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# First CHRODIS-JA Executive Board Meeting

Spanish Ministry of Health, Social Services and Equality  
Madrid 29<sup>th</sup> January 2014

## Minutes

The first Executive Board (EB) meeting of the CHRODIS-JA was held at the Spanish Ministry of Health, Social Services and Equality (room Europa), the 29<sup>th</sup> of January 2014. The meeting started at 9.30h a.m. The meeting was recorded (audio) for registry purposes and not to be disseminated.

This draft is a report of the JA different WP presented by WP leaders and the further debate. Some agreements were reached whereas some others issues remained to be decided.

### **Participants:** (Country, name and filiation)

1. Luxembourg: Cinthia Menel Lemos, Consumers, Health and Food Executive Agency, CHAFEA.
2. Belgium: Michele Zagordo, Directorate General for Health and Consumers, DG SANCO (Unit 02).
3. Luxembourg: Wolfgang Philipp Directorate General for Health and Consumers, DG SANCO (Unit C1).
4. Belgium: Cristina Chiotan, EUROHEALTHNET (WP2).
5. Belgium: Anna Gallinat, EUROHEALTHNET (WP2).
6. Ireland: Olivia Dix, European Health Management Association, EHMA (WP3).
7. Spain: Enrique Bernal, Instituto Aragonés de Ciencias de la Salud, IACS (WP4).
8. Spain: Ramón Launa, Instituto Aragonés de Ciencias de la Salud, IACS (WP4).
9. Germany: Monika Koester, Federal Centre for Health Education, BZgA (WP5).
10. Germany: Theresia Rohde, Federal Centre for Health Education, BZgA (WP5).
11. Italy: Graziano Onder, Agenzia Italiana del Farmaco, AIFA (WP6).
12. Lithuania: Elena Jurevičienė, Vilnius University Hospital Santariskiu klinikos, VULSK (WP6).
13. Lithuania: Rokas Navickas, Vilnius University Hospital Santariskiu klinikos, VULSK (WP6).
14. Italy: Marina Maggini, Istituto Superiore di Sanita, ISS (WP7).
15. Slovenia: Claudia Adamič, National Institute of Public Health, IVZ (WP7).
16. Slovenia: Jelka Zaletel, National Institute of Public Health, IVZ (WP7).
17. Slovenia: Piletič Milivoj, National Institute of Public Health, IVZ (WP7).
18. Spain: Juan Riese, Instituto de Salud Carlos III, ISCIII (WP1).
19. Spain: Sonia Garcia, Spanish Ministry of Health, Social Services and Equality, MSSSI (WP1).
20. Spain: Mercedes Vinuesa, Spanish Ministry of Health, Social Services and Equality, MSSSI (WP1).
21. Spain: Isabel Saiz Martínez-Acitores, Spanish Ministry of Health, Social Services and Equality, MSSSI (WP1).
22. Spain: Gonzalo Arévalo, Instituto de Salud Carlos III, ISCIII (WP1).
23. Spain: Marian Lopez Orive, Spanish Ministry of Health, Social Services and Equality, MSSSI (WP1).
24. Spain: Karoline Fernandez de la Hoz, Spanish Ministry of Health, Social Services and Equality, MSSSI (WP1).



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25. Spain: Carmen Arias López, Spanish Ministry of Health, Social Services and Equality, MSSSI (WP1).
26. Spain: Maria José Gonzalez Suso, Instituto de Salud Carlos III, ISCIII (WP1).
27. Spain: José Melquiades, Spanish Ministry of Health, Social Services and Equality, MSSSI (WP1).
28. Spain: Mercedes García, Instituto de Salud Carlos III, ISCIII (WP1).
29. Spain: Gloria Villar, Instituto de Salud Carlos III, ISCIII (WP1).

## MEETING REPORT:

Sonia Garcia de San José, Deputy Director General for Quality and Cohesion of the National Health System, Ministry of Health, Social Services and Equality as chair of the session welcomed and introduced the Executive Board CHRODIS-JA meeting.

<b>WP1</b>	Coordination of the Joint Action, Governance, project management and reporting
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**Speaker:** Juan Riese, Instituto de Salud Carlos III, ISCIII (Spain)

**Main subject:** Structure of the 1<sup>st</sup> CHRODIS-JA Executive Board working plan.

### Brief summary of the intervention:

As coordinator of the CHRODIS-JA, Juan Riese welcomed the Executive Board Members, the European Commission and the Executive Agency (CHAFEA) representatives. He presented the EB meeting structure, reviewing all agenda points, some of which were later presented by other speakers.

The aim of the 1<sup>st</sup> EB meeting of CHRODIS-JA and the overview of the Joint Action was described, as well as the Work Packages (WPs) structure, relationships among them and the general objectives. WP4 is a core WP agglutinating the good practices for the WP5, WP6 and WP7. There will be a tool within the WP1 for the project management, to be implemented.

A draft of Terms of Reference (ToRs) for the EB was presented in order to be adopted. The role and composition of an Advisory Board was explained by the Executive Agency, as also was the Governing Board of Ministries of Health for sustainability by Spanish Ministry of Health.

Timelines of the Gantt chart, meeting calendar for 2014 (EB meetings, General Assemblies and Stakeholders Forums) and calendar for reports was proposed for agreement.

A proposal for the involvement of Collaborating Partners (CPs) was also presented and agreed as follows: every WP leader will get in touch with the already identified CPs (list to be sent by the coordinator) to confirm their interests and level of implication (full integration in the selected tasks, activity as consultants or activity only in the Stakeholders Forum). The coordinator will send the full list of partners in CHRODIS-JA.

The request from Austria to become participant was discussed, as well as the role of the Stakeholders Forum.

Finally, the coordinator indicated the need to agree on the first steps planned in the WPs and the results to be obtained the first year, and to clarify who is doing what.



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**Speaker:** Carmen Arias López, Spanish Ministry of Health, Social Services and Equality, MSSSI (Spain)

**Main subject:** Governing Board (GB) of Ministries of Health for sustainability.

**Brief summary of the intervention:**

Carmen Arias explained the part of the coordination working package that aims at contributing to the sustainability of the work produced through the Joint Action, beyond the 3-years of the expected EU funding commitment.

The Spanish Ministry of Health, Social Services and Equality is specifically involved in this task of WP1.

The objectives of the Governing Board are to facilitate the participation of the Ministries of Health of EU Member States (MoHs, participating and non-participating in the JA) and Candidate Countries in the work performed by the WPs, in order to inform relevant policy-makers at their Ministries and generate synergies with member States' health agenda on chronic diseases and the European and global health ones as well. The Governing board will contribute to guide the WPs in their technical work with a strategic view and may lay the ground for the potential establishment of a future network of EU MoHs representatives aiming at maintaining chronic diseases and healthy ageing in the EU health agenda.

Members of the Governing board will be representatives of MoHs of all EU Member States and Candidate Countries dealing with chronic diseases, representatives of the European Commission and representatives of the European Region of the World Health Organization.

The main function of the GB's members will be to contribute guiding the technical work and strategic progress of the CHRODIS-JA in coordination with the WPs, by revising the documents and actively participating in the GB's meetings.

Finally, a working procedure for the GB was described as a feedback loop relationship with the WPs and the MoHs. The GB secretariat will require relevant information on the progress of the WPs, in order to summarize it and consult GB's Member.

During the annual GB face to face meeting proposals will be discussed, and conclusions will be adopted to guide the WPs in their technical work with a strategic view.

**Debate:**

Cristina Chiotan from WP2 asked about the way of integrating works performed by the CHRODIS-JA in different national public health agendas.

MSSSI answered that the GB will consult the representatives of the MoHs that deals at national level with the chronic diseases strategies and plans, in order to guide WPs technical work. GBs will be the link between CHRODIS-JA, European Commission and UE Member States and Candidate countries.

Cynthia Menel from CHAFEA recalled the need to keep in mind the healthy ageing branch of the CHRODIS-JA, not to be forgotten in the design and work of the GB. She also noted that coordination of CHRODIS-JA should also have to look at other European projects and programmes in this area.



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**Speaker:** Gonzalo Arévalo, European Projects Office-Instituto de Salud Carlos III, ISCIII (Spain)

**Main subject:** Legal and financial issues for the CHRODIS-JA implementation.

**Brief summary of the intervention:**

Draft standard operating procedures (SOP) were presented. These will be distributed in two weeks for comments.

It was clarified that the Coordinator and associated Partners are the only ones that can incur in direct costs, but not the Collaborating Partners been the key figure for the total funding 4 606 576 € (50% of the total cost expected, 9 213 152 €).

CHRODIS-JA will run from January 2014 to 31<sup>st</sup> of March 2017, and in addition to the mandatory reports (2 interim technical Progress Reports, M12 & M24 and the Final Report, M39), 3 more draft progress reports (M6, M18 and M24) were agreed for internal use. A reporting tool is foreseen to be integrated in the project website for the partners and collaborating partners to follow technical and financial reports. Deliverables might be also added.

Information about the 3 advance payments was provided. These will be depending on the reports delivery and the execution level.

A proposal to split the first payment to Associated partners (APs) in two (75% and 25%) was rejected by the EB as Cinthia Menel Lemos reminded the grant agreement with CHAFEA specify the delays for transferring the payment (art II.26.4). One objective of funding projects is to create jobs and also avoid extra money reserve that oblige to fiscal returns. If at the time of the second payment an AP does not spend the budget, it can be reduced proportionally. However, if the unspent funds are not due to a lack of compliance with the programme, it should be informed the coordination to assess the reasing of low budget absorption.

Criteria for eligibility of costs are detailed in Annex I of the SOP and explanations for the direct and indirect cost was presented. Regarding the staff direct costs there might be public official staff and non-public official staff but only if they are specifically seconded to work in the Joint Action. Travel expenses and subcontract costs were presented, indicating that, among other requirements, public (national or EU) procurement procedures should be used.

There are other direct costs, like the "Implementation contracts" used for the provision of small services, goods, equipment, or also travel costs for experts (CPs).

CHRODIS-JA funding is under non-profit rules. Total EU contribution and Global EU funding rate are fixed. There is some flexibility to distribute funds among different budget items but budget transfers should always in line with art II.22 Budget transfers. The 20% threshold is not applicable since the Call for proposals 2013, in order to avoid amendments.

Rules for publications should be agreed. Regarding this, an annex to the SOPs will be proposed to be agreed by the EB. This annex will include guidelines for authors order, citations, etc.

The need for an amendment to the Grant Agreement (GA) due to the replacement of associated partner FCIEN by FCSAI was informed. Any changes on APs should be communicated by 15<sup>th</sup> February in order to include them in this first amendment to the GA.

Finally, although the Austrian Ministry of Health was not included in the Grant Agreement, the coordinator informed about the request to participate as an associated partner and collaborating partner in WP7.



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The coordinator considered that this situation needs to be solved, but EB should decide in a short period of time as there are financial issues concerning the inclusion of a new AP. It was proposed to let them join to the WP3 as there is already a remaining budget. Clarification on specific functions and conditions of the new AP within the WP3 is still an issue.

The discussed SOP will be sent for agreement before end of February.

**Debate:**

Cynthia Menel from CHAFEA recommended using a guide to write the reports and to check dates for supplying them in the Grant Agreement (drafts should be 1 month prior to the deliverable date). She also recalled that a good accountability is needed in order to be prepared for audits. Procedures specially thus concerning staff contracts and subcontracts should be perfectly designed in each organisation account system. If there are no internal rules EU commission rules should be used. Every three to six months a consultation should be made to every partner in order to update information concerning expenses, the EB should define the periodicity. Also recalls the need to inform and periodically update the staff participating within the JA.

Cynthia Menel also recommends that, regarding the reporting tool every WP should be able to get access to the different WP sections (not writing right, only reading) in order to keep informed. Right of reading is needed to provide WP members with the specific information concerning their and the other WP. Deciding which information WP need to follow and what expenses reporting on-the-line tool should be added to the “to do” list of every WP for tomorrow morning meetings.

Olivia Dix from WP3 explained that WP3 activities work might be of different intensity at different times in different WPs. This should be taken into account regarding possible budget excesses at some points in time, and not consider it as a poor execution.

**Speaker:** Cynthia Menel Lemos, Consumers, Health and Food Executive Agency, CHAFEA.

**Main subject:** European Commission`s involvement in CHRODIS-JA.

**Brief summary of the intervention:**

Structure and main duties of the Advisory Board was presented. Based on other Joint Actions, members for the Advisory Board might be selected from candidates proposed by each WP-leader and co-leader and by the Coordinators. Inclusion of experts may also include clinicians and scientific societies and not only researchers. Additional experts might be invited by DG-SANCO. European Commission will be included as an external observer.

The approximate number of experts should be around 10, as in other JAs ongoing in the EU.

The Advisory Board will provide advice to the Executive Board but this will not be binding, the EB will decide. Some rules should be agreed concerning conflict of interests and eligibility criteria for the member of the Advisory Board. DG-SANCO offers to share an existing list of experts..

**Debate:**

It is agreed not including policy makers to the Executive Board as they are already in the Governing Board.

It was agreed that experts travel costs will be covered but not fees for their work.

Enrique Bernal from WP4, suggested having geographical and multidisciplinary balance to conform the Advisory Board (different expertise and academic training).

Further comments from the EB might be sent to the coordinator, and he will request proposals on experts to the WP leaders.



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<b>WP2</b>	<b>Dissemination of the Joint Action</b>
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**Speaker:** Cristina Chiotan, EuroHealthNet (Belgium)

**Main subject:** Dissemination of the Joint Action.

**Brief summary of the intervention:**

EuroHealthNet is a non-profit organization whose mission is reducing Health Inequalities, combating NCDs and promoting sustainable health systems by networking across the European Union with bodies publicly responsible for health promotion, public health and disease prevention measures.

Three main objectives were defined for WP2: raise awareness, improve understanding and take action concerning chronic disease. This WP counts with a large variety of deliverables for dissemination of the JA that will include guidance and a reporting back document. A visual Identity will be needed (templates and logos) as well as promotional materials (leaflet, posters). CHRODIS website will be linked to WP4 Platform for Knowledge Exchange offering several on-line facilities (on-line help desk, clearinghouse). Twice a year a newsletter will be published. The contents will be provided by the coordinator, WP leaders and EuroHealthNet. EU developments and updates on other JA's and on EIP-AHA will be also included. It was also proposed to organise Webinars to discuss JA general outcomes and share good practices at the end of the project. A timeline is defined for the following milestones: Stakeholder mapping (M3), Guidance Document (M3), Internal Contact Database (M7), Promotional Materials, i.e. leaflets and posters (M10), CHRODIS section on EIP-AHA Portal (M12), CHRODIS section on EIP-AHA (M12).

JA dissemination strategy will be structured and directed to predefined audiences. Some mapping was done identifying several potential stakeholders: policy makers at EU national and regional level, caregivers, patients' organisations, researchers, public health officials, GO and NGO organisations working in health promotion and disease prevention, International organisations among others. If there are some proposals for new targets they can be submitted to WP2 within the next weeks.

Reports and common guidelines for care pathways for multi-morbid patients will be specially designed. The website will have a public section for general public and a partner's section in order to provide a restricted tool for involved organisations.

The next step for WPs leaders is to provide WP2 some input on the dissemination opportunities/activities for their WP's (Deadline: end of February) and start using CHRODIS-JA visual Identity as soon as available. A proposed logo's will be presented in February for feedback by the end of the month. WP4 and Coordinator are expected to provide further input on stakeholder mapping and analysis by the end of February in order to start website development.

**Debate:**

The EU Commission – SANCO 02 will be able to publish information periodically about CHRODIS on the EIP-AHA webpage section, but the information should be first send to the SANCO 02 Policy officer. Cinthia Menel from CHAFEA pointed out that delivered reports can be made on electronic format instead of printing hard



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copies, like this there is no need to increase expenses. CHRODIS Website should be translated into other languages, using an open source programme, in order to facilitate access to the general public.

Michele Zagordo (DG SANCO) clarified that at the moment it is not foreseen to have a specific section devoted to the CHRODIS-JA in the website of the EIP on AHA. However, all relevant info will be publicly available and timely published on the website, as it is the case already for the two days event of Madrid (Kick-off meeting of the JA).

<b>WP3</b>	<b>Evaluation of the Joint Action</b>
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**Speaker:** Olivia Dix, European Health Management Association, EHMA (Ireland)

**Main subject:** Evaluation of the Joint Action.

**Brief summary of the intervention:**

EHMA is an open European organisation bringing together policy makers, health managers, health professionals, researchers and educators with a special interest in health policies and research (170 member organisations across Europe)

WP3 main objective is to evaluate CHRODIS-JA. The contribution of partners is needed in order to define indicators (agree on methods) and to evaluate JA results. Once evaluation methods are agreed upon, the evaluation terms of reference will go out for a public tender (external evaluation). EHMA is in charge of monitoring the evaluation and manage WP3, in close collaboration with WP1. The evaluation process will be iterative and formative and it will be checked against the JA progress once a year.

There is a need to define differences between progress and result indicators for the evaluation strategy. Data sources should be also defined in order to evaluate changes at patient level (proxy indicators to be defined). WP1 has an important role in collaborating with WP3 in order to provide core information to the evaluation coordinators. EHMA will provide WPs with an evaluation log frame in the next month.

**Debate:**

Cynthia Menel from CHAFEA remarked the importance of evaluation. Most important is to define indicators per WP and terms of reference for the evaluation contract in order to be discussed and approved by the EB.

<b>WP4</b>	<b>Platform for knowledge exchange</b>
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**Speaker:** Enrique Bernal, Instituto Aragonés de Ciencias de la Salud, IACS (Spain)

**Main subject:** Platform for knowledge exchange.

**Brief summary of the intervention:**

The platform for knowledge exchange (PKE) aims at building an agora, where decision-makers, caregivers, patients, and researchers, will potentially exchange the best knowledge on chronic care across Europe.

PKE objectives are: assessing chronic care experiences within the JA, using the CHRODIS standards, providing information and advice on the best existing methodology aimed at implementing chronic care interventions in



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different contexts and providing information and advice meant to improve the potential effectiveness and efficiency of interventions in chronic care. During the debate some concerns regarding the objectives were raised and more dialogue would be needed to clarify them in particular about CHRODIS standards and the implementation of chronic care interventions

A modified Delphi disease-specific consultation process will be developed to agree on the assessment criteria. Five specific consultations will be held, three of them with a focus on multi-morbid patients, diabetes and prevention and promotion. Experts from the participant countries and, external existing EU working-groups will be invited to participate in these consultations. Stakeholders and patients' perspective will be included.

IACS will structure its work on the basis of standards and good practices. All searching processes will use 3 sources: electronic repertoires (grey and published literature), CHRODIS WPs production and EIP-AHA production (particularly B3 action group mapping).

PKE will be composed of two outputs: an on-line help-desk, and a web-based clearinghouse. Front desk (based in the IACS) will provide: advice on the use of the different tools and resources in the platform, reception and management of the experiences voluntarily submitted for assessment, advice on technical aspects about the development, implementation and evaluation of a new chronic care practice or policy, guidance on how to translate good practices to a particular context. Comments were raised about possible legal measures originated concerning the implementation of new chronic care practice. This issue should be further discussed.

The website will be composed of two elements: repository of best practices and a digital library (any other electronic resource deemed of use for chronic care stakeholders).

An on-line submission will be offered to individuals and/or organizations that want to get their practices assessed. WP4 also proposed the award of a "best practice stamp" and a "CHRODIS expert title" for the leaders of those practices assessed and awarded, however some difficulties were raised in the debate and should be further discussed.

An expert group is foreseen for the development of the assessment criteria within the Delphi consultation (CHRODIS Expert) and the establishment of a Steering Committee (SC) for the WP4 including representatives from the different WPs is also proposed, however duplications with the Advisory Board and the Executive Board were identified during the debate.

WP4 timeline is divided in two: scientific pathway (End of 2014) and technological pathway (First designed in June 2014).

#### **Debate:**

Regarding the coordination in between WP4 and WP 5, 6 and 7 Enrique Bernal explained that WP4 will first design the Delphi consultation, and after that they will ask for other WPs' opinion in order to arrive to a consensus on the assessment criteria for the Delphi tool. Calendar adjustment should be done with some WPs (ei. WP2).

European Commission suggests to take into account a "Best Practices book" published by EU and disseminated in EIP-AHA meetings and to consider contacting with leader from action group B3 of the EIP-AHA and participating in the EIP-AHA face to face meetings.

Cynthia Menel from CHAFEA asked about the criteria for the selection of members in the SC for WP4, and Enrique Bernal explained that they would be representatives for the WPs.





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<b>WP5</b>	<b>Good practices in the field of health promotion and chronic disease prevention across the life cycle</b>
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**Speaker:** Monika Koester and Theresia Rohde, Federal Centre for Health Education, BZgA (Germany)

**Main subject:** Brief explanation of its organization, BZgA, in particular their activities in the National Programme on Healthy and Active Ageing; and the aims, derivable and milestones of the WP5.

**Brief summary of the intervention:**

A brief explanation on the responsibilities and activities performed by the BZgA were presented, among others:

- Communication of national prevention campaigns and programs on health promotion.
- Quality assurance and research in prevention and campaigns.
- National and international cooperation/coordination with governmental/NGO of health, science and other policy sector.
- A National Programme on Healthy and Active Ageing was detailed among the several key topics on disease prevention, health promotion and health equity of the BZgA. Under this programme the surveys on activities and interests of elderly population and publications, the interdisciplinary cooperation, the health information portal (<http://www.gesund-aktiv-aelter-werden.de>), and regional conferences were described.

WP5: Good practices in the field of health promotion and chronic disease prevention across the life cycle: BZgA is the leader with EuroHealthNet as co-leader and 20 associated partners.

Aims and focus of WP5:

- Aims at identifying cost-effective and evaluated health promotion and chronic disease prevention practices (among elderly) and to promote the exchange, scaling up, and transfer to different regions and countries.
- Focus on activities that address major risk factors as well as the wider determinants of chronic diseases (diabetes type II, and cardiovascular diseases).
- Central focus on eliminating health inequalities and a specific focus on addressing the needs of elderly and disadvantaged groups.

The outstanding deliverables are the identification of 3 good practices per participating MS (M18), a series of conference seminars (M24), and a recommendations report on applicability and transferability of practices (M36).

Several milestones were also defined like the country reviews on health promotion and chronic disease prevention approaches (M8), the agreement on selection criteria of good practices with a template (M10) and study visits (M36).

**Debate:**

The possible duplicity or overlapping in the deliverables of good/best practices identification with the WP4 (Platform for Knowledge Exchange, PKE) was pointed, but WP4 leader explained that PKE would support methodologically to WP5, 6 and 7, and WPs are to decided which are the good practices according to agreed criteria. A timetable adjustment can be performed to avoid duplication or overlapping.



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Cynthia Menel from CHAFEA highlighted the importance of using the same assessment criteria for the selection of good practices in all the WPs.

WP2 and WP7 leaders suggested taking into account results of ongoing or previous European Project (Nutrition and physical activity for the prevention of chronic diseases, and CONDA Project).

<b>WP6</b>	<b>Development of common guidance and methodologies for care pathways for multi-morbid patients</b>
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**Speaker:** Graziano Onder, Agenzia Italiana del Fármaco, AIFA (Italy)

**Main Subject:** Brief explanation of its organizations, AIFA and VULSK, and a description of the composition, objective, tasks and deliverables of the WP6.

**Brief summary of the intervention:**

A brief explanation on the responsibilities and activities performed by the AIFA were exposed. AIFA is the national authority responsible for drugs regulation in Italy. It is a public body operating autonomously under the direction of the Ministry of Health. It cooperates with different health authorities (national and regional), research institutes, patients, health professionals and associations, and the pharmaceutical industry.

Their mission is to promote good health through medicines, regulate pharmaceutical policies, and promote pharmaceutical research. In the last few years AIFA has been working on chronic diseases and poly pharmacy, creating of a geriatric working group. They are also involved in the action group A1 of the EIP-AHA, and finally they have a publication of prescribing quality indicators for older people.

A brief explanation on the characteristic and activities performed by the VULSK were exposed. It is a large University Hospital with a research formation program for PhD and with transplantation activities. It cooperates with different health authorities (national and regional), universities, patients and health professionals associations, pharmaceutical industry and care/nursing homes, etc.

WP6: Development of common guidance and methodologies for care pathways for multi-morbid patients.

Associated partners were presented (up to 11), being the main objective of the WP6 to design and develop innovative, cost-efficient and patient centred approach for multi morbid patients with chronic conditions, including secondary prevention interventions, early diagnosis and adherence to treatment and medicine regimens (to address poly pharmacy).

The tasks to be developed are four:

- T1. Identify population(s) at high risk and very high care demand as targets of potential interventions for management of multi-morbid patients. They will analyse existing national databases and literature review resulting in a report (deliverable M12).
- T2. Review existing care approaches for multi-morbid patients in Europe: description of their characteristics and analysis of their efficacy to improve patient outcomes, cost-effectiveness and healthcare use, and replication in other regions/settings. A revision of international literature and data collection within ICARE4EU project (NIVEL), and other European projects is foreseen.  
Timeline will be same for both tasks to be ended at the end of year 1.
- T3. Based on result from task 1 and 2, assess and select good practices on management of multi-morbid patients, chosen by the effectiveness and the reproducibility, in order to develop a common model for



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multi morbidity management. Lithuania will lead this task and the results will be summarized in a single document (deliverable M24).

- T4. Define multi-morbidity case management training programme after the revision of existing training programmes by an expert group, taking into account of accuracy of skills and competences needed for caring multi-morbid patients. The common training programme developed should be easily used in different settings and regions.

There will be synergies with WP4 and WP7.

**Debate:**

To a comment from Michele Zagordo (DG-SANCO), it was clarified that the work performed by NIVEL in this JA is not a duplication of the work already performed in another European project. There will be a specific contract to use the network created by NIVEL but to make a different assessment.

Cinthia Menel from CHAFEA and VULSK members advised on the need to coordinate the timetable and tasks between the WPs’ leaders.

<b>WP7</b>	<b>Diabetes: a case study on strengthening health care for people with chronic diseases</b>
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**Speaker:** Marina Maggini, Istituto Superiore di Sanita, ISS (Italy)

**Main Subject:** Brief explanation of its organizations, ISS and IVZ, and a description of the composition, objective, tasks and deliverables of the WP7.

**Brief summary of the intervention:**

ISS is the leading technical and scientific public body of the Italian National Health Service. Its activities include research, control, training, and consultation in the interest of public health. ISS conducts scientific research according to priorities based in the National Health Plan. Since 2005, a project called “A chronic disease management project for people with diabetes” (IGEA) is in place. ([www.epicentro.iss.it/igea](http://www.epicentro.iss.it/igea)).

The WP7 project objectives are focused on Diabetes (Diachronic) working in cooperation with WP4 and WP6.

The aim of this project is to improve the quality of care for diabetic patients, including aspects of primary prevention for people at high risk, through the development of an organizational model for different regions. It also aims at boosting the coordination and cooperation of MS on diabetes.

There are five tasks, including mapping good practices and identification of existing intervention strategies, in countries included in the JA, for primary (people at high risk, task 1) and secondary prevention of diabetes type 2 (task 2); the assessment of early non-pharmacologic interventions (task 3); development of recommendations on appropriate patients’ education strategies to strengthen health literacy and patients’ empowerment (task 4); and mapping and analysing of existing national diabetes plans through a questionnaire (task 5, led by IVZ).

The development of cross-national recommendations for detection, prevention and improvement of the quality of care for people with diabetes and a guideline on how to develop national diabetes plans, taking into account socio-economic parameters, are some of the deliverables.

For task 5 the underlying idea is that current National Health Systems (NHS) doesn’t respond to all patients’ needs and it is necessary a real change in the core of the NHS approach for prevention, care, empowerment. These changes won’t be easy and activities should last longer than the 3 years of the Joint Action.



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### Debate:

A remark was performed regarding the possible interference between health promotion in WP5 and diabetes primary prevention in task 1 of WP7. Marina Maggini from WP7 explained that there is a proposal to define objectives to focus on health education and avoid duplication. Moreover, health promotion in WP7 is targeted to patients with diabetes or people at high risk, not to healthy people.

### Closing remarks (29<sup>th</sup> morning and 30<sup>th</sup> afternoon, January 2014)

**Speaker:** Juan Riese, Instituto de Salud Carlos III, ISCIII (Spain)

Two annual meetings for Executive Board were agreed (late May or early July and December) and next one to be hold in Rome.

Cinthia Menel from CHAFEA reminded that the EB annual meetings should be reflected in the meeting calendar and it could be useful to merge one of them with the WPs annual meeting to make the work more efficient.

The collaborating partner's management proposal was agreed. Every WP leader will get in touch with the already identified CPs to confirm their interests and level of implication, with the suggestion by Cinthia Menel to include only the current participating ones.

The main agreements on activities for the next few weeks were the following:

- Elaborate a common work plan with the identification of synergies and a timetable. Each WP will establish who will be the actor for each activity and the timing. An audio conference of the EB was convened for the 24-25<sup>th</sup> of February (10:00-12:00h). A doodle will be sent by the Coordinator.
- Bilateral audio conferences will be held in the meantime between WP4 and WP5, 6 and 7, to conciliate their frameworks and clarify the Delphi consultation before next EB audio conference.
- A work plan proposal will be elaborated by the coordinator of the JA to be presented in advance of the EB audio conference (24-25<sup>th</sup> February).
- A list of participants with their contact details will be distributed among the EB members.
- A draft glossary of terms will be elaborated in one month time, with the collaboration of all the WPs leaders.
- The draft questionnaire for task 5 of the WP7 (National Diabetes Plan) will be distributed to the EB, The coordinator will send Standard Operation Procedures in 2 weeks and the amendment to the Grant Agreement to CHAFEA.
- Regarding the Governing Board a draft letter for requesting a representative from the Ministries of Health of EU Member States and Candidates countries will be send to Cinthia Menel next week. EB members were also asked to send their comments on the Governing Board Terms of Reference.
- It was agree to have an extra EB meeting associated to the Summit on Chronic Diseases, the 3<sup>rd</sup> -4<sup>th</sup> April in Brussels.