

# Joint Action on Chronic Diseases and Promoting Healthy Ageing Across the Life Cycle

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## 2nd ADVISORY BOARD MEETING MINUTES

Meeting date: 3rd February 2016

Meeting location: Madrid (ES)

Prepared by:

Reviewed by:



## **OBJECTIVE:**

Review with Advisory Board progress achieved in JA-CHRODIS different Work Packages and discuss future actions.

## **LOCATION:**

Institute of Health Carlos III, Madrid

## **AGENDA**

9:30-13:00

- Introduction to the meeting
- Work Package Presentations
- Designation of AB rapporteur
- Discussion: Organising the flow of practices

16:00-17:00

- *Workshop on PKE current developed functionalities (optional)*

## **ATTENDANCE:**

### **Advisory Board (AB) members**

1. BENGOA Rafael; Health Area Deusto Business School, ES
2. CSIZMADIA Péter; National Institute for Health Promotion Budapest, HU
3. DE BELVIS Giulio; Università Cattolica del Sacro Cuore, IT
4. DE MANUEL KEENOY Esteban; Kronikgune, Basque Country, ES
5. HENDRY Anne; NHS Scotland, UK
6. LOGSTRUP Susanne; European Heart Network, BE
7. RODRÍGUEZ –MAÑAS Leocadio; Hospital Universitario de Getafe, ES
8. WYSOCKI Mirosław J.; National Institute of Public Health, PL

### **Executive Board (EB) members**

#### **WP1 Coordination of the JA-CHRODIS**

9. CEDIEL Patricia; Fundación FCSAI, ES
10. DEL RIO Catalina; Fundación FCSAI, ES
11. GARCIA Fernando; National Institute of Health Carlos III, ES
12. RIESE Juan; National Institute of Health Carlos III, ISCIII ES
13. SEGOVIA Carlos; National Institute of Health Carlos III, ISCIII, ES (Coordinator)

#### **WP2 Dissemination of the JA-CHRODIS**

14. GALLINAT Anna; EUROHEALTHNET, BE
15. PIERSON Anne; EUROHEALTHNET, BE

#### **WP3 Evaluation of JA-CHRODIS**

16. CARRION Carme; Agència de Qualitat i Avaluació Sanitàries de Catalunya, ES
17. ESPARLLARGUES Mireia; Agència de Qualitat i Avaluació Sanitàries de Catalunya, ES
18. RIBEIRO Rogerio; Associação Protectora dos Diabéticos de Portugal, APDP, PT
19. ROBLES Noemí; Agència de Qualitat i Avaluació Sanitàries de Catalunya, AQuAS, ES



**WP4 Platform for Knowledge Exchange**

20. BERNAL Enrique; Instituto Aragonés de Ciencias de la Salud, IACS, ES  
 21. LAUNA Ramón; Instituto Aragonés de Ciencias de la Salud, IACS, ES

**WP5 Good practices in health promotion and prevention of chronic conditions**

22. KUNKEL Thomas; Federal Centre for Health Education, BZgA, DE

**WP6 Development of a common guidance and methodologies for care pathways for multimorbid patients**

23. JUREVIČIENĖ Elena; Vilniaus Universiteto Ligonės Santariškių Klinikos, VULSK, LT  
 24. NAVICKAS Rokas; Vilniaus Universiteto Ligonės Santariškių Klinikos, VULSK, LT  
 25. ONDER Graziano; Agenzia Italiana del fármaco, AIFA, IT

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

26. GIUSTI Angela; Istituto Superiore di Sanita, ISS, IT  
 27. MAGGINI Marina; Istituto Superiore di Sanità, ISS, IT  
 28. ZALETEL Jelka; National Institute of Public Health, NIJZ, SI

**European Commission Participants**

29. PHILIPP Wolfgang; DG SANTE, EC, LU  
 30. SCHRECK Stefan; DG SANTE, EC, LU  
 31. YAZBECK Anne-Marie; CHAFEA, EC, LU

**Introduction to the meeting**

Carlos Segovia, the coordinator of JA-CHRODIS welcome participants to the 2<sup>nd</sup> Advisory Board meeting, followed by a round of presentations of Advisory Board members, Executive Board members and European Commission participants.

The slides presentations completed during this meeting can be seen at: [http://www.chrodis.eu/wp-content/uploads/2016/03/JA-CHRODIS\\_2ABmeeting-3Feb2016-presentations.pdf](http://www.chrodis.eu/wp-content/uploads/2016/03/JA-CHRODIS_2ABmeeting-3Feb2016-presentations.pdf)

**Work Package Presentations**

Each **Work Package leader presented** the achievement completed in 2015 and the planned activities for 2016.

In 2015, WP1 has organised Board meetings and completed Technical and Financial reports and coordinated the submission of an amendment to the Grant Agreement; WP2 has been active in the dissemination of 3 newsletters and 5 monthly updates in addition of promotion material, publication of JA-CHRODIS promotional video, being active on social media, promoting JA-CHRODIS at international events and developing Guidelines for Authors; WP3 has completed the Evaluation Plan and has started to collect data for the mid interim evaluation report after agreeing a total of 232 indicators with WP leaders; WP4 has established already Delphi criteria for the evaluation of health promotion and prevention practices and organisational interventions with emphasis on



multimorbid patients, also the infrastructure of the PKE has been developed (its basic structure, defining users' roles); WP5 has identified a total of 41 good practices and organised a European conference focusing health promotion policy and the exchange of good practices; WP6 has developed a framework for a care model in multimorbidity based on components identified in a systematic review and following discussion with experts where aspect such as information systems and technology are essential (being drivers of the process to exchange information) for the coordination of care across services, this guidance on multimorbidity is to be shared amongst other with the academic community; WP7 has completed a structured overview about practices on diabetes preventions and care, collecting also potential good practices and defining a preliminary list of quality criteria for good practices on prevention, management, health promotion, education and training publishing also several articles in a Monograph on the journal *Annali ISS* (*Annali dell'Istituto Superiore di Sanità*) and completing a SWOT analysis to give a qualitative overview of the current policies and programs, it has also mapped existing National Diabetes Plans (NDP) across Europe producing a Policy Brief on NDP.

For 2016, WP1 indicated the aim to maximise the added value of the Governing and Advisory Board whilst continued coordination and alignment of WPs and working on the sustainability of JA-CHRODIS; WP2 will increase number of press releases, articles about JA-CHRODIS and cooperation with WP leaders for greater visibility of JA-CHRODIS outcomes; WP3 will complete the mid interim evaluation report and a global satisfaction survey to partners in addition to the impact evaluation plan focusing on effectiveness of exchange and transfer of practices, transferability of practices in chronic care; WP4 will establish also the Delphi criteria on Diabetes and Delphi on patient empowerment (patient-driven care) loading those criteria into the Clearinghouse for evaluation of practices whilst working on the PKE Digital Library and the Help Desk; WP5 will complete study visits to six different venue where a good practice has been identified following an internal selection process with WP5 partners; WP6 will continue working on the framework model developed to obtain feedback from member states at policy level; WP7 will publish the Policy Brief on NDP developed in 2015 and guidelines on NDP and it will define recommendations to improve early detection and preventive interventions and to improve the quality of care for people with diabetes.

Following these presentations, a discussion took place with the Advisory Board members. **Different points were discussed:**

- From design to implementation of practices: policy makers want to know how to implement practices. At WHO a group is working on how to get into the political cycle accelerating change. JA-CHRODIS needs to look not only into establishing the dimension of the issue and what needs to be tackled but also the how it needs to be done.



- Multimorbidity. Concept of multimorbidity and idea of avoidance of hospitalisation when hospitalisation not needed. Relevance of functional impairment in all models of multimorbidity. Caution also when making recommendations on how health and social services are to be used as different models exist in different areas and countries. It was then clarified by WP6 that multimorbidity has been approached from a broad sense, including also people <65 years and it has then narrowed its focus on those people who would benefit from intervention.
- Sustainability of the project, also considering financial sustainability as it is important for policy makers to know how the project will be maintained. Need to involve policymakers asking them what they will be doing with JA-CHRODIS. It was clarified by the Coordinator that Governing Board members have been involved via a survey on priorities at country level on JA-CHRODIS chronic conditions areas. EB focusing at present on how to address governments' needs offering information on chronic disease.
- JA-CHRODIS overlapping with new JA on frailty; JA CHRODIS to focus more on earlier stages of life and leave the latter to the JA on frailty.
- There seems to be a gap in JA-CHRODIS as no information on socio-economic, inequalities or mental conditions has been considered.
- Indicators of JA-CHRODIS would be useful for other EU projects. Maybe, currently JA-CHRODIS has too many indicators and WP3 can look into what information those indicators will rise to be useful for other projects.
- It is important to consider chronic diseases on the agenda as a global aspect and not disease by diseases. This was reiterated by several AB members as it is good to define the problem by diseases; however, health systems work on different diseases, so it needs a broad approach. From WP7 it was clarified that diabetes control normally is the first plan to be developed, so it has been used as a sample for future initiatives, seeing characteristics that could be used for national plans to tackle chronic conditions. WP7 will liaise with Dr. Bengoa on the revision of guidance on National Diabetes Plan strategies.
- AB enquired to what extent recommendations from JA-CHRODIS will go global, how practices and recommendations interlink with EU policies and other key world health stakeholders.

### Designation of AB rapporteur

A rapporteur was nominated to provide feedback at the Governing Board meeting in the afternoon. Anne Hendry was appointed and agreed to be the rapporteur, guiding also the discussion that followed.



## Discussion: Organising the flow of practices

Carlos Segovia presented the document “The sewing thread of JA-CHRODIS” asking advice from the AB on how to promote the use of the PKE, how to facilitate the transfer and scaling-up of good practices and how to organise and benefit from the collaboration with other initiatives. According to Dr. Segovia’s presentation, the exchange and transfer of good practices can be completed dealing with evidences, generalisations and with an average controlled of practices (unidirectional exchange, passive role for implementers and low attention to the context) (modality A) or dealing with particular modalities of implementation of the ideal recommended intervention (multidirectional, implementers, protagonists, high attention to details) (modality B).

AB questioned who decides that a practice is good. WP4 explained the methodology used to establish the criteria (Delphi process). There were suggestions from the AB to address macro, meso and micro practices. It was clarified to AB that practices collected reflect practices at macro-, meso- and micro-level (so the definition of practices is taken from a board level) whilst info on this is also requested to the owner of the practice when uploading the practice. AB suggested also mapping where practices come from (considering also geography of practices).

AB enquired on how in the long term practices will be identified and update and how it will address emerging technology. For this, JA-CHRODIS needs a reliable funding source. At present, JA-CHRODIS is focusing on the uploading of practices, the submission, ranking and establishing the central process such as the help desk as a single access point. Further developments will need to take place in parallel with the financial sustainability of JA-CHRODIS. It was also suggested to ensure that practices are correctly marked so users know what they are getting including the definition of practices.

It was acknowledged that there are not many platforms on chronic diseases, so if the PKE is found useful by ministries, it would be bound to be used, in addition to professionals if they found the PKE accessible to use. AB agreed that the PKE seems to be built in a robust way. JA-CHRODIS will focus also on its dissemination to ensure it takes the leap to be known at international level. AB recommended developing a marketing plan for the dissemination and use of the PKE. AB offered their expertise in the development of PKE.

## Key points for action and conclusions

- AB agreed on the robust and strong methodology used for the developing on the criteria for the evaluation of practices
- Important to consider chronic diseases on the agenda as a global aspect and not disease by disease. Also to consider a balance between micro-, meso- and macro-level practices
- AB highlighted the importance of transferring practices and getting from the design to the implementation of practices. Policy makers need to know how to start implementing practices. EB focusing on how to motivate governments and offering information on



chronic disease after having asked MoH on priorities to ensure JA-CHRODISI focuses on areas of interest for MoH.

- On multimorbidity, several aspects to be considered: caution on how the involvement of health and social services is presented; consider conditions on mental health, inequalities and socioeconomic aspects.
- JA-CHRODIS needs to consider its sustainability (including building into other communities), also at the financial level. JA-CHRODIS needs a reliable funding source
- Indicator of JA-CHRODIS would be useful for other EU projects.
- AB suggested that JA-CHRODIS designs a Marketing Plan for the PKE including the needs it is going to meet and how useful it is going to prove to be for stakeholders.
- AB satisfied with JA-CHRODIS and achievements

### **Actions to be taken:**

1. JA-CHRODIS to work on sustainability of JA-CHRODIS
2. JA-CHRODIS to consider socioeconomic, inequalities and mental health aspects in its work
3. JA-CHRODIS to continue developing robust methodology
4. JA-CHRODIS to share usefulness of indicators for EU projects
5. JA-CHRODIS to continue involvement of GB for the definition of needs and use of PKE and develop a marketing plan for its dissemination
6. AB to continue providing guidance to EB in development of JA-CHRODIS, providing also feedback on reports developed

