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Călimănești-Căciulata, Romania
October 19–21, 2023

ABSTRACT BOOK

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Pursuant to the ordinance of the Rector of Wroclaw Medical University No. 12/XVI R/2023, from February 1, 2023, authors are required to pay a fee for each manuscript accepted for publication in the journal Advances in Clinical and Experimental Medicine. The fee amounts to 990 EUR for original papers and meta-analyses, 700 EUR for reviews, and 350 EUR for research-in-progress (RIP) papers and research letters.

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The European Rural and Isolated Practitioners Association

12th EURIPA Rural Health Forum

Călimănești-Căciulata, Romania
October 19–21, 2023

ABSTRACT BOOK

Exploring opportunities and developing solutions to address challenges being faced across Europe

Take advantage of earlybird registration by 13 September!
Call for abstract is open - submission deadline 30 July

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Introduction

Exploring opportunities and developing solutions to address challenges being faced across Europe

Rural family medicine is a critical component of healthcare, as it serves the unique needs of individuals and communities in rural areas. Looking to the future, several trends, challenges and considerations will shape the practice of rural family medicine.

Rural areas often cover large geographic areas with low population density. This makes it difficult to establish and maintain healthcare facilities and can result in longer travel times for patients seeking care; therefore, the use of telemedicine and telehealth services will continue to grow, helping bridge the gap in access to healthcare by allowing patients to consult with healthcare providers remotely. This is especially important in rural areas where travel distances can be significant. Rural areas typically have a shortage of healthcare professionals, including doctors, nurses and specialists, and this situation is getting worse and worse, leading to work overload and early burnout of existing healthcare personnel. Attracting and retaining healthcare providers in rural settings, one of the main visions of EURIPA, can be challenging due to limited career opportunities and access to educational resources. Strategies such as providing rural-specific training, and creating a supportive work environment will be essential. Hopefully, collaborative care models involving multiple healthcare professionals, such as nurse practitioners, physician assistants, pharmacists, and social workers, will become more common. This helps maximize the use of available resources and provide comprehensive care to rural populations.

Many rural areas in Europe have aging populations, which leads to an increased demand for healthcare services, particularly for chronic and age-related conditions, and places additional strain on the healthcare system. Furthermore, rural populations often experience higher rates of poverty and lower socioeconomic status, which can contribute to health disparities. These disparities can affect health outcomes and access to care. Lower health literacy rates in these areas can affect individuals' understanding of health issues, preventive measures, and their ability to navigate the healthcare system. Involving community health workers in a "social prescribing" model will play a pivotal role in reaching underserved populations in rural areas. These individuals can provide education, support and advocacy for patients, helping to fight the sense of isolation and improving healthcare access and outcomes.

In rural areas, emergency services may have longer response times due to distance and limited resources. This can be critical in life-threatening situations. Residents may also experience social isolation and limited access to mental health services, leading to higher rates of mental health issues. Integrating behavioral health services into rural family medicine practices can help address this gap and provide holistic care for patients.

Involving the local community in healthcare decisions and planning will be essential. Engaging with community leaders and organizations can help tailor healthcare services to the specific needs of the rural population.

Addressing these challenges requires a multi-faceted approach, including policy initiatives, workforce development, infrastructure improvement, and innovative healthcare delivery models. Governments and healthcare organizations in Europe need to invest in rural healthcare to ensure that residents in these areas have access to quality and timely healthcare services.

Dr. Ferdinando Petrazzuoli, MD, PhD
Co-chair of the Scientific Committee

Introduction

12th EURIPA Forum Conference
Rural Family Medicine: Looking to the future

Worldwide, we are witnessing the unfolding of phenomena that limit the population's access to primary healthcare services.

Whether we are talking about the phenomenon of medical desertification or frailty, we always refer to the decrease in the number of healthcare workers who carry out their activities in rural and isolated areas and, more recently, even some urban areas.

It is clear that there is a crisis of health care workers worldwide, but the rural environment is the most exposed. This creates difficulties in the equitable provision of medical services, endangering the very concept of universal health coverage.

In Romania, the situation is even more dramatic because over 40% of GP/FM are over 60 years old. Moreover, the number of places available at the residency for the specialty of family medicine was around 7% and many of those who initially choose this specialty change it later. The replacement of generations of family doctors is endangered and there is an accelerated rate of desertification in rural medicine.

Of course, we have to look for solutions together. The identification of best practice in the rural environment, the early exposure of students and residents to rural practice, comprehensive health policies that involve local authorities can contribute valid solutions.

The most important thing is to share our opinions and foster our organisation and the Forum can provide the background where these experiences can be highlighted.

Gindrovel Dumitra, MD, PhD,
Co-chair of the EURIPA Forum Scientific Committee

12th EURIPA Rural Health Forum – outline program

Rural Family Medicine: Looking to the future

Exploring opportunities and developing solutions to address challenges being faced across Europe

THURSDAY 19/10/2023

Hours	Main room	Small Room
09:30–12:00	EURIPA Executive Committee and International Advisory Board Joint meeting with coffee	
12:00–14:00	Registration	
14:00–14:45	**Official Opening Ceremony** Dr. Oleg Kravchenko, EURIPA president Dr. Gindrovel Dumitra, 12th EURIPA Forum Scientific Committee chair Prof. Dr. Alexandru Rafila, Romanian Ministry of Health Prof. dr Cristian Gheonea, Prorector University of Medicine and Pharmacy in Craiova Dr. Silvia Gatscher, Health Operations Manager WHO Florinel Constantinescu, Mayor of Călimănești, Romania Dr. Ferdinando Petrazzuoli, 12th EURIPA Forum Scientific Committee co-chair	
14:45–16:00	**Workshop 1** **Roxana Surugiu, Daria Gheorghe, Codruta Constantinescu, Alexandra Dumitra, Diana Dumitra** *Exploring a career as a general practitioner: Understanding the why*	**Workshop 2** **Miriam Dolan, Joyce Kenkre, Ferdinando Petrazzuoli, Jane Randall-Smith, Jo Robins** *How can nature improve health and well-being?*
16:00–16:30	Coffee break	
16:30–17:30	**OC1** **Moderators:** Assist. Prof. Dr. Codruța Gheorghe/ Dr. Rosario Falanga 1. **Adrian Nicolae Grom, Cristina Vasilica Barbu, Maria Lup, Gheorghe Gindrovel Dumitra** *HPV vaccination in Romania: A situation analysis, based on review of current data* 2. **Sylwia Szafraniec-Buryło, Artur Prusaczyk, Katarzyna Rubnikowicz** *Organizational aspects of anti-HPV vaccination compared to anti-SarsCoV2 vaccination in Poland affecting effectiveness* 3. **Riccardo Lucis, Chiara Nuovo** *A meningococcus case in the island of Grado, Gorizia, Friuli-Venezia-Giulia, Italy*	**OC2** **Moderators:** lecturer Dr. Mirela Radu/ Dr. Brian Norton 1. **Oleg Kravtchenko** *OOH and Emergency Care in European Rural Locations* 2. **Simona Ciotlăuș, Marius Ungureanu** *OOH-PC in rural and urban contexts in Romania: Identifying differences, customising policy* 3. **Mirela Radu, Constantin Kamal, Elena Codruta Gheorghe, Carmen Adriana Dogaru, Gindrovel Gheorghe Dumitra** *Emergency approach in rural areas*
17:30–18:45	**OC 3** **Moderators:** Dr. Răzvan Miftode/ Dr. Miriam Dolan 1. **Veronika Rasic** *Amplifying Rural Health: Insights from an Interview-Based Podcast* 2. **Michael Dandoulakis, Lykourgos Christos Alexakis, Theodoula Adamakidou, Dionisis Voursis** *Establishment and creation of medical and nursing school of OUC* 3. **Anna Owczarczyk, Magdalena Bogdan, Paweł Żuk** *The usage of e-prescription in the Polish healthcare system*	Rural Café: Lessons from COVID-19. How can we prepare for new pandemics? The rural perspective **Moderator:** Oleg Kravchenko

THURSDAY 19/10/2023

Hours	Main room	Small Room
19:00–20:00	**Official Opening Ceremony**	
20:00–22:00	Welcome reception – courtesy of SNMF	

FRIDAY 20/10/2023

Hours	Main room	Small Room
7:00–8:30	Exploring Effective Pathways to Rural Practice. Virtual joint session with Rural WONCA	
9:00–13:00	Morning: Practice visit on Office GP in Călimănești	
13:00–14:00	Lunch	
14:00–15:15	**Keynote address** **Moderator:** Assist. Prof. Dr. Roxana Surugiu 1. Thomas Frese as President elect of WONCA Europe 2. Dr. Silvia Gatscher, Health Operations Manager,WHO Country Office in Romania	
15:15–16:00	**OC4** **Moderators:** Prof. Ana Maria Alexandra Stănescu/ Oleg Kravchenko 1. **Liga Kozlovska, Maija Kozlovska, Ainis Dzalbs, Gunta Ticmane** *Quo vadis, rural family medicine in Latvia?* 2. **Ainis Dzalbs, Liga Kozlovska, Gunta Ticmane** *Rural family medicine in Latvia: Challenges in its existence and development in the post-COVID era* 3. **Tamara Hynkova, Katerina Javorska, David Halata** *Pilot project "Become a general practitioner in the Hradec Králové region!"*	**OC5** **Moderators:** Assist. Prof. Dr. Constantin Kamal/ Dr. Veronika Rasic 1. **Mihai Iacob** *The value of the ultrasound screening done by family physicians with high-risk patients with known cardio-renal-metabolic disorders and correlations with KDIGO assessment of renal function in chronic kidney disease* 2. **Dragos Paul Hagiu, Matthieu Bouma, Sébastien Bruel** *The use of pulmonary ultrasound in primary care: An umbrella review of the literature* 3. **Rosario Falanga, Alberto Sommariva** *Aspirin effect on the incidence of cardiovascular events in patients with diabetes mellitus: An observational study in rural general practice*
16:00–16:30	Coffee break	
16:30–18:00	**Workshop 3** **Anca Lacatus, Cristina Barbu, Maria Lup, Adrian Grom** *Out-of-hours primary care in rural area: What it is and what we want it to be?*	**Workshop 4** **Ferdinando Petrazzuoli, Rosario Falanga, Gheorghe Gindrovel Dumitra, Joyce Kenkre, Joanne Robins, Anette Fosse** *Rural education for clinicians: Early exposure of future physicians and nurses to rural practice.*
18:00–19:00	EURIPA Annual General Meeting to be followed by a presentation: The Rural Pact – Patricia Martínez Sáez, Rural Pact Support Office, DG Agri, EU Commission. Everyone welcome	
19:30	Rural Dinner (booking required)	

SATURDAY 21/10/2023

Hours	Main room	Small Room
9:30–11:00	**Workshop 5**	**Workshop 6**
	Mihai Iacob *Evidence of POCUS applications in primary healthcare at the European level and a prospective POCUS study in patients with acute abdominal pelvic pain in family medicine practice*	**Veronika Rasic, Roxana Surugiu, Guillem Olivert Lazaro, Tina Dusek, Trish Gray, Anette Fosse, Brian Norton** *Nurturing the future rural health workforce: Strategies to train and retain clinicians in Europe.*
11:00–11:30	Coffee break	
11:30–12:30	Berit Hansen award oral communication (young physician) Award for best oral communication Best poster presentation Messages to take home	
12:30–13:00	Closing ceremony	
	Presentation of the 13 EURIPA Forum 20–22 June 2024 University of Lincoln, Lincoln, UK, by Helene Markham-Jones	
14:00–	Afternoon and evening: Tour to: Salt mine Ocnele Mari; Horezu city; including dinner	

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Aspirin effect on the incidence of cardiovascular events in patients with diabetes mellitus: An observational study in rural general practice

Rosario Falanga, Alberto Sommariva

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Abstract

Background. In the past, the axiom was adduced that a patient with diabetes mellitus could be assimilated to a patient who had a cardiovascular event. Lately, this paradigm has changed owing to early management and treatment with new drugs. Not all individuals with diabetes mellitus can be classified at the same level of cardiovascular risk. In the literature, aspirin is not globally recommended as a form of primary prevention in diabetic patients. The possible benefits are counterbalanced by an excess risk of bleeding, both gastrointestinal and intracranial.

Objectives. To evaluate the incidence of cardiovascular events, bleeding and mortality in a cohort of diabetic patients treated with and without aspirin.

Materials and methods. We conducted a prospective observational study, analyzing the medical records of a cohort of 193 diabetic patients(106 males, 87 females, average age: 76.3), assisted by a solo rural general practitioner (GP). A group of 116 patients (average age: 78.6) on aspirin therapy and a group of 77 patients (average age: 74) without aspirin, were followed up for 3 years.

Results. In the first group, receiving aspirin, 7 (6%) cardiovascular events occurred (5 ischemic strokes and 2 myocardial infarctions), 16 (13.8%) bleeding complications, and 27 patients (23.2%) died from any cause. In the group without aspirin, 4 (5.2%) cardiovascular events occurred (2 ischemic strokes and 2 myocardial infarctions)and 7 patients (11%) died from any cause.

Conclusions. There were no significant differences in the cardiovascular events that occurred in the 2 groups. Bleeding complications occurred in the group treated with aspirin. Mortality is higher in the aspirin-treated group, although it is likely related to a cohort of older patients with a higher cardiovascular risk. The following limitations of the study were identified: small sample, elderly population, short follow-up, global cardiovascular risk not evaluated in the 2 groups. The prescription of aspirin in diabetic patients should be evaluated on a case-by-case basic, assessing the risks and benefits.

Key words: aspirin, cardiovascular events, primary prevention

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Proposed changes to enhance job satisfaction of Polish community nurses: A qualitative interview study

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None declared

Abstract

Background. Nurses have an important place in the healthcare system; indeed, they comprise the largest component of it. Therefore, high job satisfaction among nurses is of key importance, both for the healthcare system and for patients. Although there have been studies of job satisfaction among nurses, our understanding of this issue is still incomplete and requires more in-depth research, especially as the professional circle of nurses is changing, for example, as a result of the coronavirus disease 2019 (COVID-19) pandemic.

Objectives. Since nurses' job satisfaction is directly connected with satisfying the health and security needs of patients, it is necessary to learn the factors that contribute to it. The research question was: What changes do Polish community nurses propose to increase their job satisfaction?

Materials and methods. This study used a descriptive qualitative design. Telephone interviews (from November 2020 to May 2021) were conducted with 20 community nurses individually, using an interview guide. The study participants were professionally active community nurses in Podlaskie Province (Poland), varying in terms of age and work experience, and working in different primary healthcare settings (town and village).

Results. Participants were asked what they would like to change in their professional life to make it more satisfying. Three thematic categories and 6 subcategories were discerned in their answers: 1. working conditions (remuneration and staffing levels); 2. care for the patient (organization of work and patients' trust); and 3. functioning of the clinic (administrative activities and facility conditions).

Conclusions. Higher remuneration, sufficient staffing, more time to work with patients, greater freedom in organizing nurses' work, and limiting administrative duties seem to be especially important for raising the level of job satisfaction of community nurses. These aspects must be taken into consideration to obtain an efficient workforce in primary care.

Key words: primary care, community nurse, job satisfaction, qualitative study

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Evidence of POCUS applications in primary healthcare at the European level and a prospective POCUS study in patients with acute abdominal pelvic pain in family medicine practice

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None declared

Abstract

Justification. Point-of-care ultrasonography (POCUS) performed by the clinician is an important tool to guide and improve case management for early diagnosis and treatment. It represents an extension of the clinical examination to achieve an accurate positive or differential diagnosis.

Objectives. This study aimed to establish some POCUS applications for family doctors. All of these POCUS applications presented a typical ultrasound pattern and simple diagnostic criteria. We brainstormed and conducted an online survey regarding the use of POCUS applications in primary care. We designed a questionnaire and distributed it to family physicians from the WONCA Networks. Our objectives were: 1) Understanding the situation in different European countries; 2) Formulating strategies to motivate young family doctors to practice POCUS applications in rural areas; 3) Looking at the pull and push factors or the barriers and opportunities; 4) Identifying gaps in undergraduate and postgraduate education in clinical ultrasound; 5) Providing proposals.

Organization. Presentation research/survey. The workshop will include an interactive presentation and practical examples with ultrasound movies, role-plays and a short hands-on session; the participants will engage in debate lectures and practical demonstrations regarding selected applications of POCUS in family medicine. The participants will enter the ultrasound semiology data on various smart software and artificial intelligence (AI), that will be presented as a tool of support for doctors unqualified in POCUS. Some Smart Ultrasound Software has been designed in the form of a modern diagnostic algorithm. In this workshop, we will do a POCUS hands-on session, giving presentations of the standard plans and views for the topographical regions. Training and quality standards are needed to ensure that POCUS will be applied with positive benefits for our patients.

Participation. Interactive participation in plenary and small groups.

Expected outcomes. Ultrasonography should be a diagnosis tool, besides the stethoscope, in the general practitioner (GP)'s office. Early and accurate diagnosis could help improve patient management in primary care, based on notions of good clinical practice (GCP).

Key words: POCUS applications, POCUS curriculum, POCUS screening, POCUS survey, core POCUS curriculum, clinical ultrasonography

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Amplifying rural health: Insights from an interview-based podcast

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Abstract

Background. The Rural Road to Health podcast was launched in January 2023 to share rural health stories and experiences from around the world. In recent years, podcasting has emerged as a powerful medium for disseminating information and engaging with diverse audiences. The podcast aimed to amplify the voices of healthcare professionals, researchers and community members dedicated to addressing the unique challenges faced by rural populations.

Objectives. This case report presents the findings and insights gained through the creation and hosting of an interview-based podcast focused on rural health, rural health careers and rural communities. It aims to provide a deeper and more nuanced understanding of rural health contexts in different parts of the world.

Case report. During the first 9 months of the podcast there were 15 interviews which explored different topics related to the health and well-being of rural communities and the experience of working as a rural clinician. In addition to interviews, the podcast also presented a short episode that aimed to help listeners learn about rural health policy. By exploring the experiences and perspectives of individuals living and working in rural areas, we discovered the immense resilience, creativity and resourcefulness exhibited by rural communities in finding solutions to their unique health challenges.

Conclusions. The podcast illuminated the multifaceted nature of rural health, transcending the traditional urban–rural health divide. It highlighted the importance of holistic, community-oriented approaches and the need for tailored interventions that account for the unique sociocultural, geographic and economic factors influencing rural health outcomes. By sharing these insights, we aim to contribute to a deeper understanding of the complexities surrounding rural health and inspire further dialogue, research and action to improve health equity in rural populations. Our findings have implications for policymakers, healthcare providers, researchers, and community leaders invested in addressing rural health disparities and building sustainable, inclusive healthcare systems.

Key words: rural health, rural communities, rural health careers, podcast, advocacy, rural health policy, health communication, rural innovation

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The value of the ultrasound screening performed by family physicians on high-risk patients with known cardio-renal-metabolic disorders and correlations with KDIGO assessment of renal function in chronic kidney disease

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Abstract

Background. Chronic kidney disease (CKD) is defined after Kidney Disease: Improving Global Outcomes (KDIGO) guidelines as abnormalities of kidney structure or function, present for more than 3 months, with health implications. Chronic kidney disease is classified based on cause, estimated glomerular filtration rate (eGFR) category, and albumin-to-creatinine ratio (ACR). Diabetic nephropathy was the leading cause of CKD, followed by high blood pressure (BP) and cardiovascular disease (CVD), characterized in late stages by persistent or slight decreases in parenchyma and kidney sizes.

Objectives. We aimed to analyze the correlations of renal tissue stiffness (strain elastography), Doppler ultrasound (US) parameters, and US morphometry (volume, axis ratio) , with clinical-biochemical indicators.

Materials and methods. We performed an US screening on 2040 patients with DM, CVD and BP. Patients were followed up with multimodal kidney ultrasonography screening and laboratory assays twice a year. Renal parenchyma thickness, length (volume), kidney stiffness (elastography/strain ratio (SR)), Doppler parameters (resistive index (RI)), and eGFR/ACR, were analyzed using Pearson correlation and receiver operating characteristic (ROC) curve analysis to assess the kidney function. KDIGO stages were the gold standard for our statistical analysis.

Results. Ultrasound screening, with an accuracy of 88%, showed that renal elasticity (SR) worsened progressively from CKD stage 3 to 5 ($p < 0.001$). The renal stiffness, measured by strain elastography, correlated well with ACR and rapid renal deterioration in patients with CKD. A significant correlation was found between eGFR and both: SR ($r = 0.8013$, $p < 0.0001$) with parenchyma thickness ($r = 0.7667$, $p < 0.0001$) and degree of kidney dysfunction. The decrease of the renal volume below 100 mL and the renal parenchyma index below 18 mm were found in the first stages of CKD. In advanced stages of CKD, the renal volume fell below 80 mL and the renal parenchyma index dropped below 12 mm. The standard value (Doppler US) for CKD is $RI = 0.5–0.7$ and $RI > 0.7$. The ROC statistical analysis of US methods confirmed a higher level of diagnostic accuracy of SR ($p < 0.001$, area under the ROC curve (AUC) = 0.815, 95% confidence interval (95%CI): 0.790–0.838), and the highest AUC (0.88) with all multimodal US support.

Conclusions. Our multimodal US screening suggests that ultrasonographic parenchyma thickness measurements besides the renal stiffness (SR) measured by elastography, and increasing RI (Doppler US) can be some essential imaging techniques for the follow-up care of CKD patients and could predict renal function deterioration.

Key words: CKD diagnosis, kidney ultrasound screening, kidney ultrasonography, kidney elastography, multimodal-US, kidney US-morphometry

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Nurturing the future rural health workforce: Strategies to train and retain clinicians in Europe

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Abstract

Justification. In Europe, the shortage of healthcare professionals in rural areas has emerged as a critical challenge, impacting the delivery of quality healthcare services to rural populations. To address this issue, it is crucial to inspire and engage students and young clinicians to consider rural health as a rewarding and fulfilling career choice. This workshop aims to provide a platform for sharing successful strategies and best practices to enhance student and young clinician engagement in rural health and ignite their passion for practicing in rural areas across Europe.

Objectives. 1. Share innovative approaches and effective interventions that have successfully engaged students and young clinicians in rural health. 2. Identify strategies to inspire and motivate students and young clinicians to pursue careers in rural areas, considering the unique advantages and opportunities presented in such settings. 3. Discuss the role of mentorship, career guidance and supportive networks in nurturing and sustaining the interest in rural health. 4. Explore the potential of interprofessional education and collaboration to foster a multidisciplinary approach in rural healthcare delivery.

Organization. The workshop will comprise presentations of case studies, followed by discussion in smaller groups with participants. Participants will have the opportunity to explore various successful models, strategies and interventions, gaining practical insights and ideas for implementation in their respective contexts.

Participation. This workshop is designed for healthcare educators, rural health practitioners, policymakers, students, and young clinicians interested in rural health.

Expected outcomes. 1. Knowledge of effective strategies and interventions that have successfully engaged students and young clinicians in rural health. 2. Identification of innovative approaches to inspire and motivate students and young clinicians to choose rural health careers. 3. Increased awareness of the role of mentorship, supportive networks and interprofessional collaboration in nurturing rural healthcare professionals. 4. Recommendations for incorporating rural health training and rotations within medical and healthcare education curricula.

Key words: rural health workforce, rural training, retention, rural health innovation, Europe

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The foreign general practitioner and his same-origin patient

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Abstract

Background. The National Council of the French Medical Association shows the increase in the number of doctors of foreign origin practicing in France. The foreign general practitioner established in the French society is sometimes called upon to take care of a foreign patient. The doctor must take into consideration the patient's origin, history, experience, and perception of the disease, and incorporate all these data into the care provided to ensure the quality of the doctor–patient relationship.

Objectives. The objective of this study is to explore the doctor–patient relationship between two individuals of the same foreign origin during a consultation. The study is based on testimonials from foreign general practitioners living in the Loire Region.

Materials and methods. A qualitative study based on semi-structured individual interviews was conducted between June 2019 and June 2020 on a sample of 11 foreign general practitioners working in the Loire Region.

Results. The obstacles foreign practitioners have been through, while migrating and getting used to the French society, help them to understand the problems of their patients with the same origin. Thereby, both the practitioner and the patient have a path in common. Their relationship becomes privileged, as practitioners develop a favorable treatment with their patients. These privileges, a result of foreign practitioners' deep understanding, push them in search of equity to try to restore the balance. Then, the concepts of vertical and horizontal equity come into play. However, this relationship can be double-edged, as some patients call for favors. Thus, practitioners develop some defense mechanisms to avoid this type of behavior.

Conclusions. The attitudes that may be adopted by foreign practitioners, such as the privileges, the search of equity or the double-edged relationship, are only experiments. This work shows an evolutionary process in which foreign practitioners try to find the right distance between their same-origin patients and themselves.

Key words: general medicine, doctor–patient relationship, foreign general practitioner, foreign patient

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The use of pulmonary ultrasound in primary care: An umbrella review of the literature

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Abstract

Background. Pulmonary ultrasound is a tool for rapid bedside diagnosis of multiple pathologies and could be an aid to patient management in primary care.

Objectives. Nonetheless, its potential impact in general practice is less known, thus, the aim of this study is to assess the value of pulmonary ultrasound in primary care.

Materials and methods. An umbrella review of literature was conducted with a bibliographic search of the MEDLINE database to obtain all publications from 2000 to 2021 related to the use of lung ultrasound in literature reviews. The standards for umbrella reviews described by the Joanna Briggs Institute (JBI) were followed to assess the quality of literature reviews as well as compliance with article selection models such as PRISMA and QUADAS-2.

Results. A database search identified 920 citations. A selection of the articles, conducted with the use of the Rayyan tool and following the inclusion criteria, allowed for the analysis of 12 literature reviews that include a total of 102 articles dealing with pulmonary ultrasound in primary care. The use of lung ultrasound appears as a valuable tool, especially in the diagnosis of frequent pathologies such as pneumonia, coronavirus disease 2019 (COVID-19), pneumothorax, and acute lung edema. This literature review highlighted the sensitivity and specificity of lung ultrasound in several indications encountered in primary care.

Conclusions. The limited risks and the ease of use of pulmonary ultrasound make it a possible tool of choice for early bedside diagnosis of frequent pulmonary pathologies by the primary care professional.

Key words: ultrasound, primary care, point of care ultrasound

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Great event with the greatest results

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Abstract

Background. May 19 is the International Day of Family Doctors. Our professional society, SSVPL, is organizing an event called "Krokovačka" on this day. The idea of the "Krokovačka" was born in 2019 at the 24th European WONCA Conference in Bratislava, where SSVPL hosted more than 2300 doctors from all over the world. The event was led by our Olympic gold medalist, Matej Tóth. This event is usually organized in Bratislava, but this year the representatives of the municipality of Terňa, my patients, and other volunteers were also involved.

Objectives. "Krokovačka" is an event that not only promotes a healthy lifestyle but is also a tool to improve and enhance the doctor–patient relationship, in order to build a patients' trust in their doctor.

Case report. 1. Improving the doctor–patient relationship. 2. Escaping the comfort zone for a healthy lifestyle. 3. The event was attended by representatives of the village: the mayor, the parish priest, the school principal, and the oldest citizen of the village who is 92 years old. 4. Low-cost event with amazing results. 5. Preparation for the event took 9 working days. 6. Everyone contributed something – voluntarily and with enthusiasm. 7. Nordic walking demonstrations were also part of the event. 8. The event was featured on the news on TV Markiza.

Conclusions. The doctor does not only treat diseases, but also the overall well-being of patients. Therefore, such an event has the potential to have huge benefits in the future.

Key words: World Family Doctor Day, general practitioner, patient, Krokovačka, event, relationship

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Quo vadis, rural family medicine in Latvia?

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Abstract

Background. A critical situation in primary healthcare (PHC) has developed in Latvia due to long-term insufficient state funding and lack of human resources lessening the access to PHC and secretly promoting the transition to paid medicine at all healthcare levels. Due to the situation, patients are dissatisfied and doctors are overworked and underpaid. In PHC, more than 30% of general practitioners (GPs) are already at retirement age and 70% are over 50 years old.

Objectives. What is the funding influence on the rural family doctors' work in Latvia?

Materials and methods. We analyzed the available legislative acts of the Parliament, the Cabinet of Ministers, and the Ministry of Health as well as statistics from the National Health Service (NHS) – the epidemiological study.

Results. Despite the fact that more than 70% of patients receive help from a GP, only about 7% of funding is allocated to PHC, which is not enough to provide timely service to its patients. The scope of the imposed duties cannot be carried out with sufficient quality without additional employees and funding, therefore, the ability to provide adequate access to healthcare services to patients is threatened. Many elderly GPs are considering terminating their contracts with the NHS and retiring, but young GPs do not want to work outside the country's capital. This creates a threat that in the next 5 years, more than 1/4 of patients may be left without their GP, which is reflected by the decrease in the number of applications for new doctors in PHC in 2023, which is 50% less than in 2022.

Conclusions. Possible solutions to improve the situation: Changing the attitude of the state and policymakers towards healthcare; increasing funding for PHC and doctors' salaries with an increased coefficient for work in rural areas; and improvement of educational programs.

Key words: rural GPs, funding influence

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Rural family medicine in Latvia: Challenges in its existence and development in the post-COVID era

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Abstract

Background. Primary health care (PHC) in Latvia played a significant role in delivering a wide range of healthcare services during the coronavirus 2019 (COVID-19) pandemic, including prevention and management of COVID-19 patients, and simultaneously continuing to deliver "traditional" healthcare services. For years, PHC in Latvia has been struggling with funds, unmet healthcare needs, increasing workload, staff shortage, and insufficient maintenance expenses, which worsened during the COVID-19 pandemic. The situation got completely unmanageable in 2023, due to ignoring the needs of PHC.

Objectives. Due to the growing frustration with PHC, we decided to study the attitude of general practitioners (GPs) towards work conditions, as well as the main challenges in delivering care in rural areas, and the urgent needs in the post-COVID era. We wanted to explore potential solutions to improve the working environment and increase professional satisfaction.

Materials and methods. An electronic survey of 760 GPs was conducted throughout January 2023.

Results. We received 259 responses throughout the country. As a result of the desperate situation, due to underfunding of PHC, around 50% of GPs in rural areas of Latvia were considering the option to terminate the cooperation with the NHS, and the greater majority were not able to provide healthcare services at existing demand. The main challenges of continuing to provide qualitative and accessible services were lack of funds for practice maintenance, extreme workload, burnout, unsupportive government attitude, and the need to dismiss the practice team members who were not funded after the pandemic. The potential solutions were establishing a rural incentive coefficient, additional personnel and maintenance funding, and the option of replacing physicians.

Conclusions. The situation described above will cause the deterioration of public health outcomes in the country, a decrease in reimbursed healthcare services, and an increase of out-of-pocket payments by the patient, causing the negative impact of reduction of screening and vaccination services and the inability of PHC to provide timely services at a full range and capacity.

Key words: family medicine, rural, accessibility, development

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Out-of-hours primary care in rural area: What it is and what we want it to be?

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Abstract

Justification. This workshop will give participants the opportunity to compare different models of out-of-hours (OOH) organization in rural areas of Europe and to imagine ways of improving their country's model. Out-of-hours services usually care for medical conditions that can be managed outside the hospitals by the family doctor (FD)/general practitioner (GP) and operate on weekdays when GPs' offices are closed, as well as on weekends and holidays. A growing aging population with numerous chronic conditions and a high number of medically non-urgent presentations in emergency departments forces us to find the best solutions to be able to improve the interactions between patients and the system, particularly in rural areas. Is there an ideal model in terms of patient accessibility and quality of services offered?

Objectives. We aim to establish, together with the participants of this workshop, the core recommendations for equitable and efficient OOH services.

Organization. The workshop will have the format of a highly interactive session. After a brief presentation about general concepts and the different European models of out-of-hours primary care (OOH-PC) services, we will start working in small groups where we will be brainstorming the positive and negative aspects of the main characteristics of OOH centers in different models. Then we will return to the large group format. The results will be presented, and we will score the statements. Finally, we will use the results to define some core recommendations for a rural area OOH center.

Participation. Healthcare practitioners who are actively working in OOH rural services and those who are interested in the development of these services are invited to participate in this workshop.

Expected outcomes. The stated recommendations can be a starting point for discussions on the development and improvement of the organization of OOH rural centers in terms of patient access to primary care medical services.

Key words: primary healthcare, after-hours care, rural area, organizational models

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Tuberculosis (TBC) manifested by abdominal pain

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Abstract

Background. Tuberculosis (TBC) is caused by a bacterium called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs, but TBC bacteria can attack any part of the body such as the kidney, spine and brain. If not treated properly, TBC disease can be fatal.

Objectives. The aim of my poster is to draw attention to the occurrence, prevention, early detection, and treatment of TBC.

Case report. I am presenting a patient – a young male from our clinic who had an atypical onset of TBC and presented with abdominal pain from abdominal lymphadenomegaly. Due to early detection, the patient was referred to a specialized pulmonary clinic, and treated for almost a year.

Conclusions. Without treatment, latent TBC infection can progress to TBC disease. If not treated properly, TBC disease can be fatal. Directly observed therapy (DOT) helps people with TBC to complete their treatment.

Key words: tuberculosis (TBC), TBC abdominal pain, TBC occurrence

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OOH-PC in rural and urban contexts in Romania: Identifying differences, customizing policy

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Abstract

Background. In Romania, the shortage of family physicians has reached alarming levels, being accompanied by a rapid increase in the share of those close to retirement, as well as an uneven territorial distribution. The situation is even worse among family physicians who also provide out-of-hours (OOH) care. Despite a rather constant total number of out-of-hours primary care (OOH-PC) providers in the past decade, there is a variation in the number of these facilities in the 42 counties across Romania: from 0 to 32, with over two thirds being located in rural areas.

Objectives. Considering existing knowledge gaps on OOH care in the Romanian context, we set to map the OOH-PC network in Romania and to identify existing challenges to the organization and delivery of OOH care from the perspective of health professionals.

Materials and methods. Combining qualitative and quantitative methods, the study provides an exploratory diagnosis of the current challenges to the delivery of OOH-PC in Romania.

Results. Semi-structured interviews brought to the foreground working conditions during OOH as a central challenge in the provision of care: lower payments, increasing workload, tangled organizational models, insufficient coordination and integration of OOH-PC within the health system, together with unclear and non-compulsory legal provisions for local authorities to support such medical facilities. The quantitative survey brought to the forefront significant differences in the delivery of OOH care between urban and rural facilities, related to workload, level and drivers of job satisfaction, and perceptions on main challenges to these health services.

Conclusions. Improving working conditions to recruit and retain health professionals, combined with clearer measures to coordinate and integrate OOH-PC with different levels of care are timely for the population's equitable access. In addition, tackling existing challenges needs to acknowledge the differences between rural and urban OOH-PC, their raison d'être in the communities where they operate, as well as their needs to improve accessibility, coverage, safety, and quality.

Key words: family medicine, rural medicine, out-of-hours primary care

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Rural education for clinicians: Early exposure of future physicians and nurses to rural practice

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None declared

Abstract

Justification. Approximately 29% of the population in Europe live in rural communities and have diverse and unique health needs (Eurostat 2020). Consequently, rural primary healthcare teams are essential to provide accessible, comprehensive and community-oriented healthcare. General practitioners and nurses are key in the provision of primary healthcare globally. Unfortunately, according to the World Health Organisation (WHO), there are insufficient numbers of properly trained health workers, which represents a persistent challenge in rural areas. This shortage of practitioners contributes significantly to poor health outcomes in rural communities. EURIPA believes that the rural context must be included in all levels of training from school leavers, undergraduate through postgraduate education and CPD, to ensure a comprehensive rural career pathway across professions. Rural career pathways need to be developed to ensure that the rural students of today become the clinicians, teachers and leaders of tomorrow.

Objectives. 1. Learn about rural medical and nursing education across Europe. 2. Identify gaps in undergraduate and postgraduate education. 3. Looking at the push factors or the barriers and chances. 4. Strategies to motivate young family doctors to work in rural areas. 5. The actions needed to improve the situation. 6. Develop a register of good practice.

Organization. Brief presentations by the workshop leaders will highlight the current situation regarding the educational interventions to ensure provision of doctors and nurses in rural areas. Then, the audience will be divided in small groups, each of them guided by a moderator. At the end, the outcomes will be summarized in a plenary session.

Participation. Healthcare practitioners in practice and/or from universities involved in the education of doctors and nurses. Estimated number of participants: maximum 40.

Expected outcomes. This seminar aims to discover more about how to mitigate the medical desert phenomenon in rural areas.

Key words: rural workforce, rural education, early rural medical exposure

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Emergency approach in rural areas

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Abstract

Background. Assistance of medical personnel specialized in emergency medicine has always been an impediment in the rural environment.

Objectives. We want to highlight the role of family doctor in assisting medical-surgical emergencies as well as best practice.

Materials and methods. We carried out a scoping review regarding the situation of providing medical-surgical assistance in rural areas in Romania.

Results. Family doctors in Romania provide care in medical-surgical emergencies within the ambulance services, the independently organized family medicine offices during the program hours, and in the out of hours centers after the program hours. There are about 42 ambulance services, 9600 medicine offices and 300 out of hour centers. Within these health units, services are provided for emergencies from code green to code red. In the rural environment, being the only provider of medical services in medical-surgical emergencies often means that remote medical assistance is needed. Over the past decade, the use of telemedicine has grown in its potential along with the practice to increase the access to quality healthcare in rural and underserved communities. Telemedicine allows rural providers to maintain their knowledge base and skills and improves the rural populations' access to needed but difficult to recruit specialists, which can be life-saving in the rare/high-risk scenarios when the full-time recruitment of a particular specialist for an area would cost too much. It is assumed that this technology will continue to grow with the development of the healthcare system.

Conclusions. Rural emergency medicine is an important component of the healthcare framework for rural people. Emergency medicine workforce challenges are significant in some rural areas, and continued collaboration with primary specialties is essential in finding both short-term and long-term solutions. Telemedicine shows great promise in bringing more specialized care to the bedside than might ordinarily be possible in rural areas.

Key words: emergency medicine, general practitioner, rural medicine, telemedicine

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Exploring a career as a general practitioner: Understanding the why

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Abstract

Justification. The decision to pursue a career as a general practitioner (GP) holds substantial importance, as it has profound implications for healthcare systems and patient care. Gaining insight into the determinants that impact the choice of this profession among medical students and young residents is crucial in order to effectively handle the demands of the workforce and shape the trajectory of primary care.

Objectives. 1. Explore the motivations and factors influencing medical students and young residents in their decision to pursue a career in general practice. 2. Identify the challenges and opportunities associated with a career as a GP. 3. Facilitate open discussions to share experiences and insights on the role of GPs in modern healthcare and the potential impact on patient well-being throughout Europe.

Organization. The workshop will begin by examining the factors that influence medical students and young residents in their decision to pursue a career in general practice, identifying obstacles and benefits faced by GPs. Subsequently, the participants will partake in interactive dialogues aimed at sharing personal experiences, exchanging diverse perspectives, and collectively comprehending the importance of GPs.

Participation. This workshop is tailored for medical students and young residents who are contemplating or have an interest in pursuing a career in general practice. The aim is to create a supportive environment for participants to voice their thoughts, fostering an insightful dialogue about the importance of GPs in healthcare.

Expected outcomes. 1. Participants will gain insights into the reasons behind choosing general practice as a career. 2. Through shared experiences and open discussions, participants will be better equipped to make informed career choices and understand the potential challenges and rewards of being a GP. 3. Inspire participants to explore the potential impact of becoming a GP on patient well-being, encouraging them to envision their role in shaping the future of primary care.

Key words: general practice, career choice, medical students, young residents

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The usage of e-prescription in the Polish healthcare system

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Abstract

Background. The main product of e-Health in Poland is the P1 system. The P1 system is an information platform that constitutes the core of the entire health system in Poland. It is created by digital services: e-prescription, e-referral, EDM, Internet Patient Account application, my IKP application, office.gov.pl, and other solutions streamlining the processes of planning and implementing healthcare services. They support the daily work of medical organizations, medical employees and public administration responsible for the functioning of the healthcare sector in Poland. In turn, they provide patients with digital tools that support and facilitate health management.

Objectives. The aim of the study is to present a short description of e-prescription implementation and show the usage of this tool in urban and rural areas by nurses and doctors.

Materials and methods. Methodology contains the description of statistical data provided by the e-Health Centre.

Results. Advantages of e-prescribing are as follows: time saving and less bureaucracy for doctors, better communication, and facilitating the treatment processes that influence better patient treatment, control of the treatment process.

Conclusions. Despite many obstacles that occurred at the beginning of the implementation of e-prescribing, this alternative has become more and more popular. Its usage can save time for doctors which can be spent on better patient care.

Key words: digitalization, e-tools in healthcare, e-prescribing

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How can nature improve health and well-being?

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Conflict of interest
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Abstract

Justification. The WONCA Europe Special Interest Group on Social Prescribing and Community Orientation is interested in how connecting people to non-clinical initiatives in the community can improve health and well-being. Through workshops and research, it encourages healthcare professionals to explore the concept within their own national, local and practice context. In rural areas there is nature and farms, providing opportunities for nature- or agriculture-based social activities. Green social prescribing, or green care, concerns linking patients to these activities to improve biopsychosocial wellbeing. A recent meta-analysis highlighted the benefits to mental and physical health for adults, some lasting for 8–12 weeks. Green care affiliates with planetary health. It has potential to reduce emissions related to healthcare delivery by reducing healthcare consumption, travel and stimulating an appreciation for nature and the environment.

Objectives. To develop an understanding of green social prescribing and community orientation and its affiliation with planetary health. To share experiences and discuss potential green care initiatives. To find inspiration to explore how green social prescribing can be further developed in participants' own healthcare contexts.

Organization. After a short introduction the participants will explore how they feel the green space they live in contributes to keeping themselves well and healthy and the potential to do the same for patients. This awareness will form the basis for small group discussions on existing or potential green care initiatives in their own rural localities.

Participation. This workshop is for rural healthcare practitioners/students and policymakers. Active participation is encouraged.

Expected outcomes. The participants will develop an understanding of green social prescribing and community orientation and will find motivation to bring their insights to their own healthcare context. The findings of the workshop will be added to a growing evidence base of why and how social prescribing in general practice can develop, in this case specifically in rural areas.

Key words: general practice, social prescribing, community referral, green care, rural healthcare

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HPV vaccination in Romania: Situation analysis based on the review of current data

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Abstract

Background. Romania as one of the first countries started its first campaign of immunization for human papillomavirus (HPV) in 2008. The start was a failure, with only 2% of the target group being vaccinated, and the campaign was terminated. In 2020, in the inopportune moment of the coronavirus 2019 (COVID-19) pandemic, the Ministry of Health has resumed the HPV campaign.

Objectives. To assess the current situation, the rate of immunization as well as explore the causes of vaccine reluctance. To evaluate the work of the Ministry of Health, local authorities, family doctors, and nurses responsible for implementing the immunization campaign.

Materials and methods. We performed a review of data published by the Ministry of Health, corroborated with an analysis of implementing the legal measures solicited by the Ministry of Health and the impact on vaccination rate, public response and family doctors' burden.

Results. Up until now, around 100,000 girls between the age of 11 and 18 are vaccinated(approx. 27%). The goal of vaccinating 90% of all adolescent girls by 2030 and organizing screening programs to include 70% of women of all ages proposed by the World Health Organisation (WHO)does not seem to be reachable with current measures.

Conclusions. The methods used to inform parents and public opinion about the necessity of HPV immunization need to be improved. We have a set of recommendations of measures that must be promptly implemented. A successful HPV campaign will lead to a substantial increment in all vaccination rates in Romania.

Key words: HPV vaccine, public health, family doctor, Romania

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Establishment of Medical and Nursing School of OUC

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Abstract

Background. The Holy Orthodox Archdiocese of Kinshasa (HOAK) has a license to operate a Theological and Informatics School as well as School of Medicine and Agriculture.

Objectives. The training of health professionals in order to be able to provide primary health care (PHC) services to the HOAK communities at the medical and nursing school of the Orthodox University of Congo (OUC).

Materials and methods. A literature review was carried out on the existence of similar educational structures in areas such as the Kinshasa region.

Results. The article entitled "Nurse practitioners and physician assistants in primary care: An update of changes since 2008" was retrieved. This article refers to the practice of medicine in remote areas of the USA that lack adequate medical personnel, similar to the area of Kinshasa, and concludes as follows: "Both the nurse practitioner (NP) and physical assistant (PA) will continue to bridge the gap of medical needs in a team approach with their physicians' counterparts in order to make care available to their patients."

Conclusions. If NPs and PAs meet medical needs in the USA in areas with the shortage of the adequate healthcare workers, their work may also bridge the gap in an African country like Congo, with a limited number of medical personnel available. The article refers to a similar experience in the UK. Therefore, in the first phase, the curriculum of a 2-year Greek nursing educational institution can be used. A hybrid teaching model can be implemented, as adopted at the Theological University of OUC, by teachers in Greece or elsewhere. The internship will take place at the Health Center of Kinshasa that is currently being established.

Key words: education, primary health care, remote areas

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A meningococcus case in the island of Grado, Gorizia, Friuli-Venezia-Giulia, Italy

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Abstract

Background. Meningococcal infection is a leading cause of sepsis, meningitis and death worldwide. Vaccination programs reduce the burden of disease, but a significant number of patients are still infected by meningococcus each year and misdiagnosis is a serious issue.

Objectives. To underline the critical role of the Italian out-of-hours primary care (Continuità Assistenziale, CA) in the island of Grado in discovering a case of *Neisseria meningitidis*.

Case report. On a night shift, a healthy 18-year-old woman called with a history of onset of fever for 1 week, myalgia and widespread exacerbation of a rash. Based on the clinical history, it was decided to make a home visit. Neurological and physical examinations were negative, but on the basis of a purpura rash evidence and the suspicious history, she was referred to the nearest emergency room to take blood samples for white blood count (WBC), C-reactive protein (CRP) and blood cultures (BC). The results were: WBC: 24,980/μL and CRP: 337.5 mg/L with a negative lumbar puncture. Empiric antibiotic treatment was started while waiting for the BC results. Three days later, Meningococcal (B-group) sepsis was diagnosed by the Microbiology team. The treatment was changed to 2 g of Ceftriaxone every 12 h, and prophylaxis was started for close contacts and the CA medical doctor who had first examined the patient. She was discharged 10 days after admission.

Conclusions. The CA and primary care (PC) services are the first point of care, especially in rural areas. The presented case underlines the critical role of identifying meningococcal infection in a patient who presented with non-neurological symptoms in CA. It is important that medical training includes the recognition of all acute diseases, communicable or not. It is also necessary that for each contact, even by telephone, a targeted anamnesis is carried out and that a medical examination is always performed, to decide the opportunity of a prompt hospital referral.

Key words: primary care, out-of-hours, public health, meningococcal disease, sepsis, emergency

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Participation of future medical personnel in primary care in building public trust in vaccinations

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Background. Prevention through vaccinations in the group of healthcare professionals provides protection not only to this particular group, but also to their environment, including their patients. The research results show that vaccine promotion is most important in primary care. Students of the senior years of medical faculties are persons who will become healthcare professionals in the near future and will be soon responsible for taking care for a patients.

Objectives. The aim of the study was to analyze the attitudes of future medical personnel towards flu and COVID-19 vaccinations, analyze factors that influence the attitudes, and assess their knowledge on and awareness of safety, effectiveness and necessity of vaccinations.

Materials and methods. The research tool was a self-made questionnaire. The study was conducted in the group of students of the Medical University of Warsaw, majoring in medicine, nursing, midwifery, and emergency medicine.

Results. It has been shown that the vast majority of those surveyed were convinced of the importance and effectiveness of preventive vaccinations. The study also proves that proper education about vaccinations can increase the number of healthcare professionals who decide to undergo mandatory and recommended vaccinations. Persons who have the knowledge about vaccinations and their health and social benefits are more likely to decide to get vaccinated. The study also showed that the knowledge gained during medical studies is the basis for building awareness of future medical staff in the field of preventive vaccinations.

Conclusions. Younger future doctors are more confident in vaccines and recommend them for patients more frequently. It is essential to improve institutional and educational communication addressed to young doctors to enhance their role as vaccination (both flue and COVID-19) facilitators. The results obtained in this study may be used to make a suggestion for medical universities and medical self-governing bodies.

Key words: vaccinations, medical staff, health occupations students, health education

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Effectiveness of medicine reviews introduced in coordination with primary healthcare

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Abstract

Background. Pharmacist services have the potential to lower medical costs and improve patients' clinical outcomes. They are also more accessible to Polish patients in comparison to other healthcare professionals. Therefore, they can support patients in rural areas in accessing quality care. Pharmacists in Poland have received rights to provide additional services to patients in 2021, but new services have not yet been implemented. National Pilot Program for medicine review service focused on identifying drug problems in patients identified in pharmacies with no access to patients' medical history.

Objectives. The aim of the planned research project is to analyze the effectiveness of medicine reviews for heart failure patients performed by pharmacists as part of coordinated care with primary healthcare providers. The effectiveness is understood by change in prescribing rates of guideline-directed medical therapy (GDMT) medication which positively impacts patients' clinical outcomes as well as changes in patients' outcomes (disease control, health-related quality of life, adherence).

Materials and methods. A randomized clinical trial will be conducted. The study will look to include at least 200 patients with heart failure who take 5 or more medications daily and have been enrolled in coordinated care. Patients will be randomized into a 1:1 intervention arm (receiving medicine review) and a control arm (receiving standard of care).

Results. The study will analyze the results in connection with the primary endpoint: prescribing rates of GDMT medications, and secondary endpoints: quality of life (as measured by Minnesota Living with Heart Failure Questionnaire (MLHFQ)), adherence (as measured by Morisky Medication Adherence Scale), all-cause hospitalization, and all-cause mortality. As part of exploratory endpoints, changes in pro B-type natriuretic peptide (proBNP) will be measured.

Conclusions. The research is looking to bridge the science gap in effectiveness assessment of medicine reviews delivered by pharmacists and improve access to healthcare for patients in rural areas by including pharmacists in primary healthcare (PHC) team.

Key words: pharmacist, medicine review, pharmaceutical care, coordinated care, guideline-directed medical therapy

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The role of coordinated care in shaping health-conscious lifestyle and attitude among patients

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Abstract

Background. Lifestyle reflects how individuals and societies act in the physical, psychological, social, and economic environment on a daily basis. According to the World Health Organization (WHO), lifestyle and health behaviors influence the quality of life as they are significant moderators of physical and mental health and can affect health up to 60%. A comprehensive lifestyle assessment is essential to identify unhealthy behaviors and prevent their consequences for health.

Objectives. The aim of the study was to analyze and assess the role of coordinated care in shaping health-conscious lifestyle and attitude among patients, as well as to analyze the possibility of shaping patient's attitude by medical staff through new solutions.

Case report. A healthcare model based on coordinated care should be focused on the patient, use preventive activities and respond to contemporary challenges in the health sector. An analysis of scientific and social sources as well as legal regulations leads to a conclusion that primary healthcare (PHC) in Poland can meet the needs of citizens in terms of accessibility management: it can solve basic emergency problems and manage diseases; stabilize patients with chronic diseases within PHC in cooperation with specialist outpatient care; and manage care, in particular implement preventive screenings, health education and early diagnosis of diseases.

Conclusions. In conclusion, the role of coordinated healthcare in shaping health-conscious lifestyle and attitude among patients is very important. In the long run, coordinated healthcare should bring about effects in the organization of care, including better integration, accessibility and efficiency of services, as well as, perhaps most importantly of all, a change in patients' attitude to health and improvement in the lifestyle of the whole society.

Key words: coordinated care, primary care, medical staff, lifestyle, healthy attitude, health promotion

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Preference of contraceptive methods in a rural community in Alentejo, Portugal

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Abstract

Background. As the health manager of a list of users, it is the role of the family doctor to accompany their female patients in the various stages of life in choosing the appropriate contraceptive method.

Objectives. The objective of this study is to understand what is the preference for contraceptive methods in a community located in a rural environment.

Materials and methods. An observational study was carried out. Data were collected using SClínico, and a subsequent statistical analysis was conducted using SPSS software.

Results. Twenty-seven female users eligible for Family Planning and aged between 19 and 50 years were included in the study. The average age of this group was 36 years. It was found that 19% of users do not use any contraceptive method. Of the 81% who use contraceptive methods, the one with the highest expression is combined hormonal oral contraceptives (71.4%). Only 4.8% of individuals use oral progestative. As for long-term methods, not dependent on the user, 9.5% used a subcutaneous progestin implant, while 4.8% preferred the intrauterine system with a progestative. Tubal ligation was the choice of 9.5% of users using contraceptive methods. As for the average age of the individuals who chose each of the methods, there is a tendency for the choice of long-term methods by more advanced age groups. The average age that resorted to tubal ligation is 45 years, the intrauterine system – 46 years, and subcutaneous implant, also 46 years. Younger users, with an average age of 36 years, prefer taking combined hormonal oral contraceptives.

Conclusions. Users' preference for different contraceptive methods in this rural community is similar to national preferences. Combined oral hormonal contraceptives have been preferred by women for several years. As a method that depends on its correct use, it is important to educate users about health literacy.

Key words: rural medicine, contraceptive methods, women's health

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Organizational aspects of anti-HPV vaccination compared to anti-SARS-CoV-2 vaccination in Poland affecting effectiveness

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Abstract

Background. Anti-severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccination program in Poland is easily accessible, offered for free for people of at least 5 years of age and funded by the government. Anti-human papillomavirus (HPV) vaccination is primarily targeted at adolescents before they become sexually active. In Poland, publicly funded HPV vaccination program is offered for free to adolescents aged 12–13 years, aiming to protect them against HPV infections that can lead to cervical cancer and other related diseases.

Objectives. Outlining the aspects that can be improved in the anti-HPV vaccination program based on the experience of the anti-SARS-CoV-2 vaccination program.

Materials and methods. Interviews with representatives of the primary health physician organization.

Results. Anti-SARS-CoV-2 vaccination program, in contrast to anti-HPV vaccination program, uses a mature IT system, e-registration integrated with primary health physician's office programs, various organizational forms of reaching patients, staff training on clinical and organizational merits, and a "population meter" of vaccination coverage of age groups. It is necessary to prepare an implementation and executive plan allowing for population coverage. We propose a plan containing the following stages of building effectiveness: opportunistic activity for volunteers, cooperation with the education sector, inclusion of the "healthy school" campaign, using each contact to vaccinate young people. It is worth considering extending the period of vaccination possibility for given age groups after the age of 14, and for the willing opportunistic group after the age of 9 according to the SmPC. Central and local support in the fight against disinformation about public health with the involvement of the greatest authorities of our international healthcare system as well as cooperation with all primary care physicians (cooperation of the medical self-government in reaching these physicians) are necessary.

Conclusions. Proper education and awareness campaigns can address misconceptions and encourage parents and caregivers to consent to the vaccination for their children.

Key words: anti-HPV, vaccination, effectiveness, prophylaxis, Poland

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Pilot project "Become a general practitioner in the Hradec Králové region!"

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Abstract

Background. The population is aging and so are its doctors. For a generational change in the specialty of general practice (GP), it is necessary to increase the number of medical school graduates who choose GP as their target specialty. The Society of General Medicine (SVL ČLS JEP) has set itself the goal of attracting at least 10% of graduates from each medical faculty in the Czech Republic to the specialty.

Objectives. To increase the representation of graduates of the Charles University Faculty of Medicine in Hradec Králové in the specialty of general practical medicine up to 10% of the total number of graduates per year. To increase the number of graduates who start their careers at KHK. To progress the project to the pan-national level in all 14 regions of the Czech Republic in year 2024. The grant proposal has been sent to the Ministry of Health in July 2023.

Materials and methods. The cycle of faculty seminars 2 x 1.5 h twice a week, for 4 weeks at the turn of 2022, 2023 and then allowing 15 students interested in GP a voluntary internship in general practitioners' offices in quality surgeries in all KHK districts. The project was supported by Hradec Králové Region with the amount of 380,000 Czech crowns (approx. 15,000 euros) in academic year 2022/23.

Results. A pilot project of the Hradec Králové Region, Rural Medicine Working Group of the Society of General Medicine, Charles University of the Faculty of Medicine in Hradec Králové and the Institute of Postgraduate Medical Studies in Prague shows a positive impact on increasing the number of medical school graduates who choose GP as their target field.

Conclusions. Early exposure to students of medical faculties in the VPL specialty has proven to be a way to increase motivation for GP.

Key words: GP, project, motivation, grant, Czech Republic, Hradec Králove region, Faculty of Medicine, Ministry of Health

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Microaggressions towards the LGBT population and lack of human rights, equity, and equality, resulting in LGBT domestic abuse in Latvia

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Abstract

Background. It is well known that equality and equity have a significant meaning in healthcare. In Latvia, there are no human rights for LGBT families. This case report looks at the problem through the frame of one LGBT person's experience and a lack of support and knowledge, resulting in domestic abuse and neglect of children.

Objectives. To evaluate the shortcomings in Latvian legislation through one LGBT patient's experience and perception of life in Latvia as an LGBT family member.

Case report. The 44-year-old female patient has lived in Latvia since birth. At the doctor's office, she presented with a disease history of a broken leg at 3 points of tibiae – the patient had refused to undergo an operation due to developed stigma towards medical care, feeling of exclusion; she presented with undiagnosed bronchial asthma, smoking, depression, low self-esteem, frequent suicidal thoughts, 5 attempts of suicide, insomnia. The patient is a police officer and social worker. In the anamnesis she has had 3 relationships with women and recognises herself as a lesbian. The patient faced discrimination at her workplace – was afraid to talk about her sexuality, had been humiliated by her colleagues at police station. All her relationships with women were highly toxic, as all partners abused her physically and emotionally; they also neglected and physically abused 5 children, raised by the patient for 15 years. The patient was forced to end all relationships, and had no rights to raise kids even though they had parent–children bonding – they got into the foster home, while having a non-biological LGBT family parent. Being discriminated against as an LGBT person, and with post-traumatic stress disorder, prevented the patient, and her children, from seeking and receiving support, even while being a police officer.

Conclusions. Microaggressions towards the LGBT population, discrimination and inequality in Latvia lead to elevated morbidity and higher risk of suicide attempts; new legislation is needed to protect children's and their non-biological parents' needs and health.

Key words: GP, LGBT domestic violence

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OOH and emergency care in European rural locations

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Abstract

Background. One of the most challenging areas of medical practice is out-of-hours (OOH) and emergency care (EC), especially in rural locations. We have been trying to identify the ways to locate and overcome these challenges.

Objectives. To specify and address the ways on how to conduct OOH and EC in rural locations of Europe and take forward the world of good medical practice (GMP).

Materials and methods. The original questionnaire was distributed among the general practitioners (GPs) of 10 European countries with the aim to collect 100 responses from each country. The results will be statistically analyzed and graphically presented to clarify the pitfalls and the goals.

Results. The results are being analyzed at the time of the abstract publication.

Conclusions. The conclusions will be presented at the Forum after the statistical analysis and graphic representations are finalized. This is an original study conducted under the auspices of EURIPA and WONCA Europe.

Key words: out-of-hours, emergency care, rural locations, Europe

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