CONCLUSIONS OF THE

EURIPA 2014 RURAL HEALTH FORUM WORKSHOPS:

Riga (Latvia), 26th-28th September 2014

WORKSHOP 1: **RURAL PROOFING FOR HEALTH**, by Jane Randall-Smith

In this practical workshop: we explained what Rural Proofing for Health is and why we should do it, we heard about one GPs local experience of tackling a rural problem in his country, we found out about the international project on Rural Proofing for Health being undertaken by the WONCA Working Party on Rural Practice (WWPRP). We explored 4 issues, which will contribute to the international project:

1 The unintended consequence of when rural impact is not considered. Three examples are: Rural doctors can only prescribe from fixed lists; Diagnostic tests in rural practices are very limited (both of these issues mean long journeys for patients and stress and inconvenience for patients); Lower uptake of screening programmes when delivered only in towns and cities as rural people have to travel much further

2 The good practice when rural is taken into account. Three examples are: France took rurality into account and has a good distribution of emergency departments; In Hungary there is 1 week in rural practice as part of the residency and there is a mentoring programme; In Israel nurses can prescribe.

3 Ideas of what a rural proofing tool might contain. Three examples are information on: Geographic and socio economic data; How to develop team working / integrated working; How to establish rural training schemes

4 The implementation of such a tool. Three suggestions are: Bringing rural practices together to strengthen their voice; Learning the language of the politicians; Making it obligatory for students and trainees to experience rural practice

WORKSHOP 2: **HOW TO USE SOCIAL MEDIA**, by Raquel Gomez-Bravo

Pros:

1. Potentiality
2. Keep you updated
3. Communication: A great way to be connected or in touch not only with your peers but also with patients...definitely a challenge!
4. Easy to use (it seems!)
5. Doctors are curious, interest...they are aware!

Cons:

1. There is a lack of TIME to use Social Media in your daily work and there is a concern that you are doing it in your free time and nobody will pay for it even if you are using it for improving the health of the population or improving the communication with your patients...this is called ROI (return of investment)
2. Trust / Not controlled resources: Fear of the amount of not controlled information
3. Digital Natives / Difficult patients: There is a new generation very used to use social media and the doctors don't feel well prepared to face it.
4. Connection / smartphones: Not everybody have a good internet connection in rural settings or not everybody have a smartphone so this is a major limitation to use it.
5. Resistance to something new without knowing very much about it (how to use it, benefits)

WORKSHOP 3: **POLICY MAKING: PRIMARY HEALTH ACTUALITIES IN EUROPEAN COUNTRIES**, by John Wynn-Jones, Christos Lionis and Liga Kozlovska

General impressions:

This workshop led on from this mornings keynote presentations
Useful presentations which described developments in SE Europe, Poland, Portugal and Latvia
All the presentations described change or a lack of change

Pros:

1. Things are changing and generally for the best although one country described a lack of improvement in their rural areas.
2. One size does not fit all. There are a number of possible models and some of the presentations offered options for change
3. Partnerships: Need to engage and form partnerships with politicians, local government, NGOs, policy makers, patients and voluntary organisations. Partnerships need to be built with other professions and across sectors to develop truly integrated care systems.
4. Evidence: Need to develop an evidence base and an academic infrastructure to inform future policy
5. Training and education are crucial to successful change

Cons:

1. Change: Constant change is debilitating and has an impact on the moral of those working in primary care, especially when promised outcomes are not met. Rarely does it seem that policy is evidence based
2. Poor, weak government and management: governments are often unresponsive, unwilling to listen, neither do they understand primary care.
3. Leadership: Poor self esteem among rural GPs who feel underpowered to drive change or show initiative. Family medicine has little credibility as policy makers only liaise with their more powerful 2ndry care colleagues.
4. FM/GP is not considered a speciality in Europe
5. Infrastructure: Health services, transport, local government and rural care services are not fit for purpose

WORKSHOP 4: **PRIORITISING ISSUES IN RURAL PRACTICE**, by Zsuzsanna Farkas-Pall, Benedinkt Hofbauer and Aigars Miezitis

Recommendations:

-When identifying priorities the health needs of the local communities has to be taken into account-needs based priorities. No universal rule for prioritising exists.
-the communities living environment including access to health services, economic circumstances, population health indicators are key elements for policy makers when priorities are defined.
-resources for identified priorities to be allocated to meet the needs of rural people, funds which are just opportunistically used will not achieve relevant outcomes
- Not sporadic rather systematic planning of resources are needed
-supporting models of care developed locally and proved to be efficient
-main priority: rural training and education to prepare health care workers for the complexity of the rural health care ,for every country or region

Pros:

1. needs based priorities
2. resource allocation according local needs
3. health workforce planning after setting priorities
4. use of local successful models
5. education and training has to be always a priority

Cons:

1. identifying priorities from without understanding real needs
2. opportunistic funding
3. no long term plans
4. requesting financial/logistic
5. support for not really well designed interventions/priorities
6. lack of health workforce

WORKSHOP 5: **COLLECTING AND USING EVIDENCE TO INFORM POLICY**, BY Janko Kersnik, Zalika Klemenc-Ketis and Sandra Gintere

Conclusions:

Decision-makers can be successfully informed by evidence from practice. To do this also for rural environment, we need to collect proper data and we need to collect it in a proper (scientific) way. For this we need enough human resources (academics are researches) with enough time to engage in such activities. We also need proper funding. The evidence from the rural settings should be delivered to the decision-makers in an attractive way which will enable the politicians to understand the meaning of needed actions. Professional and patient s associations should make themselves visible for their voice to be heard.

Pros:

1. To find/collect evidence to present them to decision makers (literature, QI projects, RCT, cohort studies, pilots)
2. Results of patient satisfaction should be delivered to decision makers
3. Participate in and use international networks, social networks and local meetings
4. Include universities, health national organizations and GP associations
5. Include arts (like theatre skills) to influence politicians

Cons:

1. Far from the centre of decision-making
2. Lack of better positions inside academic society
3. We speak different language than politicians
4. Lack of evidence due to time restrictions (GPs not able to collect data when working in practice)
5. Rural health association are not recognized by politicians

WORKSHOP 6: **STRUCTURE OF FAMILY CARE IN RURAL LOCATIONS – IS THERE A UNIVERSAL MODEL?**, by Oleg Kravtchenko, Loïc Masson and Maija Kozlovska

Pros

1. Small interprofessional groups with a manager
2. Cooperation with a local community/administration
3. Teamwork involving community members
4. Interprofessional communication/development
5. Possibility of personal life/vacations/courses;

Cons

1. Additional bureaucracy
2. Extra costs
3. Increased distance/decreased accessibility
4. Interpersonal relations in a group practice
5. Multi-model possibilities

WORKSHOP 7: **HOW CAN RURAL GPS INFLUENCE HEALTHCARE POLITICS?**, by Tanja Pekez-Pavlisko and David Halata

Pros

1. Better position of the General Practitioner
2. Possibility for better organization of family medicine
3. better satisfaction of patients
4. More involvement of patients
5. Better use of modern technology

Cons:

1. Not enough self-confidence
2. Lack of time
3. Not enough knowledge of leadership
4. Not enough knowledge of management
5. Fear of modern technology

WORKSHOP 8: **HEALTH-RELATED BEHAVIOURS AND QUALITY OF LIFE – RURAL VS URBAN PATIENTS**, by Jaume Banque and Gaida Berzina

Main conclusions:

-A multidisciplinary approach is needed for changing Health-Related Behaviours and Quality of life in our patients.

-There is no clear evidence about Rural-Urban differences in Health-Related Behaviours and Quality of life in patients.

-Poverty seems to be the key factor for differences Health-Related Behaviours and Quality of life.

-Against difficulties, we encourage rural doctors to carry on trying to change Health-Related Behaviours in patients to improve their health status and quality of life.

Pros:

1. GPs know more than other doctors about patients' preferences and choices. GPs play a key role in changing Health-Related Behaviours and Quality of life in patients.
2. There is an increasing interest in knowing and evaluating Health-Related Behaviours and Quality of life in patients.
3. It is known that communicational skills are fundamental for GPs.
4. e-Health could help to address differences in Rural-Urban Health-Related Behaviours and Quality of life.
5. Everyday increases the recognition about the importance of Social Determinants in health. Poverty is the main factor to change to improve Health-Related Behaviours and Quality of life in patients.

Cons:

1. There is a need to clarify "the real evidences" about what is the best way and efficient to change Health-Related Behaviours and Quality of life in our patients.
2. More training is needed for GOs to deal with complexity in patients.
3. We have to get used to work with other professionals form other sectors to address Health-Related Behaviours and Quality of life in our patients.
4. The global crisis is a key factor in Health-Related Behaviours and Quality of life in patients.

WORKSHOP 9: **TRAINING IN RURAL MEDICINE: GRADUATES AND UNDERGRATES. WHAT POLITICAL AND ACADEMIC ACTIONS ARE NEEDED?**, by Lars Agreus and Vija Silina

Pros:

1. We now have two universities (Canada and Australia) focusing primarily on rural family medicine education
2. We have a hope for new curriculums at least partly at other universities
3. It has shown to be a part of the success for education in rural medicine to enroll the local community
4. There is a rising interest in some countries to tailor the education of rural registrars
5. There is now a Northern Europe and Canada Recruit and Retain agenda for rural medicine that can be copied! http://www.recruitandretain.eu

Cons:

1. No structured, at least not optimal, education for students aiming for rural family medicine (but I think there are for nurses!)
2. No European university with the task to focus mainly on rural medicine education (but I think Tromsö may be close..)
3. Many communities still inactive in the process of recruiting doctors.
4. A wide gap between older rural doctors and younger doctors with a rural interest!
5. Hard do get understanding for "rural pedagogy" in the urban places where the power is and decision are taken!

WORKSHOP 10: **BUILDING PARTNERSHIPS ACROSS SECTORS**, by Jean-Pierre Jacquet, Donata Kurpas and Dana Misina

Pros:

1. GP – specialists – hospital – rehabilitation – GP
2. Evidence for the role of GP in rural health
3. GP as gatekeeper
4. Research and collaboration with other disciplines – example of Institute of Rural Health in Poland (training, research of rural health issues, collaboration with other disciplines, academics and ministries)

Cons:

1. GP as a gate keeper but for rural GPs couldn't work 24/24, 7/7
2. Gradual loss of infrastructure in rural areas

Opportunities:

1. People must be responsible for their own health
2. Lack of data
3. Medical education (courses on integration, cross-sectional collaboration)

WORKSHOP 11: **LEARNING FROM THE EXPERTS – EDUCATION**, by Roger Strasser

Pros

1. case history based learning
2. eLearning - use of internet to support CME
3. GP training for rural practice
4. "skills bus" - travelling CME and skills updating
5. clinical guidelines - improved care and outcomes including CVD and nutrition

Cons

1. isolation of individual primary care doctors
2. aging population of primary care doctors
3. limited or no formal accreditation of CME
4. post-war history - soviet era in Eastern Europe and Common Agricultural Policy
5. economic constraints following the Global Financial Crisis

WORKSHOP: **LEARNING FROM THE EXPERTS – OCCUPATIONAL HEALTH**, by Claudio Colosio

Pros

1. Big interest of the participants, showing an increasing interest for the health of the rural workforce: it has been made clear that a patient is also a worker for a significant part of his life, and this is very important.
2. Very friendly and collaborative atmosphere
3. Possibility of planning long term collaboration; among the steps, collaboration at the organization of some outstanding events and development of a chapter on Occupational Health within the WONCA Rural Medicine Education Guidebook (RMEG)
4. Identified specific fields of collaboration and complementarity, which are specific activities that rural GPs can do for their patients/users workers.
5. Endorsement of integrating Occupational Health within the targets of General Physicians in rural areas by WONCA, ICOH, ILO and WH0.

Cons:

1. No big and generalized interest (few, even though very committed, participants)
2. Language and terminological barriers
3. Confusion created by the variation of possible tasks to give to Rural GPs, based on differences among countries/legislations.
4. Activity not fully highlighted as a priority (why not a plenary session?)
5. Does Euripa (non the drivers, the “base”) truly think that this might be a priority? It is still unclear.

LIST OF SPEAKERS:

- Diederik Aarendonk (Nederland): Coordinator, European Forum of Primary Care
- Lars Agréus (Sweden): Family Phisician, Öregund Promary Healh Care Center. Chair, the Swedish Society for Rual Medicine. Professor, Centre for Family Medicine, Karolinska Institute/Stockholm County Council. EURIPA Executive.
- Kornelijus Andrijauskas (Lithuania): Kaltinėnų PHC and Kaunas University of Medicine
- Guntis Bahs (Latvia): Family Medicine Department chair, Riga Stradins University
- Peter Berggren (Sweden). Head of the Centre for Rural Medicine (GMC). Storuman Primary Health Care Center and Community Hospital, Västerbotten County Council. EURIPA IAB.
- Prof. Christopher Birt (UK): Department of Public Health and Policy, University of Birmingham. President, Section of Food and Nutrition of the European Public Health Association (EUPHA).
- Casandra Cantera-López (Spain): Family Doctor Trainee, El Greco Health Center, Getafe.
- Prof Claudio Colosio (Italy): University of Milano and International Centre for Rural Health, Milano. EURIPA IAB
- Laurent Crozat (France): member of ALUMPS France
- Gindrovel Dumitra (Romania): Romanian Society of Family Medicine. EURIPA IAB
- Anna Falk (Sweden): Coordinating Director of Studies for registrars in family medicine practicing in rural settings. Ange Primary Health Care Center.
- Raquel Gomez-Bravo (Spain): Hospital Can Misses, ibiza. Semfyc International. EURIPA Executive
- Prof Ilze Grauze (Latvia): Rīgas Stradiņa University
- Dilek Gudal (Turkey): Chair of the WONCA Europe 2015 Istambul conference
- Prof Jean-Pierre Jacquet (France): Department of General Practice, Faculty of Medicine, University Joseph Fourier, Grenoble. French National College of Teachers in General Practice. EURIPA Executive
- Prof Ruth Kalda (Estonia): Department of Family Medicine, University of Tartu
- Prof Janko Kersnik (Slovenia): Chair of Research Group Family Medicine Dept. University Medical School Ljubljana. Head of Family Medicine Department University Medical School Maribor. EURIPA Executive
- Ulrik Bak Kirk (Denmark): EQuiP manager, Praksis Plus International Director
- Zalika Klemenc-Ketis (Slovenia): Family Medicine departments of the Universities of Maribor and Lubljana. EURIPA IAB
- Liga Kozlovska (Latvia): Rural Family Doctor's Association
- Maija Kozlovska (Latvia): Rural Family Doctor's Association
- Jan Kučeřík (Czech Rep): Apple medical technology. iStores, Apple Premium Reseller
- Donata Kurpas (Poland): Department of Family Medicine, Medical University in Wroclaw. Public Higher Medical Professional School in Opole. EURIPA IAB
- Prof Gert van Der Laan (Netherlands): Academic Medical Center, Amsterdam
- Suvy Lehten (Finland): the Finnish Institute of Occupational Health, Helsinki
- Uldis Likops (Latvia): Secretary General of the Latvian Red Cross.

- Jose Lopez-Abuin (Spain). Spanish Institute of Rural Health. President of EURIPA
- Prof Witold Lukas (Poland): Family Medicine Department, Medical University of Silesia
- Prof Ludmila Marcinowicz (Poland): Medical University of Bialystok
- María Carmen Martinez-Altarriba (Spain): Spanish Rural Health Institute
- Prof Stefano Mattioli (Italy): Department of Medical and Surgical Sciences, University of Bologna.Chair of the ICOH Scientific Committee "Health services research and evaluation in occupational health".
- Eero Merilind (Estonia): Family Doctor, Tallin
- Job Metzemakers (Nederland): President of WONCA Europe
- Aigars Miezitis (Latvia): National Health Service of Latvia
- Rinalds Mucins (Latvia): Secretary of State for the Ministry of Health
- Shengli Niu (Switzerland): International Labour office. International Labour Organization, Geneva
- Prof. Lech Panasiuk (Poland): Institute of Rural Health
- Renáta Papp (Hungary): Secretary General, UEMO
- Tanja Pekez-Pavlisko (Croatia): Chair of the WONCA 2015 Dubrovnik World Rural Health conference. EURIPA Executive. WONCA Working Party on Rural Practice co-chair
- Prof. Maja Racic (Bosnia and Hercegovina): Vice Dean of Medical School East Sarajevo
- Jane Randall-Smith (Wales, UK): Executive Secretary of EURIPA
- Anneli Rätsep (Estonia): Department of Family Medicine, University of Tartu
- Christian Rokseth (Norway): Chief Medical Officer, Meloey community, Nordland.
- Aigar Rurane (Latvia): Head of WHO Country Office
- Linda Saurina (Latvia): 3rd year GP trainee
- Prof. Matthieu Sautel (France): Department of General Practice, Faculty of Medicine, University Joseph Fourier, Grenoble.
- Jarmila Seifertová (Czech Republic)
- José Augusto Rodrigues Simões (Portugal): Family physician at USF Marquis of Marialva, Cantanhede. EURIPA IAB.
- Aija Snikvalde (Latvia)
- Prof. Roger Strasser (Canada): Professor of Rural Health. Dean and CEO, Northern Ontario School of Medicine.
- Gunta Ticmane (Latvia). Latvian Rural Family Doctor Association. EURIPA Exec. Committe
- Inara Upmale (Latvia): Nurse. Doctor of Management Science Director in the Red Cross medical college of Riga Stradins University.
- Valeriijs Valdmanis (Latvia): Family Doctor, Kekava, Riga district. Board of the Latvian Rural Family Doctor Association
- Louise Wilson (Scotland, UK): National Health Service (NHS), Orkney
- John Wynn-Jones (Wales, UK): Chair WONCA Working Party on Rural Practice. Immediate Past President of EURIPA. Senior Lecturer Keele University Rural and Global Health.