

# WP6 meeting

## *Treviso*

### Task 3 Overview

VULSK

AIFA

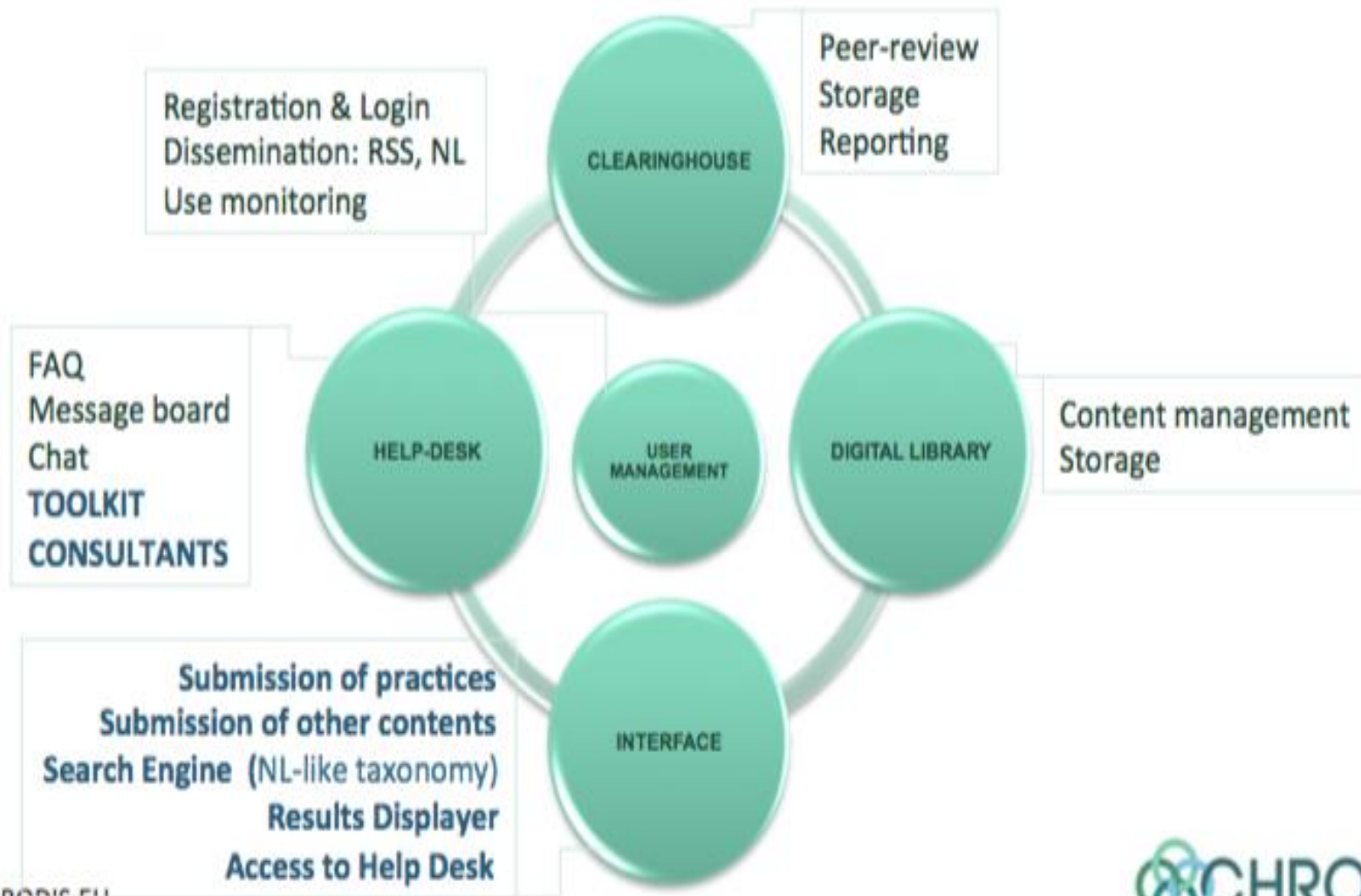
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# Year 2

1. Assess practices based on MM (WP4)
2. Further assess specific criteria
3. Get them closer to “reality”

# BASIC STRUCTURE AND FUNCTIONALITIES



# Task 3

- Delphi process from Jan 2015 selecting the panel
- Delphi expert consensus by Sep-Oct 2015 to agree on GCP



Partner meeting for Expert consensus  
presentation **Sep-Oct 2015**

# Defined components of good clinical care of multimorbidity

- Comprehensive assessment
- Multidisciplinary team
- Patient-centered – personalized care plan. Collaborative goal setting/problem solving/follow-up support. Shared decision making.
- Tailored to the social and cultural context
- Self-management approach for patients + involvement of social network
- Psychosocial support
- Patient education (verbal education + educational material)
- Patient assessment of quality of care

# Expert list

## 30 experts:

- 8 Academics
- 8 Policy makers with academic background
- 9 Clinicians
- 2 Patients' rights
- 1 Health economist
- 1 Pharmacist

7 EU Countries

# Task 3. First part

- List of criteria
- Identify target population for each component based on risk factors
- Define minimum set of key characteristics to standardize them

# Task 3. Second part

- Cost effectiveness
- Applicability
- Replicability

**Expert judgement**



# Partner involvement in other activities

- News on Multimorbidity- CP's could get involved in disseminating
- Task 4 vision – which partners will be contributing

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



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