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

18th International Nursing Research Conference

Vitoria, Spain 12-14 November 2014



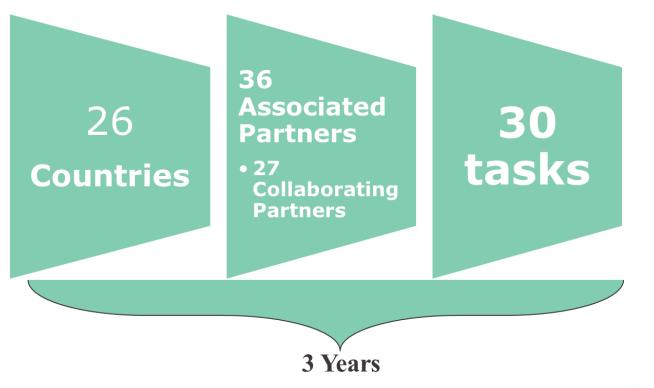
Juan E. Riese Marie Roseline D. Bélizaire Coordination of JA-CHRODIS Institute of Health Carlos III, Spain

Principal objective

To promote and facilitate a process of exchange and transfer of good practices between European countries and regions, addressing chronic conditions, with a specific focus on health promotion and prevention of chronic conditions, multimorbidity and diabetes.



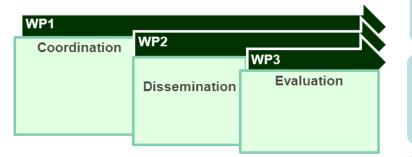
Structure of JA-CHRODIS





structure of JA-CHRODIS

Horizontal work



Platform for knowledge Exchange

WP5

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

WP6

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

Diabetes: a case study on strengthening health care for people with chronic diseases ore work



Work Package – 1: Coordination



Leader: Institute of Health Carlos III (ISCIII), Spain

Co-leader: Ministry of Health, Social Services and Equality (MSSSI), Spain

Our activities – managing the Joint Action

- 1. Organization of meetings and related issues
- 2. Coordination of activities of WPs
 - 1. Timeline check according to the Work Plan
 - 2. Set up of the management tool
 - 3. Set up of the internal coordination structure
 - 4. Financial Follow up
 - 5. Technical reports
- 3. Set up and functioning of the Governing Board
- 4. Support on dissemination and evaluation.
- 5. Representing JA-CHRODIS in conferences and workshops



Work Package – 2: Dissemination



Leader: EuroHealthNet

Objectives

- To **raise awareness** about the issue of chronic diseases in Europe, and the existence of the JA-CHRODIS;
- To **build knowledge** about the situation relating to the prevention, management and treatment of chronic diseases in EU Member States and how the work of the Joint Action can contribute to solutions;
- To **involve stakeholders** in the process of identifying solutions;
- To encourage stakeholders to apply JA-CHRODIS outputs and to thereby influence changes in life style.



WHO are we communicating to?

Main Target Audiences and Key Stakeholders:

- Policy makers;
- Healthcare professionals and managers;
- The general public and other interested stakeholders like caregivers, patients and researchers



WHAT are we communicating? (1)

Rationale for JA-CHRODIS:

There is a wealth of knowledge within EU Member States on effective and efficient ways to prevent and manage cardiovascular disease, stroke and diabetes type-2.

There is great potential in making better use of this knowledge by identifying the most promising approaches and facilitating the exchange of information.



WHAT are we communicating?

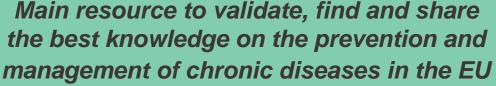
All JA-CHRODIS outputs:

e.g.

- Reports
- Scientific articles
- Guidelines
- Training programmes
- JA-CHRODIS website

Platform for Knowledge Exchange





How are we communicating?

- Visual Identity & logo
- Promotional Materials
- Electronic Newsletter
- Publications in professional or academic journals, external newsletters, magazines



Chronic diseases – A hazard for all of us

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CHRODIS

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HOW are we communicating?

- Conferences and events •
- Print Media/Press Releases •
- Visual Promotional materials • (poster, leaflets, videos, etc.)
- Webinars •



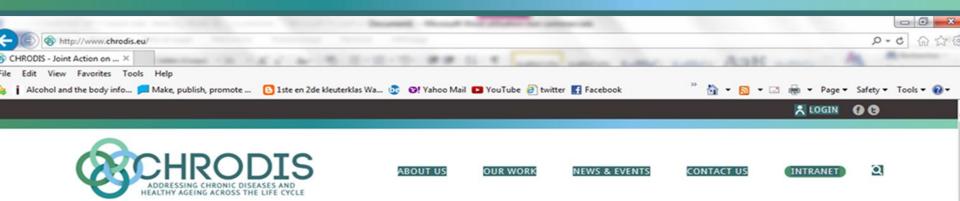








www.chrodis.eu



EXPERTS ACROSS EUROPE ARE JOINING FORCES

TO IDENTIFY AND EXCHANGE THE BEST APPROACHES TO PREVENT AND MANAGE CARDIO-VASCULAR DISEASE, STROKE AND DIABETES TYPE II

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	Cross-cutting Packages	04 Knowledge Platform	05 Health Promotion	06 Multimorbidity	07 Diabetes Type II	
	01 Coordination	Background	Background	Background	Background	
	Documents	Activities	Activities	Activities	Activities	
	Meetings	Delphi Process	Country Reports	Patients	High Risk	
	02 Communication	Knowledge Platform	• Criteria	Care Approaches	Secondary Prevention	
	03 Evaluation	Meetings	Selection	• Interventions	Health Promotion	
		Partners	Conferences	Implementation	Training	
			Transfer	Training Programme	National Plans	
			Meetings	Meetings	Meetings	
			Partners	Partners	Partners	







Work Package – 3: Evaluation



OBJETIVES OF WP3

 To ensure that JA is implemented as in the JA Agreement and is on "right track" to achieve its objectives

 Evaluation of JA as a whole and of individual Work Packages. Each WP will be evaluated: objectives, indicators and deliverables established at the onset of JA-CHRODIS



KEY DELIVERABLES

 Evaluation Strategy –will include a baseline evaluation; success criteria, indicator, metrics, timing and responsibilities

 Interim evaluation reports –will assess the intended outcomes, outputs and the success indicator

 Final evaluation report –will be based on the registry of milestones and deliverables achievement



WP4: Platform for knowledge exchange



Leader: IACS-IIS Aragón, Spain

WP4 PLATFORM FOR KNOWLEDGE EXCHANGE

In the **Platform for Knowledge Exchange (PKE)** decision-makers, caregivers, patients, and researchers across the EU will find and share the best knowledge on "chronic care". The PKE will include:

•On line tools to allow users to evaluate practices, interventions and policies using assessment criteria agreed by EU experts

•A **clearinghouse** of excellent chronic disease practices and policies across Europe, selected on those criteria;

•A digital library collecting a variety of contents associated to chronic care

•An **online helpdesk** with **expert consultants** to advise users on the development, implementation and evaluation of chronic disease practices.

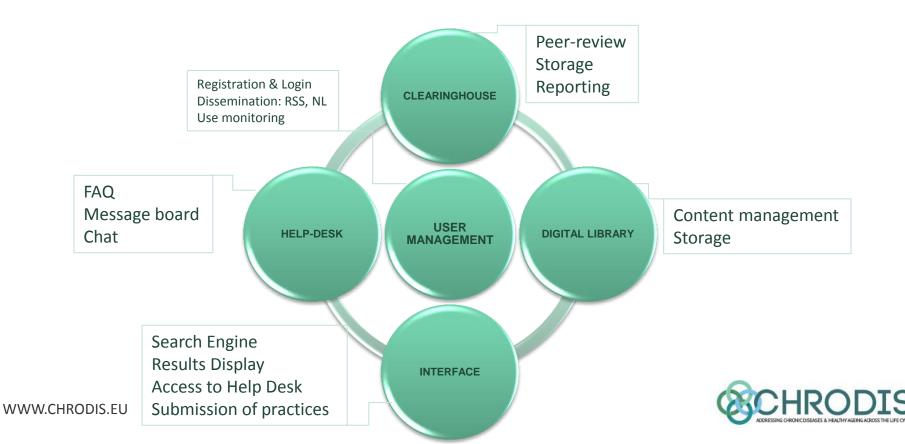




- Up to 30 reputation draws legitimacy
- Expert profiles: structural representation of the range of views on the key elements to assess a practice
 - Area of expertise: clinical, epidemiology, social intervention, management, economics, policy;
 - Type of stakeholder: health professionals, patients, decision-makers, academics;
 - Type of health system: gate-keeping/free navigation, community anchored/individual patient anchored, in-patient oriented/outpatient and home care oriented, integrated with social care/ coordinated with social care, intensity of costsharing, etc.
- Country and gender balance



Platform development



Work Package 5 – Good practices in the field of health promotion and chronic disease prevention across the life cycle



Leader: Federal Centre for Health Promotion and Prevention (BZgA)

Co-leader: EuroHealthNet

Aim of Work Package 5

- To identify highly promising, cost-effective and evaluated health promotion and chronic disease prevention practices with a special focus on older people
- To promote the exchange, scaling up, and transfer of effective approaches to different regions and countries
- To address major risk factors: poor diets, physical inactivity, smoking and alcohol abuse
- To address the wider determinants that influence the development of chronic diseases particularly diabetes type II and cardiovascular diseases
- To focus on the elimination of health inequalities



Outcome and Deliverables of WP5

- 1. Identification of three good practices per participating member state (M18)
- 2. Recommendations Report on applicability and transferability of practices into different settings and countries

(JA CHRODIS Grant Agreement, p.56)



Tasks in Work Package 5

Task 1: Review of existing work, situation and needs

Task-leader: EuroHealthNet, in cooperation with BZgA

Task 2: Defining an approach

Task-leader: BZgA, in cooperation with EuroHealthNet

Task 3: Identification of good practices

Task-leader: YPE (GR), in collaboration with BZgA and EuroHealthNet

Task 4: Conference seminars

Task-Leader: SMLPC (LT), in collaboration with BZgA and EuroHealthNet

Task 5: Peer Reviews/ Study visits

Task-Leader: EuroHealthNet, in collaboration with BZgA



Selected Examples of Good Practice Criteria

Country	Spain	Italy	Germany	The Netherlands	Portugal
Criteria	 Evaluation Sustainability Alignment (with national strategy) Quality Transferability Participative Approach Multi-Stakeholder Approach Appropriate Budget Adequacy (Alignment) Relevance (Target group orientation) Evidence based Evaluation possible (registry system in place) Sustainability Comprehensiveness Ethical considerations Efficiency Equity 	 Composition of the Working group (multidisciplinary, multi- sectoral, target group included) Equity Empowerment Involvement/Participation Setting approach Theoretical models of behaviour change Evidence of effectiveness and good practice examples Context analysis Determinants analysis Resources, time and limits Partnerships and alliances Objectives Process evaluation Interventions/activities description Output and outcome evaluation Sustainability Communication Documentation 	 Concept and Statement of Purpose Target Group Orientation Innovation and Sustainability Intermediary Concept Low Threshold Participation Empowerment Setting Approach Integrated Action Concept and Networking Quality Management Documentation and Evaluation Cost-Benefit Ratio 	 Inclusion criteria: Manual of intervention available Process evaluation Material fort he next 2 years available Contact person Two-way assessment: Description of the project / ,well described' Theoretical basis of the project Transferability (,Feasability') Effectiveness Ranked by Strong indocations Good indocations First indications 	 Project area facing health strategies and objectives (Relevance) Quality of methods Process evaluation Sustainability Transferability Particpation Cost-effectiveness

WP6 - Mutimorbidity



Leader: AIFA, Italy Co-leader: VULSK, Lithuania

Objective of WP6

To design and develop innovative, costefficient and patient centered approaches for multimorbid patients with chronic conditions, secondary prevention including interventions, early diagnosis and adherence to treatment and medicine regimens (to address polypharmacy)





Title: Identify targets of potential interventions for management of multimorbid patients

Leader: IT

Aim: Identify population(s) at high and very high care demand (utilization of resources, of negative health outcomes, complexity of their chronic conditions), by a analysis of existing national databases and literature review

Deliverables: Report from data analysis and evidence from literature to identify high care demanding population





Title: Review existing care pathway approaches for multi-morbid patients

Leader: NL

Aim: To provide an overview of care pathway approaches for multimorbidity patients in Europe, description of their characteristics and analysis of their efficacy to improve patient outcomes, healthcare use, costeffectiveness, applicability and replication in other regions/settings

Deliverables: 7-12





Title: Assess and select good practices on management of multi-morbid patients

- Leader: LT
- Months: 13-24

Aim: Developing a common model for multimorbidity management, based on identified good practices which are easy to apply and replicate in different settings





Title: Identify targets of potential interventions for management of multimorbid patients

Leader: IT

Aims: Review of existing training programmes on the multimorbidity management for care personnel, and development of the relevant common training programme to be easily used in different settings and regions





D6.1 Report from data analysis and evidence from literature to identify high care demanding population (**months 12**)

D6.2 Report on care pathways approaches for multimorbid chronic patients, including existing good practices (**month 24**)



Work Package – 7: Diabetes type 2

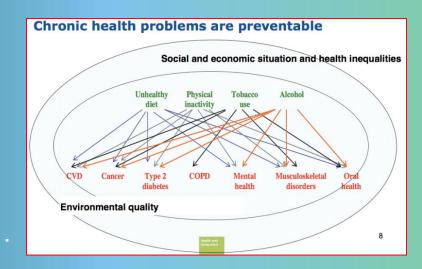


Leader: ISS, Italy Co-leader: NIJZ, Slovenia

Diabetes is considered a paradigm of chronic disease, and is often the first focus of many changes in disease management

Chronic diseases can be prevented and controlled using available knowledge

Taking care of lessons learnt trough experiences and suggestions by Member States, WHO, international organizations,...





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

Objective

The principal objective is to improve coordination and cooperation among Member States to act on diabetes, including the exchange of good practices across the EU



WP7 - Tasks

1. Prevention of diabetes: focus on people at high risk Task Leader: Jaana Lindström, Finland

- 2. Secondary prevention of type 2 diabetes Task Leader: Ulrike Rothe, Germany
- 3. Non-pharmacologic interventions Health promotion interventions Task Leader: Monica Sørensen, Norway
- 4. Education strategies and approaches Task Leader: Andrea Icks, Germany
- 5. National diabetes plans

Task Leader: Jelka Zaletel, Slovenia



Respond to the WP7 goals



Questionnaire on practices for prevention and management of diabetes in EU member states

First phase

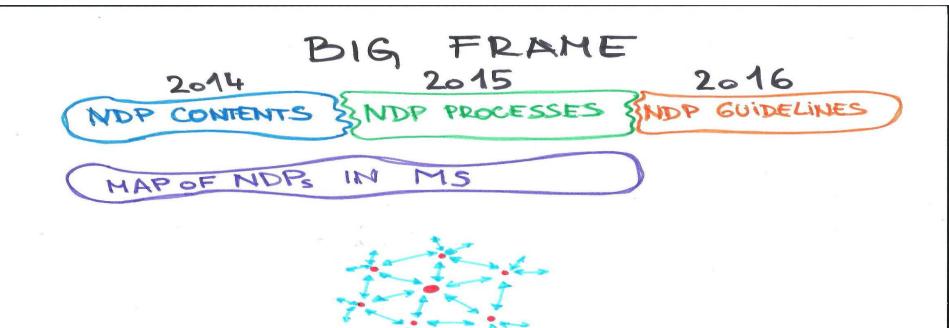
to provide a structured overview about current programs (interventions, initiatives, approaches or equivalents) that focus on aspects of primary prevention of diabetes, identification of people at high risk, early diagnosis, prevention of complications of diabetes, comprehensive multi factorial care, education programs for persons with diabetes and training for professionals

Second phase

in-depth analysis of the programs identified in the first one.



National Diabetes Plans





The Joint Action on Chronic Diseases and promoting healthy ageing across the life cycle (JA CHRODIS)*

* THIS PRESENTATION ARISES FROM THE JOINT ACTION ON CHRONIC DISEASES AND PROMOTING HEALTHY AGEING ACROSS THE LIFE CYCLE (CHRODIS-JA) WHICH HAS RECEIVED FUNDING FROM THE EUROPEAN UNION, IN THE FRAMEWORK OF THE HEALTH PROGRAMME (2008-2013)





Thank you!

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