The sewing thread of JA-CHRODIS:

Bringing the exchange and transfer of practices into motion

DRAFT DOCUMENT SHARED WITH EB AND THE EC:
14/01/2016
V:0.4-20160115

CHRODIS
ADDRESSING CHRONIC DISEASES & HEALTHY AGEING ACROSS THE LIFE CYCLE

Co-funded by the Health Programme of the European Union

THIS PUBLICATION ARISES FROM THE JOINT ACTION CHRODIS, WHICH HAS RECEIVED FUNDING FROM THE EUROPEAN UNION, IN THE FRAMEWORK OF THE HEALTH PROGRAMME (2008-2013). SOLE RESPONSIBILITY LIES WITH THE AUTHOR AND THE CONSUMERS, HEALTH, AGRICULTURE AND FOOD EXECUTIVE AGENCY IS NOT RESPONSIBLE FOR ANY USE THAT MAY BE MADE OF THE INFORMATION CONTAINED THEREIN.

Table of Contents

Introduction and objective of document

The activities of JA-CHRODIS may be seen as following parallel paths that seem to a certain extent independent from each other, except for the traditional coordination, evaluation and dissemination tasks. This is the logical consequence of dealing with three different health issues – namely promotion and prevention, multimorbidity and diabetes.

However, we can also use a different perspective. We can see that all JA-CHRODIS work packages have many points in common. For example, all make some form of review of evidence and discuss good practice criteria. We should also recall the overall objective of this JA

The exchange, transfer and scaling-up of good practices related to chronic diseases is the overall objective of JA-CHRODIS, and the common denominator of all WPs. Underlying this objective 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. This activity raises a number of questions that are basically the same regardless of the specific health issue to be addressed. The responses to these questions will determine the use we will make of the Platform for Knowledge Exchange, which is not at all an independent entity, but the tool we all will use.

At the time this document is being discussed, it is important to analyse these questions to plan the JA-CHRODIS activities for its last year, to ensure we close the process without leaving anything behind.

This document explores what it takes to facilitate and promote the exchange, transfer and scaling-up of good practices. It describes activities we should deploy now, but it also suggests possible futures beyond JA-CHRODIS.

Authors

Document being elaborated by JA-CHRODIS EB members

The sewing thread of JA-CHRODIS

1. How to get the whole thing on track

The exchange, transfer and scaling-up[1] of good practices related to chronic diseases is the overall objective of JA-CHRODIS, and the common denominator of all WPs. Underlying this objective 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.

Organizing the exchange and transfer of good practices is a process that can be described as performing a series of consecutive steps within- three functions. Each step follows a rationale, meaning that each step relies on the previous one. The steps are listed in the following table.

Disclosing the potential of JA-CHRODIS to organize the transfer of good practices	
The functions	**The activities or action points**
Focusing on practices on chronic conditions	Revision of the literature and existing practices Assessment criteria (Delphi), methodology and panels for the help desk
Facilitating the exchange of good practices	An operative PKE Capturing good practices from area or setting A Assess them following the criteria agreed upon with Delphi methodology Feed the PKE and organize communities of practice as appropriate Study visits
Promoting a continuous exchange of good practices	Advice to assess transferability Advice on the transfer of good practices to area or setting B Advice on the evaluation of a good practice in the new setting Training activities
Recommendations & care models	Follow EuSANH framework

The following text is assuming that at present (January 2016) we already have activities that are well organized and ongoing, which do not need to be explained in this document. These activities relate to:

- Revision of the relevant literature
- Agreed assessment criteria, methodology and panels
- An operative Platform of Knowledge Exchange (PKE)

[1] We understand these terms as follows:
"Exchange" is a process of giving and receiving information on practices. "Transfer" is exporting the practice from one site to another. "Up-scaling" in the context of exchanging practices means improving the practice or extending it at a greater scale. In the text we refer to all of them as "exchange" or as "exchange and transfer"

2. How to get the whole thing moving: Facilitating the exchange of good practices

2.1 Capturing good practices from setting A

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 of practices requires interventions of all partners.

The general scheme of work may be as follows with the appropriate adaptations to specific contexts:

- Each JA-CHRODIS partner chooses communities of professionals or reference health care providers with whom they already have contacts and where the potential good practices can be more easily identified. If the practice is a policy or a programme, the reference may be frequently the policy makers or managers of 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 health care providers are most probably the appropriate reference if the practice is an intervention.

  The identification of providers, professionals, health care managers, policy makers and patients will facilitate the description of the intervention's context and provide an estimate of the interventions' target population and of the number of health professionals that can be or are actually contacted.

  Once the communities of professionals or health care providers are defined, partners actively disseminate JA-CHRODIS to them, using the materials developed by WP2 as appropriate. The previous work done in WP 5, 6 and 7 in their respective fields should facilitate the identification of practices and professionals. The dissemination activity should include the invitation to provide information of potential good practices and to feed the PKE, either the digital library or the clearinghouse.

- WP 2 contacts organisations of European scope to disseminate JA-CHRODIS and invites them to contribute with relevant potential good practices in their communities.

JA-CHRODIS will have collected a relevant number of potential good practices by the end of 2016.

2.2 Feeding the Platform of Knowledge Exchange (PKE)

- Users will be encouraged to submit their practices to the PKE. Specific communities that may not usually be connected to European initiatives are expected to be the source of hundreds of potential good practices of all sorts, from very concrete interventions to national plans. At the same time these communities will be potential clients of the PKE to transfer available good practices to new settings.

In the context of JA-CHRODIS, 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 that are not yet 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 which is expected to produce an outcome that contributes to achieve a specific objective in terms of a societal problem to be addressed. The intervention is frequently combined with other interventions.

Because the target fields of JA-CHRODIS are extremely wide – promotion & prevention, multimorbidity, diabetes – it is useful to further specify good practices within each of these fields. This will facilitate the search of practices for professionals consulting the PKE. They will be able to search topics in relation to concrete areas of action of interest. and according to three dimensions:

a. The health problem to be addressed (for instance, what type of multimorbidity)
b. The level or complexity of the practice (policies, programmes or interventions)
c. The stakeholders or professional groups concerned

2.3 Assessing potential good practices

- Once identified and submitted to the PKE, potential good practices will be assessed against the criteria developed in WP 4 in collaboration with WP 5, 6 and 7 through several international expert panel Delphi processes. Every practice will be assessed, within their knowledge area, with a peer-review methodology, following the aforementioned set of criteria. A basic requirement is that good practices have a description that is detailed enough to initiate its transfer.

2.4 Study visits

- Some specific good practices may be selected by JA-CHRODIS to organise study visits which will help gather more detailed information about the practice and its context,

success factors and barriers. This will provide very valuable qualitative information to advice in the process of transfer to a new setting, and define criteria to design training activities and recommendations.

3. How to keep the whole thing in motion: Promoting a continuous exchange of good practices:

3.1 JA-CHRODIS as the hub for communities of practice

Promoting a continuous exchange of good practices is the mission of the help desk of the PKE.

- Once the good practices are better classified, it is easier to understand that one of the more interesting possibilities of JA-CHRODIS is to organize communities of practice in parallel to the PKE.

Communities of practice are "*groups of people informally bound together by shared expertise and passion for a joint enterprise*"[2]. They are typical of knowledge-based organisations - and health care organisations are heavily depending on knowledge management and utilization.

Communities of practice are the actors that maintain the exchange of good practices, focused on specific problems and with defined goals. It is important to note that communities of practice may be formed by professionals working in different departments or at different hierarchic levels of a single organisation, but also by professionals of different organisations[3] [4]. Communities of practice are promoted at United Nations[5] and related agencies[6] [7] [8]. They have been organized in the European Union by the European Commission for the Digital Agenda[9] or gender policy[10], and by several EC funded projects in different fields.

[2] Etienne C. Wenger, William M. Snyder. Communities of Practice: The Organisational Frontier. Harvard Business Review, January-February 2000.
http://www.rareplanet.org/sites/rareplanet.org/files/Communities_of_Practice__The_Organisational_Frontier%5B1%5D.pdf
[3] http://www.in.undp.org/content/india/en/home/knowledge-and-solutions/solution-exchange/solution-exchange/
[4] http://www.openeducationeuropa.eu/es/article/Inter-Organisational-Communities-of-Practice
[5] https://www.unssc.org/home/category/themes/learning-lab/communities-practice
[6] Guillermina Martín. Communities of practice guide. UNDP Regional Centre for Latin America and the Caribbean.
[7] http://www.fao.org/climatechange/micca/75150/en/
[8] http://www.who.int/workforcealliance/knowledge/e_solutions/COP/en/
[9] https://ec.europa.eu/digital-agenda/en/community-practice-better-self-and-co-regulation-0
[10] http://www.gendercop.com/

Some features of communities of practice	
What do communities of practice do?	**Some basic recommendations to facilitate the strategic relevance of communities of practice[11]**
▪ Help drive strategy ▪ Start new lines of business ▪ Solve problems quickly ▪ Transfer best practices ▪ Develop professional skills ▪ Help recruit and retain talent	▪ Focus on issues important to the organisation ▪ Establish community goals and deliverables ▪ Provide real governance ▪ Set high management expectations ▪ Set aside real time for community participation ▪ Train community leaders in their role ▪ Hold face-to-face events ▪ Use simple ICT tools

JA-CHRODIS communities of practice are the source of potential good practices "donors" and of potential good practices "recipients". JA-CHRODIS will be the mediator between them, and can advise in the process of transfer.
The role of existing local and regional networks will be taken into consideration and contacts between those networks will be facilitated.

3.2 Advice to assess transferability

Evidence guidelines or recommendations do not translate directly to practice without the influence of other variables which either facilitate this translation or on the contrary act as barriers. The same is valid for the transfer of good practices. All these context variables shape the way evidence or good practices are translated to programmes, policies or interventions. They also influence the way policies are specified in programmes, and these in turn in interventions.

Therefore, the analysis of the context of a good practice is as important as the description of the practice itself. This context is frequently taken for granted by the professional that performs the practice and overlooked in the description. Professionals who intend to transfer the practice may find that their context is not the same. For example, it may be that nurses are not legally authorized to perform an activity that is important in the practice. Or it may happen that payments to be made by patients may preclude their recruitment. Or deeply professional rooted values may hamper the possibility to introduce new behaviours.

It is precisely the context that causes the diversity of practices in different areas, and concrete interventions, those closest to local context, offer the greatest variety. But variety is what is interesting when exchanging good practices. As long as the context is not forgotten, variety helps open minds to an array of different suggestions.

- JA-CHRODIS provides advice to assess the transferability via the help desk. The advice should adopt a conceptual framework that describes the context in a case-by-case manner, based on the elements that can be used to produce changes and improvements in a health system, as required when introducing a new practice.
- Professionals considering importing a good practice may need to request information on the influence of these contextual elements in the setting where it is originally performed. The PKE can contribute to find out this information and advice in its analysis in the help desk.

[11] Richard McDermott, Douglas Archibald. Harnessing Your Staff's Informal Networks. Harvard Business Review, March 2010. https://hbr.org/2010/03/harnessing-your-staffs-informal-networks/ar/1

The professionals have to assess the likelihood that if any of these elements is different in their own context, it may be a barrier to implementation of the good practice in their own setting.

3.3 Advice on the transferring of good practices to setting B

► Professionals willing to transfer a good practice to their own setting should systematically plan the transfer. JA-CHRODIS helps by producing a ready-tousecheck list disclosing a planning methodology and by providing advice.

For instance, an organisation's position in terms of readiness to introduce a good practice may be very different.

- It may not be interested at all, because the topic is not a problem for them or because the practice is too difficult to implement in their context
- The good practice may suggest new ideas to address a problem but no element of the good practice is used, creating so to say a new good practice
- Some elements of the good practice are "imported" but not the whole practice
- The good practice is completely imported in the new setting

The help and advice provided by JA-CHRODIS are based on the assumption that importing a good practice depends amongst others on three elements, following previous literature on the transfer of good practices[12] [13] [14] [15] [16] and on implementation frameworks[17] [18] [19]: commitment of the senior management structure, the features of the practice itself, and the capability of the organisation to change.

[12] Lauren Trees. How to transfer internal good practices. APQC 2012. https://www.apqc.org/sites/default/files/files/How%20to%20Transfer%20Internal%20Best%20Practices(2).pdf.

[13] Michael Fielding, Sara Bragg, John Craig, Ian Cunningham, Michael Eraut, Sarah Gillinson, Matthew Horne, Carol Robinson, Jo Thorp. Factors Influencing the Transfer of Good Practice. University of Sussex. 2005. http://dera.ioe.ac.uk/21001/1/RR615.pdf.

[14] Yassar F. Jarrar, Mohamed Zairi. Best practice transfer for future competitiveness: a study of best practices. Total Quality Management 2000, 11 (4,5,6), S734-S740. http://yasarjarrar.com/wp-content/uploads/2012/07/Bestpractice_TQM_Vol-11.pdf.

[15] Marzena Grzesiak, Anita Richert-Kazmierska. The analysis of the conditions for best practices' transfer. QUICK IGA 20013. https://www.samk.fi/download/27397_Liite1_IGA_ConditionsAnalysis_SS.PDF.

[16] European forest fires network – EUFOFINET. Guidelines for the Transfer of Good Practices. http://www.northumberland.gov.uk/idoc.ashx?docid=76da9064-bb4d-4ad6-b64e-fa1f8074327a&version=-1

[17] Shelly Jeffcott. The spread and sustainability of quality improvement in healthcare. Healthcare Improvement Scotland, 2014. http://www.qihub.scot.nhs.uk/media/596811/the%20spread%20and%20sustainability%20ofquality%20improvement%20in%20healthcare%20pdf%20.pdf.

[18] Registered Nurses' Association of Ontario. (2012). Toolkit: Implementation of best practice guidelines (2nd ed.). Toronto, ON: Registered Nurses' Association of Ontario. http://rnao.ca/bpg/resources/toolkit-implementation-best-practice-guidelines-second-edition

[19] McCannon CJ, Schall MW, Perla RJ. Planning for Scale: A Guide for Designing Large-Scale Improvement Initiatives. IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2008. (Available on www.IHI.org)

The elements that determine the adoption of a good practice	
Senior management commitment	The introduction of a new good practice may face some resistance and surely some effort in planning, training and following its implementation. Top-down support is therefore needed. The level of top management support may depend on the scope of the practice and degree of change required in the context elements. National plans may require a change in financing or regulation, which demand interventions from the highest level. Behavioural interventions such as quality improvement programmes or training will require mid-level management intervention.
The sort of practice	To be acceptable, the new practice has to show some added value that is worth the effort. It has to be potentially more effective in terms of patient health control or of requiring less effort from professionals or patients for the same output as before, or all at the same time. The practice has to be described with as many details as needed to make a complete transfer to the new setting. The level of management that needs to get involved is important. It is easier to mobilize low or mid-level management than high-level officials or managers.
Capability to change	The changes that need to be introduced to implement the new practice may entail a new balance between interests, values or believes of different actors. Good practices frequently require new organisational arrangements, changes in roles and organisational cultures. Training, quality improvement programmes or extrinsic incentives may be needed along with the work on intrinsic incentives.

Senior management commitment and the organisation's capability to change are related to the context mentioned above, and therefore their analysis is required along with the description of the practice.

- More complex interventions may require a closer attention to the process of transfer. In some specific cases, a direct contact between donor and recipient may be needed, as in a twinning programme. Privacy respecting norms will be agreed on before organising this interaction.

3.4 Advice on the evaluation of the good practice in the new setting

- JA-CHRODIS may provide advice to those willing to evaluate the good practice once implemented in a new setting. In fact, the evaluation is usually considered an integral part of the process of transferring.

From the point of view of the methodology, the advice to evaluate the transferring of a good practice will include as a matter of example the following points[20] [21] [22]:

- The variables measuring the degree of deployment of the new practice – to what extent it has been really transferred and implemented
- The variables measuring the relevant desired outcomes of the new practice
- The need for repeated measures in time, to assess changes potentially attributable to the introduction of the good practice
- The need for a comparison group not targeted by the good practice to assess whether there are differences with the group introducing it.

[20] Thomas D. Cook, Donald T. Campbell. Quasi-Experimentation. Design & Analysis Issues for Field Settings. Houghton Mifflin Company, Boston, 1979.
[21] Anthony D Harris, Douglas D. Bradham, Mona Baumgarten, Ilene H. Zuckerman, Jeffrey C. Fink, and Eli N. Perencevich. The Use and Interpretation of Quasi-Experimental Studies in Infectious Diseases. Clin Infect Dis. 2004 Jun 1;38(11):1586-91. http://cid.oxfordjournals.org/content/38/11/1586.long
[22] Matthew H Morton. Applicability of Impact Evaluation to Cohesion Policy. http://ec.europa.eu/regional_policy/archive/policy/future/pdf/4_morton_final-formatted.pdf.

3.5 Training activities

- Building on the revision of the literature, the repository of good practices, and the experience in assessing context and transferring practices from donors to recipients, JA-CHRODIS may design and perform training materials and activities in specific cases. Training materials will include best evidence for practice, and methods to successfully export good practices and import them in a different place. The materials will be available in the digital library. The help desk will contribute to detect training needs.

3.6 Recommendations

- In some cases JA-CHRODIS is making recommendations for designing interventions or care models, and for programmes or plans. JA-CHRODIS will be inspired by the framework developed by EuSANH[23] based on seven steps. The steps combine the methodology to use evidence with the dialogue with policy makers to define the problem and assess potential consequences of recommendations.

EUSANH'S FRAMEWORK FOR SCIENCE ADVICE ON HEALTH			
STEPS	**PRINCIPLES**	**GUIDELINES**	
Framing the issue	Need	1	Policy makers and science advisors should regularly discuss emerging issues requiring advice
		2	Science advisors should do so in interaction with the health research community
		3	In formulating a request for advice, policy makers and science advisors should determine in close cooperation the set of questions to be addressed
		4	Science advisors should discuss with policy makers whether a European or international perspective is appropriate
Planning the process	Timeliness	5	In framing the issue policy makers and science advisors should discuss the scope and duration of the task, considering the stage within the policy making process when scientific advice is needed
		6	The advisory body should develop operation procedures to manage the entire advisory process
Drafting the report	Credibility	7	Select committee members on the basis of professional excellence and with an appropriate range of expertise
		8	Select committee members who reflect the diversity of scientific opinions
	Independence	9	Screen for conflicts of interest in order to avoid advocacy
		10	Committee members should carry out their deliberations in closed meetings in order to avoid political and special interest influence
		11	The Committee should be responsible and accountable for the final report
	Relevance	12	Consider adding a policy maker to the Committee as an official observer
		13	Consider organising stakeholder hearings
		14	Where appropriate, specify ethical or legal principles involved
	Transparency	15	Specify data and data sources used in producing the report
		16	Document and explain all assumptions made and methods used in interpreting and synthesizing the data
		17	Identify and describe all uncertainties involved

[23] Antonio Sarría-Santamera, Eert Schoten, Dorine Coenen, Louise Gunning, André Pauwels, Susanne V Allander, Monika Skiba, Marius Ciutan, Carlos Segovia. A Framework for Science Advice on Health: Principles and Guidelines. European Science Advisory Network for Health, 2011. Available in http://www.eusanh.eu/

		18	Indicate where and how expert judgement is applied
Formulating the recommendations	Feasibility	19	Consider the potential consequences of the recommendations made to policy makers
		20	Where appropriate, identify policy options based on data and research evidence
Reviewing the report	Quality	21	The final draft report should undergo an independent peer Review
		22	Guarantee continuity in producing advisory reports on similar issues
		23	Check whether the final draft report is consistent with other reports of the advisory body
		24	Specify the response to the comments made in the peer review
Publishing the report	Openness	25	Make the report publicly available
		26	Where more active dissemination is required, issue press statements, press releases or press briefings
		27	Where more clarification is required, organise meetings with policy makers and target groups
Assessing the impact	Accountability	28	There should be a follow-up procedure that monitors the policy makers' actions in response to the advisory report
		29	The advisory body should regularly perform a (self)assessment, both of the impact of its reports and of its Performance