

# IMPROVING PRIMARY HEALTH CARE FOR CHILDREN AND ADOLESCENTS: WHAT ARE THE FUTURE STEPS?



**EUROPEAN PUBLIC HEALTH CONFERENCE**

**ROUND TABLE**

**FRIDAY NOVEMBER 30<sup>TH</sup> 2018**

**TIME: 11.10 – 12.10**

**LOCATION: M3+4**

**LJUBLJANA - SLOVENIA**

## Objectives

Primary Health Care (PHC) is the first point of contact children and adolescents have with a health care professional when they have a health concern. In the provision of primary health care, much undifferentiated illness is seen. Primary health care professionals must be able to manage several areas of children's and adolescent's health; they often have to deal with complex, intertwined medical and social problems. In addition, primary health care professionals are also seeing more and more children and adolescents with chronic conditions and/or health complaints related to an unfavourable lifestyle. This changing pattern of health problems that presents itself to the primary health care professional, and with that the higher demand for the primary health care professional, is accompanied by several challenges. One example is the poor access of children and adolescents to primary care because of a low number of GPs per capita and a low number of patients seen by a primary health care physician per week. In addition, the quality of care provided by primary health care professionals cannot be ensured anymore because the growing and changing population of children and adolescents with health concerns demands for specific training of primary health care professionals. So far, specific training is not always offered in the educational curriculum for future primary health care professionals. One way to improve primary health care can be a joint effort of multiple disciplines in the care for children and adolescents. Aim of this workshop is twofold: 1) to explore how primary health care for children and adolescents can be improved by filling the gaps between primary, secondary and tertiary care as well as the gaps between pediatric and public health care; 2) to formulate future steps in improving the collaboration and engagement between EPA/UNEPSA, ECPCP, EAP and EUPHA as the leading European societies involved in general child health care to the benefit of children and of speaking with one voice on behalf of European children. This workshop consists of four short presentations, after which plenty of time is available to discuss the presentations with the audience, to discuss how primary health care can be improved and to formulate future steps in this. The first presentation focuses on the role of primary pediatric care in the changing European environment. The second on comparisons of features and outcome of child care services in European countries. The third presentation emphasizes on the risk of shortage in community pediatricians and its negative social impact. In the last presentation before the panel discussion starts, an overview will be presented of another type of primary health care: school health services and adolescent health services in 30 European countries and what is needed in the health care system and in the workforce to improve primary care for children and adolescents.

## MAIN MESSAGES

### Message 1

The changing pattern of health problems of children and adolescents that are presented to the primary health care professional results in a higher demand for the primary health care professional and with that to many challenges.

### Message 2

One way to improve primary health care can be a joint effort of multiple disciplines in the care for children and adolescents.

## CHAIRPERSON FOR THE WORKSHOP



Danielle Jansen, President, EUPHA section on Child and Adolescent Public Health (CAPH), University Medical Center Groningen, The Netherlands, [d.e.m.c.jansen@umcg.nl](mailto:d.e.m.c.jansen@umcg.nl)

## PROGRAM

**Introduction 11.10 – 11.15**

**Presentation 1 11.15 – 11.25** Primary Pediatric Care, crossing borders

**Presentation 2 11.25 – 11.35** European primary child care - how could we improve quality and safety of community services

**Presentation 3 11.35 – 11.45** How to calculate the risk of shortage and surplus of pediatric workforce

**Presentation 4 11.45 – 11.55** Primary care in Europe: starting points from school health services and adolescent health services to improve primary care for children and adolescents

**Discussion and closing 11.55 – 12.10**

**PRESENTATION 1: 11.15 – 11.25****PRIMARY PEDIATRIC CARE, CROSSING**

**Presenting author:** Károly Illy, MD, Hospital Rivierenland Tiel, the Netherlands

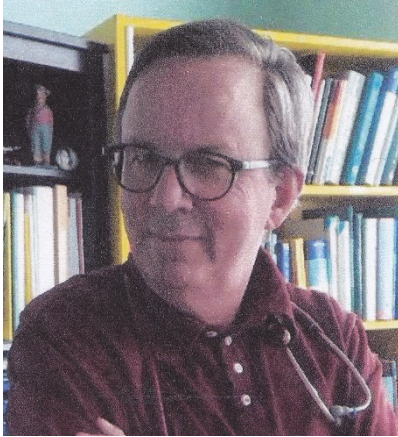
European Academy of Pediatrics (EAP)

[Karoly.Illy@zrt.nl](mailto:Karoly.Illy@zrt.nl)

When looking at European child health care we are facing a reduced mortality, more chronic conditions and morbidities, more obesity, a higher recognition of child maltreatment, a growing alcohol and substance misuse, substantial migration within Europe and migration to Europe and finally an eroded social solidarity.

Pediatric care in primary care and hospital settings needs special knowledge, ethics, empathic behavior, and access to services. We need structured and accountable pediatric training programs for all doctors providing first-line care to children in primary care. And when family doctors provide primary health care we need a close collaboration with pediatricians and adequate continued training in both pediatrics and primary care.

My presentation will focus on the role of primary pediatric care in the changing European environment. It seems that not one single model of primary care or community service is equally efficient, effective and equitable in all circumstances. But is that true? Can't we learn from each other?

**PRESENTATION 2: 11.25 – 11.35****EUROPEAN PRIMARY CHILD CARE - HOW COULD WE IMPROVE QUALITY AND SAFETY OF COMMUNITY SERVICES?**

**Presenting author:** Gottfried Huss MD MPH (JHU Baltimore) DTMH (London), General Secretary of European Confederation of Primary Care Paediatricians ECPCP Germany [gorehuss@googlemail.com](mailto:gorehuss@googlemail.com)

European ambulatory health care for children is diverse. Children and adolescents do not receive the care they need in many countries. There are variations in outcomes, which includes both preventable morbidity and mortality, inequities of provision, both within and between nations. Another challenge are the difficulties with recruitment, training and retention of an appropriately trained and competent workforce, which includes paediatricians, family doctors, general practitioners, children's nurses and other professional groups.

The presentation will focus on comparisons of features and outcome of child care services in European countries. Recently developed measures can analyze the performance and the safety orientation of a paediatric team in the community. The recently published COSI indicators (core set of indicators for paediatric primary care) are consented and tested in many European countries.

**PRESENTATION 3: 11.35 – 11.45****HOW TO CALCULATE THE RISK OF SHORTAGE AND SURPLUS OF PEDIATRIC WORKFORCE?**

**Presenting author:** Massimo Pettoello-Mantovani

Department of Pediatrics, University of Foggia, Scientific Institute "Casa Sollievo", Foggia, Italy  
[mpm@unifg.it](mailto:mpm@unifg.it)

This presentation aims at raising the attention of legislators and the pediatric community on the risk of shortage in community pediatricians and its negative social impact that - according to several statistics - the civil society will face shortly particularly in the Western world. We propose a feasible method for calculating the adequate balance of annually trained and retired pediatricians, aiming at keeping the number of practicing pediatricians stable, yet responding to the needs of pediatric workforce in the different European countries, which are typically characterized by diverse socio-economic contexts and different health care systems. Sustainable national child health care service systems for European children must offer enough training places to establish adequate nationally tailored pediatric workforce in the community.

Compatibility and consistency must be determined by the use of selected factors to be applied to the equations proposed. The use of these equations was satisfactorily tested in 20 different European countries and the results will be presented.

**PRESENTATION 4: 11.45 – 11.55****PRIMARY CARE IN EUROPE: STARTING POINTS TO IMPROVE PRIMARY CARE FROM SCHOOL HEALTH SERVICES AND ADOLESCENT HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS**

**Presenting author:** Danielle Jansen

EUPHA section on Child and Adolescent Public Health (CAPH), University Medical Center Groningen, The Netherlands, [d.e.m.c.jansen@umcg.nl](mailto:d.e.m.c.jansen@umcg.nl)

Within the H2020 MOCHA project (Models of Child Health Appraise) primary care models for children and adolescents across 30 European countries are explored. One focus within MOCHA is the organization and delivery of School Health Services (SHS) and Adolescent Health Services (AHS): how are these services organized throughout Europe and what are the starting points to improve primary care from SHS and AHS? In a short presentation an overview will be presented of characteristics of SHS and AHS in 30 European countries: for example, what kind of policies are available, what is the focus of SHS and AHS, what kind of health professionals do have a key role in the services and how are services paid? We have also explored what is needed in the health care system and in the workforce to improve primary care for children and adolescents. The short presentation will end with an explanation of what is expected from various disciplines such as public health professionals and pediatricians to bring European primary care for children and adolescents to a higher level.