



Funded by
the Health Programme
of the European Union



First CHRODIS-JA Executive Board Meeting

Spanish Ministry of Health, Social Services and Equality
Madrid 29th 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 29th 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).



Funded by
the Health Programme
of the European Union



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.

WP1	Coordination of the Joint Action, Governance, project management and reporting
------------	--

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

Main subject: Structure of the 1st 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 1st 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.



Funded by
the Health Programme
of the European Union



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.

Cinthia Menel from CHAFAE 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.



Funded by
the Health Programme
of the European Union



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 31st 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 CHAFAEA 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 15th 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.



Funded by
the Health Programme
of the European Union



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:

Cinthia 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.

Cinthia 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: Cinthia 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.



Funded by
the Health Programme
of the European Union



WP2	Dissemination of the Joint Action
-----	-----------------------------------

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



Funded by
the Health Programme
of the European Union



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).

WP3	Evaluation of the Joint Action
------------	---------------------------------------

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 CHAFAA 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.

WP4	Platform for knowledge exchange
------------	--

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



Funded by
the Health Programme
of the European Union



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 CHAFAE 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.



Funded by
the Health Programme
of the European Union



WP5	Good practices in the field of health promotion and chronic disease prevention across the life cycle
-----	--

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.



Funded by
the Health Programme
of the European Union



Cinthia Menel from CHAFAE 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).

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

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



Funded by
the Health Programme
of the European Union



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.

WP7	Diabetes: a case study on strengthening health care for people with chronic diseases
------------	---

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).

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.



Funded by
the Health Programme
of the European Union



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 (29th morning and 30th 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 24-25th 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 (24-25th 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 3rd -4th April in Brussels.



Second CHRODIS-JA Executive Board Meeting

DG Health and Consumers
2nd April 2014, Brussels, Belgium

Minutes

The second Executive Board (EB) meeting of the CHRODIS-JA was held at the DG Health and Consumers (DG SANCO) (room 42) in Brussels the 2nd of April 2014. The meeting started at 16.00h.

Participants:

1. Cinthia Menel Lemos, Consumers, Health and Food Executive Agency, CHAFEA.
2. Wolfgang Philipp, Directorate General for Health and Consumers, DGSANCO (Unit C1).
3. Eibhilin Manning, Directorate General for Health and Consumers, DGSANCO (Unit 02).
4. Ingrid Stegeman, EUROHEALTHNET (WP2).
5. Olivia Dix, European Health Management Association, EHMA (WP3).
6. Enrique Bernal, Instituto Aragonés de Ciencias de la Salud, IACS (WP4).
7. Theresia Rohde, Federal Centre for Health Education, BZgA (WP5).
8. Sibylle Gerstl, Federal Centre for Health Education, BZgA (WP5).
9. Graziano Onder, Agenzia Italiana del Farmaco, AIFA (WP6).
10. Sabrina Montante, Agenzia Italiana del Farmaco, AIFA (WP6).
11. Elena Jurevičienė, Vilnius University Hospital Santariskiu klinikos, VULSK (WP6).
12. Marina Maggini, Istituto Superiore di Sanita, ISS (WP7).
13. Angela Giusti, Istituto Superiore di Sanita, ISS (WP7).
14. Jelka Zaletel, National Institute of Public Health, IVZ (WP7). – via teleconference
15. Juan Riese, Instituto de Salud Carlos III, ISCIII (WP1).
16. Isabel Saiz, Spanish Ministry of Health, Social Services and Equality, MSSSI (WP1).
17. Marian López-Orive, Spanish Ministry of Health, Social Services and Equality, MSSSI (WP1).
18. Mercedes García, Instituto de Salud Carlos III, ISCIII (WP1).

1. Welcome and introduction

After the Tour de table J. Riese thanked DG SANCO and CHAFEA for their help in the organization of the meeting and everybody to assist to the meeting and underlined the two main points in the agenda:

- Improving the interaction among WPs 5, 6 and 7 with WP 4
- Selection of Advisory Board members

2. Debate on the fine tuning of the interaction among WPs 5, 6 and 7 with WP4



E. Bernal (WP4) read the minutes of the teleconference 25th February, and highlighted that all WPs included literature review and review of practices. Experts will decide on the criteria for the selection of good practices. The WP4 is helping all WPs in this process. The need for information about the activities to be carried out in relationship with WP4 was highlighted by the involved WP leaders. In the case of WP5 there would be probably a delay of 3 months. WP7 suggested not conducting a specific DELPHI process for this WP.

Four Delphi processes are planned: multi-morbid patients, health promotion and prevention, patient intervention, organization and intervention. The last one would be on May-June 2016. E Bernal indicated that the on-line tool for good practices assessment will be ready for piloting in June 2014. WP5 leader accepted the 3 months delay.

The WP6 leader and co-leader expressed their concern on the planned Delphi on June 2015. Regarding WP7 the experts should decide which criteria will be the best for the particular diabetes case study.

J. Zaletel reminded that in the last TC one topic for a Delphi was national diabetes plan. E. Bernal pointed out that in the first TC he said that one Delphi in policy interventions should be organized. But, at the moment he considered that is not necessary a Delphi in diabetes interventions.

M. Maggini (WP7) commented that a Delphi in June 2015 would be too late. E. Bernal argued that with the information that will be gathered with the 4 first Delphis to be organized by WP4 there would be enough information in order to evaluate good practices related to WP7. Policy makers will be included in the 4 Delphis at different levels. WP4 will ask the other core WP leaders for expert candidates for the Delphis. G. Onder commented that the situation for WP6 is different: first the criteria are to be selected since the information is evidence-based and then the experts decide if the good practices are acceptable and replicable. There is a general consensus in the world on diabetes. The good practices can be selected by using those defined in the ICARE4U project. G. Onder does not agree that the same procedure should be implemented for all WPs. There is a 15-year experience in diabetes, and quite less in multimorbidity. E. Bernal would agree if there would not be evidence and consensus before, but a consensus is not needed in order to decide if it is a good practice. First, 15 criteria are to be defined and then the Delphi process will prioritize taking into account scientists; however this is not the common methodology as reported in the guidelines (M. Maggini).

WP5 accepted the procedure and timeline. However, G. Onder emphasized that the criteria for WP6 are already in the DoW and the Delphi procedure is an assessment protocol. However, E. Bernal underlined that the Delphi procedure is a prioritization tool. WP7 is different since it is a case study. Once prioritized an evaluation on good practices could be performed again. During the testing and refinement process, the criteria for diabetes will appear. M. Maggini agreed to perform the Delphi process for WP7 as the last one once the results from the questionnaires have been obtained.

C. Menel-Lemos suggested setting up a Working Group in WP4. 5-10 practices for each WP should be the goal.



M. Maggini considered that the Delphi process should be able to achieve the essential criteria to be applicable to all partners. G. Onder however would like to have clarified how the criteria could be selected if they decide on the good practices since WP6 is not responsible for criteria definition but for the definition of good practices. At this point, the Coordinator requested G. Onder to send a short proposal via E-mail to get a consensus with E. Bernal as soon as possible between WP4 and 6.

3. Procedure for the selection of the Advisory Board (AB) members

Experts for Advisory Board are asked to be sent by all WPs to the Coordinator. It is important to consider gender balance and one member of the AB as representative of the patients. J. Riese proposed to try to organize the first Advisory Board meeting in Rome in July.

4. Annex on conflict of interest to the SOP

M. Maggini proposed to include a *conflict of interests issue* in the Standard Operation Procedures (SOP). She explained that all participants in the Joint Action may declare conflict (in general) in order to increase transparency. J. Riese indicated that these changes in the SOP will be included before sending to the partners tomorrow (EB and APs). A. Giusti indicated that WP7 send models of others JAs to the coordinator.

5. Dates for the next EB meeting in Rome

M. Maggini indicated that the first WP7 meeting will take place 15th and 16th of July in Rome. She proposed 14th-15th of July to held the EB meeting, but some partners indicated that will be not able to attend in these dates. Additionally, WP7 proposed 25, 26 or 27 of June. Coordinator team will send a doodle with the dates next week.

6. AOB

- T. Rohde commented some misunderstandings about person-days per WPs in the document sent by the coordinator: person-days have not been assigned to Associated Partners for the the horizontal WPs 2 and 3. The coordination team will review this issue.
- Saiz informed that the Ministries of Health will receive the letter from the Spanish Ministry of Health, Social Services and Equality asking for nominating a representative for the Governing Board of MoHs representatives.
- M. Maggini informed that the glossary of terms is ongoing.
- O. Dix (WP 3leader) asked about the 1st payment that EHMA has not received yet. The Coordination team will check it.

Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle

3RD EXECUTIVE BOARD MEETING MINUTES

Meeting date: 7-8 July 2014
Meeting location: Rome, Italy
Approval date: 20 August 2014
Prepared by: Marie Roseline D. Bélizaire



RATIONALE: The Executive Board (EB) is responsible of the development of the project. Face to face meetings are scheduled every semester, as defined in the Grant Agreement, for members of the EB to share their work and take necessary decisions.

OBJECTIVE: to review the progress from the beginning of the JA to present (six months), and to define next steps.

LOCATION:

Building: Istituto Superiore di Sanità (ISS)

Address: via Giano della Bella, 34, Rome, Italy

Meeting room: Aula Zampieri

ATTENDANCE:

Representatives of ISS

Fabrizio Oleari, ISS President, Italy

Stefania Salmaso, Chief National Centre of Epidemiology, ISS, Italy

EC Officers:

Anne Marie Yazbeck, Scientific Project Officer, CHAFAEA, Luxembourg

Wolfgang Philipp, Policy Officer, DG SANCO, Luxembourg

Eibhilin Manning, Policy Officer, DG SANCO, Belgium

Work package leaders and co-leaders:

WP1: Juan E. Riese (*Coordinator*), Health Institute Carlos III (ISCIII), Spain

WP1: Isabel Saiz, Ministry of Health, Social Services and Equality (MSSSI), Spain

WP1: Carlos Segovia, Health Institute Carlos III (ISCIII), Spain

WP1: Marie Roseline Darnycka Bélizaire, Health Institute Carlos III (ISCIII), Spain

WP1: Mercedes García, Health Institute Carlos III (ISCIII), Spain

WP2: Anna Gallinat, EUROHEALTHNET, Belgium

WP2 & WP5: Ingrid Stegeman, EUROHEALTHNET, Belgium

WP3: Petros Eskioglou, 1st Regional Health Authority of Attica, (YPE), Greece

WP4: Enrique Bernal, Instituto Aragonés de Ciencias de la Salud (IACS), Spain

WP4: Ramón Launa, Instituto Aragonés de Ciencias de la Salud (IACS), Spain

WP5: Thomas Kunkel, Bundeszentrale für gesundheitliche Aufklärung (BZgA), Germany

WP6: Graziano Onder, Agenzia Italiana del Farmaco (AIFA), Italy

WP6: Federica Mammarella, Agenzia Italiana del Farmaco (AIFA), Italy

WP6: Rokas Navickas, Vilniaus Universiteto Ligonės Santariškių Klinikos (VULSK), Lithuania

WP6: Elena Jureviciene, Vilniaus Universiteto Ligonės Santariškių Klinikos (VULSK), Lithuania

WP6: Zydrune Visockiene, Vilniaus Universiteto Ligonės Santariškių Klinikos (VULSK), Lithuania

WP7: Marina Maggini, Istituto Superiore di Sanità (ISS), Italy

WP7: Angela Giusti, Istituto Superiore di Sanità (ISS), Italy

WP7: Jelka Zaletel, National Institute of Public Health (NIJZ), Slovenia

AGENDA: the agenda is available at http://www.chrodis.eu/wp-content/uploads/2014/07/FINAL-AGENDA_-3rd-EB-meeting-7-8-july-CHRODIS-JA_LastV1.pdf

DAY 1: 7 JULY 2014

WELCOME SESSION AND PRESENTATION

Fabrizio Oleari, President ISS:

Mr. Oleari welcomed participants to ISS. He reminded the consequences of chronic diseases in the European Union (EU) and their importance for the European Commission (EC).

Wolfgang Philip, DG SANCO:

Mr. Philipp thanked to the Italian hosts for organizing the meeting at ISS. He remembered the 1st EB meeting in Madrid in January 29th to 30th 2014 associated to the kick-off the JA: an event with more than 100 people eager to start working on the JA. He also mentioned the 2nd EB meeting in Brussels, in the margins of the Chronic Disease Summit on April 3-4th, 2014 that was a good opportunity to get things fixed, in particular among WP4 and the other operational WPs. The 3rd EB meeting in Rome is to see where Work Packages (WPs) stand and where the problems are.

The Commission expects that we all run a successful JA. Madrid (first meeting) was a promising start in a spirit of enthusiasm and motivation. He reminded that € 9.5 million

Euros are a huge sum in a restricted Health Programme. Thus, there is the need to make CHRODIS also an example and a source of inspiration for future JAs. He informed that during the same week of the meeting the United Nations (UN) review



process meeting on Non Communicable Diseases (NCDs) at the UN in New York City (NYC) was taking place. The JA is an important deliverable of the Commission in response to the commitments taken in 2011.

Looking back to the 1st ever meeting in January 2012 in Luxembourg to discuss the general idea of CHRODIS, it quickly became clear that several Member States were really interested in taking leading roles and in coordinating the JA and the work packages. This interest now needs to be translated into action and the roles of both, the coordinators and the WP leaders bear a high level of responsibility. They must assume that colleagues and partners assigned to their tasks actually deliver on time.

One of the slides of the Luxembourg meeting explored the question why a JA and not several projects to respond to chronic diseases in Europe? The answer was because the JA-CHRODIS family reaches a critical mass in resources, experiences, knowledge; it integrates and links more issues at the same time under one umbrella; it reaches and includes more relevant stakeholders from different fields and it develops a coherent work plan in a joint development process.

He also pointed out that in the absence of an EU policy framework on chronic diseases, the JA is an important show case for a coherent and useful activity in response to Chronic Diseases (CD) challenges and other associated aspects herein in Europe.

The Chronic Disease Summit has been instrumental in driving this agenda forward, but the JA stays for the time being the anchor activity and show case in the field.

The JA work plan is well defined with milestones and deliverables: this is the minimum that must be achieved on time. This concerns all WPs, the core WPs, and the horizontal WPs. Communication and Evaluation are crucial WPs for the presentation and the demonstration of valuable and meaningful progress. They must therefore perform to the best possible standards. Opening the JA website, for example, should be a pleasure and should be informative. Information must be interesting for both, the public and the involved partners.

EB members belong to the leaders in their respective fields. It is their responsibility to push this JA forward through a smooth internal and external cooperation. All will be held accountable for the progress and success but also for the failures.

This JA is unique and will create an important impact in a wide range of fields related to chronic diseases. This JA is embedded in the EU health architecture, legislation and policies. It has links to other relevant activities including the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA) and the work on the major risk factors for chronic diseases.

The Commission reminded the participants that instruments are there, money is there, commitment is there and another two and half years to go on. The Commission expects to have a productive and constructive communication among partners and to establish a strong network of European leaders in the response to chronic diseases. It is therefore important to communicate well among all partners and with the outside world; to report on progress, achievements, news and developments; to guarantee through the JA work a sustainable response to CDs in Europe and to manage a network of health specialists pushing the European response to CDs as the proof that the JA makes a difference.

Eibhilin Manning, DG SANCO:

She focused on the interaction between EIP-AHA and JA-CHRODIS. She applauded the opportunity to have them linked and working together.

Juan E. Riese, Coordinator of JA-CHRODIS:

The JA Coordinator welcomed participants to the meeting, thanked the ISS President, Chief National Italian Centre of Epidemiology and Marina Maggini, WP7 leader, for hosting the meeting. He also thanked the representatives of DG SANCO at the meeting and introduced the new scientific officer Anne-Marie Yazbeck. He apologized for Olivia Dix (WP3 leader) who, due to private reasons, could not attend this meeting.

Tour de table: personal presentation and expression of satisfaction to participate to the meeting.

PRESENTATIONS AND DISCUSSION SESSION

Chairwoman: Isabel Saiz, Spanish Ministry of Health, Social Services and Equality

JA-CHRODIS OBJECTIVE

Speaker: Juan E. Riese

The coordinator, Juan E. Riese, in a short presentation, reminded the main objectives of JA-CHRODIS, the structure, and the division of WPs. He focused on what the JA-CHRODIS should be and should not. He also emphasized in definition of guidelines, practices and good practices. The Platform of Knowledge Exchange (PKE) will constitute an important exchange activity as is the interaction with all WPs and EIP-AHA. It is crucial in order to reach the main objective of the WP4 in charge of the PKE development. He further described the sustainability activity in the JA-CHRODIS, which is led by the Spanish Ministry of Health.

Debate:

Enrique Bernal made emphasis in the necessity of a good dissemination plan such as webpage, meetings and explained that the concept of practitioners as was mentioned in the slides is not only about clinicians but everybody working in the field of health.

Carlos Segovia proposed to make this concept clear and maybe including it in the amendment to the Grant Agreement.

TERMS OF REFERENCE OF THE ADVISORY BOARD (AB)

Speaker: Marie Roseline Darnycka Bélizaire

She presented the documents in the folder. She explained that the glossary is a draft to be completed all over the project. She encouraged participants to send words to be included in the glossary. The document named “activities update” is also a draft to be completed with the part from WP4.

She also explained the AB selection process: an E-mail will be sent to WPs 2 and 3 to propose candidates. In the meantime, candidates in the list will be contacted to confirm their availability, to sign the declaration of interest and the availability commitment. Once candidates confirm their willingness, the final candidates list will be sent to EB to vote according to the process describe in the terms of reference. A teleconference will be set up to finalize the process on September 12, 2014.

Debate:

Participants disposed of five minutes to read the ToR of the AB. Enrique Bernal made some changes replacing “chronic diseases” by “chronic care”. Marie Roseline D. Bélizaire proposed to have an AB only with Scientifics. Carlos Segovia said that in the agreement the AB is for conceptual and strategic advice in the JA-CHRODIS. Anne-Marie Yazbeck committed to have the new version of the ToR of the AB in the same day.

WP1: SIX MONTHS OVERVIEW, ACHIEVEMENTS AND NEXT STEPS

Speaker: Juan E. Riese

Juan E. Riese made a brief overview of the last six months of JA-CHRODIS for the WP1. He underlined some of the most crucial Teleconferences (TCs) with EB, WPs and also with CHAFEA. All activities of WP1 are listed in the document report for the last six months of the project. A preliminary review of the financial situation pointed out the person/days of a number of partners in WPs does not match with the work they are supposed to produce. The payment to partners was effective on May 30th 2014 but two of them, National Institute of Public Health NIJZ (Slovenia) and National Institute for Health and Welfare THL (Finland), were impossible to deliver due to some problems between the Spanish bank and the banks and these countries. The Financial Manager is trying to solve this issue.

The coordination team committed to launch the management tool on the mid-September.

Isabel Saiz intervened about the composition of the Governing Board (GB). The first meeting will be on February 2015. Eleven countries already nominated their representative: Austria, Belgium, Cyprus, Croatia, Estonia, Finland, Germany, Lithuania, Slovenia, Spain and United Kingdom. The Spanish Ministry of Health, via its General Secretary sent invitations to permanent Country Representations in Brussels on April 9th, 2014.

Debate:

Anne-Marie Yazbeck asked Isabel Saiz to share the GB invitation with the EB as it can help maybe to get the countries representatives for the GB. Graziano Onder and Marina Maggini identified the Italian representatives as Daniela Galeone and Giovanni Nicoletti. Wolfgang Phillip recommended contacting with them directly.

Regarding the person/days, Petros Eskioglou asked if it is possible to move budgets between third parties. Ingrid Stegeman emphasized on adapting the person/days in WPs and also noticed that some partners have more person/days with the same tasks due to their public function. Carlos Segovia proposed a recompilation of person/days from partners till September 30th 2014 and to send it to the coordination team in order to include them in the amendment.

WP2: COMMUNICATION STRATEGY AND WEBPAGE

Speaker: Ingrid Stegeman

Mrs. Stegeman presented the work of WP2 insisting on communication as a responsibility of all partners involving in the JA. She made a brief overview of the webpage, the content and the promotional material about JA-CHRODIS.

Debate:

Marina Maggini asked if the JA-CHRODIS template is also valid for national workshops and proposed to include a section about important events in the webpage. Carlos Segovia emphasized on the dissemination of the Platform for Knowledge Exchange (PKE) and identified possible stakeholders for it. Enrique Bernal indicated that one the WP4 tasks, is to design a business model for the PKE. Jelka Zaletel proposed to share information with all countries, ministries, patients, institutions involving in health services. Juan E. Riese proposed to inform partners about possible JA-CHRODIS presentations. Marie Roseline D. Bélizaire indicated that the extranet will be linked to the webpage. Graziano Onder proposed to publish JA-CHRODIS originals in open access journals.

WP4: CRITERIA FOR ASSESSING PRACTICES AND TIMELINE

Speaker: Enrique Bernal

Mr. Bernal explained that the PKE will be performed in collaboration with the Telemedicine Unit of the Institute of Health Carlos III of Spain. He detailed the DELPHI consensus process with its components for the PKE. WP4 will recruit around 20 experts per DELPHI, based on area of expertise, type of stakeholders and types of health systems, also taking into consideration country and gender balance.

Enrique Bernal also explained the expert's panel job that will consist in a) agreeing on the list of the relevant items for a practice assessment; b) setting the scale for evaluation within each agreed item (establishing categories or levels "the good, the better and the best"); c) attaching a relative weight to each of those agreed items (how relevant each should be when assessing a practice).

About the platform development, Enrique Bernal mentioned the main components of the PKE: a User Management System (UMS), a Content Management System (CMS) with two subcomponents a Clearinghouse (CH) and Digital-resources library (DRL), and

the Help-Desk (HD) that will permit the Assessment Tools (AT) with fora, message board and video-chat.

The PKE will be piloted along the project to test its functionality. This pilot process will be composed by several layers: a) usability and accessibility, b) data and storage, and c) searching engine.

The first DELPHI consultation will start with WP5 on health promotion and prevention of chronic diseases with the launch of the first online questionnaire in November 2014. The first 4 DELPHIs will be delivered on 2015. The first one on February, the second one on March, the third on June, the fourth on December and the fifth DELPHI about diabetes will be delivered on June 2016. The business plan for the PKE sustainability will be ready on March 2016.

Debate:

Rokas Navickas asked how to approach users once the platform is ready. Ingrid Stegeman said that in the WP 5 Kick off meeting, partners began to discuss how the Knowledge Platform could serve to help countries improving policy and practice in relation to the prevention of chronic disease, since collections of good practice do not in and of themselves generate change.

Regarding the criteria for evaluation, Enrique explained that there will be 2 types of criteria: crosswise and specific. Besides, he informed that the 1st round of the questionnaire allows for additional criteria to be added to the questionnaire.

Whether the self-assessment and the reviewing process (checking the completeness of the information submitted by the individuals & organisations introducing a practice for evaluation) will be the only input needed for introducing & evaluating best practices into the Clearinghouse or whether a final editor is needed, a solution will be proposed in the “PKE user requirements” document.

Regarding how to improve “bad practices” (i.e. those practices that didn’t pass the threshold) the idea is to diagnose the practice through the questionnaire and start a quality journey, meant to help users to improve.

Regarding how to approach PKE users and stakeholders once the DELPHI process will be concluded, Enrique Bernal explained that the outreach plan will be prepared in conjunction with WP2 and included in the business model.

DAY 2: 8 JULY 2014

Chairman: Juan E. Riese, Coordinator JA-CHRODIS

WP5: QUESTIONNAIRE ON GOOD PRACTICES

Speakers: Thomas Kunkel and Ingrid Stegeman

They gave a brief overview on the outcomes of the Work Package 5 meeting in Cologne on April 28th-29th 2014 and presented the questionnaire on “Good practice in the Field of Health Promotion and Primary Prevention”.

The questionnaire was well received by participants and the WP4 representatives had the opportunity to clarify possible overlaps and synergies especially with Work Package 7, which is also about to prepare a questionnaire with a focus on Diabetes. An important role in the upcoming weeks will be the transition of the results from the questionnaire of WP5 to WP4. For this, the good practice criteria that will be identified and extracted through answers of the questionnaire will be compiled into a list and passed to WP4 probably in September and then will be used for the Delphi Panel Experts round. The schedule for the end of the Delphi Panel process got postponed from initially December 2014 to February 2015.

Debate:

Jelka Zaletel offered herself to answer the questionnaire for Slovenia seeing that her country is not participating in WP5. Marie Roseline D. Bélizaire proposed that all countries involved in JA-CHRODIS to answer the questionnaire of WP5 as for the questionnaire of WP7 to increase the data value. Juan E. Riese reminded that, according to the European Commission (EC), JA-CHRODIS is about good practices in Europe and that the definition criteria will be a result of the information collected in the questionnaire.

WP6: FRAME WORK FOR DATA ANALYSIS

Speaker: Graziano Onder

He introduced the different tasks of WP6 and which institution is leading each task. He described the databases that will be consulted. The review process is ongoing and so the data collection from other projects. The questionnaire to compile good practices is already sent to ICARE4U.

Between the WP4 and WP6: it is convened that WP6 will provide WP4 with materials and possible assessment criteria that will be used in the Delphi panel (to be developed in the first half of 2015). During the second half of 2015, WP6 will be able to evaluate practices on multimorbid patients, using the agreed criteria

A WP6 meeting is foreseen for 24-25th October 2014 in Rome. Date and location may suffer changes.

Debate:

The JA-CHRODIS Coordinator proposed to have the meeting in Lithuania. The idea was well received. A new date will be determined. Carlos Segovia intervened about the definition of target population; it was previously decided to focus on quality of life, clinical outcomes and resources utilization based on available data in databases. Carlos Segovia also mentioned the International Journal of Integrated Care could be a good help and compromised himself to send the reference to Graziano Onder. Juan E. Riese asked about the trainings foreseen in this WP; Graziano Onder explained that is too soon to have them.

WP7: PLATFORM AND QUESTIONNAIRE

Speaker: Marina Maggini and Jelka Zaletel

Marina Maggini presented the WP7 platform called “Diachronics” and explained the level of access of users depending on their involvement in WP7. The platform is a useful tool to support and facilitate the WP activities and create a community. The WP7 is developing two questionnaires. They will be discussed and evaluated by all participants in this WP during the first WP7 meeting on July 9th 2014. The final version will be ready on September and available on the CHRODIS website. Basically, the questionnaire (Task1-4) is divided into four sections and it based on the expertise and experience of countries in Diabetes.

The second WP meeting will be on autumn 2014. It was considered important to have it at the same time with WP6. There are many partners involved in both WPs.

Jelka Zaletel presented the fifth task: National Diabetes Plans (NDP). She explained the baseline of this particular task using nutrition ingredients of daily living. She presented the plan and timeline for deliverables: NDP content on 2014, NDP Process on 2015 and NDP Guideline on 2016. During the two first years, a map of NDPs in Member States will be performed. To achieve this task, she suggested working with the Governing Board of MoHs that is to be constituted in order to get in contact with the relevant

persons in the respective NDPs, to work with Associated Partners (APs) and Collaborating Partners (CPs) for data collection and finally to adapt the Questionnaire and Protocol and to make a situational analysis.

Debate:

The first part of the discussion was focused on the participation of the GB in the data collection for the NDP. Isabel Saiz explained that the objective of the GB is not collection of data. Nevertheless, the GB representatives could help to identify National Diabetes Focal Point. However, the GB is not constituted yet.

The second part of the discussion was about the implication of International Diabetes Forum (IDF) and its participation to WP7 meeting in representation of European Patients Forum (EPF). The JA-CHRODIS Coordinator will contact EPF to clarify this issue.

The discussion continued with the intervention of Enrique Bernal explaining that there will be a DELPHI about improving care of diabetic patients. This DELPHI will be ready on June 2016. This DELPHI overlaps with Health Promotion of WP5. So, Enrique Bernal proposed to have one Delphi with repeated items for the different WPs and another DELPHI on NDPs.

Marina Maggini intervened to relate that the focus is the model of care delivery. Even though diabetes is the example, chronic diseases are similar. WP7 and WP6 should tightly work together.

Isabel Saiz reflected the Spanish situation about the NDP. The latest evaluation and updating of the National Strategy on Diabetes was in 2012, but she ignores if it is similar in other countries. Jelka Zaletel thanked Isabel Saiz and explained that is more probably different from one country to another but it should anyway be verified. Anne-Marie Yazbeck referred the importance of count on partners for and for this asked for an updated partner's mail list.

WP3: LOG FRAME FOR EVALUATION AND IT IMPLEMENTATION

Speaker: Petros Eskioglou

The JA coordinator introduced Petros and explained the problem confronted with WP3 about evaluation issues. The Greek partner will be co-leader of WP3.

Petros Eskioglou presented a brief overview of what will be the evaluation focusing on three pilots basically: What, How and Who. Then the evaluation will be performed in

four steps: 1) Definition of WHAT – HOW – WHO, 2) Ex-ante; 3) Interim and 4) Ex-post. The deadline to present the first step is about mid-October.

Debate:

Ingrid Stegeman asked if the external evaluation will be subcontracted. Enrique Bernal said that he had an interview with the WP3 leader (Olivia Dix) and sent to her a document (log frame) with suggested indicators for the evaluation of WP4.

Marie Roseline D. Bélizaire indicated that the evaluation should be done step by step. Every event, every deliverable should be evaluated. She also said that it is important to clarify this issue with the WP3 leader and review what she already have done with WPLs, because, the indicators to evaluate WPs should be defined in collaboration with WPLs.

Anne-Marie Yazbeck asked to resolve all the evaluation issue in a short time and indicated that the Greek partners should be co-leaders of WP3.

In parentheses, Petros Eskioglou remarked that the dissemination budget is very limited.

INTERACTION BETWEEN WORK PACKAGES

Juan E. Riese explained the goal of the session: what it was intended to be done during this session and what supposed to be the interaction between WPs in the JA-CHRODIS.

Ingrid Stegeman presented in detail the JA-CHRODIS webpage to be ready at the end of July 2014.

Debate:

Marina Maggini proposed to add “welcome to "Joint Action" CHRODIS” in the home page of the webpage and consider the image a bit religious. She proposed to add some healthy pictures and expressed the consideration of Facebook and Twitter pages for dissemination. The extranet will be ready on September 15th as referred by Marie Roseline D. Bélizaire and she asked to have all JA linked, this is some kind of dissemination and collaboration between JA.

Juan E. Riese proposed a meeting between WP2 with WPLs in order to improve the JA-CHRODIS dissemination plan and it was foreseen to be organized after the next General Assembly.

WP7 leader, Marina Maggini informed having good communication between WP7 through the “WP7 Diachronics” platform. This communication will be improved therefore with WP5.

PROPOSAL SCHEDULE FOR TELECONFERENCE AND REPORTS

Speaker: Marie Roseline Darnycka Bélizaire

The EB will have TCs every first Tuesday every month at 13:00 CET. WPLs will send short report every month to coordination team. They will receive a reminder 3 working days before the deadline to send the report. A template will be proposed.

Debate:

Anne-Marie Yazbeck proposed to use the Google calendar whilst the extranet is being set up and asked to include the EU visual identity in presentations and documents. Graziano Onder asked to change the WP6 date meeting. Marie Roseline D. Bélizaire asked WP2 to send again the template for everyone to have them with the correct EU logo.

DATES FOR NEXT MEETING

Juan E. Riese announced the possible dates for the next JA-CHRODIS meetings: EB, AB, GB and General Assembly. They are expected February 10-12th, 2015. Rooms will be available for parallel sessions.

INCLUSION OF NEW COLLABORATING PARTNERS

Four institutions manifested their interest to become collaborating Partners (CP). Juan E. Riese briefly presented their willingness to be part of the JA and will send the documents about those institutions profile to the EB before deciding on accepting them or not. According to the recommendation of Enrique Bernal, the Coordination team will send a procedure for the selection of new CPs.

COORDINATION WITH EIP-AHA

Speaker: Eibhilin Manning

Mrs. Manning presented the rationale and objectives of EIP-AHA. She also described its methodology, countries involvement and the implication of institutions.

EIP-AHA is linked to JA-CHRODIS via different WPs: WP2 linked with technical meetings and newsletter dissemination, WP4 with care integrated B3 and WP6 to adherence to treatment and multi-morbidity. A good percentage of the good practices target one or more chronic diseases (Diabetes, Cardiovascular Diseases, etc).

She related the fact that various partners of the JA-CHRODIS are also involved in EIP-AHA. A partners mapping will be done. Next EIP-AHA meetings are foreseen for September-October 2014.

Debate:

It was considered important to finalize first the mapping of partners that are involved in each action group. For this, an updated JA-CHRODIS list of participants will be sent to Eibhilin Manning.

CLOSING REMARKS

Speaker: Anne-Marie Yazbeck

She congratulated the EB and the Coordination team for having achieved an appropriated momentum that is to be maintained. September will be quite important since many goals have been set. The most important issue is to achieve the set goals and to respect the deadlines.

A JA-CHRODIS summary of achievements is presented on table 1.

NEXT STEPS (Presented in table 2)

Speaker: Juan E. Riese

- Finally, WP6 and WP7 meetings will be held in Vilnius on November 6th- 8th 2014.
- Management tool to be ready on September 15th 2014
- Amendment is to be finished by the end of October
- The selection procedure for the Collaborating Partners is to be delivered
- The Coordination Team will inform on the steps to prepare the EB meeting, first AB meeting, and General Assembly meeting on February 2015
- Before the first AB meeting in Madrid, the process of the selection of the AB is to be finished. The Coordinator will get in touch by E-mail with the candidates in order to gather their willingness and availability before starting with the selection procedure. A scoring guideline draft will be sent to the EB.

Table 1: JA-CHRODIS ACHIEVEMENTS

ACHIEVEMENTS		
WHAT	WHO	STATUS
Standard Operation Procedures	WP1	Ready on 25 April 2014
ToR for Advisory Board	WP1	Ready on 17 July 2014
Selection Process of the Advisory Board	WP1	Ongoing till 12 September 2014
ToR for Governing Board	WP1	To be confirmed by the GB on the 1 st meeting on 18 th February 2015
Constitution of the Governing Board	WP1	Ongoing (invitation sent on 9 th April 2014)
Glossary of terms	WP1	Ready on 14 July 2014
Management Team	WP1	Ready on 13 May 2014
1 st payment to Associated Partners	WP1	Done on 30 may 2014 ¹
1 st semester report	WP1	Editing on 9 July 2014
Static webpage	WP2	Ongoing till 30 July 2014

¹two Associated Partners did not receive the payments due to some administrative issue between spanish bank and theirs

WHAT	WHO	STATUS
Logo and visual identity	WP2	Ready on March 2014
Promotional materials (pens and banner)	WP2	Ready on May 2014
Social media activities (Twitter and Facebook)	WP2	Ongoing since May 2014
Draft log frame for evaluation	WP3	Ongoing till mid-September 2014
Questionnaire on good practices	WP5	Ongoing till 27 July 2014
1 st WP5 meeting	WP5	Done on 28-29 th April 2014
Literature review	WP6	Ongoing till September 2014
Data collection from other EU projects	WP6	Ending on June 2014
Questionnaire to compile good practice/ ICARE4U	WP6	Ready on June 2014
Data analysis of data within ICARE4U	WP6	Ongoing till mid-September 2014
WP7 platform	WP7	Ready
Questionnaire based on expertise and experience of countries in Diabetes	WP7	Reviewing till end of July 2014
1 st WP7 meeting	WP7	Done on 8-9 July 2014

Table 2: JA-CHRODIS NEXT STEPS FOR THE NEXT SEMESTER

NEXT STEPS: ACTIONS TO BE TAKEN		
WHAT	WHEN	WHO
Advisory Board	12 September 2014	WP1
Management tool	15 September 2014	WP1
Correction person/days	30 September 2014	All WPs to WP1
Amendment	30 October 2014	WP1
ToR for inclusion of Collaborating Partners	24 October 2014	WP1
1 st Stakeholders forum	24 October 2014	WP1
Preparation of meetings: General Assembly, Advisory Board, 4 th Executive Board meeting, Governing Board, WPs meetings	17-19 February 2015	All WPs
Monthly report	Every last week of the month	All WPs to WP1
EB monthly TC	Every first Tuesday of the month	WP1
Monitoring report	Every six months	WP1



WHAT	WHEN	WHO
Participation at International Nursing Research Conference	11-14 November 2014	WP1 and WP7
Participation at EUPHA conference	19-22 November 2014	WP1
1st Interim report	10 December 2014	WP1
Functional webpage	30 July 2014	WP2
Promotional material	October 2014	WP2
Log frame for evaluation	Beginning of September 2014	WP3
1st DELPHI consultation	November 2014	WP4
End of DELPHI panel process	February 2015	WP5
Transition of results of questionnaire of WP5 to WP4	September 2014	WP5
Providing WP4 with materials and assessment criteria for Delphi Panel	Continuously	WP6
1st WP6 meeting	7-8 November 2014	WP6
Data collection on expertise and experience of countries in Diabetes	Beginning on mid-September 2014	WP7
2nd WP7 meeting	6-7 November 2014	WP7

Joint Action on Chronic Diseases and Promoting Healthy Ageing Across the Life Cycle

4TH EXECUTIVE BOARD MEETING MINUTES

Meeting date: 2 December 2014

Meeting location: Brussels, Belgium

Approval date: 18 March 2015

Prepared by: Marie Roseline Darnycka Bélizaire



OBJECTIVE: To strengthen collaboration and coordination between Work Packages (WP) and to self-evaluate the first year of the JA-CHRODIS.

LOCATION:

EuroHealthNet, Rue de La Loi, 67 (3rd floor), 1040 Brussels, Belgium

ATTENDANCE:

1. **Juan E. Riese** (*Coordinator*), Health Institute Carlos III (ISCIII), Spain
2. **Gonzalo Arevalo**, Director of European Project Office, ISCIII, Spain (via teleconference)
3. **Marie Roseline Darnycka Bélizaire**, Health Institute Carlos III (ISCIII), Spain
4. **Carolina Rodriguez**, Ministry of Health, Social Services and Equality (MSSSI), Spain
5. **Marian López Orive**, Ministry of Health, Social Services and Equality (MSSSI), Spain
6. **Caroline Costongs**, EUROHEALTHNET, Belgium
7. **Ingrid Stegeman**, EUROHEALTHNET, Belgium
8. **Cristina Chiotan**, EUROHEALTHNET, Belgium
9. **Enrique Bernal**, Instituto Aragonés de Ciencias de la Salud (IACS), Spain
10. **Ramón Launa**, Instituto Aragonés de Ciencias de la Salud (IACS), Spain
11. **Thomas Kunkel**, Bundeszentrale für gesundheitliche Aufklärung (BZgA), Germany
12. **Federica Mammarella**, Agenzia Italiana del Farmaco (AIFA), Italy
13. **Rokas Navickas**, Vilniaus Universiteto Ligonės Santariškių Klinikos (VULSK), Lithuania
14. **Elena Jureviciene**, Vilniaus Universiteto Ligonės Santariškių Klinikos (VULSK), Lithuania
15. **Marina Maggini**, Istituto Superiore di Sanità (ISS), Italy
16. **Flavia Lombardo**, Istituto Superiore di Sanità (ISS), Italy
17. **Jelka Zaletel**, National Institute of Public Health (NIJZ), Slovenia
18. **Anne-Marie Yazbeck**, Chafea (via teleconference)

AGENDA: the agenda is available at <http://www.chrodis.eu/wp-content/uploads/2014/12/AGENDA-.pdf>



OPENING SESSION

Caroline Costongs, Director of EuroHealthNet, welcomed the participants and explained the role of EuroHealthNet in dissemination activities across Europe. She highlighted the participation of the institution at other JA as leader of the WP on dissemination.

Juan E. Riese explained the objective of the 4th Executive Board (EB) meeting which has mainly been the review of the activities performed during the first year and to check the present situation as a starting point for the activities in 2015. He emphasized to keep in mind the objectives of JA-CHRODIS and their importance for the development of future strategies in chronic diseases' management across the EU.

PRESENTATIONS OF WORK PACKAGES

1. Every work package leader highlighted the most important achievements during the first year of implementation of the JA making a direct comparison among activities planned and activities performed indicating their level of accomplishment.
2. Leaders focused on the progress of the activities at work package level based on the Gantt chart agreed at the beginning of the Joint Action as modified in Mid-2014 after the Executive Board meeting in Rome on July 2014.
3. The leaders/co-leaders pointed out the hurdles and the challenges they faced during the first year of execution of the JA.
4. The participants expressed their satisfaction about their collaboration and performance of the JA and the collaboration together in the JA and how the activities are being implemented; however the coordination among partners could be improved.
5. Regarding WP3, the procedure to replace the WP3 leader began on November 4th, 2014. So far two Expressions of Interests were received from Germany and Spain. The coordination decided to extend the deadline and resend the request for proposal of interest to all partners involved in the JA including Collaborating Partners. Gonzalo Arevalo explained the process of negotiation with EHMA and YPE (Greek partners) to have resources to allocate to the new WP3 leadership. In this sense, the EB agreed on the ineligibility of the amount of 20,000 Euros for national evaluation budget by YPE. The EB underlined on the necessity to use the available fund as wisely as possible.
6. WPLs agreed on the need to partial access to the financial report from the Associated Partners in order to compare the work done in the WP with the number



of days declared in the reports, prior to their submission to the European Commission.

All the presentations are available at <http://www.chrodis.eu/events/4th-executive-board-meeting/>

AGREEMENT ON THE PKE REQUIREMENT DRAFT

The WP4 Leader sent the document to the EB on November 4th, 2014. EB partners replied with general and specific questions and comments. During the presentation, the requirements were presented and analysed for the Platform of Knowledge Exchange (PKE): the on line tools, clearinghouse, digital library and the online helpdesk. The human actors that are planned to be involved were explained, i.e., users, reviewers, referees, the help-desk manager and the system administrator. The functionalities among every PKE actors were described.

Multiple questions have been raised by T. Kunkel regarding the the human resources to be involved for the PKE, its sustainability, its scope and purpose. E. Bernal explained that JA-CHRODIS is developing a pilot using the resources allocated in the Grant Agreement. Once the pilot is concluded, the next phase will rely on the sustainability of the JA.

Practices will be ranked in a list and tacitly scored: the first one will be the best, the second in the list the following on in the ranking and so on. An alternative could be to group them into 3 categories: best, good and candidate. No practices will be classified as rejected.

It was raised whether Good Practices should have an “expiry date”. E. Bernal suggested 3-5 years. This issue will be reflected in the business plan.

General questions remain open on the scope and content of the online library as well as the functionalities of the Help Desk.

There are pending questions regarding the human resources needed from WP partners for the present development of the PKE which should be clarified during a next TC.

Additionally, an eventual collaboration with EIP AHA that would include an activity intended to transform existing EIP AHA practices from a number of EIP AHA Action Groups into CHRODIS format for evaluating them through the PKE was discussed. Early next year a meeting will be scheduled in order to exchange information on EIP AHA and CHRODIS platforms and possible collaboration.

OVERALL KEY CONCLUSIONS:

1. Improvement of the decision-making process.
2. Share reported partners person/days with work packages leaders.
3. The WP3 issue needs an urgent solution.
4. The EB agrees on YPE funds for national actions not eligible in JA-CHRODIS and will be part of the budget for the new WP3 leader.
5. The PKE functionalities have been presented but some questions on the functionalities are still under debate (questions presented by E. Bernal on power point slides, 2nd December EB). and are the basis for the next developmental activities.
6. Pending questions regarding the human resources needed from WP partners for the present development of the PKE will be clarified during a next TC.

ACTIONS TO BE TAKEN:

1. All WP leads should liaise with the JA-CHRODIS Communication Group to inform them about their deliverables, milestones achieved, relevant upcoming events and publications.
2. All WP leads should apply and contribute to refining the communication tools in place.
3. Preparation of the meetings on February 2015 (logistic, administrative and technical issues)
4. Clarifying and improving 'processes' (e.g. distributing dissemination costs,
 - a. ensuring materials reach appropriate partners in a cost-efficient manner,
 - b. guidelines for publication)
5. Sending to WPLs the number of persons/days reported by partners
6. Sending draft agenda of meetings to EB before Christmas 2014.
7. Development of the PKE business plan to be delivered until summer 2015.