Evaluation Plan

The monitoring and impact assessment framework for JA-CHRODIS

Part I: Monitoring

CHRODIS
ADDRESSING CHRONIC DISEASES & HEALTHY AGEING ACROSS THE LIFE CYCLE

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Executive Summary

The monitoring and impact assessment framework for JA-CHRODIS has been designed in two different parts that can be understood separately but complement each other so as to reach full meaning only in combination.

This document describes the Monitoring framework, which has to do with the activities performed in the JA-CHRODIS in order to reach its objectives. It is a framework to compare the activities actually developed to the initial plan of activities, basically those implicit in the deliverables and milestones.

By contrast, the Impact Assessment framework – in a different document – will describe how to assess whether the original objectives of CHRODIS are reached, in particular the most general objective of exchanging good practices across the European Union and Associated countries and improving health care.

Both frameworks are independent to a certain extent, but they do not make full sense by themselves. Whatever the level of accomplishment of the activities of JA-CHRODIS, this is important only if the activities drive us to achieve our general objectives. In the other hand we may get good results and impact in health care, but we need to know to what extent and how did our activities influence these results.

This Part I of the Evaluation Plan has an introduction that explains the overall objective of JA-CHRODIS and the dynamics that this Joint Action is trying to launch. It continues describing the rationale and characteristics of a series of specific indicators for each Work Package, including sources of information, timelines and responsibilities. It is therefore a complete guide to monitor the progress of JA-CHRODIS against our plans, deliverables and milestones.

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Acknowledgments

Introduction

The monitoring and evaluation of JA-CHRODIS will be based on

a)   The follow-up of the activities of the Joint Action

b)   Its concept and mid-term and long-term implementation assessment

Monitoring JA-CHRODIS will be oriented towards following the activities foreseen in the Grant Agreement and verifying whether its deliverables and milestones are appropriately achieved. Also the quality of what will be achieved and the satisfaction from different stakeholders will also be included.

Impact assessment of JA-CHRODIS will be oriented to assess to what extent the objective of JA-CHRODIS is achieved. The results of the evaluation should then be interpreted in the light of the results of the monitoring, to help analyse if and how are the outcomes associated to the implementation of planned activities, together with both mid-term and long-term expectations.

While monitoring is based on the description of activities, deliverables and milestones of the JA-CHRODIS, impact assessment requires a more detailed description of the objective, that is, the process of exchange and transfer of good practices that it is supposed to be implemented by JA-CHRODIS. The framework will make a selection of dimensions related to the functions of JA-CHRODIS. Once this basis defined, the framework proposes a number of indicators related to the dimensions, and the sources of information to obtain them along with specific features to be kept in mind.

The concept of JA-CHRODIS

"*The objective of JA-CHRODIS 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*." [1]

Implicit in this sentence is the assumption that the exchange and transfer of good practices will result in improved outcomes of policies, programmes and clinical or public health interventions on chronic conditions.

According to the objective, we can review the general concepts and ideas to describe and analyse JA-CHRODIS and its work packages. They are the good practices, the exchange and transfer of good practices, the specific health problems addressed by JA-CHRODIS, and the sustainability of JA-CHRODIS.

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[1] Grant Agreement Number 2013 22 01. Annex I a (Technical annex).

Good practices

A practice is the customary or habitual way, method or modality of performing an action in a specific context under real life conditions.

In the context of JA-JA-CHRODIS, actions - and therefore practices - may mean policies, programmes, and clinical or public health interventions. They are considered practices to the extent that they are implemented in real life. Plans, guidelines or recommendations not still implemented may be considered only as examples of design.

- A policy is a general strategy with a defined objective related to a societal problem. A policy may entail a set of programmes.

- A programme is a set of coordinated actions to achieve a specific measurable societal objective, with a specific budget.

- An intervention is an action with a specific objective which, combined with other interventions, is expected to produce an outcome that contribute to achieve the objective in terms of the societal problem to be addressed.

Practices include specific organizational and operational management elements that are context-related. A practice is not a guideline but the way of applying a guideline in a specific situation and context, mediated by available resources, organizations, institutions, or local culture[2].

Evidence guidelines or recommendations do not translate directly to practice without the influence of other variables that facilitate - or not - this translation. All these context variables shape the way evidence is translated to programmes, policies or interventions. They also influence the way programmes are specified in programmes, and these in interventions. Resources available for a specific policy may complicate or facilitate the implementation of guidelines. Professional payment rules may also influence the way guidelines are implemented. Organizational settings may also shape this implementation, and quality improvement programmes are expected to ensure that practices do follow guidelines.

Practices are implemented by persons, which we name here "health professionals". Depending on the type of action or practice, health professionals may be policy makers, health care managers, public health officials, and all sorts of practitioners (including physicians, nurses and related professionals). Patients and even the general public may be actively involved in a given practice. The way the context shapes the activities and behaviour of these different actors influences the concrete implementation of practices.

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[2] Marc Roberts, William Hsiao, Peter Berman, Michael Reich. Getting health reform right: a guide to improving performance and equity. Oxford University Press 2008.

Because the context may be quite different in different geographic areas, practices may be very diverse. Concrete interventions, that are closest to local context, offer the greatest variety. Under certain conditions, practices being implemented in a given context may inspire professionals in a different setting to solve concrete problems and implement their own practice.

The translation from science to policies, programmes and interventions
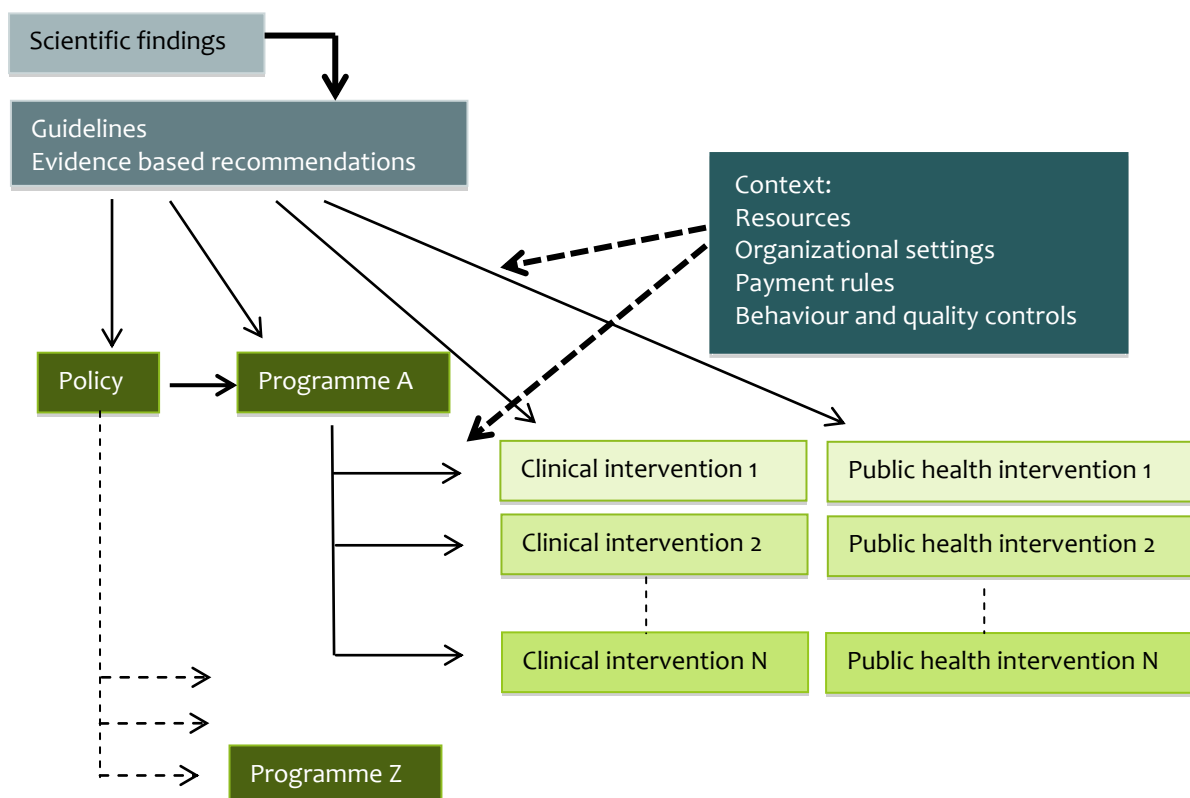
Figure 1 Schematic representation of translation from science to policies

A good practice is one that is worth disseminating because it is based on best available evidences, is associated with good outcomes and may inspire practices in different contexts[3,4,5]. The specific features to define a practice as a good practice have been elaborated by WP 4 (Platform for knowledge exchange) in collaboration with WP 5 (Good practices in health promotion and prevention of chronicity), 6 (Common guidance for care pathways for multi-morbidity), and 7 (Diabetes: a case study). There may be general (non-disease specific) characteristics and disease specific characteristics of a good practice.

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[3] http://ec.europa.eu/enterprise/policies/sme/best-practices/index_en.htm
[4] http://www.fao.org/capacitydevelopment/goodpractices/gphome/en/
[5] http://www.sdc-learningandnetworking.ch/en/Home/SDC_KM_Tools/Good_Practice

Organizing the flow of good practices

JA-CHRODIS will facilitate the exchange and transfer of good practices across Europe, using the Platform for Knowledge Exchange (PKE) and the help desk amongst other activities

The exchange and transfer of good practices requires a specific strategy. It may be an opportunistic strategy – just being alert to identify potential good practices by chance - or a systematic procedure. The systematic flow requires interventions of WP 2, 5, 6 and 7, in three actions that can be seen as three phases in a continuous process.

- Defining the focus on chronic conditions & identifying potential good practices.

- Facilitating the exchange and transfer of good practices.

- Promoting the exchange and transfer of good practices.

Defining the focus on chronic conditions & identifying potential good practices

In this activity WPs 4, 5, 6 and 7 define the field and sort of practices that are the focus of JA-CHRODIS. They review existing practices and scientific literature relevant to JA-CHRODIS. At some point in time and JA-CHRODIS maturity, this action includes an organized identification of potential good practices to be screened and to populate the PKE. The dissemination work of WP 2 is being a relevant key aspect.

ADDRESS CHRONIC CONDITIONS
REVIEW EXISTING PRACTICES & LITERATURE
WP 5 Health promotion and prevention of chronicity
WP 6 Common guidance for care pathways for multi-morbidity
WP 7 Diabetes: a case study
IDENTIFYING POTENTAL GOOD PRACTICE
WP 2 Dissemination
WP 5, 6, 7
WP 1 Coordination / EIP AHA
All partners collaborate   1

FACILITATE EXCHANGE & TRANSFER
PRACTICES SELECTION CRITERIA Delphi WP 4, 5, 6, 7
PLATFORM FOR KNOWLEDGE EXCHANGE WP 4
SELECTING GOOD PRACTICES
Clearinghouse, Help desk WP 2, 5, 6, 7   2

PRACTICES from
Health professionals of AREA A:
Policy makers / Public health
officials / Health care managers /
Clinicians

PROMOTE EXCHANGE & TRANSFER
TRAINING & RECOMMENDATIONS
WP 5 Conference seminars / Study visits
WP 6 Case management training
WP 7 Education strategies professionals and patients /
Guideline NDP
TRANSFER OF GOOD PRACTICES
All partners   3

NEW GOOD PRACTICES for
Health professionals of AREA B:
Policy makers / Public health
officials / Health care managers /
Clinicians

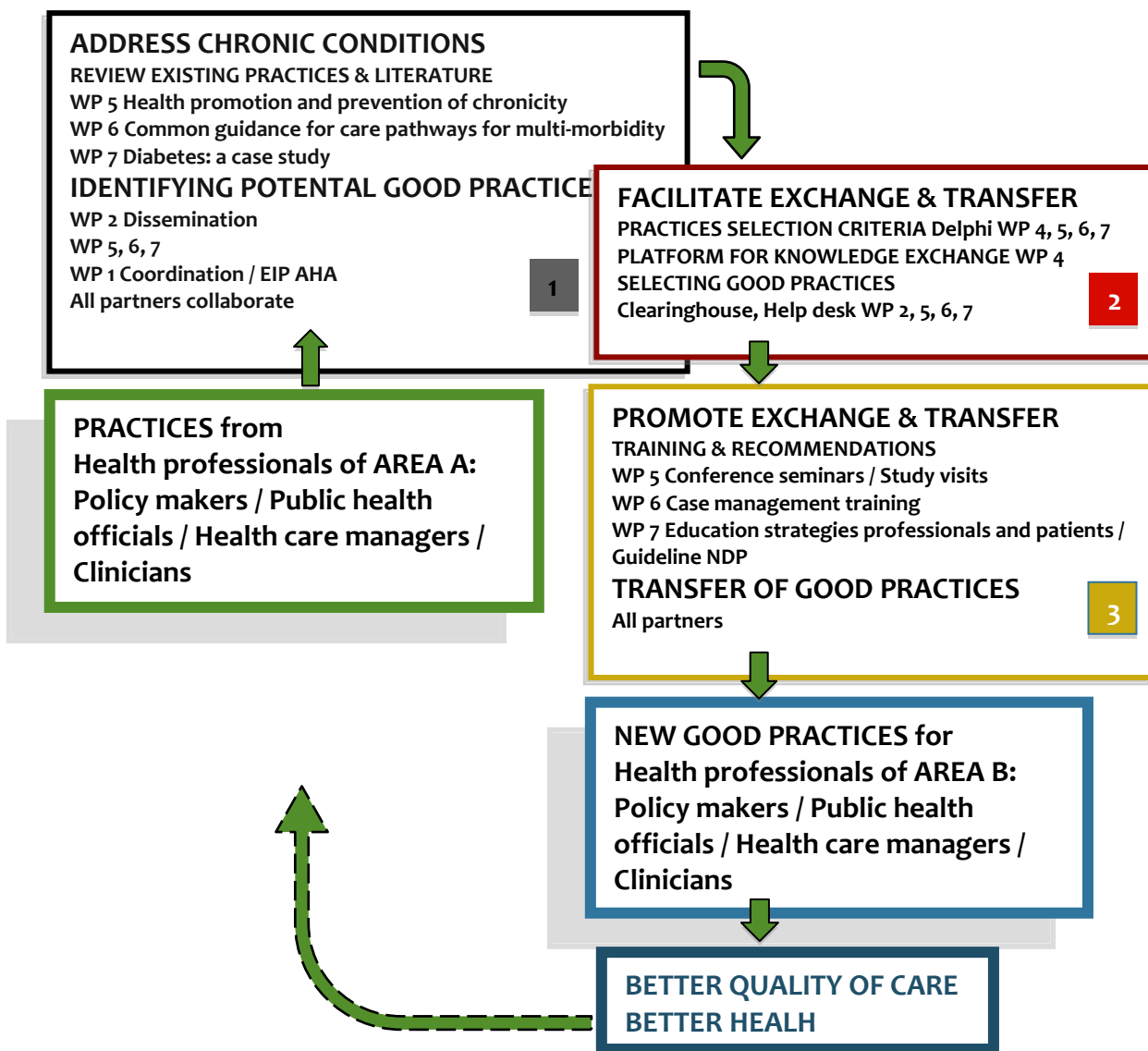**BETTER QUALITY OF CARE**
BETTER HEALH

Figure 2 The flow of good practices in JA-CHRODIS: The transfer of good practices from one site to other sites

All partners are promoting the population of the PKE with potential good practices. The general scheme of work is the following one, with the appropriate adaptations to specific contexts:

- Each partner of JA-CHRODIS has chosen communities of professionals or reference geographic areas where they already have had contacts and where the potential good practices can be more easily identified. If the practice is a policy or a programme, the associated area may be frequently a country or a region. For instance, they may choose their national ministry of health, or a regional ministry or department of health to select health policies. Local areas are most probably the appropriate areas if the practice is an intervention.

- Within the same region or area (could be also a different one) local areas and corresponding health professionals are being identified, so that interventions can be implemented. The identification of areas and professionals has facilitated the description of the context of the intervention and provided an estimation of the target population of interventions and of the number of health professionals that can be or are actually contacted.

- Once the geographic areas have been defined, an active dissemination of JA-CHRODIS has been made.

Facilitating the exchange and transfer of good practices

WP 4, 5, 6 and 7 have been collaborating in the common task of defining the selection criteria for good practices using the Delphi methodology. This has required previous work by WP 5, 6, and 7 to review the relevant literature and map existing practices in each thematic field. This work has been very useful in order to inform the discussions on the selection criteria in the Delphi group. At the same time WP 4 will has developed the necessary technicalities of the Platform for Knowledge Exchange with the informatics experts. The final output should be the PKE with the clearinghouse, tools to guide implementation and self-evaluation, and a help desk.

Promoting the exchange and transfer of good practices

The last phase will be the transfer of good practices to new settings, once they have been screened and are available in the clearinghouse. In this phase, each partner will again identify health professionals from the communities contacted before in need or willing to transfer a good practice to their own context. WP 2 will continue disseminating JA-CHRODIS, and WP 5, 6 and 7 may contribute providing specialized advice at the help desk.

WP5 includes two additional specific activities: Conference seminars and Peer review & study visits.

WP 6 includes a specific task to define multi-morbidity case management training programmes. WP 7 includes the development of cross-national recommendations on prevention, management, non-pharmacologic interventions, education and national plans.

If JA-CHRODIS is successful, the population of the PKE, the flow of good practices and the exchange and transfer will require less active participation of partners, as professionals will spontaneously use the PKE by their own initiative.

Sustainability

Sustainability will be addressed by the governing council of representatives of ministries of health, and under the condition of an effective and successful implementation of the rest of tasks in JA-CHRODIS. It will be therefore included in due time in this framework.

Evaluation plan

The monitoring and evaluation plan of JA-CHRODIS will be organized in the following parts:

1. Monitoring the progress of JA-CHRODIS against the specifications of the grant agreement.

2. Mid-term and long-term Implementation Impact Assessment of JA-CHRODIS.

Monitoring JA-CHRODIS

Evaluation process: Proposal for a General Methodology

JA-CHRODIS WP3 description is about "Actions undertaken to verify if the project is being implemented as planned and reaches the objectives". In order to achieve this aim an evaluation plan and a set of indicators should be described.

The evaluation will be held at different stages: general aims of the project, individual work packages objectives and actions and big general events such as General Assembly and Stakeholders meeting which will be held all along the project.

The design of the methodology of the evaluation is conducted jointly by the leaders of WP3 (AQuAS and APDP) and FFIS collaborating partner and each one of the leaders of the WPs involved in the Project. The development of evaluation indicators arises from the previous design in each WP of the intended activities throughout the duration of the Project. This design includes:

- General description of indicator (process, outputs or outcomes)

- Methodology to collect data and analyse results

The methodology of joint work among WPs is considered one of the key indicators of the evaluation, since within the overall objectives of the project it will be available a database of information on best practices in chronic diseases. Evaluation indicators should ensure that the final product produced by each WP establishes quality criteria for subsequent application. The following aspects will be considered when designing the methodology of work and for selecting good practices: validity, consistency, applicability and strength.

Indicators will be of two types:

- <u>Qualitative indicators</u>: identification of key people and key groups of external (and internal) stakeholders for each country involved in the JA to test their knowledge about and their judgement of the impact that it will have or has had on their policy and practice environment.

- <u>Quantitative indicators</u>: to be used to determine the use of the best practices database, the inputs needed to achieve project aims and mainly the general impact of the final outcomes of JA-CHRODIS.

WP3 Working proposal for the development of EVALUATION indicators is the following one:

- WP3 sends a proposal of evaluation indicators to the JA coordination and to each of the WPs, to work in the design of the evaluation jointly (included in this document).

- WP3 monitors the indicators and the criteria for evaluation throughout the project although it is up to each WP to be responsible for the collection of the data, which is behind each indicator.

- WP3 carries out the analysis of the data

- WP3 shares the results of the evaluation with the project coordinators and WPs leaders.

- WP3 is responsible for a final project assessment document, which should be approved by the Executive Board of JA-CHRODIS (mid-term and final assessment report)

In the following section output and outcome indicators per WP are specified. More detailed information about each specific indicator is defined in the annex attached to this document. Each indicator is defined following the following chart:

(code)_Indicator	WPX_number of indicator_Name of indicator
Definition	A brief description of the indicator
Justification	Reason why this indicator is relevant for the monitoring of JA-Chrodis
Type of indicator	Quantitative or qualitative indicator
Methodology	What methodology is going to be followed in order to collect data in relation to the indicator.
Data source(s)	Which data sources will be checked (if any)
Data collection instrument	Which data collection instrument will be used in order to data collect (if any)
Responsible	Which WP is responsible for data collection (together with WP3)
Periodicity of data collection	How often will the indicator be measured
Completion criteria	What is the maximum level that the indicator can reach.

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Acceptance criteria	What is the minimum value of the indicator that is considered enough.
Observations	Any other relevant aspect.

JA-CHRODIS

Main objective of the JA
To promote and facilitate a process of exchange and transfer of good practices between European countries and regions on chronic disease with a specific focus on health promotion and prevention of chronic conditions, mainly cardiovascular diseases and stroke, multimorbidity and diabetes as a case study.

Purpose of the JA
To reduce the burden of chronic disease and improve its management.

Indicator of achievement of JA
Proxy indicators have been developed together with WP leaders to test the impact of the work at policy and practice level (see WP sections below).

Assumption of the JA
Recommendations from project are taken up and implemented in Member States.

WP1: Coordination of the Joint Action

Description
Actions undertaken to manage the project and to make sure that it is implemented as planned.

Specific objective

- To manage the project facilitating and making sure of its implementation as planned

- To provide strategic guidance from the representatives of Ministries of health dealing with chronic diseases from the EU and EEA Member States' (Governing Board)'s) point of view for the development of the JA-CHRODIS and to discuss the sustainability of CHRODIS-JA after its end based on the collaborative initiative among Ministries of health on the field. (Number 5).

Milestones

- First draft of SOP (Standard Operational Procedure) and 3 year work plan CHRODIS-JA circulated (M1)

- SOP and 3-years CHRODIS-JA Work Plan approved by the Executive Board (M2)

- 1st Interim report to the European Commission (M12)

- 2nd interim report to the European Commission (M24)

- Technical and financial final reports to the European Commission (M39)

Deliverables

D8: Progress reports and executive board minutes (M12, M24, M36)

Description: Interim yearly and final reports of JA-CHRODIS will be delivered and Executive Board will be organized.

D9: Annual reports on sustainability (M37)

Description: Reports on the conclusions of the discussions of the MoH Forum on the future plans for making the activities of JA-CHRODIS sustainable in time

D10: Technical and financial interim and final reports of the JA-CHRODIS (M39).

Description:

- The technical and financial interim (M12, M24)

- Final report (M39)

- Conference report (M36)

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GENERAL INDICATORS ABOUT WP1

Task 1: General coordination

OUTPUTS TASK 1	OUTCOMES TASK 1
• Development of SOP • Development of 3-years CHRODIS-JA Work Plan documents • % Accomplishment of deliverables WP1 deadlines. • Number of interactions (TC's, meetings) with the EIP-AHA partnership • Development of Annual reports (3 interim and 1 final) documents • All deliverables and Reports posted on the public project' website. • Person days per WP in GA versus person days per WP present day • Person days executed per WP versus person days available for the whole JA. • Budget executed per WP versus budget available for the whole JA.	• Collaboration and synergies with EIP-AHA • Satisfaction of WP leaders with organization, information received, feedback of WP1 work • % Accomplishment of deliverables (all WP) deadlines. • Defining indicators together with WP3 (evaluation plan) for JA-CHRODIS impact assessment. • % Of person days executed. • % Of budget executed

Activity: <u>Kick off meeting</u>

OUTPUTS TASK 1: Kick off meeting	OUTCOMES TASK 1: Kick off meeting
• Kick off meeting organization • Number of Member States (%) who participated in Kick off meeting. • Number of Partners (%) who participated in Kick off meeting. • Minutes posted on the project' website.	• FINAL OUTCOME OF THE MEETING (based on minutes and objectives)

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Activity: <u>Stakeholders meetings</u>

OUTPUTS TASK 1: Stakeholders meeting	OUTCOMES TASK 1: Stakeholders meeting
• Number of stakeholders meetings • Number of participants (organizations per cluster and per Member State) invited to stakeholders meetings. • Number of participants (organizations per cluster and per Member State) attending stakeholders meetings (%). • Minutes posted on the project' website.	• Satisfaction from participants about stakeholders meetings. • Continuous involvement: number of stakeholders who attend more than one stakeholders meeting.

Activity: <u>Executive Board meetings</u>

OUTPUTS TASK 1: EB meeting	OUTCOMES TASK 1: EB meeting
• Number of EB meetings/teleconferences organized by WP1 • % attendant to the EB meetings/teleconferences • Minutes posted on the project' website.	• Satisfaction from participants about EB meetings. • Follow up of EB meetings agreements – Actions taken after each EB meeting.

Activity: <u>Advisory Board meetings</u>

OUTPUTS TASK 1: AB meeting	OUTCOMES TASK 1: AB meeting
• Advisory Board members selection criteria. • Number of candidates proposed • % of candidates that accepted being AB members. • Number of advisory board meetings • Minutes posted on the project' website.	• Setting up Advisory Board • Satisfaction from AB members • Feedback given by AB members about JA in each meeting included in the minutes.

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Activity: <u>General Assembly meetings</u>

OUTPUTS TASK 1: GA meeting	OUTCOMES TASK 1: GA meeting
• Number of GA meetings organized • % Of GA attendance (CP and AP) • Minutes posted on the project' website.	• Setting up General Assembly • Satisfaction and assessment of General Assembly meeting. • Continuous interest: Number of partners who attend more than one GA meeting

Task 2: Establishment of the Governing Board (GB)

OUTPUTS TASK 2	OUTCOMES TASK 2
• % Of Member States (EU/EAA) nominating members for the GB. • Number of governing board meetings • % Of GB attendance • Minutes posted on the project' website. • % Of MoH involved • Set up a Working Plan • Publication of reports on the website	• Setting up Governing Board • Satisfaction of Governing Board meeting. • Feedback given by GB members in each meeting. • Final report of the GB

WP2: Dissemination of the Joint Action

Description

- Dissemination of JA-CHRODIS among relevant stakeholders.

- Conduct stakeholder mapping.

- Contribute to the development and utilization of online tools.

Specific objective
To effectively disseminate outputs, messages, and outcomes of CHRODIS-JA among a broad range of stakeholders in the EU, to ensure uptake and use of outcomes during the project duration and beyond and to advocate for better prevention of chronic diseases and improved care (number 6).

Milestones

- Stakeholder mapping and guidance document (milestone 1) (M3)

- Internal contact database (milestone 2) (M7)

- Promotional materials (brochures and posters) (milestone 3) (M10)

- CHRODIS-JA on EIP-AHA portal (milestone 4) (M12)

- Final conference (milestone 5) (M36)

Deliverables

D1: Dissemination Strategy, visual identity and CHRODIS website, bi-annual newsletters, webinars
Description:

- Dissemination Strategy (M3)

- Guidance document (M3)

- Reporting-back document (M3)

- Stakeholder mapping (M3)

- Visual identity (M3)

- Contact database (M7)

- Promotional materials (M10)

- CHRODIS section on EIP-AHA (M12)

- Newsletters (M36)

- Webinars (M36)

GENERAL PROCESS INDICATORS ABOUT WP2

- Number of e-mail exchanges, meetings/teleconferences organised by WP2

- % Accomplishment of deadlines of milestone/deliverables

- Satisfaction of WP2 members

TASK 1: Dissemination

OUTPUTS TASK 1	OUTCOMES TASK 1
• Development of Dissemination Strategy • Design of JA-CHRODIS logotype. • Development of Guidance document • Reporting-back template • Development of dissemination materials • Number of languages in which the brochure is available • Number of press releases of key events	• % of partners who consulted the dissemination strategy • % of partners who consulted the guidance document • % of partners using the template to report dissemination activities • % of JA-CHRODIS partners with links to website • Number of JA-CHRODIS national press-releases produced by project partners • Number of brochures delivered • Number of events where brochures distributed • Number of events in which JA-CHRODIS is disseminated • Number of requests of information about JA-CHRODIS

TASK 1: Stakeholder Mapping

OUTPUTS TASK 2	OUTCOMES TASK 2
• Stakeholder mapping template • Report of Stakeholder mapping exercise • Contact database	• % EU and associated countries covered • Coverage of all categories of stakeholders considered • Yearly database revisions

TASK 2: Online Tools

Activity: JA-CHRODIS website

OUTPUTS TASK 3	OUTCOMES TASK 3
• Development of JA-CHRODIS website • Information provided to EIP-AHA website • Promotional materials available on the website • Number of JA-CHRODIS newsletters • Development of Webinars Strategy	• Average number of visits to JA-CHRODIS website per month • Time spent visiting JA-CHRODIS website • Updates to the JA-CHRODIS website • Satisfaction of partners with website • % of returning visitors. • Number of Newsletters page visits • Satisfaction of partners with Newsletters • Number of webinar participants • Satisfaction of webinar participants

Activity: Social media

OUTPUTS	OUTCOMES
Social Media	**Social Media**
• Opening a Twitter account	• Number of Followers on Twitter
• Opening a Facebook page	• Number of Followers on Facebook
	• Number of retweets
	• Number of Facebook WP2-generated posts

WP3: Evaluation of the Joint Action

Description
Actions undertaken to verify if the project is being implemented as planned and reaches the objectives.

Specific objective
To assess the impact of the Joint Action evaluating procedures and results

Milestones

- Agree evaluation indicators (M5)

- Agree evaluation ToR (M5)

- Interim Evaluation Report (M24)

- Final Evaluation Report (M39)

Deliverables

D5: Evaluation procedure and results

Description:

- Evaluation plan (M5)

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- Interim evaluation report (M24)

- Final evaluation report (M39)

GENERAL PROCESS INDICATORS ABOUT WP3

- Number of meetings/teleconferences organized by WP3

- % Attendant to the WP3 meetings/teleconferences

- % Accomplishment of deadlines

- Satisfaction of WP member with organization, information received, feedback of their work

Task 1: Development of evaluation plan

OUTPUTS TASK 1	OUTCOMES TASK 1
• Number of meetings/TC with WP leaders	• Terms of reference document • Evaluation plan

Task 2: Implementation of mid term report

OUTPUTS TASK 2	OUTCOMES TASK 2
• Number of meetings/TC with WP leaders	• Mid term evaluation report • Percentage of indicators with response according to the total of indicators proposed • Satisfaction survey about the quality of the project evaluation (Perception of utility, support and understanding of the assessment)

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Task 3: Implementation of final report

OUTPUTS TASK 3	OUTCOMES TASK 3
• Number of meetings/TC with WP leaders	• Final evaluation report • Percentage of indicators with response according to the total of indicators proposed • Satisfaction survey about the quality of the project evaluation(Perception of utility, support and understanding of the assessment)

WP4: Platform for knowledge exchange

Description

A platform for knowledge exchange will be set up, where decisions-makers, caregivers, patients and researchers will exchange the best knowledge on chronic care across Europe. It will be composed of an on-line help-desk and web-based clearinghouse. WP4 will be intimately work with WP2, 5, 6 and 7.

Specific objective

Building a platform for knowledge exchange, including help desk and a clearinghouse (n 1)

Milestones

- Definition of assessment criteria (M17, M23, M24, eventually M30)

- On-line toolkit (M18)

- Help-desk services ready for piloting (M24)

- Clearinghouse and Digital Library ready for piloting (M24)

- Help-desk ready for service (M30)

- Coordination with EIP-AHA (Continuous action)

- PKE Business plan (M27)

Deliverables

- Clearinghouse with practices of excellence in chronic care across Europe, based on a valid and sound set of criteria (number 2, M37)

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- An on-line help-desk with expert consultants, providing on-line tools and meaningful information (number 3, M37)

GENERAL PROCESS INDICATORS ABOUT WP4

- Number of meetings/teleconferences organized by WP4

- % Attendant to the WP4 meetings/teleconferences

- % Accomplishment of deadlines

- Satisfaction of WP member with organization, information received, feedback of their work

TASKS 1: Development of assessment criteria

OUTPUTS TASK 1	OUTCOMES TASK 1
• Process of development of assessment criteria • Response rate in each Delphi round (for each Delphi)	• Criteria, categories and weights agreed

TASKS 2: Design of a set of on-line tools aimed at providing users with guidance on development, implementation and evaluation of chronic care practices

OUTPUTS TASK 2	OUTCOMES TASK2
• Assessment tool: piloting phase (no storage)	• Other online tools available

TASKS 3: Setting an online front-desk with expert consultants available to help users in the actual development, implementation and evaluation of chronic care practices

OUTPUTS TASK 3	OUTCOMES TASK 3
• Help Desk Services ready for piloting	• User satisfaction

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TASKS 4: Creation of a repository of excellent chronic care practices and policies across Europe

`PROCESS TASK 4	OUTPUTS TASK 4	OUTCOMES TASK 4
• Practices suitable for public display	• Repository of practices: piloting phase (phase II) • User metrics on assessment of practices	• Repository of practices: operational phase

TASKS 5: Development of a digital library where best knowledge on chronic care practices is made available for interested audiences

OUTPUTS TASK 5	OUTCOMES TASK 5
• Digital library: piloting phase • Quality of the digital library at operational status • Use of the digital library at operational status	

TASK 6: Technological platform and services to support post-JA activities

OUTPUTS TASK 6	OUTCOMES TASK 6
• Efficiency of the Clearinghouse in the operational phase	• Clearinghouse with practices of excellence in chronic care across Europe, based on a valid and sound set of criteria (D4.1) • On-line help-desk with expert consultants, providing on-line tools and meaningful information (D4.2)

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OTHERS

OUTPUTS	OUTCOMES
Coordination with EIP-AHA • Number of meetings with EIP-AHA members • Report of convergence	
Business plan • Development of the business plan	
Collaboration across WPs • Effective use of the insight from WP 5,6,7 • Effective linkage to website WP2	

WP5: Good practices in the field of health promotion and chronic disease prevention across the life cycle

Description
Identification, review and validation of interventions on health promotion and the prevention of main chronic diseases with a broad approach on social determinants of health, taking into account lifestyles and the determinants that influence them

Specific objective
To promote exchange, scaling up, and transfer of highly promising, cost-effective and innovative health promotion and chronic disease prevention practices.

Milestones

- Country reviews (M8)

- Agreement on selection criteria of good practices (GPs) + template (M10)

- Peer review/ Visit studies (M36)

Deliverables
Report on recommendations describing health promoting/disease preventing practices:

- Identification 3 GPs x participant (M18)

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- Conferences and seminars (M24)

- Recommendation report (M36)

GENERAL PROCESS INDICATORS ABOUT WP5

- Number of meetings/teleconferences organized by WP5

- % Attendant to the WP5 meetings/teleconferences

- % Accomplishment of deadlines

- Satisfaction of WP member with organization, information received, feedback of their work

TASKS 1: Review of existing work, situation and needs

OUTPUTS TASK 1	OUTCOMES TASK 1
• Questionnaire development guideline • Questionnaire development • % partners agreement on the final version of the questionnaire • % of questionnaires received • % of questionnaires' fulfilling • Countries participating	• Publication of Country Reviews • Number of visits/downloads of Country Reviews • Overall summary of Country reviews.

TASKS 2: Defining an approach
Note: the Delphi panel process itself will be evaluated in WP4

OUTPUTS TASK 2	OUTCOMES TASK 2
• Composition of an expert board for the Delphi panel – Expert list. • Criteria template used for Delphi panel process.	• Description of criteria for the identification of good practices in the prevention of chronic diseases

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TASKS 3: Identification of good practices

OUTPUTS TASK 3	OUTCOMES TASK 3
• Identification of 3 good practices from associated countries that match the selection criteria (task 2)	• Number of good practices collected per country and sent to WP4 • Development of an English summary of good practices. • Number of visits/downloads of good practices report.

TASKS 4: Conference seminars

Note: Since ʻclusteringʼ conferences would not be ideal, as it could keep partners from learning about good practices beyond their cluster, it was decided to organize one general conference

OUTPUTS TASK 4	OUTCOMES TASK 4
• Organization of the general conference. • Number of participants in the Conference "Joining forces in health promotion to tackle the burden of chronic diseases in Europe"	• Satisfaction with the conference • Recommendations on policy and practical measures for local, national and EU level to strengthen health promotion and primary prevention and reduce the burden of chronic diseases.

TASKS 5: Peer reviews/ Study visits

OUTPUTS TASK 5	OUTCOMES TASK 5
• Guideline to select good practices for study visits. • Number of visits carried out for the selected good practices	• Overall report of success factors and barriers for transferring of good practices to other countries and settings. • Number of visits/downloads of the overall report

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WP6: Development of common guidance and methodologies for care pathways for multi-morbid patients

Description

- Identification of targets for potential interventions in managing multi-morbid patients.

- Design and implementation of innovative, cost-efficient and patient-centered

- Approaches for multi morbid patients. Definitions of multimorbidity case management training programmes for care personnel.

Specific objective

To design and implement innovative, cost-effective and patient-centred approaches for multi-morbid patients including case management training programmes for care personnel (number 3).

Milestones

- Analysis of large administrative databases (task 0) (M6)

- Expert agreement on beneficial interventions for multimorbidity (task 2) (M18)

- Implementation of an innovative approach for management of multi-morbid patients (task 3) (M36)

- Meeting of an expert group to identify professional skills and competencies needed for case management programmes (task 4) (M30)

Deliverables
D7: Reports and common guidelines for care pathways for muti morbid patients (M36)

Description:

- Reports on review of the medical literature and care approaches, administrative databases analysis (M12)

- Reports on beneficial interventions for management of multi morbid patients (M18)

- Report on meeting with experts for designing case management programmes (M36)

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GENERAL PROCESS INDICATORS ABOUT WP6

- Number of meetings/teleconferences organized by WP6

- % Attendant to the WP6 meetings/teleconferences

- % Accomplishment of deadlines

- Satisfaction of WP member with organization, information received, feedback of their work

TASK 1: Identify targets of potential interventions for management of multi-morbid patients

OUTPUTS TASK 1	OUTCOMES TASK 1
• Number of data bases analysed • Overall number of patients in the dataset analysis. • Number of articles identified in literature search • Number of articles selected	• Definition of target population. • Description of the criteria for the definition of multi-morbid patient • Description of methodology for the identification of papers (articles)

TASKS 2: Review existing care (pathways) approaches for multi-morbid patients

OUTPUTS TASK 2	OUTCOMES TASK 2
• Number of relevant papers identified by electronic database search • Number of articles selected • Countries where these studies take place • Number of type of outcomes analysed in those studies. • Number of works done/ interventions found	• Total number of identified existing pathways. • Summary of existing care pathways. • Article published in a peer-review indexed journal. • Quality of Systematic Review measured with AMSTAR checklist • Description search criteria for papers describing applied interventions

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TASKS 3: Assess and select good practices on management of multi-morbid patients

OUTPUTS TASK 3	OUTCOMES TASK 3
• Variables evaluated as good practices • Assessment methods of good practices • Number of works done of selected good practices according established criteria	• Number of good practices identified at local level by questionnaires. • Number of good practices selected and given to WP4 • Description of criteria used for evaluation of interventions • Number of interventions selected • Description of good practices selected • Final document report produced • Quality of the document following: ©Critical Appraisal Skills Programme (CASP) Qualitative Research Checklist • Description of experts consensus for assessment of methodology and applicability of good practices in multi-morbidity management

TASKS 4: Define multi-morbidity case management training modules

OUTPUTS TASK 4	OUTCOMES TASK 4
• Number of case management training programmes identified. • Description of the identified training modules. • Definition of consensus meeting protocol • Number of participants in the consensus meeting	• Minutes of the consensus meeting • Definition of a standardized curriculum applicable in different countries and settings. • Description of skills for search multi-morbidity professionals training programs • Provide Guidelines for development of multi-morbidity training programmes

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WP7: Diabetes: a case study on strengthening health care for people with chronic diseases

Description

- Study aspects of identification of people at high risk, early detection and preventive interventions.

- Review of models of care and existing intervention strategies on health promotion, and prevention of complications of type 2 diabetes.

- Identification of effective educational strategies, effective training for health professionals and interventions to strengthen health literacy and patient empowerment.

- Support the development and implementation of Member States' diabetes plans including the exchange of good practices.

- Identification of a set of good practices to address type 2 diabetes.

Specific objective

To improve coordination and cooperation among Member States to act on diabetes, including the exchange of good practices across the EU, and to create ground for innovative approaches to reduce the burden of chronic disease.

Milestones

- Expert overview on successful strategies to improve prevention of diabetes, and the quality of care for people with diabetes (milestone 1) (M18)

- Workshop to analyse collected data on processes in NDP development, implementation, and sustainability (milestone 2) (M22)

- Finalised recommendations (milestone 3) (M30)

- Expert/policy maker meeting in M20, M32 (milestone 4) (M32)

Deliverables

D4: Recommendations to improve prevention of diabetes, and improve the quality of care for people with diabetes (M30)

Description:

- Recommendations to improve early detection and preventive interventions

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- Recommendations to strengthen health literacy and patient empowerment

- Recommendations for health professionals training and National Plans development

- These will be achieved by agreement on definition and minimum common set of indicators

GENERAL PROCESS INDICATORS ABOUT WP7

- Number of meetings organized by WP7

- % Attendant to the WP7 meetings

- % Accomplishment of deadlines of milestones/deliverables

- WP7 intranet indicators: number of log ins, posts and views

- Papers published

- Satisfaction of WP members with organization, information received, feedback of their work

TASK 1: Prevention of diabetes: focus on people at high-risk

TASK 2: Prevention of complications of type 2 diabetes

TASK 3: Health promotion interventions

TASK 4: Education strategies and approaches

OUTPUTS TASK 1-4	OUTCOMES TASK 1-4
• Literature review • Development of questionnaire for data collection • Long-list of criteria for description • Potential good practices sent to WP4	• Number of questionnaires collected • % Questionnaire fully complete • Coverage of EU + Associated Countries • Final document produced

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TASK 5: National Diabetes Plans

OUTPUTS TASK 5	OUTCOMES TASK 5
• Questionnaire for NDP mapping	• Number of collected NDP questionnaires
• Cross-national NDP Guidelines	• Coverage of EU + Associated Countries
• Workshop about NDP	• Number of Workshop participants