ECPCP

10th Europaediatrics
Zagreb, Croatia
7 - 9 October 2021

PRIMARY PAEDIATRIC HEALTHCARE IN EUROPE

SYMPOSIUM GLOBAL AGENDA FOR PAEDIATRICS

Angel Carrasco
Primary Care paediatrician, Madrid, Spain
Past President ECPCP
Council member EPA/UNEPSA

- WHAT IS THE SITUATION OF PPC IN EUROPE ?

- WHY PPC IS IMPORTANT ?

- WHY ARE PC PAEDS IMPORTANT ?

2002

Demography of Pediatric Primary Care in Europe: Delivery of Care and Training

Manuel Katz, MD*; Armido Rubino, MD‡; Jacqueline Collier, PhD§; Joel Rosen, BA‖; and Jochen H. H. Ehrich, MD¶

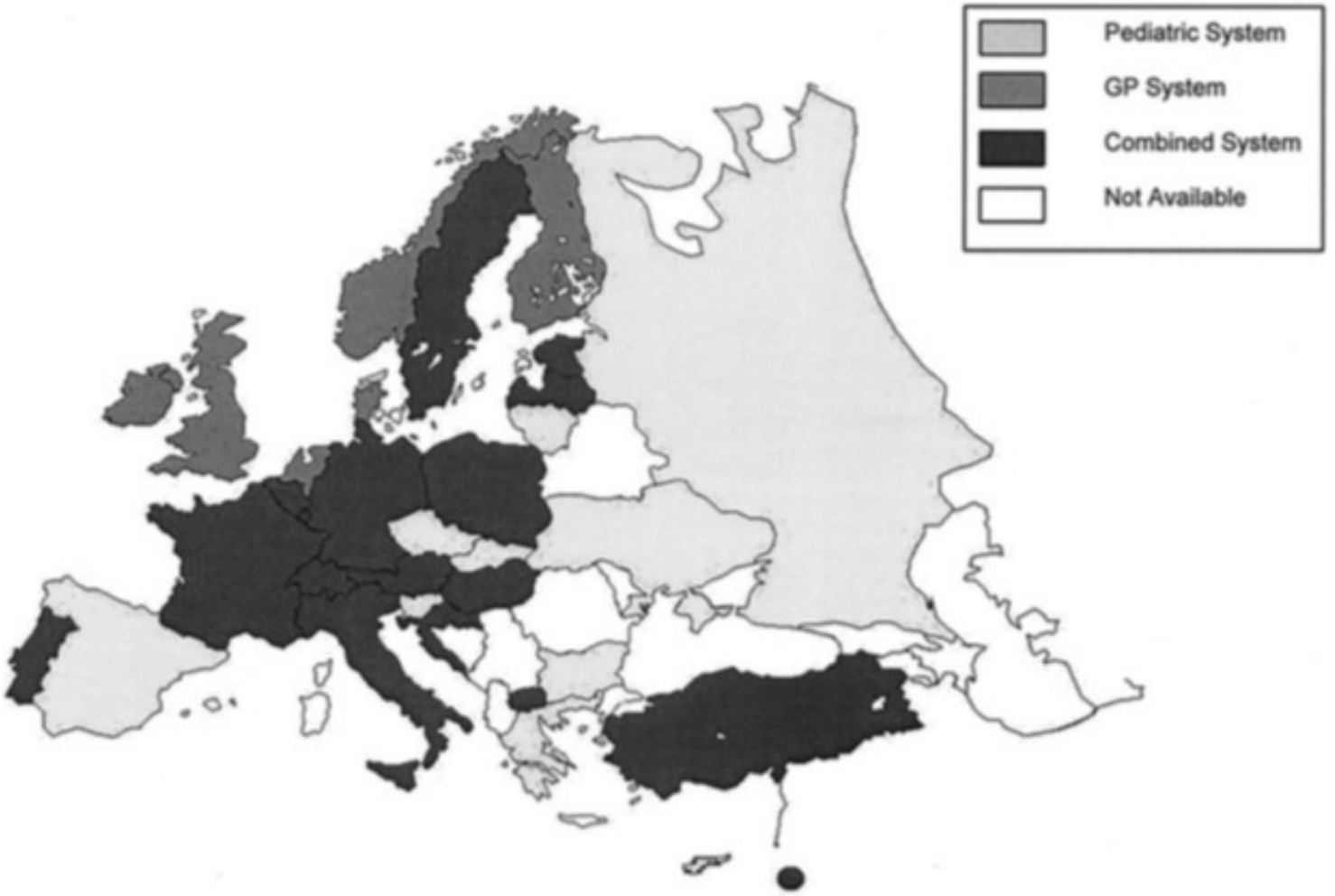
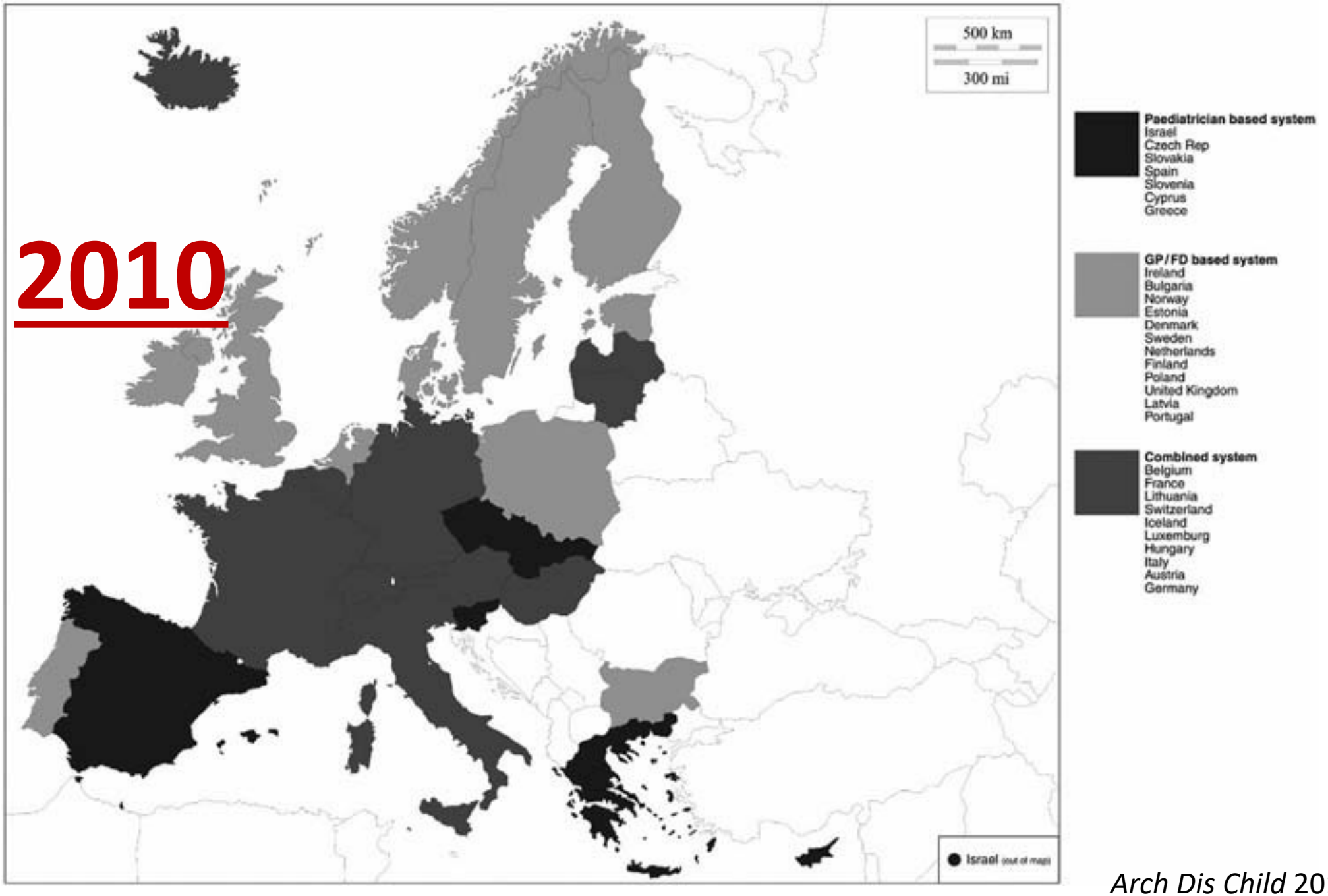


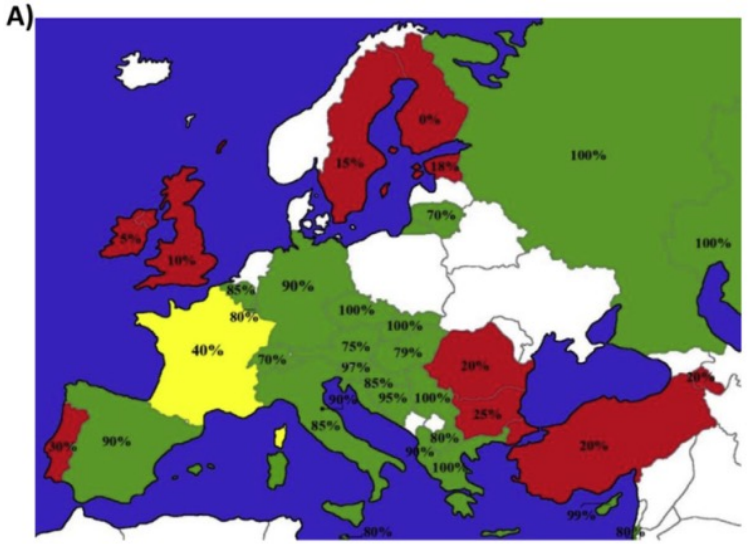
Fig 1. Distribution of PPC systems around Europe in 1999.

PEDIATRICS Vol. 109
No. 5 May 2002

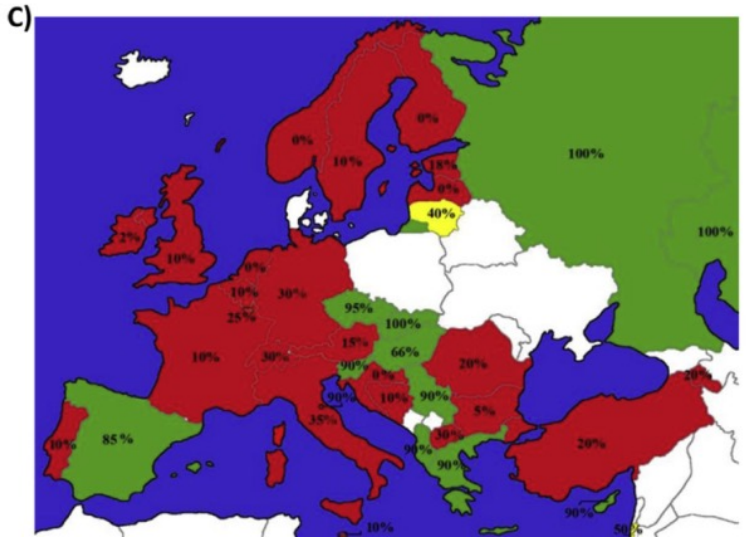


Arch Dis Child 2010;**95**:791–795.
doi:10.1136/adc.2009.178459

0-5y



6-11y



2012

12-18y

Figure 1. Proportion of children receiving first access care by pediatricians in children ages A, 0-5 years, B, 6-11 years, and C, 12-18 years. Green, countries with more than 70% of children seen by pediatricians. Yellow, between 30% and 70%. Red, less than 30%. White, no data available. Data by Ehrich et al. Exclusive care by paediatricians does not exist in any country

2017

Key:

- General Practitioner-led service
- Primary care paediatrician-led service
- Mixed service

Models of Child Health Appraised

(A Study of Primary Healthcare in 30 European countries)

http://www.childhealthservicemodels.eu

Is PC something a Paed or a GP should deliver?

- **Not an easy answer**.
- There is **not only one answer**: it depends (different health systems-in each country linked to cultural, economic, social history-, child pop., number of doctors)
- It is very **difficult to compare** systems of PC for children : many of the sources of data are **adult-focused**, models were developed from an adult-focused perspective and structured primarily to meet adult requirements and **PC for children is an under-researched area**
- **Children's needs are different to those of adults**
- Not only child health is desirable, it is a **fundamental right** (UNCRCh art24)
- Imposing a system that works well in a country is unlikely to work as well in a different country and culture (MOCHA project 2014-2018)

Models of Child Health Appraised

(A Study of Primary Healthcare in 30 European countries)

Issues and Opportunities in Primary Health Care for Children in Europe:

The final summarised results of the Models of Child Health Appraised (MOCHA) Project

SOME CONCLUSIONS

- PC for children has **many components**: cohesion is determined more by accessibility, capacity and relationship than by style (GPS vs Peds)
- Optimal PC for children is child-centric, equitable, proactive, integrated with specialist, social care and education services, and based on (and yielding) robust evidence.
- Interdependence of health, economy and society is more influential than system construct, but there is inadequate public health, primary care and inter-sectorial collaboration on child health and developmental concerns.
- Children are unacceptably invisible in health data and policy in Europe.

Is PC something a Paediatrician or a General Physician should deliver ?

WHAT SHOULD BE DONE BY WHOM?

THE MATRIX

TASKS and COMPETENCIES of Child Caretakers and Providers

	Emergencies	Acute diseases Example: cough, diarrhea, fever	Chronic diseases Example: Asthma, Diabetes Type 1	Primary prevention Example: Vitamin D, vaccination, accident prevention	Secondary prevention Example: ECD	Health promotion Example: Eating healthy, sports
Parents and adolescents	Recognize the danger signs and seek urgent help	Home management recognize when to go for medical advice	Home management recognize when to go for medical advice	Apply measures and go regularly to receive preventive measures	Nurturing home care	Live healthy and be aware of dangers
Nurse with basic paediatric training	Assess-Triage-organize referral	Assess-counsel-refer	Assess-counsel-refer	Check, counsel and apply	Assess- counsel- refer	Counsel Anticipatory guidance
General Physician with BPaedTr	Treat- stabilize organize referral if necessary	Treat-manage	Assess-refer	Check, counsel and apply in the frame of well- baby checks	Basic developmental screening- refer	Counsel Anticipatory guidance
Primary Care Paediatrician In the community	Treat- stabilize Dif-dx organize referral if necessary	Treat- manage Dif-dx POC Lab	Long- term management (in cooperation with subspecialists if necessary)	Check, counsel and apply in the frame of well- baby checks with appropriate equipment	Specialized developmental screening – indicate and coordinate special care	Counsel Anticipatory guidance
Hospital Paediatrician	Treat- manage back referral and detailed feedback to primary provider	Treat – manage severe cases Professional Lab back referral and detailed feedback to PC provider	Long- term management in cooperation with PCP or GP back referral and detailed feedback to PC provider	Marginal role Check and motivate	Social paediatrics and neuro- paediatric subspecialist	Counsel Anticipatory guidance

Boxes are wide open-because it is a system – **THE TRUTH LIES BETWEEN THE BOXES**

The capacities for problem solving may vary from country to country according to the health system (paediatrician, mixed or GP based systems)

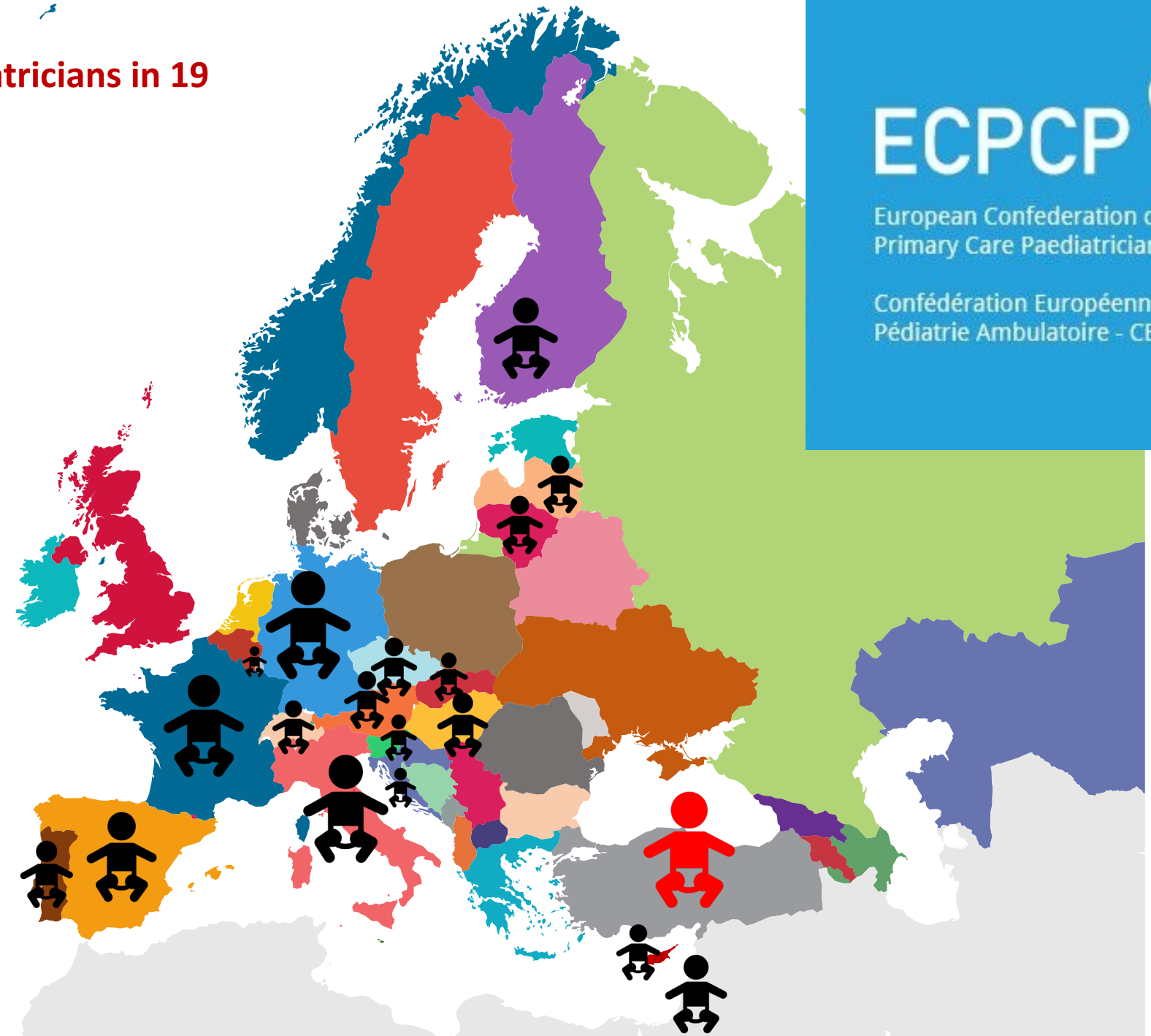
G. Huss 2018 adapted from the revised IMCI approach matrix by Martin Weber WHO

ECPCP

More than 30,000 PC paediatricians in 19 European countries

Organized in 23 societies

Austria
Croatia
Czech Republic
Cyprus
Finland
France (2 societies)
Germany
Hungary
Israel
Italy (3 societies)
Latvia
Lithuania
Luxembourg
Portugal
Slovakia
Slovenia
Spain (2 societies)
Switzerland
Turkey



ECPCP
European Confederation of Primary Care Paediatricians

Confédération Européenne de Pédiatrie Ambulatoire - CEPA

What is a Primary Care Paediatrician?

- **Primary care paediatricians** deal comprehensively with the health and well-being of infants, children and adolescents within the context of their families, communities and cultures. Primary care paediatrics sees infants, children and adolescents as its main subject of care, respecting their autonomy and involving parents, guardians and / or custodians as integral part of the “unit of care”.
- We care for Ch&Ad in the community, and we are the **initial contac**t persons for all **undifferentiated unselected concerns** of Ch&Ad & their families- for **a wide range of troubles** (acute & chronic & psychosocial)
- We concentrate on **Prevention & Health Promotion**
- We work in competent **teams** in community-based care
- We serve as **guides** for the patient in a complicated health system

WHAT WE WANT

- Ch&Ad should receive services **with the best obtainable quality** and not merely average
- Community-based care is best delivered by a competent **team of providers**, where the paediatrician should have a **coordinating rol**e with Public health, Social services and Education
- Everybody who cares for children must have an **adequate period of training**, a sound knowledge of the subject-matter and be proficient
- Governments should recognize the proven benefits of trained providers in PC and **care for the preservation** and further development of a competent **workforce** for Ch&Ad care.

ECPCP

European Confederation of Primary Care Paediatricians

Confédération Européenne de Pédiatrie Ambulatoire - CEPA

Strength's	Weakness
Comprehensiveness of services Focused expertise Care for chronic conditions as asthma Cost effectiveness Support from politicians who like us Collaboration in quality circles	Lack of training in Primary Care, Prevention and Public Health Competition with GPs, other providers Resistance to quality improvement Low vaccination coverage Lack of networking in the community Weak academic representation PCPs getting older
Opportunities	**Threats**
Recent adoption of adolescent health Female workforce Group practices -> Child health centres New morbidities Families support	Fighting between paediatric societies Demography Bureaucracy Politicians who don't like us Lack of interest in a PCP career by young peds

Gottfried Huss, SG and Past Pr ECPCP 2018

Richard Horton
richard.horton@lancet.com

Comment

www.thelancet.com **Vol 392 July 14, 2018**

Offline: The UK's child health emergency

The UK is facing nothing less than a national emergency regarding the health of its children and young people. 2.7 million children are currently living with health related vulnerabilities.
Neonatal Mortality: from **7th** in the EU in 1990 to **19th** in 2015
Mortality under 5 y: from **9th** in the EU in 1990 to **19th** in 2018
For children, the hierarchical referral model of Primary to Secondary Care is increasingly inefficient and ineffective. Instead, we need to devise and test new models of care that put generalist and specialist teams working together in communities.
We need to **upgrade the quality of our workforce**
We need to **focus on Prevention**, through attention to preconception care, early child development and adolescent health
And we need to do more integrated care with Public Health

Poropat *et al. Italian Journal of Pediatrics* (2017) 43:29
DOI 10.1186/s13052-017-0339-y

Italian Journal of Pediatrics

RESEARCH Open Access

Comparison of two European paediatric emergency departments: does primary care organisation influence emergency attendance?

F. Poropat[1*], P. Heinz[2], E. Barbi[3] and A. Ventura[1,3]

Conclusions: ED attendances in infants are more common in a primary care setting provided by general practicioner and, moreover, admission rates in all age groups are 1/3 reduced by primary care based paediatricians.

Received: 29 September 2019 | Revised: 26 February 2020 | Accepted: 17 April 2020

DOI: 10.1111/apa.15324

REVIEW ARTICLE

ACTA PÆDIATRICA
NURTURING THE CHILD
WILEY

Paediatricians provide higher quality care to children and adolescents in primary care: A systematic review

María Aparicio Rodrigo[1,2] | Juan Ruiz Canela[3] | Jose Cristóbal Buñuel Álvarez[4] | César García Vera[4] | Maria Jesús Esparza Olcina[2] | Domingo Barroso Espadero[5] | Paz González Rodríguez[2] | Blanca Juanes Toledo[2] | Victoria Martínez Rubio[2] | Eduardo Ortega Páez[6]

Systematic Review of 1150 studies (54 selected)
PCPaeds showed **better prescription patterns**, **higher vaccination rat**es, knowledge of vaccines and fewer doubts about vaccine safety
Better knowledge and implementation of **screening tests**
More cautious prescription of **psychoactive drugs** and more in line with with current practice guidelines
Evaluate and treat **obesity and lipid disorders** with criteria more consistent with practice guidelines,
Make **fewer dx tests** and request fewer referrals to specialists
In developed countries paediatricians provide **higher quality care** than GPs

Key notes

- The number of primary care paediatricians is decreasing in Europe without a clear response from the health authorities.
- Paediatricians, irrespective of their place of work or the type of research study in question, are more effective than family doctors at addressing problems related to children in primary care.
- A shift from a system of paediatricians to family doctors may lead to a decline in the quality of medical care provided to children.

*Average Training period for a paediatrician in Europe is 4-6 years vs an average training period in paediatrics of a family doctor of 4 months

*An **appropriate paediatric workforce** is essential to attain the optimal physical, mental, and social health and well-being for all infants, children and adolescents

***EPA/UNEPSA and ECPCP** are actively engaged in emphasizing to the European governments and legislators the importance of **well-trained paediatricians** in charge of the health of children and adolescents, and that paediatrician based healthcare systems are not replaced by GP-based systems

*The key point of the debate is that **children should be cared by doctors adequately trained in paediatrics**

What can we do?

- Increase PCPs presence in political **decision-making forums** (local, national, European institutions)
- **Speak with ONE VOICE** (EPA+EAP+ECPCP)
- Work with **families** in support of PPC, network with **community**
- Show politicians the advantages of PPC for child health (money, equity, new morbidity…), **one doctor does NOT fit all**.
- Increase PCPs' presence in Academia, increase **PPC training time** in national paediatric curricula
- **Better work conditions** for PCPs to make career attractive for young paeds

Child protection is one of the main concerns of the state, Andrija Štampar 1919.

Andrija Štampar (1888 – 1958) was one of the founders of the World Health Organization, Chairman of the Interim Commission, and President of the First World Health Assembly.

1. It is more important to enlighten the people than to impose the laws; therefore, the medical profession consists of only three short laws.
2. It is most important to prepare the ground in a certain sphere and to develop the right understanding for questions of hygiene.
3. The question of public health and its improvement must not be monopolized by medical authorities, but has to be cared for by everybody, for only by joint work can the progress of health be obtained.
4. First of all, the physician must be a social worker; by individual therapy he cannot attain much, social therapy is the means of success.
5. Economically the physician must not be dependent on his patient, because it hinders him in the accomplishment of his principal tasks.
6. In matters of national health, no difference is to be made between the rich and the poor.
7. It is necessary to form a health organization, in which the physician will seek the patient, not the patient the physician; for this is the only way to gather an ever-increasing number of those whose health we have to care for.
8. The physician has to be the teacher of the people.
9. The question of national health is of a greater economic than humanitarian importance.
10. The principal fields of action of a physician are human settlements and not laboratories and consulting rooms.