



Title	Minutes from the 11th meeting of the Primary healthcare expert group
Submitted by	ITA in cooperation with PHC EG Leadership
Note	This document outlines the main discussion points and decisions made during the 11th meeting of the PHC EG. The list of participants is available on the meeting page on the NDPHS website

1. Opening of the meeting and welcome.

The meeting was opened and chaired by Prof. Yulia Mikhaylova, the PHC EG Chair, Mrs. Mrs Irene Nilsson Carlsson, the PHC EG Co-Chair and Dr. Valery Chernyavskiy, the PHC EG Vice-Chair, welcomed the participants.

2. Adoption of the agenda.

The Meeting adopted the agenda of the meeting as submitted in document [PHC EG 11/2](#).

3. Information by the NDPHS Secretariat.

Dr. Ulla-Karin Nurm, The Director of Secretariat welcomed participants of the meeting. She informed about the Partnership Annual Conference (PAC) at the ministerial level, which is planned to be held on 25 November 2021 as a physical meeting in Warsaw, Poland.

The NDPHS Strategy 2020 has been prolonged until the adoption of the new NDPHS strategy that is scheduled for autumn 2021 at PAC. The new strategy will be discussed at the next NDPHS Committee of Senior Representatives meeting scheduled on 15 June 2021.

Another activity Secretariat currently working on is "MITTENS" (More Impact Together To Empower Northern Stakeholders) covers all horizontal themes: healthy ageing, integrated care, digitalization, and mental health. The activities started in January 2021 and will be implemented over the period of three years.

AgeFLAG project is moving to the end. The Secretariat is preparing a roadmap and has the last workshop that would take place in August to finalize the roadmap together with a taskforce. The roadmap will include 4 titles: creation of age-friendly

environments, increased positive public attitude, increased social inclusion and improved competences. Ageism is a crosscutting theme for these emerging areas.

The NDPHS Non-Communicable Diseases Expert Group has organized three regional workshops on progress and analysis of main causes of premature deaths in the Northern Dimension countries. The three workshops each focused on a different group of countries, namely, the [Nordic Countries and Germany](#), the [Baltic Countries and Poland](#) and [Russia and Belarus](#).

Upcoming events: CSR is planned on June 15th, PAC - November 25th, PAC side event - active and healthy ageing. PHC EG members are invited to give suggestions on themes, topics and speakers.

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

Ms Olga Andreeva, PHC EG ITA informed participants regarding EG activities in the period November 2020 - May 2021. PHC EG is closely involved and is providing input to the new strategy. PHC EG Vice-Chair Mr. Valery Chernyavskiy participated at the 1st meeting of the NDPHS Strategy working group on March 11, 2021.

Members of the PHC EG participated at the AgeFLAG Policy Lab projects and the 2nd meeting of the AgeFLAG project steering group. Representatives of the PHC EG are invited to join the NDPHS Task Force on Active and Healthy Ageing.

Preparation works continue for the launch of the PHC EG Work Package 6 - Remote Services in Primary Health and Social Care in MITTENS project. The WP 6 management group has been created and includes: Mr. Valery Chernyavskiy, Mr. Simo Kokko, Ms. Kaily Susi. The first meeting of the management group was conducted on April 14, 2021.

5. Country updates: how PHC services are coping with the ongoing pandemic. Preliminary lessons learned

Finland

Dr Simo Kokko, Docent at the University of Eastern Finland made a presentation on the impact of the COVID-19 epidemic on PHC in Finland. Finland is going through the pandemic without devastating effects. Over 40% of the general population has got a vaccine, more than 50% among the adult population. Vaccination has started from an older age and is moving downwards. Now the population is over 15 y.o. can get the vaccine. During the first 6 month the country has a consensus on needed measures. Now society is divided with some parts wanting to enforce more strict measures, while others ask for a more liberal approach.

The pandemic has a larger effect on secondary care. Hospitalized persons treated in health center hospitals – if appropriate. In PHC there are some reorganizations: two lanes in larger acute service units for patients with respiratory syndrome and other conditions. COVID testing usually organized through PHC with the use of PHC workforce, private and occupational health services are also participating. Vaccination is organized through PHC, additional staff is hired, working hours are extended. In

each of 160 health centers there is one GP and one nurse appointed as the "infection physician" / "infection nurse"; the physician has legal rights to make decisions on individuals (the regional infection physicians are usually specialists in infectious diseases – they are consultants and monitor the situation).

At first, many patients cancelled pre booked appointments usually for monitoring of chronic diseases. There was a communication from the patients to keep the appointments on chronic diseases. Some group activities like physiotherapy have been canceled. Waiting times for dental care have prolonged from 1-2 month till 6-12 months. Effects of isolation are seen in young people and in older people living alone. Mental health services are highly demanded. Post COVID polyclinics are established for those who need surveillance.

Estonia

Ms. Kaily Susi presented updated information about the situation of PHC in Estonia. The PHC was able to prepare due to small first wave. PHC has been functioning almost without interruptions. No vaccination among children has been postponed only driving licenses checkups. Hospitals managed to provide services to all patients who needed it. Family doctors are carrying out vaccinations. Due to the accidents with AstraZeneca some groups of population were hesitant to get the vaccine and doctors and nurses carried out communication to convince them. Vaccination centers were launched. Mental health problems on rise. Waiting time for a psychiatrist is long. Not all PHC centers have psychologists or mental health nurses. The Ministry of social affairs started a Mental health task force in order to find solutions for this issue, e.g. getting psychologists to work in local communities.

Long COVID does not have a lot of attention yet, some research is going on. 34% of the population have received at least one dose of vaccine. Confirmed cases - 129,297, deaths - 1,247; fatality rate - 0.96%.

COVID-19 accelerated eHealth in Estonia. Nothing new was created but existing tools started to be used, for example specialist doctors started to use distant services. Phone services are the most used one. Remote services projects started to be implemented, 2 are related to PHC. It would happen without COVID anyway, but pandemic make a wider use of it.

Latvia

Ms. Ieva Melisus, Ministry of Health of the Republic of Latvia and Ms. Julija Voropaeva, Deputy Head of Outpatient Services Department, National Health Service of Latvia made a presentation on how PHC in Latvia are coping with the ongoing pandemic.

Cumulative number of coronavirus on 27.05.2021 – 307,8 on 100 000 citizens. 200.000 citizens ($\frac{1}{5}$) have received at least one shot of vaccine. Work is done with the population in order to be vaccinated as there is some resistance. Vaccine is free of charge. Some solutions that have been implemented in PHC from the last year that are currently continue to be used: Telemedicine - patient consultation with doctor; consultations between doctors; GP home visits – chronic patient care (new manipulation); availability of registered patients COVID tests results for GPs, even if

they haven't referred for that test; extra fee for working during COVID pandemic and adjusted payment for working on holidays; possibility for GP to refer remotely for health care service.

Newly implemented measures: extra fee for extra disinfection and personal protective equipment; in regions GP practice do testing for COVID, carry out vaccination. They can refer to a psychologist or psychotherapist. Mental health is one of the priorities. Payment for vaccination coverage is done to their practice.

Elements that need to be improved: shortage of medical staff resources, insufficient space, management of large amounts of rapidly changing information that is available from different places; insufficient development of the medical system for information exchange. Latvian association of GP is planning to create a website with selected information.

In Latvia no new COVID hospitals were opened, but many ones changed for COVID patients. There is data about all COVID cases in one of the national institutions but with limitations to get it online. There are few cases of second time COVID infections.

Lithuania

Ms. Gitana Ratkienė, Adviser of the Ministry of Health of the Republic of Lithuania made a presentation on how PHC is coping with the ongoing pandemic.

Following decisions and innovations are implemented: procedures for organizing COVID-19 vaccination are carried out according to a list of priorities and coordinated by the municipalities, unified electronic registration system, through the website www.koronastop.lt; the rapid publicity of news are ensured; the legislation on the provision of services in a timely manner is adjusted; cooperation with expert group elaborating algorithms of diagnostics, treatment of COVID-19 and vaccination priorities list is established; close cooperation with non-governmental organizations representing family doctors and municipalities is ensured; PHC services are provided in accordance with a plan approved by the manager of the PHC institution; approved procedure for treatment of COVID-19 in PHC ensured timely patient monitoring and treatment; Created new structures: consultation and registration to COVID-19 tests by phone line or online – Hot line 1808 was created; Mobile teams was created to consult patients at home; Fever clinics was created to separate flows of patients with temperature or respiratory tract infection symptoms; A drive through testing points were launched in order to replace suspended testing services in primary care facilities; In PHC remote patient counselling became fully operational and widely accessible to patients all over the country. Remote consultations “doctor to doctor” was legalized and started to be provided; Outpatient PHC services are monitored according to approved indicators. 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.).

Nurse working in the family doctor's team functions and responsibilities has been developed, expanded and widely used (extend the treatment prescribed by family doctor; not only perform but also prescribe vaccinations; patient consultations etc.). Moreover, within psychological support and psychotherapy services: National 24/7 emotional support hotline 1809 was created; National information and self-help website on mental health was created; Mental health promotion and prevention

activities for population were launched in public health bureaus to reduce patient burden for mental health PH centers. Remote consultation was legalized in primary mental health care and mobile psychological crisis intervention teams was created.

Russia

Prof. Yulia Mikhaylova, Federal Research Institute for Health Care Organization and Information of MoH of the Russian Federation, made a presentation on how PHC is coping with the ongoing pandemic.

She described the activities that were aimed to control of COVID-19 pandemic in the Russian Federation:

- National, regional and municipal operational headquarters and mobile teams
- speeches of the President, Minister of Health, governors, other regional leaders in online format
- opening and organizing the work of mono-hospitals, reorientation of traditional medical organizations
- organization of control of population movement, including introduction of digital passes
- Online hotlines at all levels of government
- Unified electronic database of patient registration
- SMS informing for citizens
- Volunteering
- Special attention to the older generation and patients with chronic NCDs and multimorbidity

In 2020, the State Duma of Russia adopted a law on distance selling of medicines, including prescription drugs. It made possible provision of all the necessary medicines to the older generation. A significant increase in healthcare financing was very important, it led to an unprecedented increase in the healthcare budget by 20% to almost four and a half trillion rubles. Healthcare has proven to be the most important priority sector of the national economy. Significant financial investments in health care justified their effectiveness. One of the expected consequences of COVID-19 may be a revision of the parameters of National Projects, including projects in the field of health and demography.

The connection of medical institutions to high-speed Internet and the transition to electronic document flow has been accelerated. A unified regulatory framework for the development of telemedicine and artificial intelligence is being created. A draft of biosafety legislation is being finalized, taking into account the experience of the COVID pandemic.

Changes have been made to the organization of medical care for patients, including routing under conditions of mandatory self-isolation and quarantine. Support for older patients and their caregivers has become an important part of the comprehensive response to the pandemic. Interaction with the social service in the conditions of self-isolation and quarantine. A system has been developed and implemented for the dissemination of reliable information among patients on COVID-19, preventive measures to maintain physical and mental health during a pandemic, self-isolation and proper behavior in case of signs of illness.

Organization of emergency patient appointments by prior agreement at separate hours and, in order to prevent intersection with the general flow of patients of the outpatient clinic.

The provision of medical care was organized with the implementation of the maximum possible number of procedures (injections, intravenous infusion) and the use of portable equipment (ultrasound, ECG) at home with the intensification of telephone communication with the patients. A significant increase in the volume of care provided to patients by the social service. Expansion of the functions of nursing staff in the collection of the necessary tests, in accordance with the individual plans of patients, with their subsequent delivery to the central laboratory. Many patients suffered post-acute COVID-19 syndrome. New principles for routing patients 60+ were developed, taking into account the epidemic situation and post-acute COVID-19 syndrome.

Sweden

Mrs. Irene Nilsson Carlsson, Senior public health adviser, The National Board of Health and Welfare made a presentation on how PHC in Sweden is coping with the ongoing pandemic. The most important messages were:

- The role of PHC during the pandemic is dependent of other actors in the health care system and social services in an integrated care context. Some of the most fragile persons got their treatment in nursing homes or in home care since they are considered to fragile for emergency care or other hospital-based services. Nurses in PHC became responsible for vaccinations.
- PHC is the first line care for people with post-covid symptoms
- Many people have postponed visits in PHC to avoid risk for covid-19 during transportation and visits at the health care centre. There are a risk for increased need for services caused by the delays.
- The vaccine strategy has been to start with the oldest people and staff in health care and social services who meets with old people. Over 80 percent of all people 60 years old and above have recieved at least 1 dose of vaccin. The outcome of the strategy is that few people died from covid-19 during the third wave.
- The National Board of Health and Welfare have developed support to health care services on post-COVID syndrome. Special attention has been given to PHC. Providing physicians with evidence-based data on how to cope with post-COVID syndrome. Multi-professional teams and an individual approach for each patient with post-COVID syndrome are recommended. Roles of all specialists in the PHC team were mapped, including issues of cooperation with social services. Rehabilitation models were prepared with a description of the process, competencies, organization of cooperation to provide better care.
- A list of codes and definitions for post-covid was prepared for all health services to improve communication.
- The experience of the pandemic has put even more pressure on the need to strengthen PHC and a person centred integrated care.

The Meeting discussed the presented information.

Prof. Yulia Mikhaylova, the PHC EG Chair proposed to merge presented information and the Secretariat supported the idea, underlined the importance of sharing country

experiences and best practices and proposed to merge the information from the country presentations and publish it in the NDPHS newsletter for further dissemination.

Dr. Pavlos Theodorakis, the WHO agreed with the idea and proposed to facilitate the process based on the operation framework of PHC in 21st century analyzing by 14 levels. Dr. Pavlos Theodorakis will send methodology by June 15th that could serve as a quick roadmap.

8. MITTENS WP 6 - Remote services in primary health and social care

Dr. Valery Chernyavskiy, PHC EG Vice-Chair presented information on the PHC EG Work Package 6 - Remote Services in Primary Health and Social Care (ref. document PHC EG 11/8). He described main phases, milestones of the project and preliminary project timeline and informed the participants on the ongoing work and actions that have been done so far.

Dr. Zaza Tsereteli, ITA of ASA EG, informed that he coordinates work of Barents Euro-Arctic Council on New technologies. He proposes cooperation in the area of remote services between BEAC and NDPHS. Last year a first assessment was done and now the working group is planning to run the second assessment - Digital governance. He proposes to share the draft of the assessment questionnaire in order to join the efforts and carry out assessment together. It is proposed to PHC EG to collect data from the Northern Dimension countries to map digital transformation. The Chair of PHC EG confirmed the interest of PHC EG in this cooperation.

Dr. Pavlos Theodorakis, the WHO informed that together the colleagues from unit of Digital health he is working on proposed methodology for the project. The joined meeting is planned for PHC EG Vice-chair and Regional advisor of digitalization meeting.

Closing of the meeting

Prof. Yulia Mikhaylova, PHC EG Chair closed the meeting at 13:00 (CEST+1).