Svenska Distriktsläkar-föreningen

Notes from the Nordic GP Seminar in Säröhus, Sweden 6 – 8 September, 2012

Thursday, 6 September

After a short presentation a representant from each Nordic country presented a short review of what has happened since our last meeting in Svalbard in 2010. Informal discussions about the subjects.

Friday, 7 September

Presentations:

”Quality indicators in primary care in Sweden” (Karin Träff Nordström)

21 different primary care systems, from capitation to pay for service - all have different systems for quality registration.

National IT-systems, e g Pascal for drug prescriptions, MVK (Mina Vårdkontakter) for communication with the patients, NPÖ (National Patient Översikt).

Regional IT-systems e g x-ray referrals, hospital medical records etc, every doctor have about 5-7 systems to log into, some doctors are thinking about quitting because of the heavy IT burden, it takes a lot of time from the consultations.

We have about 70 diagnoses based national registers e.g. NDR (National Diabetic Register) adapted for hospital use; politicians are maybe starting to understand that primary care patients do not easily fit into these systems.

What should we use these systems for, what is quality in primary care? Research? Feedback? Performance indicators.

The different systems have from 5 - 150 indicators and 0 - 5 % of the funding is put into financial incentives.

Indicators could for example be drug prescription, Lab outcomes, Questionnaires about patient's life style, Patient satisfaction, and Registration rate in national quality registers.

SFAM's Quality committee has made a policy document in which we suggest evidence based quality indicators for primary care such as amount of CME, continuity of care, access to the doctor's office, and how we prescribe antibiotics. Politicians want transparent comparisons to make it easier for the patients to choose between different clinics.

”Quality indicators in primary care in Denmark” DAK-E (Torsten Sørensen)

All data is communicable between hospitals and primary system in Denmark. GP's choose what indicators are important. According to Danish law it is allowed to collect patient's data

for quality without the patient's consent. Every second hour data are sent from the clinic to a national database, DAMD, e g lab outcomes, reimbursement codes and ICPC codes. The patients can see their own data, but only the doctor who has registered the data can see the results of his patient and can discuss the results with the patient in a pedagogical way. The clinics can see their own reports and compare their results with other clinics.

We need to decide which of these data are the most important in different maladies or you will drown in data.

Accreditation standards DDKM (Ysne de Boer)

Pilot test to simplify the accreditation process, promote the quality of patient care, promote the development of clinical, organizational and patient-perceived quality, publicize qualities in health care. 26 clinics were included.

Quality in preventive medicine Norway (Marit Hermansen)

The proposal for new regulations for GP in Norway including preventive medicine has been stopped after massive protest. A policy “Hearth rate up for better health” has been presented by Norwegian Medical Association.

Comparison between the health ministry's wishes and the Policy Document on Preventive Health Care from the Norwegian Medical Association.

Current evidence GP must be capable of giving knowledge-based advice that promotes health and prevents disease. Should follow with national guidelines. The problem is that our patients in primary care do not always fit into guidelines.

Preventive medicine: The politicians want GPs to address patients that are not aware of their illness and not themselves seek advice. Should GPs trace risks, and in who's interest? Patients? Politicians? Drug industry?

The European changes in education, internship and specialization. How does this affect us? (Paula Vainiomäki, Finland)

Comparison between the medical educations in the Nordic countries. Finland's internship is included in the basic medical education. Paula describes how general practice is included in BME.

Increased student intake in Sweden: Too few teachers, how many doctors can a society afford?

Many medical students from Sweden and Norway study abroad. Should we educate more medical students in our own countries so we get the kind of doctors we want? All medical students need to make a scientific work in the Nordic countries.

Conclusion, we want primary care to be the base of medical studies.

All graduates from Finland are licensed to work as independent doctors, also as GPs without any postgraduate training. No specific training is needed to work as a GP. All specialists need

to have nine months training in primary care. Employers want to train the young doctors and the young doctors want to be trained.

All Nordic countries have 5 years of specialist training except Finland which has 6 years, but they do not have any internship.

Recertification, the European Commission has plans to make member states report on their continuing education of medical doctors every five year. Out of 37 states 22 already have a system of recertification. Maybe we do not want recertification but we want continuous education. In Norway it is sufficient to spend about two weeks a year educating yourself to keep your specialist certification.

Proposals:

Physicians and the Pharmaceutical and Medical industry. (**Henrik Dibbern**)
We agree on the proposal and tomorrow we will try to improve the writing of the statement.

The role of general practice in preventive medicine. (**Lars G Johansen**)

Disease prevention is confused with health promotion. High risk prevention contra low risk prevention, where to put the point of cut.

Lars G Johansen will write a draft for us to discuss in Tampere.

European development of the specialty of general medicine. (Ove Andersson)

Is it a proper way to get rid of the GMP in article 28 and change the recognition in the article instead of getting the GPs into article 25?. It would be impolite to write to the countries which do not have specialists in general medicine. The meeting recommended a letter to WONCA. There is a need for more discussions in the future.

Saturday morning:

What to do with the policy document that we signed? Send them to Gisle to be put on NFGP's website.

The policy document about "**Physicians and the Pharmaceutical and Medical technology Industry**" was agreed on and signed.

We will discuss the document with our boards at home and decide how to use it on national/Nordic level.

Next meeting will be the premeeting in Tampere, Finland and the next GP seminar in Iceland? DLF tries to get in touch with Iceland as they have not answered the invitation to this meeting. If not, the meeting in 2014 will be arranged in Finland.

How to prepare this kind of meetings? Suggestions: send out basic information about our countries beforehand.

Maybe we do not need the extra day for social activities (depends on where the meeting is located). Suggestion: Meeting Thursday and Friday, option for a social tour Saturday.

After brainstorming we decided on the following topics to be prepared for the next Nordic meeting 2014:

Medical education: **(**Finland)
Starfield axiom 30 %? (Denmark)
Task shifting/GPs role in PC? (Norway)
Science in general practice? (Anna Kvitting), (Iceland) Norway and Denmark send a participant.
Quality: (Sweden)

Unintended events/Adverse events/Patient safety/Adverse effects? We seem to need definitions, medicalisation, the Nordic Federation on general practice is already working on this. Tor Carlsen, Norway, is responsible.

Participants:

Danmark

Henrik Dibber	Praktiserende Lægers Organisation
Peter Orebo Hansen	Praktiserende Lægers Organisation
Lars G. Johansen	Dansk Selskab for Almen Medicin
Ynse de Boer	Dansk Selskab for Almen Medicin
Torsten Sørensen	Dansk Selskab for Almen Medicin

Finland

Pekka Honkanen	Allmänmedicinska föreningen
Ulla Palmu	Allmänläkare i Finland
Paula Vainiomäki	Allmänmedicinska föreningen
Arto Virtanen	Allmänläkare i Finland

Norge

Tor Carlsen	Norsk forening for allmenmedisin
Camilla Fagerholt Storli	Den norske legeforening
Trond Egil Hansen	Den norske legeforening
Marit Hermansen	Norsk forening for allmenmedisin
Morten Laudal	Norsk forening for allmenmedisin
Gisle Roksund	Nordisk Federation of General Practice
Kari Sollien	Den norske legeforening

Sverige

Ove Andersson	Svenska Distriktsläkarföreningen
Britt Bergström	Svenska Distriktsläkarföreningen
Louise Hamark	Svensk förening för allmänmedicin
Anne-Marie Johansson	Svenska Distriktsläkarföreningen
Anders Nilsson	Svenska Distriktsläkarföreningen
Christer Olofsson	Svenska Distriktsläkarföreningen
Anna Segernäs Kvitting	Svenska Distriktsläkarföreningen
Agneta Sikvall	Svenska Distriktsläkarföreningen
Karin Träff Nordström	Svensk förening för allmänmedicin
Marina Tuutma	Svenska Distriktsläkarföreningen