

JA-CHRODIS

The Joint Action on

“Chronic Diseases and Promoting Healthy Ageing across the Life Cycle”

IX Encuentro e-Salud
y Telemedicina

TIC para los retos de I+i en servicios
de salud en enfermedades crónicas

3 de julio de 2015

UIMP, Santander



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Instituto de Salud Carlos III
Spain

INSITUTO DE SALUD CARLOS III
COORDINATOR OF THE JA-CHRODIS

Instituto de Salud Carlos III (ISCIII)

- Spain's main Public Health Research Organization.
- Funds, manages and carries out Biomedical Research.
- Provides Scientific-Technical Services to the National Health System.

Our Mission

- To foster the generation of scientific knowledge in Health Sciences.
- To promote innovation in healthcare and disease prevention.

ISCIII's key areas of activity

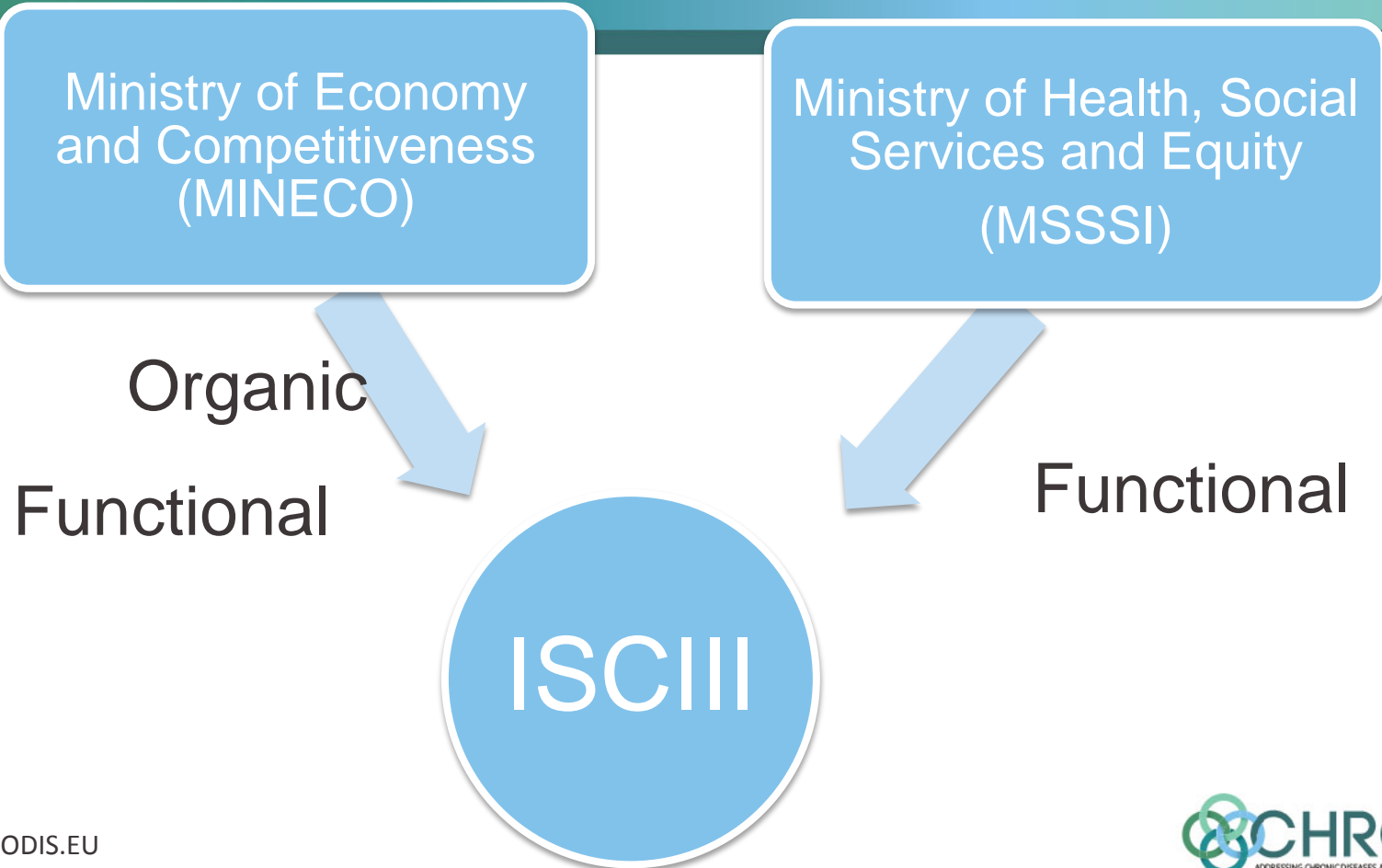
FUNDING BODY

- Responsible for the Health R+D Strategy –AES- (within Spain's State Plan for Research, Development and Innovation).

SUPPORT ORGANIZATION FOR THE NATIONAL HEALTH SYSTEM

- Providing advanced Scientific-Technical Services to the National Health System.
- Participating in the planning of public health programs.
- Linked to international health authorities such as WHO and ECDC.


Structural and Functional Dependency



ISCIII: Facing Demographic Change and Long Term Diseases




Research in
Health Care
and Health
Promotion



Research
Chronic
Diseases



Health
Technology
Assesment



New e-Health
and
Telemedicine
approaches

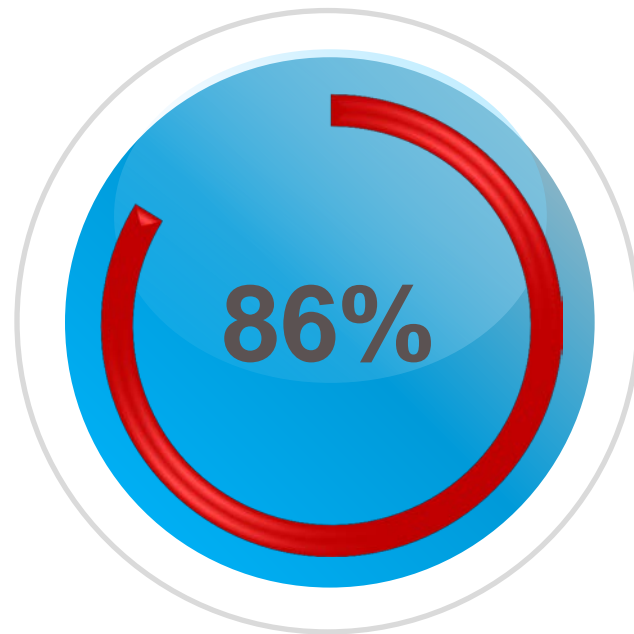
ISCIl's Centers participating in the JA-CHRODIS

- National Reference Research Centers.
- National Schools for health professionals.
- Agency for Technology Assessment.
- Telemedicine and e-Health Unit.
- Chronic Diseases Research Unit.
- Health Care Research Unit.

CHRONIC DISEASES THE EXISTING EVIDENCE

Global burden of chronic disease speaks strong language

Non-communicable diseases account for 86% of the annual deaths.



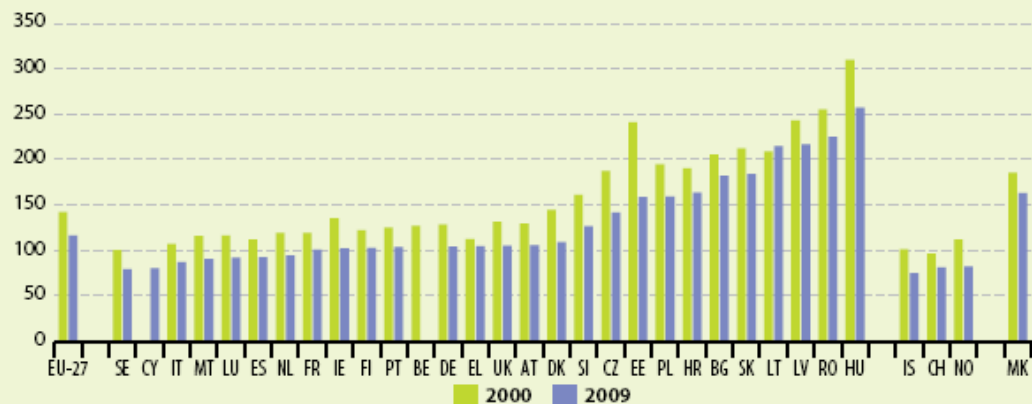
Affect older adults population in a high %

They affect 8/10 people aged over 65 in Europe (diabetes, heart failure, depression, hypertension...).



But not only...chronic diseases remain the main cause of death under 65

Figure 5.6: Death rate due to chronic diseases, population aged under 65, by country
(per 100 000 persons)



NB: 1999 data for BE (instead of 2000); 2007 data for CH, 2008 data for IT and FR (instead of 2009); EU-27 data are provisional.

Source: Eurostat (online data code: [tsdph210](#))

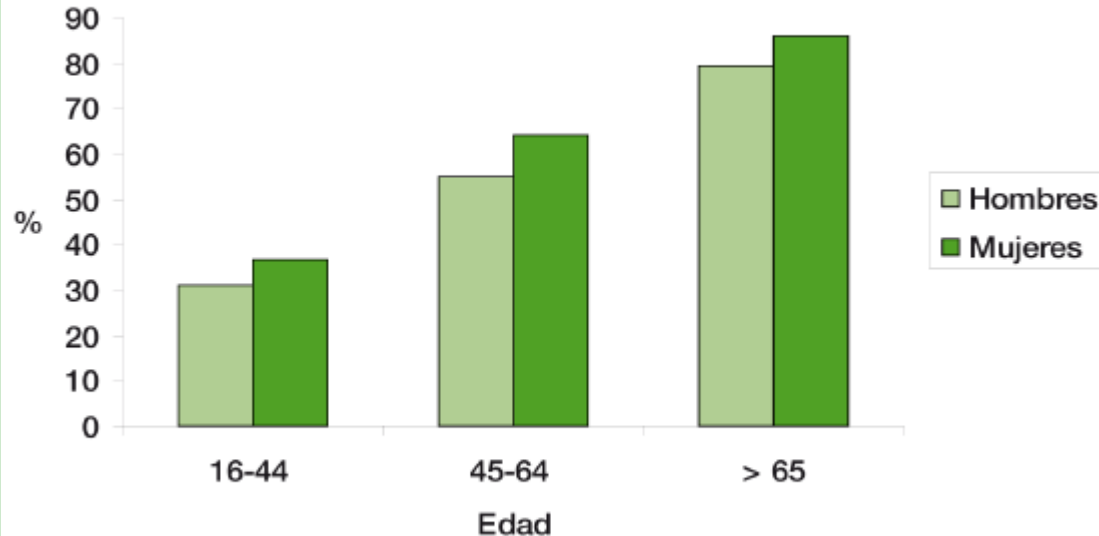
Source Eurostat

<http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tsdph210&plugin=1>

Sustainable development in the EU. Key messages.

Prevalence of Chronic Diseases in Spain

Gráfico 2. Prevalencia (%) de problemas crónicos por edad y sexo



Fuente: Elaboración a partir de EES 2009.

En España, según la Encuesta Europea de Salud (EES) 2009, el 45,6% de la población mayor de 16 años padece al menos un proceso crónico (46,5% de los hombres y el 55,8% de las mujeres) y el 22% de la población dos procesos o más, incrementándose estos porcentajes con la edad (Gráfico 2).

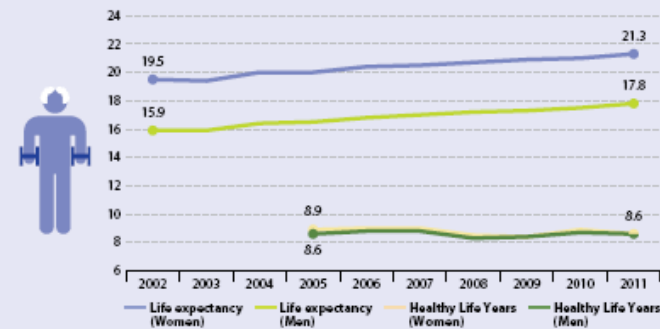
9% increase in life expectancy at 65, but...improvements didn't lead to longer healthy life

Life expectancy at age 65



9% increase in the life expectancy at age 65 for women and 12 % increase for men in the EU between 2002 and 2011. However, these improvements did not lead to a longer healthy life

Figure 4.3: Life expectancy and healthy life years at age 65, by sex, EU-27 (years)



NB: break in series in 2010; life expectancy: 2010 data are provisional, 2011 data are estimates; healthy life years: data for 2005, 2006 and 2011 are estimates

Source: Eurostat (online data codes: tsdde210 and tsdph220)

Source Eurostat

<http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tsdph210&plugin=1>

Sustainable development in the EU. Key messages.

Multimorbidity “the most common chronic condition”

- 60% of population over 65.
- Premature deaths.
- Poorer Quality of Life.
- Multiple drug treatments: difficulties with adherence.

Diabetes in Europe

33.1%
undiagnosed

52 M
people living with diabetes
PREVALENCE
7.9%

Diabetes in Europe (20-79 years)	2014	2035
Total population (millions)	910	928
Adult population (millions)	660.6	668.7
Number of people with diabetes (millions)	52	68.9
Regional prevalence (%)	7.9	10.3
Comparative prevalence (%)	6.2	7.1
Undiagnosed cases (millions)	17.2	-
Total diabetes-related deaths (thousands)	537	-
Deaths under the age of 60 (%)	23.1	-
Total diabetes-related health expenditure (USD billions)	144.3	158.6

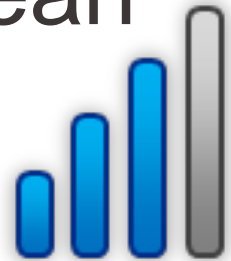
Source: http://www.idf.org/sites/default/files/Atlas-poster-2014_EN.pdf IDF Diabetes Atlas 6th Edition (2014 update)

Costs to healthcare systems and society are high and have an increasing tendency

70% to 80% of annual healthcare costs are spent on chronic diseases.



More than 700 billion Euros in the European Union.



Health Determinants for relevant Chronic Diseases



TOBACCO



OBESITY AND
OVERWEIGHT



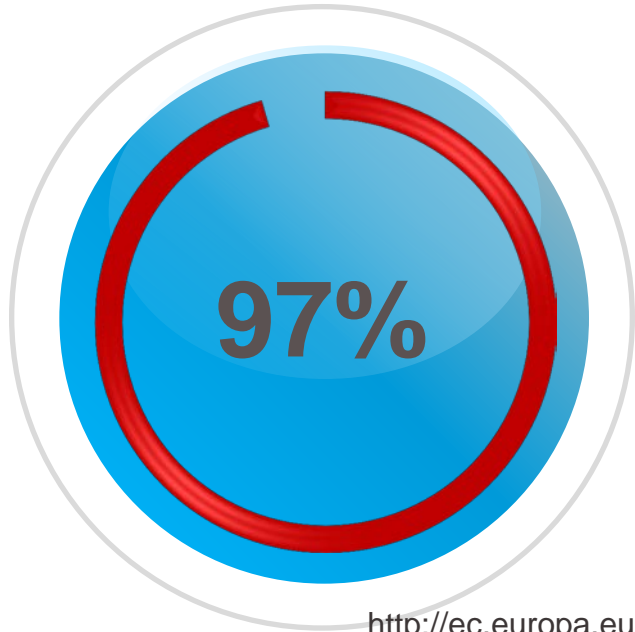
ALCOHOL



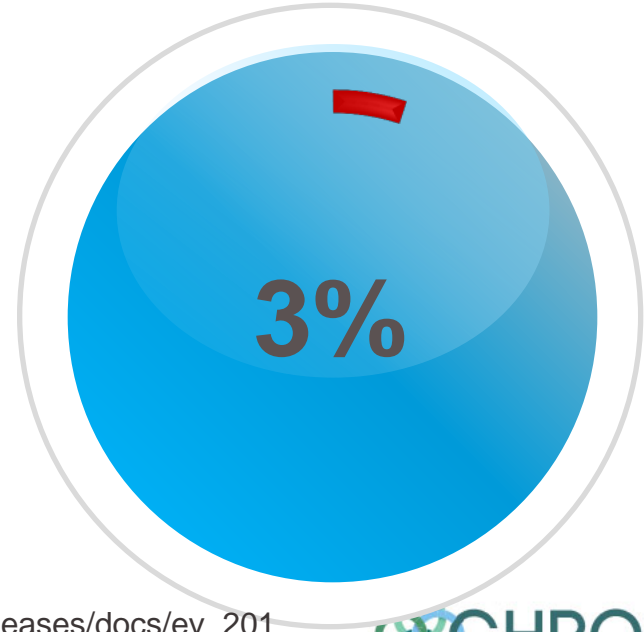
MENTAL
HEALTH
RISK

Although the majority of the chronic diseases are preventable...

European health budget
for NCD treatment



European Expenditure on
Prevention



CHRONIC DISEASES THE REFLECTION PROCESS

2010 “Tackling Chronic Disease in Europe”: strategies and interventions (EOHSP)

- Strategies on health promotion and early detection.
- New provider, settings and qualifications.
- Disease management programs.
- Integrated care models.

2010 “Tackling Chronic Disease in Europe”: the challenges (EOHSP)

- Continuity of care: study the strategy.
- Reforms for coordination should have a strong political commitment (budget and support to health professionals).
- ICT's: agreement on international technical standards; solutions to translate vast amount of data into meaningful information.
- Evaluation of programmes.

2010, The EPSO Council conclusions from the “Innovative approaches for chronic diseases”

To identify and share good practices regarding:

- ways to **enable patients with chronic diseases to maximize their autonomy and quality of life**; on effective, proactive early interventions;
- on the **secondary prevention**;
- on the **affordability and access of care for chronic diseases**;
- on the **implementation of innovative chronic care models**, and
- on ways **to reduce health inequalities** in this field”

At the National level...

Spanish Ministry of Health, Social Services and Equity
begins working in the development of the Strategy for
Chronicity Approach in the National Health System.

Actions fostered by the European Commission: Health Programme 2008-2013

Objectives:

- To improve citizens' health security.
- To promote health, including the reduction of health inequalities.
- To generate and disseminate health information and knowledge.

Addressing chronic diseases and promoting healthy ageing across the life cycle	4.2.1.1	€ 5 000 000
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What is a Joint Action?

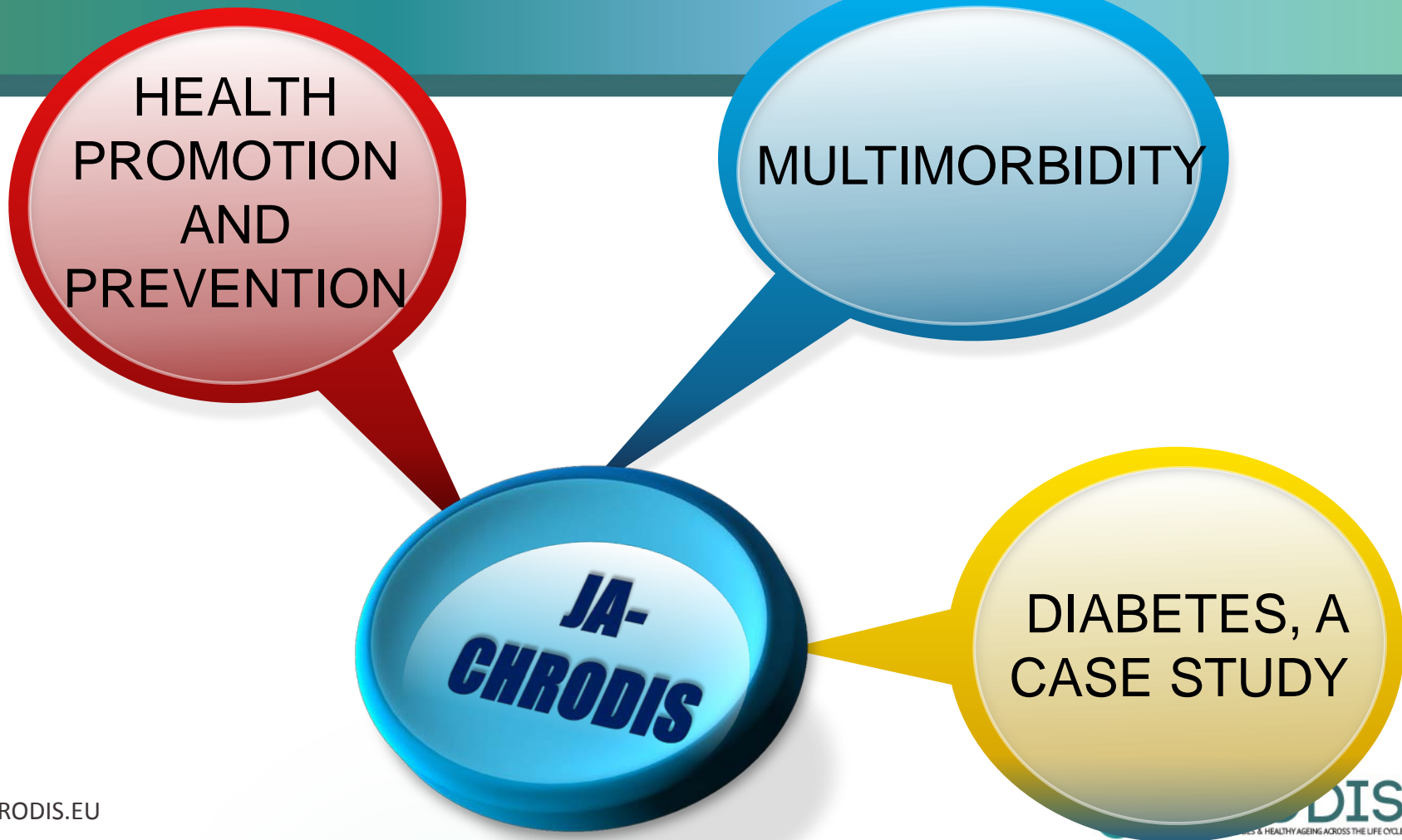
- A Joint Action (JA) is an initiative within the Second Public Health Programme of the European Commission.
- Conducted by national competent authorities, public bodies or non-governmental organizations nominated by the EU Member States or other participating countries.
- Jointly funded by the partners and the European Commission.
- Addresses the greatest health policy needs from European Member States and the Commission.

THE JA-CHRODIS

JA-CHRODIS: Our Objective

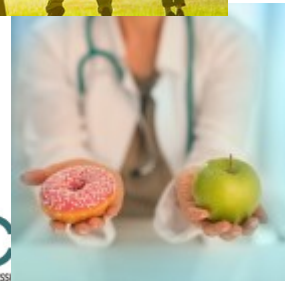
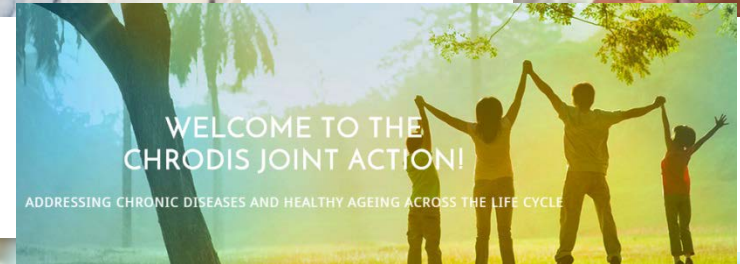
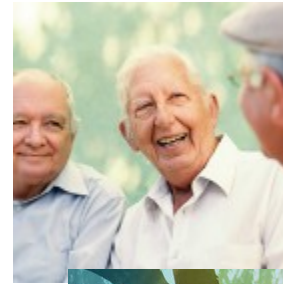
To promote and facilitate a process of exchange and transfer of good practices between European countries and regions, addressing chronic conditions.

JA-CHRODIS: our focus



To whom?

- Patients and their families.
- Social and health care professionals.
- Health organizations and national health systems.
- Policy makers.



JA-CHRODIS

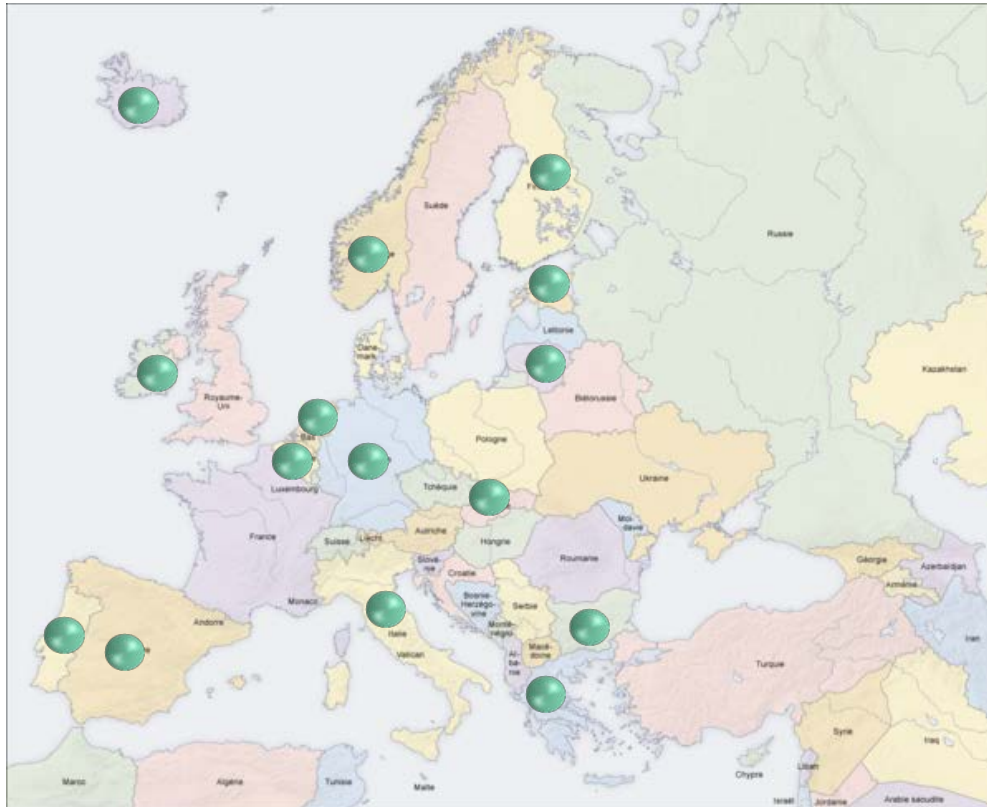
**26
Countries**

**39 Associated
Partners
29
Collaborating
Partners**

**7 Work
packages
30 Tasks**

39 months (2014-2017)

The European Dimension: Associated Partners from 15 European countries.

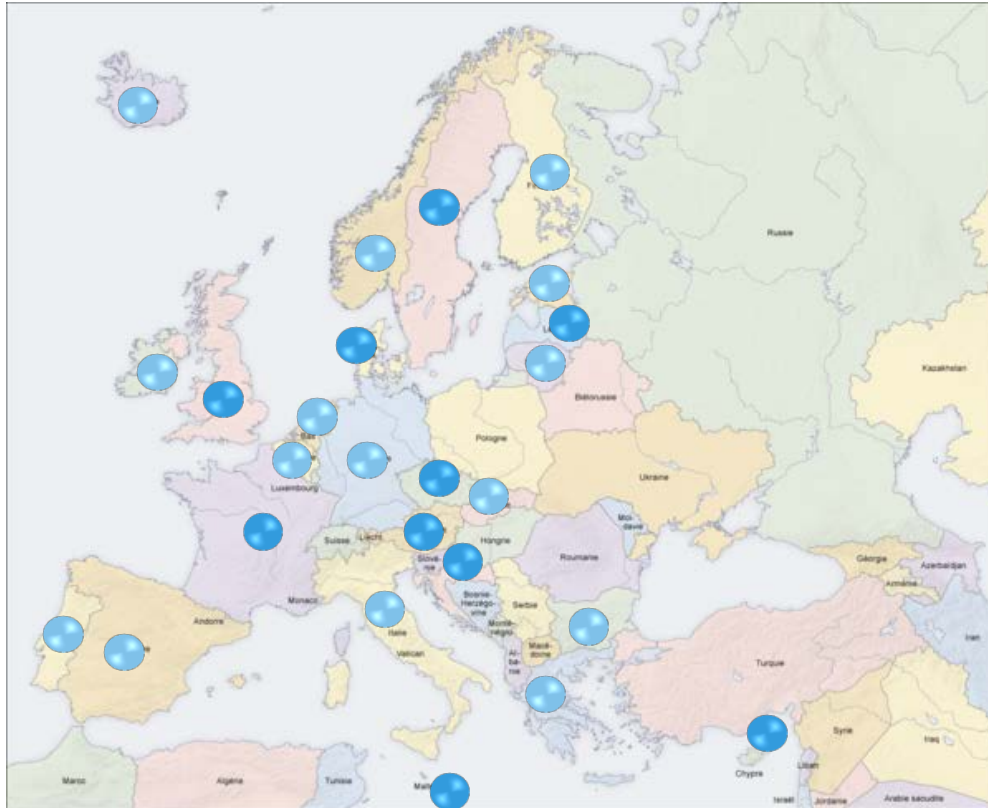


Public Health Institutes, Governments, Networks and Academia

Associated Partners in Spain

- Instituto de Salud Carlos III.
- Instituto Aragonés de Ciencias de la Salud (IACS).
- Fundación Española para la Cooperación Internacional, Salud y Política Social (FCSAI).
- Ministerio de Sanidad, Servicios Sociales e Igualdad (MSSSI).
- Consejería de Igualdad, Salud y Políticas Sociales de la Junta de Andalucía (CISPSJA).
- Fundación Progreso y Salud (FPS).
- Fundación Vasca de Innovación e Investigación Sanitarias (BIOEF).
- Servizo Galego de Saúde (SERGAS).
- Fundación para la Formación e Investigación Sanitarias de la Región de Murcia (FFIS).
- Fundación Agencia Aragonesa para la Investigación y el Desarrollo (ARAID).
- Universidad de Zaragoza (UNIZAR).
- Agència de Qualitat i Avaluació Sanitàries de Catalunya (AQUAS).

The European Dimension: Collaborating Partners from 25 countries



WWW.CHRODIS.EU

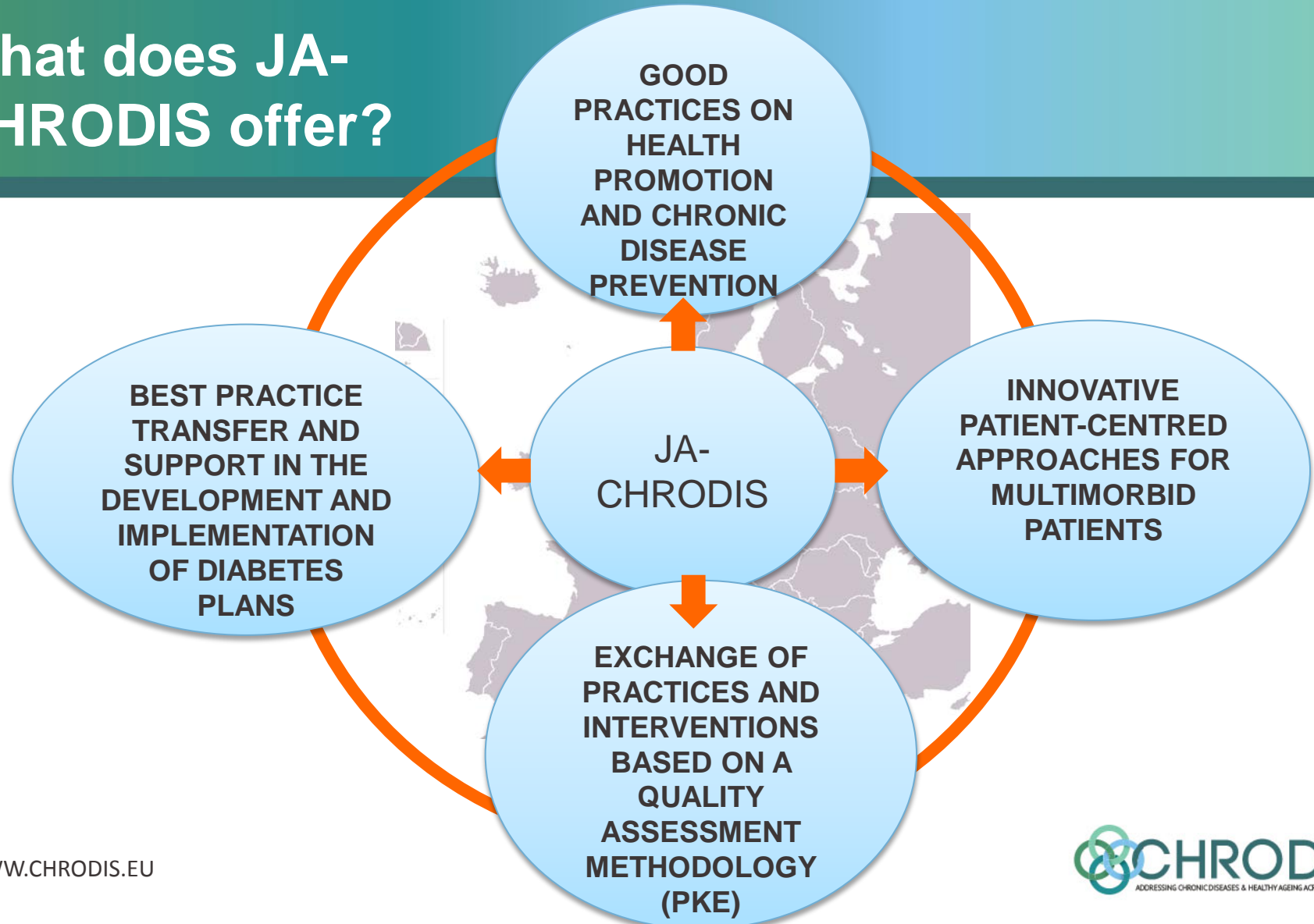
Governments, Professional Associations, Academia

- Regional Ministry of Health and Social Services of Cantabria.
- Regional Ministry of Health and Social Issues of Castilla-La Mancha.
- Canarian Health Service.
- Directorate-General of Health Care of Comunidad Valenciana.
- Regional Ministry of Health of Madrid.
- Regional Ministry of Health of

Collaborating Partners in Spain.

- Regional Ministry of Health and Social Services of Cantabria.
- Regional Ministry of Health and Social Issues of Castilla-La Mancha.
- Canarian Health Service.
- Directorate-General of Health Care of Comunidad Valenciana.
- Regional Ministry of Health of Madrid.
- Regional Ministry of Health of Castilla y León.
- Regional Ministry of Health of Navarra.

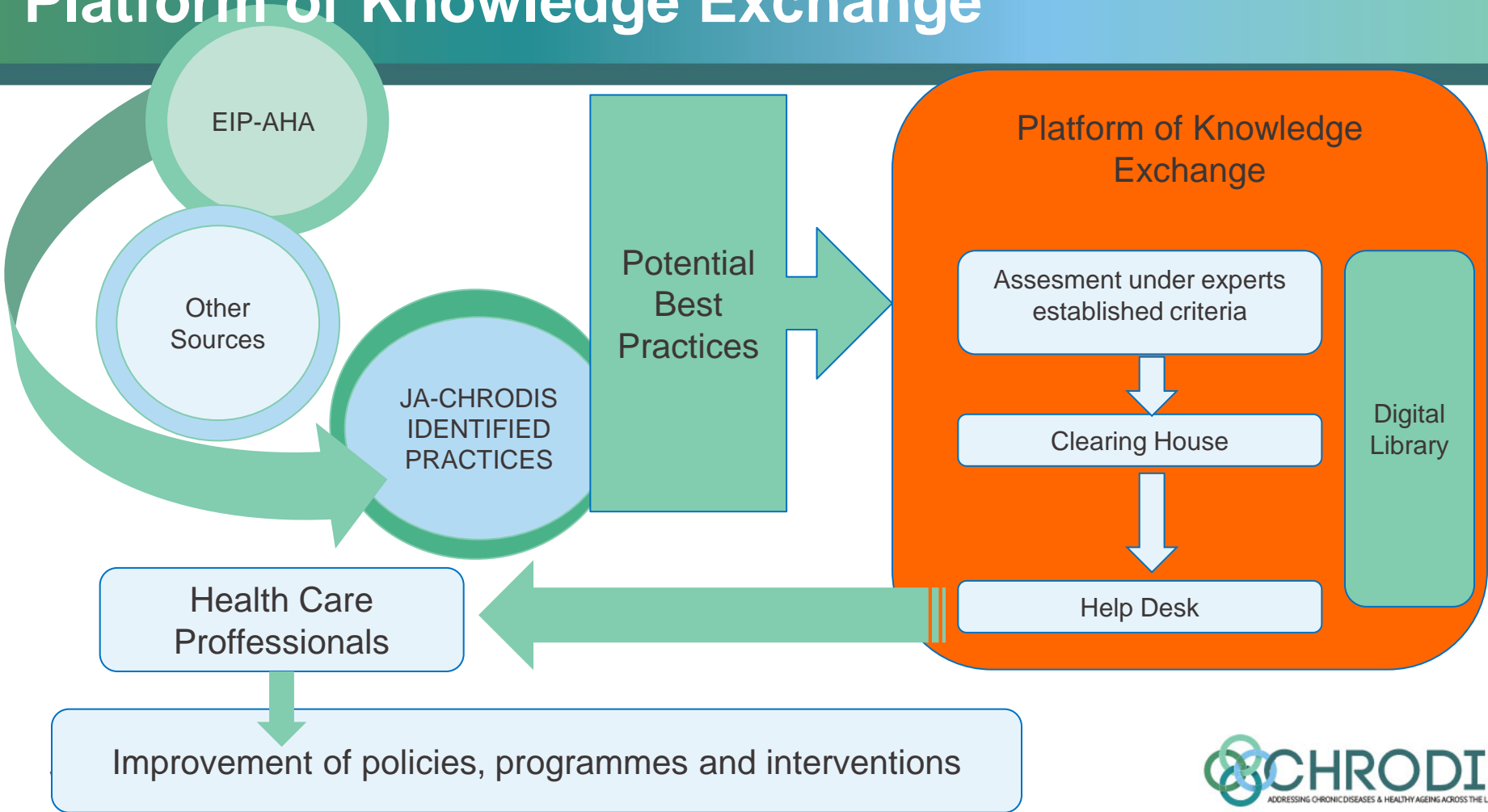
What does JA-CHRODIS offer?



JA-CHRODIS Innovative Activity

Building a methodology for practice assessment and organizing a process of exchange and upscale of good practices.

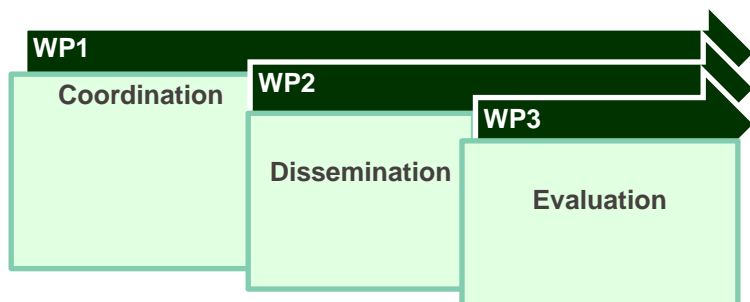
The ICT challenge of the JA-CHRODIS: The Platform of Knowledge Exchange



HOW ARE WE DOING THIS?

The structure of JA-CHRODIS

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

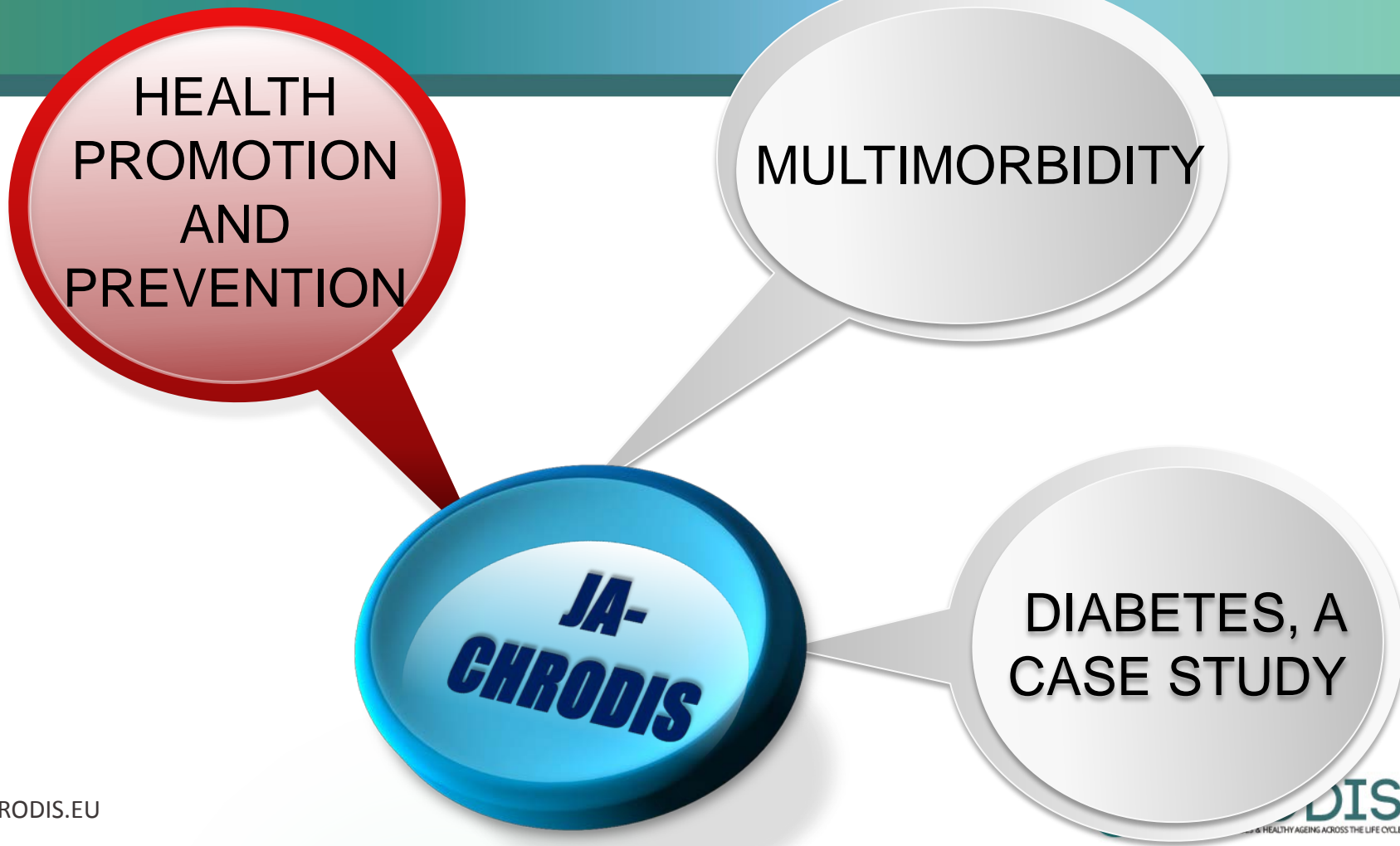
Diabetes: a case study on strengthening health care for people with chronic diseases

Core work

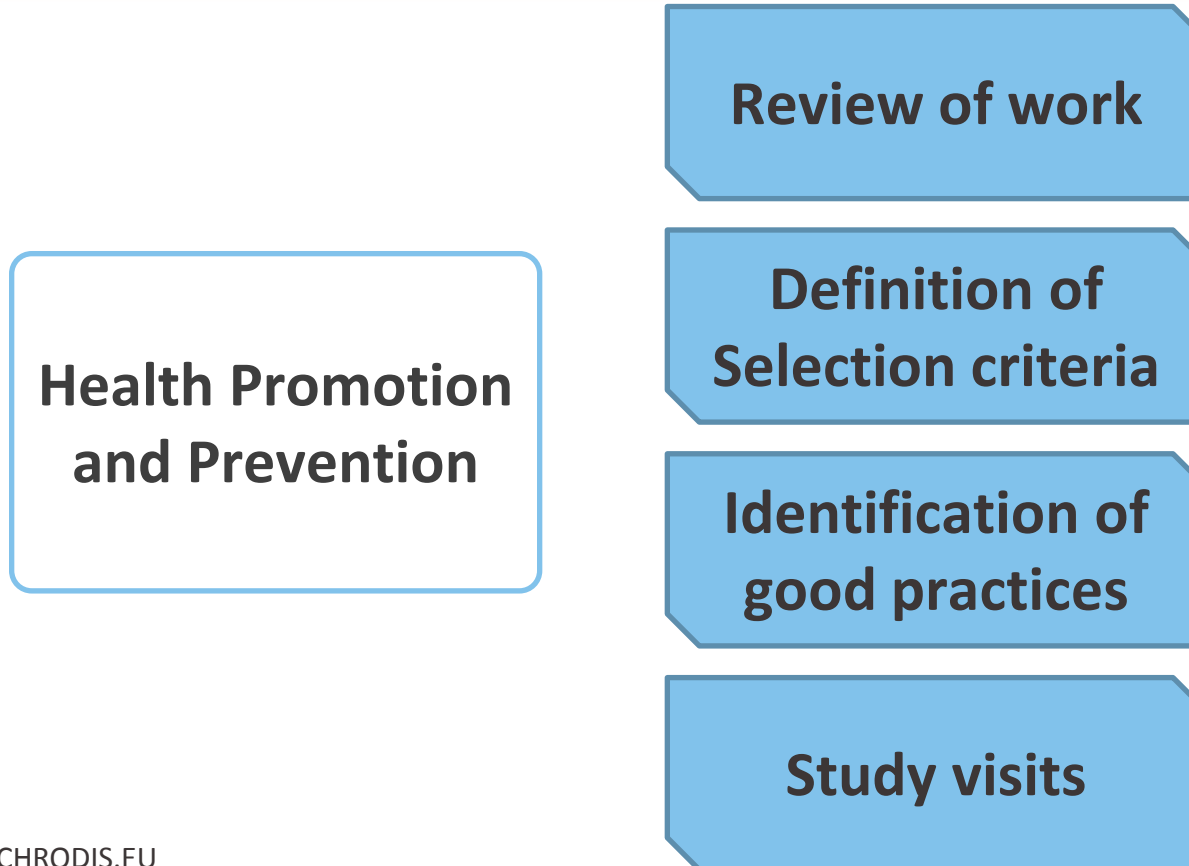
Governing Board (Ministries of Health)

Advisory Board

JA-CHRODIS: Our Focus

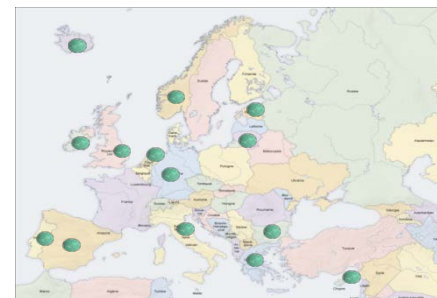


Good practices in Health Promotion and Prevention



14 Country Reports on Health Promotion

- Commonalities in the key themes emerging from the identified gaps and needs:
 - Evaluation.
 - Monitoring.
 - Research.
 - Capacity and capacity development.
 - Lack of consistent funding to deal with gaps and needs.



<http://www.chrodis.eu/our-work/05-health-promotion/wp05-activities/country-reports/>

Common guidance for care parthways in Multimorbidity

Multimorbidity

Factors influencing care outcomes of patients with high demands

Selection criteria of care demanding groups

Review existing care pathway approaches

Define multimorbidity training programmes

Factors influencing care outcomes of patients with high demands

- Biological sex.
- Nutrition status.
- Weight.
- Physical activity.
- Polypharmacy

New findings:

- Disease patterns.
- Physical function.
- Mental health.
- Socioeconomic status.

Special Issue on Multimorbidity in the Elderly of the European
Journal of Internal Medicine

Diabetes 2, case study

Diabetes

Prevention: focus on high risk patients

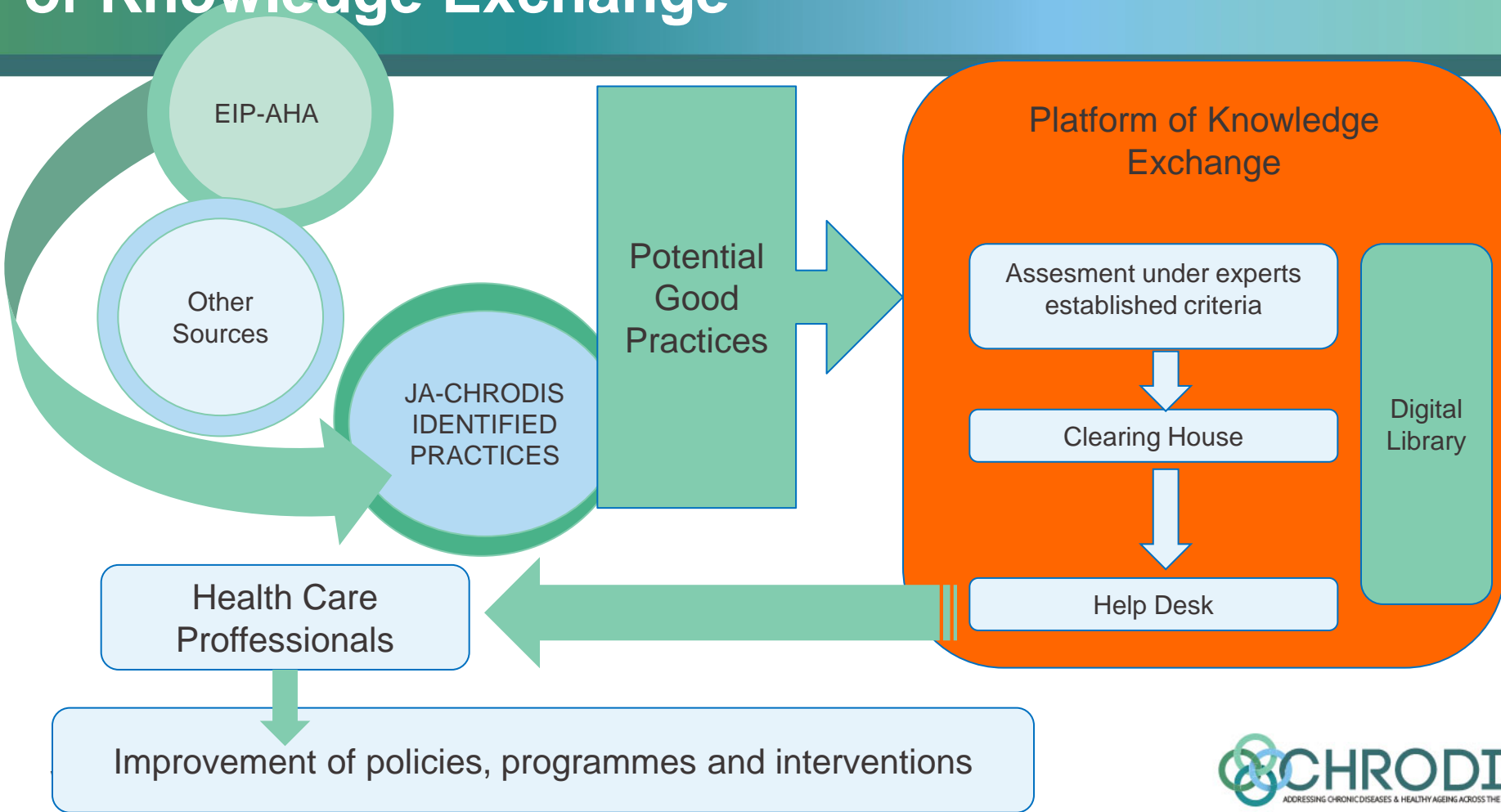
Secondary prevention of diabetes type 2

Health promotion/non pharmacological interventions

Education strategies and approaches

National Diabetes Plans

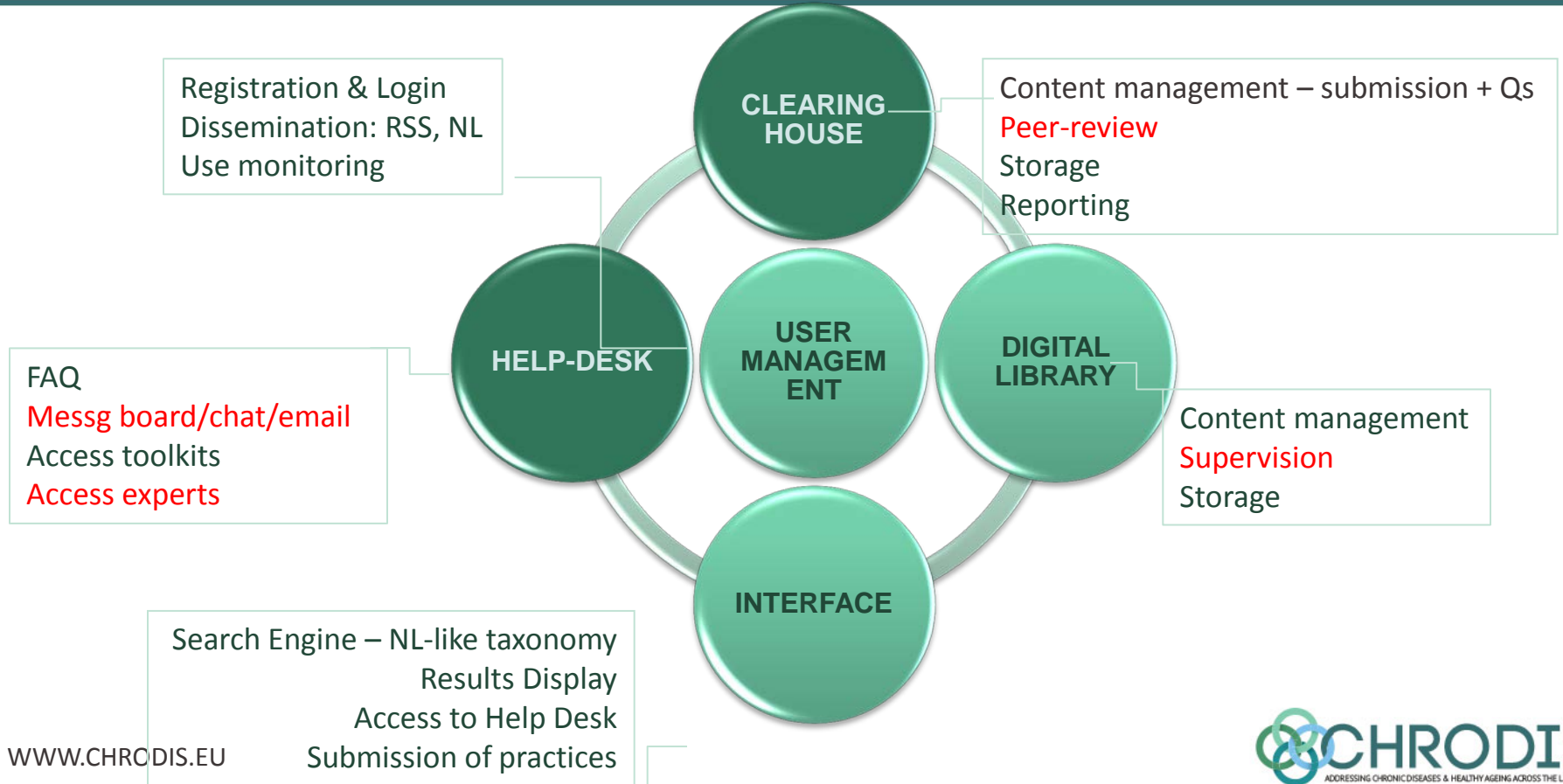
The ICT challenge of the JA-CHRODIS: The Platform of Knowledge Exchange



The Platform of Knowledge Exchange (PKE)

- An ICT based “Agora” to share, learn from others, bridge health system silos and network.
- Decision-makers, caregivers, patients, and researchers, will be able to exchange and access the best knowledge on chronic care across Europe.

The Platform of Knowledge Exchange



PKE: Basic Infrastructure

- Based on Web-based open and distributed sources (open access-code and international standards).
- Accesible throughout Internet, providing personal identifying procedures.
- Deployed in a virtual environment: maintainability, scalability, flexibility and availability.
- Suppor to basic functionalities (content management, directory services, workflow systems etc.).

PKE: Core functionalities

Capture and categorization contents

- Definition of Metadata.

Queries and knowledge devolution

- Deployment of an Advance Search Module.

Interaction with Platform users

- Tool for submission, approval and addition of contents.
- Suggestions.
- Social Interaction.

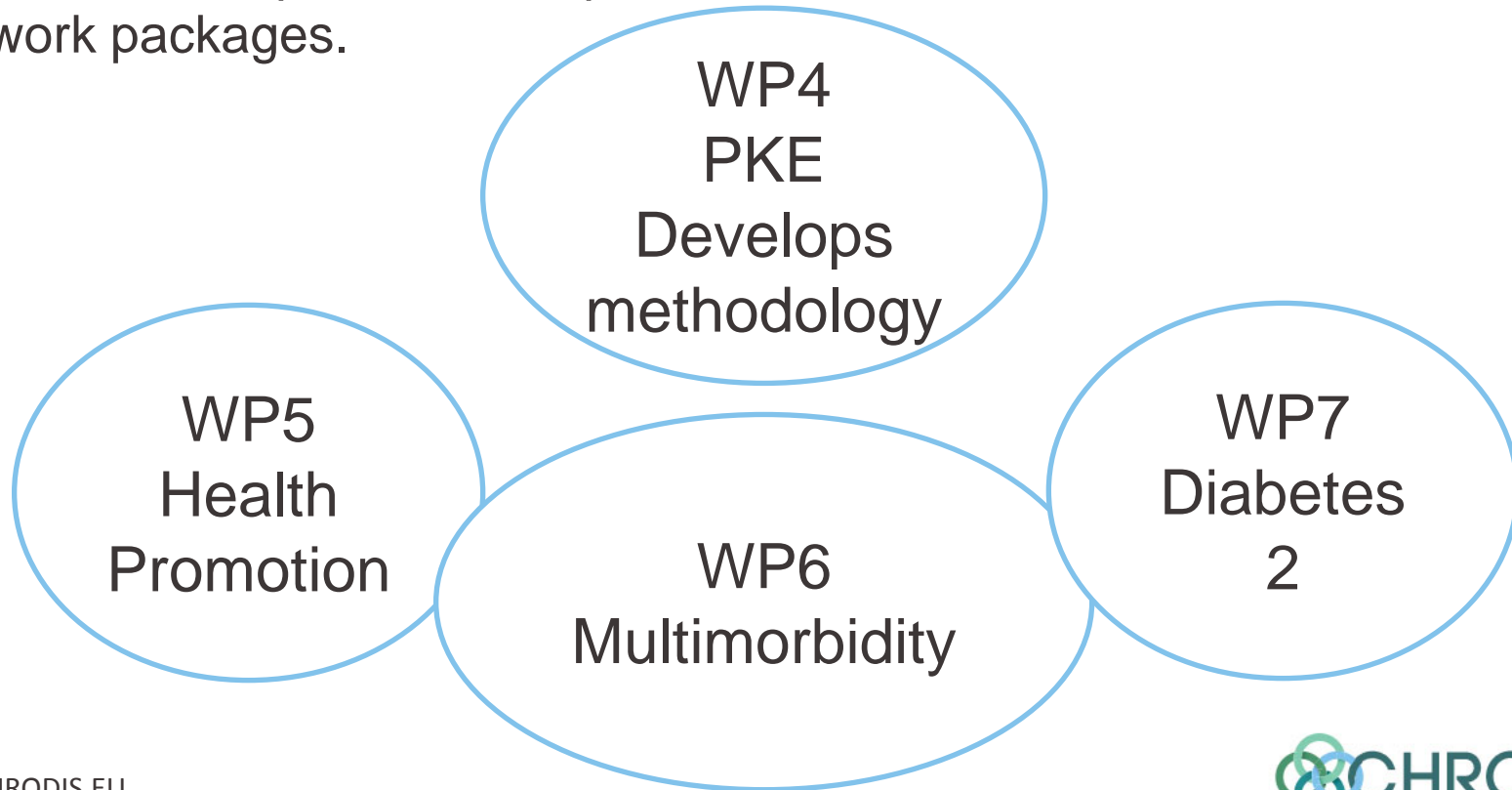
PKE: The Clearinghouse

A repository of excellent Chronic Care practices and policies across Europe. Information will be:

- Collected.
- Reviewed (evaluated).
- Elaborated.
- Offered to Society.

The practice evaluation methodology: Delphi process.

- Modified Delphi disease-specific consultation in collaboration of core work packages.



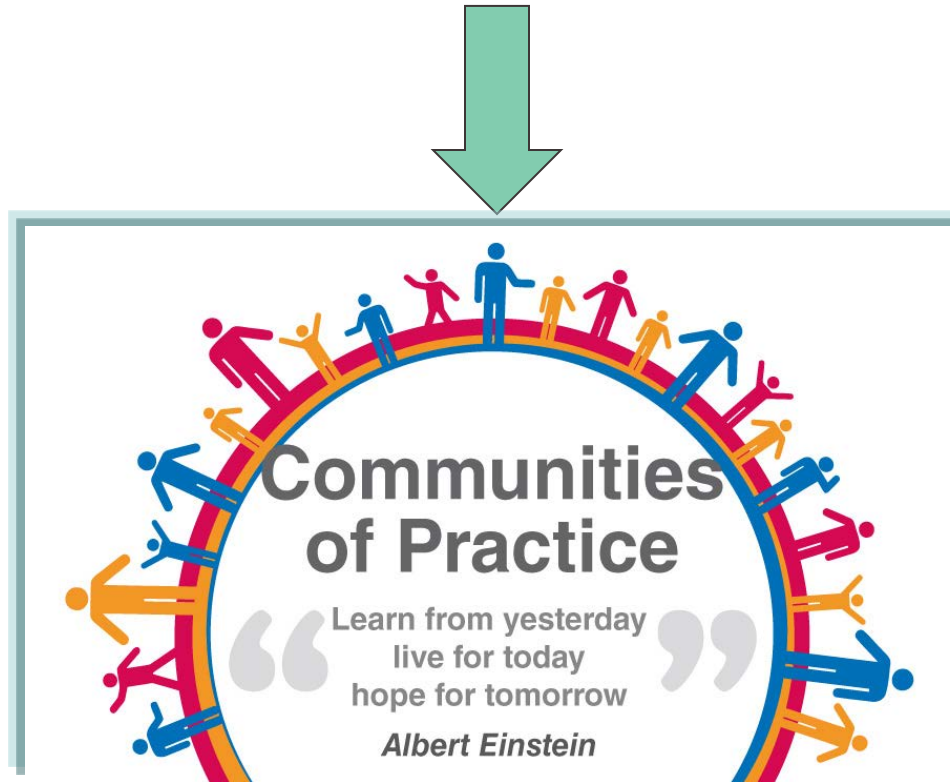
Five expert panels agree on the criteria under which practices should be evaluated

- On health promotion and prevention
- On multimorbid patients
- On organizational or systemic change
- On patient-empowerment
- On diabetes – as disease-specific case study



PKE: The Clearinghouse

The key technological element for a sustainable Knowledge Platform.



The final ICT outcome: a stable technological platform

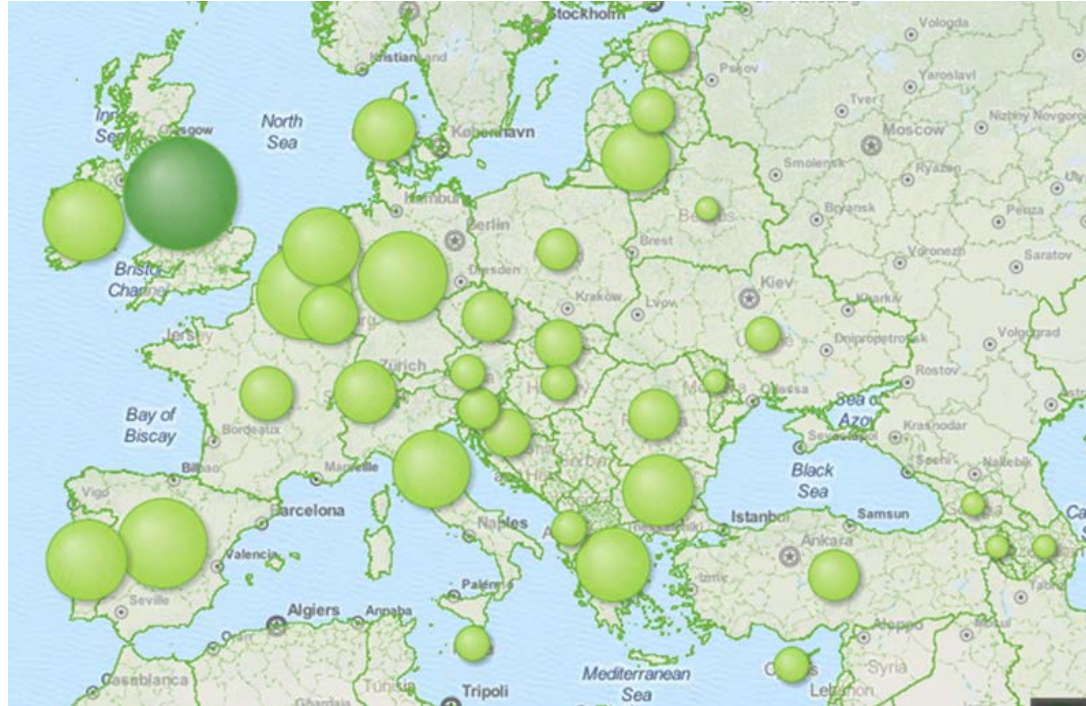
Knowledge based
services

Collaborative work

Management
services

OUR ADDED VALUES

Involvement of stakeholder community to share experiences, disseminate and help us to focus on relevant issues



Governing Board and an Advisory Board

- Involvement of policy makers through the Governing Board (MoH) for future sustainability.
- Advisory Board for technical followup and recommendations.

Knowledge and ICT tool for sharing and learning

- Practices and interventions based on a quality assessment process defined under experts consensus criteria.
- Development of an **open** Platform of Knowledge Exchange (PKE): a virtual place to share, learn from others, bridge health system silos and network.

And all of this,

Conducted by experts from all over
Europe and built for the use of
countries and regions today and in
the future.

JA-CHRODIS Executive Board



“For paving the way for a healthier tomorrow”

(Nicoline Tamsa, President of EuroHealthnet)

GRACIAS!

- Contact: Teresa Chavarria, Coordinator tchavarria@isciii.es
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- TWITTER: [@EU_CHRODIS](https://twitter.com/EU_CHRODIS)
- Facebook

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



Co-funded by
the Health Programme
of the European Union

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