



MINUTES WINTER MEETING 2021

VIRTUAL DECEMBER 3, 2021
18.45 – 19.30 CET

PRIMARY CARE COUNCIL

Chair: Stefano del Torso

Apologies: Zachi Grossman

(Attendance register attached)

1. **Brief Welcome and opening of the EAP Winter**

The President, Prof Adamos Hadjipanayis, was invited to the floor by EAP executive Director, Stefano del Torso, to open the virtual EAP Winter Meeting officially and welcome the delegates. The president expressed sincere thanks to all those participating. Stefano del Torso welcomed the ECPCP 's President, Shimon Barak, and elaborated on the ongoing collaboration (common statements and consensus papers, several were already published.) between EAP and ECPCP.

2. Approval of the last Primary Care Council Minutes

The Minutes were previously distributed and are available on the EAP's website. The Minutes were approved with no further comments.

3. Home Hospitalization ([click here](#) to view the presentation)

Brief introduction on the topic by Stefano del Torso:

Hospital admission is the mainstay of treatment for numerous acute conditions in children, requiring expedited diagnosis processes and complex treatments. However, admission to hospital is associated with the risk of nosocomial infections, psychological distress, and disruption to normal family function

Home Care or the "Hospital at home" is a substitutive model of care aiming to provide hospital level care in patients' own homes. Patients treated at home are being visited daily by medical personnel including physicians, nurses, paramedics and other professionals. Hospital at home services include the administration of intravenous medications and fluids, supplemental oxygen, laboratory tests and imaging studies such as POCUS. In recent years, the utilization of this model in adults is rapidly increasing as an alternative for patients with acute medical conditions requiring hospitalization. Only few studies investigated hospital at home services for acute conditions in the pediatric population.

Two specific studies were elaborated on:



Pediatric study 1: A randomized controlled trial compared home hospitalization with traditional in-hospital care for children suffering from respiratory diseases & gastroenteritis. Results indicated similar clinical effectiveness for both home hospitalization and hospital admission.

Pediatric study 2: Home hospital scheme for the treatment of specific clinical conditions such as Pyelonephritis, Meningitis, Soft tissue infection, bronchiolitis requiring oxygen support. Results: clinical outcomes similar or improved compared with traditional in hospital care.

Main therapeutic interventions include parental fluid, parenteral antibiotic therapy, and oxygen.

The chair opened the floor for discussion and specifically invited participants to share the situation in their country/region.

Main questions for discussion:

- Is it done in your countries?
- Would you like to do it in your country?
- Would it be possible to do it in your country?
- Are you interested to discuss further this proposal?

Finland, the Netherlands, and Sweden responded that this type of care takes place.

In Germany, Croatia, Switzerland and Italy it is done for selected Children with severe and chronic disorders.

In Portugal it is only relevant in palliative care cases, not in paediatrics.

In Spain such care is offered only in chronic cases by paediatric hospitals and in specific regions.

In Poland, it is only relevant for children on nutritional treatment (gastric tube, PEG).

Belgium does not have the finances to embrace home hospitalization for children/young adults, but it exists for palliative care patients.

UK: Elements of home hospitalization exists in the UK, e.g., home IV antibiotics by community nurses, but it is not a full service.

In Czech Republic this type of care is embraced for oncologic children.

In Hungary, it is reserved for special cases in palliative care // home ventilated for C4 lesions, etc.

Action: the main questions on this topic will be distributed among national delegates for further comment in the coming weeks. Ann de Guchtenaere expressed her willingness to collaborate to a European survey.

4. Progressing the Conversation on Complex and Integrated Care in Europe ([click here](#) to view the presentation) Maria Brenner, Trinity College Dublin

Maria opened her lecture by expressing the importance of establishing collective voice to speak up on this complex and multidisciplinary, multi-cultural issue of integrated care. the issue of complex or integrated care.



The goals of the study are:

- To support multidisciplinary practice, educations, and research in complex care in Europe (we don't just have a widespread publication coming from different angles).
- To support the effective development of programmes of care for this group of children and their families.
- To enhance connectivity across health and social care systems and services.
- To enhance meaningful policy development and connectivity.
- Examining the interpretation of complex care from a European perspective.

Maria accentuated the importance of having "one voice" and of identifying common goals that may lead to more meaningful policy development on European level.

Maria continued to look at the variety of terminology before the next phase: the identification of priorities and development

There are 3 different components to the search strategy:

- Population: Child or children; young; young people; family; families; parent; adolescent; paediatrics, or paediatric .
- Issue: complex needs or complex care, complex medical care; medical complexity; chronic illness; chronic disease; chronically complex or chronic health condition; disability or disab*; healthcare; serious illness; special healthcare needs; life-limiting condition.
- Literature: Published between Jan 2016 and April 2021, Peer reviewed.

87 terms were identified in total, the majority have been related to children with medical complexity:

Terms identified in the literature	Number of articles identified
Children with medical complexity (CMC) Pediatic medical complexity	46
Complex care needs (CCN) Children's complex care needs Children with complex needs Multiple complex needs (MCN)	13
Complex healthcare needs Complex health care needs Special healthcare needs (SHCN) Children with special health care needs (CSHCN) Children and Youth with special health care needs (CYSHCN)	17
Complex chronic conditions Complex Medical Conditions Catastrophic medical complexity Children with life-limiting conditions Chronic critical illness (CCI) Pediatic chronic critical Illness (PCCI)	7
Multiple Terms	4
	Total: 87



The absence of the term "integrated care":

- Clear link between having a complex need and requiring integrated care – term integrated care was never specifically used to describe complex care needs.
- Poorly developed integrated care services are a barrier to comprehensive care delivery for children with complex needs.
- Cross-sector and integrated care identified as necessary for safeguarding the wellbeing and development of children with complex care needs.
- Continuous evidence of issues with access to appropriate and continuous care in the home: access to respite care services and challenges in communication within and across services.
- Need to continuously assert the need for integrated care where complex care need exist.
- Too many taxonomies/ typologies, development of specific search engines.
- Potential deliberations on terminology on complex care to follow a similar complicated path.
- Challenging over time to use it in a practically useful way.
- Essential for a clear term, understood and applied in health and social care setting across a wide variety of cultural and geographically diverse regions.

Next Steps:

- Identification of priorities (clinical, academic and research) for complex and integrated care across Europe (preliminary list of priorities/demographics to be presented: Nov/Dec 2021).
- Jan/Feb 2022: Round one which include rating the agreement of each research priority on a 5-point Linkert scale (strongly disagree) to (strongly agree).
- March/April: Round 2 which include the terms that reached 70% consensus, median or mean score and rate agreement (1-5).
- May/July 2022: items which reach consensus for discussion with relevant stakeholders (adolescent/parent groups).
- Establish relevant masterclasses/symposia e.g. Acute and chronic disease management in complex care; decision-making; telehealth; polypharmacy; readiness of discharge; care coordination; transitions (to home / adult services) and advanced care planning.

5. Child and adolescent mental health during SARS-CoV-2 pandemic requests a response from European pediatricians ([Click here](#) to view the presentation) by Laura Reali.

Laura Reali was welcomed to the floor and started by saying that SARS-CoV2 is a Syndemic, not only a pandemic:

- Mental health worsened especially in children and adolescents who already had a disorganized attachment or were affected by pre-existing behavioral diseases
- socially disadvantaged children were those affected most, requiring a close follow-up in the long term
- Adolescents experienced high rates of depression and anxiety and toxic stress especially in low-income families
- Moreover, NCDs are additional worsening conditions



Paediatricians have opportunity to rethink our approach and to build back better by investing in a comprehensive approach to mental health that is fit for the future.

This is an historic chance to commit, communicate and take action to promote, protect and care for the mental health of a generation.

What paediatricians can do:

- *Personally*: evolving from being focused mainly on physical health to recognize the crucial importance of social context and resources in addressing mental health problems in young people
- *Politically*: encouraging investment to lay a solid foundation for mental health and well-being, supporting parents, working across sectors, building robust mental health workforces
- A «One Voice Statement» could summarize the European Paediatricians response to this issue

The chair thanked Laura for her contribution to the meeting.

6. Discussion

Discussion on Complex care

Several comments were submitted, and some questions arose:

In Sweden, complex care is a burning topic and a recently published paper (in Swedish) identified that 20 % of Children need complex care, mostly outpatient care.

It was suggested that this topic could be addressed together in all the three sessions of the EAP, Primary & Secondary-Tertiary care, because the problem of complex and integrated care is at all levels.

As complex and chronic health issues in the pediatric age linger on and many are treated eventually by family physicians, are FPs and GPs involved in this project?

Discussion on Mental Health during Covid-19:

The article in Frontiers on Adolescent mental health and Covid (published with the help of several prominent EAP figures) was mentioned.

7. Conclusion of the meeting.



List of Attendees:
Maximum Attendance was 49

Timestamp	Name	Surname	Primary Care Council Session on 3 Dec 2021 from 18.45 - 19.30 CET (Chairs: Prof. Zachi Grossman / Stefano del Torso)
2021/12/03 7:40:41 PM GMT+2	Lars	Gelander	I confirm my attendance
2021/12/03 7:40:41 PM GMT+2	Adamos	Hadjipanayis	I confirm my attendance
2021/12/03 7:40:58 PM GMT+2	Vaidotas	Urbonas	I confirm my attendance
2021/12/03 7:41:02 PM GMT+2	Hoyer	Peter	I confirm my attendance
2021/12/03 7:41:08 PM GMT+2	Peter	Altorjai	I confirm my attendance
2021/12/03 7:47:04 PM GMT+2	Risto	Lapatto	I confirm my attendance
2021/12/03 7:47:38 PM GMT+2	Veronika	Jilichova Nova	I confirm my attendance
2021/12/03 7:52:46 PM GMT+2	Miguel	Martins	I confirm my attendance
2021/12/03 7:52:50 PM GMT+2	Mateja	Vintar Spreitzer	I confirm my attendance
2021/12/03 7:52:53 PM GMT+2	Sian	Copley	I confirm my attendance
2021/12/03 7:53:01 PM GMT+2	Ivan	Bambir	I confirm my attendance
2021/12/03 7:53:02 PM GMT+2	RUBEL	Francis	I confirm my attendance
2021/12/03 7:53:14 PM GMT+2	Francois	Angoulvant	I confirm my attendance
2021/12/03 7:53:19 PM GMT+2	Geitmann	Karin	I confirm my attendance
2021/12/03 7:53:23 PM GMT+2	Arunas	Valiulis	I confirm my attendance
2021/12/03 7:53:32 PM GMT+2	Martin J	White	I confirm my attendance
2021/12/03 7:53:34 PM GMT+2	DR SHIMON	BARAK	I confirm my attendance
2021/12/03 7:54:09 PM GMT+2	Liesbeth	Siderius	I confirm my attendance
2021/12/03 7:54:17 PM GMT+2	Aida	Mujkic	I confirm my attendance
2021/12/03 7:54:27 PM GMT+2	Joana	Rios	I confirm my attendance



2021/12/03 7:54:57 PM GMT+2	Lukasz	Dembinski	I confirm my attendance
2021/12/03 7:57:19 PM GMT+2	De guchtenae re	Ann	I confirm my attendance
2021/12/03 8:36:40 PM GMT+2	Laura	Reali	I confirm my attendance
2021/12/03 8:36:53 PM GMT+2	Isabelle	Kieffer	I confirm my attendance
2021/12/03 8:37:22 PM GMT+2	Artur	Mazur	I confirm my attendance
2021/12/03 8:37:52 PM GMT+2	Veronika	Letychevska	I confirm my attendance
2021/12/03 8:42:23 PM GMT+2	Suleyman	Yildiz	I confirm my attendance
2021/12/03 8:47:21 PM GMT+2	Kaulfersch	Wilhelm	I confirm my attendance
2021/12/03 8:47:26 PM GMT+2	Rob	Ross Russell	I confirm my attendance
2021/12/03 8:50:33 PM GMT+2	Marina	Mamenko	I confirm my attendance
2021/12/03 9:12:54 PM GMT+2	Stefano	DEL TORSO	I confirm my attendance