



**UNION EUROPÉENNE DES MÉDECINS OMNIPRACTICIENS/
MÉDECINS DE FAMILLE – EUROPEAN UNION OF GENERAL
PRACTITIONERS/FAMILY PHYSICIANS**

Dear UEMO Members,

This bulletin is focused on a variety of EU-related health topics including antimicrobial resistance development at EU level, e-Health, medicines shortages, vaccination and many more.

Have a good reading!! I wish you all to enjoy a well-deserved Winter Break and celebrate the festive season with your beloved family and friends.

Yours sincerely,

Aldo LUPO

UEMO President

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EU NEWS

I. ECDC ATTRIBUTED 33.000 DEATHS PER YEAR DUE TO INFECTIONS WITH ANTIBIOTIC RESISTANCE BACTERIA



A study published by the Lancet with data from the European Center for Disease Control has reached the conclusion that infections caused by antibiotic-resistant bacteria were responsible for 33.110 deaths in the European Union and European Economic Area in 2015. These estimates are based on data from the European Antimicrobial Resistance Surveillance Network (EARS-Net) data from 2015.

The worst performing countries when it comes to the burden of infections with antibiotic-resistant bacteria are Italy, Greece, Romania, Portugal and Cyprus. The countries scoring higher on this matter are Iceland, Estonia, Norway, Finland and Sweden.

Antimicrobial resistance is a serious threat to public health and preventive action is paramount to tackle this major issue. Moreover, the increasing incidence of infections is yet another hazard for the many impaired healthcare systems across the EU. Moreover, the study assesses that the estimated deaths are a direct consequence of an infection due to

bacteria resistant to antibiotics and that the burden of these infections is comparable to that of influenza, tuberculosis and HIV/AIDS combined. It also describes that 75% of the burden of disease is due to healthcare-associated infections (HAIs) and other healthcare settings. Possible solutions suggested by the study range from reducing infectious-diseases through adequate infection prevention and control measures as well as antibiotic stewardship.

The authors said: “the estimated burden of infections with antibiotic-resistant bacteria in the EU/EEA is substantial compared to that of other infectious diseases, and increased since 2007. Strategies to prevent and control antibiotic-resistant bacteria require coordination at EU/EEA and global level. However, our study showed that the contribution of various antibiotic-resistant bacteria to the overall burden varies greatly between countries, thus highlighting the need for prevention and control strategies tailored to the need of each EU/EEA country”.

Finally, the study reveals that 39% of the burden is caused by infections with bacteria resistant to last-line antibiotics such as *carbapenems* and *colistin*. This represents an increase from 2007 and is alarming because there are no more antibiotics available besides these that seem to start being ineffective.

The results of this study are also used by the Organisation for Economic Co-operation and Development to estimate the economic burden of antibiotic resistance.



II. EXCHANGE OF HEALTH DATA ACROSS BORDERS GETS A BOOST FROM THE COMMISSION



The European Commission has announced the publication of a roadmap where it presents a Recommendation to establish a **Format for a European Electronic Health Record (EHR) Exchange**. This Recommendation follows a 2017 public consultation which revealed that all stakeholders believe that the lack of interoperability between the Electronic Health records is a great obstacle to seamless access to health data. Civil society, professional groups, trade bodies and researchers are welcome to give their input to the Commission's roadmap until December 20.

According to the document, the Recommendation which may come into force early next year, will most likely cover aspects such as:

- Inviting **Member States to put in place strategies** and where needed **adapt their legislative framework to promote secure access**, including cross-border, to their Electronic Health Records;
- Recommendations to Member States regarding the **adoption and further evolution of common technical specifications** (including established protocols and data formats) for a European Electronic Health Record exchange format

enabling cross-border access to health data;

- Proposing a **way of working between Member States**, relevant stakeholders and the European Commission to continuously **improve and develop specifications and standards**, implement the exchange format for Electronic Health Record and **monitor** uptake across the EU.

More information:

- [Top 10 Mistakes in detail](#)
- [Cross-border healthcare](#)
- [Study on cross-border healthcare](#)

III. EMA HOSTS MEETING TO FURTHER DISCUSSIONS ON HTA



On 7th December the European Medicines Agency (EMA) hosted the 16th bilateral meeting with the European network for Health Technology Assessment (EUnetHTA). EMA and EUnetHTA have been holding regular dialogues since 2010 and they are an opportunity to progress the EMA/EUnetHTA work plan. Key discussion topics on this occasion are progressing different aspects of optimising evidence generation prospectively, development of guidelines and opportunities for enhanced collaboration, optimising the exchange at time of market entry, principles for the wording of the indication as well as joint analysis on



the concepts of significant benefit and relative effectiveness.

IV. COUNCIL ADOPTS VACCINE RECOMMENDATIONS



UEMO welcomes the adoption of the Council Recommendation on strengthening the cooperation among Member States against vaccine preventable diseases. Vaccination is one of the most powerful and cost-effective public health measures for primary prevention of communicable diseases, therefore it is imperative that a more coordinated EU action and better approaches are in place to prevent the propagation of epidemics and diseases with a cross-border dimension. Addressing the major issue of vaccines shortage is part of the solution to achieve higher vaccination coverage rates across the EU. UEMO supports easing access to national and/or regional vaccination services by:

- Broadening opportunities to offer vaccination, encouraging community-based providers such as pharmacies, nurses, schools and workplace medical services.
- Targeted outreach to the most vulnerable groups including the socially excluded and minorities, so as to bridge inequalities and gaps in vaccination coverage.

However, initiatives must ensure consistency of messages on the safety of vaccinations and not lead to further fragmentation of care. Since pharmacists have been authorised to provide flu vaccinations in the UK or Ireland there is no evidence that uptake has increased among high-risk groups.

At a societal level, it is also important to curb misinformation and promote the benefits of vaccination. Additionally, UEMO supports a common vaccination schedule, an EU vaccination card and a web-portal based on transparency and with reliable updated information on the benefits and safety of vaccinations that would help patients moving in the EU. Moreover, we encourage all actors involved to follow these guidelines and to prevent a growing problem in the EU. This issue calls for a global approach solution and a multidimensional action plan.

As for the immunisation of health professionals, UEMO considers that it should be addressed with very strict measures, guaranteeing the safety of both patients and other healthcare professionals. In this regard, education - during both studies and continuing medical education - is essential. Ensuring that national medical curricula and any continuous medical education programmes include or strengthen training on vaccine-preventable diseases, vaccinology, and immunisation for healthcare workers across all sectors is a very positive first step.

UEMO supports the proposal of a Coalition of Health Workers for Vaccination to bring together European associations of healthcare workers as well as relevant

students' associations in the field in order to combine expertise and experience.

For more information:

- [State of Vaccine Confidence in the EU](#)
- [Vaccination Programmes and Health Systems in the EU](#)
- [The Organization and delivery of vaccination services in the EU](#)

V. ROMANIAN PRESIDENCY AND ITS HEALTH PRIORITIES



romania2019.eu

The Romanian health Minister, Sorina Pintea said: "Starting on January 1, 2019, we will be in charge of coordinating one of the most important institutions - the Council of the European Union (EPSCO). In the healthcare field, we are prepared to honestly and neutrally act for developing and strengthening the European project."

According to the release issued by the Romanian Health Ministry, the Romanian Presidency will continue with the efforts of advancing the EU agenda on topics of impact and with benefits to the patients. "Our country's objective during the mandate is to guarantee access to healthcare for all European citizens. Romania will make all efforts to make progress in the legislative file regarding the regulations on assessing health technology (HTA)," reads the release.

The programme of the Romanian Presidency in the healthcare field comprises five priority topics including

antimicrobial resistance, equal **access to drugs** of EU patients, **patients' mobility** and **digital health** (eHealth). The Romanian Presidency will also continue the strategic debate regarding the access of patients to drugs and **innovating therapies**, with an affordable price, with the topic to be included on the agenda of the informal reunion of health ministers in April in Bucharest, in which occasion they will also discuss the treatment of such conditions related to Hepatitis-C-Virus.

The Romanian Presidency will also organise in Bucharest the digital week (e-Health week) with a series of events dedicated to digital health.

VI. BELGIUM: REFORMS AT THE END OF THE LEGISLATURE



Our Belgian member-revealed that the end of the legislature for the government coalition is stimulating the Health Minister to produce several normative texts. Amongst the envisaged stimulations are a focus on **quality of practice project**, meaning that the practitioner must ensure that the conditions for performing the care are respected and an obligation of a "portfolio": proof of CME followed and proof of the necessary skills. In second place, comes the **reform of the College of Physicians** with suggestions to modify the structure with two linguistic roles, a board of inquiry (disciplinary instruction), a disciplinary board (determines the possible sentence) and an appeal board. Local contact points replace provincial councils. Additionally, to be elected it is necessary to



be registered for at least three years on the College and to be limited to two mandates within the same body. The third point refers to **hospitals reform**: funding will be based on the variability of care. Moreover, the networking of hospitals is planned for 1.1.2020 and should facilitate synergies and avoid double spending on technical resources for nearby hospitals. In fourth place comes the **increased supervision of mutual societies**, followed by **GRPD issues** (general regulation of personal data): there are still many questions generated by the directive and a jumble in the areas of responsibility, the definition of treatment and the register. **Medical informatics** are also subject to improvements: the INAH project (institute of analytics for health) aims to collect anonymized medical data for the purpose of research or health management. Lastly, the Belgian government vows to increase the development of **teleconsultations**. Two ongoing projects focus on teleconsultation on appointment with exclusion of the first appointment or acute case and teleconsultation expertise between doctors.

VII. EMA WILL CONVENE STAKEHOLDERS TO DISCUSS MEDICATION ERRORS WITH METHOTREXATE



The European Medicines Agency requested a stakeholder meeting, to take place on 26 February 2019, in London, as part of ongoing reviews of potential risk of

dosing errors with methotrexate. The issue at stake is currently being assessed by the Pharmacovigilance Risk Assessment Committee (PRAC) and its main trigger is related to past mistakes that have led to some patients incorrectly receiving a dose every day instead of every week. Give this and based on the outcomes of a recent safety update report (PSUR) that found serious adverse events related to overdose that are still occurring, the EMA will hold a stakeholder meeting, bringing together relevant healthcare professionals, medication error specialists as well as patient representative.

VIII. PUBLIC CONSULTATION ON LEGISLATION ON MEDICINES FOR CHILDREN AND RARE DISEASES LAUNCHED



The European Commission is launching a consultation on legislation on medicines for children and rare diseases. Interested parties, especially health professionals and citizens, are invited to share their views via this public consultation until 4 January 2019 to help shaping the EU policy on medicines for children and rare diseases. This is an important step in the process of assessing the impact of EU rules for these medical areas. One of the goals of the evaluation is to estimate the efficiency and effectiveness of the two regulations – Pediatric and Orphan -, particularly in the light of the latest pharmaceutical developments; including the impact of the incentives for research,

development and marketing of children's and orphan medicines.

More information:

- [EU Orphan Regulation \(141/2000\)](#)
- [EU Paediatric Regulation \(1901/2006\)](#)
- [EU Paediatric Regulation \(1902/2006\) \(amendment\)](#)
- [Commission's ten-year report on implementation of Paediatric Regulation](#)

IX. COMMISSION AND OCDE PUBLISH 2018 "HEALTH AT A GLANCE"



The 2018 [Health at a Glance: Europe](#) joint report of the European Commission and the Organisation for Economic Cooperation and Development ([OECD](#)) was published on November 22 with major calls for improving mental health and preventing mental illness that not only have social consequences but are also estimated to cost more than 4% of GDP across the EU. It also pointed out special attention for addressing risk factors like smoking, alcohol and obesity, reducing premature mortality, ensuring universal access to care and strengthening the resilience of health systems. Below, find some of the key findings of this report:

- Until recently, life expectancy was rising rapidly and steadily across EU countries. However, since 2011, the

gains in life expectancy have slowed down markedly. Moreover, large disparities in life expectancy persist not only by sex but also by socioeconomic status. For instance, on average across the EU, 30-year-old men with a low level of education can expect to live about 8 years less than those with a university degree.

- Evidence from various countries suggests that up to 20 % of health spending could be reallocated for better use. A mix of policy levers could optimise spending by ensuring value for money, for example in the selection and coverage or procurement and pricing of pharmaceuticals through Health Technology Assessment.
- Over 84,000 people died of the consequences of mental health problems across Europe in 2015. The total costs arising from mental health problems are estimated to amount to over EUR 600 billion per year.
- Nearly 40% of adolescents report at least one binge-drinking event in the preceding month. Although alcohol control policies have helped reduce overall alcohol consumption in several EU countries, heavy alcohol consumption among both adolescents and adults remains an important public health issue.
- Low-income households are five times more likely to report unmet care needs than high-income households.

More information:

- [Full report here](#)
- [Health at a Glance : Europe](#)
- [Executive Summary](#)
- [Factsheet](#)



X. REFORM OF THE AUSTRIAN SOCIAL INSURANCE SYSTEM



On Dec. 13th 2018, the National Council adopted the reform of the social insurance system. The reform envisages the fusion of the current 21 social insurance carriers into five. Statutory health insurance will be provided by 3 instead of 18 insurance funds, namely:

- Austrian Health Insurance Fund for employees (ÖGK)
- Social insurance fund for the self-employed (SVS)
- Insurance fund for the public sector, employees with the federal railways and miners (BVAEB)

The new Austrian Health Insurance Fund (ÖGK) will incorporate the 9 regional health insurance funds currently existing at province level and will be responsible for levying insurance contributions and negotiating a nation-wide contract for doctors' fees and services. Separate administrative units for regional health planning will continue to exist in the 9 Austrian provinces. Until 2021, services covered by statutory health insurance are planned to be harmonised across Austria, i.e. patients in all provinces should receive the same services for the same contributions. (Up to now, the negotiation of fees and services has primarily been up to the health insurance

funds and Medical Chambers at province level, resulting in certain differences in services as well as doctors' fees between provinces.) The government expects the reform to save one billion euros by 2023. It has repeatedly emphasised that the savings will not be to the disadvantage of patients, but will be achieved through streamlined administrative structures.

Further decisions by the Federal Council are scheduled for December, so the law may enter into force on 1st January 2019. The restructuring should be completed by the beginning of 2020.

The Austrian Medical Chamber welcomes certain aspects of the reform such as the nation-wide harmonisation of medical services covered by statutory health insurance.

However, due to the considerable costs that the reform project will entail, the Austrian Medical Chamber is sceptical whether the 1 billion € in savings promised by the government will be achieved. In its meeting on 19th September, 2018, the executive committee of the Austrian Medical Chamber has adopted a resolution calling for a clear commitment of the federal government to reinvest any savings directly into the health system in order to build up financial resources, offer more high-quality services for patients and medical care close to the patient's home.

Amendment to the Austrian Medical Act: employment of doctors by other doctors

The Austrian Medical Chamber welcomes the recent amendment to the Austrian Medical Act allowing doctors to employ other doctors. This model is particularly interesting for young doctors. The prospect of gaining initial professional experience with a self-employed doctor in the form of an employee relationship appears to be an attractive alternative to an early commitment to the profession of

a self-employed doctor. Additionally, with the option of an employment offer doctors already being self-employed would have the opportunity to increase the scope of their (contractual) medical activity and thus expand outpatient medical care.

However, the new law only allows a maximum of one full-time or two part-time positions. The Austrian Medical Chamber is not pleased with the government's limitation, but regards the resolution as an important step into the right direction.

UEMO NEWS

I. HISTORICAL RECOGNITION OF UEMO'S PRESIDENT ALDO LUPO BY THE ROYAL COLLEGE OF FAMILY PRACTITIONERS



On November 23, UEMO's Italian President Aldo Lupo was honored in London with the highest honor that the Scientific Society of British family doctors grant. Dr. Lupo received from the President of the Royal College of General Practitioners the Honorary Fellowship, the highest honor that the Scientific Society of British Family Physicians grants for exceptional merits gained in the activity in favor of Family Medicine.

"I am happy for this recognition, which takes note of my desire to include in the institutional action within UEMO, a

proactive attitude towards political and technical interlocutors. The Honorary Fellowship also gratifies my desire to adopt a managerial attitude, in the creation and management of the working groups and in the assignment of specific tasks to the members of the Council of Presidency," said Aldo Lupo.

"This conclusion of my presence in UEMO particularly gratifies me because the reasons for granting British honor reflect precisely what was expressed to me in an informal way, at the last General Assembly, from several colleagues belonging to various national delegations," added the Italian President.

It was the first time that an Italian doctor received this prestigious award, and the reasons for its grant are really significant both for UEMO and for the Italian Family Medicine, and finally for the Italian Doctor's Order (FNOMCeO) who promoted the candidacy of Dr. Lupo for the UEMO presidency as a visible sign of the international opening of the Federation of Italian Medical Orders in dealing with the medical, health and ethical issues. This international caliber, through the Lupo Presidency, has passed through the UEMO in full, enhancing its institutional competences. UEMO is the French acronym that identifies the European Union of family doctors.

Among the official reasons for granting this recognition, the most important one states that "Lupo's Presidency has made UEMO an organization that has truly been able to represent in Brussels the weight, the demands and the potential of European Family Medicine. A result achieved through an institutional action always based on transparency and openness, thanks to the intense work".



“Our warmest congratulations to Aldo Lupo for this prestigious award, which makes the right merit for the path that the FNOMCeO, through its presidency, has carried forward within UEMO, commented the president of the National Federation of the Order of Physicians Surgeons and Dentists, Filippo Anelli. “We thank Aldo Lupo for his work, which has brought the values of Italian Medicine to the highest international levels”.

Aldo Lupo has been a member of the UEMO Italian delegation since 1998. He has been Vice President of this institution from 2012 to 2014 and president since 2015: his term will end on December 31st.

II. UEMO SUPPORTS THE FREEDOM OF TURKISH DOCTORS TO PRACTICE MEDICINE



The European Union of General Practitioners/Family Physicians (UEMO) joins the World Medical Association (WMA) and the Standing Committee of European Doctors in condemning the recent Bill approved by the Turkish authorities that restrict the freedom of thousands of Turkish physicians to practice medicine.

The Bill recently approved by the Turkey's Health Commission will have an effect on thousands of physicians working in public and private hospitals which operate through the Social Security Agency.

The UEMO expresses its concerns both for the Turkish doctors and the for the impact that the Bill – that still need the final approval from the Parliament's Grand Assembly – will have on patients who will be deprived of the their fundamental right to healthcare.

Together with WMA and CPME, the UEMO urges the Turkish authorities to revise their position and withdraw the Bill.

III. UEMO WELCOMES ASTANA DECLARATION



UEMO supports the Astana declaration promoting “primary health care and health services that are of high quality, safe, comprehensive, integrated, accessible, available and affordable for everyone and everywhere, provided with compassion, respect and dignity by health professionals who are well-trained, skilled, motivated and committed”. UEMO welcomes the intention to invest in primary care. The creation of “decent work and appropriate compensation for health professionals and other health personnel working at the primary health care level to respond effectively to people's health needs in a multidisciplinary context” is also an important point.

Regarding the multidisciplinary context, UEMO underlines the need of a “definition of responsibilities and limits, fostering a culture of mutual support and respect

within healthcare team” and a “clear consensual definition of roles and tasks in the health care team”. In European healthcare systems, the GP plays a pivotal role in the provision and coordination of primary care. The “specialist skills the GPs have in managing complexity and uncertainty, in diagnosing and in decision making” have to be recognised¹. Everyone should have the right to access the specialist services of a family doctor.

Technology is a mean of facilitating people’s access to PHC, but the human contact remains fundamental. Moreover, the training and working conditions as well as adequate remuneration are essential to continue to attract motivated GPs and other primary care professionals that will contribute to the sustainability of the health care systems.

IV. UEMO REPRESENTED AT WONCA MEETING IN SEOUL



The French Dr. Patrick Ouvrard and the Swiss Dr. Daniel Widmer were present at the 22nd WONCA World Conference of Family Doctors, held in Seoul, South Korea, from October 17 to 21.

The Conference, which annually opens the door to GPs/FMs to share experiences and best practices, put a focus on family

medicine issues and its current challenges and opportunities. Dr. Ouvrard delivered a presentation highlighting the importance of curbing family violence cases resorting to quaternary prevention. For this purpose, two workshops were organized: the first focused on violence against women and the latter on a collaboration between social workers and GPs. Additionally, a roundtable was organized under the theme of “Interprofessional understanding of health beliefs and behavior of tribal villages population” in West Bengal.

Overall, family medicine deals with many diseases commonly encountered at first medical contact in the community. When dealing with disease, family medicine practitioners not only treat the illness itself, but they also look at the patient as a person and take psychological and social aspects into consideration as well. In the future, family medicine will strive to work for the prevention of disease, through strategies such as the management of hypertension, diabetes and chronic diseases for prevention of cardiovascular diseases, and vaccination. Additionally, family doctors will not only treat psychological, musculoskeletal and pulmonary diseases that are common in primary care, but they will also engage in the management of cancer survivors, care of the elderly, and rehabilitation.

UEMO
European Union of General
Practitioners/Family Physicians

Piazza Cola di Rienzo 80/a
IT – 00192 Roma – Italy

 secretariat@uemo.eu

HEAD OFFICE

Rue des Deux Eglises 37-39
1000 Brussels – Belgium

