



Co-funded by  
the Health Programme  
of the European Union

## Joint Action on chronic diseases and promoting healthy ageing across the life cycle (JA-Chrodis)



**1ST GENERAL ASSEMBLY, Brussels, 19 February 2015**

### **“TOWARDS GOOD PRACTICES IN PREVENTION AND CARE OF CHRONIC DISEASES, FOR A HEALTHIER TOMORROW”**

## OPENING SESSION

The 1<sup>st</sup> JA-CHRODIS General assembly was jointly opened by Gonzalo Arevalo (Director of the European Office Project at the National Institute of Health Carlos III, Spain) and Nicoline Tamsma (President of EuroHealthNet). They both highlighted the challenge JA-CHRODIS has faced during its first year of implementation.

Mr Gonzalo emphasized on the importance of the JA for the EC being the largest JA in size and budget launched by the EC under the Health Programme 2008-2013. He highlighted the particular characteristic of the consortium which put together partners from different fields facing the same challenge promoting healthy ageing across the life cycle in Europe. He stressed out that the most difficult task of the JA was to carry out the exercise of understanding, taking acknowledgement of partners' development and achieving a common view of the project. During the second year, efforts could be concentrating on communicating and disseminating the first JA results to stakeholder's communities and to policy makers.

MORE THAN 170 PEOPLE FROM 46 INSTITUTIONS OF 22 COUNTRIES (EU, EEA) ATTENDED THE 1<sup>ST</sup> JA-CHRODIS GENERAL ASSEMBLY

Mrs Tamsma focused on the added value and the most challenging part of the project: To deliver results for everyone, and especially for people with lower socio-economic status. She emphasized that the JA is that cuts across health system silo's and brings together different actors.

The JA structure also allows for a lot of dialogue and learning, for building bridges between prevention, cure and care; for thinking out-of-the-box and sharing innovations; for creating synergies and win-win situations. In other words: for paving the way for a healthier tomorrow.



Co-funded by  
the Health Programme  
of the European Union



Representatives of Health Agencies, European Commission, European Networks, European Associations, Federal Public Services, Ministries of Health, National Institutes of Health, World Health Organization, Universities, Patients' Associations, Research Centres and Hospitals from 21 European Member State (Belgium, Bulgaria, Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Lithuania, Netherlands, Poland, Portugal, Rumania, Slovenia, Spain, United Kingdom) and Norway took part to the assembly and actively participated in the discussion groups.

## PART I: RESULTS OF JA-CHRODIS DURING THE 1ST YEAR

JA-CHRODIS partners were informed on the main results of the JA during the first year of execution and encouraged to follow the work on the way it is to achieve the final goal and to propose recommendations to policy makers in the field of chronic diseases.

The coordination (Work package 1) accomplished the objectives and the work plan set up for the first year of the project. All deliverables and planned milestones were achieved: the Kick Off meeting, work plan, Standard Operation Procedure (SOP), Executive Board meetings, management tool, set up of the Governing and Advisory Boards, Stakeholder Forum and preparing the first Interim, Technical and Financial Report.

The Coordination Team put strong effort to support at the financial and management level all the requests from Work Package Leaders (WPLs) and partners. It contributed to find solutions and solve problems related to the objectives of work packages (WPs), to improve involvement of associated and collaborating partners in the WP, foster communication among WP Leaders and work in the establishment of synergies with the EIP-AHA initiative. It dedicated considerable resources to the dissemination of the JA-CHRODIS, focusing in scientific-technical events and fora.

WP2 responsible of communication and dissemination of the JA accomplished relevant contributions to the first year of the project. It defined CHRODIS visual identity and compiled a significant number of stakeholder organizations potentially interested in the JA activities. It also contributed to the JA communication among partners, creating an internal contact data base. This is reflected in three important documents for the JA: the dissemination strategy, the Stakeholder Data Base with more than seven hundred organizations and contacts and the internal contact data base which includes associated and collaborating partners.

WP3 (Evaluation of the JA) accomplished two milestones: The terms of reference for the evaluation and the development of the evaluations indicators for two WPs.

WP4 dealing with the Platform of Knowledge Exchange (PKE) has completed the PKE's users' requirements, defining the Technical Requirements needed for the development of the PKE, providing the insight on the structure and functionalities of the PKE as well as the different users and workflows to be included in the PKE.



WP5 (Good practices in health promotion and prevention of chronicity) developed 14 country reviews on health promotion initiatives identifying gaps and needs which are already available on the JA-CHRODIS website <http://www.chrodis.eu/our-work/05-health-promotion/wp05-activities/country-reports/> and which contains relevant information that could be used as a basis to facilitate the exchange between work package partners and be presented to policy makers.

WP6 (Development of a common guidance and methodologies for care pathways for multimorbid patients) worked on identifying targets of potential interventions for management of multimorbid patients and reviewing existing care pathways approaches for multimorbid patients.

Nine review papers that identified characteristics of people with multimorbidity at high risk of negative outcomes are submitted to the European Journal of Internal Medicine.

WP7 (Diabetes: a case study on strengthening health care for people with chronic diseases) developed a literature review on the strategies on prevention management, education, promotion and training on diabetes for professionals and also performed a review of the characteristic the National Diabetes plans which analysis will be executed during next year.

Juan E. Riese, the former coordinator of JA-CHRODIS, announced a change in coordination. Ms Teresa Chavarría (ISCIII) took the leadership of the Joint Action.



## PART II: DISCUSSION GROUP

### Group 1: dissemination and outreach

- How can JA-CHRODIS dissemination activities be improved?

The participants expressed that the most important points to improve the JA dissemination could be:

- Produce monthly updates.
- Partners to link their website to CHRODIS website.
- Complete and update contact info on website.
- Additional simple information (e.g. A4) or infographics for Partners to take to meetings.
- Refine the reporting back template & make it more precise.
- Provide coaching (e.g. webinars) and media training towards the end OF THE JA.
- Seek for synergies with WHO Europe Health 2020 agenda and other EU Agencies.
- Exploit the reach and the potential of the partnership.
- Ask partners to update their stakeholder list.

#### How can the JA-CHRODIS dissemination at political level be improved?

##### EU-level:

- Identify secretariats of the intergroups at EP and CoR (heart, cancer, diabetes).
- Collaborate with EIP-AHA, B3 group
- Establish meetings with Permanent Representations.

##### National level:

- Identify and work through stakeholder groups (e.g. patient groups) that have links with

### Group 2: care delivery models

This discussion group was focused on why setting up an integrated care scheme is not an easy journey: What are the barriers and how can the JA cross organizational boundaries?

The group identified the following barriers:

- Lack of clarity on the scope (primary prevention, high risk population, persons with chronic diseases).
- Difficulty to apply the model in the real life.
- Conflict of interest in the real life: among actors, among care settings (primary-secondary care), financial organization, and among persons' wishes and the care providers.
- Each component of the model requires hard work and dedicated funding.

For the JA to cross organizational boundaries, a clear and shared definition of integrated care model, chronic care model, their scope, and their core components are needed and should be less theoretical. The group suggested to work on Countries experiences, looking at the successful strategies, and to integrate the "integrated care models" in an overall strategy for health.

### Group 3: Patient empowerment and active living with chronic diseases

Empowerment is a process that enables people to gain control over their own lives and increases the capacity of people to act on issues that they themselves define as important (EMPHATIE Consortium).

Who should have the power? Regarding this



question, the participants in the discussion group agreed on:

1. The person/patient
2. Family/carers
3. Doctor
4. Nurse
5. Pharmacist

#### **Group 4: the role of health promotion in reducing the burden of chronic diseases**

The participants to this discussion group debated on existing experiences in partner countries, the gaps and needs and in which way could JA-CHRODIS contribute to overcome the situation?

For the group, health promotion should be handled at:

- Policy level
- Research level
- Implementation level

To answer the question, the participants identified the following issues:

- Good Practices package should be flexible for implementation and scaling up procedures.
- To put health promotion higher on the agenda at local, national and EU level, it is important to have long-term investment, budget, inter-sectoral synergies – Knowledge sharing within and beyond JA-CHRODIS.
- Dissemination of JA-CHRODIS results at the political level should be immediate and constant.

#### **Group 5: bridging the gap between knowledge and practice management of multimorbid**

#### **patients.**

European Health care systems are facing the challenge of caring for complex patients characterized by the presence of co-occurring, multiple chronic diseases, and a condition known as multimorbidity. Multimorbidity has a relevant impact on patients' outcomes and health care costs in both younger and older adults.

The discussion was focused on the main obstacles found in the translation of knowledge into the clinical practice in management of multimorbid conditions.

The participants in the discussion group related the following facts:

- Limited evidence to support translation of knowledge into clinical practice for the management of multimorbid patients.
- The existence of proof of cost effectiveness and improvement in outcomes.
- Difficulty to establish changes in regional or local organization (established work flows difficult to change).
- Share and disseminate the knowledge at the local level → bottom-up change

#### **What resource does the JA has to help close the gap?**

- Early involvement of relevant institutions (patients, physicians, pharmacists, nurses, health insurances, policy makers).
- Empowerment of patients and patients' organizations.
- Identification of key elements that can be transferred to different practices.
- Dissemination at local level to raise the need.



## CONCLUSIONS

The closing session started with the rapporteurs from the group discussion relating the key conclusions outlined in their discussion group. Agreement on developing immediate and constant dissemination at political level was reached and the next steps to improve the overall JA dissemination were described. Work package leaders are committed to integrate in the work the results of the discussions to improve the outcomes of the project.

During its first year of execution, JA-CHRODIS contributed to the knowledge in chronic diseases across Europe by developing a substantial work in health promotion and prevention, diabetes, multimorbidity and achieving progress in the preparation of the Platform for Knowledge Exchange. JA-CHRODIS also built a strong community of cooperation among experts, stakeholders and other European initiatives such as the EIP-AHA.

All presentations are available on the JA-CHRODIS webpage:

<http://www.chrodis.eu/event/1st-general-assembly/>

### GET INVOLVED

Website: [www.chrodis.eu](http://www.chrodis.eu)

Email: [info@chrodis.eu](mailto:info@chrodis.eu)

Follow us on Twitter: [EU\\_CHRODIS](#)

Like us on Facebook: [EU\\_Chrodis](#)

