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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Spain
INSITUTO DE SALUD CARLOS III
COORDINATOR OF THE JA-CHRODIS
Instituto de Salud Carlos III (ISCIIII)

- 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

Ministry of Economy and Competitiveness (MINECO)

Ministry of Health, Social Services and Equity (MSSSI)

Organic

Functional

ISCIII

Functional
ISCIII: Facing Demographic Change and Long Term Diseases

- Research in Health Care and Health Promotion
- Research Chronic Diseases
- Health Technology Assessment
- New e-Health and Telemedicine approaches
ISCIII’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

Source Eurostat
Sustainable development in the EU. Key messages.
Prevalence of Chronic Diseases in Spain

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

Source Eurostat

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%

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

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

MENTAL HEALTH RISK

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

European health budget for NCD treatment: 97%

European Expenditure on Prevention: 3%

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

http://www.euro.who.int/__data/assets/pdf_file/0008/96632/E93736.pdf European Observatory on Health Systems and Policies
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.

http://www.euro.who.int/__data/assets/pdf_file/0008/96632/E93736.pdf European Observatory on Health Systems and Policies
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.
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 |

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.
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


Budget 10M€ (Co-funded EC and Partners)
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).
- Agenica de Qualitat i Avaluacio Sanitaries de Catalunya (AQUAS).
The European Dimension: Collaborating Partners from 25 countries

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?

- **Good Practices on Health Promotion and Chronic Disease Prevention**
- **Innovative Patient-Centred Approaches for Multimorbidity Patients**
- **Exchange of Practices and Interventions Based on a Quality Assessment Methodology (PKE)**
- **Best Practice Transfer and Support in the Development and Implementation of Diabetes Plans**

WWW.CHRODIS.EU
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

EIP-AHA

Other Sources

JA-CHRODIS IDENTIFIED PRACTICES

Potential Best Practices

Platform of Knowledge Exchange

Assessment under experts established criteria

Clearing House

Help Desk

Digital Library

Health Care Professionals

Improvement of policies, programmes and interventions
HOW ARE WE DOING THIS?
The structure of JA-CHRODIS

Horizontal work

WP1
Coordination

WP2
Dissemination

WP3
Evaluation

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

Governing Board (Ministries of Health)  Advisory Board
JA-CHRODIS: Our Focus

- Health Promotion and Prevention
- Multimorbidity
- Diabetes, a Case Study
Good practices in Health Promotion and Prevention

- Review of work
- Definition of Selection criteria
- Identification of good practices
- Study visits

Health Promotion and Prevention
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 pathways in 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

- 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

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Improvement of policies, programmes and interventions
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.
PKE: Basic Infrastructure

- Based on Web-based open and distributed sources (open access-code and international standards).
- Accessible throughout Internet, providing personal identifying procedures.
- Deployed in a virtual environment: maintainability, scalability, flexibility and availability.
- Support 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.

Communities of Practice

"Learn from yesterday, live for today, hope for tomorrow"

Albert Einstein
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!

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

* This presentation arises from the Joint Action addressing chronic diseases and healthy ageing across the life cycle (JA-CHRODIS), which has received funding from the European Union, under the framework of the Health Programme (2008-2013).