

CHRODIS NEWS#6

JOINT ACTION ON CHRONIC DISEASES AND PROMOTING HEALTHY AGEING ACROSS THE LIFE CYCLE

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TOGETHER WE FIGHT THE BIGGEST CHALLENGE POSED TO EU HEALTH SYSTEMS

Chronic diseases like diabetes, cardiovascular disease, cancer and mental disorders affect 8 out of 10 people aged over 65 in Europe. Approximately 70% to 80% of health care budgets across the EU are spent on treating chronic diseases. It is a shared goal of the European Commission and the EU Member States to reduce this burden and help European citizens have access to the best healthcare, prevention and health promotion possible.

JA-CHRODIS is the first Joint Action on chronic diseases co-financed under the EU Public Health Programme. It has brought together tens of partners from 25 European countries, who have worked since 2014 to identify, validate, exchange and disseminate good practices on chronic diseases across EU Member States and to facilitate their uptake across local, regional and national borders. As JA-CHRODIS is coming to a close, it is time to thank the coordinator and the work packages leaders, who you will meet in this newsletter, for their strong commitment and tireless engagement to make this Joint Action a success. Today we take stock of what JA-CHRODIS has achieved and how these achievements will be used.

JA-CHRODIS has produced some key deliverables of which I can only highlight a few here. The multimorbidity care model is one of these and it is reassuring to see that this model is already being piloted in the Netherlands. JA-CHRODIS also developed a "diabetes package" ranging from a policy brief to concrete recommendations for improving the quality of care for people with diabetes. Very interesting work has also been carried out in the field of

health promotion, where not only good practices from the local, regional and national level have been identified, but also the success factors which enable their transfer or scaling-up. All of this hard work comes together in the CHRODIS platform, an IT tool which supports the selection of best practices and hosts a digital library. This tool serves as a basis for the chronic disease resource centre the Commission will be setting up in the near future.

The European Commission is committed to put all this knowledge to use. We have a golden opportunity with the new Joint Action on chronic diseases, baptised CHRODIS PLUS. Building on past knowledge and successes, CHRODIS PLUS will implement the multimorbidity care model in several countries. It will help transfer good practices in health promotion and chronic disease care from one country to another in a pilot mode. It will seek to engage other sectors, for instance by working with the employment sector on maintaining or reinserting people with chronic diseases into the work force.

The Commission looks forward to continue this work with Member States in view of helping them to reach, by 2025, the 9 voluntary global targets set out in the World Health Organization's global action plan. Besides the Joint Action, the State of Health in the EU cycle, the new Member States' Steering Group on Promotion and Prevention and the aforementioned resource centre will be important building blocks in making our health systems more resilient and strengthening the public health sector to cope with the chronic diseases challenge. ■

 **XAVIER PRATS-MONNÉ, DIRECTOR GENERAL OF THE DIRECTORATE-GENERAL
FOR HEALTH AND FOOD SAFETY, EUROPEAN COMMISSION**



THE JA-CHRODIS PATH TO ACHIEVING TIMELY OUTPUTS

Chronic diseases place a burden on both citizens' lives and health systems. In an increasingly ageing society, it is essential to promote healthy lifestyles, to prevent or delay the onset of chronic conditions and to better manage the co-occurrence of multiple chronic conditions, i.e. multimorbidity. Europe should work together and learn from each other by for example exchanging good practices. For this, JA-CHRODIS constituted the perfect first step.

Thanks to the great contribution of 39 Associated and 34 Collaborating Partners over three years, we are reaching many achievements and milestones in the different areas JA-CHRODIS worked on. The Governing Board, comprising of 19 representatives of national health ministries, the European Commission and the WHO Regional Office for Europe, was crucial to achieving the outcomes by contributing and guiding the practical work.

One of the main outputs of the Joint Action was the CHRODIS Platform, where policymakers, health professionals and other stakeholders can not only find evaluated good practices but also upload their own. Central to the development of this online tool was the establishment of quality criteria for the evaluation of practices using a sound and robust Delphi methodology with experts from Europe. The CHRODIS platform also hosts an online helpdesk and a digital library with content relating to chronic disease prevention and management.

The partners of JA-CHRODIS working on health promotion identified and selected 41 good practices and organised study visits to seven of them, where JA-CHRODIS partners could share their experiences and discuss about their potential transferability. The knowledge gathered from the study visits form the basis for the key elements of successful implementation and scale-up of good practices in health promotion as well as for practical recommendations



JA-CHRODIS OUTCOMES ARE AVAILABLE ON THE WEBSITE:
[HTTP://CHRODIS.EU/OUTCOMES-RESULTS/](http://chrodis.eu/outcomes-results/)

on how to transfer and adapt good practices to different settings and contexts.

JA-CHRODIS's work on multimorbidity has led to the identification of 16 components that make up the multimorbidity care model. This model provides a basis for those aiming to address this challenge of caring for patients with multiple chronic conditions. It moves away from disease-oriented approaches to one that is patient-centred. The model covers different aspects of the care process, including care delivery, decision support for care providers, self-management support of patients, clinical information systems and the involvement of community resources.

Type-2 Diabetes has been considered a case-study in the framework of JA-CHRODIS to analyse how different systems, countries and regions address chronic diseases. Quality criteria and recommendations on the implementation of prevention and care practices, as well as a policy brief and a guide for National Diabetes Plans have been produced for policy makers, health managers and professionals. These essential reports have been developed for health experts and policy makers involved in chronic care conditions, not only in diabetes care.

Now that we have achieved all these results, it is time for implementation! Implementation means facilitating the transfer of identified and evaluated good practices to other countries and settings. It means taking the multimorbidity care model out of its theoretical existence and apply it in real life settings. Implementation also means to encourage policymakers developing national or regional strategies to apply the recommendations and experiences from the diabetes

case study. Finally, it is time to promote the exchange of good practices at European level and making the most out of the CHRODIS Platform. All this should be done with the involvement of the health ministries to ensure the sustainability of future actions. ■



✎ PATRICIA CEDIEL, ISCIH

HIGH SATISFACTION WITH JA-CHRODIS AMONG PARTNERS

GLOBAL SATISFACTION SURVEY NOW AVAILABLE

Evaluating the Joint Action's procedures and results helps us to know what is and is not working and to understand the reasons for it. It provides us with evidence of our impact and information to our stakeholders. Thus, the aim of the work packed "Evaluation" is to help communicate about the value of our work. As part of the evaluation activities in 2016, partners of the evaluation work have undertaken a series of surveys to examine JA-CHRODIS' performance from the perspective of those participating in the project: the 73 associated and collaborating JA-CHRODIS partners.

The JA-CHRODIS Global Satisfaction Survey (GSS) was conducted between June and October 2016 and assesses the usability and usefulness of the JA's outputs and outcomes, and the overall functioning of each WP. Additionally, evaluation questionnaires were distributed at all JA-CHRODIS meetings and aimed to measure the proceedings and quality of discussion as well as the materials. Results from both the [GSS Report](#) and the [2016 Meetings Evaluation Report \(MER\)](#) are now available.

In total, 86 respondents participated in the GSS (Associated Partners: 77.9%, Collaborating Partners: 22.1%). The survey showed a high degree of satisfaction with the JA. For example, more than 80% of the respondents indicated high levels of interest ("JA overall experience") and more than half indicated high levels of satisfaction with the JA-CHRODIS website. Naturally, there were aspects to improve like

the involvement in disseminating JA-CHRODIS to national or international events (only 26 to 46% of respondents declared to be ever involved) or the information received from the coordination or the dissemination teams about the overall JA progress (only 31% to 52% of respondents were satisfied on this information reception). With the additional communication activities planned for the final months of the Joint Action, there is clearly an opportunity for these issues to be addressed, especially because many of the JA products were finalised only after the survey was conducted.

Compared to the MER's editions of 2015, the eleven meetings held in 2016 scored better overall. "Opportunities and time for discussion" was the most valued aspect in the majority of meetings, which was a clear improvement in comparison to the 2015 meetings. Interaction with the Advisory and Governing Boards was also reported to have increased during 2016. In conclusion, all meetings were on average positively rated, although the need to improve time keeping was reported. Though, considering the high scores found on the "time for discussion", we might also conclude that sometimes it is hard to keep time when discussions get too interesting! ■



✎ EMMANUEL GIMÉNEZ, AQUAS



12 STEPS TOWARDS IMPLEMENTING PRACTICES TO REDUCE THE BURDEN OF CHRONIC DISEASES

-  1. DESIGN YOUR PRACTICE
-  2. EMPOWER TARGET POPULATION
-  3. ENSURE ADEQUATE INVESTMENT AND RESOURCING
-  4. BE COMPREHENSIVE BUT NOT TOO COMPLICATED
-  5. INTERACT REGULARLY WITH RELEVANT SYSTEMS
-  6. EDUCATE AND TRAIN
-  7. RESPECT ETHICAL CONSIDERATIONS
-  8. APPLY GOOD GOVERNANCE
-  9. ENSURE SUSTAINABILITY AND SCALABILITY
-  10. MAKE SURE EQUITY IS ADDRESSED
-  11. EVALUATE
-  12. MAKE USE OF THE CHRODIS PLATFORM

JA-CHRODIS is launching the 12 steps document to guide, inform and encourage those professionals involved in tackling the challenge of chronic diseases. The document is based on the Joint Action's 3-year work at European level in the prevention and management of chronic diseases.

The 12 steps set out recommended actions when scaling up, transferring and implementing practices in order to ultimately reduce the burden of chronic diseases. They constitute a valuable and practical tool to inspire and guide healthcare professionals and policy makers in their work on the promotion of healthy ageing as well as prevention, management and care of chronic diseases. The 12 steps have been developed by the JA-CHRODIS Executive Board and are informed by the findings and outcomes of the Joint Action. The steps have been established on the following prerequisites: adequate investment and resourcing, intersectoral collaboration, involvement of the people who could be at risk and patients, bottom-up approach, flexibility, monitoring and evaluation and efficient communication.

The 12 steps are officially launched at the Final Conference by JA-CHRODIS coordinator Carlos Segovia, who will encourage stakeholders to adopt them in order to successfully set up, develop or implement a practice.

12 steps towards implementing practices to reduce the burden of chronic diseases

<http://chrodis.eu/our-work/02-communication/tools>



 PATRICIA CEDIEL, ISCIII

 CARLOS SEGOVIA, JA-CHRODIS COORDINATOR, ISCIII



EUROPEAN AND NATIONAL POLICY MAKERS JOIN FORCES TO TACKLE THE CHRONIC DISEASE CHALLENGE

On 27 and 28 February, European and national policy makers, representatives of international organisations and NGOs, researchers as well as JA-CHRODIS partners gather in Brussels to discuss the results of the three-year Joint Action and explore how these outcomes can be taken up to address the chronic disease challenge across Europe.

What can policy makers do to address the raising burden of chronic diseases? How can we ensure the sustainability of our health systems in the long run? How does JA-CHRODIS contribute to these goals and what role can the next Joint Action on Chronic Diseases, CHRODIS plus, play? These are the kind of questions we try to answer in the one-and-a-half-day final conference.

The first half day gives participants the opportunity to learn more about the key outcomes of the Joint Action. These include, for example, the CHRODIS Platform, the Policy Brief on National Diabetes Plans (NDPs), the multimorbidity care model and transferability factors for good practices in health promotion and primary prevention.

On the second day, high-level speakers, including European Commissioner for Health and Food Safety,



Vytis Andriukaitis, and Zsuzsanna Jakab, WHO Regional Director for Europe, discuss the potential of JA-CHRODIS' work in the remits of current EU and WHO priorities on chronic diseases. Representatives from different European ministries of health provide their views on how policy makers can make use of JA-CHRODIS results.

Further highlights of the conference include the launch of the 12 steps to reduce the burden of chronic diseases, the document developed by the JA-CHRODIS Executive Board which comprises recommendations based on JA-CHRODIS work for the scaling up, transfer and implementation of practices in order to ultimately reduce the burden of chronic diseases.



 CLOTILDE CATTANEO, EUROHEALTHNET

JA-CHRODIS WORK-IN-PROGRESS

WORK PACKAGE 4 – KNOWLEDGE PLATFORM

THE FIRST EUROPEAN PLATFORM WITH EVALUATED GOOD PRACTICES ON CHRONIC DISEASES AND HEALTHY AGEING

A prevention plan for cardiovascular diseases on adults over 50 years old in Italy; or a programme for diabetes patients in Austria to improve their quality of life; or a comprehensive intervention on health promotion in Lisbon. These are only three examples of good practices in chronic diseases implemented in Europe and stored in the CHRODIS Platform, to be launched during JA-CHRODIS' Final Conference in February.

The CHRODIS Platform is the first EU-wide collection of evaluated practices on the prevention and treatment of chronic diseases. What makes the Platform excel, is that these practices are evaluated online by an experts' team following a set of broad and scientifically agreed assessment criteria before their publication. This evaluation ensures high-quality content and contributes to the overall objective of helping policy makers, health professionals, researchers and patients to exchange knowledge in order to better prevent and manage chronic conditions.

Besides the Clearinghouse, where the collection of evaluated practices is stored, the Platform includes a Digital Library, where external content of interest for stakeholders, following a thorough Editorial Policy, is made available. The Platform is supported by a Help

Desk, which provides services to any audience interested in the identification, validation, exchange and implementation of the practices.

Up to 100 experts in diabetes, health promotion and prevention, multimorbidity and patients' empowerment from all over Europe participated in four Delphi processes to select the assessment criteria used in the Clearinghouse. For example, each practice on Diabetes uploaded to the Platform is reviewed by three experts following 39 criteria and is grouped as 'promising', 'good' or 'best'.

The final result is not only a platform expected to become a reference on chronic diseases and related topics (e.g. health promotion, integrated care and patient empowerment) in the European Union but also an accurate mechanism of evaluating and sharing good practices that can be transferred to other regions or countries in Europe.

Discover and join the CHRODIS Platform at: platform.chrodis.eu.



✍ CRISTINA BLAS, CHRODIS PLATFORM HELP DESK MANAGER
ON BEHALF OF THE CHRODIS PLATFORM TEAM

WORK PACKAGE 5 – HEALTH PROMOTION

BRINGING TOGETHER HEALTH PROMOTION ACROSS EUROPE

It has been quite an impressive experience to bring so many qualified partners together in a project over such a long time! Over the three years of JA-CHRODIS, ties among partners have strengthened. Thanks to these established connections and fruitful synergies, many valuable results have been achieved. We have produced in particular four key outcomes, which build upon each other:

- 14 country reports, which outline national health promotion and primary prevention landscapes and identify gaps and needs, policies, strategies, and programmes. An overview report has also been developed to summarise and condense these findings highlighting the gaps and needs in a specific field in Europe.
- A Delphi process, in collaboration with the CHRODIS Platform team, to agree on criteria for the assessment of good practices in the field of health promotion and prevention of chronic diseases.
- Based on these criteria, good practices were collected and assessed. This resulted in a collection of 41 good practices examples from 13 partner countries, reflecting a broad thematic range of interventions across the life cycle and for various settings.

- Finally, partners selected seven out of these 41 good practices to visit and share experiences among themselves. The study visits served as an exercise to actively exchange information in terms of conditions to successfully scale-up/transfer good practice between countries and different settings. Building upon the documentation of the study visits, the analysis of success factors of implementation and transferability laid the basis for the "Recommendations report on the applicability and transferability of practices into different settings and countries". The report will serve as a guideline for practitioners on the ground who would like to transfer a practice or elements thereof.

The three-year Joint Action provided a unique opportunity to build a "health promotion network", and establish synergies and connections across Europe. We hope to see all the work done so far continued and implemented in CHRODIS Plus.



✍ ALEXANDER HAARMANN, BZGA

WORK PACKAGE 6 – MULTIMORBIDITY

BETTER MANAGEMENT OF PATIENTS WITH MULTIMORBIDITY

Over the past three years of JA-CHRODIS, in order to better define the role of Case Managers, we first conducted a survey to identify the case management training programmes for health professionals already available in Europe and then performed a literature review of formal examples of training for Case Managers. In this way, a fruitful exchange has consistently supported the activities of the multimorbidity work strand.

Complex healthcare needs of patients with multimorbidity require the involvement of a large number of healthcare providers and a vast amount of resources. Currently, care is often fragmented, expensive and fails to meet the real needs of these patients. In the framework of the Joint Action, we have collected and analysed the wealth of valuable information available to address the multimorbidity challenge at European level. Based on this, we developed a multimorbidity care model designed to meet multimorbid patients' complex healthcare needs, which moves away from a disease-oriented approach to a patient-centred one. A main component of the model is the role of the Case Manager, who acts as an essential contact point and an advocate for the patient's rights, beliefs and desires.



In order to better define the role of Case Managers, we first conducted a survey to identify the case management training programmes for health professionals already available in Europe and then performed a literature review of formal examples of training for Case Managers. The results were shared with a panel of European experts who discussed and defined a minimum set of skills, knowledge and competencies considered necessary to be a Case Manager for multimorbidity patients. We have also researched how to train Case Managers, defining type of training, length of training and minimum qualification requirements.

We are delighted to see that all this hard work is already being put into practice with the piloting of the multimorbidity care model in the Netherlands, and we now look forward to further implementation with the next Joint Action!



FEDERICA MAMMARELLA, AIFA

WORK PACKAGE 7 – TYPE 2 DIABETES

LESSONS LEARNT TO IMPROVE PREVENTION AND QUALITY OF CARE FOR PEOPLE WITH CHRONIC DISEASES

In the framework of JA-CHRODIS, diabetes is considered a case study on strengthening healthcare for people with chronic diseases. Building on existing knowledge, our work over the past three years focused on improving coordination and cooperation across Europe to act on diabetes, and on setting the ground for innovative approaches in order to ultimately reduce the burden of chronic diseases.

Many results have been achieved. Drawing on a mapping of national diabetes plans (NDPs) in Europe, we produced a policy brief, which identifies a range of factors to facilitate the development, implementation and sustainability of national diabetes plans. Two workshops, one with partners of our work package and the other with representatives of Ministries of Health, were also conducted in order to gather different views, perspectives and inputs. As a result, a Guide for NDPs was defined, providing guidance on developing NDPs, or any NCD-related plan.

A comprehensive cooperation among JA-CHRODIS partners, experts from a wide number of organisations across Europe and from a variety

of professional backgrounds was the basis for the definition of a set of quality criteria and recommendations to implement, monitor, and evaluate practices to improve prevention and quality of care for people with diabetes. The developed criteria and recommendations are general enough to be applied in countries with different political, administrative, social and health care organisation, and could be used in other chronic diseases.

Our next objective is now to encourage the adoption and implementation of these results, to help decrease inequalities in health and contribute to the cultural shift needed to redesign our care systems to better meet the complex need of people with chronic diseases across Europe.

MARINA MAGGINI, ISS
JELKA ZALETEL, NIJZ



SELECTION OF UPCOMING EVENTS

Mar 23, 2017

**Art & Science of Health
Promotion Conference**

COLORADO SPRINGS, USA

May 6-9, 2017

**European Diabetes Epidemiology
Group - Annual meeting**

DUBROVNIK, CROATIA

Jun 15, 2017

**Health Promotion
Annual Conference**

GALWAY, IRELAND

Apr 10-14, 2017

**International Conference on Health
Promoting hospitals and Health
Services**

VIENNA, AUSTRIA

May 8-10, 2017

**17th International Conference on
Integrated Care**

DUBLIN, IRELAND

Jun 20-22, 2017

**8th Nordic Health Promotion
Research Conference,**

JYVÄSKYLÄ, FINLAND

RECENT PUBLICATIONS

- **WP6 Applicability Report.**
<http://chrodis.eu/outcomes-results>
- **WP5 Trasferability Report**
<http://chrodis.eu/outcomes-results>
- **European Parliament, Health Promotion and Primary Prevention:
Exchange of Good Practices, Study for the ENVI Committee**
[http://www.europarl.europa.eu/RegData/etudes/
STUD/2016/595344/IPOL_STU\(2016\)595344_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/STUD/2016/595344/IPOL_STU(2016)595344_EN.pdf)
- **Burden of multimorbidity in relation to age, gender and immigrant
status: a cross-sectional study based on administrative data (BMJ Open)**
<http://bmjopen.bmj.com/content/6/12/e012812.full>
- **The burden of cardiovascular morbidity in a European Mediterranean
population with multimorbidity: a cross-sectional study (BMC Family
Practice)**
[https://bmcfampract.biomedcentral.com/
articles/10.1186/s12875-016-0546-4](https://bmcfampract.biomedcentral.com/articles/10.1186/s12875-016-0546-4)

JA-CHRODIS FACTS

✓ What is JA-CHRODIS?

The Joint Action CHRODIS (JA-CHRODIS) focusses on addressing chronic diseases and healthy ageing across the life cycle. Joint Actions (JA) are initiatives that are jointly designed and financed by member state authorities and the European Commission to take forward specific priorities under the third EU Health Programme (2014-2020). They must have a clear EU added value. With 73 associated and collaborating partners, JA-CHRODIS is the largest Joint Action co-financed under the EU Public Health Programme to date.

✓ Who is coordinating?

Institute of Health Carlos III, Spain (Carlos Segovia, Project Coordinator; Patricia Cedel, Scientific Manager; Catalina del Rio, Financial Manager)

✓ How many partners?

39 associated partners and 34 collaborating partners from 25 European countries.

✓ Funding?

JA-CHRODIS is funded by the participating countries and the European Commission. Total budget: 9,213,152 Euro, with 4,606,579 Euro from the EC.

✓ Main areas of work?

(1) Platform for Knowledge Exchange; (2) Health Promotion; (3) Multimorbidity and (4) Type 2 Diabetes

