

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

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

Report WP7 Meeting

October, 20 -21, 2016

Rome, Italy



On the 20-21 of October, the final WP7 meeting was held in Rome at the National Institute of Health. The purpose of the meeting was to present the WP7 results in the frame of the JA-CHRODIS, to present examples of good practices, and to discuss the potential implementation of WP7 results to improve the quality of care for people with diabetes and, more broadly, with chronic diseases.

The list of [participants](#) is available.

AGENDA

- Opening session
- Activities and achievements of WP7 - Key messages
- Prevention and management of chronic diseases: a shared approach
- Prevention and care of diabetes
- Lessons to be shared
- Good Practices
- National diabetes plans in Europe
- CHRODIS results: dissemination
- New Joint Action on chronic diseases
- Conclusions and next steps

October, 20

In the opening session, C. Segovia (JA coordinator), M. Takki (DG-SANTÉ), M.J. Wysocki (Nat. Inst. Public Health, Poland) and R. Guerra (MoH-It) pointed out the added value of JA-CHRODIS, which is to work together in cooperative way in order to make changes, to cross boundaries and to learn from each other.

- Activities and achievements of WP7 - Key messages

M. Maggini and J. Zaletel (leader and co-leader of the WP7) presented an update of WP7 activities, and the milestones achieved, listing the documents produced in these 3 years. They reminded that the principal objective of the WP is to improve coordination and cooperation among Member States to act on diabetes, including the exchange of good practices, and pointed out that the WP7 activities involved overall more than 200 experts from various countries, organizations, and experiences.

The main results have been synthesised and presented in four leaflets that were distributed to all the participants. The WP7 partners will translate the leaflets that will be available on CHRODIS website.

- Prevention and management of chronic diseases: a shared approach

I. Rakocevic, Head of Serbian Diabetes Registry, introduced the session presenting the National program on Prevention of diabetes type 2, and the current situation in Diabetes Health Care in Serbia.

A. Pierson, presented the WP5 approach and concept: analysis of Health Promotion landscape, identification of criteria to identify good practices, identification/oclection of good practices, study visits & analysis of transferability. Preliminary results indicate that common key factors for success include: intersectoral, multi-level approach with commitment



also at highest level; bottom-up approach with inclusion of target population; importance of evaluation but especially monitoring; long-term programs with stable funding.

G. Onder pointed out how the care of diabetes cannot be disjointed from care of other chronic conditions, and the assessment of multimorbidity and diabetes should be comprehensive. Various components should be integrated to target complexity of MM: delivery system design, decision support, self-management, and community resources.

M. J. Vicente Edo presented the CHRODIS Platform, its principal value, how it is structured and how it works. In particular, she presented the procedure for the assessment of practices under established criteria, and the structure and content of the digital library. All the practice owners were invited to submit practices on the Platform.

- Prevention and care of diabetes

M. J. Wysocki, Director of the Polish National Institute of Public Health and member of the CHRODIS advisory board, chaired the session, pointing out the importance of the work on diabetes as a mean to improve prevention and care of chronic diseases.

M. Maggini presented the quality criteria and the recommendations to improve prevention and quality of care for people with diabetes. The objective was to define a core set of quality criteria that may be applied to various domains (prevention, care, health promotion, education, and training), are general enough to be applied in countries with different political, administrative, social and health care organization, and could potentially be used in other chronic diseases. The document will be available on the JA-CHRODIS website.

A. Giusti presented the results of the SWOT analysis on National policies and programs on prevention and management of diabetes, and explained the principal characteristics of the method. The results may apply to any context across Europe, and may be used by decision makers, managers, professionals and other stakeholders to focus on key-issues, recognizing areas for attention.

P. Maguire and V. Moore of the European Institute of Women's Health aimed to ensure a gender-sensitive approach to health policy, prevention, treatment, care and research. Due to biological differences and varied gender roles, men and women have different health needs, and women experience specific barriers to accessing healthcare.

- Lessons to be shared

The first meeting day finished with a session on lessons learned and steps forward to improve the Italian care system for people with diabetes. The discussion involved key stakeholder representatives including a patient, a diabetologist, a nurse, and a general practitioner.



October, 21

- Good Practices

J. Lindström, WP7-Task 1 leader, chaired the session where partners and stakeholders presented examples of good practices in Finland, Germany, Italy, and Greece.

T. Laatikainen presented the Finnish Regional network of health professionals treating patients with diabetes. She outlined the long history of good collaboration between municipalities as well as primary health care and specialized care, and the involvement of other stakeholders (i.e. patient associations).

C. Petersen presented The Aha!-prevention project, which means “change right now!”. It has been launched in July 2014 in Schleswig-Holstein, most northerly federal state of Germany.

U. Rothe presented the AOK Check Up Plus for early diagnosis in Saxony and the Saxonian Care Model (SDMP). The SDMP was very innovative and implemented everywhere (state-wide) in Saxony with a coverage of nearly 90% of all patients with diabetes, of all diabetes specialists in own practices and of about 80% of all GP's in Saxony and was positive evaluated.

P. De Feo presented the Healthy Lifestyle Institute C.U.R.I.A.M.O. The most relevant aspect is the multidisciplinary approach that aims to improve three key aspects of healthy lifestyle (nutrition, exercise and psychological motivation) and the adoption of a family-based approach with the related interventions: psychological, nutritional, physical exercise for children, adolescents and their parents.

G. Boella presented the results of the program on the management of diabetes in Piemonte. The program, based on the IGEA project, has involved GPs and diabetologic team, and has sensibly improved efficacy and efficiency in managing the disease, with a reduction of costs.

T. Vontetsianos presented the IPIONI National Project on prevention and health promotion for older people. The project was proposed by the Hellenic Association of Gerontology & Geriatrics and it's coordinated by the Ministry of Health.

Multiple relevant scientific and professional bodies, patient associations and the National Inter-Municipal Network of “Healthy Cities” participate to the project, which received National structural funds.

- National diabetes plans in Europe

M. Piletič chaired the session focused on the implementation of National plans for diabetes and chronic diseases in Europe.

J. Zaletel presented the Guide for National diabetes plans. The preparation of the guide started with a draft, focusing on main topics that National Diabetes Plan should cover, named as “what”, and on the three perspectives of leadership for change namely top-down, bottom up and leadership for linkage.



Ž. Visockienė described the process toward the developing a National diabetes plan in Lithuania. In 2014, based on initiative of healthcare professionals (Lithuanian Society of Endocrinology) and patient organization (Lithuanian Diabetes Association), the Minister of Health defined the working group to prepare the project of the National Diabetes Control Programme 2016-2024. Goals of the programme are to develop and improve primary, secondary and tertiary diabetes prevention, and to improve management and coordination of diabetes care and support continues and qualitative situation analysis.

T. Hawrot, on behalf of the European Brain Council, highlighted how the Brain has become an international priority. The complexity of the care of brain diseases requires a multidisciplinary approach, holistic – Integrated – and collaborative. National Brain Plans must provide a comprehensive approach to the Brain bringing together various stakeholders, streamlining existing resources, coordinating sectorial policies, and improving patient care.

- CHRODIS results: dissemination

M. Takki underlined that the European Commission and CHAFEA consider essential dissemination as the process of making the results and deliverables of the projects available to the stakeholders and to the wider audience.

A. Pierson presented the dissemination activities conducted by WP2. She pointed out that communication is an important aspect for any project, programme or activity to raise awareness, to build knowledge, to involve stakeholders, and to encourage stakeholders to apply JA-CHRODIS outputs.

WP2 has prepared promotional materials, posters, standard ppt, brochure (translated into 11 languages), has organized webinars and communication plan based on WPs 4, 5, 6, 7 outcomes.

- New Joint Action on chronic diseases

C. Segovia presented the objectives and the organization of the new Joint Action on chronic diseases CHRODIS-PLUS. This Joint Action aims to reduce the burden of chronic diseases, while assuring health systems sustainability and responsiveness. CHRODIS-PLUS aims to promote the implementation of new or innovative policies and practices in closely monitored implementation experiences that can be validated before scaling them up. A total of 45 associated partners representing 21 European countries will participate to the JA. New or innovative practices will be based on the collection of policies, strategies and interventions that started in JA-CHRODIS and in its outputs such as the multimorbidity care model or the recommendations for diabetes quality criteria or national plans. During the 36-month life of the JA, CHRODIS-PLUS will disseminate its activities and monitor and evaluate them to verify the progress and impact of the action. A sustainability plan for the valuable elements of the action will be approved. CHRODIS-PLUS will count on the Governing Board of representatives from European Ministries of Health, key to CHRODIS-PLUS development and sustainability, an Advisory Board, an Executive Board and a General Assembly where all associated partners will gather.



Some of the participants complained about the lack of a transparent and widespread information on the launch of this new JA. Infact, European organization as FEND and EHFF received information too late to be able to apply.

- Conclusions and next steps

Marina Maggini and Jelka Zaletel concluded the meeting by thanking all participants and in particular the WP7 partners for the great work done since the beginning of CHRODIS, and for achievements. The results will be the basis for the activities of CHRODIS PLUS to implement good practices and to foster implementation of high quality prevention and care for people with any chronic disease.

The participants considered this final meeting as useful; they appreciated the organization, the networking, the sharing of experiences and ideas, and the broad and free discussion among the participants. "The WP7 did an excellent job and reached its aims as expected".

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