Primary Health Care
Expert Group 9th meeting

Online
26 May 2020

Title	PHC EG 9 Meeting Minutes
Submitted by	ITA
Summary / Note	Outline of the main discussion points and decisions of the 9th Primary Health Care Expert Group meeting

Attendance:

Estonia – Ms. Liis Sildnik, Ministry of Social Affairs;

Finland Dr. Simo Kokko, University of Eastern Finland, Kuopio;

Latvia – Mrs. Rimma Belikova, Ministry of Health; Dr. Ieva Melisus, National Health Service;

Lithuania – Mrs. Gitana Ratkiene; Ministry of Health;

Poland – Mrs. Agnieszka Jankowska-Zdunczyk, Ministry of Health;

Russia – Dr. Valery Chernyavskiy, Mrs. Olga Andreeva, Ms. Maria Lisitsyna, Federal Research Institute for Health Organization and Informatics of the Ministry of Health of the Russian Federation;

Sweden – Mrs. Irene Nilsson Carlsson, The National Board of Health and Welfare;

NDPHS Secretariat – Dr. Ülla-Karin Nurm; Ms. Silvija Geistarte, Ms. Wiebke Seeman; Ms. Dasha Shvaikovsky;

Consultant: Ms. Karolina Mackiewicz, Support to NDPHS Strategy Project;

Excused: Norway.

1. Opening of the meeting and welcome.

Mrs. Irene Nilsson Carlsson, the NDPHS PHC EG Co-Chair opened the meeting and welcomed the participants. Mrs. Irene Nilsson Carlsson and Dr. Valery Chernyavskiy, the NDPHS PHC EG Vice-Chair, chaired the meeting.

2. Adoption of the agenda.

The Meeting adopted the Provisional agenda with timetable (ref. document PHC EG 9/1).

3. Information from the NDPHS Secretariat on NDPHS progress.
Dr. Ülla-Karin Nurm, Ms. Silvija Geistarte, Ms. Wiebke Seeman, NDPHS Secretariat, presented a brief overview of the main events and activities since the last PHC EG meeting (ref.document PHC EG 9/3):

- In the conditions of pandemic the collaborative work of NDPHS continues online. NDPHS Secretariat arranges online meetings for all the Expert Groups by request;
- CSR 32 meeting is planned on May 27th, 2020. The Partnership will reflect on whether it needs to adjust the strategic direction and working modalities now and during upcoming years;
- NDPHS Strategy: the current strategy is expiring. For the development of a new NDPHS Strategy for the period after 2020 was established a working group. Political priorities for the next Strategy were adopted during PAC 14 that include current thematic areas of existing 7 expert groups (Antimicrobial resistance; Alcohol and Substance abuse; HIV, Tuberculosis and Associated infections; Non-communicable diseases; Occupational Safety and Health; Prison health; Primary health care) and 4 cross-cutting themes (Healthy ageing; Integrated care; Mental health; Digitalization).
- NDPHS Secretariat is working on preparation of the grant application for EU funding. Overall project objective is to promote the sustainable development of the Northern Dimension area by improving people's' health and social well-being. Aim: Supporting implementation of Expert Group activities; Addressing cross-cutting themes;Increasing the capacity of the NDPHS Secretariat. Overall maximum budget: 1,947,368 EUR (Maximum EU financing: 95%+ own co-financing 5%). Additional staff is planning to be employed to the Secretariat.
- NDPHS was asked to contribute for EUSBSR revised action plan with focused directions based on SDGs. Following actions were presented:

  Action 1: Promoting active and healthy ageing to address the challenges of demographic change;

  Action 2: Promoting a Health in All Policies approach with focus on the impact of environmental factors, and especially climate change on human health;

  Action 3: Increasing stakeholder and institutional capacity to tackle regional health challenges.

- New premises will be available for NDPHS Secretariat from July 2020; The Secretariat will explore a possibility to arrange video-conference area with installing video conference facilities for future as it is expected that working mode will move to online;

The meeting took note of the provided information.

4. Information from PHC EG Chair and ITA on recent EG activities.

Ms. Olga Andreeva, PHC EG ITA, informed the participants about the recent PHC EG activities (ref. document PHC EG 9/4).

5. PHC EG in NDPHS Strategy after 2020.

Dr. Valery Chernyavskiy informed the Meeting about the role of PHC EG in NDPHS Strategy after 2020 (ref. document PHC EG 9/5). He presented the 4 main PHC EG priorities which were agreed by the experts through communication:

1) <u>Health and social well-being of the elderly population:</u> ●development and use of integrated care models for patients with multimorbidity; ●patient-centred care to improve the quality and longevity of a healthy life for the elderly population;●health economics studies of elderly health.

2) <u>Integrated care during lifetime:</u> ●development of inter-sectoral cooperation mechanisms to optimize the interaction between medical and social services, the involvement of volunteer organizations/NGOs; ●integrated care at the primary health care level, including mental health, prevention, rehabilitation, and palliative care; ●prevention and early detection of diseases at the PHC level; ●patient-centred care based on patient needs.

3) <u>Strengthening PHC services in the health system:</u> ●multidisciplinary PHC team (composition, (re)defining functions, division of functions, coordination, and collaboration); ●development of professional competencies of the PHC team members; ●development of criteria for evaluation of the PHC team performance; ●introduce internal quality improvement tools and feedback loops for learning and better outcomes of PHC performance.

4) <u>Development of eHealth in PHC</u>: ●development and use of digital technologies for communication and remote consultation between different professionals, sectors, and patients; ●development and effective use of digital technologies in the prevention and promotion of a healthy lifestyle; ●E-health solutions for gathering and analysing data on PHC performance and outcome measurement. Ensure that performance data would be available on every district of PHC team.

Mrs. Irene Nilsson Carlsson (Sweden): COVID pandemic will have an implications on several priorities such as to elderly, integrated care and collaboration of how health services and social collaborate and role of PHC to make people strong to carry out risks with pandemic like COVID. For Sweden one of the focuses will be work on rehabilitation of patients who have severe conditions related to COVID.

Dr. Ulla-Karin Nurm (NDPHS Secretariat): PHC EG proposals are relevant. Exchange of experience on remote services that emerged during the COVID time will be relevant for the network. It would contribute to various horizontal topics. Countries are developing things on their own, but it make sense to share.

Dr. Simo Kokko (Finland): Formulated priorities represent a good example of what we have in common between ND countries. My experience in Finland we have

independence from upper level how to organize the service so we are learning good examples from each other within the country. I propose we share good examples on this four areas, as we have common challenges and good practices among countries.

The document was adopted by the group.

6. Short country presentations on recent developments in Primary health care in 2020, including dealing with COVID-2019 situation.

Sweden

A draft Government proposition was sent for opinion to the council of legislation as the first step to change the healthcare system legislation towards proximity and accessible health care and to make a primary care reform. It is expected that the Bill for parliament will be presented later this spring. The new legislation includes changing the definition of primary care towards responsibility for measures in the form of medical assessment and treatment, nursing, preventive work and rehabilitation that does not require special medical or technical resources or any other special competence. It will be the first time when the legislation will contain definition of PHC on its own, as a basis for healthcare system. It will stimulate the people to apply for medical care not in emergency situations as it was common in the previous years, but on PHC level, in Health Care centers. 21 regions in Sweden are rather independent in PHC, but the new legislation is expected to give a more common view on what should be included in the primary care to unify the PHC meaning all over the country. An agreement has been reached between the Swedish Government and the SALAR to support the PHC reform in the country towards strengthening the PHC. National Board of Health and welfare has been given a mission from the Government to support the PHC reform.

PHC during COVID-19 pandemic

COVID-19 pandemic has a lot of linkages with PHC. Most of the actions have been focused not only on hospital care and intensive care but also on care for people with chronic diseases and elderly people. About 50% of people who died from COVID-19 are over 85 years old and many of them are living in homes for elderly people. Improving health care measures in the homes for elderly people should be addressed more in the coming years.

Successful rapidly expanded capacity for intensive care - it has been more than doubled. Work is going on on rehabilitation measures after intensive care. Burden of need for care during the pandemic, everything that is not urgent - was moved forward now we need to plan how to solve the burden of unmet needs. COVID-19 consequences will be dealt for a long time in the coming years with active participation and involvement of various agencies.

Estonia

- From the 1st of January personal counseling on family doctor’s helpline was personalized to that the doctor or nurse who gives counseling could see the patient’s ID and personal data and give them a better advice.
- The total sum about 3 mln EUR yearly was introduced for higher fees for doctors working outside cities. It is difficult to find family doctors who work outside the major cities of Estonia - Tallinn and Tartu. Additional fee, or so-called “distance fee”, which amounts from 800 EUR monthly, will encourage doctors to work outside Tallinn and Tartu. For those who work more than 40 km away from the nearest hospital network or on an island the sum will be doubled.
- Financing incubation has also started from January 1st. Additional financing and joint practice incentives for a doctor or a medical resident in PHC working in the family doctor office, when only one of the doctors is responsible for practice list. It is a good opportunity for sharing experience or training, the additional fee is paid for up to 12 months.
- Planning the mentorship programme: the Health Insurance Fund is assigning amenity for doctors of lower levels than A and B who would need an extra fund for improving their level. There is no specific plan yet, the work was stopped because of the COVID-19 situation.
- The work on decision support system was started in April. It is an IT solution for family doctor which will collect the patient’s health data and take in account medical guidelines to help the doctor make better decisions.

PHC during COVID-19 pandemic

- System was ready, scheduled treatment was stopped from March 16 for only a bit under a month and came back to normal functioning in the April 21. The waiting lists are slowly diminishing but it is still a problem because a lot of scheduled treatments were canceled.
- The biggest problem at the beginning was lack of personal protective equipment (PPE), PHC EG expert Ms. Liis Sildnik was on team to search for companies who could supply or make PPE and luckily found a company to provide respirators in Estonia and also made a big order from China that arrived soon. Family doctors made a lot of phone consultations, it worked quite well, the family doctors practices were not overburdened, people got attention and were invited for testing in PHC in a lot of parts of the country. Bigger cities had more impact as there were a lot of people who wanted to get tested.
- Emergency clinic system was made, because not every practise has sufficient PPE. A chain of around 150 clinics all around Estonia were prepared to call in people, were opened even during the weekends to be ready for calls and to give advice on testing. Now it is discussed whether to keep this Emergency clinic

system in some form, to keep them open in late hours, for example. It showed that it is possible to rearrange a system for such a short amount of time and also showed the readiness of the doctors to work on weekends etc, when it was needed.

- Family doctor helpline which was opened in January was flooded with calls and therefore closed during pandemic because it was still on testing period. In the period of pandemic the patients could still call their own family doctor. The new helpline will be opened again in middle of July, starting with personal counseling. It showed good results and had high rates from patients.
- Family doctors association was very helpful in the Health Board in creation of guidelines for doctors and patients.
- Patients with multimorbidity had great hopes on PHC because the care from family doctors and specialists was available through telephone and e-consultations. In the care homes number of cases was not so high, but among the elderly homes there were few big cases - up to 5 elderly homes had had big spread of virus.

Finland

The PHC system has been in permanent reform since 2009. Finland has a new Government since last summer, and it made some influence on the reform process. The overall goal is to move away from organizing and funding of around 300 local municipalities because they are thought to be too weak and it is quite statistically unbearable for them to carry the full load of primary, secondary and tertiary care. The number of previously agreed 18 regional centres is too small, more units are needed around Helsinki. The work on this issue has been stopped due to pandemic.
The government programme on integration of social and health care continues. Focus is on prevention and on easy and equitable access to PHC. New, modern ways to deliver services, such as remote services and digitalization, are enhanced.
Funding for development of PHC is allocated for municipalities through a development programme called “The future social- and health care centre”. The application period for this programme ended on the 30th of April 2020, the programme is going to start even in spite of ongoing COVID-19 epidemic. But epidemic had complicated the situation, as taxes are dropping down, and PHC is given less priority and less resources than secondary and tertiary care.

The programme “The future social- and health care centre” has five goals:

- To assure clients’ equal access to and right timing and continuity of services.There will be a legal guarantee to get an GP appointment within one week after applying in a Health Center.
- To strengthen preventive measures and services.
- To increase quality and effectivity of services.
- To ensure multi-professional and co-ordinated services.

- To control the growth of social and health care’s expenses.

PHC during COVID-19 pandemic

- When the pandemic started the main focus was on hospital beds and intensive care. The use of all health care service, including emergency and accident care, hospital inpatient and outpatient care and primary health care, has diminished. Personnel from non-emergency care have been trained for and shifted to acute work.
- However, the epidemic in Finland has proceeded much milder than it was expected. There have been no problems so far in providing intensive care when needed. Thus, non-emergency services are being set up again. The incidences of other infectious diseases than COVID-19 have diminished due to measures taken to prevent COVID-19, e.g. improved hygiene.
- Citizens have avoided all social contacts, which has led to avoidance of checkup visits at PHC services as well. Preventive services, including screening and immunization have been less used (e.g. children’s immunization for measles has decreased). Some “treatment debt” has inevitably emerged. As a consequence, it is anticipated that in the future, more effort and resources for prevention and treatment of chronic conditions are needed.

Management of patients with multimorbidity during COVID-19

- When overall incidence of infections (such as influenza) has diminished, exacerbations of chronic conditions, such as chronic heart or lung diseases, have decreased. E.g. number of diagnosed myocardial infarction is less than usual.
- There are signs that mental health problems such as depression might have increased (due to social isolation and/or economic problems), adding to other problems caused by multimorbidity.
- Because of restrictions for people 70+ years old to leave home many of them stopped moving out and seriously reduced their ordinary physical activity.
- Due to avoidance of regular checkup visits, no queue for PHC has emerged so far. However, the situation might be very different in the near future, when second wave of the pandemic in encountered. Service providers, National institute for welfare and health and Ministry of social affairs and health have launched information about the importance not to postpone regular and planned visits to health care (for patients) and about the need to take care of chronic conditions as planned, even amidst a pandemic (for providers). The subject has been widely discussed also on the media.

Russia

Before COVID-19 pandemic (until February 2020) the main efforts of the Ministry of

Health were focusing on implementation the Federal project "Development of primary health care»:

- Ensuring optimal accessibility for the population to PHC facilities (including residents of settlements located in remote areas - it's more than 82000 this kind of settlements in Russia);
- 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 using so called " Lean management technology" at polyclinics;
- Increase in the number of additional flights performed by "health aviation" to evacuate patients for emergency cases.

In April 2020 by the Federal Research Institute for Health Organization and Informatics of the Ministry of Health of the Russian Federation was conducted a study on how the spread of COVID-19 influenced the activities to Russian health system in terms of its ability to effectively respond to the situation with COVID-19:

- There are new expenses associated with the purchase of ambulances, diagnostic equipment, oxygen equipment, personal protective equipment, additional fees for medical workers and other expenses.
- Significant part of these expenses can be considered not as budget losses, but as investments in the health services, since purchased cars, tomographs, analyzers, ventilators, oxygen stations (concentrators, ramps, etc.) will be used for several more years. Many of procurement items coincide with the planned procurements under the National Healthcare project.
- Many expenses during the quarantine period even decreased: a reduction in planned hospitalization, for example, leads to savings on medications, food, etc. This reduction in costs may turn into even greater demand for health services in the future due to the predicted increase of chronic diseases, the treatment of which was not carried out in connection with the suspension of planned medical care.

The study presented a SWOT analysis of COVID-19 spread on the healthcare system:

Strengths:

- Developed system of state epidemiological service with strong scientific potential;
- Existing system of vaccination of the population;
- High proportion of the state in the health sector as well as in economy, which in these circumstances played a positive role in terms of the rapid organization of the production of many types of necessary drugs, equipment and a more rapid and easiest change of profiles by medical organizations;
- High number of beds, doctors & nurses per capita;

Weaknesses:

- Bureaucracy of financing, inability to quickly transfer funds, depending on the current need for regions and institutions;
- Quite rigid system of payment for the medical care provided in the compulsory

medical insurance system, which does not imply financial support for stationary medical organizations that are in standby (ready) mode, but do not directly provide medical care, as well as with a sharp decrease in the volume of medical care provided;

Opportunities:

- Health is recognized as significant priority sector of the national economy; significant financial investments in healthcare;
- Preventive work, development of testing systems, creation of new vaccines and vaccine prophylaxis can be readily met
- Newly developed mobilization preparedness skills are important not only for epidemics, but also for emergencies in general;
- Weaknesses in the organization of health care, its supply, etc. have been identified;
- State's dependence on external manufacturers of medical equipment and personal protective equipment has decreased;

Threats:

- Temporary deterioration of public health indicators due to the abandonment of preventive measures and reduction of planned medical care capacity;
- Risk of insufficient funding for the National Health Care and Demography projects;
- Dependence on the import of equipment, drugs, media, crops, etc. to ensure the smooth functioning of the health services;

Poland

The strategies during pandemic in Poland are very similar to other countries. The PHC system was in line with the main strategy for PHC development, focus was made on the implementation of e-health solutions. They include mainly e-prescriptions, e-sick leave and e-consultations, or tele-consultations that are more popular.

The other area of focus is quality in PHC. The new group of outpatient PHC offices is involved in a special project on implementing PHC standards and procedures in daily practice. Information about the project was presented on a previous PHC EG meeting.

PHC during COVID-19 pandemic

The main actions were similar to these in other countries. People stayed at home, regular personal appointments in PHC were stopped, except for really necessary ones. Necessity was checked by teleconsultation with family doctor.

Teleconsultations in PHC were conducted in order to triage patients for COVID-19 and personal appointments; recognition any needs for children and adults and continuation of long term therapy. The pandemic experience for medical professionals and patients showed not only personal contacts are useful but sometimes phone consultation are helpful to solve the problems.

Teleconsultations in primary care also enable building new way of relationships with patients that is based on trust and partnership and place patient and his family in the centre of medical care and allows long term continuation of care with coordinated and multiprofessional team.

Management of patients with multimorbidity during COVID-19

For the patients with multimorbidity in order to stay at home were organized visits if necessary after telephone triage for COVID-19. Nurses were in contact with social care for patients who stayed at home for a long time.

In Poland emerged useful social movements, like foundations of scouts, patient association who took care of people who should stay at home. PHC services were part to keep care who stayed at home.

Lithuania

Key actions to improve the services provided by the family doctor's team (October 2019 - May 2020)

- Share of patients who had 7 days waiting time for family doctor services increased from average 73 % in 2018 to 86% in February, 2020;
- Administrative burden for family doctor was decreased by 35% compared to the same period in 2018 due to cancelled provision of certificates to justify days off school for children aged 3-17;
- Remote primary care family doctor - patient services use in March 2020 increased 34 times compared to March 2019 and 64 times in April.
- To improve care for patients with chronic diseases the Multimorbidity Care Model (Chrodis plus project) already has been tested in Lithuania. A benefit assessment is currently being carried out. A tender is underway to test innovative models of care for patients with two or more NCD. The best models will be selected to be implemented on national level in autumn with testing for two years. Applications are under evaluation, they have been received from 20 PHC institutions.
- Improvement of quality assessment the measurements of the good performance indicators of PHC institutions have been made public in December 2019 and will be updated twice a year.

Update on EU funded activities which contribute to the development of effective primary care for period 2014-2020.

Currently 207 projects are implemented throughout Lithuania with participation of 291 health care institutions in 60 municipalities and with allocation of 32,6 million EUR investments.

- Prevention and early diagnostics for children;
- Implementation of innovative and effective models for Multimorbidity;
- Prevention of non-infectious diseases in target municipalities;
- Outpatient nursing and palliative care;

- OTS, social support measure for tuberculosis patients;
- Opioid substitution treatment rooms;
- Improve accessibility of health-care services for people with disabilities;
- Prevention and early diagnostics for elderly people.

COVID-19 management in Lithuania

According to National Public Health Center, the number of confirmed coronavirus cases in Lithuania is 1,635, 63 deaths, 1,138 (70%) patients were recovered, 269,889 samples in total were tested. Number of reported cases per 100,000 population is 53.4. Situation is much better comparing to the EU in average. Number of reported deaths per 100,000 population was only 1.8 in the middle of May. Lithuania is along 5 EU countries with lowest death ratio.

To control the spread of coronavirus (COVID-19), the officially declared quarantine regime shall be effective from 16 March to 16 June 2020. All healthcare services, except for emergency and acute services, were restricted from 16 of March to 29 April. On 16 March new facilities were introduced, including remote consultations doctor-to-doctor and drive-through testing for COVID-19. Remote patient counselling became fully operational and widely accessible to patients all over the country. Family doctors and nurses have started to use e-health services more intensively (description of health status, referrals for consultation, referrals for tests, electronic prescriptions for medicines, etc.). A possibility to register into a PHC institution and choose the family doctor remotely was legalized.

From 23 March fever clinics were created. From 24 March hotline for COVID-19 consultations with a doctor was introduced, national 24/7 emotional support hotline 1809 will be used in the future.

Health care services are starting to unfreeze from 30 April 2020. Health care institution manager should prepare plan: institution should assure means to keep social distance, in case of direct contact health care services should provided by the minimum number of personal required to provide the service; priority is given to remote services; patient flows must be separated. Level of unfreezing of service depend on institutions structure, infrastructure, available personnel (free from isolation), possibility to separate patients flows and ensure requirements of infection control.

Fast 10 times expansion of COVID-19 LAB capacities helped to track situation in Lithuania. "Flatten the curve" strategy saves time and lives in the country.
COVID-19 management strategy, aimed to manage the pandemic and to get ready for the next outbreak. The Strategy is developed as a dynamic document, it is being constantly reviewed and updated. It is based on following principles:

- Protecting the highest-risk groups;
- Proactive identification and localisation of new cases;
- Transparency and openness towards citizens;
- Evidence-based and fact-based decision making – experts Boards established (LARD);
- International cooperation (EU) and very important role of ECDC.

Four main priorities:

- Development of an effective virus management control mechanism;
- Ensuring preparedness of the health system and strengthening the physical and psychological health of society;

- Application of quarantine conditions, while taking into account the epidemiological situation in the country;
- Stabilization of socio-economic sectors and adaptation to new conditions.

Digital platform e-Health and e-Education helps to provide services without physical contact and secures service provision. Over 90% of public services in Lithuania are available online. All COVID-19 laboratories exchange data using E-Health, patients receive COVID-19 test results online, drug prescriptions are now 99.6% digital. Online public, professional mental help and training lines and Apps were established during COVID-19.

New supply chain solutions and Lithuanian Military distribution services protects medical professionals. ONLINE public, professional mental help and training lines, Apps established during COVID-19.

Management of patients with multimorbidity during COVID-19

- All patients with multimorbidity should stay at home. If they have questions or symptoms of respiratory infections they can call COVID-19 hotline and get consultation.
- The family doctor can refer the patient to get drive-through testing for COVID-19 if it is necessary.
- Patients can also use direct phone consultations with family doctor or nurse to get treatment recommendations, prescriptions, referrals to tests or consultation with medical practitioner, certificate of incapacity for work or sick-leave.
- During COVID-19, part of primary health care institutions were converted to "Fever clinics" to separate flows of patients with temperature or respiratory tract infection symptoms from NCD patients without temperature. Patients upper 60 with respiratory tract infection symptoms are directed to the hospitals. If the patient has a fever and any of respiratory infection symptoms they are referred to fever clinics where they can get COVID-19 testing, X-ray diagnostic examination and treatment.
- During remote consultation Family doctor could appoint face to face consultation with patient if it's necessary. Family doctor could get remote consultation with medical practitioner. Patients could have face to face consultation only after remote consultation.

Latvia

Most cases of COVID-19 in the country have been registered in Riga. Actual number of active cases now is more than 300. 712 people have recovered. 25 patients are in a hospital now, 2 of them - in intensive care unit. Chronology of testing for CPVID-19: started with targeted testing (persons who returned from abroad with symptoms), then all hospitalized patients with symptoms of pneumonia, then started testing for persons from risk groups - medical practitioners, police, social care workers), then also patients with respiratory symptoms referred from GP, then patients with

chronic diseases and with or without symptoms of COVID-19. Provision of healthcare services was suspended except for emergency and acute medical assistance, including the necessary examinations and consultations and health services, provided by GP, as well as care for pregnant women. Since 20 April provision of healthcare services has been partly and gradually expanded. Starting from 29 of May all ambulatory care is recovering back to normal state, for 3rd of June all individual care is planned to be recovered.

PHC during COVID-19 pandemic

- Started to use telemedicine for patient consultation with the doctor and for consultations between doctors.
- GP appointment - acute hours and preventive examination were cancelled, for care for chronic patients home visits were introduced.
- Extra fee for GP, working during COVID-19 pandemic.
- GP gained access to the register of patients with COVID-19 positive test results.
- A previously issued decision on disability automatically extended for six months.

Pilot project on COVID-19 testing by GP

There are many problems with COVID-19 testing in regions. There are some testing places organized where people could take the tests but the patients do not want to visit these places because of transport problems and because they prefer to stay home.
The goal of the project is to ask GP to do COVID-19 tests, as GP are the 1st step to all medical care.

The participants were asked to present their thoughts and experience on the issue that they may have in their countries - are GP or other PHC medical workers allowed to do COVID-19 tests and how it is organised. It was decided to give replies to Dr. Ieva Melisus bilaterally after the meeting.

7. Web conference on multimorbidity.

Ms. Karolina Mackiewicz made an introduction presentation about “Online event on multimorbidity and ageing”. This event is a part of the EU funded project: Providing support to NDPHS strategy. Due to the COVID-19 preliminary the plan to conduct a physical event in Russia in June 2-3 was changed on online event in August-September 2020 (Ref.PHC EG 9/7).

Participants of the PHC EG created a working group for the preparation of the event:
Dr. Valery Chernyavskiy, Ms. Liis Sildnik, Ms. Karolina Mackiewicz, NDPHS secretariat and Olga Andreeva.

During the discussion were identified the next steps:

1. Consult with experts and save the date for the online event;
2. Identify approach, goal, end results of the conference;
3. Start preparation process.

PHC EG experts will be consulted to identify the main themes of the event and key speakers.

8. Closing of the meeting

The next PHC EG meeting is planned to be held in autumn. In August 2020 the experts will be consulted regarding the date and whether it will be a virtual or physical

Adoption of the meeting minutes: the draft will be sent for comments by June 9th. Experts are kindly invited to provide their comments and feedback by June 16th.

The Meeting terminated on 26 May 2020 at 17:30 GMT+3.