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CHRODIS-JA Kick-Off Meeting

Spanish Ministry of Health, Social Services and Equality
Madrid 29th-30th January 2014

Minutes

Welcome and opening speeches

Pilar Farjas-Abadía (General Secretary for Health and Consumers. Spanish Ministry of Health, Social Services and Equality) and **Antonio L. Andreu-Périz** (Director, Institute of Health Carlos III) welcome and open speeches. They present the Ministry of Health, Social Services and Equality and Institute of Health Carlos III respectively, and remarking the importance of this initiative and impact.

Project Global Concept

Sonia García de San José (CHRODIS-JA co-coordinator, Ministry of Health, Social Services and Equality (MSSSI)) welcomes attendees and partners. She presents the Ministry, its mission and in particular the role of the Ministry in relation to chronic diseases. The Ministry of Health, Social Services and Equality has developed a National Strategy for Addressing Chronicity in the National Health System. The role of the Ministry of Health as co-coordinator is presented.

Juan Riese (CHRODIS-JA coordinator, Institute of Health Carlos III (ISCIII)) welcomes attendees and partners. He presents the CHRODIS-JA OBJECTIVES, what it should be and not be; FACTS ABOUT CHRODIS-JA: 26 countries, 36 Associated Partners, 23 Collaborating Partners participate, 60 Partners in total; WP STRUCTURE; GENERAL AND SPECIFIC OBJECTIVES.

Wolfgang Philipp (SANCO C1) welcomes and thanks the coordination team, and remarks the work done for developing the proposal, before it becomes CHRODIS, thanking Carlos Segovia, Juan Riese and all the people involved. He speaks about the importance of chronic diseases and public health and the EU interest in this matter. From the European Commission (EC) side it is very important to collaborate to achieve our objectives and that this collaboration should extend beyond the life of the Joint Action (JA).

Michele Zagordo (SANCO 02) thanks the MSSSI, ISCIII and all the attendees. He remarks the importance of healthy aging to the European Commission. This JA is important, also from the political context point of view, as it involves 26 countries collaborating together, and it is a milestone in the EU agenda. He emphasizes the importance in supporting synergies among active healthy aging initiatives, especially with European Innovation Partnership on Active and Healthy Ageing (EIP-AHA) and its relation with CHRODIS. He remarks that the Joint Action is a powerful instrument for Public Health

(DGSANCO). It will represent a good example for the future. He appreciates the involvement of the Member States.

Working Package	Item
WP2	Dissemination of the Joint Action

Cristina Chiotan (EUROHEALTHNET) introduces EUROHEALTHNET, and indicates that it is also member in EIP-AHA. Cristina presents the deliverables and milestones information:

Dissemination strategy (M3), visual identity (M10), CHRODIS website (M6), which is linked to WP4, this webpage initially, will be a static one (by March), there will be a biannual newsletter, seminars (M36), webinars (M36), and CHRODIS on EIP-AHA portal (M12).

Timelines mentioned: Stakeholder mapping (M3), guideline document (M3), internal contact database (M7), promotional material (M10), CHRODIS portal (M12). The website will have a public and partners section.

The approach presented for WP2 is based on **WHAT** will be disseminated, to **WHOM** (audience), **WHY** (purpose), **HOW** (methods and channels), **WHEN** (timing). The immediate steps are: the dissemination strategy; visual identity, logo, templates, website (public, partners' area and link to platform of WP4 – clearinghouse and online helpdesk) and stakeholder mapping.

Working Package	Item
WP3	Evaluation of the Joint Action

Olivia Dix (European Health Management Association (EHMA)) introduces EHMA. She remarks that this WP aim is to manage the evaluation and not to undertake it, all the partners are involved, it is a complex issue and it is important for future sustainability of the work. The evaluation is presented as iterative process; it should agree: indicators with partners, terms of reference for evaluation, and skills and experience needed by evaluators. It should fit partner and project needs. Deliverables and milestones are presented. The project is not long enough to evaluate change at patient level so it needs proxy indicators. It needs to distinguish between process and outcome indicators.

Questions. It should evaluate not only patients but all the people, since we are also addressing healthy aging? Because of complexity it will be focus on patient benefit.

The coordinator comments that this WP also focuses on the evaluation of the project in terms of accomplishment of timing and quality of standards.

Working Package	Item
WP4	**Platform Knowledge Exchange (PKE)**

Enrique Bernal (Instituto Aragonés de Ciencias de la Salud (IACS)) presents scope and goals of the WP, this is "building an agora where decision makers, caregivers, patients, professionals and researchers will be ideally able to exchange best knowledge on chronic care across Europe". Two outputs are expected: an on-line helpdesk and a web-based clearinghouse.

1. Helpdesk objectives: assessing chronic care experiences using the CHRODIS standards, providing information and advice.
2. Clearinghouse objectives, dynamic repository, digital library and online resources about chronic care.

He presents WP tasks:

Task 1. Standards and best practices. The most important will be to agree the assessment criteria-CHRODIS STANDARS (Delphi disease-specific consultation process). Several specific consultations (20 panelists and 2 rounds), 3 focus on multimorbid, diabetes and prevention and promotion. The experts will come from the participant countries and external EU working groups. The stakeholders also will include patients' perspective. He presents also the searching process (proactively using 3 sources: electronic repositories, CHRODIS WPs production and EIP-AHA – A1 & B3)) and the practice assessment and endorsement.

Task 2. On-line tools. Providing guidance on how to develop, implement and evaluate chronic care interventions. This task includes: self assessment tool, institutional analysis checklist, intervention design checklist and evaluation indicators tool (monitoring indicators).

Task 3. On-line front desk. Based on the IACS services. Advice on the use of the different tools and resources, reception and management of the experiences voluntarily submitted, advice on technical aspects, guidance on how translate good practices. Advice will be provided either directly from CHRODIS experts or other experts.

Task 4 and 5. Clearinghouse. It will be link to the website. It includes two elements: repository of best practices (those getting CHRODIS stamp) and digital library.

Task 6. Technological platform. It includes knowledge bases services, collaborative work and management services. It should be a permanent infrastructure to be scalable and able to support post JA.

The users identified are browsers or members of the CHRODIS community. Members of CHRODIS will need to register.

He explains about governance, steering committee and also partners accountable to the steering committee, and timetable and milestones. Finally presents next steps from now to the end of 2014.

Questions. Which will be the languages available? and how will it be adapted to cultural context? They are good questions but nothing has been decided yet, initially only in English. Enrique Bernal suggests that at the end of the project what we will have is a proof of concept (pilot) and then we could decide what we need to translate.

Question. CHRODIS standard, what does it means? Could it be different for any member or for people? What does best practices and good practices mean? Best practices collected could be more heterogeneous. We need to have a clear concept of this in order not to be heterogeneous, not everything is a best practice. Best practices need to be assessed and advice. It is necessary that the community sees a benefit on it.

Questions. Are we going to deal with individual patients? and the possible legal implications this might have. Individual care or public health care programs are not the aim of the JA. Also patient organizations may be experts.

Question. How will we organized the collaboration with EIP-AHA in order to not to duplicate efforts? There are some “matrix” developed in B3 which can be an input.

Question. About the role of the steering committee vs advisory body. Advisory board could participate in the assessment of criteria, long time strategy and the steering committee more in the day to day.

Question. Where will the technology be located? In the ISCIII, the people from IACS will also participate.

Clarification from Juan Riese about the process. We need to have a detailed process/who provides answers.

Question. About if the helpdesk will be open to everybody, what level of info will be provided? It will be open but those who want to follow a process will have to register. Only the ones approved will be published.

Question. Who will apply to verify good practices taking into account that they are multidisciplinary /collaborative? Should the people have the position and permission to do it in the organization / institution? It is suggested that it should be defined by the CHRODIS standards criteria, but being as much flexible as possible.

Question. Will be better to call them good practices rather than best practices? We need to reach a consensus on it, the idea is not the name is to clarify and have consensus about it.

Comment. EUneHTA has previous experience, they have criteria for technology assessment.

Question. Cost might be the difference between good or best practices or they could change very quickly. We have to consider cost containment. It is better to consider cost effectiveness or cost benefit.

Conclusion. We need to reach a consensus about terms and meaning for the words.

Working Package	Item
WP5	**Good practices in the field of health promotion and chronic diseases prevention across the life cycle**

Monika Koester and **Theresia Rohde** (Federal Centre for Health Education (BZgA)**.** Monika introduces the BZgA and what should be discussed: reports and situations analysis, structures, responsibilities and resources, good practices projects and communication. Theresia explains about WP5 aims and focus: to identify highly promising, cost-effective and evaluated practices. She presents deliverables and milestones. The tasks are the following:

Task 5.1. Review of existing work, situation and needs.

Task 5.2. Defining an approach.

Task 5.3. Identification of good practices.

Task 5.4. Conference seminars.

Task 5.5. Peer review /study visits.

Question. Elderly are included as group in the slides. In which groups are we focusing on? We will have to decide on which groups we want to focus. Elderly are obviously included, but we have to specify more ages, etc.

Comment. There are excellent cardiovascular guidelines we would have to see which is the application (not much on primary care). We have to see and define healthy guidelines.

Suggestion. About the interaction with elderly and physical exercise, there is a need to work closely with multimorbidity group. Also there is a need to coordinate with WP4 in order to not duplicate efforts. We will give the results to WP4 so we have to work in close contact.

Suggestion. We will discuss CVD and clinical practice, physical activity and multimorbidity but we will focus more on health promotion.

Comment from Cinthia. We need to improve the communication of the planning between WPs and coordinate the work. There is an amendment in progress to include the changes so if we need to change a milestone or something like that we still can.

Working Package	Item
WP6	**Development of common guidance and methodologies for care pathways for muti-morbid patients**

Graziano Onder (Agenzia Italiana del Fármaco (AIFA)) and **Rokas Navickas** (Vilnius University Hospital Santariskiu klinikos (VULSK)).

Graziano Onder presents the responsibilities and activities performed by AIFA. 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.

Rokas Navickas, as co-leader, introduces VULSK. 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 centered 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:

Task 6.1. 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).

Task 6.2. 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.

Task 6.3. 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 multi morbidity management. Lithuania will lead this task and the results will be summarized in a single document (deliverable M24).

Task 6.4. 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.

Working Package	**Item**
WP7	**Diabetes: a case study on strengthening health care for people with chronic diseases**

Marina Maggini (Istituto Superiore di Sanita (ISS)) and **Jelka Zaletel** (National Institute of Public Health (NIJZ))**.** Marina Maggini introduces the ISS. She proposes the name DIACHRONIC for the WP. The scope of the WP is to improve diabetes cares through the coordination and cooperation of Member States to act on diabetes. Early diagnosis and secondary prevention should be addressed. She presented tasks and deliverables. The tasks are:

Task 7.1. Prevention of diabetes focused on people at high risk. It includes the identification of existing prevention strategies and development of cross-national recommendation to improve the quality of care.

Task 7.2. Secondary prevention of type 2 diabetes.

Task 7.3. Non-pharmacological interventions. It includes the identification of existing non pharmacological interventions and definition of cross-national recommendations. Health promotion interventions.

Task 7.4. Educational strategies and approaches.

Task 7.5. National diabetes plans. Jelka as co-leader presents this task. It includes the mapping of existing national diabetes plans in Member States and development of a NDP guideline.

Health systems were originally designed for acute care and obedient patients but these do not work anymore, National diabetes plans have to make a change to adapt. We have to address it have to make the change. Change can be hard but it is sometimes necessary.

Marina Maggini finishes presenting methods and means for achieving this task:

- Identification of partners (associate, collaborative and other Member State partners)
- Literature review

- Definition of questionnaires for the collection of data
- Identification of existing strategies
- Map data and good practices
- Using collaborative methods
- Using the platform and creating Community of Practice

Question. In relation to data collection synergies between WPs should be taken into account and try to combine questionnaires of all work packages. Some countries might not have national diabetes plans. Who will give answers? Governing body – synergy with WP1. How to create a community of practice and the need to work with other partners. The idea is to create a small community in order to work together in a more coordinated way using the platform created in WP4. Try to influence any kind of policy that influences patients with diabetes. It is necessary to work together with WP6 because diabetes is also related to multimorbid patients. It is a good opportunity to develop guidelines to act with these patients.

Comments about related events. Rosa Sunol is coordinating a conference and have information about chronicity. Also there is a conference for empowering patients (Patients Forum).

Comment. We try to influence any kind of policy that influences patients with diabetes.

Question. How contribute to WP7? will Diabetes complications, such as food allergies, be included? It will be explained how an associate partner could contribute. We do not know if we have enough time to focus on each complication of diabetes, however some are addressed in the national plans in use, for example some address diabetic food.

Question. Diabetes is a case study how you think info from this WP can be applied to other diseases? The final objective is to define a model of care delivery for chronic adapted to NHS, in particular to diabetes, but this model can transfer to other conditions, and also education strategies could be used for others. “If we adapt the healthcare system to be nice to patients with diabetes then it will be also OK for other diseases”.

Suggestion. It may be useful to have inputs from other related projects or similar initiatives (other JA). There is a project which addresses educational and social interventions, we could contact them. Also there was an initiative related to dementia which present same problems, we could see strategies that were developed.

Debate WP6 and WP7:
From CHAFEA and in order to identify synergies the following remarks were pointed out:

- Data collection should be limited as partners in this WP might be found in the Governing Board of the JA.
- Look not only for National diabetes Plans but also for health strategies on chronic diseases.
- Effort should be made to avoid duplication with others WPs (WP4) in particular for the community of practices tool in WP7.

WP7 leader assure they will work in coordination with WP1 in the collection of data and with WP4 to avoid duplication.

Information about 2 EU funded projects to consult was provided, Empowering Patients project (Rosa Sunol) and Health literacy of chronic disease patients; and suggestion to look for solutions in other JA was proposed as we have to face similar problems.

Other comment questioned how the diabetes case-study and the information of the national diabetes Plans would be applied to different chronic diseases. WP7 leader explained that there are some limitations when trying to define chronic disease care strategies based in a specific disease, nevertheless diabetes framework may be similar to other clinical condition and easy to transfer recommendations from this WP to other fields.

Other comment noted that only in a few cases diabetes comes without any other disease, therefore a requirement for WP7 is to coordinate with other WP studying chronic disease with a broad insight.
WP7 leader answer that WP7 is orientated to look at diabetes with a broad point of view as there may be other health concerns and multi-morbility affecting patients. Dementia and other issues as health care difficulties are going to be included and a close collaboration with WP6 on is foreseen.

Collaborating partner ask which were the main areas of contribution to improve diabetes care for the dietetics food. WP7 leader explained that the detailed contribution of CP is not already defined and this might be investigated when analysing the National Diabetes Plans.

Working Package	**Item**
WP1	Coordination of the Joint Action and the Governing Board of Ministries of Health

Marian López (Spanish Ministry of Health, Social Services and Equality (MSSSI)) **- Governing Board for Sustainability**

Brief explanation on the main features of the Spanish National Health System (NHS) was explained, as set in Chapter VIII of the Spanish Constitution (1978).

Also the decentralized model of the Spanish NHS was detailed: 17 Regions that manage their Health Services and a permanent coordination body to guarantee common quality in services and equity within the regions.

One of the responsibilities on health for the Central Government is the coordination and basic principles of health, and more specifically, within the Ministry, the General Secretariat of Health and Consumer is the competent to address such health issues, and many public health policies of the Ministry are developed by the General Directorate of Public Health, quality and innovation, also participating as co-leader in the WP1 of CHRODIS-JA.

In particular, MSSSI is involved in the Governing Board of Ministries of Health for sustainability of the CHRODIS-JA of the 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.

Juan Riese (Institute of Health Carlos III (ISCIII)) – **Monitoring the achievements of the JA tasks**.

Juan Riese introduces the Institute of Health Carlos III and its activities and structure. He remarks that the structure and governance of the JA is critical, and that the consortium and partnership agreement signed by JA partners set out the principles for collaboration. Also it has been developed a Standard Operation Procedure (SOP) where all the issues not included in the Grant Agreement (GA) are included.

The overall JA structure is presented with a focus on both strategic and executive and implementation levels where WPs and partners have specific roles. CHRODIS coordination will depend on different levels: Executive Board (Coordinator, WP leaders and co-leaders), General Assembly (EB members and Associated Partners), and Stakeholders forum (members of the General Assembly plus Collaborating Partners and other interested parties). European Commission and CHAFEA will participate as observers.

The JA Coordinator has an executive role in supporting technical implementation, controlling contractual, financial and knowledge management, and coordinating JA administration. Coordinator will also implement EB decisions and promote tools and templates for technical, administrative and financial management. JA coordination is also in charge of communicating and reporting regularly to the CHAFEA and the Directorate-General for Health and Consumers (DG-SANCO).

The Executive Board is conceived as the project management team; they will actively lead and contribute to WPs implementation. EB will oversee the work and progress of individual WPs and monitor the milestones and deliverables through periodic conference calls and meetings. It also ensures that high standards of technical and administrative excellence are maintained and is in charge of resolving any potential conflict.

The role of Associated Partners is to inform the coordinator of budget transfers between items, as provided in (Annexes V-VI and VII of the Grant Agreement). They provide the coordinator with all the necessary documents required in the event of audits and checks of evaluations (Annexes V-VI and VII of the Grant Agreement).
They may also review and provide input to their respective project deliverables and provide information to different stakeholders in their country.

Collaborating Partners will provide expertise and EU-wide coverage to the project. They have no contractual relationship with the CHAFEA and do not contribute financially to the project budget, nor do they get directly funding from CHAFEA co-funding.

Advisory board provides scientific advice and will be formed by CHAFEA representative an 10 members (2 proposed by each WP leader).

As management tool there will be an Intranet system management of CHRODIS-JA that will be integrated in the website (Repository of GA, Technical and financial reports, Annexes, SOPs, etc.). This tool will be used for the internal management of every Work Package.

The CHRODIS-JA management team is formed by Coordinator and 2 project managers.

The coordination team will discuss during this meeting to establish the time frame for teleconferences and meetings, and it will be sent to the partners. The EB will meet in June and December. Also there will be a proposal for members for the Advisory Board that are not involved in JA and don't have any conflict of interest.

Suggestion. This could be a chance to complement biomedical model with social model. Juan Riese comments that we are open to collaboration with social services so they are represented too, and at the beginning of the project some associations were interested. Observers recommend that the collaboration should be across all WPs.

Question. As there have been changes, do we have the final list of the boards? The coordinators will send final list with emails, names. For now, any partner can ask directly Juan or Sonia, and once the structure is finalised it will be published, indicating all changes.

Suggestion. To consider strategic people in evaluation. The coordinators take this into account, so expertise in clinical issues is expected but also strategic.

Debate:
Advisory Board will be formed by two candidates who will be proposed by EB and approved by consensus and taking into account which are the specific tasks and their personal implication with other European projects. Any potential conflict of interest has to be avoided in JA management.
Including Social services in the JA is clue for achieving an integral approach (not only health care oriented actions). Coordinator replied that a multisectorial approach is ensured and will be common across the WP, in fact, JA will probably contact patient associations in future steps. Nevertheless, WP 5 will take into account social services in the promotion of the JA.
It is important to facilitate contact details of WP leaders, experts and partners.

Gonzalo Arévalo (Institute of Health Carlos III (ISCIII)) **- Legal and financial issues for the CHRODIS-JA Implementation**

He explains about the draft version of Standard Operation Procedures (SOP). It will include 3 annexes.

The JA is integrated by 36 associated partners + 23 collaborating partners (who cannot directly incur into cost). Grant Agreement (GA) is has been already signed. It is 223 pages. ISCIII will send the version signed by EC. The Cost is 9.213.152€, the grant funded by the EC corresponds to 50%, 4.606.576€.

There are two types of staff costs, public official and non public official staff contracted for the action. It is necessary to keep periodically updated the staff allocated. In relation to subcontract cost to a third party, this is only for minor services, and it is important that before subcontracting please contact to ISCIII, in order to facilitate its management.

We need to keep time sheets to certify labor costs. We have to keep time record or time sheets of work done in the JA

He explains about reporting, at least 3 are mandatory progress report: P1 Interim technical progress reports (M1-M12), P2 Interim technical progress report (M13-M24), P3 Final report. ISCIII will create a reporting tool for the project (with permission to access and integrated at the website).

He provides information about advance payments: 1st the 30% of the EU funding (Jan 2014), the payment 2 the 20% (Mar 2015), the payment 3 the 20% (Mar 2016). Balance payment depending accepted cost AP1, AP2 and AP3. They are conditioned upon the submission of complete reports and depend on the activities.

It is very important that any change in relation to bank accounts is communicated urgently to ISCIII to include it the amendment that is being written.

There are issues not included in the GA so they are included in the SOP, such as: payment schedule, interim reporting, budget transfer among partners, IPR). The SOP will be distributed by end of next week, and final version of it by the end of February. Also Amendment 1 will be sent (if there is any changes please communicate coordinators urgently).

Question. Collaborating partners ask about some travel expenses? Costs of collaborating partners always have to go through an associated partner.

Juan Riese shows us a summary about the deliverables and reports; this information is included in the slides.

Every work package will have 1 coordination meeting a year and in between there will meet through teleconferences monthly or even bimonthly if necessary. The draft agenda should be sent 1 wk. before the meeting and the meetings 1 wk. after.

Question. The information about the next meeting will be sent to partners (Rome in July 2014).

Question. About timetable for signed the timesheets, should it be monthly or every 6 months? Time sheets are to be completed by partners monthly but sent to coordination every six months.

Comment. Keep all the records you would to declare (boarding passes, invoices, etc)

Comment. from Cinthia. It is a need to have good communication and discussions across WPs to facilitate scientific decisions. The idea is to have more communication between WP partners, organizing more or largest meetings.

Parallel Sessions of the WPs

Parallel Sessions of the WPs take place.

General Discussion Session

Lead by Sonia García de San José and Juan Riese and presented by WP leaders.

Anna Gallinat - Conclusions **WP2**: The immediate steps are: do stakeholder analysis, create a core group, hire the communication agency to design logo, they will send three different ones to choose from (the logo should include name and maybe a subtitle), CHRODIS templates and visual identity, website (static asap), checklist to be distributed.

Olivia Dix – Conclusions **WP3:** Evaluation methods are explained, there are three levels:

- Project progress: WPs outcomes, interpersonal evaluation
- process: define evaluation indicators, test this methodology, define terms of reference
- existing tools, existing outcomes indicators

Enrique Bernal - Conclusions **WP4**: a glossary of terms has to be developed (JA coordinator, with help of WP4). About the questions about standards it should be clear that we are not accrediting healthcare professionals, institutions, etc, we are only accrediting "interventions". We should be clear on who is doing what because there are some overlapping tasks with other WPs, see differences below:

- WPs: collecting evidence, developing a first outline of criteria, assessment, the proposal of the stakeholder and profile of the panel.
- WP4 (adapted to other WP timeframe): suggesting assessment criteria (Dec. 2014/Dec. 2015), development assessment tool (ready for use in June 2015). Should be included into the amendments those timelines which has been changed.

Theresia Rohde - Conclusions **WP5**: Primary prevention, including diabetes, stroke and cardiovascular diseases. Partners will start searching. The conference call for task 5.1 will be established and first meeting will be in end of March or beginning of April (Cologne).

Graziano Onder - Conclusions **WP6**: Identification of targets and review existing care literature.

The immediate steps are focused on three tasks:

- Getting in touch with EIP AHA in order to not duplicate activities.
- Establishing a framework for data analysis (each partner does its own analysis within this framework)
- Country survey.

Potential link with B3 and MANAGECARE EU project. Expert meeting for task 3.

Marina Maggini – Conclusions **WP7:** Develop a community of practice and create a work environment for work.
A summary of steps and timing is presented:

- 2014: definition of work plan and tool for collection of data
- 2015: analysis and comparison of information collected in different tasks
- 2016: draft recommendations and finalized recommendations

Closing Remarks

For information of the partners the eHealth Forum will take place in Athens May 12-14 as Th. Vontetsianos from YPE reported.

Recommendations and conclusions from the observers:

Cinthia Menel Lemos - CHAFEA. In the next two weeks is crucial to have analysed cross activities among WPs in order to structure work plan and technical issues of the project. It is necessary to develop a common glossary of terms. The organizations need to have WHO/WHEN/TOOLs/CALENDAR of meetings. Be sure that all tools are compatible in terms of IT. The idea of Community of Practice could be applicable for other WPs. There still are a lot of things to do, we have to decide in a work plan as soon as possible.

Wolfgang Philipp – EC. CHRODIS is political important for EU Commission. Actively look for synergies, not only among WPs but also with other EU initiatives. Focus on synergies (EIP and other initiatives). He informs us that about an important chronic diseases event (Chronic Diseases Summit, 3-4 April, Brussels).

Michele Zagordo – EC. Wishes us good luck.

Conclusions from coordinator:

Juan Riese - ISCIII. He thanks all for participating and the Ministry for the support and hosting the KoF. He thanks Carlos Segovia as the person who had the original idea and the concept for the present JA and other people from the ISCIII. He remarks that next week we will have the workplan, the meetings and the coordinators will be in touch with WP leaders for immediate steps. Next meeting will take place in Rome in July 2014.