



Strengthening primary health care to meet the current and future crises

Increasing efficiency in primary care in Greece: is it a feasible target?

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EMA SAG Vaccines

WONCA Working Party on Mental Health Chair



The unmet primary care needs of the Greek population

Μια πρώτη ανάγνωση της εμπειρικής γνώσης και της βιβλιογραφίας ΠΦΥ στη χώρα μας φαίνεται ότι δε συναντά ομάδες ατόμων παρά μόνο με αποσπασματικά ή με ειδικά νοσολογικά η κοινωνικά χαρακτηριστικά όπως:

α) Πρόσωπα με χρήση ενδοφλέβιων ουσιών και γενικά παράνομων εξαρτησιογόνων ουσιών

β) Ασθενείς με **μείζονες ψυχικές διαταραχές**

γ) Ασθενείς με μείζονα ζημιά υγείας που απαίτησε πολυήμερη νοσηλεία σε νοσοκομείο και απαιτεί φροντίδα αποκατάστασης και διεπιστημονικής συνεργασίας (όπως έμφραγμα μυοκαρδίου, μείζονες κακώσεις και κατάγματα, **καρκίνος**)

δ) Ασθενείς με μεταδοτικά νοσήματα (όπως HIV, HCV λοίμωξη)

ε) Ασθενείς **με χρόνια νοσήματα και αναπηρίες** που απαιτούν φροντίδα στο σπίτι

στ) Πρόσωπα που διαβιούν σε **κλειστές δομές της κοινότητας**, όπως θεραπευτήρια χρόνιων παθήσεων, γηροκομεία, σωφρονιστικά ιδρύματα.

- Illegal drugs users
- Patients with severe mental illness
- Patients with severe physical chronic conditions
- Patients with HCV and AIDS
- People with disabilities and physical impairment needed care at home
- People in long-term facilities



Cognitive Impairment and Dementia in Primary Care: Current Knowledge and Future Directions Based on Findings From a Large Cross-Sectional Study in Crete, Greece

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OPEN ACCESS

Edited by:
Fernando Petrucci,



Family Medicine at the Forefront: Lessons Learnt From the COVID-19 Vaccine Rollout in Crete, Greece

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Keywords: vaccination, COVID-19, primary care, family medicine, Greece

A focus on vulnerable people: what we have learned

Conclusions: Our study identified certain **chronic illness-complexes that were associated with low MMSE scores** within the context of primary care consultation. Also, our analysis indicated that seven MMSE items provide strong evidence for the presence of dementia or MCI.

Medica - a Journal of Clinical Medicine

ORIGINAL PAPER

Medica - a Journal of Clinical Medicine
2022 | 16(4): 20-27
<https://doi.org/10.26574/medica.2022.17.1.20>

Interactions of Mediterranean Diet, Obesity, Polypharmacy, Depression and Systemic Inflammation with Frailty Status

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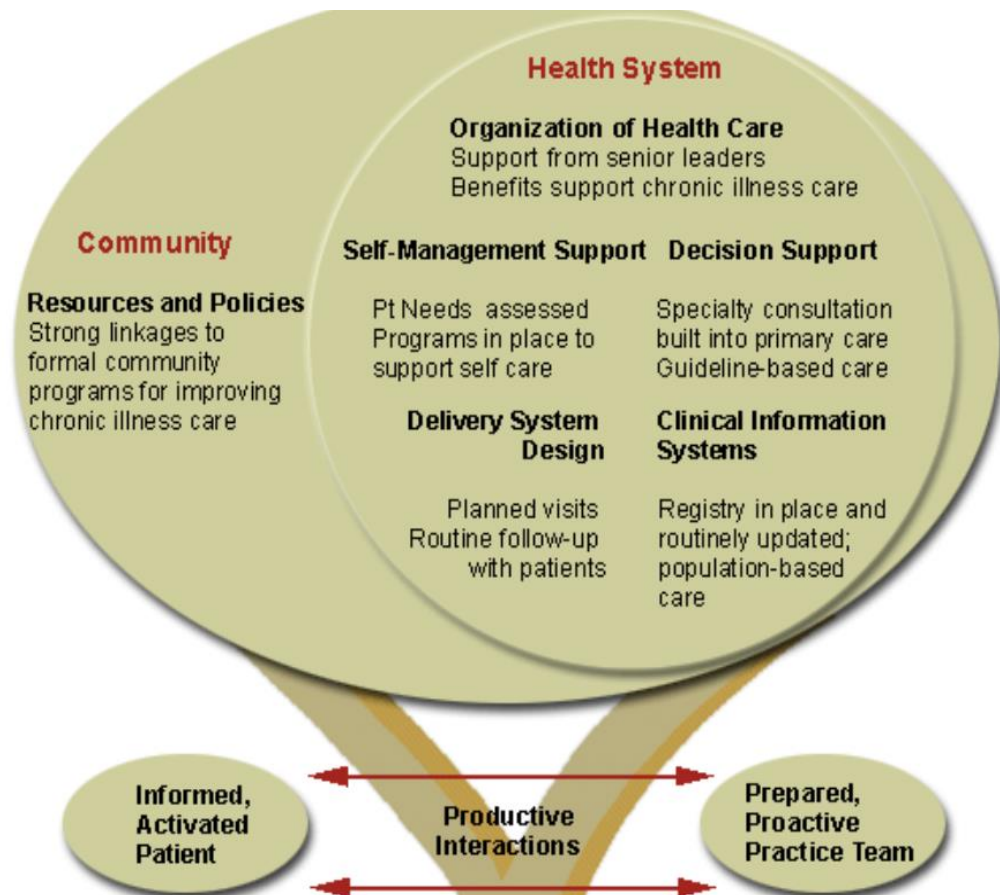
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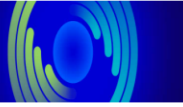
Conclusions: Older age, **depression symptoms, polypharmacy, waist circumference, poor adherence to Mediterranean diet** and IL-6 plasma levels are associated with increased frailty.

- **Physical function was limited**
- Although almost all older people were living with or close to their children, they frequently expressed **feeling isolated**, potentially because of the measures taken by their children to protect their parents.
- The most challenging task was approaching older people with **severe mental disorders and dementia**

Τι μάθαμε από την πανδημία σε σχέση με τις υπηρεσίες υγείας-αναφορά στην ΠΦΥ



1. Στην προσέγγιση της κοινότητας με στόχο τη συμμετοχή της στο σχεδιασμό και εφαρμογή μέτρων για την αντιμετώπιση της επιδημίας και τον εμβολιασμό (Community/Resources and Policies).
2. Στην οργάνωση των υπηρεσιών υγείας στην κατεύθυνση της ολοκληρωμένης φροντίδας (integrated care) (Organization of Health Care).
3. Στην έγκαιρη διάγνωση και τη διαχείριση των ασθενών στην κοινότητα (Delivery System Design and Decision Support) και στο σπίτι
4. Στην προσέγγιση του ασθενούς για την αλλαγή της συμπεριφοράς του σε σχέση με την τήρηση των προστατευτικών μέτρων και τη διενέργεια του εμβολιασμού (Productive Interactions and Self-Management Support)
5. Στην υποστήριξη των ευάλωτων ομάδων του πληθυσμού (Delivery System Design and Community)
6. Στην επιτήρηση της πανδημίας με την αναζήτηση της ανοσίας (επίκτητης και φυσικής) με πληθυσμιακές οροεπιδημιολογικές μελέτες (Clinical Information Systems) και την ανάπτυξη σταθμών/ παρατηρητηρίων στο πλαίσιο της ΠΦΥ



Primary healthcare is not enough?

OECD Policy Responses to Coronavirus (COVID-19)

Strengthening the frontline: How primary health care helps health systems adapt during the COVID 19 pandemic

10 February 2021

Offline: Primary healthcare is not enough



WHO's Director-General, Tedros Adhanom Ghebreyesus, has made the quest for Universal Health Coverage (UHC) his defining measure of success. Since assuming office in 2017, Tedros has been a determined and admired advocate for UHC. An important milestone was achieved in 2019 with a Political Declaration from the High-Level Meeting on UHC, held in New York at the UN General Assembly (UNGA). That Declaration committed countries to accelerate their efforts to achieve UHC by 2030. This month, Tedros will join Heads of State and Government to review progress on that commitment. Their report card will be well below expectations. As the zero draft of the 2023 Political Declaration, to be finalised on September 21, concludes, "the level of progress and investment to date remain inadequate to meet target 3.8 of the Sustainable Development Goals". Target 3.8 is a pledge to achieve UHC, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all, by 2030. The zero draft goes on to say "that at the current pace of progress towards UHC up to one-third of the world's population will remain underserved by 2030". Worse, the Declaration expresses "deep concern that the expansion of service coverage has slowed compared to pre-2015 gains, and trends in financial protection are worsening".



this new health landscape. Take cancer as one example. The Lancet Oncology's 2022 Commission on Cancer in sub-Saharan Africa estimated a major increase in cancer mortality—from 520 000 deaths in 2010 to 1 million deaths by 2030. With the population of sub-Saharan Africa predicted to grow from 1 billion people in 2007 to over 3 billion people by 2100, we will see a dramatic increase in demand for cancer services in countries already struggling to meet the health needs of their populations. As The Lancet Oncology Commission argued, rapid expansion of services for screening, diagnosis, and treatment is an urgent priority. CT, MRI, and PET scanning facilities are the bedrock for the modern diagnosis and monitoring of cancers, but are lacking in many countries. Access to chemotherapy, presently low in Africa, will need to be massively scaled up. Immunotherapy has transformed cancer care in western countries, but its delivery demands hospital-based services and a more specialised workforce. The same facility-based needs apply for surgical care and radiotherapy. If the global health community truly believes in "health for all", we need to upgrade our vision for UHC to include specialist hospital care. The current preoccupation with primary healthcare condemns millions of people to disease, pain, and death. This acceptance of failure is intolerable.

When antiretroviral treatments became available for people living with HIV, some health bureaucrats believed that Africa would never be able to provide the infrastructure, physical and human, to deliver medicines to communities in urgent need. They were wrong and thanks to the passionate ambition of advocates, access to antiretrovirals is now established as a basic right for all people living with HIV. The same passionate advocacy is needed for more complex health needs, including cancer. Primary healthcare alone cannot provide the necessary facilities for the huge demand for cancer care that is coming in the most resource-constrained regions of the world. The global health community's emotional attachment to the 1978 Declaration of Alma Ata, which codified a commitment to primary healthcare, is stifling our energy, drive, and hunger for fully realising "health for all".

Richard Horton
richard.horton@lancet.com

- **It is essential** and it is in crisis
- Poor access to care, ineffective delivery models and worsening workforce shortages
- We need strong leadership
- A strong foundation for the delivery of health promotion, prevention and treatment
- Sufficient evidence for research that PHC is the most significant medical care variable
- PHC has not sustained its promise
- They are not incorrect PC has not addressed the needs of the people

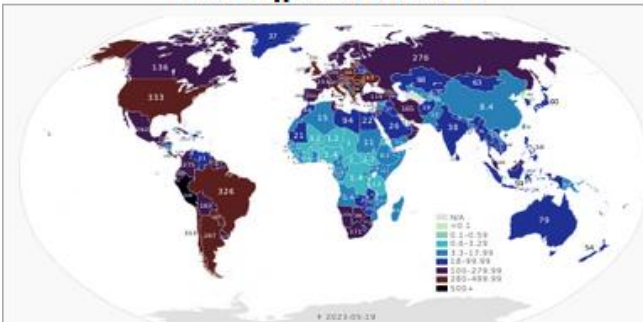


The drivers of a new vision



“We will continue to address the growing burden of non-communicable diseases, which lead to poor health and premature deaths due to tobacco use, the harmful use of alcohol, unhealthy lifestyles and behaviours, and insufficient physical activity and unhealthy diets. Unless we act immediately, we will continue to lose lives prematurely because of wars, violence, epidemics, natural disasters, the health impacts of climate change and extreme weather events, and other environmental factors.”

Πανδημία COVID-19



High priorities during a period of multiple crisis

- Turning **the attention to vulnerable people and home care** with a focus on multimorbid and frail patients. *It requires population-based registries and a comprehensive EPR system.*
- **Supporting frontline practitioners** and promoting mental health well-being. *Several measures to protect them and a focus to self-compassion and self-care.*
- We are working to adopt and refresh the previously published guidance **on managing chronic diseases** on a multidisciplinary and integrated basis. *It implies a well-trained PHC practitioner with sufficient communication and behaviour change skills and commitments based on contract.*
- Towards an important **transformation of PHC services** to meet the challenges and threats introduced by this pandemic. *It indicates an integrated model.*



Home / Issues / 2019; 13 (1) / Integrated health care services as a current challenge for primary health care: reflections from Crete, Greece

REVIEW ARTICLE

Integrated health care services as a current challenge for primary health care: reflections from Crete, Greece

Christos Lionis¹, Marilena Anastasaki¹



SUPPORTING MENTAL HEALTH OF HEALTH WORKFORCE AND OTHER ESSENTIAL WORKERS

Opinion of the Expert Panel on effective ways of investing in Health (EXPH)

Research

Marta Wanat, Melanie Hoste, Nina Gobat, Marilena Anastasaki, Femke Böhmer, Slawomir Chlabicz, Annelies Colliers, Karen Farrell, Maria-Nefeli Karkana, John Kinsman, Christos Lionis, Ludmila Marciniowicz, Katrin Reinhardt, Ingmarie Skoglund, Pär-Daniel Sundvall, Akke Vellinga, Theo JM Verheij, Herman Goossens, Christopher C Butler, Alike van der Velden, Sibyl Antheriens and Sarah Tonkin-Crine

Transformation of primary care during the COVID-19 pandemic:

experiences of healthcare professionals in eight European countries

The attention to vulnerability



THE ORGANISATION OF RESILIENT HEALTH AND
SOCIAL CARE FOLLOWING THE COVID-19 PANDEMIC

Opinion of the
Expert Panel on effective ways
of investing in Health (EXPH)

- a) **Medically vulnerable**, such as the elderly and those with underlying health conditions,
- b) **Socially marginalized**, such as those residing or working in certain physical settings prone to high density and reduced ability to physical distance or a reduced financial budget for protective measures (such as people in poverty), and
- c) **Professions** which entail closer proximity to confirmed or suspected COVID-19.
- d) **Mentally / psychologically vulnerable**, and
- e) **Economically vulnerable**.

(EU 2020, modified)

To add people affected by natural disasters

Focusing on the next pandemic: cardiovascular and mental health disorders

Burden of metabolic syndrome among primary care patients in Crete, Greece: A descriptive study

Marilena Anastasaki, Sophia Papadakis, Manolis Linardakis, Dimitrios Anyfantakis, Emmanouil K. Symvoulakis, Christos Lionis & on behalf of the Cretan Primary Care Research Group

[Eur J Gen Practice 2020](#)

"We Are Living Through A Global Mental Health Crisis": UN Chief

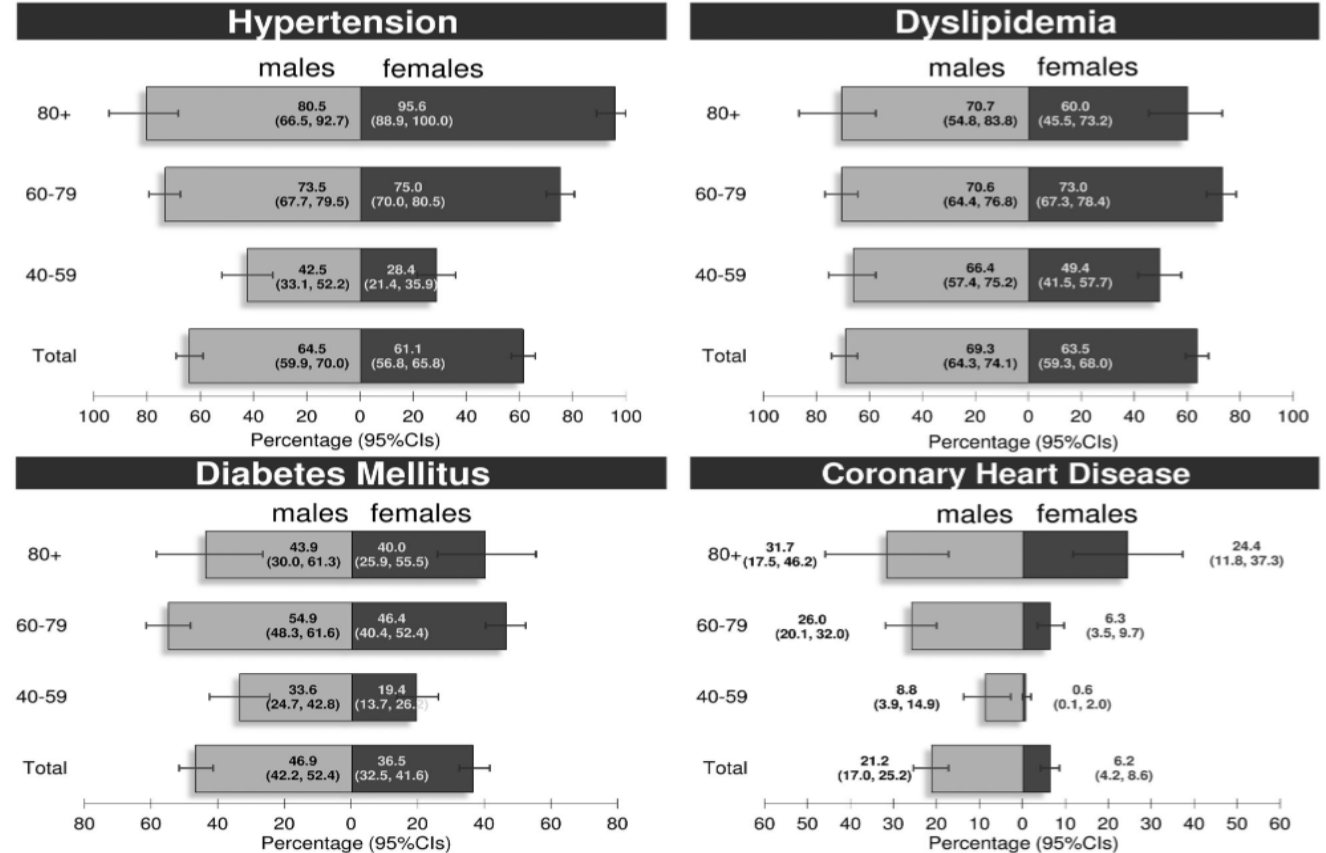
Antonio Guterres said that nearly 1 billion people around the world, including millions of children and young people, "have a mental health condition," adding that most of them lack access to treatment.

World | Asian News International | Updated: June 18, 2022 9:46 am IST




Antonio Guterres launched the 'World Mental Health Report 2022'. (File)

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Towards on integrated primary health care and the integration of public health and primary health care

International Journal of  Integrated Care ISSN 1568-4156

Volume 15, 22 October 2015
Publisher: Uopen Journals
URL: <http://www.ijic.org>
Cite this as: Int J Integr Care 2015; Oct-Dec; URN:NBN:NL:UI:10-1-117185
Copyright: 
Submitted: 27 August 2015, revised 5 October 2015, accepted 7 October 2015

Policy paper

Bridging knowledge to develop an action plan for integrated care for chronic diseases in Greece

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Christos Lionis, PhD, Professor, Clinic of Social and Family Medicine, Medical School, University of Crete, Greece

John Yfantopoulos, PhD, Professor, School of Economics and Political Science, University of Athens, Greece

REVIEW

Towards evidence-informed integration of public health and primary health care: experiences from Crete

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ABSTRACT

"Integrated health care" is a concept that is frequently discussed and has received significant attention internationally. In particular, the integration of public health into primary health care has received much attention over the past two decades. However, despite this, integrated health care, encompassing public health, primary health care and evidence-based practice, largely remains a neglected area in many European settings. Many aspects pertaining to the operationalization and implementation of these concepts remain unresolved, particularly in settings where primary health care is under development or where reform is underway. The aim of this article is to share the experiences of the Clinic of Social and Family Medicine (CSFM) at the University of Crete School of Medicine in this area over the

past decade, in terms of insights gained through research, capacity-building efforts and practice focused on addressing major public-health issues in primary-care settings. We provide a brief overview of how data about health-care delivery, collected from capacity-building and research initiatives, can facilitate effective planning and implementation of the primary-care reform that is currently unfolding in Greece. We believe this information shows how to best design and rapidly test evidence-based approaches for the operationalization and implementation of integrated health care, approaches that can serve to address public-health priorities, improve the health and well-being of the population and support evidence-informed policy-making, in Greece and in settings similar to Greece.

Keywords: INTEGRATED HEALTH CARE, PRIMARY HEALTH CARE, RESEARCH, GREECE, ALMA-ATA, ASTANA, DECLARATION

Greece is a country where “*chronic diseases are poorly addressed in Greece and integrated care is in embryonic stage*”, and “*Greek policy makers have to realise that this is the opportunity to make substantial reforms in chronic care*”

- There is a need for integrated health care focusing on **public-health priorities** and the goal of providing output for evidence-informed policy-making has been stressed.
- While multiple successful research and training activities have been developed and tested in Greece, they have not managed to be scaled-up or sustained nationally as **part of a commitment to high quality and integrated primary care.**



A focus on the integration of primary care with social care showing lights in care of older people and vulnerable population and their caregivers

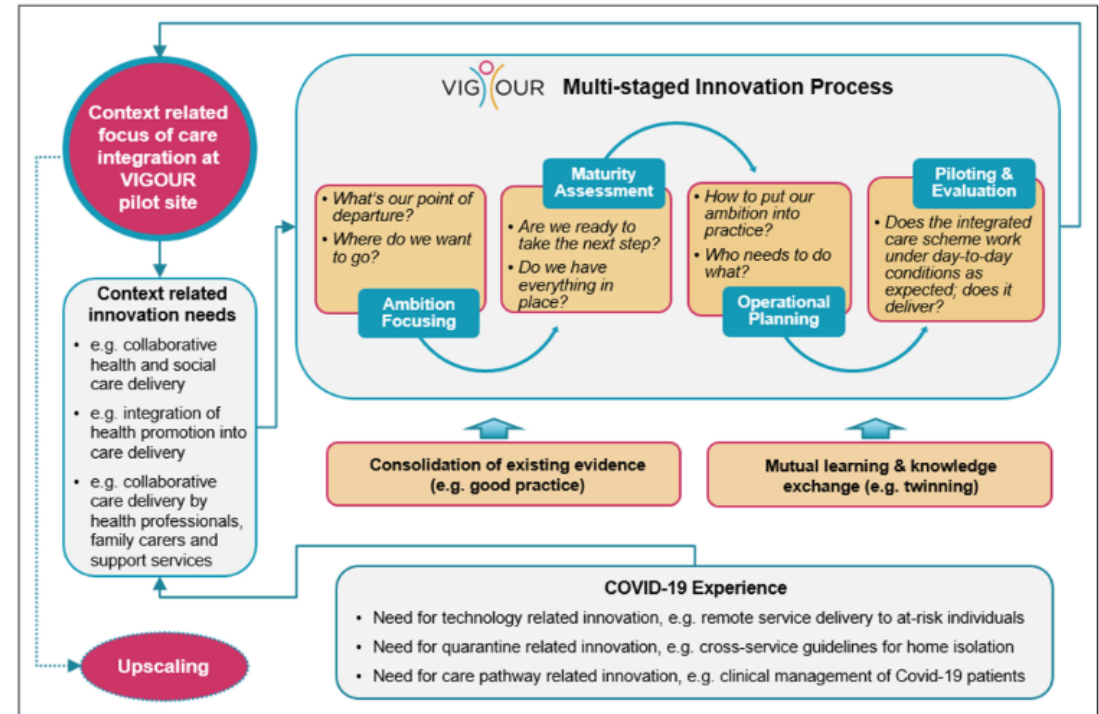


Lindner S, et al. Can Integrated Care Help in Meeting the Challenges Posed on Our Health Care Systems by COVID-19? Some Preliminary Lessons Learned from the European VIGOUR Project. *International Journal of Integrated Care*, 2020; 20(4): 4, 1–5. DOI: <https://doi.org/10.5334/ijic.5596>

PERSPECTIVE PAPER

Can Integrated Care Help in Meeting the Challenges Posed on Our Health Care Systems by COVID-19? Some Preliminary Lessons Learned from the European VIGOUR Project

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- The role of PHC in regards to the development of an integrated care system to meet challenges arising **in care of older and vulnerable populations**, has received a prompt attention by VIGOUR
- This role, which is in line with the World Health Organization's (WHO) Anniversary Meeting in Astana, stresses the need of integration of social care and PHC **with a specific attention on caregivers**.



Mental Health in
an Unequal World:
Together we can
make a difference



WORLD FEDERATION
FOR MENTAL HEALTH
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Realising the Astana
Declaration and mental
health in an unequal
world - the role of family
doctors.

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Towards a new vision: linking integrate mental health with primary care

- An emphasis on the connections between mental and physical health and its unique ability to tackle problems of co-morbidity and multimorbidity.
- Family doctors are well-placed to assess patients' vulnerability, the impact of poverty and disadvantage, and their association with mental and psychological conditions.
- We can intervene to reduce the mortality and morbidity of people with severe mental illness, who die prematurely, spiraling into homelessness, unemployment and poverty and with greatly increased risk of developing non-communicable diseases such as diabetes.
- We agree with the need for mental health promotion, requiring multi-sectoral collaboration to build a healthy environment with the focus on those factors that reduce chronic stress, poverty and health inequalities.
- A focus on potential anti-stressors and supportive actions including social connectivity and (for many) spirituality and religiosity.

The challenge of the personal doctor

The future personal doctor should:

- Communicate effectively with patients and their families
- To be equipped with empathetic and compassionate care skills
- To assess and communicate effectively the risk of selected chronic conditions
- To be trained in behaviour change skills
- To use appropriately the next to the patient tests (POC) and use it when consulting people and patients.
- To manage effectively chronic conditions at home and support accordingly families and care givers.
- Work effectively in teams
- Communicate and engage community stakeholders
- Participate in quality assessments and medical audit procedures.

Χρήστος Λιονής

Φροντίζοντας την οικογένεια στην ΠΡΩΤΟΒΑΘΜΙΑ ΦΡΟΝΤΙΔΑ ΥΓΕΙΑΣ

Πρόλογος Ακαδημαϊκού
Χαράλαμπου Ρούσσου

Σε συνεργασία με
Μαριεντίνα Γκότση, Ελένη Πιτέλου και Λένα Αλμπάνη

Viola Priesemann, Rudi Balling, Simon Bauer, Philippe Beutels, André Calero Valdez, Sarah Cuschieri, Thomas Czypionka, Uga Dumpis, Enrico Glaab, Eva Grill, Pirta Hotulainen, Emil N Iftekhar, Jenny Krutzinna, Christos Lionis, Helena Machado, Carlos Martins, Martin McKee, George N Pavlakis, Matjaž Perc, Elena Petelos, Martyn Pickersgill, Barbara Prainsack, Joacim Rocklöv, Eva Schernhammer, Ewa Szczurek, Sotirios Tsiodras, Steven Van Gucht, Peter Willeit viola.priesemann@ds.mpg.de

*«.. the lack of a coherent pandemic response and communication strategy. In terms of the latter challenge, **perceived risk, motivation, and health literacy** are important predictors of health-seeking behaviour and adherence to measures. Public trust must be maintained through timely, consistent, and persistent communications, including systematically developed counter speech for misinformation»*

*Published Online August 9, 2021
[https://doi.org/10.1016/S0140-6736\(21\)01808-0](https://doi.org/10.1016/S0140-6736(21)01808-0)*

An essential challenge: to focus on health-seeking behaviour and adherence to measures

- Perceived risk
- Motivation
- Health literacy

As important predictors of health-seeking behaviour

BEHAVIOURAL CARE IN PC

Experience-GAINED FROM CRETE

HEALTH BEHAVIOURS

- Tobacco Dependence (Smoking)
- Secondhand smoke in homes
- Medication Compliance
- Disease (CVD, Diabetes, NAFLD)
- Vaccination (Flu, COVID-19)

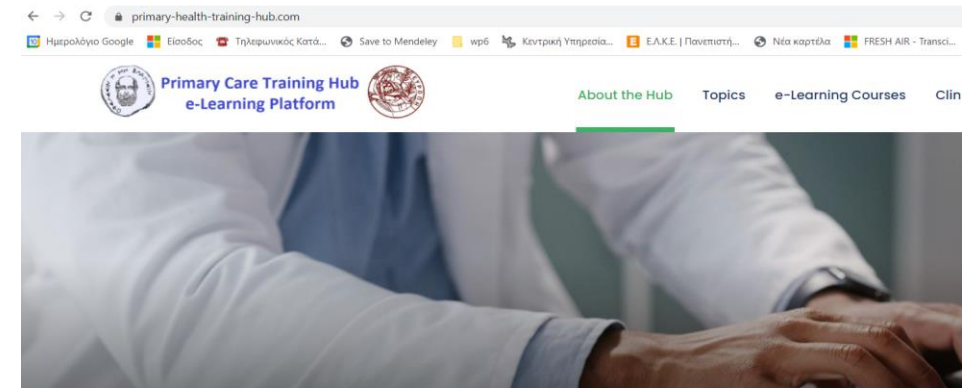

CLINICIAN ENGAGEMENT

- Key opinion leaders
- Skills training (eLearning)
- Video-based role modelling
- Practice tools
- Counselling prompts

PATIENT ENGAGEMENT


- Very brief advice (VBA)
- Motivational interviewing
- Behaviour change techniques
- Health literacy
- Compassionate care

The Primary Care Training Hub e-learning Platform, UoC: The current content


ADDRESSING COVID-19 VACCINE HESITANCY: COMMUNICATING WITH PATIENTS AND FAMILIES ABOUT COVID-19 VACCINATION (COMING SPRING 2022)

- Description
- Learning objectives
- Access training
- Acknowledgements





Non-alcoholic fatty liver disease (NAFLD): What every GP and primary care provider should know

- Description
- Learning objectives
- Access training
- Acknowledgements


Very Brief Advice on flu vaccine

- Description
- Learning objectives
- Access training
- Acknowledgements





PRIMARY CARE TOBACCO TREATMENT TRAINING (TITAN GREECE & CYPRUS)

- Description
- Learning objectives
- Clinical Tools (see more [HERE](#))
- Access training
- Faculty
- Acknowledgements

Very brief advice on secondhand smoke

- Description
- Learning objectives
- Access training
- Acknowledgements




EUR-HUMAN: Competency and Safety in Primary Health Care for Refugees"

- Description
- Learning objectives
- Access training – See more [HERE](#)
- Acknowledgements

See more [HERE](#)



**On behalf of the UoC research and clinical team
my warmest thanks for the privilege being with you**

