

**Primary Health Care
Expert Group 6th meeting
accompanied by seminar
on results of Russian and Lithuanian joint project
and project site visit**



**Moscow, Russian Federation
26-27 September 2018**

Title	PHC EG 6 Meeting Minutes
Submitted by	ITA
Summary / Note	This document presents the main points from discussion on the 5th meeting of the Primary Health Care Expert Group
List of Annexes	Annex 1 – List of participants of PHC EG 6 th Meeting

Wednesday, 26 September

The participants visited Moscow polyclinic No 180 – pilot polyclinic participating in the implementation of the Program for managing care for patients of older age groups with multiple chronic diseases in primary health care organizations of the public health system of the city of Moscow.

Seminar “Improving Primary Health Care for Elderly with Multiple Chronic Diseases in the Russian Federation”

Presentations on Legal basis and organizational technologies for protecting the health of the elderly in the Kaliningrad Region were made:

- 1. Short project background and main results of survey done in the project: 15-minute movie about the project**
- 2. Optimization of medical and social assistance to elderly population in urban area**
- 3. Optimization of medical and social assistance to elderly population in rural area**
- 4. Organizational model of management and information support from Russian and Lithuanian joint project implemented with support of the Ministry of Health of Russian Federation** “Assessment and development of recommendations to improve medical and social outpatient care for patients with chronic noncommunicable comorbidity in Northwest Federal District of the Russian Federation in cooperation with other countries operating within Northern Dimension Partnership in public health and social well-being” (main obstacles in implementing the project)

The Meeting discussed the presented information.

Thursday, 27 September

NDPHS Primary Health Care Expert Group 6th meeting

1. Opening of the meeting and welcome

The meeting was opened by PHC EG Chair Yulia Mikhaylova.

2. Adoption of the agenda

The Meeting adopted the Provisional agenda with timetable (cf. document PHC EG 6 / 1 / Rev 2)

3. Information from PHC EG Chairmanship on recent PHC activities.

PHC EG Chair Yulia Mikhaylova presented the information on status of the Innohealth project. Since the project did not receive funding, she presented several options for further activities:

- a proposal from Ülla-Karin Nurm, Director of the NDPHS Secretariat: to enter the other flagship project with the Innohealth application. It can be the project on healthy cities which received funding: the health of the elderly is one of the most important components in healthy cities. Yulia Mikhaylova is planning to meet with the Chair of the International Association of Healthy Cities, and will offer to become associated partners in the project.
- At the CSR in Latvia on October 18, EG PHC participation in Joint flagship project will be discussed. As the joint flagship project is still in its initial stages, Innohealth could be a good starting platform. A new seminar on the development of the joint flagship project is planned for October 24.
- to continue the development of an independent project we need determine the direction of work: either it will be a continuation of work for Innohealth, or it will be some kind of a new direction.

The Meeting was invited to discuss the provided information and to present their opinion on the following issues:

- 1) *Will PHC EG participate in the Secretariat's flagship project?*
- 2) *Should we follow the main direction of work - health of the elderly and multipathology, or we should develop something new?*
- 3) *If the answer to the first question is positive - which organizations can we offer as partners? Since The EG cannot be a partner in the project; these organizations must have close links with the EG PHC.*

The meeting participants discussed presented information.

Main discussion points:

- We should start with smaller projects. Innohealth is a quite large project, it is difficult to adjust it to the priorities of funding programs.
- The PHC EG is quite far from Innohealth project activities, this project is not connected with the Expert Group now. Historically, the partners involved in the development of the project were a separate organization, they did not work closely with PHC EG.
- We, as an Expert Group, need to have our own position regarding our participation in the Joint flagship project - will we join the project as a primary health care branch, will we support the direction of the elderly and multimorbidity or should we start looking for something new.
- The role of EG PHC need to be discussed. It may not be to develop and run projects, but assistance in project development and implementation. One task could be to organize a wider meeting with the participation of researchers, care providers and other organizations and representatives from the ministries of the PHC EG Partner countries to brainstorm and inspire participants to collaborate on project ideas in line with the needs in the countries. The PHC EG Partner countries are different, therefore the project must be a system with different directions in order to take into account the priorities of all the countries and be useful for all.
- The question of financing: the majority of financial programs require 25% and more co-financing - this is quite difficult for organizations, given that the total amount of funding is sometimes up to several million EUR. It is also important to understand that the EU Program period ends in 2020, in 2021 there will be other financial prospects that will show what EU funding is available for the implementation of EU Strategy for Baltic Sea region. It is necessary to increase the effectiveness of our cooperation in the region, as well as to strengthen cooperation with other Expert Groups.
- Proposal to include in the draft the WHO short-term intervention concept
- The Innohealth project had a very weak goal - to reduce hospitalization. When we find out why the project did not receive funding, it is necessary to take this into account, and then start to develop a new project idea, by also, with the existing developments, try to enter other projects that have received funding.

The Meeting decided to take several directions:

- Consider possibilities of joining other projects
- Develop an idea of a new, independent PHC EG project
- Enhance collaboration with relevant organizations in the ND region
- Strengthen cooperation with other NDPHS Expert Groups

4. Short country presentations on recent developments in Primary care

Finland

Health care reform which started in 2009 is continuing. The main task for the new system is

the process of responsibility transfer from the local municipalities to the regions. Financing will be transferred to regional administrations from public funds. Local municipalities are too small to take full responsibility. Problems with distribution of funds between primary health care and specialized medical care.

Big problem is with health care for the elderly - the number of older patients is increasing, there is a growing need for an appropriate primary health care.

Russia

Rebuilding of regional Soviet prevention centers is underway, with introduction of a new function - public health. The new Deputy Minister for public health is young and responsible; he has begun rebuilding of primary health care and public health system.

There was a problem with human resources in primary health care - due to the reorganization, several positions were lost. But now, under pressure from therapists and patients, the situation has stabilized, the staff is returning, salaries are rising.

The third direction is change of the role of nurses. In October 2018 there will be a big Conference - 40 years of the Vienna Declaration devoted to nurses. Representatives of organizations from all over Russia, WHO representatives will participate, role of nurses and nurses with higher education will be discussed. The voice of nurses becomes louder but it is still not enough. Doctors do not agree with increasing role of nurses. However, in polyclinics independent nursing services have been established. At the Public Health Forum in October 2018 Hans Kluge will present a fresh study on inequalities related to co-payment in primary health care. This report is very interesting, it was presented at the WHO Regional Committee.

CIS countries developed a new law on e-health, Russia approved it, Anna Korotkova visited Turkmenistan and saw the law at work, it is interesting.

Lithuania

Work is underway to expand the role and increase independence of nurses, to expand the family doctor's team, and reduce the workload of the family doctor. It is planned to clarify responsibility between medical and social sectors.

Since 1 of September 2018, the family doctor can make consultations by phone, internet, etc., but under certain conditions: PHC institution must obtain the written consent from the patient and also adopt the order for the provision of remote (distance) health care services and the way how to identify the patient (for example, some PHC institution identify the patient by certain phone number, patient must inform why he needs a consultation,) The family doctor decides whether the remote (distance) consultation is sufficient or it is necessary to see the patient. Possibilities of remote (distance) consultations of a family doctor with other medical specialists are on discussion stage - to give the family doctor the right to receive consultations by phone and/or via the Internet.

Lithuania is planning to prepare pilot project of multimorbidity. The role of family doctors is expanding, they are given more rights to treat some of diseases, which were treated only by specialists before. That's mean that family doctors give less referrals to specialists and reduce waiting list for the specialist.

Lithuania adopted Health promotion programme for patients identified as having risk for cardiovascular diseases and diabetes. The objective of this programme is to integrate primary health care services with municipal public health services, effectively strengthen health of risk groups, educate population about cardiovascular diseases risk factors, healthy lifestyle principles, choosing the healthy diet and physical activity. Family doctors refers patients from the risk group to Public Health Bureau where lectures, discussions, demonstrations, case studies, practical teaching is provided.

Norway

There are problems with shortage of medical personnel, general practitioners, especially in rural areas. Coordination reform 2012 was aimed at coordinating this process, but was not successful.

Work is being carried out with PHC teams to ensure that nurses work together with GPs and other specialists, and that they have more opportunities. The project started in April and will continue for 5 years in several municipalities, it will be very interesting.

A pilot project on ambulance services in municipalities is being implemented, involving doctors, nurses and paramedics. In the eastern part of Norway there are a lot of fjords, islands, there are problems with communication, services can be in two hours driving from certain villages.

Poland

A new PHC law came into force in December 2017. A pilot project is being implemented in the field of coordinated assistance (managed care) in Primary Health Care. Is difficult to plan changes in PHC, if you have no enough doctors. The average age of family doctors is 60 years in one of the Polish Region (Lubuskie Voivodeship). In Poland doctors are missing, in particular PHC doctors, and those who work are very advanced.

European WONCA Congress in Cracow, in May 2018, was a great success. Over 2,5 thousands of doctors from around the world (not only from Europe) took part in it. Many presentations were presented there.

On the College of Family Physicians in Poland website, I would like to pay special attention to the LEONARDO Course. This is course authorized by EURACT, prepared with a large participation of Polish family doctors (FD), translated and used by FD in various countries. Every country has a representative in EURACT, who can mediate in obtaining an English language version. The course is for practicing, experienced FD who want to teach the young residents specialize in family medicine. The teaching process take places in their own practices and needs special attitudes, knowledge and skills. This course meets these needs, consists of three parts and can be adopted in every country.

One of the more important activity of the College is to prepare guidelines (recommendation) in important clinical and prophylactic fields. We have so far developed several dozens of such guidelines together with other medical societies. There is evidence based and they are good at spreading medicine based on scientific research. Often, clinical decisions have no

economic basis, they are not cost-effective. Implementation and dissemination of guidelines may reduce this problem.

Poland is one of several countries in the world where the accreditation process (similar to that in hospitals) in relations to PHC is used. Polish accreditation contains 123 standards, contributes to improving the quality and patient's safety, changes the culture of the organization and has a positive effect on patient satisfaction. We only have a Polish language version but we can provide it and help with translation.

Estonia

A pilot project on care coordination is underway, it was reported on the previous page of the EHP in Krakow. The purpose of the pilot is integrating social and medical services. Although both services are available it can be challenging for a person to find the right service that best suits the needs of his/hers. Especially when it comes to people with higher level of service needs. It will help the family doctors and also social services in assessment and care planning. It should decrease the number of ambulance calls and the need for specialist help. The system with participation of coordinator will be tested in six pilot regions with a total of six coordinators.

The modernization and restructuring of primary health care centers was carried out, 55 centers were financed in the first round. The second round of applications was closed in July, 6 applications was received.

Specializing as a family doctor in Estonia is quite popular. The ministry is really making an effort for good communication and cooperation, the importance of primary health care is emphasized, the doctors are well funded, real changes are made also taking in account doctors opinions. Family doctors work as sole proprietors or companies, therefore their salaries are sometimes the same as those of specialist doctors or even higher.

The Estonian Association of Family Doctors suggests the PHC EG to carry out a systematic analysis on how electronic systems are used and work in countries, and based on this, map out the needs of doctors in the countries - what works and what does not. In Estonia, the government has provided a large health information system called the Estonian National Health Information System which contains all the health information. Family doctors use their own systems, which they fund themselves. It creates problems: developers are slow on updating the system and the quality is not too good, too much money is spent on systems, the systems are not connected to each other, which hinders the exchange of information. Family doctors hope for the state support, but this decision should be based on a calculated analysis. If there is a possibility that the NDPHS will finance this analysis, Estonia would be very interested in participating.

Latvia

Currently, primary health care is provided to all Latvians for free, but from January 1, 2019, health care will be available to people working and paying taxes in Latvia, not just those who

was born in Latvia. The basic (free) program will be provided to all taxpayers, children up to 18 years old, including foreigners (if their parents work in the country), children without parents up to 24, people under 24, students, unemployed (if they are registered with the agency for the unemployed), people with 1 or 2 group of disability, people registered in special social centers, and people 65 and older. It includes ambulance, GP support, GP tests, care for patients with HIV, cancer, a special program for cardiovascular diseases. Unemployed people, who do not pay taxes and are not registered as unemployed, will need to pay for health insurance (51,60 Euro, 154,80 Euro for a next year and 258,00 in 2020) on a voluntary basis.

Procedure for organizing the financing of health services was presented in August 2018. In 2018 quality criteria were revised, and the number of criteria were reduced – 8 criteria (13 before). Family doctors who use the criteria receive bonus payments.

Evaluation and examination of health is carried out within the framework of dispensarization, 42 thousand people were examined in the second quarter of 2018.

The pilot project: financing to doctors for cancer screening (the procedure becomes free for patients), 424 GPs have joined the program, 226 thousand EUR have already been paid. Patients 40 and older (SCORE method is used for people 40, 45, 50, 55, 60, 65 years old) are tested for cardiovascular diseases, a large budget is allocated for this.

Nurses may prescribe certain medications, if it is specified in the contract.

Availability of health services has increased: people with mental illness can meet with a doctor at home without visiting a clinic.

The EU project for a cooperation project between GPs, gynecologists, Physiotherapist, pediatricians and midwives had received funding - now the GP Association is discussing the organization of work.

Sweden

The health care system is being restructured - from hospital care and ambulance services to primary health care and centralized highly specialized care. Each council and local authority is responsible for its direction so the councils' authorities must be involved and a part of the restructuring.

Another direction - from hospitals to primary health care. Amendments in the Health Care Act, will be enacted from January 2019. The primary health care should be the basis in the health care system. An amendment from 1 January 2018 - guarantees of medical care: 3 days for examination by a doctor or other health professionals in the primary health care center. A doctor can consult a patient remotely - via Skype, telephone, etc. Distant consultations by other specialists - a nurse, a psychologist, a nutrition specialist, depending on the problem - are also available.

The second report on the restructuring formed the national mission of primary health care, now it is more focused on prevention, coordination activities, continuity of care.

The focus on health services in local authorities has increased, the work is carried out at three levels: national (legislation, funding, surveys, agreements with persons providing assistance at the main level), regional (the most important bodies providing assistance) and

local authorities. At the local level, about 400,000 people (most vulnerable groups - elderly, disabled) are getting help, it is 25% of the costs. Integration with social services in municipalities is important.

E-health: in Sweden there are specialized web clinics for primary health care, they work with patients only by video and telephone. At first they were overvalued and received a lot of money for the services. Compensation is reduced, but it is still being discussed especially by health professionals - to what extent primary care can be provided remotely, how good is it, because a doctor should see the patient at least once. Most people like the possibility of such consultations, but some believe that it is necessary to link the services to a primary care centre where you can visit the doctor and nurses as well.

5. Multimorbidity - further development of the information collected from our countries in 2017: discussing further steps of preparation a PHC EG report based on CHRODIS report

PHC EG Chair Yulia Mikhaylova suggested an idea - to combine all the information collected from PHC EG Partner countries, transform it through a single criteria chosen by the PHC EG and publish a monograph at the international level in English based on the reports from PHC EG Partner countries. Russia can provide financing for publishing.

Another possibility is to organize a conference to discuss information obtained and further steps.

The meeting participants discussed the presented idea. It was decided to collect answers from all countries (several paragraphs from each country with brief information about what is being implemented in the country), then organize a discussion at a seminar at the next group meeting and discuss plan for further work. Simo Kokko will make a suggestion on how to proceed the work.

6. PHC EG Work Plan for 2019

PHC EG ITA presented the draft PHC EG Action Plan for 2019. The Meeting discussed the presented document and accepted it with minor changes: it was decided to consider the possibility of organizing a PAC side event in 2019.

7. EG PHC possible ideas and proposals on topics for discussion at ND Institute Forum in Helsinki in autumn 2018 (aging, loneliness of the elderly, mental health, diabetes)

It was decided to discuss this point of the agenda by e-mail.

8. Ulla Karin-Nurm idea: questionnaire on Health systems in PHC EG countries to identify common problems and knowledge gaps (discussion with WHO).

As there were no representatives from WHO it was decided to discuss this agenda point on the next PHC EG meeting

9. PHC EG possible involvement in implementation of NDPHS Strategy on Alcohol Policy. Presentation with results and statistics of “Sukhoy zakon” (Gorbachev's law on alcohol policy in Russia)

Alla Ivanova, Professor of economics and leading researcher in health economics in Russia, presented a report on Gorbachev's alcohol policy.

The Meeting discussed the presentation.

10. Short information on InnoHealth project status

Discussed under agenda point 3: Information from PHC EG ITA on recent EG activities

11. Next PHC EG Meeting

Norway and Estonia expressed possibility of hosting the next PHC EG Meeting. The information will be updated after decision made by the counties.

12. Adoption of the meeting minutes

The participants discussed and agreed on the following procedure:

The draft minutes of the 5th PHC EG meeting will be sent out to participants on October 15, 2018.

Deadline for submission of comments: October 22, 2018.

An updated minutes will be sent to participants on October 24, 2018. Comments are expected till October 29, 2018.

13. Closing of the meeting

The meeting terminated on 27 September at 15:00.

6th Primary Health Care Expert Group Meeting

List of participants

Chairperson

Mrs. Yulia Mikhaylova
Federal Research Institute for Health Care
Organization and Information of MoH of the
Russian Federation
11, Dobrolubov str.
RUS-127254 Moscow
Phone: +7 495 6183268
Fax: +7 495 6183268
E-mail: mikhaylova@mednet.ru

Co-Chair

Mrs. Iréne Nilsson Carlsson
The National Board for health and welfare
S-106 30 Stockholm
Phone: + 46 247 3170
E-mail: Irene.Nilsson-Carlsson@socialstyrelsen.se

Vice-Chair

Mrs. Anna Korotkova
Federal Research Institute for Health Care
Organization and Information of MoH of Russian
Federation
11, Dobrolubov str.
RUS-127254 Moscow
Phone: +7(495)6182731
Fax: +7(495)6182731
E-mail: korotkova_anna@mednet.ru

ITA

Ms. Maria Lisitsyna
Federal Research Institute for Health Care
Organization and Information of MoH of the
Russian Federation
11, Dobrolubov str
127254 Moscow
Russian Federation
Phone: +7 495 618 11 09
E-mail: lisitsyna@mednet.ru

Estonia

Ms. Liis Sildnik
Ministry of Social Affairs
Suur-Ameerika 1, 10122 Tallinn, Estonia
Phone: +372 6261 9171
E-mail: Liis.sildnik@sm.ee

Finland

Ms. Paula Vainiomäki
Ministry of Health
Nallenkatu 8,
20750, Turku, Finland
Phone: +358407010014
E-mail: paula.vainiomaki@utu.fi

Mr. Simo Kokko
Ministry of Health
Phone: + 358 503 620 446
Fax: + 358 9 396 72417
E-mail: simo.kokko@fimnet.fi

Lithuania

Ms. Edita Bishop
Ministry of Health
Vilnius Str.33, Vilnius
Phone: +370 5 2604709
Fax: +370 5 2661402
E-mail: edita.bishop@sam.lt

Latvia

Ms. Alisa Glotova
Ministry of Health
Brīvības street 72
LV-1011 Riga, Latvia
Phone: +37126783512
E-mail: alisa.glotova@vm.gov.lv

Norway

Mr. Jan Magne Linnsund
Senior Adviser
Norwegian Directorate of Health
Munkerudtunet 27,
1164, Oslo, Norway
Phone: +47 24 16 33 21
E-mail: jan.magne.linnsund@helsedir.no

Poland

Mr. Jacek Łuczak
Chief Sanitary Inspectorate
Targowa 65
03-729, Warsaw, Poland
Tel: +48 22 5361447
E-mail: j.luczak@gis.gov.pl

Russia

Ms. Olga Andreeva
Federal Research Institute for Health Care
Organization and Information
of the MoH of the Russian Federation
11 Dobrolubov str.
RUS-127254 Moscow
Phone: +7 495 618 11 09
E-mail: andreeva@mednet.ru