LECTURE SERIES FALL 2015

Professionalism and Governance in Primary Care

WEDNESDAYS AT 5.15 PM, HS 10
UNIVERSITY OF LUCERNE, FROHBURGSTRASSE 3, 6002 LUCERNE
Department of Health Sciences and Health Policy

The lecture series is organized by the Department of Health Sciences and Health Policy of the University of Lucerne. The department promotes research and prepares scientists to work in the field of health and disability from a biopsychosocial perspective. The theoretical framework of the department is rooted in the concept of human functioning, as codified by the World Health Organization’s International Classification of Functioning, Disability and Health.

Master in Health Sciences

This innovative educational program launched by the Department of Health Sciences and Health Policy at the University of Lucerne is the ideal preparation for an exciting career in health. The Master in Health Sciences aims to bring a new dimension into research, health service provision, and healthcare management by pioneering the development and application of a comprehensive approach in the field of health.

The program offers different majors that provide students with the unique opportunity to closely work with their supervisors and further develop their expertise in the chosen area of interest. Students can choose from the following majors:

**Health Communication:** Studying the science of using communication to influence health decisions at the individual level, in institutions and in policy.

**Health Behavior and Management:** Facilitate learning on how health behaviors and health experiences can be addressed and changed with appropriate interventions or changes to the health system.

**Health Economics & Health Policy:** Providing the basic foundation and principles of economic thinking and theories of political science to understand complex health systems, and to identify and address future challenges in the health care sector.

**Health Services Research:** Get accustomed with different health systems and learn the fundamental tools to develop and assess effective strategies to improve health from an institutional perspective.

**Research Methods:** Developing skills to aid decision making processes in health sciences and related fields using state of the art quantitative and qualitative research.

Students of the MA Health Sciences attend the lecture series as integral part of their curriculum to broaden their interdisciplinary understanding of health.

www.master-healthsciences.ch
Introduction

Primary health care is changing. Becoming a general practitioner (GP) does not seem to be an appealing option to young doctors anymore. Practices in rural areas that have closed, jeopardize the provision of basic health care services. Furthermore, this provision is no longer the sole competence of GPs but shared with emerging job profiles in nursing and pharmacy. GPs also face the rise of electronic health records that allow to assess the quality of care and question their autonomy. Consequently, performance based remuneration schemes have become widespread in some countries. Finally, the availability of routine data stimulates health services research, involving GPs as collaborators. All of these changes present a serious challenge to the profession of primary care physicians.

The lecture series in fall 2015 tries to answer significant questions: Do we need more GPs? How does interprofessional primary care work? How to measure quality of care? How does the quality relate to health spending? What can research contribute?

We are delighted to have with us internationally renowned experts who will illuminate the current state of knowledge and discuss current trends in professionalism and governance in primary care.

The Institute of Primary and Community Care Lucerne and the Department of Health Sciences and Health Policy invite all interested listeners.

Coordinators of the lecture series:

Dr. med. et phil. Stefan Essig    Prof. Dr. Armin Gemperli

www.iham-cc.ch
www.unilu.ch/healthsem
Desperately seeking Primary Care Doctors: Political and Societal Conditions

Dr. Beat Sottas
Independent Consultant for Education and Health Policy, www.formative-works.ch

Switzerland has a reversed ratio of GPs as compared to the WHO/OECD standard, mainly because medical education is designed for specialization. The talk will draw an outline of needs and numbers, but also adverse features in politics and governance, education, corporatism, and trends in society. Despite the success of the GPs campaigning in the political realm, overcoming the scarcity of GPs remains uncertain. This raises fundamental questions on how to tackle the bottlenecks and may foster innovation in primary care and community care.

Lessons from Major Initiatives to Improve Primary Care in the United Kingdom

Prof. Dr. Tim Doran
Professor of Health Policy, University of York, England

Primary care in the United Kingdom was in crisis in 2000, with highly variable quality of care and low morale amongst physicians. The UK government responded with a program of quality improvement initiatives, including an ambitious financial incentive scheme. Incentives produced short-term quality gains, but improvement of specific technical aspects of care may have been achieved at the expense of trust, cooperation and benevolence. Tim Doran discusses the UK’s recent quality reforms and their impact on patients and providers.

Skill Mix in the Primary Care Workforce

Prof. Dr. Anneke Van Vught
Associate Professor, Department for Organization of Care and Services, HAN University of Applied Sciences, Nijmegen, Netherlands

World-wide, shortages of primary care physicians and an increased demand for services have provided the impetus for delivering team-based primary care. The diversity of the primary care workforce is increasing to include a wider range of health professionals such as nurse practitioners and physician assistants. Shifting from ‘task delegation’ to ‘team care’ is a global trend but limited by traditional role concepts, legal frameworks and reimbursement schemes. This lecture gives you an overview of results from studies on efficient and effective team care models in primary care and will discuss challenges and experiences on this topic.
November 18, 2015  What Does it Take to Make Collaboration in a Network Successful?

Dr. med. Martin Wetzel
Specialist in general medicine, CEO of physicians network "Medizinisches Qualitätsnetz Kinzigtal" and authorized signatory and member of the medical advisory board of Gesundes Kinzigtal GmbH, Germany

"Gesundes Kinzigtal" is one of the most prominent and most evaluated programs on people centered integrated healthcare, running for nearly ten years and developing quite promising results within the fragmented German healthcare system. The rationale and the way Gesundes Kinzigtal was developed in a joint partnership of a network of rural physicians and a health sciences oriented healthcare management company together with two social health insurances will be discussed.

December 2, 2015  Being a General Practitioner in the 21st Century

Prof. Dr. med. Jan de Maeseneer
Professor and Head of the International Centre for Primary Health Care and Family Medicine, Ghent University, Belgium

The health care system and primary health care in particular, is confronted with a series of new challenges: the demographic transition with increase of chronic conditions and multi-morbidity; the widening social gradient in health; the multiculturality in the daily care; new technological and scientific developments. In order to address those, the GP of the 21st century requires a new type of organization, payment system, skills and attitudes. Drawing on research and experience in change management from Belgium for 40 years, examples will be given of how GPs tackle these challenges.

December 9, 2015  Research in Primary Care: Current Needs, Benefits and Considerations

Prof. Dr. med. Oliver Senn
Vice Director, Institute of Primary Care, University of Zurich, Switzerland

Guidelines and treatment recommendations are usually based on the results of large clinical trials. Many studies have revealed a substantial gap between guidelines and treatment (evidence-performance gap) in daily practice especially in primary care. Reasons for this evidence-performance gap are manifold. Patients seen by general practitioners often differ with regard to disease severity and prevalence rates compared to the specialized care setting, which affects not only the usefulness of diagnostic tests but also the treatment approach. Health services research that considers the characteristics of the setting might help to optimize medical care. Barriers and facilitators for successful health services research in primary care will be discussed.