

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

6th EXECUTIVE BOARD MEETING MINUTES

Meeting date: 11- 12 June 2015

Meeting location: Treviso, Italy

Approval date:

Prepared by:



RATIONALE:

The Executive Board (EB) is responsible of the development of the JA-CHRODIS. Face to face meetings are scheduled every semester in the Grant Agreement, for members of the EB to share their work and take necessary decisions. Following the last EB face to face meeting in February 2015, the current development of the project requires a set of discussions and relevant decisions to be agreed on by the EB, whilst revising the work being undertaken. A face to face meeting was organised to fulfil this need. See rationale presented for Sessions in Agenda for this meeting (Annex 1)

OBJECTIVE:

To discuss on the first semester progress of the JA, the roadmap for the second semester and reach consensus on relevant decisions regarding future steps and direction of the JA-CHRODIS considering a global and joint vision.

LOCATION:

Building: Centro Studi Linda e Achille Lorenzon

Address: Viale G. Oberdan 5, 31100 – Treviso, Italy

AGENDA:

Thursday 11th of June

- Session I: Overview of progress made in the JA-CHRODIS
 - Coordination of the JA
 - Health promotion and prevention (WP5)
 - Multimorbidity (WP6)
 - Diabetes case study (WP7)
 - Platform of Knowledge Exchange (WP4)
 - Evaluation of the JA (WP3)
 - Dissemination of the JA (WP2)
- Session II: Review of highest priority project issues towards sustainability
 - Topic Proposal 1: Evaluation plan: WP activity assessment and global impact of the JA-CHRODIS
 - Topic Proposal 2. Dissemination of the JA at the policy level: target groups, messages and formats
 - Topic Proposal 3: Road Map for collaboration with the EIPonAHA initiative

Friday 12th of June

- Session III: Open Strategic Decisions
 - SIII-1. Alignment of the WP's Work Plans
 - SIII-2. Key questions on the PKE: Summary of the report of consultation among WP4 partners on the key questions for the PKE
 - SIII-3. Definition of good practice in the framework of the JA-CHRODIS
 - SIII-4. Process of practice exchange and transfer
 - SIII-5. Governing Board (Work plan, work flow, and interaction with the JA-CHRODIS) *

See complete Agenda in Annex 1.

**This session was moved forward in the timetable of Session III to ensure all attendants presented during it.*

ATTENDANCE:

Members present

WP1:

Teresa Chavarría (Coordinator), National Institute of Health Carlos III (ISCIII), Spain.

Catalina del Río (Financial Project Manager), National Institute of Health Carlos III (ISCIII), Spain.

Patricia Cediel (Scientific Project Manager), National Institute of Health Carlos III (ISCIII), Spain (from mid-morning 11th June).

WP2:

Ingrid Stegeman (WP leader), EUROHEALTHNET, Belgium.

Anna Gallinat (WP leader team), EUROHEALTHNET, Belgium.

WP3:

Carme Carrion (WP leader), Agència de Qualitat i Avaluació Sanitàries de Catalunya (AQuAS), Spain.

Rogério Ribeiro (WP co-leader), Associação Protectora dos Diabéticos de Portugal, Portugal.

Noemí Robles (WP leader team), Agència de Qualitat i Avaluació Sanitàries de Catalunya (AQuAS), Spain.

WP4:

Enrique Bernal (WP leader), Instituto Aragonés de Ciencias de la Salud (IACS), Spain.

Ramón Launa (WP leader team), Instituto Aragonés de Ciencias de la Salud (IACS), Spain.

WP5:

Thomas Kunkel (WP leader), Bundeszentrale für gesundheitliche Aufklärung (BZgA), Germany (till 12h on 12th June).

Ingrid Stegeman (WP co-leader), EUROHEALTHNET, Belgium.

WP6:

Graziano Onder (WP leader), Agenzia Italiana del Farmaco (AIFA), Italy (til mid-morning 11th June).

Rokas Navickas (WP co-leader), Vilniaus Universiteto Ligonės Santariškių Klinikos (VULSK), Lithuania.

Federica Mammarella (WP leader team), Agenzia Italiana del Farmaco (AIFA), Italy.

Elena Jureviciene (WP co-leader team), Vilniaus Universiteto Ligonės Santariškių Klinikos (VULSK), Lithuania.

WP7:

Marina Maggini (WP leader), Istituto Superiore di Sanità (ISS), Italy (12th June).

Jelka Zaletel (WP co-leader), National Institute of Public Health (NIJZ), Slovenia.

Angela Giusti (WP leader team), Istituto Superiore di Sanità (ISS), Italy.

Invited participants:

Paloma Casado (Governing Board leader), Ministry of Health, Social Services and Equality (MSSSI), Spain (12th June).

Carolina Rodríguez (Governing Board leader team), Ministry of Health, Social Services and Equality (MSSSI), Spain.

Members excusing attendance:

WP3: Mireia Espallargues (WP leader team), Agència de Qualitat i Avaluació Sanitàries de Catalunya (AQuAS), Spain.

WP7: Flavia Lombardo (WP leader team), Istituto Superiore di Sanità (ISS), Italy.

SESSION I: OVERVIEW OF PROGRESS MADE IN JA-CHRODIS

See presentations available at:

<http://www.chrodis.eu/wp-content/uploads/2015/07/JA-CHRODIS-EB-JUNE2015-SI-Overview-Progress.pdf>

Coordination of the JA (WP1)

Presenter: Teresa Chavarría (JA-CHRODIS Coordinator)

Summary of presentation:

- **Latest progress.** First interim report (deliverable & milestone) and amendment completed and awaiting approval from EC. Interim report will be made accessible and public once approved. Amendment of GA requested to CHAFAE will be uploaded in the extranet for internal viewing of the EB once approved by CHAFAE.
- **Next steps.** Advisory Board work plan proposal, semester reports (July 2015) and 2nd interim report in Dec 2015.
- **Collaboration with other WPs.** Collaborating with rest of WPs in tasks being developed by WP2, WP3, WP4, WP5, WP6 and WP7.
- **Dissemination.** Four dissemination activities at scientific and policy level.
- **Financial overview.** Information on financial development of JA-CHRODIS in 2014.

Key points of debate:

- **Latest progress.** Discussed naming of deliverables and milestones.
 - **Action:** Coordinator will send official labelling of the deliverables according to GA for reports to be correctly identified to its deliverable.
 - **Action:** Executive Board (EB) to consider labelling milestones with numbers within WP, to facilitate identification of them in the official documents
- **Financial issues.** Information on financial development of the JA-CHRODIS presented by WP.
 - **Action:** Financial project manager to provide partners with general information on European Commission's (EC) financial costs and rules for JA, and inform WP3 on 1st pre-financing payment from EC

Health Promotion and Prevention (WP5)

Presenter: Thomas Kunkel (WP5 leader)

Summary of presentation:

- **Latest progress.** Developed summary of country reports. 1st version and extended version of questionnaire for the documentation of good practices developed (extended version included Delphi Criteria). Delphi F2F meeting organized with WP4 in April. WP5 meeting in May.
- **Next steps.** Report on good practices examples (July 2015) and conference (24-25 Nov 2015)
- **Collaboration with other WPs.** Collaborating with WP1, 2, 3 and 4
- **Dissemination.** Presentation at scientific level at "Poverty and Health" (Berlin, March 2015)

Key points of debate:

- **Latest progress.** The Good Practice report has to be postponed from June to July due to complexity in the process of collection and approval of information from official sources in most Member States. WP5 Meeting in May helped WP5 partners to clarify concerns they had on the applicability and the criteria of the questionnaire developed.
- **Dissemination.** WP5 leader is invited to a meeting with Public Health Body in Switzerland in November 2015 who is interested in outcome of the Good Practices on Healthy Ageing. WP5 Health Promotion Conference to be held 24-25th of November. Discussed whether Advisory Board (AB) or Governing Board (GB) could be asked to participate in this meeting.
 - **Action:** *EB to analyse in the Dissemination slot of the agenda what meetings GB and AB could participate in.*
 - **Working with other WPs.** WP5 leader highlighted the need for WPs to work together on relevant aspects of the interface of the Platform of Knowledge Exchange (PKE). It is essential that all WPs are clear on how this needs to be done and coordinate efforts. Coordinator proposes to discuss this aspect further in the agenda (follow-up at: [SIII-1. Alignment of the WPs Work Plans](#))

Multimorbidity (WP6)

Presenter: Rokas Navickas (WP6 co-leader)

Summary of presentation:

- **Latest progress.** Literature review. Analysis of 8 partners databases (results in publications of 6 articles in EJIM). Draft list of criteria (cost effectiveness, applicability, replicability). Good practice list and expert group for Delphi completed. Field survey finalised.
- **Next steps.** Reports and common guidelines for care pathways for multimorbidity patients (deliverable). Select experts for clinical meetings, complete Delphi process, report on applicability and replicability of criteria, finalize results on cost effectiveness analysis, identify target population, key characteristics to standardize criteria and Delphi process, expert meeting (Oct 2015) and joint WP6 and WP7 publication (Dec 2015).
- **Collaboration with other WPs.** Working with WP4 (Delphi and PKE), WP7 (data analysis) and WP1 (policy maker dissemination).
- **Dissemination.** Publication of 6 papers (EJIM), a letter to Lancet editorial, conference and extended database analysis at scientific level. At policy level, conference “Baltic Family Medicine”. Next dissemination activities at European Health Forum Gastein and Multimorbidity Conference.

Key points of debate:

- **Latest progress.** Analyses of databases on multimorbidity completed. Due to large heterogeneity, each partner analysed its own database. Decision to establish grounds for further research by agreeing on a definition so commonalities between databases are being explored. It is being proposed to consider the definition of a model that can be used across countries. Expert meeting are to agree on a list of recommendations focused on the clinical perspective.

- **Dissemination.** Multimorbidity conference of 27th October: four people from WP6 have been invited to attend a workshop at the end of June to prepare this conference. Eibhilin Manning invited the JA-CHRODIS to provide a list of experts/relevant stakeholders to be invited to the conference from (requirement active participation in discussion).

➤ **Action:** WP1 will request all WPs to send names that would be suitable to participate actively in the multimorbidity conference.

Diabetes case study (WP7)

Presenter: Angela Giusti (WP7 leader team member)

Summary of presentation:

- **Latest progress.** Questionnaire on practices for prevention and management of diabetes data collection (1st phase data analysed, report drafted and criteria for practices defined). Second phase ongoing).
- **Next steps.** Analysis of practices reported by partners, SWOT analysis of national policies, work on policy briefs on National Diabetes Plans (NDP). Milestones & deliverables: Expert overview on successful strategies to improve prevention of diabetes and the quality of care for people with diabetes. Workshop to analyze collected data on processes in NDP development, implementation, sustainability (December 2015) joined with expert/ policy maker meeting (Oct 2015).
- **Collaboration with other WPs.** Collaboration with WP6 co-leader on the study on influence of diabetes on health care resources usage in multimorbidity patients, with project EMPATHiE (collating and reviewing results relevant to diabetes) and EIP-on-AHA on B3 action group “Maturity model for the assessment of integrated care services”.
- **Dissemination.** Policy briefs on NDP, workshop on “How to do policy speak” (policy level), future publication of paper on Annals of ISS and participation at the AMD national congress (scientific level).

Key points of debate:

- **Working with other WPs.** Collaboration with project EMPATHiE and with WP6 to study the national databases on diabetes. WP4 suggested completing a Delphi for WP7. Coordinator recommended discussing this issue further when WP7 leader present at [SIII-1. Alignment of the WPs Work Plans](#)

Platform of Knowledge Exchange progress (WP4)

Presenter: Enrique Bernal (WP4 leader)

Summary of presentation:

- **Latest progress.** Delphi I on health prevention & promotion completed including final report (D1). Delphi II on organizational interventions (with particular emphasis in interventions on multimorbid patients): deadline for 1st round questionnaire extended till 15th June to include more experts; upcoming weeks to analyse results and development of 2nd questionnaire. Delphi III (activities started earlier than described: literature review

completed and identification of experts undergoing -experts' details facilitated by EPF). PKE: metadata user profiles designed, clearinghouse and digital library search results screen designed, and convergence with EIP-AHA in the digital library through a proposal

- **Next steps.** Clearinghouse content data model, programming PKE user search interface, practice submission form D1, practice assessment application D1, clearinghouse piloting D1, WP4 business model draft, EIP-AHA convergences in the digital library to be introduced, browsing contents for digital library and help desk integration.
- **Collaboration with other WPs.** Working with WP5 on Delphi 1, WP6 on Delphi 2 and WP7 on Delphi 4. Liaising with WP2 on PKE-JA-CHRODIS web, with WP3 on indicators and WP1 on the digital library
- **Dissemination.** At scientific level one "Geriatrics Annual Conference in Aragon" and at policy level "Chronic Diseases and Healthy Ageing" and "European Summit on Innovation for Active and Healthy Ageing". Envisaged 4 papers from the Delphi process.

Key points of debate:

- **Latest progress.** Delphi I (report completed),
 - **Action:** *Distribute Delphi I report to EB members*
- **Next steps.** From Sep-Nov piloting of PKE, validation process 2 weeks. If volunteers needed for piloting phase, WP4 will provide further indications to WP leaders to cascade information to other partners as possible volunteers.
 - **Action:** *WP4 leader to indicate if volunteers needed for piloting phase and provide timeframe.*
- **Working with other WPs.** Questionnaire on Health Promotion and Prevention (WP5) completed. Length of WP5 questionnaire may difficult users in the evaluation process of the PKE. Questionnaire will need to be reduced/ cut for the PKE although all the information from the questionnaire will be included in the WP5 July report. WP5 and WP4 agree on establishing a small working group to work on reduction of the questionnaire and the PKE clearing house needs. Further discussion followed at: [SIII-1. Alignment of the WPs Work Plans](#)

Evaluation of the JA (WP3)

Presenter: Rogério Ribeiro (WP3 co-leader)

Summary of presentation:

- **Latest progress.** Draft evaluation plan, new goals proposed: Event survey analysis, alignment of evaluation, partners satisfaction and impact beyond project.
- **Next steps.** Extend aim to prepare JA-CHRODIS impact evaluation framework. Complete evaluation plan and impact plan (end of July), data collection, midterm evaluation report (Dec 2015).
- **Collaboration with other WPs.** Working with WP1 on evaluation plan and impact plan, with WP2 on dissemination activities and WP4-7 on indicators agreed and data collection.
- **Dissemination.** Participating in the "Iberoamerican Congress of Epidemiology and Public Health" (Sep 2015) and at policy level at the Debate at Portuguese Diabetes Congress (Feb 2016).

Key points of debate:

- **Latest progress.** Currently, accelerating previous delays occurring in the evaluation work package (WP3). WP3 has collaborated with all WPs leaders receiving very good feedback in order to carry out their indicator's proposal. After TC meetings with all WPLs, new draft version of indicators should be completed by end June. Final draft version expected to be ready mid-July. Final version end of July. Once final agreement, WP3 next step will be to streamline based on data the WPs are already collecting, to make the process easier.
 - **Action:** WP3 to prepare a specific timeline for data collection from WPs in Sep/Oct so WPs are aware of what is expected (and when).
- **Next steps.** EB need to think about the evaluation of the impact beyond the project through an Impact Assessment Plan which will be drafted upon discussion. Important to know what impact is wanted/ needed from JA-CHRODIS by the European Commission (EC) and Member States (MS). Further discussions followed at: [TOPIC 1. Evaluation plan: WP activity assessment and global impact of the JA-CHRODIS](#); [TOPIC 2. Dissemination of the JA at the policy level: target groups, messages and formats](#) and [SIII-5. Governing Board](#).
- **Working with other WPs.** Concerns by partners on the lack of resources allocated directly to the evaluation of the WP. Coordinator explained that WP1, as WP2 and WP3 are horizontal work packages that give support to the JA but also require the input from all partners. WP Leaders, including Coordinator, are responsible of providing information to WP3 and WP3 is responsible of analyzing this information.

Dissemination of the JA (WP2)

Presenter: Anna Gallinat (WP2 leader team)

Summary of presentation:

- **Latest progress.** All deliverables and milestone due in 1st year achieved. Last 6 months: newsletter, communication plan work 2015, spelling and style guidelines, pending approval of authorship guidelines.
- **Next steps.** Update webpage (request made to WP leaders), newsletters and updates, draft strategy for dissemination at political level, video and translation of brochures. Ongoing input on website, social media and database.
- **Collaboration with other WPs.** Bidirectional information flow with WP4-WP7, in liaison with EIP-AHA on inclusion of projects in each other website and newsletter.

Key points of debate:

- **Next steps:**
 - **Webpage.** Webpage is not intuitive for users not familiar with the different WPs of the JA-CHRODIS. There are users unaware of the different WPs and EU project terminology but interested in the work being completed at JA-CHRODIS. It is also important to update the information as to what has been done and what is underway.

AGREEMENT:

Restructure the home page, highlighting specific topics and providing direct access to all outcomes and deliverables from home page.

- **Action:** WP2 to continue working on JA-CHRODIS home webpage considering the different outcomes of the project. Highlight published reports, outcomes, etc.
- **Action:** WP leaders to provide the information on their work during summer so WP2 can update contents.
- **Translation of JA-CHRODIS leaflets.** Already completed in English, Italian, and Lithuanian. Slovenian translation underway. WP2 also suggest in German, Portuguese and Spanish. Brochure to be translated to other languages (including co-official national languages) based on demand made by partners.
 - **Action:** WP2 to continue contact with partners on the translation of JA-CHRODIS brochure.
- **Newsletters and updates publications.** Newsletter, 3 times per year. Monthly updates to be renamed as “Latest news”. Next newsletter in July on health promotion. Monthly technical report includes now 2 new questions on dissemination. Information included in these questions will be used by WP2 for dissemination purposes.
 - **Action:** WP leaders to complete dissemination questions on monthly reports considering also an external audience.
- **Video JA-CHRODIS.** It will be completed by the end of August; to start using in Sept-Oct. Information on video has been forwarded to partners as supporting documents.
 - **Action:** EB members to provide feedback to WP2 by end of June on scenario propose on video.

SESSION II. REVIEW OF THE HIGHEST PRIORITY PROJECT ISSUES TOWARDS SUSTAINABILITY

See presentations at:

<http://www.chrodis.eu/wp-content/uploads/2015/09/JA-CHRODIS-EB-JUNE2015-SII-Priorities.pdf>

TOPIC 1. Evaluation plan: WP activity assessment and global impact of the JA-CHRODIS

Presenter: Carmé Carrion (WP3 leader)

Evaluation WP (WP3) defining indicator (quantitative and qualitative) outputs and outcomes of the JA-CHRODIS considering the GA as to the work that needs to be accomplished.

- **Why Impact assessment of the JA?** Right now, the evaluation conducted relates to monitoring the development of JA-CHRODIS; however, the evaluation process needs to consider the impact of the JA at the medium and also long term. JA-CHRODIS objectives need to be cleared and a roadmap designed.

AGREEMENT:

EB agrees on the need to include an Impact Assessment Evaluation proposal in the Evaluation Plan.

EB agrees on the potential implicit results that JA-CHRODIS has: improvement of policies, programmes, and interventions directed to addressing chronic diseases through the exchange of good practices.

- **Action:** *WP leaders to review the statement presented on implicit results to apply it when developing activities.*
- **Proposal of dimensions of JA-CHRODIS for impact evaluation.** WP leaders were presented with 4 dimensions to consider for the impact assessment and evaluation of JA-CHRODIS: Addressing chronicity, selection of potential good practices; Facilitate exchange & transfer, building PKE; Promote exchange and transfer, transferability of good practices; and Effectiveness (main objective). EB members discussed dimensions presented and agreed on 3 dimensions: 1) addressing health promotion and chronic care prevention, 2) facilitate exchange of practice transfers and 3) effectiveness: exchange and transfer of practices (this last dimension incorporates 2 of the initially proposed dimensions).
 - **Action:** *WP3 will work on a proposal of indicators for these dimensions.*
 - **Action:** *EB members to review dimensions proposed and comment on any suggestions.*

TOPIC 2. Dissemination of the JA at the policy level: target groups, messages and formats

Presenter: Ingrid Stegeman (WP2 leader)

Target audience and dissemination activities. JA-CHRODIS is currently disseminating information about its work to a broad range of stakeholders (about 1200 contacts currently in the database). We should at this stage focus, in addition, on identifying the most important stakeholders (those with high interest and the power to generate change) that can help the JA achieve its objectives and target messages to them. The EB acknowledges the added value of involving the Governing Board (GB) and Advisory Board (AB) and recognises the relevance of the role of the stakeholders.

Political-level dissemination strategy to include formats for focused on policy makers: Policy debates (explore European Health Observatory, with experience in conducting such events); strong final conference; hearings with Parliamentary Working Groups.

AGREEMENT:

AB and specially GB should be considered a priority target group.

- **Action:** *WP leaders to update their stakeholder mapping and provide update to WP2.*
- **Action:** *WP's leader's and co-leaders to analyse stakeholders/key players and identify different target groups who can help us achieve our objectives and identify messages to mobilise them and to take the necessary action.*
- **Action:** *WP leaders to include dissemination activities in their WPs meetings.*

- **Action:** WP leaders to advise partners to include link to JA-CHRODIS in institutional websites.

TOPIC 3. Roadmap for collaboration with EIP-on-AHA initiative

Presenter: Teresa Chavarría (JA-CHRODIS Coordinator) and Enrique Bernal (WP4 Leader)

Update on interactions/collaborations between JA-CHRODIS and EIPonAHA. Background information on EIP-on-AHA repository presented (should be completed by end of June, self-evaluation process and practices will be labeled as good, notable and promising). Issues were raised on EIP-on-AHA practice categories). It was suggested to build awareness and request support from Governing Board (GB) representatives on: categories for practices can be established if following a rigorous evaluation process with transparent and explicit criteria such as the method used in JA-CHRODIS. This is an important value of JA-CHRODIS. In addition, having two different assessment systems can create confusion among users. JA-CHRODIS coordinator is in communication with CHAFAEA and DG-Sante regarding the possible overlaps and synergies of both platforms. Areas of overlap exist; however, the recommendation is to focus on what each repository adds value to, look for synergies so that both platforms can communicate in the future. It is relevant to ensure that users understand the differences and crucial for the JA-CHRODIS to outreach it's values and goals.

- **Action:** Coordinator to distribute minutes to EB from teleconference with CHAFAEA on collaboration with EIP-on-AHA.
- **Action:** EB members to transmit to GB differences with EIP-on-AHA and request their support avoiding possible overlaps and confusion between both repositories (*see Post meeting note*).
- **Action:** WP2 and WP1 to develop a set of slides to be included in all JA-CHRODIS presentations indicating the strengths of JA-CHRODIS.

SESSION III: OPEN STRATEGIC DECISIONS

See presentations at:

<http://www.chrodis.eu/wp-content/uploads/2015/07/JA-CHRODIS-EB-JUNE2015-SIII-Strategic-Decisions.pdf> **SIII-1. Alignment of the WPs Work Plans**

Presenter: Teresa Chavarría (JA-CHRODIS Coordinator)

- **Upcoming events.** The following months' calendar was reviewed. Discussed dates: 26th Oct proposed date for Parliament high level meeting (contact with Ms. Maria Heilskou Pedersen, Advisor at the permanent representation of Denmark to the EU); 27th Oct multi-morbidity conference in Brussels, 28th multimorbidity clinical expert meeting (WP6); 20th of October Workshop on Health Communication to Policy Makers (WP7); 21st of October Advisory Board meeting proposed coinciding with the Workshop WP7, 24rd-25th November, Health Promotion Conference (WP5) (to consider a GB meeting

the coinciding with this event). Dates will be double checked with different Boards and EC.

➤ **Action:** *EB members to check its availability for these events and feedback to WP1.*

- **WPs collaboration.** WP5 proposed to establish a collaboration group between WP5, WP6 and WP7 with WP4 to ensure alignment and a common approach when designing interface for the clearing house-PKE. It proposes to establish a collaboration group to bridge the work between WP4 and WP5 which will set the structure for the rest of questionnaires. WP4 concerns about timeframe (by Aug questionnaire reduction needs to be completed as piloting of the questionnaire starts in Sep-Nov). WP4 will lead the process of reducing questionnaire developed in WP5 and will review impact on timing. Information on timing and results from activities of this group will be shared by WP4 with WP6 and 7.

AGREEMENT:

Establish a group led by WP4 (developing PKE) in collaboration with WP5 (health promotion and prevention) to reduce WP5 questionnaire to better adjust it to PKE user's needs and exchange ideas on the interface.

➤ **Action:** *WP5 leader will provide WP4 with contact people to establish working group.*

➤ **Action:** *WP4 to lead group with WP5 in the reduction of the questionnaire to be submitted to PKE. WP4 leader will analyse if reduction needs to be completed in July.*

➤ **Action:** *Coordinator proposes WP4 to prepare a workflow chart at the user-level of the PKE to contribute to clarifications to all WPs.*

- **Coordination of WP4 and WP6.** WP4 and WP6 have agreed on timings for first, second and panel meeting of Delphi 2.

- **Coordination of WP4 and WP7.** WP4 and WP7 agree on developing a Delphi on Diabetes based on the selection criteria already identified by WP7 experts (detection and prevention focused high risk people, health promotion, management, education). These criteria will be reviewed and weighted by a panel of experts (WP7 partners to be included). For the criteria on health promotion, results from Delphi 1 could be integrated. WP7, WP4, WP5 to do this exercise. Timeline: Dec. of 2015 WP7 drafts recommendations for prevention and management of diabetes ; Jan. 2016 setting the questionnaire, Feb.-March 2016, round questionnaires, face-to-face meeting to be determined. WP4 suggested reducing current number of indicators to no more than 60. WP4 needs to check dates to attend meeting with WP7 partners in Oct 2015 to explain PKE process.

➤ **Action:** *WP7 and WP4 to jointly work on the Delphi process using criteria developed within WP7. WP4 to check availability to attend WP7 meeting to explain process to WP7 partners in Oct 2015.*

SIII-2. Key Questions on the PKE

Presenter: Enrique Bernal (WP4 leader)

- **Evaluation of practices.** WP4 leader presents Key Question on PKE functionalities discussed between WP4 partners:
 - Score publication? Agreed “Scores available to the submitter & help desk”. Important to link the description of the practice with the assessment score.
 - Discard practices? Agreed Yes. Quality threshold is a goal of JA-CHRODIS. Discussed that even if below threshold it would be good to have all practices evaluated on display so a user can see if practice has been evaluated or not (if missing and not on displayed, user unsure if practice is not there because it is below threshold or because it is a low weighted practice). If a user does not agree on evaluation results WP4 leader thinks the system will allow for deletion of a practice at the submitter’s request.
 - Labeling practices? Agreed to use flags to identify “Best, Good and Candidate” practices to incentive improvement and recognize quality standards. WP4 leader clarifies that this terminology will not be explicitly used to categorise the practices. Instead, they will be labeled using colour coded flags). Definition of categories under each label will be displayed.
 - Digital Library Peer review? Agreed to define only a Supervision role to avoid inappropriate content.
 - Delphi experts as RV/RF candidates? Agreed “Yes” and should have accredited international expertise.
 - RV/RF selection process? Agreed “Yes”. Upon a CV evaluation and Executive Board final decision.
 - PKE “clients”. Agreed “Yes”, although there is concern on a risk of focus dispersion. Coordinator comments that dispersion can be avoided if the PKE’s services and products are well defined and target groups previously engaged. Discussed if a patient is a target of the PKE. Coordinator comments that Patient Associations can be and should be a target group but JA-CHRODIS is not meant to be a tool for patients to decide where they can be better treated. JA-CHRODIS does not build policies; it paves the way for a potential improvement on health policies.

AGREEMENT:

EB agrees on the results presented by WP4 leader from key Questions of PKE.
 WP4 to work in liaison with EB members on the labelling of practices evaluate.
 WP4 to continue developing PKE in close collaboration with WP leaders.

- **Action:** WP4 in liaison with EB member to review labelling of evaluated practices.
- **Action:** WP4 to develop at standard text on the evaluation outcome of practices submitted and dimensions evaluated and consider comment of EB regarding deletion of practices in PKE.

- **Evaluators.** WP4 evaluating CVs (it is being a demanding task).

AGREEMENT:

If someone has already a practice in PKE, s/he can become an evaluator; also Delphi experts can be entitled to become evaluators.

- **Search engine.** Questions discussed on search interface of the PKE. It is envisaged that it will be completed through ticking boxes of target groups, disease, and type of practice. There will be a basic and advance search. WP4 needs to review how this search and search terms can be completed. WP4 leader pointed out that as an IT tool, the PKE has room for further development including new aspects such as feedback from users and learning process.

AGREEMENT:

It is essential establish definition of PKE in terms of users, target groups for all partners understand the usage expected from the PKE.

SIII-5. Governing Board

Presenter: Paloma Casado (Coordinator GB)

- **Workflow with GB.** Governing Board (GB) key role in JA-CHRODIS regarding its strategy and sustainability. The communication workflow between EB and GB: JA-CHRODIS deliverables will be sent to GB for information or for feedback (to be provided in a timeframe of 4 weeks) under a list of four reviewing criteria: Do results align with the interests of your country in addressing chronicity? Barriers for implementation in your country? Facilitators for the application in your country? Feasible to apply in your country?
 - **Action:** *EB to provide feedback to GB on the deliverables identified for feedback or only for the information of the GB.*
- **Input and support from GB.** Work plan with GB includes a survey to identify the needs and priorities of GB members at their national level. GB can facilitate discussion among users of barriers and facilitators of the implementation of a practice.
 - **Action:** *Conduct survey to GB on needs and priorities of Countries and Member States.*
- **Communication to GB.** Agreed that GB is a priority target group for JA-CHRODIS communication. Our communication tools (newsletter, lasts news, website) should include messages focused on this target group. Organization of workshops at the national level with WP partners is also proposed (to be developed in 2016-2017?).
- **Other formats:** policy briefings are identified as a suitable format to build awareness and inform policy makers (including GB members) on JA reports and progress.
 - **Action:** *WP2 to propose a specific structure for the reports produced by the JA.*
 - **Action:** *WP2 to consider GB as target audience for the newsletter.*

- **Actions:** WP leaders to provide information on activities/results through monthly report keeping in mind GB.

SIII-3. Definition of good practice in the framework of the JA-CHRODIS

Presenter: Marina Maggini (WP7 leader)

Discussion on the need for a definition of “good practice” in the frame work of JA-CHRODIS. EB agrees on using a definition of good practice from a conceptual perspective and an operational definition for each domain established in the evaluation process of the PKE. Conceptual definition allows partners to work in the same framework. Operational definition allows integrating the context of practices.

AGREEMENT:

To use the definition proposed by the FAO (found at Capacity Development Portal Fostering knowledge sharing and learning) as a basis for the conceptual definition.

To establish operational definitions of good practices for each domain of the evaluation process of the PKE.

- **Action:** WP7 leader will propose a written conceptual definition on “good practice” to EB members for final approval.

SIII-4. Process of practice exchange and transfer

Presenter: Teresa Chavarria (Coordinator)

First discussion on how the process of practice exchange and transfer will take place. Need to identify levels of transfer and exchange and the key players for each level.

Transfer at the PKE level: transfer in and transfer out of practices. For the transfer in, JA-CHRODIS partners can send practices and promote transfer at the national, regional and local level (dissemination plays a key role). Regarding the transfer out of practices (clearing house), it is for the Governing Board, policy makers will be key players and relevant target groups for engagement. JA-CHRODIS can learn from the twinning process of EIP-on-AHA scale up road map to increase the exchange of practices.

At the JA-CHRODIS level, a roadmap needs to be described to promote the exchange of practices. It was suggested for JA-CHRODIS partners to organise national/ regional meetings in collaboration with their GB member through 2016.

- **Action:** Explore EIPonAHA's (Eibhilin Manning) the twinning process.
- **Action:** Define a roadmap for transfer of practices, identifying processes, key players and target groups for engagement.
- **Action:** Further discuss the organization of meetings at the national/ regional of partners engaging the GB to promote the use and exchange of practices through the PKE (see Post meeting note).

CONCLUSIONS

- Relevant progress at WP, starting to produce outputs/outcomes and working on additional results apart from strict deliverables, enriching JA.
- Important achievements: Health Promotion (WP5): 14 country reviews on Health Promotion and overview report; Delphi 1 completed. Multimorbidity (WP6): draft list of criteria, good practice list and expert group for Delphi 2 completed. Field survey finalized. Diabetes (WP7); 1st phase data analysed, report drafted and criteria for practices defined. Delphi for Diabetes agreed. Platform of Knowledge Exchange (WP4): PKE: metadata user profiles designed clearinghouse and digital library search results screen designed, and convergence with EIP-AHA in the digital library through a proposal. Evaluation Plan (WP3): draft evaluation plan, proposal for WP evaluation indicators. New goals proposed: Event survey analysis, alignment of evaluation, partners satisfaction and impact beyond project. Dissemination (WP2): newsletter, communication plan work 2015, spelling and style guidelines, improvement on web page, pending approval of authorship guidelines.
- There is good communication between WP leaders; however, we still need to work on better alignment across WPs.
- WP3 developing quality work, achieving tasks on time and collaborating with all WP leaders. Congratulations to WP3 partners for their achievements and rest of WP leaders for their support and cooperation with WP3.
- EB working hard to consolidate a common vision. Now important to spread this vision to partners within WP.
- Dissemination is key during this year and 2016 and it is essential to focus our message on the Governing Board and EU, national and regional level policy makers. Workshops and Conferences are an opportunity for engaging and reaching out to relevant target groups.
- JA-CHRODIS needs to make clear its added value: our scope chronic diseases across the life cycle; our identity high quality methodology and results; strengths Governing Board and network of professionals/stakeholders and our goal to facilitate and promote the transfer and exchange of practices across Europe.
- Potential impact: improve working methodologies of and for professionals and improve policies, and above all improve the wellbeing and lives of chronic patients and their families.

Post meeting note

Following discussions after this meeting, it has been clarified and agreed by all Executive Board members as indicated by the Governing Board secretariat that the Governing Board can maintain a dialogue with Executive Board and develop activities always under what is established in their Terms of Reference (ToR).

LIST OF AGREEMENTS REACHED

- ✓ Content on JA-CHRODIS website: restructure the home page, highlighting specific topics and providing direct access to all outcomes and deliverables from home page.
- ✓ EB agrees on the potential implicit results that JA-CHRODIS has: improvement of policies, programmes, and interventions directed to addressing chronic diseases through the exchange of good practices.
- ✓ AB and specially GB should be considered a priority target group.
- ✓ Establish a group led by WP4 (developing PKE) in collaboration with WP5 (health promotion and prevention) to reduce WP5 questionnaire to better adjust it to PKE user's needs and exchange ideas on the interface.
- ✓ EB agrees on the results presented by WP4 leader from key Questions of PKE.
- ✓ WP4 to work in liaison with EB members on the labelling of evaluated practices.
- ✓ WP4 to continue developing PKE in close collaboration with WP leaders.
- ✓ If someone has already a practice in PKE, s/he can become an evaluator; also Delphi experts can be entitled to become evaluators.
- ✓ It is essential establish definition of PKE in terms of users, target groups for all partners understand the usage expected from the PKE.
- ✓ To use the definition proposed by the FAO (found at Capacity Development Portal Fostering knowledge sharing and learning) as a basis for the conceptual definition.
- ✓ To establish operational definitions of good practices for each domain of the evaluation process of the PKE:

SUMMARY OF ACTIONS TO BE TAKEN

Below are the actions to be taken requiring the collaboration of different EB members or WP leaders including actions for the strategic direction of the JA-CHRODIS. WP leaders will continue with the development of WP activities.

WHAT	WHO
<i>Send official labelling of the deliverables according to GA for reports to be correctly identified to its deliverable.</i>	WP1
<i>Consider labelling milestones with numbers within WP, to facilitate identification of them in the official documents</i>	EB
<i>Provide partners with general information on European Commission's (EC) financial costs and rules for JA, and inform WP3 on 1st pre-financing payment from EC</i>	WP1
<i>Analyse in the Dissemination slot of the agenda what meetings GB and AB could participate in.</i>	EB
<i>All WPs to send names that would be suitable to participate actively in the multimorbidity conference.</i>	WP1-EB
<i>Distribute Delphi I report to EB members</i>	WP1
<i>Indicate if volunteers needed for piloting phase and provide timeframe.</i>	WP4
<i>Prepare a specific timeline for indicators data collection from WPs in Sep/Oct so WPs are aware of what is expected (and when).</i>	WP3

<i>Continue working on JA-CHRODIS website homepage considering the different outcomes of the project. Highlight published reports, outcomes, etc.</i>	WP2
<i>Provide information on WP (e.g. updated descriptions, meetings, outcomes) during summer so WP2 can update contents.</i>	WP leaders – WP2
<i>Continue contact with partners on the translation of JA-CHRODIS brochure.</i>	WP2
<i>Complete dissemination questions on monthly reports considering also an outsider audience.</i>	WP leaders
<i>Provide feedback to WP2 by end of June on scenario propose on video.</i>	EB
<i>Review the statement presented by WP3 on implicit results to apply it when developing activities.</i>	WP leaders
<i>Work on a proposal of indicators for these dimensions.</i>	WP3
<i>Review dimensions proposed and comment on any suggestions.</i>	EB
<i>Update stakeholder mapping and provide update to WP2.</i>	WP leaders
<i>Identify 'key priority' stakeholders, including GB, and - gear dissemination towards them.</i>	All WP leaders
<i>Include dissemination activities in internal WPs meetings.</i>	WP leaders
<i>Advise partners to include link to JA-CHRODIS in institutional websites.</i>	WP leaders
<i>Distribute minutes to EB from teleconference with CHAFAEA on collaboration with EIP-on-AHA.</i>	WP1
<i>Transmit to GB differences with EIP-on-AHA and request their support avoiding possible overlaps and confusion between both repositories.</i>	EB
<i>Develop a set of slides to be included in all JA-CHRODIS presentations indicating the strengths of JA-CHRODIS.</i>	WP2 & WP1
<i>Check availability for upcoming events and feedback to WP1.</i>	EB
<i>Provide WP4 with contact people to establish working group.</i>	WP5
<i>WP4 to lead group with WP5 in the reduction of the questionnaire to be submitted to PKE. WP4 leader will analyse if reduction needs to be completed in July.</i>	WP4 & WP5
<i>Prepare a workflow chart at the user-level of the PKE to contribute to clarifications to all WPs.</i>	WP4
<i>Update on the Business Plan for the PKE</i>	Coordinator-WP4
<i>WP7 and WP4 to jointly work on the Delphi process using criteria developed within WP7. WP4 to check availability to attend WP7 meeting to explain process to WP7 partners in Oct 2015.</i>	WP4 & WP7
<i>Review labelling of evaluated practices.</i>	WP4 & EB
<i>Develop at standard text on the evaluation outcome of practices submitted and dimensions evaluated and consider comment of EB regarding deletion of practices in PKE.</i>	WP4
<i>Provide feedback to GB on the deliverables identified for feedback or only for the information of the GB.</i>	EB
<i>Conduct survey to GB on needs and priorities of Countries and Member States.</i>	WP1 & GB
<i>Propose GB to provide feedback to EB as how it can support JA-CHRODIS regarding the EIP-on-AHA.</i>	WP1 & GB
	WP2
<i>Consider GB as target audience when developing the content for the newsletter.</i>	WP2
<i>Provide information on activities/results through monthly report keeping in mind GB.</i>	WP leaders
<i>Propose a written conceptual definition on "good practice" to EB members for final approval.</i>	WP7
<i>Explore EIPonAHA's the twinning process.</i>	WP1

<i>Define a roadmap for transfer of practices, identifying processes, key players and target groups for engagement.</i>	EB
<i>Further discuss the organization of meetings at the national/ regional of partners engaging the GB to promote the use and exchange of practices through the PKE.</i>	EB

ANNEX I: AGENDA



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6th JA-CHRODIS EXECUTIVE BOARD MEETING

Venue: Centro Studi Linda e Achille Lorenzon
Viale G. Oberdan 5, 31100 – Treviso, Italy

DAY 1. 11th of June, 2015. 9:00 h- 17:00 h.

9:00-9:15 Welcome by host and coordinator.

Session I: Overview of progress made in the JA-CHRODIS. 9:00 - 13:30.

9:15- 13:30 Report of coordinator and WP leaders on deliverables, milestones and activities (already developed and foreseen in the next 6 months). Please see Annex Rationale and Guidelines for Part I presentations (page 3).

Guided Discussion: Coordinator.

9:15-10:35	Coordination of the JA. (WP1).
10:40-11:00	Health Promotion and Prevention (WP5).
11:05-11:25	Multimorbidity (WP6)
11:25-12:00 Coffee Break	
12:00-12:20	Diabetes Case Study (WP7)
12:25-12:45	Platform of Knowledge Exchange (WP4)
12:50-13:10	Evaluation of the JA (WP3)
13:15-13:35	Dissemination of the JA (WP2)
13:35-14:30	Lunch Time

Session II: Review of highest priority project issues towards sustainability. 14:30-17:00.

This slot would be dedicated to review of the 3-5 highest priority items of the project that play an important role on our final outcomes and sustainability. In case they are items with a high level of risk, they should be backed by mitigation or alternative proposals (if it proceeds). Please see Annex Rationale and Guidelines for Part II presentations (page 3-4).

TP1	14:30-15:15 (45 minutes)	Topic Proposal 1: Evaluation plan: WP activity assessment and global impact of the JA-Chrodis. Presentation: WP3 (with support of the Coordination Team) Guided Discussion: Coordinator.
TP2	15:15-16:00 (45 minutes)	Topic Proposal 2. Dissemination of the JA at the policy level: target groups, messages and formats. Presentation: WP2 (with support of the Coordination Team). Guided Discussion: Coordinator
TP3	16:00-16:45 (30 minutes)	Topic Proposal 3: Road Map for collaboration with the EIPonAHA initiative. Presentation: WP Leaders involved. Guided Discussion: Coordinator.
	16:45-17:00	Wrap up (Coordinator)
	Social event organized by host	



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Day 2 (12th of June, 2015). 9:30-13:30.

Session III: Open Strategic Decisions. 9:30-13:30.

Review and discussion of open key decisions to be made by the Executive Board. Please see Annex Rationale and Guidelines for Part III presentations (page 5).

SIII.1	9:30-10:10	Alignment of the WP's Work Plans Presentation: Coordinator. Guided Discussion: Management team
SIII.2	10:15-11:00	Key Questions on the Platform of Knowledge Exchange: Summary of the report of consultation among WP4 partners on the key questions for the PKE. Presentation: WP4 Leader. Guided Discussion: Coordinator
11:00-11:15 Coffee Break		
SIII.3	11:15-11:40	Definition of Good Practice in the frame work of the JA-Chrodis. Presentation: WP7 Leader. Guided Discussion: Coordinator
SIII.4	11:45-12:10	Process of Practice Exchange and Transfer Presentation: Coordinator Moderator: WP7 Co-Leader
SIII.5	12:15-12:40	Governing Board (Work plan, Work flow, and interaction with the JA-Chrodis). Presentation: Ministry of Health Guided Discussion: Coordinator/Ministry of Health

Session IV: Wrap up: Final conclusions, next steps and celebration of achievements! 12:45-13:30.

Coordinator will present a general overview of the progress, final conclusions of the meeting and the next steps to be taken by the JA-CHRODIS regarding decisions and agreements.

12:45-13:15	Concluding Remarks and Next steps. Coordinator
13:15-13:30	Q&A. Celebration of Achievements.
Lunch and Departure 13:30-14:30	





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ANNEX: RATIONALE AND GUIDELINES FOR PRESENTATIONS

Session I: Overview of the progress of the JA-Chrodis. 9:00 - 13:30.

- **Rationale:** This section will be dedicated to the report of coordinator and WP leaders on the progress on deliverables, milestones and activities of the WP.
- **Objective:** Acquire per work package a general overview of the main achievements and activities foreseen for the next 6 months.
- **Expected Outcome:** Have a clear overview of the work developed during the first semester and the future main activities and deadlines to be accomplished by all WPs. Contribute to the common view of the JA.
- **Resources:** Management team will provide template slides for your best convenience.
- **Time for presentations:** Each WP Leader/Co-leader will have 10 minutes of presentation.
- **Discussion and/or Q&A:** for each WP will be of 10 minutes.
- **Presentations:** will include preferably in this order information on:
 1. Deliverables. Achieved deliverables (if it proceeds), review of deliverables to be accomplished in the next 6 months and their associated deadline dates (including delays if it proceeds).
 2. Milestones. Accomplished milestones (if it proceeds), review of key milestones and their associated deadline dates (including delays if it proceeds).
 3. Activities 1: Accomplished activities and recent outcomes.
 4. Activities 2: Review of activities to be developed in the next 6 months and their associated time-line.
 5. Collaboration between work packages and/or other initiatives (when applicable).
 6. Dissemination activities -scientific and policy level- (when applicable).

Session II: Review of highest priority project issues towards sustainability. 14:30-17:00.

- **Rationale:** This section will be dedicated to identify and discuss high priority issues for an appropriate global development of the JA towards sustainability.
- **Objective:** Review of the 3-5 highest priority items of the project that play a relevant role on the sustainability of the JA with the aim of beginning the development of a sustainability plan for the outcomes of the JA.
- **Expected Outcome:** Achieve a common vision on the most important steps needed to be taken to develop and achieve a sustainability plan for Chrodis.
- **Resources:** Management team will provide template slides if needed.
- **Time for presentations:** Each WP Leader/Co-leader will have 10 minutes of presentation.
- **Discussion and/or Q&A:** The rest of the slot in each case will be dedicated to the discussion, agreement and concluding remarks of the EB.
- **Presentations:** Will clearly establish:
 1. Relevant information of the topic.
 2. Level of risk of the topic.
 3. Contingency or mitigation plan (if applicable).
 4. Questions addressed to the EB.





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Session II Rationale of Priority Topics.

- Evaluation plan: WP activity assessment and global impact of the JA-Chrodis.
Presentation: WP3 and Coordinator. Guided Discussion: Coordinator.

Rationale: WP3 has and been working on the development of the Evaluation Plan of the JA-Chrodis, giving priority to the evaluation of activities at the WP level, proposing a set of indicators related to the activities/milestones/deliverables of the JA. This assessment will guarantee two things: re-orientation of work upon results and recommendations and developing a global evaluation report of the JA at the end of the project. Nevertheless, an important goal of the JA-Chrodis is achieving mid-long term sustainability after its finalization. To this regard, it is important that we consider that an important element for the mid-long term sustainability will be the impact assessment of the JA. Two basic elements are needed to begin work in terms of impact evaluation: 1) Focusing on a common Vision of the JA, supported by EB, Associated Partners and Governing Board and 2) A proposal of impact evaluation indicators for the JA. Discussions around this topic would focus on: the agreement of developing an impact evaluation proposal and our Common Vision of the JA.

- Dissemination of the JA at the policy and health professional's level: target groups, messages and formats. Presentation: WP2 and Coordinator. Guided Discussion: Coordinator.

Rationale: One of the JA-Chrodis priorities for this year is the dissemination at the policy level, with the aim of strengthening the relevance of Chronic Conditions across Europe and specially to build awareness around the JA-Chrodis goals, activities and final outcomes, which are oriented to the benefit of State Members and countries in Europe. The JA-Chrodis has included specific activities focusing on Policy Makers audiences. JA-Chrodis needs also to continue disseminating its activity to the community of health care professionals, ensuring JA-Chrodis product is not only known but also used by them in terms of exchanging and transferring practices. This slot would be dedicated to review these actions and propose others. WP2 could propose recommendations on how to reach Policy makers in presentations, documents and propose new formats for dissemination.

- Road Map for collaboration with the EIPonAHA initiative. Presentation: Involved WP Leaders. Guided Discussion: Coordinator.

Rationale: The JA-Chrodis, as established in the GA, is collaborating with the EIPonAHA initiative through several WPs with the aim of sharing experiences and seek for convergence towards the sustainability of the JA. This slot would be dedicated to review with detail in each Work package the level of interaction and the Road Map for collaboration in the next 6 months.





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Session III: Open Strategic Decisions. 9:30-12:40.

- **Rationale:** This slot would be devoted to review and discuss open key decisions to be made by the Executive Board.
- **Objective:** Share with EB members information related to strategic items of Chrodis that need a decision from EB.
- **Expected Outcome:** Make a final decision or reach a final agreement on topics relevant for the development of Chrodis. Take knowledge of the implications underlying these decisions.
- **Resources:** Coordinator team will provide template and when needed information.
- **Time for Presentation:** WP Leader/Co-leader will have 10 minutes of presentation of the decision topic.
- **Discussion:** The rest of the slot in each case will be dedicated to the discussion and final agreement of the EB.
- **Presentations** will clearly establish:
 1. The key decisions needed.
 2. The implications of choosing a particular option.
 3. Deadlines for their accomplishment (when applicable).

Session III Rationale Open Key Decisions

- **SIII.1. Alignment of the WP's Work Plans.** Presentation: Coordinator. Moderator: Management team, Catalina del Río and Patricia Cediell.

This slot will be dedicated to have a general overview of relevant tasks of work packages, identify the ones that need to be aligned and seek for possible synergies and complementarities. The main goal is to develop work in a more efficient and collaborative way.

- **SIII.2. Key Questions on the Platform of Knowledge Exchange.** Presentation: WP4 Leader, Enrique Bernal. Moderator: Coordinator, Teresa Chavarría.

WP4 Leader, Enrique Bernal, will present a summary of the results upon the open questions launched to WP4 partners on relevant functionalities of the Platform of Knowledge Exchange. Based on these results and their expertise, Executive Board members will provide their opinions and reach a final agreement on the raised questions.

Expected outcome: Decisions made on this subject will provide WP4 leader with relevant information for the immediate development of the PKE and will contribute to the future outcomes of the JA-CHRODIS.

- **SIII.3. Definition of Good Practice.** Presentation: WP7 Leader, Marina Maggini. Moderator: Coordinator, Teresa Chavarría.

WP7 Leader, Marina Maggini, will present background information for the (JA-CHRODIS) definition of good practice. The goal is to discuss on the pros and cons of building a definition of "Good Practice". Debate will focus on two basic issues: the added value of having a reference definition of good practice in the frame work of the JA-CHRODIS and the elements that this definition should include.

5



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- **SIII.4. Process of Practice Exchange and Transfer.** Presentation: Coordinator, Teresa Chavarría. Moderator: WP7 Co-leader Jelka Zalatel.

This slot will be dedicated to discuss the roadmap towards the process of exchange and transfer of good practices, identifying the relevant elements and priorities needed to accomplish the process with success.

“The objective of CHRODIS-JA is 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.”

The scenario for the practice transfer and exchange can be built on a process with five steps being developed by the JA-CHRODIS WPs:

1. Addressing chronic conditions through the revision of literature and national plans.
 2. Identifying potential good practices and selecting them based on criteria established at the WP level.
 3. Facilitate exchange & transfer through the Development of a platform of Knowledge Exchange.
 4. Promote exchange & transfer through collaborations with other initiatives (e.g. EIP-AHA), interaction and dissemination among stakeholders, outreach activities focusing on policy makers and health professionals, organizing conferences, seminars and participating in relevant events.
 5. Transfer of good practices by identifying health professionals from the communities contacted before in need or willing to transfer a good practice to their own context.
- **SIII. 5. Governing Board (Work plans, Work flow, and interaction with the JA-Chrodis).** Presentation: Paloma Casado, Ministry of Health. Guided Discussion: Coordinator/Ministry of Health.

The Governing Board plays respectively a mayor role on the technical development and sustainability of the JA. This slot would be dedicated to discuss a proposal of work plan for both AB and GB, agree on the general work flow, communication and interaction with WP Leaders and agree on dates for the next meetings.

