



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 of 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.