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Determinants of successful Implementation of Selective Prevention of cardio-metabolic diseases across Europe
Attitude among healthcare providers

A first impression of different studies

Not aimed to give a complete overview of all attitudes

Not aimed to discuss all countries

Just to start the discussion on hampering and facilitating factors and attitude
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>+/-</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actively invite patients for preventive measurements</td>
<td>24%</td>
<td>12%</td>
<td>64%</td>
</tr>
<tr>
<td>Preventive measurements for patients who visit practice for other complaints than CMD</td>
<td>56%</td>
<td>20%</td>
<td>25%</td>
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<tr>
<td>Preventive measurements when patient ask for it</td>
<td>90%</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>Preventive measurements in patients with risk factors for CMD</td>
<td>96%</td>
<td>3%</td>
<td>2%</td>
</tr>
</tbody>
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Nielen et al. – Eur J Gen Pract 2010, 16(3), 139-142
474 German GPs 2015

Figure 2 Beliefs about primary prevention.

Holmberg et al - BMC Fam Pract 2014, 15:103
1308 Norwegian GPs 2013

Management of preventive health care → 32% very meaningful

2% would like to spend more time on it, 10% less time

Not strongly related to practice characteristics, GPs under 50 yrs stronger preference to spend less time on preventive health care

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Halvorsen et al - BMC Fam Pract 2013, 14:41

Co-funded by the Health Programme of the European Union
# 41 UK practices 2015

Health practitioners’ views of the Health Checks program

| People are checked earlier in life rather than waiting for problems to develop | The worried well are most likely take the messages on board |
| Help to identify people at high risk that had been missed before | Appropriate referrals cannot be made due to cuts in services |
| Help to identify and support people with high cholesterol, high blood pressure or diabetes, as well as heavy smokers and heavy drinkers | It has a big impact on workload and cost implications |
| The Health Checks have worked well for the worried well as well as those that have a high risk | There is uncertainty about whether people take the advice given to them in Health Checks |

Ismail et al – BMC Fam Pract 2015, 16:144
I think the CVD [Check] is a great thing to have for patients as it gives the patient 20 minutes with a HCA for any questions they have.

The entire vascular health check program is pretty much a waste of time and resources.

Lack of interest and uptake from the younger practice population? Due to accessibility of appointments if working etc. – Would be a more beneficial health promotion strategy if lower ages targeted more. Increase chance of any lifestyle changes having impact.
Attitude

Large variation

Positive and negative

Program itself (benefit)

Workload

Willingness to participate of patients

Payment

Practical issues
Kahoot

https://play.kahoot.it/#/?quizId=0500d110-159c-4e73-a255-15f9eb82d099
What is your opinion?

- Patients live longer and with a better quality of life when selective prevention of CMD is available in general practice
- Health insurance companies should give general practitioners a financial reward for performing selective prevention activities
- Promoting a healthy lifestyle is the task of the government and not of the general practitioner
- Selective prevention of CMD is a waste of money