

CHRODIS - JA. Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle

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I.- Joint Actions overview

Joint Action Health Programme

Definition

- **Joint financing by the Community and one or more Member States (MS) or by the Community and the competent authorities of other participating countries.**
- **Since 2008 this new financial mechanisms was adopted under the Health programme 2008-2013 to ensure the support to actions with EU added value, aiming to reach sustainability and take-up by the EU MS**

Joint Action – What's specific?

- **Higher volume of Health Programme co-funding:** higher expectation of measurable impact (evaluation of outcomes)
- **Expectations of increased Member State involvement:** take-up on national policies/programmes, commitment
- **Might be the logical follow-up of best practice projects:** from pilot phase to implementation

Joint Action – What's specific?

- **Higher expectations of sustainability** : activities to be “institutionalised” or permanent
- **Characterised by implementation (rather than knowledge production)**: ensuring replicability and transferability
- **Characterised by broad dissemination among ALL Member States**, even those who are not able to participate
- **Higher number of partners**: follow-up of management, work processes, etc.

Joint Action mechanism

- Up to **50%** (or up to 70% in case of **exceptional utility**)
- Public bodies and NGOs (Independence from private sectors)
- Multi-beneficiaries
- Description of the Action and estimated budget by category
- Up to **36** months (42 months)

Eligible Countries

Applicable to all funding mechanisms

- **Applicants need to be legally established in:**
 1. **EU 28 Member States**
 2. **Third countries with special agreements:**
 - EFTA/EEA: Iceland – Lichtenstein – Norway
 - European Neighbourhood policy (ENP) countries (acceding, candidates to EU membership)

Note: Entities from other countries can only participate as subcontractors or collaborating partners

What type of organisations can participate in a Joint Action?

1. a public body or
2. a non-profit-making body, designated by the Member State or the competent authority concerned
3. EU umbrella non-profit-making bodies are accepted – “designation” by the EC

Types of participants

1. **Main Partner**

2. **Associated partners**

3. **Collaborating partners**

4. **Private partners:**



- Certified copies of the legal documents
- Original of the signed Declaration of commitment of independence
- Financial documents to assess financial viability

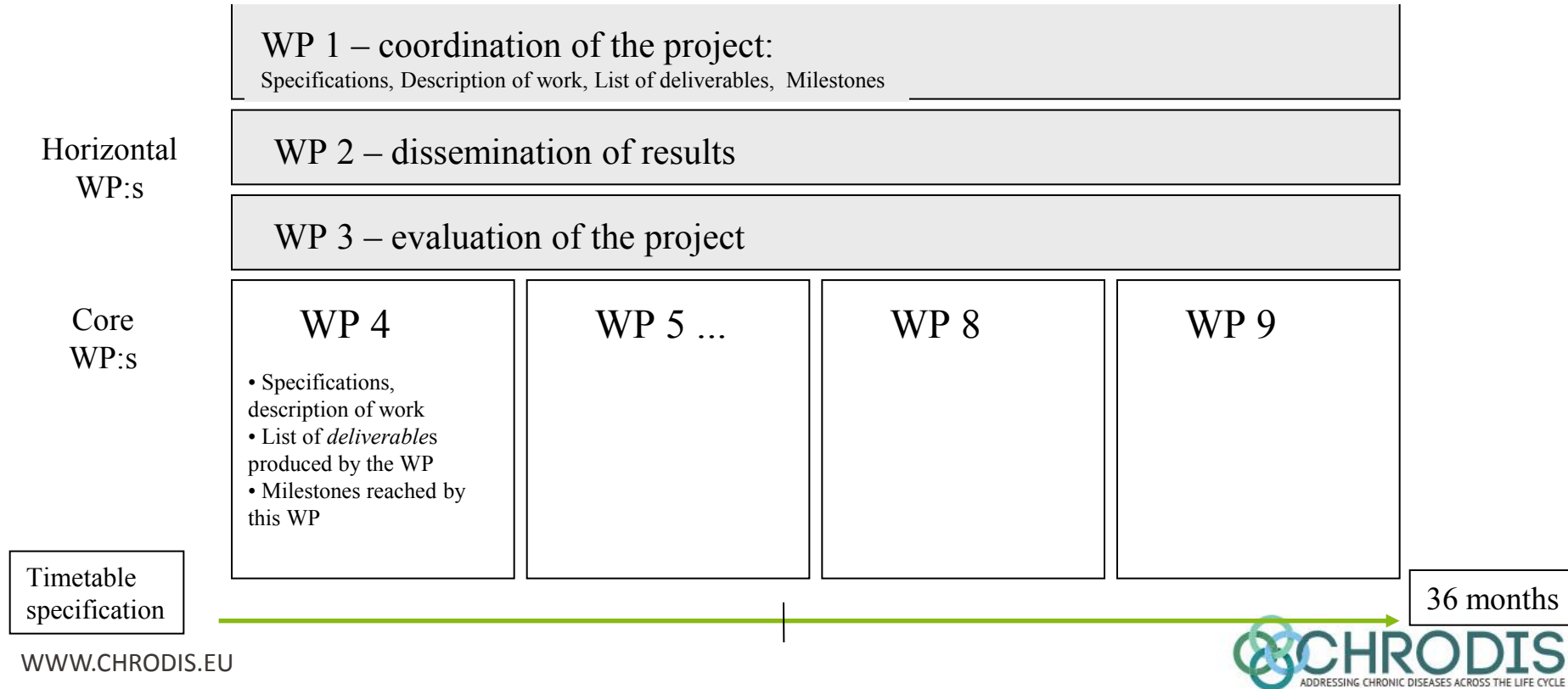
JA - Participation Process

- **INTENTION LETTER** (to SANCO/CHAFEA)
 - Member States/other countries participating in the Health Programme that wish to participate in JA **must declare their intention** to the Commission
 - The Intention letter must be **sent to Commission and to CHAFEA prior to the closure of the call:**
 - **Overview expression interest**
- **DESIGNATION LETTER** (to the main beneficiary)
 - If the Ministry of Health wants another body to represent their interest in the JA, they should expressly mandate this body by writing to the Main beneficiary a Designation Letter.

Structure of JA

Work packages

- **horizontal tasks:** (mandatory) coordination, dissemination and evaluation
- **vertical tasks:** actions fulfilling the objectives (maximum 6)



II.- CHRODIS-JA

CHRODIS

- **Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle**
- **CVD, Stroke & Diabetes type 2**
- **From January 1st 2014-30 March 2017 (39 months)**

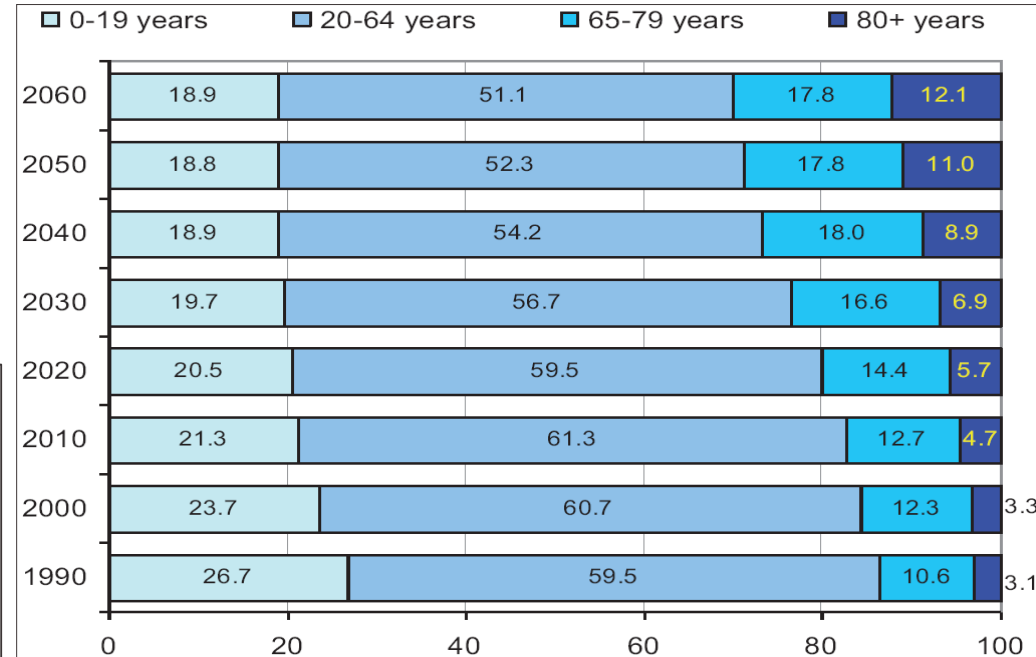
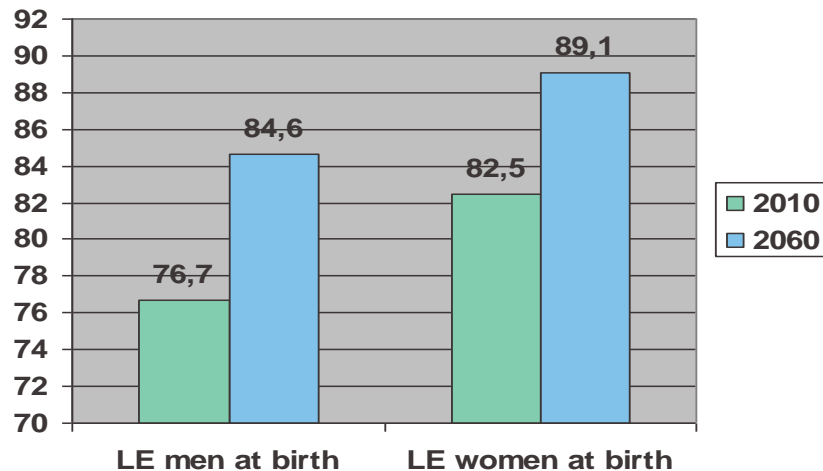
Why do we need CHRODIS-JA ?

Demographic change in Europe

Population age structure 2010-2060 (EU27)

65+: increase of 71.8 %
80+: increase of 157.4 %

Life expectancy at birth 2010-2060

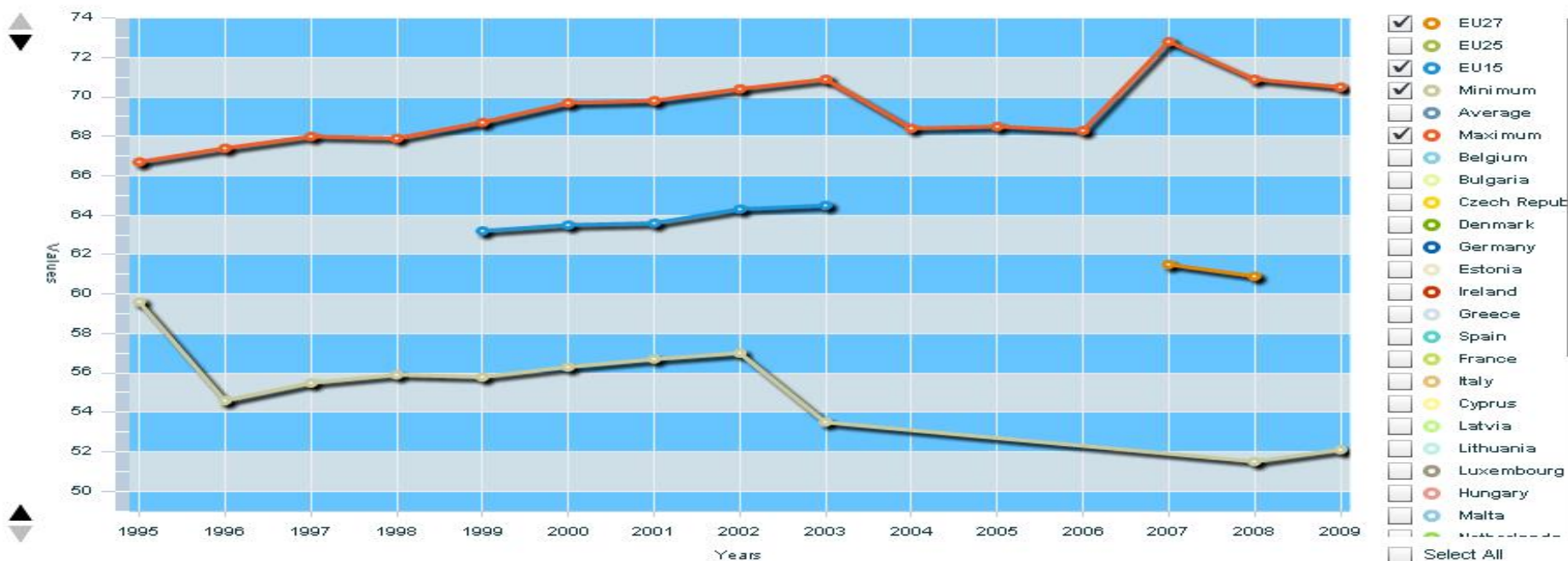


Source: Demography report 2010.

Source: Data based on
Ageing Report 2012.

Healthy life years are not increasing in line with life expectancy

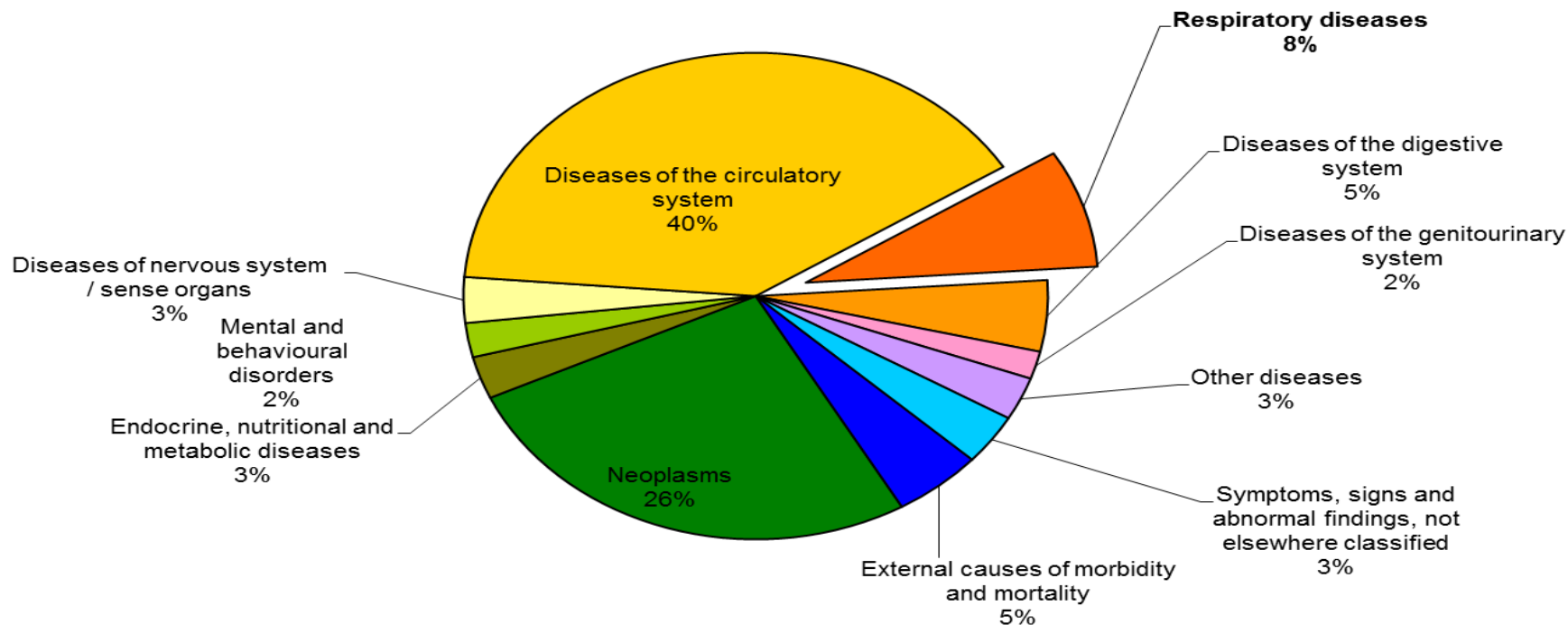
Healthy Life Years at birth - Men , shown between 1995 and 2009 (14 years)



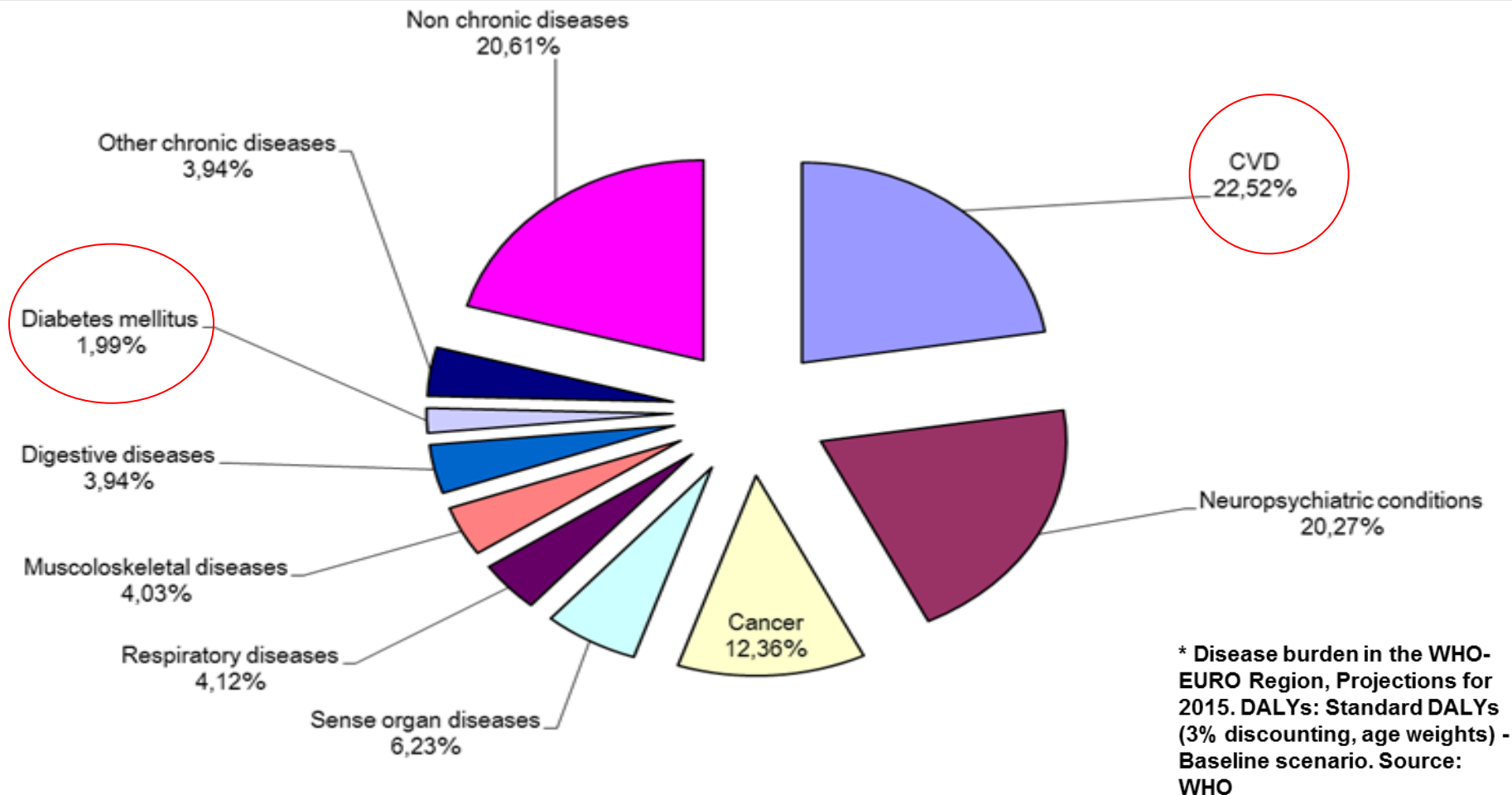
EU Healthy life years at birth, males - Eurostat

Situation: Chronic diseases, absolute number of deaths

European Union (27 countries) - 2008



DALYs*: WHO-EURO (projections for 2015)



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*

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

⇒ *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*

European response – an example initiative

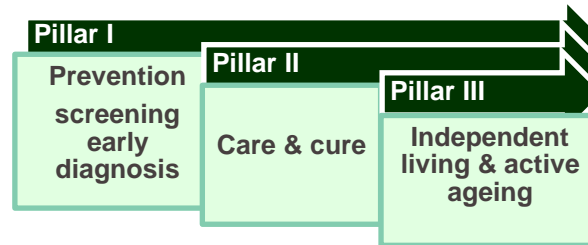
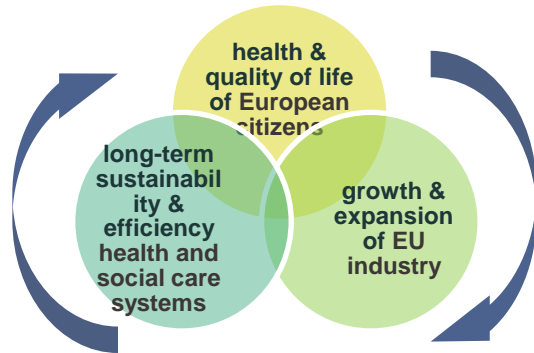
European Innovation partnership on Active and Healthy Ageing (EIP-AHA)



crosscutting, connecting & engaging stakeholders across sectors, from private & public sector

+2 HLY (Healthy Life Years) by
2020

Triple win for Europe

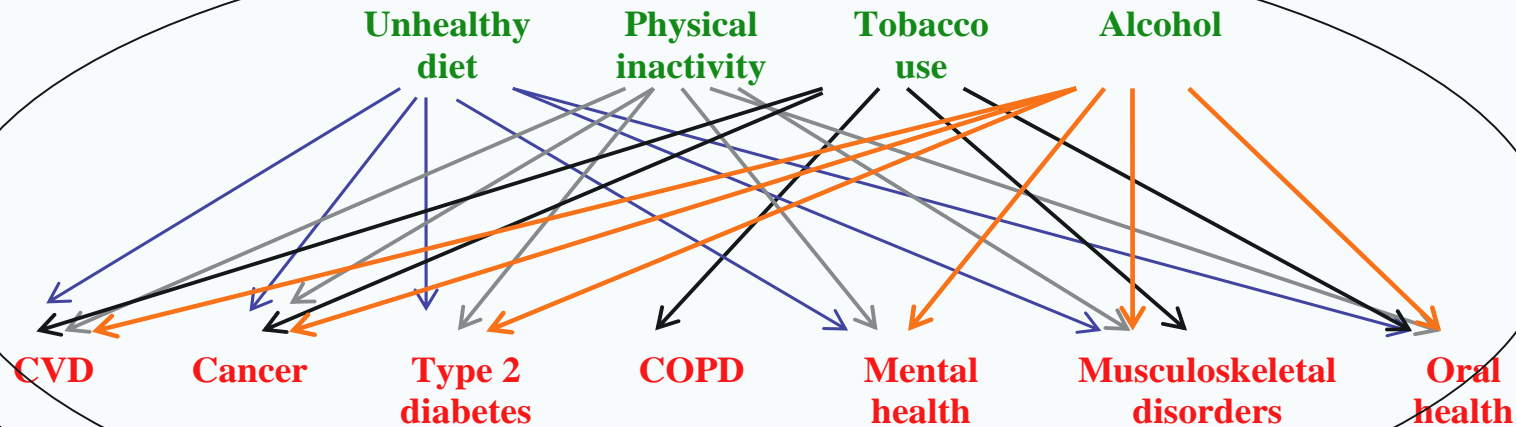


specific actions

-  Improving prescriptions and adherence to treatment
-  Better management of health: preventing falls
-  Preventing functional decline & frailty
-  Integrated care for chronic conditions, inc. telecare
-  ICT solutions for independent living & active ageing
-  Age-friendly cities and environments

Chronic health problems are preventable

Social and economic situation and health inequalities



Environmental quality

Objective of CHRODIS-JA

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, multi-morbidity and diabetes.

What is CHRODIS-JA?

- Networking effort of the participation of National Governments
- Linkage and exchange methodology, based on the current policy agenda and existing experiences across Europe
- Initiative using scientific methodology –sound and replicable- to inform about the best policies and practices about the target diseases
- 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.

Partners CHRODIS-JA

26
Countries

36
Associated
Partners

- 23
Collaborating
Partners

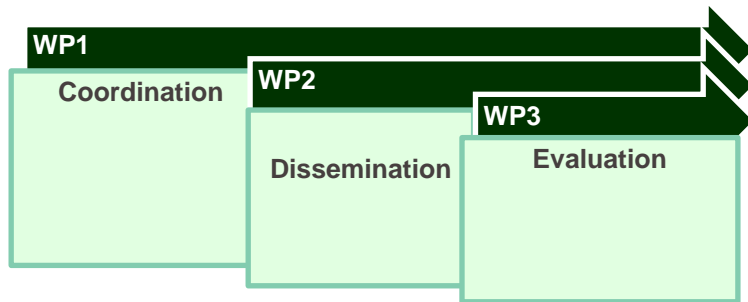
30
tasks

Duration

3 Years

The structure of CHRODIS-JA

Horizontal work



WP4

Platform for knowledge Exchange

WP5

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

WP6

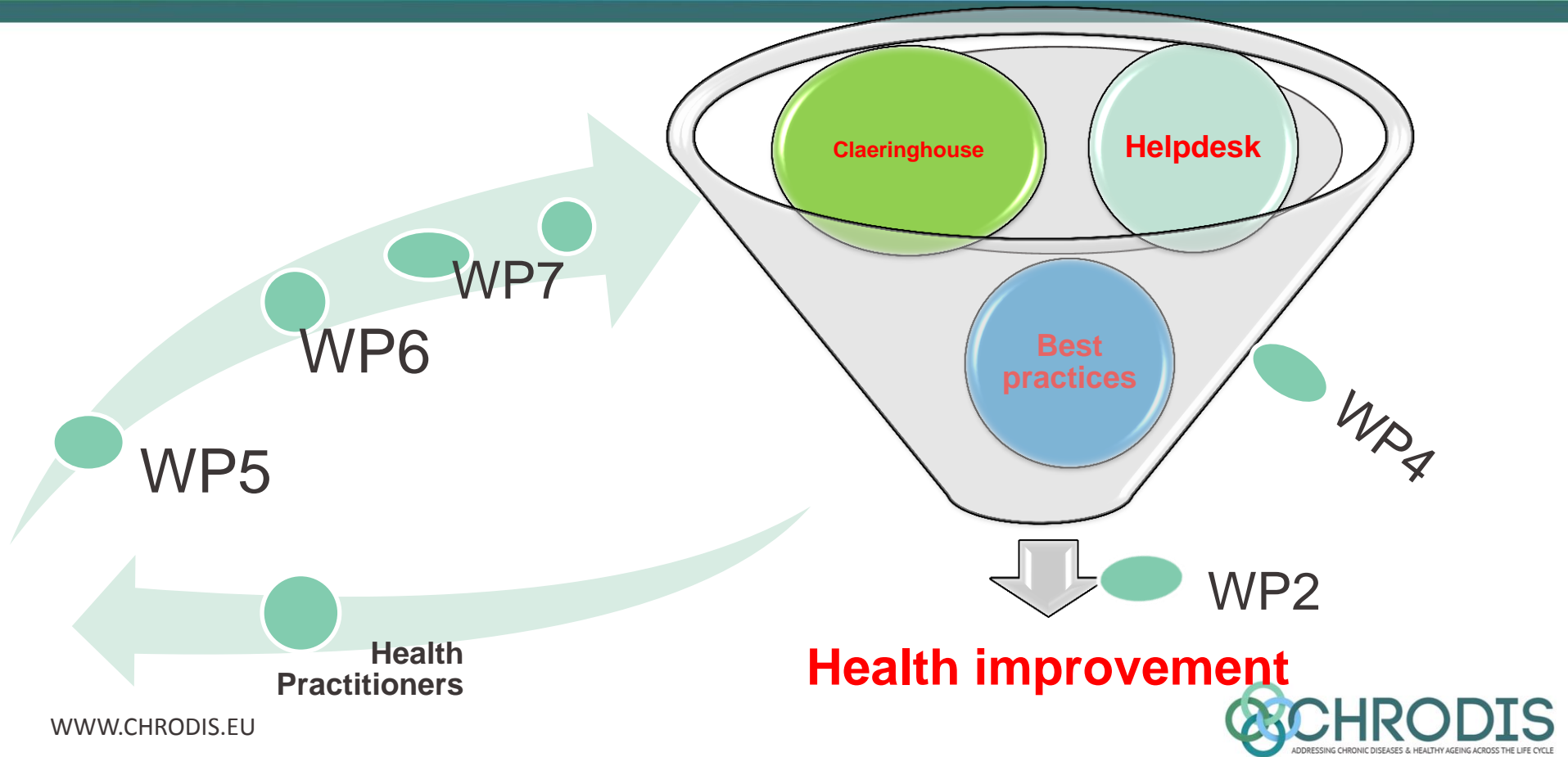
Development of common guidance and methodologies for care pathways for multi-morbid patients

WP7

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

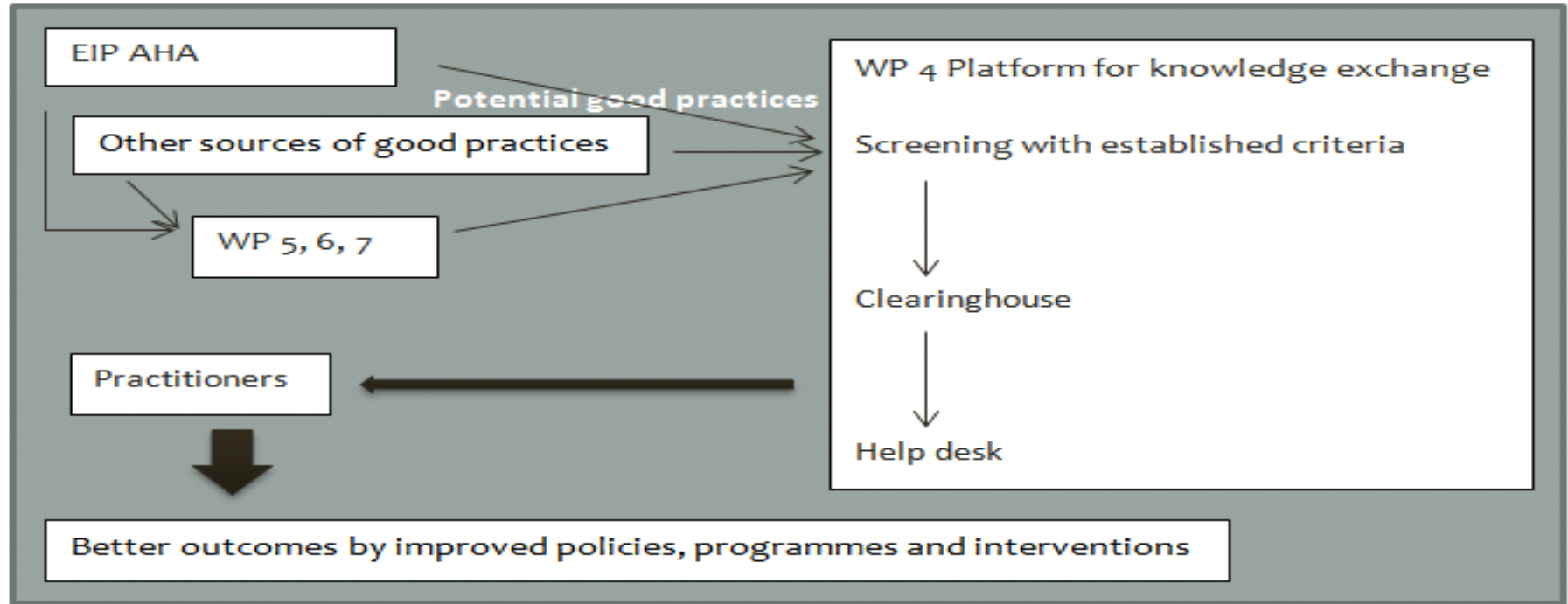
Core work

Interaction in CHRODIS-JA

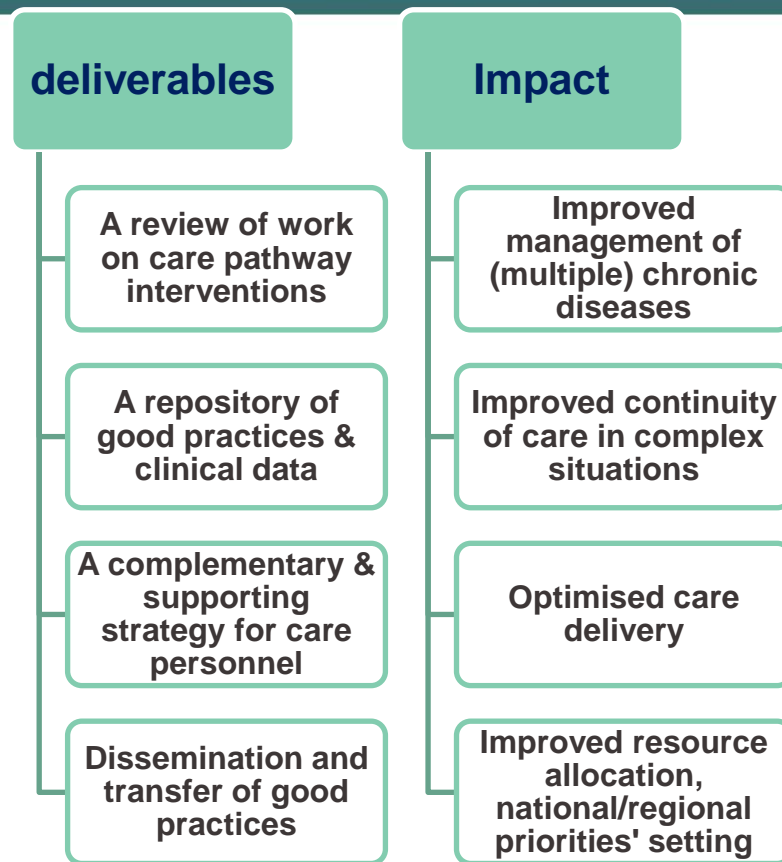


Interaction CHRODIS & EIP-AHA

Organizing the flow of good practices



Principal tasks of CHRODIS-JA



CHRODIS: Methods & means

REVIEW

care pathway approaches for multimorbid patients

ASSESS & SCALE-UP

good practices on management of multimorbid patients

DEVELOP

innovative and cost-efficient interventions

DEVELOP

multimorbidity training programmes for care personnel

WP1: Coordination of the Joint Action

- **Leader:**
& Main Partner



- **Co-leader:**



GOBIERNO
DE ESPAÑA

MINISTERIO
DE SANIDAD
Y POLÍTICA SOCIAL

WP1: Objectives of the coordination

- **To plan the Joint Action activities.**
- **To provide guidance to the partnership.**
- **To monitor progress and implementation of activities and make decisions.**
- **To coordinate cooperation between the partners, in order to ensure:**
 - smooth progress of the project activities,
 - efficient handling of problems,
 - effective communication.
- **To support the relationship among the partnership, the European Commission and other external stakeholder**

WP1: Deliverables

- **Standard Operating Procedures**
- **Amendment**
- **Interim and final technical and financial reports**
- **Monitoring progress**
- **General Assembly**
- **Executive Board** (meetings/6 months, TC/month)
- **Advisory board** (needs)
- **Governing Board** (once/year)

WP2: Dissemination of the Joint Action

- **Leader:**

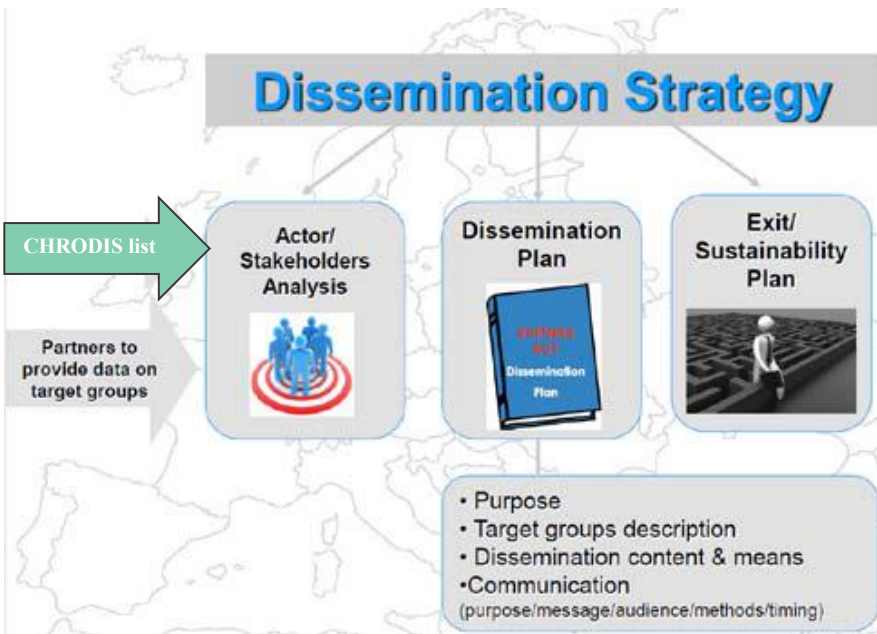


- **Associated Partners:** All CHRODIS-JA partners

WP2: Objectives of Dissemination

- **To make the results and deliverables of CHRODIS are available to the stakeholders and to the wider audience.**
- **To ensure that the CHRODIS results will be taken up and embedded in the community.**
- **To ensure visibility of CHRODIS outputs and outcomes.**
- **To explore and ensure how the Joint Action outputs can be sustained.**

WP2: Dissemination strategy and tool



Dissemination Tools



Web portal



Mailing list



e-Newsletter



Leaflets/press releases /reports



Scientific Manuscripts/ conferences / presentations



Wikipedia Social Media

https://twitter.com/EU_CHRODIS

https://www.facebook.com/pages/EU_Chrodis/301426573354024

WP2: Deliverables

- **Dissemination activities report**
- **Publications**
- **Stakeholder analysis**
- **Sustainability of webpage**

WP3: Evaluation of the joint action

- **Leader:**

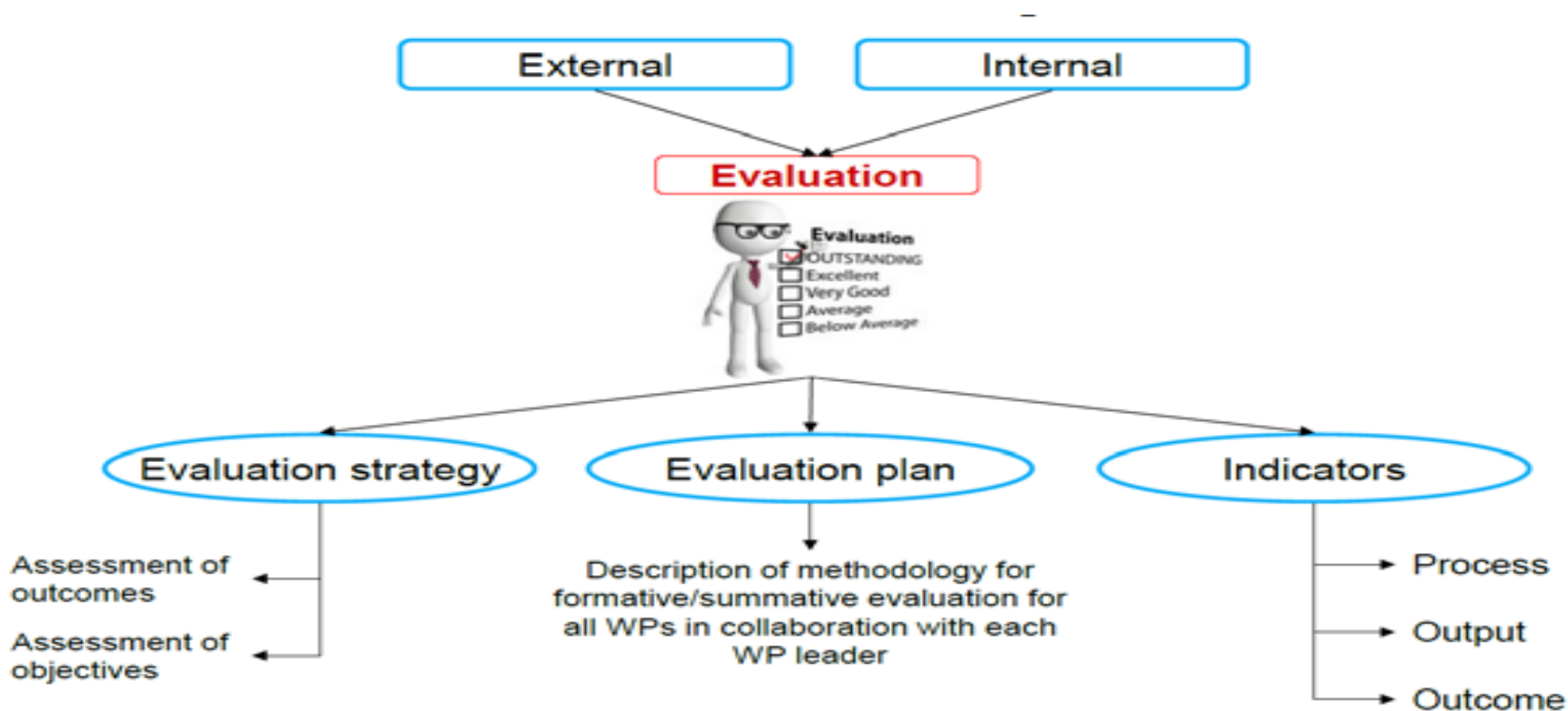


- **Co-leader:** 1st Regional Health Authority of Attica, YPE
- **Collaboration:** WP1/coordination

WP3: Objectives of Evaluation

- **To monitor the implementation process.**
- **To improve the work in progress and increase the likelihood that CHRODIS will be successful.**
- **To verify if the project objectives have been achieved.**

WP3: Components of the evaluation



WP3: Deliverables

- **Interim and final evaluation reports.**
- **External evaluation**

WP4: Platform for Knowledge Exchange

- **Leader:**



AP: Telemedicine & e-health Unit, ISCIII

WP4: Objectives of the Platform for knowledge Exchange

- 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
 - an on-line help-desk

WP4: Clearinghouse

- 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.

WP4: Helpdesk

- **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.

WP5: Good practices in the field of health

- **Leader**



- **Co-leader:**



WP5: Objectives of Good practices in the field of health

- 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.
- This WP will focus 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.

WP5: Deliverables

- **Identification of 3 good practices per participating MS**
- **Series of conferences /seminars**
- **Recommendations Report on applicability and transferability of practices into different settings and countries**

WP6:Development of common guidance and methodologies...

- **Leader:**



- **Co-leader:**



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SANTARIŠKIŲ KLINIKOS

WP6: Objectives of Common Guidances

- 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).

WP6: Deliverables

- **Report from data analysis and evidence from literature to identify high care demanding population**
- **Report on care pathways approaches for multimorbid chronic patients, including existing good practices**

WP7: case study of Diabetes

- **Leader:**



- **Co-leader:**



WP7: Objectives of Diabetes case study

- **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.**

WP7: Deliverables

- **Recommendations to improve early detection and preventive interventions, to strengthen health literacy, patient empowerment and training for health professionals especially, and to develop National Diabetes Plans. Definition and agreement on a common minimum set of indicators**

III.- CHRODIS-JA, special focus on empowering patient

CHRODIS-JA: The vision of patient empowerment



CHRODIS-JA & patient empowerment

A **set of best practices** on primary prevention, early detection, secondary prevention, management of diabetes and **patient empowerment programmes**, and the methods for transferring them.

Patient empowerment and inequalities mainly related to the referred chronic diseases will be analysed.

CHRODIS-JA & patient empowerment

Training strategies and interventions for diabetic patient empowerment will be designed and recommended.

WP 7 (Diabetes: a case study) will **map good practices** for detection of high risk people for **diabetes**, primary prevention, secondary prevention and management, non-pharmacologic interventions, **patient empowerment**, and national policies.

Active patient participation in decisions regarding their health.

CHRODIS-JA & patient empowerment

to **improve early detection** and preventive interventions, strengthen health literacy, **patient empowerment**, training for health professionals especially, develop National Diabetes Plans.

To develop recommendations on appropriate **education materials** to strengthen **patient empowerment core- capacity**.

CHRODIS-JA Activities 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**

IV.- What to remain ?

CHRODIS: short summary (1)

- **CHRODIS-JA: a shared project joining effort focusing common goals on chronicity**



CHRODIS: short summary (2)

- 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
- To be a sustainable action after the 3-years EC funding: **Governing Board**

To be delivered at the end of the 3-years



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

*** 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 very much
for your attention**

