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in Busan, Korea!*



WONCA APRC 2025

WONCA Asia Pacific Regional Conference 2025

April 24^(Thu) ~ 27^(Sun), 2025

Busan, Korea



The Korean Academy of Family Medicine

WONCA APR 2025

Primary Care Transformation:
Implementing High-value, High-quality Care!

24 - 27 April 2025
BPEX, Busan, Korea

E-mail busan@woncaap2025.org
Website woncaap2025.org



WONCA APR 2025
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WONCA APRC 2025

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SPECIAL INTEREST GROUP ON AGEING AND HEALTH **AGED CARE: HARNESSING THE POWER OF THE** **COMMUNITY**



SESSION CHAIR:

CONSTANCE DIMITY POND

CLINICAL PROFESSOR, WICKING
DEMENTIA RESEARCH AND
TEACHING CENTRE

PANEL DISCUSSION : BUILDING A COMMUNITY OF PRACTICE TO SUPPORT SOCIAL **PRESCRIBING**



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SANTO TOMAS FACULTY OF
MEDICINE AND SURGERY

LECTURE 1.
MAXIMISING ANNUAL
WELLNESS VISITS FOR
THOSE OVER 65Y

LECTURE 2. A FUTURES
PERSPECTIVE IN
GERIATRIC CARE

BUILDING A COMMUNITY **OF PRACTICE TO** **SUPPORT SOCIAL** **PRESCRIBING**

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Wonca World Working Party on Quality and Safety
Wonca Europe Working Party on Quality and Safety, EQUIP
Spanish Society for Family and Community Medicine, SEMFYC

Competing interests

The author declare no competing interests.

Funding

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Ethics approval and consent to participate

This study was conducted in accordance with the ethical principles of the Spanish Biomedical Research Law 14/2007 and approved by the Ethics Committee of Clinical Research of Aragón (CEICA) in its meeting on January 13, 2021 (Act No. 01/2021) C.I. PI20/606.

Study protocol published

Pola-Garcia M, Carrera Noguero AM, Astier-Peña MP, Mira JJ, Guilabert-Mora M, Cassetti V, Melús-Palazón E, Gasch-Gallén A; Consortium EvaLRA; Benedé Azagra CB. Social Prescribing Schemes in Primary Care in Spain (EvalRA Project): a mixed-method study protocol to build an evaluation model. BMC Prim Care. 2023 Oct 25;24(1):220. doi: 10.1186/s12875-023-02164-9.

Social Prescribing Schemes



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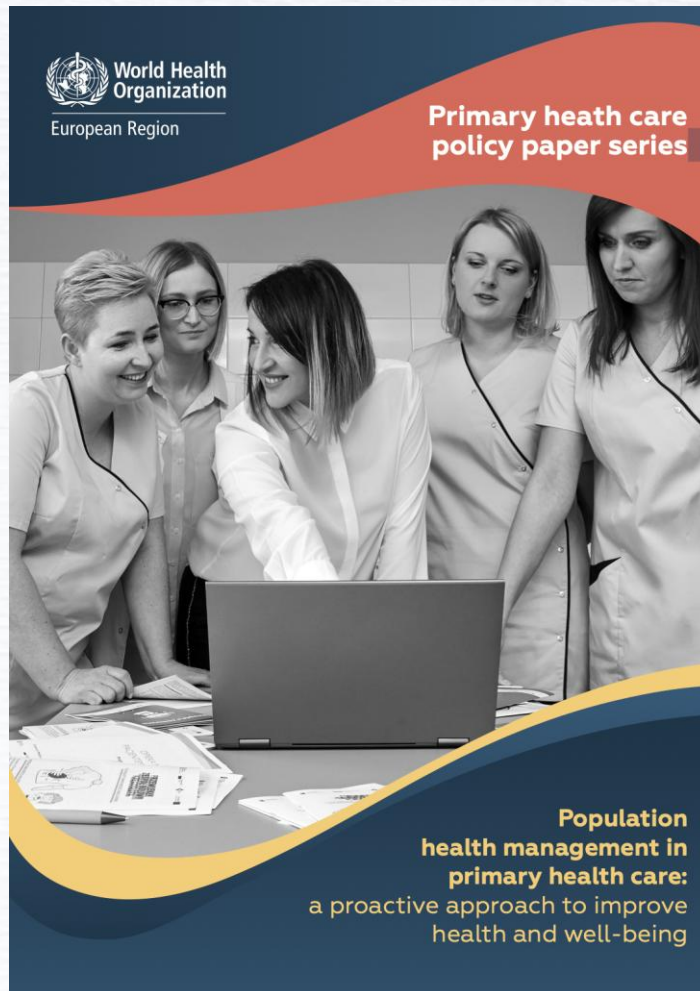
The process to prescribe services that enable Family Doctors (FD), nurses, and other primary healthcare (PHC) professionals **to refer individuals to local, non-clinical services** addressing **social determinants of health and related issues to improve patients' well-being.**

Exemples of Community Health Assets are:

- Centres for **older adults**
- Resources and activities supporting caregivers
- Sport centres (multicomponent physical activity, ...)
- Resources related to mental health and emotional well-being
- Resources and activities related to culture, leisure, and socialization
- Resources and activities to support life transitions (parenting, migration, separation, bereavement...)
- Resources related to chronic diseases (patient associations, foundations)



Population health management in primary health care: a proactive approach to improve health and well-being.



Box 4. Social prescribing: enhancing coordination between PHC and community resources for improving health and well-being

PHC teams

PHC professionals often initiate the referral when they identify well-being needs that can potentially be addressed or supported by wider community-based services. Exploring and obtaining understanding of patients' wider concerns (beyond the specific reason for consultation) are critical to initiating referral. Mapping local community health assets is central to social prescribing initiatives. For example, the initiative promoted by the community health strategy in Aragón, Spain (88) included the inventory (or map) of community assets (whose willingness to participate in the programme was previously validated by public health services) in the electronic health record. This contributes to facilitating the referral process during routine consultations and enables social prescribing activities to be registered and analysed.



Health System of Aragón



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Europe

Spain



Africa



ARAGON region:

- 47.720 km²
- 1.353.884 inhabitants
- 28 habitants per km²
- PHC organize in **124** Health Basic Zones

Basic Health Zone:

- A health centre for 5000 to 25000 inhabitants
- A health team: family doctors, nurses, admin staff, social worker, midwife and physiotherapist and dentist.
- Public Provision. Health workforce are civil servants salaried by the Health authority



BUILDING A COMMUNITY OF PRACTICE TO SUPPORT SOCIAL PRESCRIBING

POLICY COMMITMENT



COMMUNITY CARE
STRATEGY
for the
HEALTH CARE
SYSTEM
of ARAGON



PRIMARY HEALTH
CARE STRATEGY for
the HEALTH CARE
SYSTEM of ARAGON

PHC HEALTH INFORMATION SYSTEMS

PATIENT ELECTRONIC MEDICAL RECORD

ACOGIDA/SEGUIMIENTO

COMENTARIOS

RECOMENDACIÓN DE ACTIVOS

Aspectos a potenciar en el paciente:
(categorías no excluyentes)

☐ Actividad física

☐ Autocuidados

☐ Habilidades cognitivas

☐ Habilidades emocionales

☐ Habilidades relacionales y sociales

Otros:

Buscador de Activos

Motivo recomendación:

Activo recomendado:

¿Se deriva a Tr. Soc.? ☐ Sí ☐ No

Imprima el informe asociado al protocolo si desea un volante de la recomendación

SEGUIMIENTO

Paciente: Grado de asistencia

Grado de satisfacción

Valoración del 1 al 5 (siendo 5 la máxima puntuación)

Profesional: Grado de mejoría

Valoración del 1 al 5 (siendo 5 la máxima puntuación)

HOJA DE RECOMENDACIÓN DE ACTIVOS PARA LA SALUD

CENTRO DE SALUD:

PROFESIONAL:
CATEGORÍA:

PACIENTE:
Localidad

ACTIVO COMUNITARIO:
ASPECTOS A POTENCIAR: ☐ Actividad física ☐ Autocuidados ☐ Habilidades cognitivas ☐ Habilidades emocionales ☐ Habilidades relacionales y sociales

MOTIVO DE LA RECOMENDACIÓN:

Edo.:

ptar

Esta hoja, junto con los datos personales que contiene, es de uso y propiedad del paciente solicitante, a quien se le hace entrega por parte del profesional sanitario firmante. El uso por terceros queda supeditado a la existencia del consentimiento informado expreso del paciente y será de su entera responsabilidad.

PRINTED SOCIAL PRESCRIBING SCHEME FOR PATIENTS

ASSESSMENT MODEL FOR SOCIAL PRESCRIBING

SCIENTIFIC RESEARCH TO DEVELOP
AN ASSESSMENT MODEL FOR SPS



HEALTH POLICY COMMITMENT: REGIONAL STRATEGIES FOR COMMUNITY AND PRIMARY HEALTH CARE.



COMMUNITY CARE STRATEGY OF ARAGON HEALTH CARE SYSTEM



ESTRATEGIA ATENCIÓN COMUNITARIA ARAGÓN

Web Blog Estrategia Atención Comunitaria Aragón



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[Agendas Comunitarias Equipos Atención Primaria](#) [Proyectos de Atención Comunitaria](#)

[Atención Comunitaria Basada en Activos](#) [Buscador: Activos para la Salud](#) [Observatorio Recomendación de Activos para la salud](#)

[Consejos de Salud](#) [Plan Formativo en Atención Comunitaria en Aragón](#) [Apoyos técnicos y científicos](#)

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Estrategia de Atención Comunitaria en el Sistema de Salud de Aragón
Atención Primaria

PRIMARY HEALTH CARE STRATEGY OF ARAGON HEALTH CARE SYSTEM

SALUD >> 2030
ARAGON

Primary health care transformation in Spain: current challenges and opportunities



Building the trust of citizens and communities in the PHC system by nurturing their engagement and strengthening the accountability of actors is key

Citizens, in their various roles and capacities, are at the centre of PHC systems, and thus ensuring their trust in the health system is crucial. One approach to building the trust of citizens and communities is by nurturing a culture of co-creation and engagement at all levels of the health-care system, in which citizens and communities have the mechanisms, tools and agency to use their voice to shape health policy-making, including the performance of the system (Box 8).

Box 8. Strengthening the community orientation of PHC can contribute to building citizens' and communities' trust in the PHC system

There are many examples of how autonomous communities and cities are further institutionalizing citizen engagement in health policy-making. A few examples are briefly described below.

Aragon: The Aragon Community Care Strategy aims to improve the well-being of the Aragonese people and the community orientation of PHC in the region. Launched in 2016, the Strategy emphasizes participatory training, intersectoral collaboration, flexibility and networking. Currently, 70% of PHC teams have a community agenda, and 80% have a community care project linked to their management agreement.

HEALTH INFORMATION SYSTEM IN PRIMARY HEALTH CARE.
SOCIAL PRESCRIPTION SCHEME IN PATIENT ELECTRONIC MEDICAL RECORD

Fichero

Editar

Gestión

Auxiliares

Listados

Ventana

Ayuda

Apuntes

Subjetivo

Curso Clínico

Última visita 07/08/2017

Episodios

01/01/20 - HOJA DE EVOLUCION

01/01/20 - ACTIVIDADES PREVENTIVAS

07/01/12 - DEPENDIENTE (PACIENTE)

07/01/12 - INMOVILIZADO (PACIENTE)

18/06/12 - FUMAR (TABACO) ADICCION

12/07/12 - EXCESO (EXCESIVO) PESO (OBESIDAD)

24/09/12 - HIPERGLUCEMIA (SIN DIABETES)

26/09/12 - DISTUR. /ALTER. MEMORIA

26/09/12 - PERDIDA MEMORIA (TEMPORAL)

26/09/12 - GLUCEMIA BASAL ALTERADA

26/09/12 - DECUBITO, ULCERA POR

26/09/12 - ULCERA DE MIEMBROS INFERIORES, SALVO I

25/02/13 - DIABETES MELLITUS TIPO II (NC)

25/02/13 - HTA NO COMPLICADA

25/02/13 - HTA (COMPL.)

05/06/13 - HIPOTIROIDIA

DEPENDIENTE (PACIENTE)

PC-DEPEND. SEGUIMIENTO 10

PUNTUACIÓN NORTON : 5 10

INMOVILIZADO (PACIENTE)

PC-DEPEND. SEGUIMIENTO 10

Ansiedad[X] 10:09

Pendientes

Vacunas

17/02/13 TETANOS DIFTERIA

23/02/14 TETANOS DIFTERIA

Plan personal

Antecedentes

Alergias - RAM

Cambios de temperatura(frio)

Ant. Familiares

Ant. Médicos

EXCESO (EXCESIVO) PESO (OBESIDAD)

Ant. Ginecológicos

Ant. Quirúrgicos

Don. Sociales

Condiciones y problemas

25/02/13 DIABETES MELLITUS TIPO II (NC)

16/10/13 GRASA (OBESIDAD)

24/07/12 VARICELA

Órdenes clínicas

Analíticas

Radiologías

Interconsultas

Procedimientos Diagnósti

Procedimientos Terapéuti

Elija un protocolo de la Lista

Ver horizonte: Zona Gerencia Centro

AP-MATRONA ACTIVIDADES

AP-MATRONA CRIBADO CERVIX

AP-NIÑO *****

AP-NIÑO DATOS BÁSICOS

AP-NIÑO SANO 0-23 MESES

AP-NIÑO SANO 2-5 AÑOS

AP-NIÑO SANO 6-14 AÑOS

AP-NIÑO SANO PERINATAL

AP-OTROS *****

AP-RECOMENDACIÓN ACTIVOS PARA LA SALUD

AP-REVISIÓN ESTRUCTURADA MEDICACIÓN

AP-SERVICIO ATENCIÓN CONTINUADA

AP-TAO AUTORIZACIÓN SEGUIMIENTO

CIRUGIA MENOR (C)

CORTA AP-MATRONA CRIBADO CER

ACOGIDA/SEGUIMIENTO

COMENTARIOS

RECOMENDACIÓN DE ACTIVOS

Aspectos a potenciar en el paciente:

(categorías no excluyentes)

☐ Actividad física

☐ Autocuidados

☒ Habilidades cognitivas

☐ Habilidades emocionales

☐ Habilidades relacionales y sociales

Otros:

Buscador de Activos

Motivo recomendación

Activo recomendado

¿Se deriva a T.S.? ☐ Sí ☒ No

Imprima el informe asociado al protocolo si desea un volante de la recomendación

SEGUIMIENTO

Paciente: Grado de asistencia

Grado de satisfacción

Valoración del 1 al 5 (siendo 5 la máxima puntuación)

Profesional: Grado de mejoría

Valoración del 1 al 5 (siendo 5 la máxima puntuación)

HOJA DE RECOMENDACIÓN DE ACTIVOS PARA LA SALUD

CENTRO DE SALUD:

PROFESIONAL: CATEGORÍA:

PACIENTE:

Localidad

ACTIVO COMUNITARIO:

ASPECTOS A POTENCIAR: Actividad física[] Autocuidados[] Habilidades cognitivas[]

Habilidades emocionales[] Habilidades relacionales y sociales[]

MOTIVO DE LA RECOMENDACIÓN:

Fdo.:

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Enter in patient's EHR. Select a diagnosis to be linked to the social prescribing scheme.

SCIENTIFIC RESEARCH TO DEVELOP AN ASSESSMENT MODEL FOR SPS



OBJECTIVE

To offer an evaluation framework for Social Prescribing Schemes (SPS) in Spanish Primary Healthcare Public Providers Services:

- considering the different stakeholders' perspectives
- outlining criteria for discussion to establish a strategic evaluation model
- solidifying SPS as a structured service within the PHC portfolio.

Model Definition
(April to October 2021)

Literature review

Social Prescribing, health assests, primary care, health systems, assessment, indicators, structure, process, outcomes

Online Nominal Groups

Participants = 48
Nominal groups (5): patients (1), public health managers and health activity promoters (1), healthcare professionals prescribing and providing activities (3).
Thematic analysis: identification of criteria to evaluate a Social Prescribing Schemes model in Primary Care Teams within Public Health Systems in Spain.

Criteria Model Building

Definition of Questionnaire 0 of the study
“Criteria for evaluating a Social Prescribing Scheme model in Spain”
116 criteria: structural (n=51), process (n=44), outcome (n=21)

Delphi Study and agreement process
(November – April 2022)

2 rounds of participation.

The panel explores the level of agreement or disagreement for 116 criteria to evaluate a Social Prescribing Schemes model on a scale from 0 to 10 points.

Round 1: 116 criteria (number of participants = 101)

Accepted
n = 58

No agreement
n=35

Rejected
n=23

Round 2: 35 criteria (number of participants = 97)

Accepted
n=33

Rejected
n=2

Total selected criteria = 91

Acceptance criteria for Round 1:

Items with an $M \geq 8.5$ will be included
Coefficient of variation (CV) < 20% 50% of the scores are 9 points or higher

Rejection criteria for Round 1:

Items with an $M \leq 6$ will be discarded
CV < 20% 50% of the scores are below 6 points

Acceptance criteria for Round 2:

Items with an $M > 7.5$ will be accepted.
Both the coefficient of variation (CV) and the percentage of scores greater than 9 will be evaluated, comparing them with Round 1 to determine a higher level of consensus.

Rejection criteria for Round 2:

Items whose scores have not improved or have worsened compared to Round 1 will be discarded.

RESULTS:

Quality criteria prioritized using the Delphi technique

Participation Overview

- First round: 101 participants completed responses (participation rate: 77.7%).
- Second round: 97 out of 101 participants, (participation rate: 96%).

Accepted Criteria

- High mean scores (≥ 8.5), low variability among raters (coefficient of variation, C.V. $\leq 20\%$)
 - A significant proportion of scores in the ≥ 9 category ($\geq 50\%$).
 - These results indicate broad agreement among experts regarding their significance for the successful implementation and evaluation of SPSs.
-

RESULTS:

Quality criteria prioritized using the Delphi technique

STRUCTURE

- Focused on equity, accessibility, and professional involvement.
- to have a validation process by health authorities to ensure these Health Assets are safe for patients, similar to how medications are validated.
- Free of cost or low cost

PROCESS

- Addressing social and mental health needs.
- Undesired loneliness
- items related to adherence and satisfaction
- complementing medical treatments.

OUTCOME

- alliances to enhance social health
- quality of life, personal significance (motivation), and emotional well-being
- patient-centred outcomes, such as improved quality of life, autonomy, and emotional skills.

Report

INDICADORES PARA LA EVALUACIÓN DE LA **RECOMENDACIÓN FORMAL DE ACTIVOS PARA LA SALUD** EN ATENCIÓN PRIMARIA

*Una guía para mejorar
la prescripción social
desde Atención Primaria*



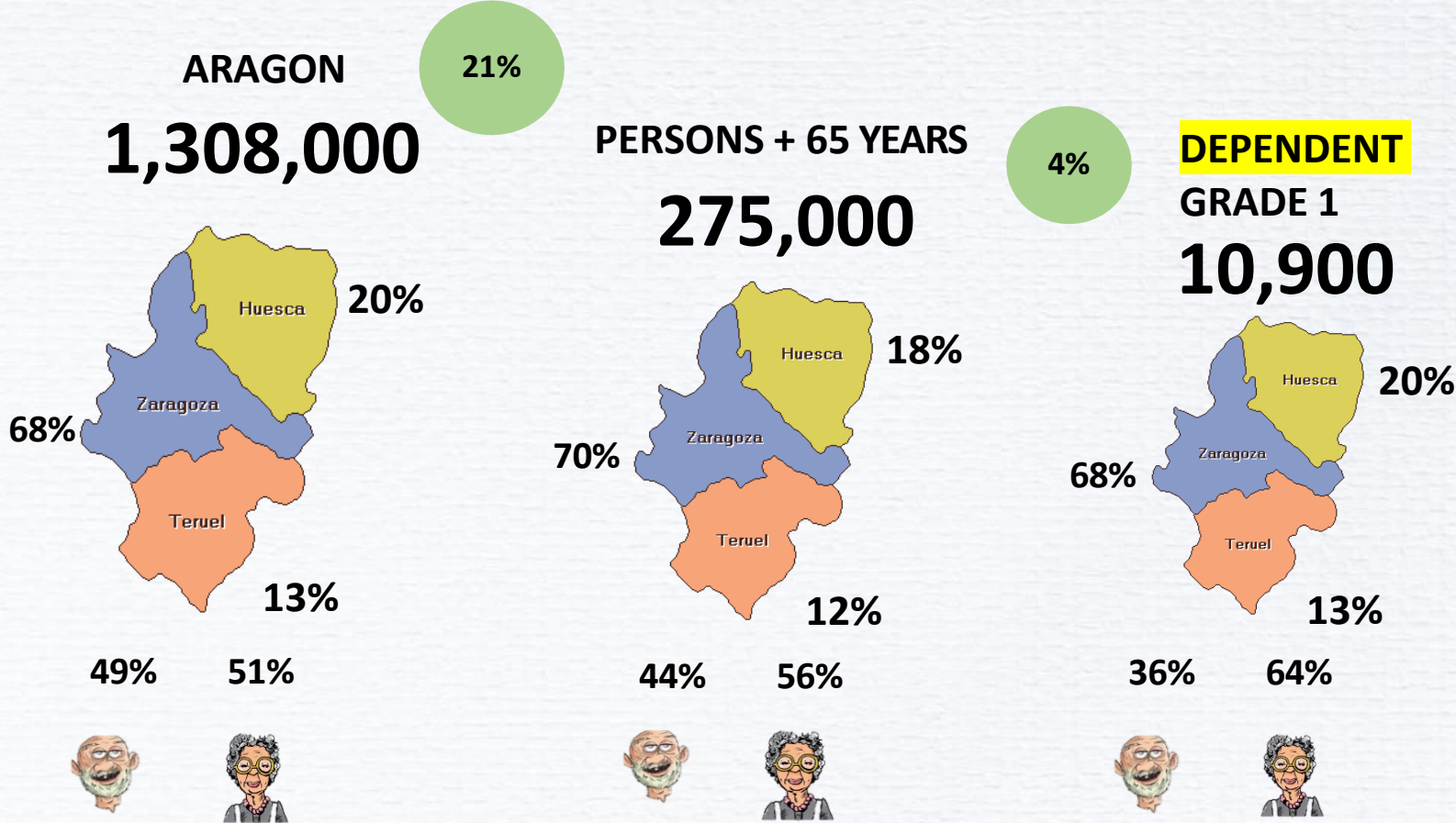
Desarrollo de un modelo de indicadores de evaluación
en esquemas formales de Recomendación de Activos
para la Salud en Atención Primaria

- The EvaLRA framework demonstrates significant potential to enhance health outcomes and optimize resource use through social prescribing schemes (SPS).
- Its emphasis on equity, patient-centred care, and community integration reinforces its public health value.
- Future validation studies should focus on supporting its implementation with interoperable health information systems.



Scan me!

What about elderly people and SPS in Aragon?



REGIONAL GOVERNMENT



REGIONAL HEALTHCARE SERVICE



REGIONAL SOCIAL SERVICES



Process of SPS for elderly people



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Software interface for SPS (Subjective Protocol System) for elderly people. The interface includes a menu bar (Fichero, Editar, Gestión, Auxiliares, Listados, Ventana, Ayuda) and a toolbar with various icons. The main window is divided into several sections:

- Apuntes:** [PROTOCOLO]-AP-RECOMENDACIÓN ACTIVOS PARA LA SALUD
- Curso Clínico:** Episodios
 - 01/01/50 - HOJA DE EVOLUCION
 - 01/01/50 - ACTIVIDADES PREVENTIVAS
 - 14/09/17 - PROGRAMA CRONICO COMPLEJO
- ACOGIDA/SEGUIMIENTO:** RECOMENDACIÓN DE ACTIVOS
 - Aspectos a potenciar en el paciente: (categorías no excluyentes)
 - ☐ Actividad física
 - ☐ Autocuidados
 - ☐ Habilidades cognitivas
 - ☐ Habilidades emocionales
 - ☐ Habilidades relacionales y sociales
 - Otros:
 - Buscador de Activos
 - Motivo recomendación:
 - Activo recomendado:
 - ¿Se deriva a Tr. Soc.? ☐ Sí ☐ No
 - Imprima el informe asociado al protocolo si desea un volante de la recomendación
- SEGUIMIENTO:**
 - Paciente: Grado de asistencia
 - Grado de satisfacción Valoración del 1 al 5 (siendo 5 la máxima puntuación)
 - Profesional: Grado de mejoría Valoración del 1 al 5 (siendo 5 la máxima puntuación)

Buttons: Aceptar, Cancelar



HOJA DE RECOMENDACIÓN DE ACTIVOS PARA LA SALUD

CENTRO DE SALUD:	
PROFESIONAL: CATEGORÍA:	
PACIENTE:	
Localidad	
ACTIVO COMUNITARIO:	
ASPECTOS A POTENCIAR:	Actividad física[] Autocuidados[] Habilidades cognitivas[] Habilidades emocionales[] Habilidades relacionales y sociales[]
MOTIVO DE LA RECOMENDACIÓN:	Edo.:

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Instituto Aragonés
de Servicios Sociales



CuidArte



HEALTH ASSETS FOR ELDERLY PEOPLE



Main conclusions



Streamline Data

Collection: Simplify the data collection process



Prioritize User Feedback:

Implement methods to directly collect feedback from referred users through standardized scales or open-ended questions.



Explore the feasibility of Health Assets collecting data, while carefully considering potential biases.



Enhance System Integration and Data

Consistency for case monitoring and impact evaluation across different professional profiles (healthcare and providers).



Integrate the evaluation tools within existing healthcare platforms like PHC EMR and improve the HA search function.



Improve Referral Information and Processes to patients, providers and healthcare professionals



Foster Collaboration and Training through regular meetings and participation in community health initiatives.



Implement training programs and increase motivation by emphasizing the goals and importance of HAs monitoring.

References

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~~https://app.evalra.com/identificacion/?wppb_referer_url=https%3A%2F%2Fapp.evalra.com%2F~~

THANK YOU FOR YOUR ATTENTION

귀하의 관심에 감사드립니다



Email for suggestions and queries: mpastier@gmail.com
