EQuiP

European Association for Quality and Safety in General Practice/Family Medicine

8-10 May 2025

66th EQuiP Conference

Linz, Austria

Quality and Safety in Family Medicine
The Impact of Digitalisation and Artificial Intelligence

– Programme Book –

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Programme

Thursday, 8 May 2025

14:00 - 15:00	**Registration**
14:30 - 15:00	**Introduction**
15:00 - 18:00	**Site Visit: Diversity in Austrian's Family Medicine** Meeting Point/Conference Venue for Thursday: Medical Faculty Linz, Insitute of General Practice, Huemerstraße 3-5, 4020 Linz, 2nd Floor Online pre-registration required, space is limited. The group will leave from the conference venue. Please click here for more information.
18:30 - 20:00	**Social event: Guided tour: Discover Linz with the night guard** Meeting Point: Hauptplatz, 4020 Linz – next to the Neptune Fountain Participants joining both the Site Visit and Social Event will walk together to the meeting point with the organizing team. If you're joining the Social Event only, please make sure to be at the meeting point by 18:30! In case of any problems please call: +43 664 602468971

Friday, 9 May 2025

08:45 - 09:00 **Coffee Get - Together**
Location: LEH Aula

09:00 - 09:20 **Opening Ceremony**
Location: LEH 002

Music Greetings

- Lisa Niehoff (Moderator)
- (Rektor der JKU)
- (President of the Austrian General/Family Medicine Association)
- Andrée Rochfort (President of EQuiP)

09:20 - 10:10 **Digitalization and AI in Family Medicine**
Location: LEH 002
- Andrée Rochfort (Moderator)
- Integrated digitally enabled person-centred and community based health and social care services – a realist perspective on good practices - Nick Guldemond
- Can we trust a machine? Risks of AI applications in the healthcare sector and how to deal with them - Gertraud Leimüller

10:10 - 10:30 **Plenary Discussion**
Location: LEH 002
- Andrée Rochfort (Moderator)

10:30 - 10:40 **Coffee Break**
Location: LEH Aula

10:40 - 12:00 **Short Oral Presentations**
Location: LEH 105
- Niels-Christian Höllger (Moderator)
- Challenges and Opportunities in Coding Systems for Long COVID in Primary Healthcare Across Europe - Maria Pilar Astier Pena
- Enhancing clinical skills training through digital innovation: The DOMINOS 2 project - Eva Cedilnik Gorup
- Evaluation of an international guideline for simulation training in healthcare - Uroš Zafošnik
- New perspectives and limitation of AI in the GP practice - Teodor Bachleda
- The impact of digitalization on European general practice from the perspective of general practitioners - Systematic review - Julia Fuger

10:40 - 12:00 **Workshop A**
Location: LEH 104
- Discover ABiMed, an online digital platform to help doctors and pharmacists improve the safety and quality of medications among elderly polymedicated patients. - Thibault Triconnet

10:40 - 12:00 **Workshop B**
Location: LEH 106
- Dialogue on digital care developments in general practice. Challenges and chances. - Stijn Van Den Broek

12:00 - 13:30 **Lunch Break**
Location: LEH Aula

13:30 - 14:30 **Professional Health and Quality of Care**
Location: LEH 002

- Erwin Rebhandl (Moderator)
- Technology in the Medical Consultation: Help or Hindrance? - Andrée Rochfort
- Building Resilience and Driving Change: Quality Circles in Practice – Face-to-Face or Online? - Adrian Rohrbasser
- Quality Circles in Austrian Primary Care – A Tool for Orientation in a Time of Rapid Paradigm Shifts - Reinhold Glehr
- Andrea Bitschnau-Friedl

14:30 - 14:45 **Plenary Discussion**
Location: LEH 002

- Erwin Rebhandl (Moderator)

14:45 - 15:00 **Coffee Break**
Location: LEH Aula

15:00 - 16:00 **Short oral Presentations**
Location: LEH 105

- Thomas Peinbauer (Moderator)
- Co-Creation Workshop for building resilience among health professionals: XR2ESILIENCE Project - Sebastian Egger-Lampl
- Developing a Resilient Primary Healthcare Roadmap: Insights from a European Delphi Study - Maria Pilar Astier Pena
- Enhancing Adolescent Health Education for Family Medicine Residents through ChatGPT-Supported Simulated Patient Interviews - Aleyna Uçar
- Transsimed Project in North Macedonia - Biljana Tanevska Andonova
- Wellbeing Webinars - CPD for Family Doctors Personal Health and Wellbeing - Andrée Rochfort

15:00 - 16:00 **Workshop C**
Location: LEH 104

This session will be held in German.

- "Lern- und Vertrauenskultur im Qualitätszirkel: Voraussetzung für kollaboratives Lernen und kontinuierliche Qualitätsverbesserung" /Workshop in deutscher Sprache - Adrian Rohrbasser

15:00 - 16:00 **Workshop D**
Location: LEH 106

- How to ensure and improve the quality of primary care practices: exemplars from Austria and the Netherlands - Sarah Burgmann

16:00 - 17:00 **Poster Session**
Location: LEH 106

The Poster Session Format will allow each presenter 5 minutes for in-person formats.

- Erika Zelko (Moderator)

- AI-Assisted Kiosk for Color Vision Screening in Children: A Practical and Affordable Solution - Zeynep Pekel
- Artificial Intelligence in diagnostic medicine - Gazmend Bojaj
- Digitalization and Artificial Intelligence in Slovenian Healthcare: A Narrative Literature Review - Zala Peterka
- Exploring Clinical Pathways for Long COVID Management Across Europe: A Comparative Analysis of Primary Healthcare and Acute Emergency Practices - Jose-Miguel Bueno-Ortiz
- Improving Diabetes Management Through Primary Health Care Units: A Nationwide Analysis of Austria's Disease Management Program Participation - Maximilian Schwarz
- New digital service for assessing primary healthcare accessibility in Slovenia - Vojislav Ivetić
- Outpatient urinary tract infections in Germany – susceptibility testing in medical laboratories and their feedback - Guido Schmiemann
- Point-of-Care Ultrasound in Family medicine: Understanding utilization and non-utilization patterns - Vesna Homar
- PROSPeCD – Pilot Research On a Scalable Population Health management Connected Dashboard - Bert Vaes
- The ÖGAM „Primary Care Certificate“ - Anton Wankhammer
- Understanding the Dangers and Benefits of Femtech - Nora Love Studener
- Work-related stress among physicians working in Upper Austria - Lisa Voggenberger

19:00 - 23:00 **Dinner**

Online pre-registration required.

Venue: Pöstlingberg Schlössl
Address: Am Pöstlingberg 14, 4040 Linz

"Please note that the last tram from Pöstlingberg to Hauptplatz departs at 22:30. If you wish to stay longer at the restaurant, you will need to arrange your own transportation (e.g., taxi)."

Saturday, 10 May 2025

08:30 - 09:15 **World Café**
Location: LEH Aula

Exploring innovative, paper-free organizational idea

09:15 - 10:30 **Short Oral Presentations**
Location: LEH 105
- Julia Fuger (Moderator)
- Digital before outpatient before inpatient - rethinking patient pathways - Maximilian Schwarz
- Digital technology helping in arterial hypertension management - Renata Romic
- LEVERAGING ARTIFICIAL INTELLIGENCE TO REDUCE ADMINISTRATIVE BURDEN IN FAMILY MEDICINE: A PILOT STUDY - Zalika Klemenc Ketiš
- Medication review among elderly polymedicated patients : the contribution of ABIMED, a digital online platform. - Hector Falcoff
- SNO_ART - SNOMEDCT based Austrian Reference Terminology - Christoph Powondra

09:15 - 10:30 **Workshop E**
Location: LEH 104
- How to use AI to create effective teaching materials and stay up to date - Abraham Thomas

09:15 - 10:30 **Workshop F**
Location: LEH 106
- From quality circles to the latest Cochrane review on Audit and Feedback: What have we leaned? - Thomas Bo Drivsholm

10:30 - 10:45 **Coffee Break**
Location: LEH Aula

10:45 - 12:00 **Key Speaker Session**
Location: LEH 002
- Jose-Miguel Bueno-Ortiz (Moderator)
- Patient representatives - Angelika Widhalm
- The Future of Primary Care: Pioneering Innovation at the Campus Practice, University Hospital RWTH Aachen (Webinar) - Martin Mücke
- Ethical governance of AI in global health research: navigating challenges in AI for equitable global health research (Online Lecture) - Rosemarie de La Cruz Bernabe
- Dr. Algorithm, I Presume? Navigating Expectations of AI in Family Medicine - Ulrik Bak Kirk

12:00 - 12:30 **Plenary Discussion**
Location: LEH 002
- Dorien Zwart (Moderator)

12:30 - 12:40 **Presentation of the Poster Prize Winners**
Location: LEH 002

12:40 - 12:50 **Short Presentation of the 2026 EQuiP Conference in Poland**
Location: LEH 002
- Krzysztof Studziński (Speaker)

12:50 - 13:00	**Closing Remarks** Location: LEH 002
13:00 - 14:00	**Lunch Break** Location: LEH Aula
14:00 - 15:30	**Council Meeting** Location: Zoom Room: LEH 104 Only official representatives of the National Colleges of each country is permitted to enter the session.

Online Poster Sessions

The posters will be open to visitors at the Virtual Poster Hall during the event.

ePoster Session

- Advocacy for integrating sustainable healthcare into medical education and training in Family Medicine / General Practice - Andrée Rochfort
- Blooming Relief: Exploring Nature's Remedies for Menstrual Comfort Beyond NSAIDs - Kitti Krungkraipetch
- Challanges in providing safe and effective care in Croatian family medicine practices during COVID-19 pandemic: results from the PRICOV-19 study - Zlata Ozvacic Adzic
- Evaluation of Family Physicians' Level of Healthy Lifestyle and Coping with Stress - Ozden Gokdemir
- General practitioners’ perceptions of using virtual primary care during the COVID-19 pandemic in Kosovo: An international cross-sectional survey study - Gazmend Bojaj
- Primary Care Providers’ Perspectives on the Safety of Teleconsultations in Romania - Andrea Neculau
- Results of the Appropiate Use of Antibiotics in Early Childhood (PURAPI) in Primary Care Setting program - Jose-Miguel Bueno-Ortiz
- Simulation training as a method of continuous education of primary health care workers in emergency care - Venija Cerovecki
- Smart Anemia: An AI-Powered Web Solution for Rapid Evaluation and Differential Diagnosis of Anemia - Thomaella Tsouvaltzidou
- Take Care of Planetary Health! - Gizem Limnili
- The role of artificial intelligence in the diagnosis of rare diseases in general practice using the example of Castleman's disease - Johannes Fluch-Niebuhr

Integrated digitally enabled person-centred and community based health and social care services – a realist perspective on good practices

Friday, 26 April 9:30

Prof. Dr. Nick Guldemond

Nick Guldemond is a Professor healthcare and public health at Gdansk Medical University Poland and Leiden University Medical Center in the Netherlands and hold degrees in medicine and electric engineering with a PhD from Maastricht University. He is an expert in the field of digital health, eHealth, and healthcare innovation. He is known for his work in advancing the use of technology, particularly digital and data-driven solutions, in healthcare to improve patient care, population health, and healthcare systems. He was the CEO and founder of the Medical Field Lab (early 2000) i.e. the first international example of a university hospital based ‘living lab’ dedicated to science, innovation and societal impact. As such he was also co-founder of the Dutch Innovative Medical Device Initiative Nick Guldemond has held various academic positions and has been involved in many research projects related to digital health and healthcare innovation. He has also been a speaker, panellist at numerous international conferences and forums. He is an advisor for many governments, WHO, the European Commission and industries across the globe.

Can we trust a machine? Risks of AI applications in the healthcare sector and how to deal with them

Friday, 9 May 9:20

Dr. Gertraud Leimüller, MPA (Harvard)

Gertraud Leimüller is co-founder of leiwand.ai, a deep-tech startup for algorithmic fairness that uses new technologies to verify the trustworthiness of AI applications. Gertraud is the initiator and co-leader of the Austrian Labs for AI Trust (ALAIT), where methods for the evaluation of AI technologies are developed and applied on behalf of the Austrian government and disseminated in dialog formats. She is serving as a co-lead of the research project Algorithmic Bias Risk Radar (ABRRA), in which an AI Bias Incident Database is set up and fairness risks are identified via pattern recognition. She is the social science leader and co-initiator of the research consortium fAIr by design, in which companies and universities have jointly developed a novel process model and a toolbox for non-discriminatory and fair AI. Gertraud Leimüller is an experienced expert in open innovation and co-creation and a graduate of the University of Vienna (Dr.rer.nat.) and Harvard University (MPA), studied at MIT and was a member of the Board of Trustees of Paracelsus Medical Private University.

Technology in the Medical Consultation: Help or Hindrance?

Friday, 9 May 13:30

Dr Andrée Rochfort

Dr Andrée Rochfort is a family doctor and medical educator in Ireland. She is a staff member of the Irish College of GPs, as Director of Quality Improvement incorporating her roles as Director of the Doctors' Health and Wellbeing Program, and member of the Planetary Health & Sustainability Advisory Group.
She is Senior Lecturer and Assistant Clinical Professor at University College Dublin, Department of General Practice and Forensic & Legal Medicine.

This month she completes her term as the President of the European Society for Quality and Safety in Family Medicine, EQUIP, the network for quality and safety in family medicine in WONCA Europe.

Andrée is a founding member of the Irish Society of Lifestyle Medicine, and a member of the European Lifestyle Medicine Organisation. She was in the working group that contributed to the guidance produced by the Irish Medical Council on telemedicine for doctors and telemedicine for patients.

She has a Master's degree in medical education, and qualifications in occupational medicine, lifestyle medicine coaching, leadership and management. She is currently researching doctors' health and wellbeing, and co-ordinating the new Special Interest Group for Doctors Health in WONCA Europe.

She is an author of articles in peer reviewed journals, book chapters and a medical book editor. Andrée is married to Michael, and they have four daughters.

Building Resilience and Driving Change: Quality Circles in Practice – Face-to-Face or Online?

Friday, 9 May 13:30

Dr Adrian Rohrbasser

Adrian Rohrbasser, MSc and DPhil in Evidence-Based Health Care from the University of Oxford, is a general practitioner at Medbase Health Care Centres in Wil and an adjunct researcher at the Institute of Primary Health Care (BIHAM), University of Bern, Switzerland. He combines his clinical practice with a strong passion for teaching, learning, and training, creating a dynamic synergy between education and patient care.

As a practitioner, trainer, and facilitator, and a member of the Medbase management team, Adrian brings extensive expertise in quality improvement across all levels of Swiss family medicine. He serves on the Quality Committee of the Swiss Society of General Internal Medicine and the European Society of Quality and Safety in Family Practice. In both organizations, he leads working groups on quality circles, driving knowledge translation and promoting quality improvement in primary care.

Adrian’s research focuses on knowledge translation and the evaluation of complex interventions in primary health care. Among his contributions is the study of the development and implementation of quality circles, a model designed to enhance clinical practice through structured peer collaboration and continuous learning.

Quality Circles in Austrian Primary Care – A Tool for Orientation in a Time of Rapid Paradigm Shifts

Friday, 9 May 13:30

MR Dr. Andrea Bitschnau-Friedl

General practitioner in own practice with health insurance contract since 2003
From 2025 expansion into a group practice together with a young colleague and a permanent substitute.
Teaching practice for university and postgraduate training in general medicine.
Member of board of ÖGAM (Austrian Society for General Medicine)
Head of training for QZ-hosts in Austria

Dr Reinhold Glehr

1978 General practitioner (AM), practicing in Hartberg/Styria,
since 1978 Board member of the Styrian Academy for AM and lecturer at the Medical University of Graz
1995 Member of the Board of the Austrian Society for AM/FM (ÖGAM);
Delegate to EQuiP;
2010 - 2015 President ÖGAM

The Future of Primary Care: Pioneering Innovation at the Campus Practice, University Hospital RWTH Aachen (Webinar)

Saturday, 10 May 10:45

Prof. Dr. Martin Mücke

Professor Dr. Martin Mücke is the Chair of General Medicine at the University Hospital RWTH Aachen and a leading expert in Digital General Medicine. He combines clinical expertise with cutting-edge digital solutions to improve patient outcomes and advance medical research.

As the head of the Center for Rare Diseases at the University Hospital RWTH Aachen, Prof. Mücke is dedicated to improving diagnostics and care for patients with complex conditions. He also directs the Campus Practice, a state-of-the-art medical facility that serves as a model for digitalized patient care and interdisciplinary collaboration. This practice integrates advanced technologies and telemedicine platforms to deliver high-quality healthcare while addressing systemic challenges like the shortage of general practitioners.

Prof. Mücke leads the Institute for Digital General Medicine at RWTH Aachen, where he oversees strategic projects to advance digital healthcare and strengthen regional healthcare systems. His work focuses on leveraging innovation and technology to create sustainable, patient-centered healthcare solutions.

Ethical governance of AI in global health research: navigating challenges in AI for equitable global health research

Saturday, 10 May 10:45

Rosemarie de la Cruz Bernabe, PhD

Rosemarie Bernabe is professor of research ethics and research integrity from the University of Oslo. Her research interests encompass the intersection of research ethics and regulatory science, applied across various domains such as immersive technologies, open science, late-phase clinical trials, post-clinical trial access, and global health research. She serves as the project coordinator for multiple Horizon 2020/Horizon Europe projects, as well as several nationally-funded projects in these application areas, including the following:

- XR4Human (the Equitable, Inclusive, and Human-Centered XR Project);
- ROSiE (the Responsible Open Science in Europe Project);
- BEYOND (Beyond Bad Apples: Towards a Behavioural and Evidence-Based Approach to Promote Research Ethics and Research Integrity in Europe);
- TRUSTparency (Increasing reproducibility through the co-creation of interventions that support a transparent and trustworthy research ecosystem)
- AccessAfrica (Improving Post-trial Access in Africa);
- AccessAfrica2 (Strengthening Clinical Trial Regulatory and Ethical Review oversight in East Africa);
- Pandemic Ethics (Developing national and global agendas for the ethics of post-trial arrangements in LMICs during pandemics/epidemics), and
- ETHIMED (Ethics in Research and Clinical Practice).

Dr. Algorithm, I Presume? Navigating Expectations of AI in Family Medicine

Saturday, 10 May 10:45

As artificial intelligence (AI) rapidly integrates into healthcare, family medicine stands at the crossroads of technological innovation and humanistic care. This keynote explores the evolving role of AI in family medicine, examining both its promises and its challenges. From enhancing diagnostic accuracy and administrative efficiency to redefining the patient-doctor relationship, the use of AI raises critical questions: What expectations are realistic? How do we ensure equitable access and minimize unintended consequences? And most importantly, how do we balance the art of medicine with the science of algorithms? Drawing on real-world examples and emerging research, this session will illuminate the practical, ethical, and professional dimensions of AI, guiding family physicians to harness its potential while maintaining the core values of holistic, patient-centered care.

Ulrik Bak Kirk

I am a Chief Consultant and PhD Faculty Fellow at Aarhus University and the Research Unit for General Practice in Aarhus, Denmark. I have been working in the field of Digital Public Health for over 10 years, developing and implementing projects that enhance the health and well-being of diverse populations, such as the ReMoTe (Refining Remote Assessment in Primary Care during Covid-19) project, supported by Innovation Fund Denmark. I am passionate about creating positive social impact through research and innovation, and I seek to foster partnerships between academia, primary health care, and civil society. My goal is to advance the field of digital health in general practice and to empower people with evidence-based and user-friendly tools.

Oral Presentation / Scientific Work

Challenges and Opportunities in Coding Systems for Long COVID in Primary Healthcare Across Europe

Raquel Gomez Bravo[1], Sandra Leon Herrera[2], Sara Ares Blanco[1], Marina Guisado Clavero[1], Ileana Gefael Larraondo[1], Maria Pilar Astier Pena[3], Research Group Eurodata Project[4]

1. Semfyc and Wonca Europe Policy Advocacy WP
2. Instituto de Investigación Sanitaria de Aragón. University of Zaragoza (Spain),
3. Spanish Society of Family and Community Medicine (semFYC), 50009 ZARAGOZA, Spain E-mail: mpastier@gmail.com
4. Wonca Europe Policy Advocacy Working Party

Keywords: Long Covid, Primary Health Care, Coding System, Europe, Health Information Systems

Introduction:
Standardized coding systems are crucial for accurate diagnoses, continuity of care, and reliable data analysis in primary healthcare (PHC). The COVID-19 pandemic, and particularly the emergence of Long COVID, has highlighted the need for coding systems capable of addressing its complexities. This study evaluates the use of coding systems in PHC across Europe, examining their interoperability with secondary care (SC) and their effectiveness in documenting Long COVID-related conditions, with implications for quality and patient safety.

Method:
A cross-sectional study was conducted across 35 European countries to assess the use of coding systems in both PHC and SC, including ICPC-2, ICD-9, and ICD-10. The analysis focused on coding Long COVID-related conditions and the interoperability between PHC and SC systems. Descriptive statistics were employed to identify gaps and opportunities for improvement.

Results:
Survey responses were received from 30 countries. ICPC-2 was used in PHC in only one country, ICD-9 in four, and ICD-10 in twelve, while eleven countries reported the absence of any coding system in PHC. ICD-10 was used in SC in 19 countries, with 12 using the same coding system for both PHC and SC. The limited integration of ICD-10 into PHC hinders effective care coordination. Furthermore, most countries lack mechanisms to link Long COVID-related conditions (e.g., lung fibrosis, autoimmune diseases) under a unified diagnosis code in PHC, leading to fragmented coding. This gap complicates the tracking and management of Long COVID within PHC settings.

Conclusions:
The findings highlight the need to harmonize coding systems across Europe, advocating for the better integration of ICPC-2 and ICD-10 into PHC and SC. Countries without a coding system in PHC should prioritize implementation. Enhancing standardization and interoperability is vital for improving care quality, patient safety, and data reliability, particularly in managing complex conditions such as Long COVID.

Presentation on 09/05/2025 10:40 in "Short Oral Presentations" by Maria Pilar Astier Pena.

Oral Presentation / Inspiring Practice or Project

Enhancing clinical skills training through digital innovation: The DOMINOS 2 project

Eva Cedilnik Gorup, Vesna Homar

University of Ljubljana, 1000 Ljubljana, Slovenia. E-mail: vesna.homar@mf.uni-lj.si

Keywords: Clinical skills, Medical education, Digitalisation, Family medicine, General practice

Setting:
The Erasmus+ DOMINOS 2 project is a three-year interdisciplinary initiative (2025–2028) involving healthcare universities from four European countries: the University of Ljubljana (Slovenia), Université Paris Cité (France), Aarhus University (Denmark), and the University of Warsaw (Poland). Building on the DOMINOS 1 project, DOMINOS 2 aims to digitalize clinical skills training across various medical fields. The University of Ljubljana specifically focuses on digitalizing family medicine and general practice training.

Target group:
The primary target group is final-year medical students, though the project's outcomes will also benefit other clinical training settings, including continuous professional development (CPD).

Description of the innovative practice or project:
Family medicine requires proficiency in diverse clinical skills, including procedural, communication, interpretative, and problem-solving abilities. Training and assessment of these skills are resource-intensive, creating challenges in medical education and CPD. DOMINOS 2 seeks to address these challenges by digitalizing clinical skills training through three approaches: synchronous online training, serious games and digital courses.
These digital tools will cover fundamental clinical skills as well as specialized topics in global health.

Evaluation:
The project will conduct large-scale synchronous training sessions involving students from partner universities, with serious games and digital courses tested on undergraduate students. Based on participation in DOMINOS 1, at least 500 students and 50 trainers are expected to engage in training activities. Additionally, professionals from organizations such as EURACT and EQuiP will be invited to test the content.

Next Steps:
By the project's conclusion, DOMINOS 2 will have developed 200 synchronous training scenarios, 60 serious games and 6 digital courses on clinical skills related to global health. All materials will be evaluated and made freely available to ensure broad accessibility.

Lessons learned:
Clinical skills are essential for high-quality healthcare, particularly in family medicine. However, training opportunities are often limited by resource constraints. Digitalization presents a viable solution and DOMINOS 2 aims to develop innovative digital tools that can be adopted widely.

Presentation on 09/05/2025 10:40 in "Short Oral Presentations" by Eva Cedilnik Gorup.

Oral Presentation / Scientific Work

Evaluation of an international guideline for simulation training in healthcare

Uroš Zafošnik[1], Zalika Klemenc Ketiš[2]

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2. Ljubljana Community Health Centre

Keywords: simulations, healthcare, training, international guideline

Introduction:
Training instructors to perform simulations in healthcare requires mastering a number of skills before they start working in a simulation centre. This study focuses on the evaluation of a simulation training guideline developed in the framework of the international Euveca and Transsimed projects. The guideline specifies the training needs and stresses the importance of collaboration with the quality department. It describes a training process involving different phases: theory, skills, debriefing, simulation and debriefing, with each step clearly defined.

Method:
The Kirkpatrick evaluation model was used in the study, which comprises four levels: reaction, learning, behaviour and results. The sample consists of 40 students from the Faculty of Health Sciences Maribor, which ensures the representativeness of the data.

Results:
The evaluation results showed an extremely high level of participant satisfaction. At the reaction level, the average student satisfaction score was 4.5/5, which means that 85% of the students recommended the programme to their colleagues. At the learning level, 90% of the participants confirmed that they had acquired important knowledge, and the average score for understanding key concepts was 4.3/5. In the behavioural level analysis, I found that 75% of the students reported successfully applying the skills they had learned in the clinical setting, and their confidence in performing new procedures achieved an average score of 4.0/5. At outcome level, 80% of students reported improvements in the quality of care and 70% reported higher patient satisfaction.

Conclusions:
The study provides important insights into the effectiveness of simulation training and its positive impact on clinical practice. The findings confirm that simulations not only improve students' knowledge and skills, but also contribute to better patient care outcomes. Our aim is to integrate the results of this study into further education programmes, which will further enhance the use of simulation training in healthcare.

Presentation on 09/05/2025 10:40 in "Short Oral Presentations" by Uroš Zafošnik.

Oral Presentation / Inspiring Practice or Project

New perspectives and limitation of AI in the GP practice

Elena Bachledová[1], Teodor Bachleda[2]

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2. Faculty of Medicine, Comenius University Bratislava, 813 72 Bratislava, Slovakia E-mail: bachleda@gmail.com

Keywords: 12-Lead Holter Monitor, AI analysis, AI detection of arrhythmias, GP practice

Setting:
This project started in the GP practice in cooperation with the Department of Emergency and General Medicine at the Medical faculty.

Target group:
GP practice patients

Description of the innovative practice or project:
We start using a 12-Lead Holter Monitor with the detection of arrhythmias with AI analysis in GP practice.

Evaluation:
AI Holter Monitor reports were compared by the expert with years of experience from CICU at the Heart Centre.

Next Steps:
The aim is daily use of 12-Lead Holter Monitor with AI detection of arrhythmias in the GP practice.

Lessons learned:
Use of 12-Lead Holter Monitor with the detection of arrhythmias with AI analysis in GP practice seems to be promising tool in a daily work in regions where the waiting time for a specialist examination is very long.

Presentation on 09/05/2025 10:40 in "Short Oral Presentations" by Teodor Bachleda.

Oral Presentation / Scientific Work

The impact of digitalization on European general practice from the perspective of general practitioners - Systematic review

Julia Fuger

Institute of General Practice JKU Linz, 4020 Linz, Austria. E-mail: julia.fuger.jku@gmail.com

Keywords: Digitalization, Telehealth, General Practice, Primary Care, eHealth, Family medicine, Artificial Intelligence, Systematic Review

Introduction:
Over the last decade, digital transformation in healthcare has significantly impacted general practice across Europe. This review aims to analyze the influence and evolution of digitalization in general practice from the perspective of general practitioners (GPs) and identify key aspects shaping the future of primary care.

Method:
We conducted a systematic literature review on general practitioners' perception of digitalization in general medicine, following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) across eight databases (PubMed, Scopus, Springer Link, Wiley, Cochrane, Web of Science, Google Scholar, Ovid), and using the search string: "digital, digitalization, eHealth, AI, primary care, general practice". As a basis for this review, all original studies focusing on the impact of digitalization on European general practice from the perspective of general practitioners, which were written in German or English, and conducted between 2014, and 2024, were selected for screening. 1,580 references were identified. After duplicate removal, 1,327 references were title-screened. A total of 398 references were further screened by abstract. Of these, 119 references were selected for full-text review. Based on various relevance criteria, 65 references were included. Further manual data extraction supported by the AI tool Elicit was conducted for an in-depth qualitative analysis and meta-analysis.

Results:
Our preliminary findings indicate that the key areas of digitalization impacting general practice include: the adoption of electronic health records, telemedicine, AI-driven decision support tools, and patient self-management platforms. GPs highlighted challenges such as digital literacy, data privacy concerns, and the integration of digital tools into their clinical workflows.

Conclusions:
Digitalization has brought transformative changes to general practice, offering both opportunities and challenges. This review underscores the most impactful aspects of digitalization and their implications for the future development of general practice. Understanding these trends is crucial for aligning digital innovations with the needs of GPs and patients in primary care.

Presentation on 09/05/2025 10:40 in "Short Oral Presentations" by Julia Fuger.

Workshop / Scientific Work

Discover ABiMed, an online digital platform to help doctors and pharmacists improve the safety and quality of medications among elderly polymedicated patients.

Hector Falcoff[1], Jean-Baptiste Lamy[2], Sophie Dubois[1], Thibault Triconnet[3]

1. Société de Formation Thérapeutique du Généraliste, 94800 Villejuif, France E-mail: hector.falcoff@ebmfrance.net
2. LIMICS - INSERM
3. Université Paris Cité

Keywords: elderly polymedicated patients, medication review, digital platform

Introduction:
Elderly (>65) often receive polypharmacy, i.e. five drugs or more. Polypharmacy is a safety issue. Each new drug administered increases the risk of adverse events by 12-18%. Polypharmacy is also a public health, economic and ecologic issue.
Medication review (MR) is a systematic assessment of a patient's medication content and management, with the aim of optimising the quality of medication and minimising medication-related problems.
The MR can be carried out either in collaboration by the community pharmacist and the general practitioner, or by the doctor alone, or whith his trainee, or during a quality meeting.
MR is demanding and time consuming because it is necessary to answer several questions about the appropriateness of the indications and dosages, interactions, adverse events, possible underuse, overuse or misuse of each drug.
We have developed an online platform, ABIMED (Aide au Bilan de Medication), which aims to facilitate MR. The research is funded by the French National Research Agency,
ABIMED is a clinical decision support system, and relies on two knowledge bases, a national drug database and the STOPP & START v3 rules. ABIMED adopts a visual and integrated presentation of contextualized drug knowledge, adapted to the patient profile and the entire order.

Aim(s):
To discover and test the ABIMED platform.
To understand the benefits of a digital tool to facilitate MR.

Programme:
WHAT THE PARTICIPANTS WILL HAVE TO DO
Participants will work in small groups. They will have to do a MR of an elderly patient taking numerous medications, first without, then with, the help of ABIMED.
The groups will compare their experience and analyze the advantages and limitations of ABIMED. Participants will be able to describe the MR tools available in their own country.
EXPECTED RESULTS
Participants will have gained motivation to do MR. They will have understood the benefit of adopting ergonomic digital tools for visualizing and summarizing knowledge about medication.

Presentation on 09/05/2025 10:40 in "Workshop A" by Thibault Triconnet.

Workshop / Inspiring Practice or Project

Dialogue on digital care developments in general practice. Challenges and chances.

Stijn Van Den Broek[1], Jan Jansen[1], Dorien Zwart[2]

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2. University Medical Center Utrecht

Keywords: digital and hybrid GP care, primary process, risks, benefits

Introduction:
In this digital era, healthcare increasingly embraces all kinds of digital solutions. Technically almost anything is possible and digital solutions hold the promise of solving future challenges in healthcare due to increasing demand in an aging population and bureaucratic and medicolegal pressures concurrent with diminishing workforce capacity. These conditions, valid in most European countries, strongly incentivize rapid development and use of an array of digital solutions, often already fully implemented in practice before scientifically underpinned or assessed for safety or unintended effects. At the same time, choices for digital care solutions and actual implementation differ per European country because each specific context poses different needs and potential.
In the Netherlands a policy statement about digital care in family medicine has been developed by the Dutch College of GPs and published recently.

Aim(s):
In this workshop, we aim to explore the potential for an EQuiP Position Paper on Quality and Safety of digital GP care. For this, we share the Dutch policy statement on digital GP care to harvest critical reflections and experiences, among European colleagues, and to reflect on the chances and challenges of digital care solutions in general practice/family medicine.

Programme:
• 00:05min Plenary introduction of rationale, definitions, and the workshop program.
• 00:15 min Introduction Dutch college's policy statement on digital GP care
• 00:15min Small group work, part 1: Critical appraisal and experiential discussion
• 00:05min Intermediate plenary feedback
• 00:15min Small group work, part 2: Mapping and discussing chances and challenges of the digital care solutions (ref. to EQuiP-survey 2023).
• 00:20min Plenary discussion.
• 00:05min Wrap up and formulating next steps.

Presentation on 09/05/2025 10:40 in "Workshop B" by Stijn Van Den Broek.

Oral Presentation / Inspiring Practice or Project

Co-Creation Workshop for building resilience among health professionals: XR2ESILIENCE Project

Eva Turk[1], Sebastian Egger-Lampl[2], Nina Dalkner[3]

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2. MINDCONSOLE
3. MedUni Graz

Keywords: Co-creation, resilience, extended reality, health professionals

Introduction:
In an era where healthcare professionals (HCPs) are increasingly facing the challenges of burnout and emotional exhaustion, innovative approaches to resilience and well-being are paramount. This workshop is part of the XR2esilience EU-funded project, which focuses on developing resilience training through innovative solutions utilizing extended reality (XR). This 75-minute Co-Creation Workshop aims to engage stakeholders in identifying challenges and collaboratively developing solutions through a design thinking approach. It will also provide participants with the opportunity to engage with XR technology through hands-on experiences, utilizingXR headsets to explore immersive environments designed for stress relief and emotional regulation. The workshop will highlight the application of XR in fostering mindfulness, empathy, stress (self-)perception and coping strategies essential for managing the demands of clinical practice.

Aim(s):
Identify Pain Points and Desires: Utilize design thinking to explore stakeholders' experiences and needs related to resilience.
Engage Stakeholders: Foster collaboration among participants to encourage creative problem-solving.
Co-Create Solutions: Develop actionable solutions addressing identified challenges through group ideation.

Programme:
Welcome participants and outline the workshop objectives.
Introduce the XR2ESILIENCE project and its relevance to resilience training.
Understanding resilience and Burnout: A brief overview of the current landscape of HCP burnout, its impact on patient care, and the importance of resilience in mitigating these effects

Empathy Mapping
Activity: In small groups, participants create empathy maps to identify pain points and desires related to current mental health practices and HCP resilience.
Outcome: Share key insights that will inform the next steps.

"How Might We" Question
"How might we use extended reality to improve resilience training in HCPs?"
Brainstorming Solutions and trying the XR headsets
Experiential Learning: Participants will try out XR headsets and engage in curated XR experiences, allowing for firsthand assessment of the technology's benefits in promoting resilience
Activity: Participants brainstorm ideas individually for 5 minutes, then discuss in small groups for 15 minutes.
XR as an Intervention for Resilience: An exploration of existing XR applications that target stress reduction and emotional well-being, including mindfulness meditation, nature immersion, and simulated scenarios for skill enhancement in high-pressure environments.
Encourage participants to focus on practical applications of XR technology in enhancing resilience.

Solution Sharing
Each group presents their top training solutions (2-3 ideas) to the larger audience.
Facilitate a brief feedback session to explore the feasibility and potential impact of these ideas.

Summarize key insights and proposed solutions from the workshop and next steps. (Invite to subscribe to our Newsletter.)

Presentation on 09/05/2025 15:00 in "Short oral Presentations" by Sebastian Egger-Lampl.

Oral Presentation / Scientific Work

Developing a Resilient Primary Healthcare Roadmap: Insights from a European Delphi Study

Maria Pilar Astier Pena[1], Ileana Gefaell Larrondo[2], Sara Ares Blanco[2], Raquel Gomez Bravo[2], Guisado Clavero Marina[2], Research Group Policy Advocacy Working Party[3]

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3. Wonca Europe (WEWPPA)

Keywords: Primary Health Care, Healthcare Policy, Core Values, Quality Improvement, Delphi Study

Introduction:
Primary healthcare (PHC) plays a pivotal role in promoting population health, advancing equity, and ensuring long-term sustainability in health systems. Despite its recognized value, PHC often reimains underprioritized in European health policies, leading to significant gaps in its implementation. To address these challenges, this study aimed to develop a strategic roadmap to build resilient, patient-centered, and equitable PHC systems across Europe.

Method:
A two-round Delphi study was conducted involving 210 stakeholders from 35 countries, including PHC professionals, policymakers, and public health experts. Participants assessed the importance, feasibility, and political priority of core PHC values, structural requirements, and necessary process adaptations. Data were analyzed using descriptive statistics and content analysis. Consensus was defined as at least 70% agreement among participants.

Results:
The study achieved consensus on key PHC values such as accessibility, equity, and coordinated care. However, feasibility and policy prioritization varied significantly across countries. Key recommendations included investing in workforce development, especially in underserved areas, and advancing health information systems and telehealth integration. Structural improvements, such as safer facilities and standardized service portfolios, and process adaptations focused on chronic disease management, preventive care, and end-of-life support, were highlighted. The roadmap also emphasized the need for continuous learning and innovation through data-driven approaches.

Conclusions:
The roadmap provides actionable guidance for policymakers to strengthen PHC systems across Europe, fostering resilience, equity, and sustainability. By addressing these recommendations, European health systems can achieve enhanced patient-centered care and improved population health outcomes, reinforcing PHC as the cornerstone of health policy and practice.

Presentation on 09/05/2025 15:00 in "Short oral Presentations" by Maria Pilar Astier Pena.

Oral Presentation / Inspiring Practice or Project

Enhancing Adolescent Health Education for Family Medicine Residents through ChatGPT-Supported Simulated Patient Interviews

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Keywords: Adolescent Health, Family Medicine, Simulated Patient, ChatGPT

Setting:
The project is currently in its initial planning phase, with the intended focus of the pilot initiative being on the family medicine residents at İzmir City Hospital.

Target group:
Adolescent health is a critical area requiring specific knowledge and skills in primary care services. Family medicine residents have limited experience with patient interviews related to adolescent health. This project aims to enhance family medicine residents' knowledge and skills in adolescent health through an innovative training program incorporating ChatGPT-supported simulated patient interviews. This approach seeks to bridge the gap between theoretical knowledge and practical application, thereby improving patient-doctor interactions and communication skills.

Description of the innovative practice or project:
The training program is designed for 30 family medicine residents and will span two days. On the first day, theoretical training will be provided on the importance of adolescent health, patient interview techniques, and the health needs of adolescents. The training will be reinforced with interactive methods and online quizzes. On the second day, residents will participate in ChatGPT-supported simulated patient interviews. These interviews will be based on predefined case scenarios and will be assessed in real-time by instructors. Each interview will last 10-15 minutes, followed by a group discussion. Afterward, the interviews will be assessed using the HEEADSS-S model in collaboration with ChatGPT, and the group will discuss each interview in detail.

Evaluation:
The study is currently in the data collection phase.

Next Steps:
The study is currently in the data collection phase.

Lessons learned:
The study is currently in the data collection phase.

Presentation on 09/05/2025 15:00 in "Short oral Presentations" by Aleyna Uçar.

Oral Presentation / Scientific Work

Transsimed Project in North Macedonia

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Keywords: Transsimed project, simulations, primary healthcare

Introduction:
The Transsimed project, funded through the Erasmus+ programme, focuses on establishing a competency-based education system through simulations in primary healthcare, aimed at increasing patient safety in life-threatening situations. The project started in September 2022 and will run for three years. The project partners include the Faculty of Medicine in Skopje, the Faculty of Medicine in Zagreb, the Health Center in Zagreb, and the Health Center Ljubljana. A key objective of the project is the development of a simulation center in North Macedonia that will offer training for doctors and nurses at the primary healthcare level.

Method:
As part of the project, several workshops have been conducted. One of these was the "BLS" (Basic Life Support) workshop, which was attended by 427 participants. Additionally, the "Anaphylactic Shock" workshop was held from October to December 2024, consisting of 34 workshops with 134 participants.

Results:
The general evaluation of the workshops revealed exceptionally high ratings, with 99.6% of participants rating the quality of the workshops as excellent.
An important aspect of the education involves integrating simulation-based learning into the standard curriculum. The results have been outstanding: over 90% of students were able to promptly recognize an anaphylactic shock and take appropriate action. Simulation-based education has been rated as the most effective and realistic approach to improving responses to emergency healthcare situations in everyday work at primary healthcare facilities.

Conclusions:
The Transsimed project emphasizes the importance of continuous education through simulations, which is crucial for improving healthcare quality and reducing deaths due to improperly managed emergency situations. The establishment of a simulation center at the primary healthcare level in Skopje will ensure ongoing training for healthcare professionals and contribute to increased patient safety. By the end of 2024, 4,701 participants were trained at the Skopje Simulation Center, further demonstrating the success of the program.

Presentation on 09/05/2025 15:00 in "Short oral Presentations" by Biljana Tanevska Andonova.

Oral Presentation / Inspiring Practice or Project

Wellbeing Webinars - CPD for Family Doctors Personal Health and Wellbeing

Andrée Rochfort

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Keywords: General Practitioners. Physicians. Occupational Health. Self care. Medical Education

Setting:
The Doctors Health & Wellbeing Programme of the Irish College of GPs delivers monthly online Wellbeing Webinars to college members. Member support is part of College Strategy.

Target group:
All college members

Description of the innovative practice or project:
Each year GPs in Ireland must register a minimum number of hours of medical education as part of continuous professional development (CPD) which is monitored by the medical regulatory body.
Each month, the Irish College of GPs send members an email notification listing the topic of the monthly Wellbeing Webinar, details of the guest speaker, with a link to register. Members include GP Trainees, early career GPs, established GPs, locum and retired GPs. The Wellbeing Webinars are delivered during lunchtime on a normal working day as an option to achieve some CPD credits during the day, allowing more time in the evening for work-life balance, family and relaxation. The live webinars may be viewed later on the college education platform.
Topics covered include work-related stress, burnout, nutrition, creativity, mentoring, Balint groups, positive psychology, emotional intelligence and other topics that promote self-care and formal healthcare.

Evaluation:
Feedback from college members to the Education department indicate the Wellbeing Webinars are now established as part of the scope of CPD. The number of participants who register for the Wellbeing Webinars are collated by the College Education Department indicate a steady following. The Webinars are evaluated by members through polls and surveys and feedback to college administration. Members are encouraged to participate in the live chat function, and to recommend future topics and speakers.

Next Steps:
The Wellbeing Webinars will continue in 2025. They will be promoted by college communication channels.

Lessons learned:
CPD can be utilised to promote self-care, health and wellbeing for medical doctors, and not exclusively for clinical education.

Presentation on 09/05/2025 15:00 in "Short oral Presentations" by Andrée Rochfort.

Workshop / Inspiring Practice or Project

"Lern- und Vertrauenskultur im Qualitätszirkel: Voraussetzung für kollaboratives Lernen und kontinuierliche Qualitätsverbesserung" /Workshop in deutscher Sprache

Adrian Rohrbasser

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Keywords: Quality Circle, Quality Improvement, Peer Review

Introduction:
Eine Lern- und Vertrauenskultur ermöglicht es, eigenes Verhalten, Fehler sowie unerwünschte Ereignisse oder Ergebnisse ebenso wie Organisationsstrukturen und -prozesse offen zu analysieren und zu diskutieren – ohne Schuldzuweisungen. Der Fokus liegt darauf, fachspezifische Handlungsbedarfe zu identifizieren, gemeinsam praxisnahe Verbesserungen zu entwickeln und die Qualitätsentwicklung im ambulanten Bereich voranzutreiben. Gleichzeitig stärkt eine solche Kultur die Leistungserbringer:innen in ihrer täglichen Arbeit.

Aim(s):
In diesem Workshop gehen wir den Fragen nach:
• Was bedeutet eine «Lern- und Vertrauenskultur»?
• Wie entsteht und entwickelt sich diese im Kontext von Qualitätszirkeln?
• Was fördert und was hindert die Entwicklung einer «Lern- und Vertrauenskultur»

Programme:
Gemeinsam analysieren wir Förderfaktoren und Barrieren und erarbeiten Ansätze, um eine vertrauensvolle und lernorientierte Zusammenarbeit im Qualitätszirkel zu fördern.
Dieser Workshop richtet sich an alle, die aktiv in Qualitätszirkeln arbeiten oder diese moderieren und ihre Wirksamkeit durch eine starke Lern- und Vertrauenskultur nachhaltig steigern möchten.

Presentation on 09/05/2025 15:00 in "Workshop C" by Adrian Rohrbasser.

Workshop / Inspiring Practice or Project

How to ensure and improve the quality of primary care practices: exemplars from Austria and the Netherlands

Sarah Burgmann[1], Jan Jansen[2], Eva Potura[1], Eva Smolka[1]

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2. Dutch College for General Practitioners

Keywords: quality assurance, quality management, quality improvement, certificate, primary care, general practice, audit

Introduction:
Beside inpatient settings, quality assurance and improvement remain underrepresented in primary care. However, primary care is the health care systems' entrance and provides accessible, coordinated, continuous and comprehensive care for a broad spectrum of health care needs. Facing demands regarding efficiency, adaptability, lack of staff and complex patient needs, robust quality assurance and improvement mechanisms are critical.

Lately major changes in the attitude about how quality of primary care practices should be regulated took place. This led to a change of the mindset and quality culture within the professionals.

In Austria, the process of quality assurance includes a self-evaluation by every medical practice, which is conducted by the Austrian Association of Quality assurance and quality management (ÖQMED). Following the self-evaluation and rectification of any deficiencies, random on-site visits are made to 10% of the practices. Due to changes in the latest legal amendment in 2024, the independent Federal Institute for Quality in Healthcare (BIQG) trains experienced medical doctors as peers to conduct these on-site inspections, aiming at changing the concept of quality "control" into a concept of quality improvement.

In the Netherlands the system for practice accreditation was introduced by the Dutch College for General Practitioners in 2005. First, the focus was to introduce principles of quality improvement to the participants. Through the years the system has been developed to a mature certification schedule. The standards are set by an independent committee of stakeholders in which general practitioners, patients, insurers and the government are represented. The process includes two audits on site in the first year and subsequently an audit every three years.
Participation is on a voluntary basis. However, approximately 70% of Dutch practitioners, associated with a practice, work in a practice that earned the certificate "NHG Praktijkac-creditering".

Aim(s):
The present workshop aims at comparing the concept, measures and indicators used across Austria and the Netherlands to ensure the quality of primary care practices. Further, the workshop will be used as a platform to exchange experiences of positive and negative outcomes on executed mechanisms as well as the role of supporting mechanisms.

Programme:
We will introduce the quality assurance systems of primary care practices in Austria and the Netherlands. Furthermore, small group discussions will be initiated to provide a framework for knowledge transfer on promising quality assurance as well as improvement mechanisms in primary care. Following, the participants will be invited to present and discuss their main findings in plenum.

Presentation on 09/05/2025 15:00 in "Workshop D" by Sarah Burgmann.

ePoster Presentation / Inspiring Practice or Project

Advocacy for integrating sustainable healthcare into medical education and training in Family Medicine / General Practice

Andrée Rochfort, Sean Owens, John Allman, Aoife Benton, Oisín Brady Bates, John Cox, Lisa Mcnamee

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Keywords: Sustainable healthcare, Patient participation, Interdisciplinary communication, Practice Management, Medical Education

Setting:
Primary Healthcare contributes to societal health and wellbeing. However, healthcare itself has a responsibility to be sustainable (without compromising One Health by impacting on natural resources and ecosystems) and to perform (quality).
A Sustainability and Planetary Health Working Group (SPHWG) was established in 2020, reporting to the Irish College of GPs.
The national SPHWG develops and disseminates education, research, contributes to community services, membership of external stakeholder committees and organisations, and policy development at national and international levels,

Target group:
National college GP/FM members, practices and their patients
Promoting collaborations with other healthcare stakeholders

Description of the innovative practice or project:
Busy family doctors are already overstretched at work. This project is supported by the Irish College of GPs, raising awareness of options to implement practical sustainable healthcare with their patients, including higher quality prescribing, lifestyle behaviour improvements, social prescribing and quaternary prevention. GPs have access to a menu of resources for integrating greener healthcare into regular clinical practice such as online open access to a digital Glas Toolkit, presentations and publications for dissemination to national GP membership and GP Trainers to support practices working with patients for co-benefits of better health and sustainability.

Evaluation:
This novel national project is evaluated by the national GP/FM College.
Summary of Outputs and Activities 2020-2025 accessible to all members (4,000)
- Improving Quality of Clinical Care
- Education, Research, Publications
- Greener GP Workplaces
- Leadership, Advocacy, Role modelling in primary care
- Multidisciplinary Liaison and Representation

Next Steps:
Ongoing evaluation and strategic development are planned to propose this topic is incorporated into the GP Training Curriculum, supported by the European Definition of General Practice (2023).

Lessons learned:
A small voluntary and geographically diverse group of urban and rural GPs in Ireland collaborated in advocacy for integrating greener healthcare into routine GP/FM under the theme of quality improvement, supported by their national college.

Presentation on 09/05/2025 16:00 in "ePoster Session" by Andrée Rochfort.

ePoster Presentation / Inspiring Practice or Project

Blooming Relief: Exploring Nature's Remedies for Menstrual Comfort Beyond NSAIDs

Kitti Krungkraipetch[1], Ploychanok Pathumanont[2]

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Keywords: Leardngam, Dysmenorrhea, Thai traditional medicine, Mefenamic acid, Leardngam, Randomized control trial

Setting:
Before the extensive use of modern medications, dysmenorrhea was traditionally treated with herbal remedies. In contrast, NSAIDs commonly produce gastrointestinal side effects in users. Although the Leardngam drug, a Thai traditional herbal medicine, has long been used to treat dysmenorrhea, it lacks clinical trial proof, which often causes healthcare providers to be hesitant to administer it. the randomized controlled trial was conducted to answer these questions.

Target group:
young adult female in Burapha university,

Description of the innovative practice or project:
A total of 240 college students were enlisted and randomized into six groups for the 2020–2021 academic year: Leardngam 1 and 2 (LG1 and LG2), Mefenamic acid 1 and 2 (MF1 and MF2), and placebo 1 and 2 (PB1 and PB2). To evaluate dysmenorrhea, a numerical rating system was employed. Throughout the experiment, all subjects were observed for patterns of menstruation and drug side effects

Evaluation:
menstrual pain relief, menstrual characteristics, adverse effects of each group.

Next Steps:
240 female college students were the participant in this study.

Lessons learned:
The average gaps of dysmenorrheal scores were statistically significant difference during three months (X2=97.13, p□.01; X2=104.90, p□.01; and X2=113.80, p□.01, respectively). The multiple comparison discovered the pain gaps in placebo groups were statistically significant difference from others. The pain gaps in treatment groups were greater than placebo groups. However, these pain gaps between the Leardngam and mefenamic groups were not statistically significant. The mefenamic group had greater dyspeptic symptoms than the other groups, and the Leardngam group had a higher incidence of loose stool. Leardngam was as efficient as mefenamic acid at relieving menstrual pain, with fewer side effects.

Presentation on 09/05/2025 16:00 in "ePoster Session" by Kitti Krungkraipetch.

ePoster Presentation / Scientific Work

Challanges in providing safe and effective care in Croatian family medicine practices during COVID-19 pandemic: results from the PRICOV-19 study

Zlata Ozvacic Adzic[1], Venija Cerovecki[2], Goranka Petricek[2], Miroslav Hanzevacki[2], Ino Kermc[2], Barbara Tomic[2], Natasa Buljan[3], Milan Milosevic[2], Esther Van Poel[4], Sara Willems[4]

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Keywords: primary health care, family practice, quality of health care, patient safety, COVID-19, PRICOV-19

Introduction:
During COVID-19 pandemics family medicine practices (FMPs) needed to adapt their workflow organization and care processes in order to protect staff and other patients from infectious disease, while striving to meet patients' needs and deliver safe and quality care. This study aimed to describe organization of care and asses possible differences in urban and rural FMPs in Croatia during COVID-19 pandemics in terms of safe and effective care.

Method:
Data was collected from a convenient sample of 1270 FMPs in Croatia from March to June 2021 as a part of the international cross-sectional PRICOV-19 study. The items related to adaptations in the practice organization, triage of patients and delays in care were analyzed. Differences between urban and rural FMPs were assessed using chi-square test.

Results:
A total of 148 questionnaires (response rate 11.7%) was included in the analysis. FMPs used appointment systems and performed triage before patients entered the practice (98.4%), using protocols (97.3%) and calling patients who made online appointments to check infection risk (89.1%). FMPs actively reached out to patients with chronic conditions (66.1%), with practices from rural areas reporting to reach out to patients who might postpone care more actively ($p=0.028$). A delayed care process for non-COVID-19 patients was reported by 9.6% to 28.2% of the responding FMPs.

Conclusions:
In response to COVID-19 pandemics, FMPs in Croatia implemented changes to health care processes focused to infection prevention, while aiming to preserve continuing care for chronic patients. Despite these efforts, a notable proportion of FMPs reported delays in non-COVID-19 related care, highlighting the ongoing challenges in maintaining timely healthcare delivery during a pandemic.

Presentation on 09/05/2025 16:00 in "ePoster Session" by Zlata Ozvacic Adzic.

ePoster Presentation / Scientific Work

Evaluation of Family Physicians' Level of Healthy Lifestyle and Coping with Stress

Ozden Gokdemir[1], Zeynep Pekel[2], Marina Jotić Ivanović[3], Gazmend Bojaj[4], Miriam Rey Seoane[5], Halime Seda Küçükerdem[6], Olgu Aygün[7], Maria Bakola[8], Angharad (Kate) Woolley[9]

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7. İzmir City Hospital /Department of Family Medicine
8. Department of Public Health, University of Patras, Patras, Greece
9. University of Leicester, UK

Keywords: lifestyle medicine, coping, daily clinic, healthy physician

Introduction:
The World Health Organisation reports that cardiovascular diseases (CVD) rank third among all causes of death. Coronary artery disease (CAD) is largely responsible for CVD-related deaths. Among the risk factors found in approximately 90% of coronary artery disease cases, the ones that can be changed are smoking, sedentary life, overweight/obesity, hypertension (HT), hyperlipidemia (HL), and diabetes mellitus (DM). Lifestyle changes can also be used in the prevention of complications related to cerebrovascular diseases,
Due to today's conditions, it is becoming increasingly important to protect and improve the mental health of healthcare professionals.
In this context, this study aims to examine the level of a healthy lifestyle and coping with the stress of family physicians through the EYFMD Lifestyle Medicine (LSM) Special Interest Group (SIG).

Method:
The questionnaire and scales are distributed electronically in English via EYFMD LSM SIG.
Healthy Lifestyle Behaviours Scale-II was developed in 1987 and revised in 1996. It consists of fifty-two items and 6 subscales. These subscales include health responsibility, physical activity, nutrition, moral development, interpersonal relationships, and stress management.
The ‘Coping Self-Efficacy Scale (CSES)’ measurement tool was developed by Chesney et al. in 2006. Coping self-efficacy is a 26-item scale developed to assess participants' perceived self-efficacy in coping with challenges and threats. In this scale, which is a self-report tool, each item shows the level of coping self-efficacy.

Results:
Of 170 participants, a majority were from Turkey (52.9%) and Greece (17.5%), working primarily in the public sector (83.5%) and holding advanced degrees (MSc/PhD: 68.4%). Key findings reveal that 89.3% of respondents recommend lifestyle changes for disease prevention and treatment, though patient compliance was rated as moderate. Professionals sourced LSM information predominantly through self-directed means (internet: 43.2%) rather than formal medical training (24.8%), highlighting a gap in institutional education.

Conclusions:
Ongoing study. Will be presented at the congress.

Presentation on 09/05/2025 16:00 in "ePoster Session" by Ozden Gokdemir.

ePoster Presentation / Scientific Work

General practitioners' perceptions of using virtual primary care during the COVID-19 pandemic in Kosovo: An international cross-sectional survey study

Gazmend Bojaj[1], Blerina Bojaj[1], Ozden Gokdemir[2], Ilir Hoxha[1], Arben Hysenaj[1]

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2. Izmir University of Economics

Keywords: COVID-19; primary health care; PRICOV-19; quality of care; infection prevention and control; patient safety; family medicine; infectious diseases

Introduction:
This study aimed to explore GPs' perspectives on the main benefits and challenges of using virtual care tools (telephone, online consultations tools, messaging platforms etc), mapping them against the main domains of quality of care whenever possible. While under utilised in
the past due to the dominance of interviewing in qualitative research and misplaced assumptions about lack of data depth, online surveys are now a recognised method for qualitative research.

Method:
The study used an online questionnaire survey of GPs in two countries. Recruitment took place between June–September 2020.
The questionnaire included 30 items assessing GPs' perspectives on the adoption and experience of virtual care solutions during the COVID-19 outbreak (S1 Appendix). Participants' characteristics were collected, including age, gender, country, practice setting, number of years
of experience as GP, and involvement in teaching activities.

Results:
The reduced risk of COVID-19 transmission was identified as the main safety benefit. Participants also recognised that virtual care had benefits on effectiveness, ensuring accessibility and continuity of care for both COVID-19 and non-COVID-19 patients. Participants highlighted that virtual care has improved equity in access to care for some groups of patients (,reduce unnecessary face-to-face visits (i.e., mild illnesses, prescription renewal, or administrative tasks). Participants also believed that virtual care improved timeliness, including less time spent in physical dislocation, waiting for administrative procedures, or for clinical appointments.

Conclusions:
Experience gained during the COVID-19 pandemic can be used to inform the stable adoption of virtual care solutions, the co-designing of processes and platforms that are technologically and supported by a strategic long-term plan.
Accompanying policies need to minimise digital exclusion, optimise patients' experience, and necessitate rigorously evaluations of virtual primary care both during and after the pandemic, and incorporate the lessons learned into legal and regulatory frameworks to support its long-term, sustainable use.

Presentation on 09/05/2025 16:00 in "ePoster Session" by Gazmend Bojaj.

ePoster Presentation / Scientific Work

Primary Care Providers' Perspectives on the Safety of Teleconsultations in Romania

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Keywords: primary care, family doctors, telemedicine, consultations and safety

Introduction:
Family doctors in Romania are frequently contacted by patients for remote consultations, both formally through practice-provided telemedicine services and informally via various communication platforms. Telemedicine, as defined by Romanian law (Law 95/2006; GEO 196/18.11.2020), encompasses all medical services delivered remotely—without the simultaneous physical presence of the patient and medical staff—through secure information technology and electronic communication. The expansion of teleconsultations has improved access to healthcare, particularly for patients in remote areas, vulnerable groups, and elderly individuals with chronic conditions. However, concerns persist regarding the safety, confidentiality, and potential risk of misdiagnosis associated with remote medical care. This study aims to assess the perceived safety of teleconsultations among family doctors in Romania, identify their concerns, and explore potential methods to enhance the safety and regulatory framework of telemedicine.

Method:
The research will be conducted using a structured questionnaire, divided into three sections: (1) demographic data of participants, (2) types of telemedicine services provided and perceived risks, and (3) potential solutions and the needs of family doctors to improve service safety. The questionnaire will be distributed within the Romanian family doctor community via various communication platforms between February 20 and March 7, 2025. Data will be analyzed using SPSS.

Results:
The expected results aim to highlight the primary concerns of Romanian healthcare providers regarding teleconsultations, particularly in comparison to in-person visits. The study will explore how the perceived safety of teleconsultations varies based on factors such as provider experience, patient demographics, and the geographic region of the practice. Additionally, it will assess the perceived risk of misdiagnosis or patient harm in remote consultations and identify potential measures to enhance the safety of teleconsultations in primary care settings.

Conclusions:
The study results will be shared with health authorities and could serve as a foundation for developing targeted educational programs.

Presentation on 09/05/2025 16:00 in "ePoster Session" by Andrea Neculau.

ePoster Presentation / Scientific Work

Results of the Appropiate Use of Antibiotics in Early Childhood (PURAPI) in Primary Care Setting program

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Keywords: antibiotic prescription, early Childhood, primary care setting

Introduction:
In the early years of life, the majority of respiratory infections are of viral etiology and often treated with antibiotics (Ab). The objective of PURAPI program was to evaluate the effectiveness of an intervention on the appropriate use of Ab for upper respiratory tract infections in children under three years of age, after being implemented in our Regional Health Service (1.500.000 inhabitants, 9 Health Area, 60 Health Centers) in 2015.

Method:
In 2015 a multidisciplinary working group was established, comprising pediatricians, pharmacists, nurses and anthropologists. The aim was to analyze Ab consumption and designing the PURAPI program. A qualitative methodology was carried out so as to identify barriers, needs, and facilitating factors influencing antibiotic prescription in the pediatric population. Eight indicators were defined to monitor the program, with monitoring conducted on an annual basis.

Results:
DDD: defined daily doses per 1000 inhabitants per year in our Region.
2015: 19,95; 2017: 17,77; 2018: 11,14; 2019: 10,25; 2020: 5,24; 2022: 6,59; 2022: 8,35; 2023: 9,23
A significant decrease in Ab consumption in the pediatric population has been observed, reaching a reduction of 49.40% during the period 2015–2023. The most substantial reduction occurred in the years 2021–2022, coinciding with the pandemic period.

Conclusions:
The implementation of PURAPI Program has successfully reduced antibiotic consumption in children under three years of age. Additionally, monitoring the evolution of Ab use across all health areas has made it possible to identify those primary healthcare centers where interventions should be implemented. Such interventions could help reduce Ab prescription in those health centers exhibiting a higher DDD.

Presentation on 09/05/2025 16:00 in "ePoster Session" by Jose-Miguel Bueno-Ortiz.

ePoster Presentation / Scientific Work

Simulation training as a method of continuous education of primary health care workers in emergency care

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Keywords: simulation, medical education, primary health care

Introduction:
Healthcare professionals need to constantly update their knowledge in line with the evolution of health care methods and practises in order to be best prepared to work in critical situations. The project aims to improve patient safety in certain life-threatening situation and to establish a competency-based, sustainable system of simulation-based vocational training in primary health care in Slovenia, Croatia and N. Macedonia.

Method:
We will achieve this by developing and implementation of a 2-level simulation-based competency model for trainers of medical staff. The target groups of the project are teachers and mentors of family medicine/urgent medicine, teachers and mentors of health sciences and team member at the primary care.

Results:
Advanced trainers will be able to consistently perform at a high level in all domains of simulation education. Advanced trainers are the trainers that are intended to teach the basic trainers with simulations . The following results of this activity will be a group of basic trainers, and they will be qualified to perform primary care education with simulations for primary health care teams. Basic trainers are the trainers that are intended to teach the primary care health teams with simulations . Additional results are a competency-based profile of basic and advanced trainers of education with simulations in primary care, educational program with simulations in primary care at the basic and advanced level, and evaluation of the educational programs.

Conclusions:
Planed education will improve patient safety in certain life-threatening situation and establish a competency-based, sustainable system of simulation-based vocational training in primary health care in Slovenia, Croatia and N. Macedonia.

Presentation on 09/05/2025 16:00 in "ePoster Session" by Venija Cerovecki.

ePoster Presentation / Scientific Work

Smart Anemia: An AI-Powered Web Solution for Rapid Evaluation and Differential Diagnosis of Anemia

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Keywords: Anemia Diagnosis, Interactive Web-Based Tool, AI-Assisted Decision Support

Introduction:
Anemia is a prevalent condition that demands prompt evaluation and accurate diagnosis. Traditional methods, relying on lab data and clinical judgment, can vary in interpretation. To standardize data collection and enhance diagnostic accuracy, we developed an interactive digital questionnaire. This tool employs web technologies to integrate clinical guidelines, perform real-time calculations, and offer user-friendly features, all to facilitate a systematic anemia assessment.

Method:
The questionnaire is built as a single-page web application using HTML, CSS, and JavaScript. Its design is organized into several sections:

Patient Identification: Captures demographics such as name, social security number, sex, date of birth, and age.
Settings: Customizes laboratory reference ranges (e.g., MCV values) and offers unit conversion between SI and US systems.
Complete Blood Count (CBC): Gathers key hematological parameters like hemoglobin, MCV, hematocrit, reticulocyte percentage, and RBC count, and calculates indices such as the Mentzer Index.
Serum Studies: Includes fields for serum iron, TIBC, transferrin, ferritin, and soluble transferrin receptor, along with calculations like transferrin saturation.
Hematology Lab: Records additional findings such as peripheral smear characteristics, RBC morphology, and specialized tests.
Medical History: Documents chronic conditions, medications, and other relevant factors.

Key functionalities include input validation, dynamic calculations (e.g., corrected reticulocyte percentage, RPI, eGFR), conditional logic to streamline data entry, unit conversion, enhanced user experience with tooltips and alerts, and basic client-side security.

Results:
The tool provides real-time feedback, immediate calculations, and alerts for abnormal values, enhancing diagnostic precision for conditions such as iron deficiency, thalassemia, or anemia of chronic disease while streamlining workflow.

Conclusions:
This digital questionnaire marks a significant advancement in anemia diagnosis for primary care, combining robust clinical algorithms with a user-centric design to standardize data collection and improve diagnostic efficiency.

Presentation on 09/05/2025 16:00 in "ePoster Session" by Thomaella Tsouvaltzidou.

ePoster Presentation / Inspiring Practice or Project

Take Care of Planetary Health!

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Keywords: planetary health, undergraduate, curriculum

Setting:
Planetary health emphasizes the interconnectedness of human health and Earth's ecological systems, aiming to improve quality of life while preserving natural resources and fostering sustainable ecosystems. This project seeks to (1) enhance first-year medical students' awareness of planetary health, (2) empower them to disseminate knowledge among peers, and (3) cultivate environmentally conscious healthcare professionals equipped with foundational AI competencies. By integrating AI tools into environmental health education, the initiative also aims to bridge emerging technology with ecological stewardship.

Target group:
Groups of students will conduct research and prepare reports on specific topics related to planetary health. Students will present their presentations and projects to their fellow students in the faculty.

Description of the innovative practice or project:
Student groups will research planetary health topics (e.g., climate change impacts on disease patterns, pollution reduction strategies) and utilize AI-driven platforms for data analysis, predictive modeling, and visualization. Workshops on AI basics (e.g., machine learning for environmental datasets, and natural language processing for literature reviews) will supplement their technical skills. Students will design interactive, AI-enhanced presentations and posters (e.g., QR codes linking to AI simulations of carbon footprint scenarios). Peer evaluations and AI-assisted feedback tools will refine their outputs. Final posters will be displayed faculty-wide and at the Family Medicine Congress, with AI-generated infographics highlighting key trends. A dedicated session on World Environment Day will feature student-led AI demonstrations, such as chatbots educating visitors on sustainable healthcare practices.

Lessons learned:
Expected Outcomes:
Strengthened understanding of the health-environment nexus among students.
Increased AI literacy, enabling students to apply machine learning and data analytics to ecological and medical challenges.
Enhanced peer-to-peer knowledge sharing via AI-augmented educational tools.
Heightened awareness of pollution reduction and natural resource conservation.
Improved presentation and technical skills through AI-integrated project design.
Community engagement via AI-driven interactive exhibits, fostering societal responsibility.
Scalable AI frameworks for future planetary health initiatives in medical education.

Presentation on 09/05/2025 16:00 in "ePoster Session" by Gizem Limnili.

ePoster Presentation / Scientific Work

The role of artificial intelligence in the diagnosis of rare diseases in general practice using the example of Castleman's disease

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Keywords: Rare diseases Castleman disease Artificial intelligence Large language models Clinical Decision Support Systems

Introduction:
GPs are often the first port of call for patients with non-specific complaints such as fatigue, night sweats or unwanted weight loss. While these symptoms are usually caused by common diseases, they can also be caused by one of around 8,000 rare diseases.
Artificial intelligence (AI) could play a role in the early identification of rare diseases by analyzing clinical data and supporting doctors in differential diagnosis.

Method:
As part of the work, a literature search was carried out on the topic. The extent to which large language models (LLMs) are able to recognize Castlemann's disease on the basis of a simulated patient profile was then investigated.

Results:
In the test series, 7 out of 17 LLMs recognized the disease as a possible differential diagnosis. The diagnostic accuracy varied depending on the prompt optimization and model training.

Conclusions:
The results show that AI-supported systems could support the diagnosis of rare diseases such as Castleman's disease. In some cases, LLMs identified the disease as a differential diagnosis, with accuracy strongly dependent on model architecture and prompt optimization. However, key challenges are the availability of high-quality, standardized data and optimized algorithms for the primary care context. Controlled implementation in primary care could improve the early detection of rare diseases and facilitate targeted referrals to specialists. Further research is needed to evaluate the validity of such models and their integration into existing care structures.

Presentation on 09/05/2025 16:00 in "ePoster Session" by Johannes Fluch-Niebuhr.

Poster Presentation / Inspiring Practice or Project

AI-Assisted Kiosk for Color Vision Screening in Children: A Practical and Affordable Solution

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Keywords: AI-Assisted, Color Vision, Screening, Children, Primary Care

Setting:
This study presents an interactive kiosk designed to screen children for Color vision deficiency (CVD) while waiting for medical appointments. The goal is to provide a simple, engaging, and efficient solution that identifies potential vision issues without increasing the workload of healthcare providers. The pilot study will be conducted at family health centers in Izmir.

Target group:
CVD is common but often overlooked in children, affecting learning and daily life. Despite its significance, routine screening is rarely included in check-ups. Early detection allows for better adaptation, but traditional testing requires time and expertise, limiting widespread use. This AI-assisted kiosk could transform pediatric vision screening, making it more accessible, efficient, and cost-effective. Clinical validation and real-world testing are necessary to confirm accuracy. If successful, it could serve as a model for integrating AI-based tools into primary healthcare.

Description of the innovative practice or project:
The kiosk features touchscreen where children complete interactive, game-like tasks such as color identification and pattern matching. The system analyzes response patterns to detect possible CVD. If consistent difficulties are observed, it generates brief report for physicians, who can decide if further testing is required.

Results & Benefits:
• Engaging & Child-Friendly: The interactive format encourages participation.
• Efficient & Time-Saving: Screening occurs during waiting time, reducing clinical workload.
• Affordable & Easy to Implement: Requires only a tablet and basic software.
• Supports Early Detection: Helps identify children who may need further evaluation.

Challenges & Considerations:
• Scientific Validation: AI-based screening tools must be tested against gold-standard methods like Ishihara plates and anomaloscopes.
• Minimizing False Positives: Strategies are needed to prevent unnecessary parental concern.
• Data Privacy & Security: Compliance with GDPR and HIPAA regulations is essential.

Evaluation:
The study is currently in the data collection phase.

Next Steps:
The study is currently in the data collection phase.

Lessons learned:
The study is currently in the data collection phase.

Presentation on 09/05/2025 16:00 in "Poster Session" by Zeynep Pekel.

Poster Presentation / Scientific Work

Artificial Intelligence in diagnostic medicine

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Keywords: Artificial Intelligence, Diagnostic Imaging,Improve diagnostic

Introduction:
Artificial Intelligence (AI) has emerged as a powerful force in various sectors and healthcare is no exception. In diagnostic medicine, AI technologies are increasingly being integrated into clinical practice, fundamentally changing the way healthcare professionals approach patient assessment and diagnosis. The importance of accurate and timely diagnoses cannot be overstated, as they form the backbone of effective treatment plans.

Method:
This paper is categorized in the group of literature reviews. The methods used in this paper are: descriptive method and comparative method. Existing literature related to the use of artificial intelligence in diagnostic medicine was obtained through a literature search in the database PubMed, Google Scholar, Medline Nature Medicine, The Lancet, Journal of Medical Internet Research through the search words in the English language Artificial Intelligence ,Machine Learning,Diagnostic Imaging.The literature that is available and that has been selected for this paper is based on different countries.

Results:
The results have shown that AI has significant potential in improving diagnostic medicine through increasing the degree of accuracy, efficiency and personalized patient care. However, to fully realize its potential, stakeholders must address existing challenges and foster an enabling environment for innovation and the ethical practice of using artificial intelligence in diagnostics. Continued research and collaboration across disciplines will be vital in shaping the future of AI in healthcare.

Conclusions:
The use of AI in diagnostic medicine holds great promise for revolutionizing health care delivery. Increasing diagnostic capabilities, increasing efficiency and by improving access to care, AI has the potential to significantly raise the standard of care to the patient. However, careful consideration of the ethical implications and proactive measures for . The future of diagnostic medicine is poised for breakthroughs essential through the continuous integration of AI, ultimately leading to better results health benefits for patients worldwide.

Presentation on 09/05/2025 16:00 in "Poster Session" by Gazmend Bojaj.

Poster Presentation / Scientific Work

Digitalization and Artificial Intelligence in Slovenian Healthcare: A Narrative Literature Review

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Keywords: Artificial intelligence, digitalization, data privacy, eHealth, Slovenia, health data.

Introduction:
AI has the potential to revolutionize medical decision-making by enabling faster and more efficient access to critical patient data. However, its integration into healthcare systems presents ethical and practical challenges, particularly concerning data privacy, security, and accuracy. In Slovenia, these issues are central to discussions on AI adoption, emphasizing the need for a reliable and transparent digital infrastructure. A key for AI implementation is the digitalization of health data, which provides the necessary foundation for AI-driven solutions.

Method:
This narrative literature review examines scientific and professional publications from the past four years, focusing on the development of AI and digitalization in Slovenian healthcare. Relevant sources were retrieved from scientific databases, including COBISS, Google Scholar, and PubMed, as well as official institutional websites such as the Ministry of Health and the Medical Chamber of Slovenia. The PRISMA methodology was employed to select and analyze literature thematically, identifying key challenges, ethical considerations, and opportunities for AI integration in Slovenia.

Results:
A significant milestone in Slovenia's digital healthcare transformation was the implementation of the eHealth (eZdravje) project. This initiative facilitated the development of critical digital solutions, including eReferral (eNapotnica), ePrescription (eRecept), eBooking (eNaročanje), the Central Registry of Patient Data (CRPP), and the Electronic Health Record (eKarton).These systems enhance data accessibility, streamline healthcare processes, and provide the infrastructure for AI-driven healthcare applications. Despite these advancements, challenges persist, particularly concerning data security, system interoperability, and public trust in AI-assisted diagnostics and treatment.

Conclusions:
The findings of this review underscore the essential role of digitalization in enabling AI adoption within the Slovenian healthcare system. While AI offers significant opportunities to improve medical efficiency and patient care, its successful implementation depends on regulatory frameworks, ethical oversight, and technological advancements. Future efforts should prioritise data security, fostering public trust, and ensuring the seamless integration of AI solutions into existing digital infrastructures.

Presentation on 09/05/2025 16:00 in "Poster Session" by Zala Peterka.

Poster Presentation / Scientific Work

Exploring Clinical Pathways for Long COVID Management Across Europe: A Comparative Analysis of Primary Healthcare and Acute Emergency Practices

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Keywords: Long Covid, Primary Health Care, Clinical Pathways, Europe, Health Information Systems

Introduction:
Prolonged effects of COVID-19, known as Long COVID (LC), present a multifaceted challenge to healthcare systems globally. This study aims to identify commonalities and variations in clinical pathways for LC across Europe, focusing on primary healthcare (PHC) and secondary care (SC). We examine the clinical pathway for LC patients through a survey-based approach,

Method:
A comprehensive survey was conducted across 31 European countries to gather data on clinical practices for LC. The analysis encompassed guidelines and healthcare features, patient examination processes, symptoms, and treatment pathways in PHC and SC settings. Data from respondents were compiled into structured datasets, enabling a comparative analysis of similarities and disparities among countries. A peer review process for data accuracy was performed.

Results:
14/31 countries (56%) have Long-Covid guidelines from their Ministry of Health, with 80% implementing coordinated care pathways. Recognized symptoms include fatigue, dyspnea, and cognitive impairment, while less frequent menstrual changes and unexplained symptoms. Physical examinations, such as lung and heart auscultation, basic vital signs (oxygen saturation, heart rate) are widely monitored. PHC diagnostic tests include blood counts (92%) and inflammatory markers (88%). Home visits (72%) and online consultations (60%) are frequently provided. SC offers CT lungs (92%) and CT brain (88%). SC follow-up involves specialists such as internal medicine (92%), pneumologists (88%), cardiologists (84%). Rehabilitation options, such as respiratory physiotherapy and cardiac rehabilitation, are reimbursed in 14–16 countries, though physical therapy for dysautonomia is less accessible. Medications like NSAIDs for chest discomfort and paracetamol for myalgias are widely used (20/31 countries), Therapies such as glucocorticoids for pneumonia show variability in availability. Social determinants of health are considered in 64% of countries.

Conclusions:
Findings highlight the need for harmonized guidelines to address LC effectively. Tailored strategies reflecting local healthcare capabilities and patient needs are essential. Future efforts should focus on fostering collaboration to optimize care delivery.

Presentation on 09/05/2025 16:00 in "Poster Session" by Jose-Miguel Bueno-Ortiz.

Poster Presentation / Scientific Work

Improving Diabetes Management Through Primary Health Care Units: A Nationwide Analysis of Austria's Disease Management Program Participation

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Keywords: Primary Care, Disease Management Program, Diabetes, Primary Health Care Units

Introduction:
Austria's Disease Management Program (DMP) "Therapie aktiv" for type 2 diabetes has demonstrated significant benefits, including lower mortality, fewer diabetes-specific complications, reduced hospital admissions, and lower annual healthcare costs. Despite these advantages, many eligible patients remain unenrolled.

Primary Health Care Units (PHCU), a growing and transformative model in Austrian primary care, are mandated to offer the DMP, unlike general practitioners (GPs) in single or group practices, where participation is voluntary. However, mandatory provision does not guarantee patient inclusion, as participation requires both patient consent and health professional endorsement.

Regional evaluations in Lower Austria and Vienna suggest that PHCUs treat fewer diabetic patients overall but enroll a higher proportion of them in the DMP. This study investigates whether this trend holds nationwide using data from 2023.

Method:
We analyzed nationwide 2023 data on DMP participation across all publicly funded GP practices in Austria. Patients were categorized based on their treatment setting: PHCUs vs. single and group GP practices. The proportion of patients enrolled in the DMP was calculated relative to the total patient population in each setting.
While 5.2% of all patients were treated in PHCUs, these units accounted for 6.5% of all DMP-enrolled patients. This yielded a relative risk (RR) of 1.267, indicating a higher likelihood of DMP participation among PHCU patients.

Results:
DMP enrollment is 26% more likely in PHCUs compared to other primary care models.
The 26% figure may be underestimated: PHCUs generally have a lower prevalence of diabetic patients than single practices, which could further amplify the relative difference.

Conclusions:
Primary Health Care Units play a crucial role in enhancing DMP participation among patients with type 2 diabetes. Their structural integration of care processes likely contributes to improved quality in diabetes management. Expanding and strengthening PHCU services could be a key strategy for increasing nationwide DMP coverage.

Presentation on 09/05/2025 16:00 in "Poster Session" by Maximilian Schwarz.

Poster Presentation / Inspiring Practice or Project

New digital service for assessing primary healthcare accessibility in Slovenia

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Keywords: primary healthcare, Slovenia, Accessibility, Digital service

Setting:
Primary healthcare is the cornerstone of population health, and Slovenia's publicly funded system envisions every individual having a personal primary care physician. However, despite media reports on service availability issues, citizens often struggle to access and interpret relevant data. The project covers the entire population of Slovenia, coverage shown by regions and municipalities.

Target group:
The target population are all users of healthcare services in Slovenia (every citizen needs a personal primary care physician), as well as the Health Insurance Institut of Slovenia (the only, state owned health insurance company in Slovenia) and last but not least - the Medical Chamber of Slovenia.

Description of the innovative practice or project:
The "Zdravniki Sledilnik" portal (https://zdravniki.sledilnik.org) is a publicly available resource that helps citizens locate a personal primary care physician. Building on the success of its map-based interface—designed to help users find physicians still accepting new patients—we harnessed the available data to provide a comprehensive overview of Slovenia's primary care network. A dynamic, colorful dashboard was developed to display the key performance indicators of primary care.

Evaluation:
Our work produced four interactive charts: one chart compares the number of patients entitled to a personal physician with those who doesn't have one; another displays a country map highlighting areas with low primary care coverage; a third line chart identifies age groups at risk; and a fourth chart compares the performance of concessionaires (private providers who are part of the public system - have a contract with the National health insurance company) with publicly owned community health care centers.

Next Steps:
This interactive visualization enhances the understanding of primary care network performance for all participants. It empowers citizens to critically engage with health information and supports the formulation of data-driven policies to further improve the healthcare system.

Lessons learned:
Despite the difficulty of accessing actual public data, perseverance, persistence, and creativity pay off.

Presentation on 09/05/2025 16:00 in "Poster Session" by Vojislav Ivetić.

Poster Presentation / Scientific Work

Outpatient urinary tract infections in Germany – susceptibility testing in medical laboratories and their feedback

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Keywords: Urinary tract infection; resistance rate; susceptibility; feedback

Introduction:
Urinary tract infections (UTIs) are among the most common reasons for prescribing antibiotics in primary care. In selected cases, guidelines recommend further testing of pathogens and their antimicrobial susceptibility. Which antibiotics are tested by laboratories and reported to physicians can influence antibiotic prescribing. Previous studies suggest that laboratory testing often does not include guideline-recommended antibiotics. However, the current practice of laboratory susceptibility testing for outpatient urinary tract infections in Germany is unknown and should be assessed in the study.

Method:
We conducted a cross-sectional study among all ambulatory medical laboratories in Germany from January to April 2024. Using a standardized questionnaire, we collected data on the tested antibiotics as well as on the communication and exchange of information between outpatient physicians and laboratories.

Results:
Overall, 258 of 396 identified laboratories participated in the study (65.2%). Of those, 106 performed susceptibility testing. In a urine culture positive for E. coli, laboratories tested for a mean of 13.1 different antibiotics. With respect to the five antibiotics recommended for uncomplicated UTIs, laboratories performed tests for a mean of 3.8 agents. Overall, the most commonly tested antibiotics were ciprofloxacin (98.1%) and cotrimoxazole (97.2%). Laboratories wished for additional information they considered important to accompany a urine sample. The most common answers being clinical information, e.g. about pregnancy or immunosuppression (56.4%) and current or previous antibiotic therapy (55.4%). However, when asked to estimate how often they received information on comorbidities and previous treatments, the corresponding proportions were low (21.5% and 21.3%, respectively).

Conclusions:
Outpatient medical laboratories in Germany test for a variety of different antibiotics and they often seem to lack information they consider important, Only some of the antibiotics recommended in guidelines are included in laboratory analysis. Perhaps a more targeted selection of antibiotics tested and reported could improve adherence to guidelines.

Presentation on 09/05/2025 16:00 in "Poster Session" by Guido Schmiemann.

Poster Presentation / Scientific Work

Point-of-Care Ultrasound in Family medicine: Understanding utilization and non-utilization patterns

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Keywords: Point-of-care ultrasound, family medicine, general practice, utilisation

Introduction:
Point-of-care ultrasound (POCUS) is a valuable diagnostic tool in family medicine, improving decision-making and patient care. In Slovenia, a significant number of family medicine specialists received POCUS devices and a targeted training, addressing two major barriers in POCUS use: access and knowledge. However, utilization of POCUS in their practice varies. This study aims to explore POCUS usage patterns, focusing on standard indications and barriers faced by users and non-users.

Method:
This mixed-methods study will include Slovenian family medicine specialists that have been trained in POCUS from 2020 onward and have access to POCUS device. A structured questionnaire will assess the frequency of POCUS use for common and rare indications in family medicine. Reasons for non-use will be explored through the open-ended survey questions. If needed, additional qualitative data to explore barriers and facilitators will be gathered through focus groups. Quantitative data will undergo descriptive analysis, while qualitative responses will be analyzed thematically.

Results:
Findings are expected to reveal variability in utilization across common POCUS indications in family medicine. Common barriers may include lack of confidence, technical challenges, difficulties in addoptions of new skills, or perceived irrelevance.

Conclusions:
By identifying utilization patterns and barriers to POCUS use, this study will inform targeted interventions to improve its integration into family medicine training and practice. Understanding these dynamics could enhance the clinical effectiveness of POCUS and support broader adoption in primary care settings.

Presentation on 09/05/2025 16:00 in "Poster Session" by Vesna Homar.

Poster Presentation / Scientific Work

PROSPeCD – Pilot Research On a Scalable Population Health management Connected Dashboard

Liesbet Peeters[1], Laura Christiaens[2], Laura Goetschalckx[3], Stefan Morreel[3], Anouk Geenen[1], Joeri Verbiest[1], Mare Claeys[4], Bert Vaes[2], Marie Van De Putte[2]

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Keywords: Population Health Management, dashboard, health data, quintuple aim

Introduction:
The necessary data for delivering targeted population health management (PHM) interventions in Belgium is insufficient and scattered due to limited, non-interoperable data sources. In scope of the EU Technical Support Instrument 'EU Resources Hub', insights on data availability, user needs, and analysis capabilities should be obtained to develop a Belgian PHM dashboard.
We aimed to identify visual, content, and access requirements for a PHM dashboard, determining implementation barriers and facilitators, and visualizing user needs through a mockup dashboard enhancing quintuple health outcomes.

Method:
Five focus groups were conducted in three Belgian living labs, comprising 35 potential dashboard users, including general practitioners or hospital network coordinators, who met predefined knowledge criteria. Insights were gathered using open-ended questions based on theoretical frameworks of successful international examples. These insights, alongside findings obtained through scoping literature research, were incorporated into a mockup dashboard which was developed through an iterative and user-centered approach. Subsequently, the mock-up was discussed in a second round of focus groups. Data from the focus groups were analyzed using the Qualitative Analysis Guide of Leuven (QUAGOL) method.

Results:
Requirements can be classified into: (1) 'General Exploration' allowing for assessing the health and well-being status and risk factors in a region using PHM indicators, (2) 'Risk Stratification and Selection of Interventions' enabling matching of resources and interventions to at-risk subpopulations, (3) 'Research Community' providing advanced tools for data exploration and collaboration with the research community. The mockup dashboard supports population health managers, including healthcare professionals and policy makers requiring easy access to insights, and expert population health managers like researchers and data analysts requiring advanced data analysis tools.

Conclusions:
This FAIR-compliant PHM mockup dashboard supports exploration, risk stratification, intervention selection, and analyses. Findings provide actionable insights for developing an interoperable, customizable dashboard, enhancing an efficient, equitable healthcare system to achieve the quintuple aim.

Presentation on 09/05/2025 16:00 in "Poster Session" by Bert Vaes.

Poster Presentation / Inspiring Practice or Project

The ÖGAM „Primary Care Certificate“

Anton Wankhammer[1], Steffanie Poggenburg[1], Maria Wendler[2], Susanne Rabady[3]

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Keywords: Primary Care, Austria, quality, general and family medicine,

Setting:
The project was launched in August 2023. The first certificates were awarded in September 2023. The project applies to the whole of Austria

Target group:
The target group is all statutory health insurance primary care providers throughout Austria.

Description of the innovative practice or project:
In view of the high relevance of comprehensive primary care, it seemed important to determine which GP practices, regardless of their organisational form (individual practice, group practice, primary care centre PVE), fulfill the international criteria for primary care. International definitions of primary care and family medicine (Starfield, WONCA European Definition) were used as a basis for developing the criteria. In addition, national legal requirements for primary care (Primary Care Act, Austrian Structural Plan for Health) and relevant aspects of the Austrian social security system were taken into account. Requirements that are already enshrined in law were not included.

Evaluation:
The criteria were divided into the areas of ‘general requirements’, organisational form, practice team and practice organisation, cooperation in the medical and non-medical fields, training function, and facilities and range of services. So far, of the applications received, 12.9% were assessed negatively, with deficits in the areas of organisation, facilities and range of services being the main reasons for rejection.

Next Steps:
The number of applications for the award of the certificate is to be further increased through various measures in order to make high-quality primary care even more visible.

Lessons learned:
In Austria, international and national primary care standards can be met by all forms of primary care organisation. In quantitative terms, individual contract practices are predominant. Due to the imbalance in requirements caused by legal and financial factors, however, when applying, primary care organisations have a significantly better starting position for meeting the quality criteria than other forms of organisation. A standardisation of the legal primary care-relevant minimum standards could lead to an improvement of this situation.

Presentation on 09/05/2025 16:00 in "Poster Session" by Anton Wankhammer.

Poster Presentation / Scientific Work

Understanding the Dangers and Benefits of Femtech

Nora Love Studener, Erika Zelko

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Keywords: femtech, female health, fertility, menopause, urinary incontinence, mental health, fitness, cancer, health risks, health benefits, electromagnetic radiation, blue light, data collection

Introduction:
Femtech, an abbreviation for female technology, a rapidly growing industry, which creates female focused solutions for unique health challenges. While many studies have explored its sociological impacts and raised concerns about privacy and data security, less attention has been given to its clinical outcomes and potential risks.

Method:
A literature search was conducted using PubMed, Google Scholar and Semantic Scholar. To be eligible for inclusion sources needed to provide innovative femtech solutions and clinical relevance. Product websites were included in this review. In sum, 113 studies and 38 websites were identified as relevant.

Results:
The use of femtech showed significant advances in cardiovascular health, pregnancy, postpartum, pelvic floor health, endometriosis, menopause, mental health, cancer, migraines and reproductive health. However, femtech typically relies on internet-based devices, which emit electromagnetic radiation and blue light. Electromagnetic radiation has been shown to cause significant damage to reproductive cells, while blue light has the potential to disrupt hormonal balance, potentially increasing the risk of infertility and cancer development. Furthermore, femtech has the ability to reinforce societal and gendered expectations and presents significant privacy and data security concerns.

Conclusions:
Femtech offers women support throughout different life phases and health issues, by providing unprecedented opportunities for personalised care. However, its potential for cellular damage, psychological harm and lack of regulation poses a risk, which requires raising user awareness.

Presentation on 09/05/2025 16:00 in "Poster Session" by Nora Love Studener.

Poster Presentation / Scientific Work

Work-related stress among physicians working in Upper Austria

Theresa Purkarthofer, Lisa Voggenberger, Erika Zelko

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Introduction:
Our health care system is a very demanding and stressful environment for physicians. Especially irregular working hours, heavy workloads, high emotional involvement and a large amount of bureaucracy are associated with increased stress and can have a negative impact on their health and wellbeing. Furthermore, work-related stress can affect the quality of patient care.

Method:
In order to investigate work-related stress, measured by the Effort-Reward Imbalance (ERI) scale, and the relationship with self-reported health status among physicians working in Upper Austria, a questionnaire-based cross-sectional study was conducted from September 4th, 2023 to December 3rd, 2023. Out of 1078 responses, 701 met the inclusion-criteria and could be used for the statistical analysis.

Results:
The average ER-ratio among physicians working in Upper Austria was 1.193. 65.8% of the 701 participants had a reward crisis, which is defined as an ER-ratio above 1. Moreover, a moderate positive correlation between the ER-ratio and self-reported health status ($\rho=0.307$, $p<0.001$) was found, which means that physicians with higher ER-ratios are more likely to report bad health status.

Conclusions:
The results of the study indicate that physicians in Upper Austria are at risk to experience work-related stress. Moreover, it seems that increased work-related stress is associated with poorer health. Therefore, it is important to take psychosocial stress seriously in the medical profession and to create work-environments that reduce effort-reward imbalance.

Presentation on 09/05/2025 16:00 in "Poster Session" by Lisa Voggenberger.

Oral Presentation / Inspiring Practice or Project

Digital before outpatient before inpatient - rethinking patient pathways

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Keywords: Patientjourney, patient pathways

Setting:
The ‘Patient pathways: digital before outpatient before inpatient’ concept was developed as part of the Austrian healthcare reform and aims to optimise patient care through better management based on the guiding principle of ‘digital before outpatient before inpatient’.

Target group:
The target group includes all Austrian citizens, especially patients who use healthcare services, as well as healthcare providers working in primary, secondary and tertiary care.

Description of the innovative practice or project:
The concept defines strategic goals in four central fields of action:

1) Central information and access portal: A centralised portal offers citizens access to health information and eHealth applications. It promotes digital health literacy and enables the seamless use of various health portals.

2) Gesundheitsberatung 1450: Serves as the first point of contact and directs patients to the appropriate care centres. The expansion of telemedical services and the integration of appointment service centres will increase the efficiency and reliability of the consultation.

3) Primary care and strengthening the pilot function/case coordination: Primary care will be strengthened to ensure coordinated and continuous care. This includes the expansion of primary care units and the promotion of interprofessional collaboration.

4) Other digitalisation topics: The use of telemedicine and digital health applications will be expanded to optimise patient care. This includes the introduction of a central appointment service centre and the development of new eHealth applications.

Evaluation:
The needs of citizens and healthcare providers regarding the concept were systematically gathered through a participatory process, yielding valuable insights that inform and support its further development.

Next Steps:
The next steps include the development of a detailed concept.

Lessons learned:
The implementation of the concept has shown that managing patient pathways is complex. This includes, for example, medical progress and the efficient utilisation of limited resources. In addition, the various interests of the system partners must be harmonised to ensure sustainable and high-quality patient care.

Presentation on 10/05/2025 09:15 in "Short Oral Presentations" by Maximilian Schwarz.

Oral Presentation / Scientific Work

Digital technology helping in arterial hypertension management

Renata Romic[1], Venija Cerovecki[2], Andrija Stajduhar[2], Ino Kermc[2], Ino Protrka[1], Nina Šesto[3]

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3. Megi Health UK Ltd

Keywords: digital technology, digital assistant, arterial hypertension, adherence, family medicine

Introduction:
Arterial hypertension is a high prevalence disease with poor self-control, poor adherence, and unsatisfactory clinical outcomes. As we live and act in an omnipresence of digital technology we decided to explore the level of help that digital technology can provide to family doctor during follow up and management of arterial hypertension.

Method:
Estimated number of participants is N=180 (90 examinees, 90 controls). Sampling will be done alternately between patients who come to FM office, and who enter the including criteria. Examinees will use digital assistant to take records of the BP measurement, while control group will keep record of their BP log on a paper. Planned follow up consultations are after 3, 9 and 16 months.
Goals of the study are to determine values of systolic and diastolic BP in both groups, to determine medication adherence rate, and duration of
family doctors consultation regarding AH.

Results:
Preliminary results (pilot project) showed that patients using digital assistant recorded a decrease of average systolic BP for -4mmHg, and doctor's experience is also very positive (time duration of consultation regarding AH regulation is reduced, and insight into patient's BP is clearer).

Conclusions:
A digital assistant via mobile application message service is a user friendly tool for patients and valuable assistance for family medicine doctors in follow up and management of arterial hypertension. It provides data and support that benefits both to family medicine doctors and patients.

Presentation on 10/05/2025 09:15 in "Short Oral Presentations" by Renata Romic.

Oral Presentation / Scientific Work

LEVERAGING ARTIFICIAL INTELLIGENCE TO REDUCE ADMINISTRATIVE BURDEN IN FAMILY MEDICINE: A PILOT STUDY

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2. Founder, Noted

Keywords: Artificial intelligence; Primary Care

Introduction:
Administrative tasks consume substantial time and detract from direct patient care, posing challenges to healthcare systems' ability to deliver high-quality, patient-centered services. This study aims to evaluate the impact of an AI-powered tool designed to assist family physicians in consultation documentation and coding for billing, with the objective of reducing administrative burdens and enhancing job satisfaction.

Method:
This pilot study, conducted in three phases from January 2025 to December 2025, will involve family physicians and their patients from family medicine practices in Ljubljana Community Health Centre. Physicians will use an AI tool developed to automate consultation documentation and coding. Data on physician satisfaction and tool performance will be collected through surveys, software-generated feedback, and review sessions ensuring coding accuracy. The acceptability and feasibility of the tool will be evaluated using the Theoretical Framework of Acceptability (TFA).

Results:
Expected outcomes include improved efficiency in documentation processes and increased physician satisfaction. Feedback will help refine the AI tool, ensuring alignment with clinical workflows and a standardization of the clinical note, thereby promoting quality of care. Quantitative measures of administrative workload reduction and qualitative feedback on user experience will provide a comprehensive evaluation.

Conclusions:
The study addresses a critical need for innovative solutions to heavy administrative burdens and widespread physician burnout, aligning with WHO’s call for digital tools that enhance workforce well-being. The AI tool has the potential for broader implementation in primary care settings, supporting healthcare professionals in their daily workflow and improving care quality. Integrating AI in clinical documentation has the potential to revolutionize administrative processes in family medicine, fostering a more sustainable and physician-centered healthcare environment.

Presentation on 10/05/2025 09:15 in "Short Oral Presentations" by Zalika Klemenc Ketiš.

Oral Presentation / Scientific Work

Medication review among elderly polymedicated patients : the contribution of ABIMED, a digital online platform.

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2. LIMICS

Keywords: Medication review, elderly polymedicated patients, digital tools

Introduction:
The medication review (MR) aims to optimize the use of medications in polymedicated patients, by detecting interactions, adverse effects, misuse, overuse or underuse. In France MR is carried out by the community pharmacist in agreement with the general practitioner (GP). MR is paid to the pharmacist by French National Health Insurance. However very few MRs are carried out this way each year. The main obstacles declared by pharmacists are lack of time, insufficient skills in clinical pharmacy, and fear of tension with the GP or the patient.
MR can also be carried out in a primary care team during a quality meeting, or by a GP and a trainee during a supervision meeting, but again these are uncommon practices.

Method:
We designed ABIMED, a software that supports community pharmacists and GPs during MRs.
ABIMED analyzes the list of medications by taking into account the problems list and the patient's latest biological results contained in the electronic medical record.
ABIMED then provides a visual representation of dosage issues, side effects and drug interactions. ABIMED uses a drug database approved by the French National Health Agency.
ABIMED also suggests stopping or starting certain medications based on the 190 rules of STOPP/START v3.
We evaluated ABiMed with 39 pharmacists during a randomized simulation trial, each pharmacist performing a medication
review for two fictitious patients without ABiMed, and two others with ABiMed. Pharmacists' medication reviews were compared to an expert-designed gold standard.

Results:
With ABiMed, pharmacists found 1.6 times more relevant drug-related problems during the medication review ($p =$
1.1×10^{-12}) and proposed better interventions ($p = 9.8 \times 10^{-9}$), without needing more time ($p = 0.56$). The System Usability Scale
score is 82.7, which is ranked "excellent".

Conclusions:
Our main perspective is the validation of the system in clinical conditions.

Presentation on 10/05/2025 09:15 in "Short Oral Presentations" by Hector Falcoff.

Oral Presentation / Inspiring Practice or Project

SNO_ART - SNOMEDCT based Austrian Reference Terminology

Christoph Powondra

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Keywords: Automated Coding - Mapping - SNOMEDCT - ICD10 - ICPC - ELGA-Tool

Setting:
Coding project for General and Family Medicine, Developing automated coding for GPs since 2022 in Lower Austria as a cooperating project within OEAGM and KLU

Target group:
All Health professionals

Description of the innovative practice or project:
The aim of this project is to establish the technical and scientific foundation for automated diagnostic coding in primary healthcare in Austria, which is so far based on the ICPC (International Classification of Primary Care) system, and to allow valid interchange methods between various classification systems. The intended application is to be user-friendly and, by using SNOMED-CT as unique identifier, meet future European-Health-Data-Space requirements, including the International Patient Summary (IPS). This is achieved by the SNOMED-CT based Austrian-Reference-Terminology (SNO_ART), a carefully curated mapping table between SNOMED-CT and ICD-10 and ICPC2/3 to facilitate data interoperability across national and international healthcare settings.

Evaluation:
Since June 2023, the KL-OEGAM-PrimaryCareCodes-Searchtool including the SNO_ART with 40 000 terms, has been publicly available on the server of Karl Landsteiner University, immediately aiding health care workers in their daily coding process. So far only Primary health care centers and few single- and group-GPs are using the Searchtool for their daily work. Evaluation is planned in cooperation within KLU and ELGA GmbH.

Next Steps:
Since September 2024, the application has been further developed for an Austria-wide rollout from 1 January 2026 in cooperation with ELGA GmbH. The complete ICD10 Mappings of SNOMED-CT will be implemented till 31.12.2025.

Lessons learned:
The need for standardized health data became even more evident during the COVID-19 pandemic, highlighting the deficiencies in traditional, uncodified text-based diagnoses in primary care. In conclusion, this new diagnostic coding tool significantly contributes to standardizing diagnosis documentation in the Austrian health care system. It not only enhances patient care and safety but also improves data quality for research and healthcare policy.

Presentation on 10/05/2025 09:15 in "Short Oral Presentations" by Christoph Powondra.

Workshop / Inspiring Practice or Project

How to use AI to create effective teaching materials and stay up to date

Abraham Thomas

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Keywords: AI, medical education, clinical cases, case practice, study schedule, gamification, tutorial, trainee, junior doctor, registrar, escape room

Introduction:
This workshop for GPs is primarily aimed at trainers and trainees to use AI to create effective teaching materials, as well as gain confidence in staying up to date. As this emerging technology is used more in modern life, find the applications to improve your knowledge, save precious time and stay organised. We shall be covering aspects that improve organisation of information, creating effective study materials, producing study schedules and gamification of learning. It aims to provide confidence with staying up to date with the latest medical information and seeking new ways of learning for fully qualified GPs.

Aim(s):
1. The Role of AI in Exam Preparation and daily life
2. The benefits of using AI for practical and theory GP exam preparation
3. Using AI as a patient for practical exam preparation and consultation skills - interactive workshop
4. Creating personalised study plans to increase your efficiency
5. Write your own exam case or clinical consultation using AI - interactive workshop
6. How to generate cases of increasing difficulty
7. Gamification of your learning - creating puzzles and escape rooms using AI
8. Planning and making tutorials as a trainee or trainer to aid cognitive learning pathways

Programme:
The workshop will be conducted in sections with PowerPoint slides, interactive polls, and exercises for the audience to participate in. I shall be giving example prompts that can be used on the microsoft bing website, similar to a google search to create effective teaching material and helping the audience members to become confident with their own AI searches to create reliable and time effective novel ways to teach.

Target audience:
1. Trainers - Use AI become more efficient while consulting more sources of information
2. Trainees - Use AI to seek reliable information, customise better ways of learning, become efficient and learn more efficiently
3. GPs - Use AI to stay up to date, improve articulation with complaints, referrals etc

Presentation on 10/05/2025 09:15 in "Workshop E" by Abraham Thomas.

Workshop / Scientific Work

From quality circles to the latest Cochrane review on Audit and Feedback: What have we leaned?

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Keywords: Quality Improvement, GP clusters, Audit and Feedback

Introduction:
What have we learned over the last years about quality circles? Dr. Med. Adrian Rohrbasser (GP, Dr. Phil. and M.Sc. in Evidence Based Healthcare) from Switzerland has worked with quality circles and published a programme theory on quality circles and will give an overviews and insights. The 2012 Cochrane review on Audit and Feedback has been updated: What does it say? The workshop will be facilitated by Thomas Bo Drivsholm, GP, Ass. professor at University of Copenhagen and Senior Medical Advisor at The Danish National Quality Unit of General Practice.

Aim(s):
- The workshop will give an update on quality circles and the 2025 Cochrane review on Audit and Feedback
- The workshop will give participants a frame to share their experiences and projects in a discussion re. quality circles and the updated Cochrane review on Audit and Feedback.

Programme:
- Welcome, introduction-round and todays program (by Thomas Bo Drivsholm) (5 min.)
- What have we learned about quality circles? (by Adrian Rohrbasser) (15 min.)
- What have we learned from the latest Cochrane review on Audit and Feedback? (by Thomas Bo Drivsholm) (10 min.)
- The above being discussed (25 min.)
- Summing up - and where to evolve from here? (by Thomas Bo Drivsholm and Adrian Rohrbasser) (5 min.)

Presentation on 10/05/2025 09:15 in "Workshop F" by Thomas Bo Drivsholm.

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