decided to preserve ambulatory care. Levels of diabetics and smokers were comparable to the French population, hypertensive and physical inactive were lower. Feminine population was overrepresented as in general practice studies. Levels of stress and depression lead to an adaptation of the SPICES second phase. Qualitative studies on barriers and facilitators to this risk assessment are ongoing.

Points for discussion:

correlation between NL-IHRS levels and risk assessment location,

methods to recruit male volunteers,

current validated stress interventions.

Poster / Ongoing study with preliminary results**Caring relatives in General Practice – subjective perspectives of General Practitioners from Saxony-Anhalt**

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Background:

General practitioners usually are responsible for the early detection of burden due to informal care and the coordination of adequate measures. Their individual approaches for identifying and supporting caregiving relatives as well as subjective perspectives regarding their field of competence have hardly been examined yet.

Research questions:

1. Concerning caring relatives, how do general practitioners estimate their own field of competence?
2. How do they identify caring relatives, which symptoms indicate burden due to family care?
3. Which circumstances complicate the identification and care?

Method:

In preparation of a representative quantitative survey, we, therefore, conducted 12 guideline-based expert interviews with general practitioners from Saxony-Anhalt. To evaluate the interviews we used qualitative content analysis (Mayring).

Results:

With regard to the medical care and support of caring relatives, the examination of subjective attitudes and perspectives affirms the central and directive position of general practitioners. It also shows possibilities to improve or to facilitate: Time-dependent problems, inadequate remuneration for long consultations, and a lack of communication complicate support. The evidence-based guideline "Family Caregivers", issued by the German Society of General Practice and Family Medicine (DEGAM), is either unknown or not used in German General Practice.

Conclusions:

A short screening instrument (identification, measuring subjective burden) represents a sensible intervention. In advance, a following representative quantitative survey using case vignettes is necessary to evaluate specific requirements of interventions used in general medical practice and capabilities for a better implementation of the guideline.

Points for discussion:

Why is the guideline "Family Caregivers" either unknown or not used in German General Practice?

What should be done for a better implementation of the guideline?

For a successful development and implementation of a short screening instrument for family caregivers (identification, measuring subjective burden): What requirements and characteristics must be met in General Practice?

Poster / Published**Peer- elaboration and ranking of core values in general practice in post-Soviet Ukraine.**

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Keywords: general practice, WONCA, core values, implementation, Ukraine

Background:

The term “core values” (CV) can be defined as fundamental beliefs or principles in a social context. Though core competencies of family medicine (FM) have been clearly defined by WONCA, there has been an ongoing debate on what are the CV for family doctors (FDs). Ukraine is a low-income country, developing a modern European healthcare system, especially regarding FM. To implement WONCA standards and associated CV, it is mandatory to assess the ongoing understanding of CV in clinical daily practice among active FDs, working in different countries of Europe including Ukraine.

Research questions:

How do Ukrainian FDs define CV of FM in Ukraine and how important are these CV to a wider population of Ukrainian FDs?

Method:

A mixed method study was conducted in 2 steps during August and September 2020 in Ukraine. The first part was a qualitative Delphi round (n=3) design among Ukrainian FD who were familiar with teaching and terms CV. The second part was a quantitative survey among Ukrainian FD, not specially used to discuss CV. A consensus list of CV has emerged from the Delphi round study. The list was suggested to 300 FD, to rank the values from 1 to 9 according to their subjective importance. Demographic characteristics have been assessed for all the participants of Delphi round and quantitative survey.

Results:

Different CV have been generated by the Delphi round, including human and professional CV. Some values were spontaneously correspond to the values and competences defined in the WONCA tree, but some new or different definitions were emerge according to the specific authentic life-and work context of the participants.

Conclusions:

Defining CV for FM by F is crucial to optimize medical care and to guarantee an appropriate and successful implementation of WONCA standards in different countries especially in those where reformation of the health system is ongoing.

Points for discussion:

Why core values of FM different in different states?

What are similar core values in different states?

Is the example way of defining core values in Ukraine good enough for the other countries?

Poster / Finished study**Pragmatic controlled study to test the effectiveness of a group intervention using pain neuroscience education and exercise in women with fibromyalgia**

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Keywords: Central nervous system sensitization; chronic pain; fibromyalgia; neurosciences; pain measurement; patient education

Background:

Positive effects of pain neuroscience (PNE)-based methods in the management of chronic pain have been described. There are few data on the applicability of ENP in "real" clinical practice in primary care (PC).

Research questions:

Would a PNE-based intervention and exercise be feasible and effective in women with fibromyalgia (FM)?

Method:

Non-randomized pragmatic controlled trial conducted in PC health centers. Women in the intervention group (IG) were interviewed individually and then received 6 weekly sessions: those in the control group (CG) received their treatment-as-usual. The subject assignment to the groups was determined according to their availability to attend the sessions. They all filled in several questionnaires (prior to and 1 year after the intervention) to evaluate the impact of FM in their daily lives, catastrophism, anxiety and depression, severity and impact of pain in daily personal performance and functional capacity: Fibromyalgia Impact Questionnaire (FIQ) score was chosen as the primary outcome. The intergroup comparison of the changes in questionnaire scores were assessed by analysis of covariance with adjustments for baseline values and age. Effect sizes were evaluated using Cohen's d.

Results:

53 women with FM were recruited, 35 in the IG and 18 in the CG. The reductions (improvements) in the scores of all tests (baseline-final) were greater in the IG ($p < 0.05$), with moderate or high effect size. After one year, 20% (CI -1 to 42%) more women in the IG, compared to the CG, had a FIQ score < 39 (mild functional impairment). 17/38 (49%) women in the IG no longer met FM criteria at the end of follow-up.

Conclusions:

An intervention based on PNE and exercise in patients with FM is feasible and seems effective in PC. However, the relatively small sample size and the absence of randomized group assignment limit the external validity of these promising results.

Points for discussion:

Do you think this type of intervention is suitable and feasible in your practice/city/country?

Would your "payer" (insurance companies/government) cover/support this type of intervention?

Based on other group activities you may have in your practice, how do you think this intervention could be improved to be more feasible/efficient?

Poster / Almost finished study**Randomized controlled trials on prevention, diagnosis and treatment of chronic obstructive pulmonary diseases in African countries - a systematic review**

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Keywords: COPD, randomized controlled trials, systematic review, Africa, low-resource settings

Background:

Globally, chronic obstructive pulmonary disease (COPD) currently marks the fourth leading cause of mortality. With a prevalence of over 25 million patients, COPD has become a major health problem in Africa. Major risk factors on the continent include smoking, biomass fuel exposure, dust in occupational settings as well as ageing populations. Research on prevention, education, diagnosis and treatment that is sensitive to local and regional availabilities and contexts is highly necessary due to the expected incidence rise.

Research questions:

To summarize all available evidence from randomized controlled trials (RCTs) on prevention, diagnosis and treatment of COPD patients conducted in African countries.

Method:

We conducted a systematic review based on a search in Medline, Central, CINAHL, regional electronic databases and registries until April 2021 for RCTs on patients suffering from non-communicable chronic lung diseases in African countries. We assessed the study quality using the Cochrane risk of bias tool. Results were narratively resumed. The inclusion criteria involved adult patients with a COPD diagnosis studies from all African countries. We extracted patient relevant outcomes including acute respiratory episodes and exacerbation rate. A protocol was registered on PROSPERO (CRD42020145057).

Results:

The search resulted in 1497 references. We included 16 studies on COPD from only three African countries (Tunisia, Egypt, South Africa). Seven studies with 922 patients were set intensive care units and 9 studies (498 patients) in outpatients including rehabilitative settings. Participants were primarily male (87 %). The studies interventions were very heterogeneous.

Conclusions:

The small amount of studies, set in only three countries shows the huge need for fostering of COPD research in African countries. Nevertheless, the number of studies are rising in recent years. Early tackling of the rising burden of non-communicable diseases like COPD needs to be a top health care priority on the continent.

Points for discussion:

1. What low resource research on COPD prevention and treatment is known from European settings and how can it be used in African contexts?
2. How can European general practice and family medicine networks support health care in low resource settings in order to jointly tackle the rising COPD burden?

Poster / Published**The GPs' low readiness to treat excessive consumers with brief intervention to reduce their alcohol consumption: A problem of the health problem?**

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Keywords: general practitioner, alcohol consumption, brief intervention, seriousness of the health problem

Background:

In Germany 18% of men and 14% of women are excessive alcohol consumers. General Practitioners' (GPs) readiness to implement brief intervention (BI) to reduce alcohol consumption of excessive consumers is low. Although several barriers were identified by past research, improving these conditions has not led to improved implementation. Based on Expectancy Value Theory of Achievement Motivation we assume that low seriousness of the health problem in association with the treatment of excessive consumers may be considered as crucial barrier too.

Research questions:

Does low seriousness of the health problem associated with excessive alcohol consumption also have a negative effect on the GPs' readiness to implement BI like the crucial barriers insufficient financial reimbursement and low patient adherence?

Method:

The questionnaire was developed by an interdisciplinary team of GPs, social scientists, and psychologists. In order to manipulate the seriousness of the health problem GPs were confronted with three different fictitious patients with either excessive consumption (low seriousness), or binge drinking, or even harmful consumption (both high seriousness). GPs were also informed that that the fictitious patient responds affirmatively or not affirmatively (adherence manipulation). GPs were finally informed that they would receive a financial reimbursement of 18 Euro or 36 Euro (reimbursement manipulation).

Results:

Questionnaires of 185 GPs were analyzed. As hypothesized GPs were less ready to treat patients with excessive consumption in comparison to patients with harmful consumption, $t(184)=5.51$, $p<.001$, $d=.40$, and binge drinking, $t(184)=6.14$, $p<.001$, $d=.43$. Their readiness was higher in case of high adherence, $F(1,181)=17.35$, $p<.001$, $\eta^2=.09$.

Conclusions:

GPs' readiness to implement a BI was influenced by the seriousness of the health problem and patient adherence. No such effect was found for financial reimbursement.

Points for discussion:

Are risky consumers the appropriate target group for a brief intervention?

How can the readiness of general practitioners to carry out a brief intervention be improved?

Freestanding Paper / Ongoing study with preliminary results**Benefits and Challenges of Using Virtual Primary Care During the COVID-19 Pandemic: From Key Lessons to a Framework for Implementation**

Edmond Li, Rosy Tsopra, Geronimo Larrain Gimenez, Alice Serafini, Gustavo Gusso, Heidrun Lingner, Maria Jose Fernandez, Greg Irving, Davorina Petek, Robert Hoffmann, Vanja Lazic, Memarian Ensieh, Tuomas Koskela, Claire Collins, Sandra Milena Espitia, Ana Clavería, Katarzyna Nessler, Braden Gregory O'neill, Kyle Hoedebecke, Mehmet Ungan, Liliana Laranjo, Saira Ghafur, Gianluca Fontana, Azeem Majeed, Josip Car, Ara Darzi, Ana Luisa Neves

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Keywords: Primary care, telemedicine, digital health

Background:

With the onset of COVID-19, general practitioners (GPs) and patients worldwide swiftly transitioned from face-to-face to digital remote consultations. There is a need to evaluate how this global shift has impacted patient care, healthcare providers, patient and carer experience, and health systems.

Research questions:

We explored GPs' perspectives on the main benefits and challenges of using digital remote care.

Method:

GPs across 20 countries completed an online questionnaire between June – September 2020. GPs' perceptions on main barriers and challenges were explored using free-text questions. Thematic analysis was used to analyse the data.

Results:

1,605 respondents participated in our survey. The benefits identified included reducing COVID-19 transmission risks, guaranteeing access and continuity of care, improved efficiency, faster access to care, improved convenience and communication with patients, greater work flexibility for providers, and hastening the digital transformation of primary care and the accompanying legal frameworks.

Main challenges included patient's preference for face-to-face consultations, digital exclusion, lack of physical examinations, clinical uncertainty, delays in diagnosis and treatment, overuse and misuse of digital remote care, and unsuitability for certain types of consultations. Other challenges include the lack of formal guidance, higher workloads, remuneration issues, organisational culture, technical difficulties, implementation and financial issues, and regulatory weaknesses.

Conclusions:

At the frontline of care delivery, GPs can provide important insights on what worked well, why, and how. Lessons learned during the emergency phase can be used to inform the stable adoption of virtual care solutions, and co-design processes and platforms that are technologically robust, secure, and supported by a strategic long-term plan.

Freestanding Paper / Ongoing study with preliminary results**Chatbots in Family Medicine: A Systematic Review and Perspectives**

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Keywords: Chatbots, Review, Artificial Intelligence, Machine Learning, Family Medicine

Background:

The technology of chatbots has advanced immensely in imitating natural language and the ability to form coherent understandable sentences. In medicine, the most commonly used versions are conversational agents, which infer their knowledge mostly from databases, while the fast-paced options of machine learning (ML) and artificial intelligence (AI) are often not fully explored.

Research questions:

In this project, we will review recent chatbot research and build a vision of an optimal chatbot for the use by primary care patients.

Method:

Building on published work and the PRISMA review approach, we will first review the most recent research on chatbots in the medical field since 2019. We will provide a broad overview of the AI and ML methods used, as well as the medical context for the respective chatbot applications and their evaluation. We will derive which approaches might be of use for family medicine.

Based on the review we build a vision of a System-AI chatbot for family medicine patients that incorporates the natural language skills of modern transformer based architectures, the simulated explainability of rule-based approaches as well as the precision of various neural network approaches.

Lastly, we analyze our envisioned model and compare it with state of the art methods in ML and AI. We will consider if certain AI methods can be combined to form more elaborated models. We will highlight areas with unmet patient needs and outline chatbot models with possible future applications in family medicine.

Results:

The review was started. We will provide first results at the conference.

Conclusions:

We will provide a review and perspectives for chatbots in family medicine.

Points for discussion:

Can camera analysis and body language captures improve chatbots?

How much algorithmic explainability is required?

Can OpenAI's GPT-3 be helpful to address needs of family medicine patients?

Freestanding Paper / Finished study**Predicting Body Mass Index From Self-Declared Socio-Demographic, Psychological, and Behavioral Data With Artificial Neural Network**

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Keywords: Artificial neuronal network, body mass index, prediction, cognitive-behavioral data

Background:

Artificial neural network (ANN) is a powerful tool that can successfully predict significant patterns among big data for very different disciplines, including medicine. Obesity has also entered the field of interest of ANN applications due to its complex aetiology.

Research questions:

Can it be possible to create a reasonable model for predicting body mass index (BMI) with socio-demographic components and associated cognitive-behavioural factors using an ANN?

Method:

In this study, a feed-forward backpropagation algorithm is applied to create an ANN model and tested with mean squared error (MSE). The dataset was provided from a dissertation study on obesity prevalence and related factors on our university employees. Investigators agreed on a parameter set with principal component analysis. The categoric variables were transformed to binary codes by one-hot encoding, and min-max normalization was performed for continuous variables.

Results:

Of the 825 subjects 497 were women (60.24%), with age from 18 to 66 y (mean=38.37±9.53) and BMI from 16.90 to 44.10 kg/m² (mean=25.95±4.36). In the model created, 22 parameters were selected as input data (socio-demographics, chronic illness, eating habits, eating speed, weight control methods, weighing frequency, response to an irresistible meal, emotional response in weight increase, emotional eating). The model predicted the BMI with high accuracy and low MSE (R²= 0.85, MSE=0.1).

Conclusions:

The BMI is reasonably an easy tool to calculate. However, this ANN that predicted the BMI successfully brings forward the importance of the underlying elements of obesity. Moreover, a better understanding of the model between obesity and the underlying paradigms could make it easier for primary healthcare professionals to guide their patients in obesity management. A web-based ANN calculator could also be shared with the patient to illustrate the importance of underlying components.

Points for discussion:

Which different healthy lifestyle parameters that can be obtained easily would be considered ANN input data to improve the impact of the information shared with patients?

Can a modified ANN model be developed from internet cookies or social media behaviour?

Can this model be converted into a healthcare professional-friendly data mining/web application?

Freestanding Paper / Ongoing study with preliminary results**Telemonitoring of patients with COVID-19 at the primary care level: a pilot study results**

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Keywords: COVID-19, telemedicine, primary care, hospitalisation, risk factors

Background:

Triage of patients with coronavirus disease 2019 (COVID-19) has placed tremendous pressure on primary care systems, particularly those with gatekeeping roles. Vital signs telemonitoring offers the opportunity to detect worsening disease and prompt hospitalisation rapidly. First, however, appropriate patients' selection is necessary.

Research questions:

This study aimed to determine clinical characteristics and risk factors associated with hospitalisation of COVID-19 patients on telemedicine care.

Method:

A two-week follow-up study was conducted among 77 COVID-19 patients on telemedicine care. The study was conducted at PHC Trebnje between October 2020 and June 2021. Inclusion criteria were moderate COVID-19 symptoms, a positive PCR test, and the ability to use a pulse oximeter. At inclusion, sociodemographic and clinical data were collected using a structured questionnaire. Blood was also drawn for laboratory analysis. Subsequently, patients received a telemedicine package (pulse oximeter, measurement protocol) and were educated about critical vital signs values and when to activate emergency care. After inclusion, they were contacted every other day to report vital signs. Telemonitoring ended after 14 days without hospitalisation. Finally, data were analysed using descriptive statistics, log-rank test, and Cox proportional-hazards model.

Results:

The mean age of the population was 67.8 ± 14.9 years, 64.9% were male, 66.2% had hypertension, 28.6% diabetes mellitus, 22.1% COPD or asthma, and 20.8% cardiovascular disease. Hospitalisation rate was 31.2%. The average time from inclusion to hospitalisation was 2.2 ± 2.6 days. In the Cox proportional-hazards model, diabetes mellitus (HR 3.68, 95% CI 1.16-11.69, $p=0.027$) and platelet count $<150 \times 10^9/L$ (HR 6.32, 95% CI 1.59-21.09, $p=0.003$) were independently predictive of hospitalisation within two weeks.

Conclusions:

Vital signs telemonitoring is a feasible method of care for patients with moderate COVID-19 symptoms. Special care should be taken within the first five days, especially in patients over 60 years of age with diabetes and thrombocytopenia, as they are at high risk for hospitalisation.

Points for discussion:

What is your experience with telemedicine care? Have you implemented telemedicine care for COVID-19 patients in your health centre?

Do you think the model of telemedicine care for COVID-19 patients could later be expanded or applied to other chronic conditions (e.g., COPD, asthma, heart failure)?

What are the negative aspects of telemonitoring? How can they be addressed in the future?

Freestanding Paper / Ongoing study with preliminary results**A Situational Analysis of Serbian strategy for implementation of Primary Health care in Family Violence**

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Keywords: Domestic Violence, Gender Violence, Detection, Counselling, Advocacy, Care management

Background:

The aim of this study was to identify strategies and approaches for dealing with family violence (FV) within primary health care (PHC) in Serbia.

Research questions:

What is an optimal model for response to domestic violence?

Method:

A situational analysis included scoping review of relevant national documents, publications and reports for dealing with FV in PHC in Serbia, and key-persons inquiry. The analysis was conducted as a national contribution to the international study 'Improving response of primary health care to family violence' (IMOCFAV). Keywords used for scoping review searching were Family Violence, Intimate Partner Violence, Child Abuse and Elder Abuse. The key-persons inquiry was conducted through the standardized online questionnaire developed within IMOCFAV project, where open-ended responses were coded and qualitative data analyzed.

Results:

In a scoping review we identified 1408 documents (protocols, laws, procedures, good practice guidelines, reports, research papers, strategies, analyses and other). After applying inclusion criteria, 29 documents were retained as relevant, including useful descriptions for health care standards applicable to Primary care. The most important identified documents were Special Protocol for dealing with gender-based violence in PHC (2011), Special protocol for dealing with child abuse (2009), both issued by Ministry of Health, and the report "Gender-based violence against older women (65+)", issued by Red Cross (2021).

The Key-person Questionnaire was answered by 25 respondents: medical doctors (15), social workers (1), NGO activist (1), nurses (5), psychologist (1), and other (2). Majority (72.2%) stated that intervention programs in this field were at this moment related to primary prevention of domestic and gender-based violence, with a need to strengthen collaborative care.

Conclusions:

Strategies for dealing with FV within PHC will be defined at national level using discussion of results in nominal groups to establish an optimal model for care in PHC. Proposals will be thereafter submitted in three Delphi rounds online.

Points for discussion:

1. How to provide an efficient response to domestic violence in Primary Health Care?
2. What is needed as strategies and health policy level to actively promote and support this?
3. Is the qualitative methodology followed an efficient contribution for international research?

Establishing An Obesity Management Programme In Primary Care

Didem Kafadar

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Keywords: obesity, primary care, teamwork

Background:

Obesity and associated diseases are among the frequent causes of mortality and morbidity around the globe. Obesity management involves procedures applied to patients to restore the physical, social, psychological and functional well-being by weight management and healthy life-style habits. Presence of hypertension, metabolic syndrome, diabetes mellitus, dyslipidemia, coronary heart disease, gastrointestinal diseases, hepatosteatosis, social phobia, depression, sleep problems, musculoskeletal problems as well as being prone to some cancers are problems which patients with obesity may experience. Obesity is a cumulative disease of multimorbidities rather than excess weight, so a multidisciplinary care team is needed. The main purpose is to increase the quality of life of the person and to maintain health.

Research questions:

What is the attitude of primary care physicians towards obesity and which measures do they take?

What are the main steps in establishing an obesity management program in primary care?

When will the consultants be involved?

Method:

A questionnaire will be conducted with family physicians concerning their attitudes, knowledge and suggestions to establish a standard obesity management programme. A collaborative team of family physicians and other healthcare professionals in primary care will be built and courses on theoretical and practical issues will be prepared. A pilot programme consisting of different stages of treatment such as patient education, diet and exercise programs with motivational interviews, thorough examinations and laboratory testings and consultations will be proposed.

Results:

It is a project proposal.

Conclusions:

Launching a pilot programme will be the aim of this project. An individual approach and continuous and comprehensive care concerning the needs of these patients may be offered by family physicians.

Points for discussion:

How can we increase collaboration with the other team members-dieticians, physiotherapists, psychologists, nurses, consultants?

How can we establish the sustainability of the program in primary care conditions?

How can we increase motivation in both healthcare team and patients?

Freestanding Paper / Study Proposal / Idea**Pathways and Perspective from Family Doctors who are Researchers in Portugal - A Policy Brief Forum for the development of a Strategic view .**

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Keywords: Research by Family Doctors

Background:

The need to invest in Primary Care and shift towards Patient-Centered approaches is widely recognized. To support this, it is necessary to create solid Primary Care Community-Based structures. This leads us to the importance of developing research infrastructures in Primary Care and bringing together Clinical Practice and Research which can only be achieved by articulating a clear medium-term comprehensive strategy for promoting quality research.

Research questions:

How can we improve research by Family Doctors in Portugal?

Method:

We will conduct a policy-brief, with researchers, experts, and policy makers, to present the data of the qualitative and quantitative studies from the "Pathways and Perspective from Family Doctors who are Researchers in Portugal" studies, which will examine the panorama of research in Family Medicine in Portugal, namely the challenges to its achievement. The aim of this forum will be to define strategies for the development and promotion of research by Family Doctors in Portugal.

Results:

We will produce a final report with the results from the discussion and conclusions of the Forum as well as the qualitative and quantitative studies.

The format of this document will allow us to monitor and evaluate the adoption of strategies and policies, as well as to create baseline points to evaluate their impact and the evolution of practice and quality of research by Family Doctors in Portugal.

Conclusions:

One of the best-known approaches to the improvement of research in family medicine has been the creation of research networks, in which many practices have been linked to an academic center, to address problems in an organized fashion.

To be able to develop informed strategies that can overcome the challenges encountered, it is important to seek expert opinions about the greatest difficulties that occur in carrying out research in order to understand how and which solutions can be created.

Points for discussion:

Research by Family Doctors

Promotion of Research

Research infrastructure in Primary Care

Web Based Research Course Presentation / Ongoing study with preliminary results**Response of the Primary Health Care Professionals to Domestic Violence - Serbian a mixed method review**

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Keywords: Domestic Violence, Detection, Counselling, Advocacy

Background:

The 'Implementation of Primary health care and advocacy for family violence' (IMOCAFV) project aims to stimulate the implementation of good practices for family violence care by general practitioners/family physicians internationally. Serbian national coordinators of IMOCAFV project are Snežana Knežević (MSc) and Prof Bosiljka Đikanović (PhD), in collaboration with Lodewijk Pas (MD), Belgium, Carmen Fernandez Alonso and Raquel Gomez Bravo (Coordinating committee of IMOCAFV) and Nell Van hansewyck. The Ethical Committee from University of Luxemburg (ERP 20-040-C IMOCAFV) approved the ongoing project in 2019.

Research questions:

What should be tasks for primary health care of family violence and how to improve their implementation?

Method:

An analysis of family violence policies is based on a multi-country scoping review about good practices and a keyperson inquiry on views about implementation. Statements studied in scoping review as well as keyperson questionnaire relate to policies, detection, counseling, collaborative care, barriers, facilitators and implementation strategies.

Results:

The search included guidance documents, web and other publications of Serbian origin in consensus between two researchers (SK, BD). It identified 1408 items; 29 documents were retained with Primary care task description, collaborative care principles. The Serbian team translated and back-translated an internationally developed inquiry. A quantitative and qualitative analysis of both the keyperson views and Serbian documentation is performed. Consensus interpretation codes (SK& BD) are entered with translated quotes into an English common database and compared to independent coding by two foreign researchers (NvH & LP).

Conclusions:

The analysis of both Serbian sets of data will result in statements to be submitted to local nominal groups in Serbia to define proposals for good practice and implementation taking into account the local context. Statements retained nationally will be thereafter submitted online during 2022 in three Delphi rounds online both in Serbia and other participating countries.

Points for discussion:

1. What are advantages and disadvantages of the double coding process at national and international level?
2. Can keyperson views and scoping review on policies and tasks complement each other and permit adequate triangulation of results?
3. Is the nominal group technique an adequate methodology to prepare the further consensus development on implementation?

Freestanding Paper / Study Proposal / Idea**What do people without a healthcare qualification think are the advantages and disadvantages of COVID-19 vaccination? A European research protocol from the EGPRN Fellows.**

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Keywords: COVID-19, Vaccines, Opinions

Background:

The invention of vaccines was a breakthrough in the prevention of infectious diseases. Vaccination has helped to eradicate smallpox and greatly reduced the number of many other communicable diseases. Increasing knowledge on our immune response mechanisms has led to new, more complex, vaccine possibilities. However, concerns about safety and efficacy are the primary reason for vaccination refusal. Other factors, from opinions reported by mass media and spokespeople to religious and personal beliefs, have also been found to influence public opinion. Some of the general public's views on COVID-19 vaccination have alarmed healthcare professionals since pharmaceutical companies started competing to design an effective vaccine. Currently, 118 vaccine candidates exist, of which 15 have been approved by at least one country. While we know that safety and efficacy concerns play a prominent role in COVID-19 vaccination refusal, little more is known about the general public's beliefs about the vaccine's advantages and disadvantages, or where these views come from.

Research questions:

What do individuals without a healthcare qualification believe are the advantages and disadvantages of COVID-19 vaccination?

Method:

This mixed-methods study will use a survey with both open- and closed-ended questions. The questions will cover demographic data, information on whether participants have been or plan to get vaccinated, their opinions on vaccines in general and COVID-19 vaccines specifically, and the factors that influence these. The target population is adults without a healthcare qualification in Belgium, Latvia, Macedonia, and Slovenia.

Results:

We will present the study protocol and the findings of the pilot study. Any preliminary results will also be presented.

Conclusions:

This study will give new insights into the public's opinions on COVID-19 vaccination. Understanding individuals' viewpoints and the factors that influence them will help us to create strategies to maximise vaccine uptake.

Points for discussion:

What opinions on COVID-19 vaccination have you heard from individuals without healthcare qualifications?

What framework would you recommend for analysis of the qualitative data?

Would the results from this study be helpful in your own country, and would you like to collaborate in this research?

Theme Paper / Almost finished study**IT-Infrastructure for Supporting the North Rhine-Westphalian General Practice Research Network (NRW.GPRN): Results from the Pilot Study**

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Keywords: General Practice Research Network, Primary Health Care, IT/eHealth, IT-Supported GP network

Background:

In contrast to countries such as Netherlands, Sweden, England, and Denmark, research in German primary care is hardly established. In the context of the publicly funded program "Establishment of a sustainable network structure for research practices to strengthen general practice", the North Rhine-Westphalian General Practice Research Network (NRW.GPRN) is developed. It aims to implement clinical and epidemiological studies in general practices. The network is supported by an IT communication structure, which allows for communication not only with 520 GP practices and 8 institutes for family medicine but also with other service providers such as hospitals.

Research questions:

The feasibility of the IT communication structure of NRW.GPRN project is evaluated in a pilot study.

Method:

We are conducting a physician questionnaire survey as a pilot study, which addresses three issues:

1. GPs' experiences with vaccinations, especially against SARS-CoV-2
2. GPs' interest in various kinds of research studies
3. GP's usability of the new IT-infrastructure of NRW.GPRN

This pilot study is conducted in 8 to 10 general practices that are affiliated with the Institute for Family Medicine and General Practice, University of Bonn. The framework FallAkte Plus will be employed to gather data and stored on a TÜV-level-3 certified server. We use strong encryption to transfer the data from practices to the server, where it will be aggregated. A comprehensive data protection concept is implemented.

Results:

We will present the results of the pilot study at the conference.

Conclusions:

This study presents the new IT-Infrastructure for NRW.GPRN, also for potential European collaborations.

Points for discussion:

What are your experiences with research networks in primary care?

What are your experiences with IT support for research in family medicine practices?

Theme Paper / Almost finished study

Rapid detection of NAFLD and its evolutionary stages toward cirrhosis at the targeted population through multiparametric liver ultrasonographic screening (MLUS) and artificial intelligence with fibrosis risk stratification by family physicians.

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Keywords: Multiparametric Liver Ultrasound (MLUS), NAFLD screening in primary healthcare, Morphometric-ultrasound, APRI Score, artificial intelligence, Point of Care Ultrasonography(POCUS), .

Background:

NAFLD is a global public health issue, which progressively covers a spectrum of liver pathology, including steatosis, steatohepatitis, fibrosis, and cirrhosis, and their incidence increases exponentially. This study aimed to evaluate the diagnostic accuracy of the multiparametric-liver-ultrasonographic-screening with uses of artificial-intelligence performed by family doctors, compared to the evaluation performed by a specialist, at the targeted patients with a high-risk of NAFLD/NASH.

Research questions:

How can we improve the early diagnosis of NAFLD progression to NASH/fibrosis and cirrhosis to high-risk-patients in primary healthcare?

Method:

We conducted a multiparametric-liver-ultrasound-screening(MLUS) on 4751patients, with a high-risk of NAFLD/NASH, which presented as inclusion criteria: mixed dyslipidemia, obesity(BMI \geq 30), type2-diabetes, metabolic-syndrome(NCEP-criteria), chronic-lithiasis-cholecystitis, livercirrhosis, chronic-hepatitis-B/hepatitis-C. APRI-score was initially calculated to stratify the fibrosis risk.

We use "standard-protocol", which could improve reproducibility and facilitate dynamic comparison, in grayscale, color/power-Doppler-US, and Strain-Elastography in standard-liver-scans as:transverse,oblique,and longitudinal-views. We established the cut-off/median-values(morphometric-ultrasound) of normal-ratios, between the anterior-posterior-diameters of the normal-liver-segments(Couinaud)/lobes, with the kidney/spleen-long-axis-ratio(not influenced by fatty-tissue-loading).

The high-risk-patients identified with NAFLD were first examined by a experienced-family-doctor subsequently compared with ultrasound-review by the specialist. We have developed a Smart-Computerized-Diagnostic-Algorithm of NAFLD/ NASH-pathology for US-diagnosis by family-physicians. The agreement between family-physicians and specialists on each finding was evaluated using Cohen's-kappa-coefficient.

Results:

We identified 4751-patients with NAFLD/NASH,or cirrhosis and subsequently confirmed by the specialist. The positive-results of this screening were:2592 steatosis, NASH/steatofibrosis 971persons, and 22cases with Cirrhosis. The accuracy of liver-US-screening by family-physicians was:95,87% with95%CI=95.27%to96.42%,Sensitivity:97,12%,Specificity:91,59%, which were subsequently confirmed by the specialist as the"Gold-Standard"-method through fibroscan. The prevalence of liver-pathology was:77,48% with 95%CI:76,26%at78.66%. Reports of the two groups of specialists for identifying NAFLD/NASH showed a very-good strength of agreement-k=0.875;95%CI=0.864-0.887,standard-error:0,005.

Conclusions:

The uses of Multiparametric-Liver-Ultrasound-Screening(MLUS), morphometric-US(MUS), and artificial-

intelligence(AI), performed by trained-family-physicians are comparable to diagnostic performed by the gastroenterologist. The use of a diagnostic-algorithm based on ratios between the axes of organs, using artificial-intelligence can identify early fatty-liver.

Points for discussion:

Is it possible to perform liver multiparametric ultrasound in a multidisciplinary screening team by family doctors specially trained in this regard?

How can artificial intelligence help us together with ultrasound technology as a diagnostic method in the practice of family doctors?

Can we consider clinical-morfometric-ultrasound as a means of diagnosing NAFLD(Nonalcoholic fatty liver disease) or NASH(Nonalcoholic-steatohepatitis) pathology by family physicians?

Presentation on 16/10/2021 16:30 in "Parallel Session K - Theme Papers: Digital Health" by Mihai Iacob.

One-Slide/Five Minutes Presentation / Ongoing study no results yet**Cornerstones for involving General Practitioners in research in Latvia**

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Keywords: General Practitioners in research projects, willingness to participate

Background:

Recent years have proved the importance and necessity for new research studies to improve health professionals' work. To increase the quality of research studies, data should be collected from not only admitted patients but also from the general population. General practitioners (GPs) could promote this vital aspect. Unfortunately, the response rate is very low for GPs in Latvia. Therefore it is essential to investigate GPs willingness and attitude towards taking part in scientific research.

Research questions:

What are the most important factors influencing GPs' willingness to participate in research projects?

Method:

An observational, cross-section study in Latvia is done using a self-made questionnaire that is either sent to GPs or filled in during telephone interviews. The survey contains demographic data and 17 questions on GPs' willingness to participate in research studies as well as factors that influence their participation. Questions about interest in pursuing scientific studies themselves and interest in learning/reading about new research were also included to apprehend their interest in science in general. Participants were selected randomly and equally from different regions in Latvia using the National Department of Health (NVD) GPs register. From a total of 1370 GP's in Latvia. Every 5th from the register was included in the study.

Results:

Collected data will be analyzed by evaluating GP's gender, age, language skills, experience in the field, number of patients, and location of practice in association with their willingness to participate in studies. GP's reasons for or against participation in studies will be analyzed using the Likert scale.

Conclusions:

The study results could probably find some instruments to pick up the GPs' response in participating in research projects.

Points for discussion:

Are GPs active in research field in other countries?

What are the instruments for involving GPs in research projects in different countries?

One-Slide/Five Minutes Presentation / Ongoing study no results yet**Fostering specialist training in General Practice – evaluation of the centers of competence in specialist training in Saxony-Anhalt**

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Keywords: professional training,

Background:

Since 2017 in Germany the specialist training of future General practitioners (GP) was reorganized by means of the implementation of centers of competence for GP-training (CCGP). This study evaluates for the state of Saxony-Anhalt its two implemented centers and the impact of their activities on the young professionals as well as acceptance and relevance of offered formats.

Research questions:

1. Quantitative usage of educational and mentoring formats by trainees
2. Evaluation of acceptance, quality and importance of different mean for the fostering activities by trainees.

Method:

We've send a pretested quantitative standardized questionnaire containing five complexes of questions (with six items each using four-point-Likert-scales plus sociodemographic data set) to all of the 270 future GP's in specialist training in Saxony-Anhalt as an online-survey in July 2021. We're expecting results by end of August 2021.

Results:

Our hypothesis' are: First, we expect the perceived importance of the seminars is rising during the duration of the specialist training, since the seminars prepares for the final specialist-colloquium. Second, we expect that importance of services such as rotation-management will show higher importance for trainees in their first years of training. Third, for the formats of mentoring and meetings with preceptors we expect that as well that the introduction to professional field via mentor is a more important issue in the beginning of the specialist training.

Conclusions:

This study will determine if the GP-trainees are satisfied with the offers and aiding formats CCGP's in Saxony-Anhalt and with which of its components for certain subgroups of trainees. This is not only important to know to improve regional programs but also for the development of an uniform evaluation scheme for all CCGP's in Germany, which need to justify their activities to secure future funding.

Points for discussion:

How can specialist training of future General practitioners be more attractive for the trainees in their different stages of training?

One-Slide/Five Minutes Presentation / Study Proposal / Idea**Simplified follow-up clinical trial in type 2 diabetes ESSIDIA - Pilot**

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Keywords: type 2 diabetes; clinical trial; general practice; network

Background:

Important discrepancies between guidelines exist regarding first line treatment of type 2 diabetes (T2D). The 2019 European recommendations propose first-line monotherapy with a SGLT2-i (sodium-glucose-2 co-transporter inhibitors) or a GLP1-a (glucose-like peptide 1 agonist) in case of high cardiovascular risk, while the northern american 2020 recommendations maintain metformin as 1st line monotherapy; a SGLT2-i or a GLP1-a can be added depending on the cardiovascular risk. Metformin is inexpensive and has a favorable risk profile, but according to a meta-analysis published by the Cochrane Collaboration (Madsen 2020), there is no strong evidence that metformin protects against cardiovascular events.

Research questions:

To directly compare the benefit / risk ratio of SGLT2 inhibitor , GLP-1 agonists and metformin, in patients with T2D in primary care.

Method:

This protocol for a randomized clinical trial will use authorized treatments in T2D in general practice with simplified follow-up using the French medico-administrative data base. Patients will be recruited, informed, their written consent collected, and they will be randomized by GPs in three groups: i) metformin; ii) GLP1-a and iii) SGLT2-i and followed-up for 5 years.

About 30,000 patients need to be included by 6000 GPs, to compare the incidence of major cardiovascular events, deaths, and non cardiovascular major events between groups.

Simple and adapted procedures will be put in place in collaboration with GPs, to ensure the feasibility of recruitment and follow-up.

Results:

Expected results are to produce data for evidence-based guidelines.

The challenge is to obtain the adhesion of GPs, and to find organisations to allow GPs to perform research in their daily practice.

Another challenge is to raise funds for such a trial. A pilot phase trial protocol will be submitted to an academic call, simultaneously in several regions in France, for the first time in France.

Conclusions:

This research question concerns more than 462 million individuals worldwide.

Points for discussion:

Challenge of performing clinical trials in general practice.

How is it possible to develop primary care networks in France

One-Slide/Five Minutes Presentation / Ongoing study no results yet

The Impact of Multimorbidity and Socioeconomic Status on Health Service Utilisation Before and During the COVID 19 Pandemic

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Keywords: General Practice, Remote Consultation, Digital Triage, Digital Exclusion, Digital Divide, Unplanned Admission, Epidemiology, Shared Care Record.

Background:

Multimorbidity is a significant and pressing burden for the individual sufferer, society, and the NHS. More than half the UK population over 65 years are currently affected by multimorbidity which disproportionately affects those who are disadvantaged in other ways. Social deprivation, non-white ethnicity, mental ill-health, disability, increasing age and female gender are all associated with multimorbidity. The same factors are also associated with digital exclusion and the digital divide. This is important because it is not known how the sudden transition to remote GP consultation, and the reliance on digital consultation methods during the COVID 19 pandemic has affected healthcare use for those suffering with multimorbidity.

Research questions:

How did personal characteristics, multimorbidity and socioeconomic status relate to frequency and mode of access to GP consultation, unplanned hospital admission or death in one area of the North West of England, before and during the COVID 19 pandemic?

Method:

This will be a descriptive epidemiological study to describe the patterns of access to GP consultation across socioeconomic groups, among patients with multimorbidity, before and during the COVID 19 pandemic. A local Shared Care Record will be interrogated, this comprises comprehensive data from primary, secondary and social care for the local area. SPSS for data preparation. STATA for advanced analysis and visualisation.

Results:

Social demographics

Age, Gender, Ethnicity, Marital status, Nationality, Native language, Employment status/benefits, Housing status, Postcode, Existence of mobile phone number, Existence of email address, Household size

Clinical data

BMI, Chronic disease diagnoses, Active diagnoses, Smoking, Alcohol, Substance abuse, Care status, Frailty score, Disability, Number of medications on repeat prescription,

Outcome of interest

Face to face GP consultation, Telephone GP consultation, Online GP consultation, Video GP consultation, Text GP consultation, Email GP consultation, Attendance at AED, Admission to hospital via AED, Attendance of ambulance services, Attendance at WIC, Out of hours GP contact, Death

Points for discussion:

AED attendance has doubled locally from 2020 to 2021 indicating significant unmet need in the population in terms of accessing health care. This is despite GP consultation rates also increasing. It is not known what effect digital triage and remote GP consultation have had on primary care access and effectiveness, particularly for people suffering with multimorbidity and who are not online.

Reports from within the workforce indicate that digital triage and remote consultation as defaults are stressful

and challenging for staff as well as patients, the real impact on workload in terms of effectiveness (not just number of contacts) is unknown, but indications from secondary care are that people are presenting with more advanced disease. Analysis of the patterns will be helpful to clinicians and service providers.

This study has the potential to demonstrate the utility of a local shared care record. This is a unique database, is comprehensive for the local area and has the potential to enhance service provision, efficiency and safety. The study will be repeatable so that changes made by the service providers can be analysed in the future.

Presentation on 16/10/2021 16:30 in "Parallel Session L - One Slide Five Minute Presentations" by Anna Evans.

One-Slide/Five Minutes Presentation / Study Proposal / Idea**What about primary health care data during the COVID-19 pandemic in Europe?**

Raquel Gomez Bravo, Sara Ares Blanco, María Pilar Astier Peña, Marina Guisado Clavero, María Fernández García, José Miguel Bueno Ortiz, Katarzyna Nessler, Davorina Petek, Ferdinando Petrazzuoli, Liubovė Murauskienė

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Keywords: COVID-19, Epidemiological Monitoring, Primary Health Care, European Union.

Background:

The COVID-19 Health System Response Monitor to cover the pandemic describes a high number of cases treated ambulatory: for example Germany, 85% of COVID-19 cases were managed mainly by GPs (April 2020) increasing 6 months afterwards to 95%. In Italy, 156.5 per 100,000 inhabitants were home isolated and only 8.1% hospitalized (October 2020). However, there is no official European information on the activity of Primary Care (PC) during the pandemic. ECDC only collect data from hospitalization and intensive care unit admissions. European Covid19 health information systems provides a bias vision without PC data, having an impact on how the Recovery and Resilience Facility fund of the European Commission should be spent. In order to understand the PC role during the pandemic, we need information related to its performance.

Research questions:

- What is the real impact of the pandemic on PC in Europe?
- What is the minimum basic data set in PC that should be collected to have a proper picture?

Method:

European cross sectional study that analyzes the number of patients attended, treated and followed, vaccination roll out, and the impact that had in the normal care.

Results:

Current PC performance will be described and identified the minimum basic data set to collect at this level. This will help to define indicators for PC in the pandemic and propose a model of management based on that.

Conclusions:

Although PC is the cornerstone of health services, its role hasn't been properly recognized worldwide during the pandemic and data is not even available in some regions. To strengthen PC, improving care and management, what has been done at each level of care should be analyzed, displayed it publicly and lessons learned analyzed. This will rise awareness of PC role, allow to relocate proper budgets and improve the management of future similar situations.

Points for discussion:

- How to provide a model based on PC indicators that will offer guidance to improve PC management in pandemics?
- How can we influence the ECDC to collect proper PC data, encourage European Countries to provide it and display it publicly?

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Abstract Book of the 93rd EGPRN Meeting
Halle, Germany, 14 - 17 October 2021
ISBN: 978-90-829673-7-1



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