



Northern Dimension
Partnership in Public Health
and Social Well-being
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Primary Health Care Expert Group 7th meeting

Oslo, Norway
15-16 May 2019

Title	PHC EG 7 Meeting Minutes
Submitted by	ITA
Summary / Note	Outline of the main discussion points and decisions of the 7th Primary Health Care Expert Group meeting

Attendance:

Estonia – Ms Liis Sildnik, Ministry of Social Affairs; **Finland** –Ms Paula Vainiomäki, Ministry of Social Affairs and Health; Dr Simo Kokko, University of Eastern Finland, Kuopio; **Latvia** - Mrs Rimma Belikova, Ministry of Health; Dr Ieva Melisus, National Health Service; **Lithuania** - Mrs Ilona Šakienė and Mrs Gitana Ratkiene; Ministry of Health; **Norway** -Dr Erlend Aasheim; MD Svein Lie, Mrs Janicke Fischer, Norwegian Directorate of Health; **Russia** – Dr Valery Chernyavskiy and Ms Olga Andreeva, Federal Research Institute for Health organization and informatics of the Ministry of Health; **Sweden** – Mrs Irene Nilsson Carlsson, The National Board of Health and Welfare; **NDPHS Secretariat** - Dr Ülla-Karin Nurm, Ms Daša Švaikovskaja.

Excused: Poland

Wednesday, May 15th

- **Opening of the meeting and welcome**

MD. Svein Lie, Director of the Norwegian Directorate of Health, opened the meeting.

Mrs. Irene Nilsson Carlsson, the NDPHS PHC EG Co-Chair, chaired the meeting.

- **Adoption of the agenda**

The Meeting adopted the Provisional agenda with timetable (rf. document PHC EG 7 / 1 / Rev 1).

- **Information from the NDPHS Secretariat on NDPHS progress.**

Dr. Ülla-Karin Nurm, the Director of the NDPHS Secretariat, presented a brief overview of the main events and activities since the last PHC EG meeting, such as 15 years of NDPHS cooperation, NDPHS Evaluation, contribution to various regional events such as ND Future Forum on aging, progress with developing the NDPHS flagship on ageing and communication activities launched in the end of 2018.

Upcoming events: NDPHS is going to organize a seminar "Circular economy and health: it's mainly good news" in frame the 10th Annual Forum of the EUSBSR that will take place on June 12-13th In Gdansk, Poland. Ministerial-level Partnership Annual Conference will be organized in Riga on 27-28 November 2019 with a side event on innovative way of strategic planning and governance using design thinking. The results of the workshop will be used for NDPHS Strategy development for the period after 2020. After the Conference in November NDPHS will be chaired by Poland and co-chaired by Sweden.

The meeting took note of the provided information.

- **Information from PHC EG Chair and ITA on recent EG activities.**

Ms. Olga Andreeva, PHC EG ITA, informed about the recent PHC EG activities:

- Implementation of the project "Assessment and development of recommendations to improve medical and social outpatient care for patients with chronic non-communicable comorbidity in the Northwest Federal District of the Russian Federation in cooperation with other countries operating within the NDPHS";
 - Participation of PHC EG in the development of NDPHS Flagship project proposal on ageing for seed funding from Swedish Institute;
 - Multimorbidity and Chrodis Report;
 - PHC EG at the 31 CSR meeting. Within the presentation the challenge for the PHC EG was to find a balance between the ambitions of the NDPHS Action Plan and available resources. The group would like to see more emphasis on sustainable health systems, multimorbidity, health economics and palliative care.
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- **Short country presentations on recent developments in Primary care**

Finland

Health care reform is going on over 10 years. Several months ago government decided not to push forward propositions that were in the parliament any longer. Middle layer between local municipalities and state will not be created. One model is not fitting for the whole Finland, the promised counties started to plan their own reforms with different models. The main concern is that reform has too many objectives and too complex to be realized at once. During the last months priorities were emphasized differently from time to time, quality and integration of services were not prioritized. Discussions in the government were focused mainly on the probable benefits of the reform with a lack of discussions on pitfalls that led to mistrust among the actors. There are constitutional problems regarding outsource of the services to private national and multinational companies.

Estonia

One ministry was created that joined together previously separated Health&Labor and Social protection. A pilot project on care coordination is coming to an end in July. 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 of his/hers needs. From the pilot project lessons were learnt. National model is in the process of development, appropriate financing mechanism should be found.

Estonia is undergoing modernization and restructuring of primary health care infrastructure with use of EU structural funds. Primary health care centers (PHC) must be finished by 2023. In the first round 55 centers were financed, the second round of applications funded 5 PHC centers and 1 County Health Center. The process of centers opening is not as linear as anticipated, the deadlines are shifted. There is an ongoing work on motivating other group practices to join financing and apply health care center status. In PHC Centers doctors are having their own patient lists (min 1200 patients, less with a special agreement), but they can share vacancies. There is a national database where doctors send all health records. Family doctors are using software programmes to put records.

Ongoing topics:

- Family doctors were not satisfied with their software programmes (most commonly used programme is Family doctor 2). IT task force was created to discuss those issues and answer all questions related with future software developments and cyber safety.
- Social Welfare Department together with working groups developed a plan and started work on long term care reform
- There are legislation changes going on towards more, strengthening nurses rights , financing mentorship and adjusting young doctors starting package
- Mapping of different data layers, patients pathways within a project (financed by SRSS and EU) that should be finalized by May 2020 with a report and suggestions on data flow.

Discussions:

Dr. Ulla-Karin Nurm initiated discussion on the idea to map up data systems and conduct analysis of architecture in general, concept and system specifics and come up with best practices in order to learn from each other. EU funds might be used as a financing source for these type of studies. To see existing digital products

Participants discussed benefits of using collected data on PHC by the European Observatory on Health Systems and Policies. Suggestion was made to invite representatives of Observatory to participate at the next meeting and propose to make a presentation.

Lithuania

Municipalities are responsible for organization of provision of family medicine, primary mental health care, primary dental health care and nursing care. Although mainly PHC providers are public institutions since 1998 policy have focused on the establishment of private GP practices, which would involve publicly financing primary health care with private GPs through territorial National Health Insurance Fund (NHIF) branches. All

country population has access to primary health care services, the average number of annual visits to GPs in Lithuania is 8,6 (2018).

The reimbursement system for the primary healthcare in Lithuania is mixed: the capitation fee accounts 72,52% of the total funding for the primary healthcare. The remaining part consists of the fee for service (FFS) payment for some incentive services, P4P payment for good results as well as additional capitation fee for those living in the rural regions as well for patients listed to the family doctor.

Lithuanian ministry of Health runs structural reform 2017-2020 within 6 focus areas, one of them - PHC. The goal is to improve the quality and availability of health care services, reduce the waiting time for visits to general practitioners and medical professionals, and reduce the number of avoidable hospitalization cases. Strengthening of primary health care: further expansion of primary care teams with advanced practice nurses, life-style medicine specialists, social workers, expansion of nursing care, including mobile services reinforcement of collaboration within and outside the health care system development and implementation of novel chronic condition management models.

Latvia

The bulk of services at the primary care level are provided by PHC physicians – certified GPs, internists or paediatricians. Health care services are offered by primary health care providers in the outpatient institutions, outpatient departments of the hospitals or at the patient's residence. Providers of the primary health care services are: family doctor (incl. paediatrician and internist); physician's assistant; certified nurse; midwife; dentist, dentist's assistant, dentistry nurse and hygienist.

General practitioner (family doctor) has a gate-keeping role and make referrals to ambulatory specialist and inpatient care. Family doctors carry out basic examinations, diagnostics and treatment for acute and chronic diseases in children, adult and elderly people. Family doctor with his team also provide family planning services, carry out preventive activities, health promotion and education, responsible for prescribing medications.

Experience of management of chronic diseases at PHC level include following elements:

- Second nurse (the main task of additional nurse is: to encourage uptake of screening visits, to provide education on healthy lifestyle and to assist with care and education for chronic patients);
- Notification system (GP receives information about those listed patients who have called in the emergency medical service, but haven't been hospitalized. GP or practice nurse/GP assistant shall contact these patients within next working day in order to agree on the follow up health care);
- Payment for early detection of cancer (In 2019 it is planned to increase the payment for cancer early detection by the family doctor in 1st or 2nd stage from 71,14 to 75,00 EUR);
- Quality bonus system that affects GPs income was introduced in 2013. It has 8 indicators and measures once a year.

Ongoing projects:

- The CVD control project with planned funding of 1.6 mln euro aims to improve heart and vascular illness prevention and early discovery in order to increase the lifespan of Latvian citizens.
- EU projects Family Practice Development aims to improve practice teamwork, cooperation with social services and other specialists, build network of family doctors and improve disease prevention.

Russia

In the cities the main institution of PHC is polyclinic where GPs working together with team of narrow specialists (surgeon, otolaryngologist, lab service etc.) In rural areas in small settlements feldsher stations, outpatients' clinics and mobile teams are providing PHC. The main challenges for Russian primary health care are aging population and increasing the proportion of patients with multiple pathologies, ensuring the availability of primary health care (especially in remote regions of the country) and improvement of using the IT in primary health care.

Presidential Decree of 07.05.2018 No. 204 "On the national goals and strategic objectives of the development of the Russian Federation for the period up to 2024" includes Health. The goal of the National Project Health is to increase by 2024 life expectancy at birth to 78 years (by 2030 - up to 80 years). Targets of the National Health Project are concentrated on decreasing the mortality rates of the working age population, from CVD, oncological diseases and infant mortality also to close the gap of human resources in medical organizations.

Development of primary health care is one of the federal projects for achievement of planned national project Health targets. Objectives of the Federal project "Development of primary health care»:

- Ensuring optimal accessibility for the population (including residents of settlements located in remote areas to medical organizations providing primary health care)
- Ensuring the universal coverage for all by preventive medical examinations (dispanserisation) at least once a year
- Improving management of organizations providing primary health care, reducing waiting time in these medical organizations, simplify the procedures of appointments to the doctor. Lean management
- Increase in the number of additional flights performed by 'so called "health aviation" to evacuate patients for emergency cases
- Expansion the number of subjects of the Russian Federation using aviation by health services
- Achieving the objectives of the Federal project well build a patient-oriented scheme of primary health care and emergency care

Sweden

The Swedish health care system is under transition and more resources will be allocated to the parts of the system with good prospects of offering proximity to patients and of handling complexity in diseases and preventive work. A reinforcement of primary care is key for the reform.

Government assignments to the National Board of Health and Welfare are develop a strategic plan to support the transition of the Health Care system and implementation of the action plan on increased support to municipalities to fulfil their role in the health care system. Action plan to support health care in municipalities includes following steps:

- Overview on laws and regulations of certain importance for health care in municipalities
- Strengthen collaboration between providers of healthcare and social services by collecting information on agreements and other ways to organize collaborations for a more seamless health care for patients with need of care from more than one provider
- Increase visibility of the municipalities roles in the health care system
- Developing goals and indicators to guide local authorities to assess and improve how the health care services (in particular primary care) and social services provide care to dependent persons.
- Develop and provide guidance on health care for health problems that frequently occurs in municipalities
- Provide guidance on health care for frequent diagnosis on methods that are suitable to use in municipalities
- Support education and training of staff

Since January 2019, it is expected that healthcare and social welfare will work closely together from on the national level especially with elderly.

7. Presentation of "Primary Health Care Team" in Norway

In Norway 48 state hospitals are responsible for acute care. Municipalities are responsible for primary healthcare, social care and GPs. The work is going to on towards optimizing healthcare in municipalities and strengthening the roles of GPs. The future primary health services seen as innovative, coherent services built based on patients' needs. The pilot run in 9 municipalities with 13 GP practices started in April 2018 with duration of 3 years. The main elements of the project is team organization: GP, registered nurse and medical secretary and 2 different financing models: the operating grants model (financing based on weighted per capita, quality and patient payment) and the fee model (grant funding, fares and patient payment).

Priority groups include patients with mental health problems and substance abuse, chronic diseases, frail elderly, retarded disability and weak demanders. Expected projects outcomes: better health and mastery, increased patient satisfaction, better coordinated and interacting services, reduced needs, better interaction between specialist and primary health service and better overall use of resources. Currently guidelines made for one disease and there is a need to focus on guidelines with multiple diseases. Digitalization parts of the project will focus on electronic patient records, patients pathways and treatment plans.

8. Presentation of Personal connected health and care in Norway

Ms Juni Melting, the Norwegian Health Directorate made a presentation of Personal connected health and care in Norway.

The project is about service innovation in cooperation with municipalities and PHC sectors. The focus of the project is on safety and empowerment technologies at home, on simple technologies and care delivery.

9. Application for the Swedish Institute. PHC EG participation

The Secretariat and ITA informed about the progress with developing the new NDPHS flagship project on ageing: a funding application for a small-scale seed project has been submitted to the Swedish Institute's Seed Funding instrument, in addition to the 20,000 EUR generously offered by Germany.

PHC EG possibly can be involved:

- Participation in the national workshops (Q4 2019 – Q1 2020) in Sweden, Estonia, Latvia, Poland, Russia, Finland
- Participation at the Taskforce for development of a future Flagship project on ageing
- Contribution to the development of a Roadmap for future Flagship project on aging

The Meeting took note of the provided information, confirmed the interest in the Project.

10. Multimorbidity - further development of the information collected from our countries in 2017

Dr. Simmo Kokko made a presentation on key elements of the Multimorbidity care model. It is a comprehensive care model that responds to unmet needs for improved care and coordination and better support to self-management of patients. Participants of the meeting expressed the interest in the model and discussed its use as a framework to share experiences among countries of some elements.

Norway informed that work on Multimorbidity care model is in progress.

Participants agreed to discuss the further steps via email and on the next meeting.

11. Palliative care – integration in PHC EG activities.

Dr Valery Chernyavsky made a presentation on the topic “Needs and Possibilities to include the topic Palliative care for work of NDPHS Expert Group on PHC”.

Participants acknowledged the importance of the topic and agreed to discuss its inclusion in the working plan during the CSR meeting.

12. Next PHC EG Meeting

The next PHC EG meeting will be hosted by Estonia and take place in Tallinn in autumn 2019. Participants will agree on the dates for the 8th PHC EG via email.

13. Adoption of the meeting minutes

The draft minutes of the 7th PHC EG meeting will be sent out to participants on June 5th, 2019. Deadline for submission of comments: June 12, 2019. Updated minutes will be sent to participants on June 19, 2019. Comments are expected till June 25, 2019.

14. Closing of the meeting

The Meeting terminated on 15 May 2019 at 17:40.

Thursday, 16 May

The participants visited Bryn Primary Health Care Center in Oslo. Primary Health Care Team was presented.

The participants also visited Oslo municipality, Sagene District to see Personal connected health and care organization.

The Meeting discussed the presented information.