

QRC tool as a potential method to overcome Greek policy barriers, regarding the stiffness culture on prevention and self-management of chronic diseases

Ch. Savopoulos¹, I. Kanellos¹, Th. Vontetsianos², D. Gennimata², A. Vontetsianos², Th. Katsaras², D. Theofanidis³

¹ First Propaedeutic Dept. of Internal Medicine, Aristotle University of Thessaloniki, AHEPA University Hospital, Greece

² Greek Network EIPonAHA, Athens, Greece . ³ “Alexander” Technological Educational Institute of Thessaloniki

Abstract

Problem Description

Greek health system presents weak primary care and chronic disease prevention, high morbidity and high costs for the State health budget.

Available knowledge

- Lack of potential education of medical and paramedical personnel regarding preventive medicine and integrated care
- Lack of potential self-management training of chronic disease patient from health system personnel.

Rationale

The importance of self-management, secondary prevention and Integrated Care approach in people with hypertension and diabetes, has been extensively proved.

Specific aims

- Improvement of hypertension and diabetes patients' self-management through education and training.
- Improvement of involved professionals' (medical and paramedical healthcare personnel) capacities for the management of hypertension and diabetes and for patient's education on lifestyles and self-management.

Key performance indicators

Four improvement areas with 2-3 key performance indicators for each area were defined.

PATIENT VOICE
PATIENT EDUCATION

TRAIN THE
TRAINER

BREAK THE
BARRIERS

OVERCOME GREEK POLICY BARRIES
AND STAFF CULTURE ENFORCING SELF
MANAGEMENT OF DIABETES AND
HYPERTENSION



Enablers

- High level of education and knowledge from Greek trainers (Experts in Greece are very familiar with the educational procedure since a lot of seminars and lectures in Greek medical societies events and congresses took place every year)
- Social media are very strictly and well corporates with doctors in health topics and supports patient voice
- Communities of patients with chronic disease already exist

Barriers

- Stakeholders stiffness culture
- Legislative barrier
- Financial Crisis

Key messages

1. Patient voice in not a usually “tactic” in Greek medical culture (revealed by using the QRC tool).
2. Greek people health prevention culture is at very low level (revealed by using the QRC tool)
3. Patients' resignation from the education and training process for their disease/s and for their treatment regimens (revealed by using the QRC tool)
4. The QRC tool must be developed in a parallel way with flexibility according every country special needs.
5. The QRC tool could be a possible potential way to <broke> the barriers between politics the stakeholders.

Aknowledgements

We thank all the stakeholders (medical and paramedical staff for their contribution

QRC tool as a potential method to overcome Greek policy barriers, regarding the stiffness culture on prevention and self-management of chronic disease (diabetes, hypertension)

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¹ First Propaedeutic Dept. of Internal Medicine,
Aristotle University of Thessaloniki, AHEPA University Hospital, Greece

² Greek Network EIPonAHA, Athens

³ "Alexander" Technological Educational Institute, Thessaloniki

Abstract

Problem Description

Greek health system presents weak primary care and prevention, promoting high morbidity of chronic disease patients and so high costs for the state's health's budget

Available knowledge

a) lack of potential education of the medical and paramedical personnel regarding preventive medicine culture and integrative care

b) lack of potential self-management training of chronic disease patient from health system personnel.

Rationale

We need to try new policies regarding chronic disease prevention and self-management training of the chronic disease patient and train also the trainer, instead of focusing on pharmacotherapy.

Specific aims

- General purpose: Education of medical and paramedical staff in the fields prevention, and other integrated care strategies.
- Target population: 19 healthcare professionals and 60 patients (30 males and 30 females) with diagnosed hypertension and/or diabetes, aged >60 years old
- Quality criteria: local implementation working group, expect 'Interaction with regular and relevant systems', in order to overcome the stakeholder collaboration barriers

Key performance indicators

4 improvement areas with 2-3 key performance indicators for each area were enabled

EDUCATE PATIENT

PATIENT VOICE

TRAIN THE
TRAINER

BREAK THE

ARRIERS
GREEK POLICY BARRIERS
AND STAFF CULTURE ENFORCING SELF
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Stakeholders stiffness culture

Legislative barriers

Financial Crisis

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2. Greek people health prevention culture is at very low level (revealed by using the QRC tools)
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