

CHRODIS - JA. The Joint Action on “Chronic Diseases and Promoting Healthy Ageing across the Life Cycle”. Call 2013

INFO DAY DGSANCO - EC CHAFEA

ISCIII – Madrid (Spain)

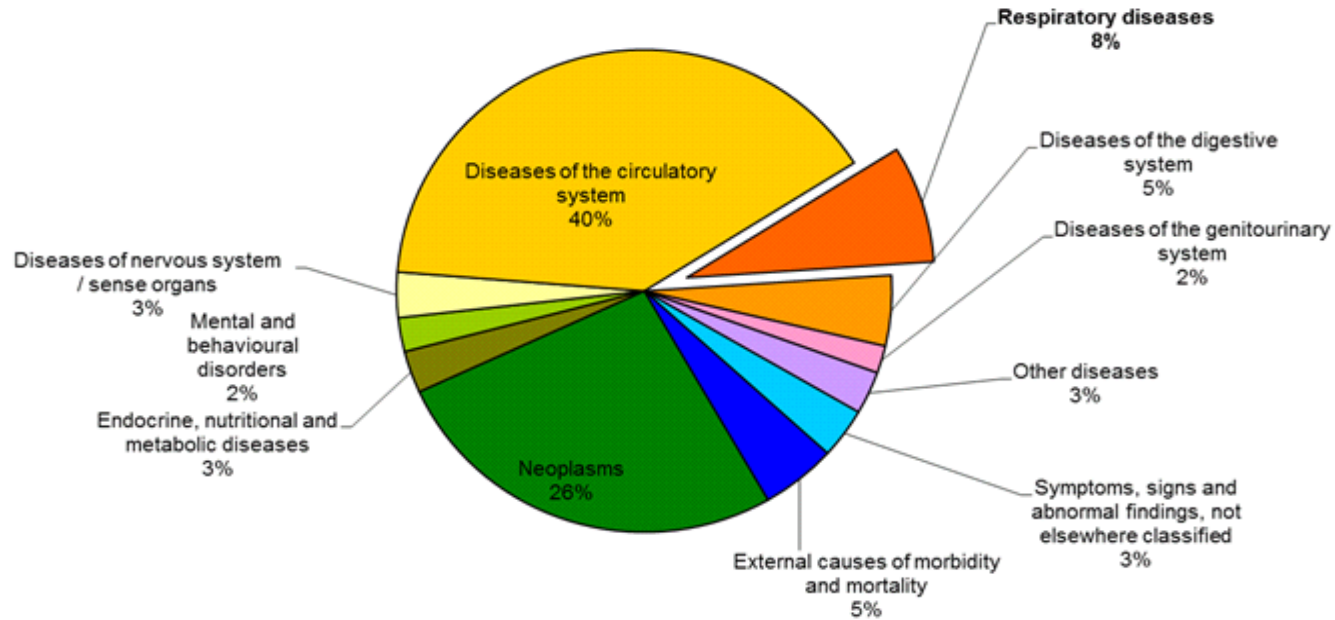
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Chronic diseases. The overall situation

European Union (27 countries) - 2008



Chronic conditions & multimorbidity evidence & challenges

- ❑ **80% of people >65 affected with chronic conditions i.e. heart failure, diabetes, depression, hypertension, osteoarthritis, osteoporosis etc.**
⇒ *these NCDs are in majority preventable*
- ❑ **↑ risk with age – ↑ prevalence of chronic disease - ↑ number of multiple chronic conditions – presence of clusters**
⇒ *integration of comorbidity problem into existing activities on chronic diseases*
- ❑ **multimorbidity present in 1/3 of the adult population, while among 55 to 74 aged 60% affected**
⇒ *treating patients rather than specific diseases – care models of disease management rather than chronic conditions programmes*
- ❑ **interactions among medications, among treatments**
⇒ *risk of polypharmacy & adverse medicines events*

multimorbid patients register: ↑ mortality rate, ↑ healthcare costs, & have: ↑ risk of hospital admissions, ↓ perception of physical & mental health, ↓ quality of life, ↓ functional capacity



What the JA should be

- It is a networking effort of the participant National Governments
- It is a linkage and exchange methodology, based on the current policy agenda and existing experiences across Europe
- It is an initiative using scientific methodology –sound and replicable- to inform about the best policies and practices
- In summary, it is an initiative meant to yield an EXCHANGE KNOWLEDGE SYSTEM focused on informing on the best policies and practices as well managers and practitioners on how to act when implementing policies and practices on chronicity.

What the JA on Chronic Diseases should not be

- It is not a mere think tank pouring opinions about the strategies within each participant country;
- It is not a research project focused on specific research questions
- It should not end by giving recommendations solely
- The goal is not to earn money...

La JA de enfermedades crónicas

- 3 required minimum WPs (max. 10 topics in total)
- Max 5 Mio. Euros (cofund 50%)
- 3 further horizontal topics were required by DG-SANCO:
 - Coordination
 - Dissemination
 - Evaluation
- Deadline for submitting the proposal: March 22nd, 2013

Required by DG-SANCO

deliverables

A review of work on care pathway interventions

A repository of good practices & clinical data

A complementary & supporting strategy for care personnel

Dissemination and transfer of good practices

Impact

Improved management of (multiple) chronic diseases

Improved continuity of care in complex situations

Optimised care delivery

Improved resource allocation, national/regional priorities' setting

Milestones while writing the proposal

1. DG-SANCO call
2. Mandate from the Spanish Health Ministry (MSSSI)
3. Acceptance of the coordination by ISCIII
4. Consortium set up
 - a. Meetings in Luxemburg
 - b. Midterm evaluation
5. The technical part of the proposal is written (final version)
6. The budget is developed
7. Negotiation step

Three Award Criteria with different weights

- A. Policy and contextual relevance of the Joint Action: threshold is 20 points.
- B. Technical quality of the Joint Action: threshold is 15 points.
- C. Management quality of the Joint Action and budget: threshold is 15 points.

In addition, for the criterion 'Overall and detailed budget including financial management' under the award criterion 'C. Management quality of the project and the budget' the threshold is set at 5 points.

Any proposal that does not reach all the above thresholds will be rejected.

Timeline

- **Early February 2013:** Draft proposal submitted for 1st check
- **February 18-19, 2013:** Evaluation workshop in Luxemburg
- **March 22, 2013:** Deadline for submitting the proposal (final evaluation)

SOME FACTS ABOUT CHRODIS-JA

- 26 countries
- 36 Associated Partners
- 23 Collaborating Partners in the original proposal
- 60 partners in total
- Number of tasks: 30
- Duration: 3 years

THE STRUCTURE OF CHRODIS-JA

- WP 1. Coordination of the Joint Action
- WP 2. Dissemination of the Joint Action
- WP 3. Evaluation of the Joint Action
- WP 4. Platform for knowledge exchange
- WP 5. Good practices in the field of health promotion and chronic disease prevention across the life cycle
- WP 6. Development of common guidance and methodologies for care pathways for multi-morbid patients
- WP 7. Diabetes: a case study on strengthening health care for people with chronic diseases

WP2 - Dissemination

- Dissemination Strategy including guidance.
- Visual Identity promotional materials: leaflet, posters.
- CHRODIS-JA website
 - To be linked with WP4 Platform for Knowledge Exchange (on-line help desk, clearinghouse)
- Bi-annual newsletter
 - Content provided by the coordinator, WP leads and EuroHealthNet
 - EU developments and updates on other JA's and on EIP AHA
- Webinars
 - Discussion of general outcomes and share good practices
- CHRODIS-JA section on EIP AHA.

WP3 - Evaluation

- Monitor progress.
- Ensure evaluation delivered on time.
- To assess the impact of the Joint Action.

THE CORE WORK PACKAGES – WP4

- A platform for knowledge exchange will be developed as an agora, where decision-makers, caregivers, patients, and researchers, will be ideally able to exchange the best knowledge on chronic care across Europe.
- It will be composed of two outputs:
 - a web-based clearinghouse, and
 - an on-line help-desk

Clearinghouse: objectives

- Building a dynamic repository of those considered best practices under the CHRODIS standards.
- Setting a digital library with all the high quality knowledge (disease-specific reports, methodological handbooks, CC interventions, etc.) produced by the different WPs.
- Gathering on-line resources about Chronic Care.

Help desk: objectives

- Assessing chronic care (CC) experiences within the JA, using the CHRODIS standards.
- Providing information and advice on the best existing methodology aimed at implementing CC interventions in different contexts.
- Providing information and advice meant to improve the potential effectiveness and efficiency of interventions in Chronic Care.

THE CORE WORK PACKAGES – WP5

- It aims to identify highly promising, cost-effective and evaluated health promotion and chronic disease prevention practices (among the elderly) and to promote the exchange, scaling up and transfer of effective approaches to different regions and countries.
- The focus will be on activities that address major risk factors such as poor diets, physical inactivity, smoking and alcohol abuse as well as the wider determinants that influence the development of chronic diseases, particularly diabetes type II and cardiovascular diseases.
- The central focus will be put on eliminating health inequalities and a specific focus on addressing the needs of elderly and disadvantaged groups such as migrants, lower socio-economic groups, and unemployed people.

THE CORE WORK PACKAGES – WP6

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

THE CORE WORK PACKAGES – WP7

- To improve coordination and cooperation of Member States to act on diabetes.
- To focus on aspects of primary prevention, identification of people at high risk, early diagnosis, secondary prevention, and comprehensive multifactorial care, with attention to equity, and how social determinants may affect people's access to care.
- To explore the significance of health literacy and patient empowerment.
- To support the development and implementation of Member States' National Diabetes plans.

CHRODIS-JA

A SHARED PROJECT JOINING EFFORT FOCUSING COMMON GOALS ON CHRONICITY

To be delivered at the end of the 3-years funding by the EC:

- A platform for knowledge exchange
 - where decision-makers, caregivers, patients, and researchers, will be ideally able to exchange the best knowledge on chronic care across Europe
 - based on the web-based repository and the online help-desk fed by the core WPs
- Activities disseminated by WP2
- JA performance and outputs evaluated by WP3
- With the aim to be a sustainable action after the 3-years EC funding

UPDATE

- **Kick-off (30.01.2014), 2 EB meetings organized, SOP delivered**
- **Coordination management team completed**
- **Governing Board on sustainability being set up (MSSSI)**
- **Advisory Board being set up**
- **Dissemination strategy almost ready. Web to be fully operative in July 2014**
- **WP4: Assessment tools and criteria for Delphi consultations being developed**
- **WP5: Questionnaire on Good Practices in the Field of Health Promotion and Primary Prevention being filled by partners**
- **WP7: Mapping questionnaire on National Diabetes Plans being drafted**

The Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS)*



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