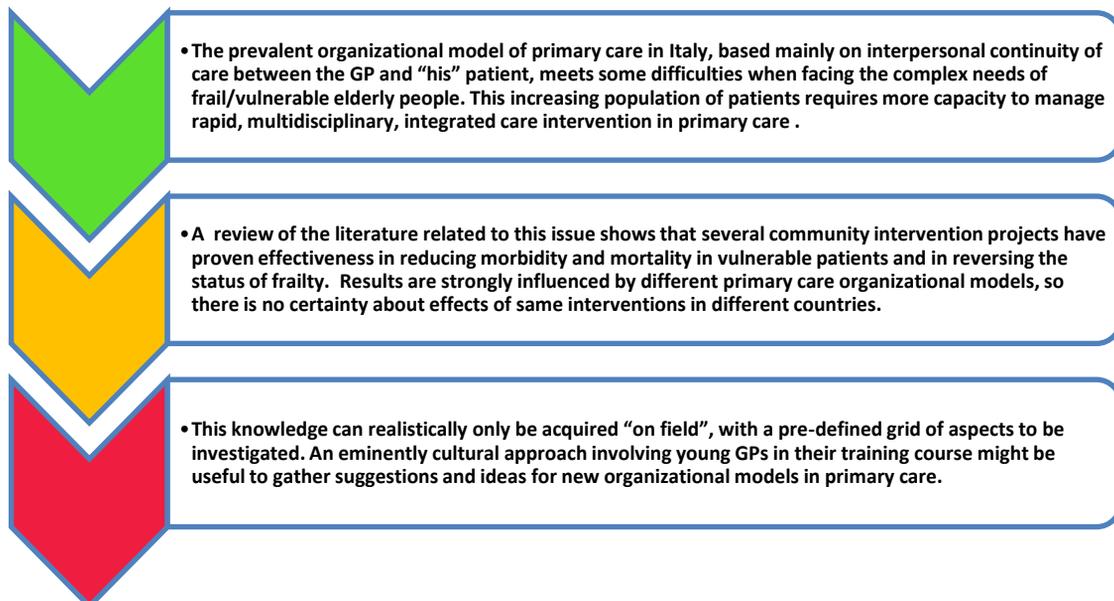


## “ ORGANIZATIONAL MODELS OF PRIMARY CARE IN EUROPE: A DIRECT OBSERVATION PROJECT”



### TOOLS.

- Evaluation tool for general data: it has been elaborated developing the WHO document “Primary care evaluation tool” (2010, modified) that identifies some key dimensions (access to services, continuity, coordination, comprehensiveness). Each dimension has been translated into information items or indicators (clinics for specific patient groups, longitudinal/interpersonal continuity of patient care, collaboration among family doctors and other primary care workers, disease management, etc.)
- Trace-disease questionnaire (adult onset diabetes): includes some items exploring key tasks and responsibilities of GPs, nurses, diabetologists in each phase of the typical course of diabetes (diagnosis, follow up, shift to insulin, complications, etc)

### THE PROJECT.

- It has been structured in 3 phases:
- 6 trainees from post graduate vocational training of Trento will be hosted for 2 weeks in one (or more) practices in 6 different European countries, as part of their educational program. During their period of stay the trainee collect information about the organizational aspects of the practice using the pre-defined tools.
- All the gathered data will be collectively discussed and systematically analyzed (through overview of the topics, giving direction and coherence to the information, etc), with particular focus on the organizational aspects of primary care for elderly frail patients.
- The project is currently underway. All the stages will be concluded within September 2012 .
- The key results of this experience will be presented in the seminar “Primary care in Europe: ideas for a change “ (1th december 2012)

### Preliminary suggestions.

“Too many GPs in our region still work as solo practice, and even when we work with others we are only get paid according to our own individual patient list size”.

“We are essentially driven by patient satisfaction but we don’t work to deadlines and targets”.

“We have very strong caring relationship with our patients but targets may serve to encourage a standard of excellence and a cost-effective practice”.

“Our system needs improvements to eradicate the vast variability of our practice”.

“There is a substantial need to improve quality of care developing the academic dimension of General Practice”.

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