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

EVALUATION PLAN

Part 2: Impact Assessment Plan

Prepared by: WP3

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Executive Summary/Abstract

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 in combination.

The present document describes the Impact Assessment framework and how to plan the assessment of whether the original overall objectives of CHRODIS are reached, in particular the most general objectives of exchanging good practices across the European Union and Associated countries, and improving health care.

By contrast, the previous complimentary document, the monitoring framework, has to do with the activities performed in the concrete JA-CHRODIS in order to reach its specific 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.

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. Thus, both frameworks are independent to a certain extent, but they must be taken together into context to further those general objectives and expected final outcomes. Furthermore, we may indeed produce good results and truly impact in health care, but we need to be able to isolate and diagnose to what extent and how did our activities influence those results.

This Part 2 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 context and historical perspective of the process of impact assessment definition within JA-CHRODIS, consequently providing the conclusions from the literature review conducted. It then covers the impact assessment dimensions proposed, and lists, for each one, the exemplar indicator topics. Finally, hints are provided on how to further implement these items going forward into a next joint action. It is therefore a complete guide to build an impact assessment action plan to evaluate policy, research, service, and societal impact of the overall JA-CHRODIS strategy.

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Introduction

The main 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, multimorbidity and diabetes.

Framing this approach, there is an implicit objective to improve outcomes through enhancing policies, programmes, and clinical/public interventions on chronic conditions.

While the Monitoring Plan and related evaluation activities conducted by WP3 have highlighted the developments and increasing synergies within the project workpackages, and provided opportunities for improving JA-CHRODIS processes, there is the need to consider the impact of the Joint Action at medium and long-term.

Context of impact assessment. A historical perspective within JA-CHRODIS

Evaluation helps to clarify objectives, define outputs, results and outcomes, supporting the description of the process of change related to the identification and exchange of good practices. Impact assessment shows how effective an action has been and enables us to measure, predict, or extrapolate, the nature and extent of its impact at the point of assessment (figure 1).

Impact assessment can also constitute a basis to reinforce planning towards sustainability, even helping identify future barriers and critical success factors, and to follow their development as a roadmap to facilitate adoption and foster added value.

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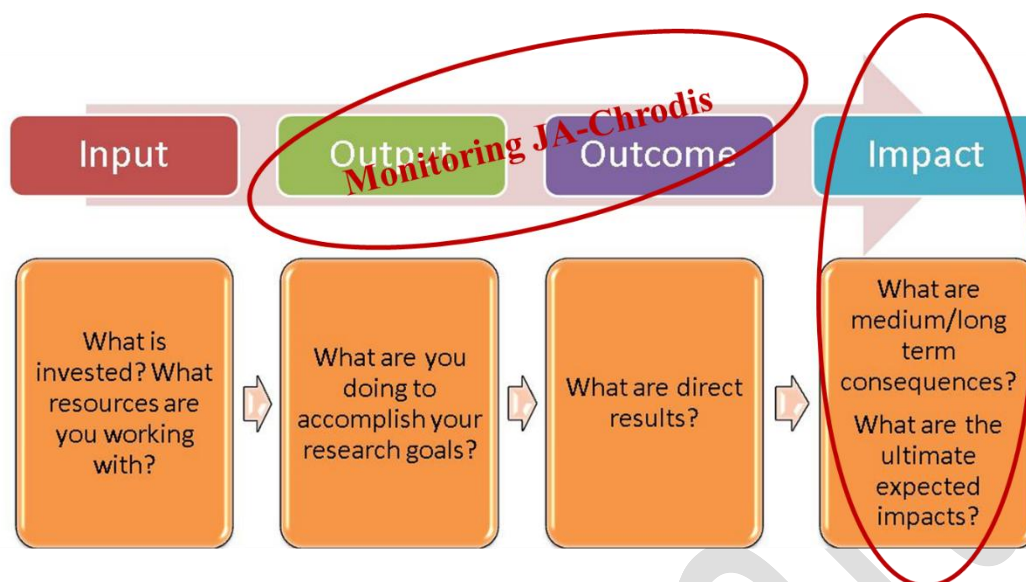

Figure 1 – Overall JA-CHRODIS Evaluation Plan[1]

During the 6th Executive Board (EB) meeting, in Treviso (June 2015), the EB agreed on the need to include an Impact Assessment proposal within the Evaluation Plan, framed by the potential implicit results from JA-CHRODIS: improvement of policies, programmes, and interventions directed at addressing chronic diseases through the dissemination of knowledge and the exchange of good practices.

The EB was further informed that the EU had been discussing the necessity of proper project evaluation, namely taking into consideration the conclusions from the Midterm Evaluation of the 2nd Health Programme (2008-2013) and the Court of Auditors for the Health Programme (2003-2007). Furthermore, WP leaders had the opportunity to comment on and discuss a proposal from WP3 regarding a framework for impact assessment based on 4 dimensions, deduced and built-up from the original JA-CHRODIS grant agreement. These dimensions were: 1) Addressing chronicity, selection of potential good practices; 2) Facilitate exchange & transfer, building a Platform for Knowledge Exchange; 3) Promote exchange and transfer, transferability of good practices; and 4) Effectiveness (main objective). EB members discussed the framework and the dimensions presented, and agreed on 3 final dimensions: 1) addressing health promotion and chronic care prevention, 2) facilitate exchange and transfers of practices and 3) effectiveness: exchange and transfer of practices (this last dimension incorporates 2 of the initially proposed dimensions).

During the 7th EB meeting, and corresponding Advisory Board (AB) and Governing Board (GB) meetings, in Madrid (February 2016) the issue was again discussed, after presentation of the work conducted by WP3 in the intervening months. It was agreed that the impact plan would need to measure and evaluate the future impact of the JA-CHRODIS, and that it should consider the added value of JA-CHRODIS being an initiative at European level. Other

[1] Report pending to receive the rights to reproduce Figures 1 and 2 from source owner

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issues discussed had to do with the avoidance of having too many indicators, and that the difficulty in measuring them might be resolved by the use of proxy indicators, eventually even coming from: 1) those already described in the JA-CHRODIS monitoring plan, and 2) the possible integration of the impact plan document with previous JA-CHRODIS conceptual documents, especially “The Sewing Thread: Bringing the exchange and transfer of practices into motion”. This document in particular, produced by WP1 and later shared and worked with the EB, aimed to bring together the parallel lines of inquire represented by health promotion and disease prevention, multimorbidity, and diabetes, into a unified perspective based on their common needs to effectively exchange, transfer, and scale-up of good practices.

From here, WP3 decided to conduct a literature review, including grey literature, on impact assessment frameworks and initiatives applicable to the specificities of JA-CHRODIS (see next section). A WP3-specific meeting was organized in articulation with WP1, during the International Conference on Integrated Care, in Barcelona (May 2016), to discuss the review process and first results, have the Coordination feedback on the overall impact assessment strategy, and discuss the relation to other JA-CHRODIS documents. Here, WP3 and WP1 agreed that the development of the impact plan should be undertaken independently of the process of discussion and further refinement of the “The Sewing thread” document, rather just taking into account their underlining philosophy.

The preliminary conclusions of this work were discussed during the 8th EB meeting in Brussels (June 2016). Members in the EB were asked to comment the current version of the proposed framework and to suggest topics and concepts of specific indicators. Criticism raised at this stage was related mainly with procedural assumptions stated within the impact plan concept proposal that were felt could interfere with a proper assessment of JA-CHRODIS effectiveness, as for example the assumption that a pan-European collaboration was already well-established to support exchange and uptake of good practices. The discussion of this particular version was concluded in the corresponding AB meeting, in Bratislava (September 2016).

Lastly, an improved conceptual framework for impact assessment was presented during the 4th GB meeting, in Brussels (November 2016), taking into special consideration the experience of the EUnetHTA joint action as well as other impact assessment frameworks found during the literature review (see next section). At this stage, the three abovementioned dimensions had been redefined as 1) Availability and survivability, 2) Dissemination and transferability support, and 3) Addressing chronicity (being further described in the next section). Further considerations dwelt on the relation and relevance of the impact plan being produced for JA-CHRODIS and the preparatory works related to the evaluation plan and impact assessment for a next joint action on chronic diseases, announced during 2016.

Literature Review and Framework definition

Providing an assessment of impact is recognized as a complex, labor-intensive, and not always feasible task, relying often on indirect and diffuse results (Greenhalgh et al, 2016). Furthermore, assessing joint actions impact poses many particular challenges, as it has been highlighted in the Ex-post Evaluation of the Health Programme (2008-2013) (EpEHP), published by the European Commission / DG SANTÉ in 2015.

Joint actions were considered a funding mechanism particularly adapted to maximize the buy-in of Member States. However, the noted aspect that there is a time lag before changes in health policies, systems or even health outcomes are realized seems also particularly hampering in allowing impact assessment in joint actions. Moreover, they seem to depend on achieving a number of circumstances, and being able to overcome a number of risks, that can impede their success, and that should be carefully considered as impact indicators, instead of being taken as assumptions. According to the EpEHP, this includes the establishment of a functioning pan-European political and technical collaboration network with a clear and shared purpose, the buy-in from key stakeholders in a widespread coverage of Member States, the availability of evidence regarding the results by the collected good practices, and a political and funding momentum to support their real world implementation, among others.

Moreover, the same report also shows that an impact plan must include more than the project itself and further expand along the diverse actions undertaken. Indeed, the path to impact was shown to often follow a characteristic pattern.

Joint actions typically run for three years, and their main aim depends on which stage they fit on a “natural history” timeline (figure 2). This can either be focused on developing networks, testing approaches, refining tools, or operationalizing practices nationally, among others. This “natural history” often entails more than one EU-funded action, in a sequential process taking around ten years, with a project leading into two or more joint actions, which can signify that “impact” equals different specific concepts along different points of the trajectory.

The common trace is that it will only make a complete tangible impact once these (the main objectives) are taken up and used by Member State authorities and other actors.

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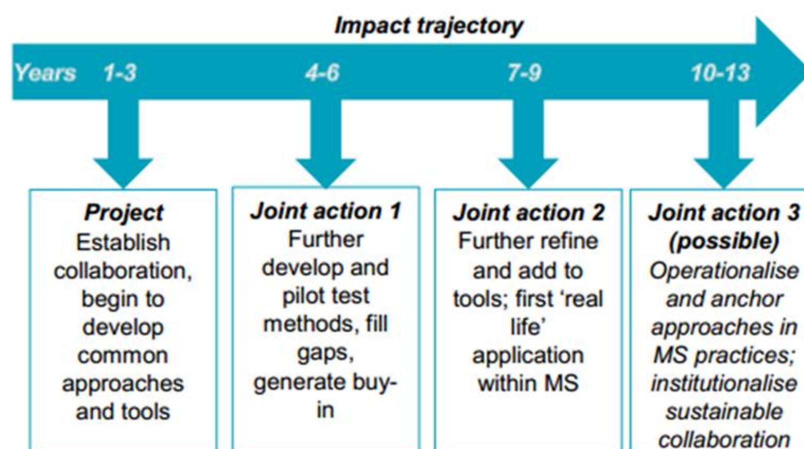

Figure 2 - Natural History" of a Joint Action (from the Ex-post Evaluation of the Health Programme (2008-2013)) – permission for use to be obtained or figure to be adapted

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Following the impact trajectory proposed by the team that conducted the EpEHP, it can be argued that JA-CHRODIS is placed somewhat midway between the "Project" and "Joint action 1" stage. This would mean that success of JA-CHRODIS impact could be strictly assessed through factors as establishing collaborations, developing approaches and tools, filling knowledge gaps, besides informing the definition of an impact plan of a subsequent joint action.

This view is supported by another report, in this case the monitoring and impact assessment for the EUnetHTA joint action. In that case, even if the point at which EUnetHTA was being evaluated is located in a slightly more advanced stage than JA-CHRODIS, impact was defined as: 1) the production of deliverables according to the workplan and grant agreement, 2) the objectives met, 3) the additional "added value" generated, 4) the effectiveness of communication and administration/coordination within the consortium, 5) the good management of workpackages and workstreams, 6) the optimal involvement of external stakeholders, and 7) the uptake of lessons learned from the evaluation of the previous joint action, namely the progress from the previous project, and how it was reflected on preparing and managing EUnetHTA.

Even promising, these key performance indicators seemed to be rather simplified to address the task asked to WP3. In return, they could be enriched by considering a set of key-points for success described throughout the Ex-post Evaluation of the Health Programme report (as audience identification, established close collaboration, adapted materials, geographical coverage, effective links with policy makers, long-term dissemination, etc.), plus the eight added value criteria considered therein (especially promoting best practices, benchmarking for decision making, networking, unlocking the potential of innovation, and economies of scale), and the resumed overarching view provided in the "The added value of CHRODIS in the context of European policy on chronic diseases" internal document. This brief

conceptual document produced by WP1 provides a broad overview into the overarching rational where JA-CHRODIS is fitted, from why exchanging good practices to the constitution of communities of practice and the implementation of improvement initiatives.

Finally, after consulting diverse impact assessment framework documents (found through keyword searches and document references), especially those designed to assess impact coming from research, we focused on the Research Impact Framework (Kuruvilla et al, 2006 and 2007) as the most promising to be adapted to JA-CHRODIS needs. The immediate reasons for this choice were: the broadness of the impact dimensions considered, which seems particularly suited to assess a joint action; that the framework takes the format of a simplified checklist, designed to prompt reflection and discussion; that it nonetheless has shown to be adaptable to be combined with elements of other frameworks; and the reported easy adoption by individuals researchers, which suggests a good applicability in being integrated in the impact assessment of good practices exchange and transfer in pilots sites. On the other hand, the most relevant weaknesses to be taken into account might be that it is a compromise between comprehensiveness and practicality, producing a less through assessment, and that it was not designed to be used in formal impact assessment by outside partners (based on Greenhalgh et al, 2016). While the first does not represent a significant preoccupation, as we consider the Research Impact Framework precisely just as a work basis, to be then built-on, the second would signify that members from the evaluation workpackage of the joint action should be knowledgeable about and closely monitor the implementation tasks. Drawing on the experience of WP3 on evaluation during JA-CHRODIS, we expect that this barrier would be successfully overcome.

Consequently, several sections within the Research Impact Framework (Kuruvilla et al, 2006 and 2007) may be a good source of framework to define both direct and more nuanced impact indicators, especially going forward to a next joint action on chronic diseases. This framework is organized to consider policy, research-related, service, and societal impacts, with further detail provided regarding the aspects that can be considered within each one of these dimensions. Thus, even if we consider that JA-CHRODIS actions would more readily be described under policy impact, and also, in a smaller extent, by what is described as research-related impact, a next joint action may add to these two dimensions some of the aspects of the remaining two dimensions (i.e., service, and societal). Also, this framework calls into attention the usefulness of building "a narrative" as a particularly adequate form to convey impact assessment, which was recently used by WP3 on the impact evaluation of the JA-CHRODIS participation during the European Public Health Conference, in Vienna (November 2016).

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Impact Assessment dimensions

As described previously, the process of defining the impact dimensions started with the conceptualization of 4 dimensions (addressing chronicity and selection of potential good practices; facilitating the exchange & transfer building a Platform for Knowledge Exchange; promote exchange and transfer, transferability of good practices; effectiveness). These were achieved by following a logical framework, which began backwards from taking into consideration the main objective (in this case, of the entire JA-CHRODIS "narrative" and not only of the project timeline), through the purpose or outcome, to the outputs and finally contemplating the foreseeable activities.

After analysis and discussion, a structure with 3 dimensions was agreed upon which constitute the present proposal. These dimensions currently are:

- Availability and Survivability;
- Dissemination and Transferability Support;
- Addressing Chronicity.

The underlying assumption that justifies JA-CHRODIS overall strategy is that the exchange of good practices will improve the quality of care including its outcomes in terms of health. This is the final goal, and so ultimately impact effectiveness and sustainability should take this broad approach into account (this point is further discussed in the "Discussion and views towards a next joint action" section).

Nevertheless, besides the necessity for an impact plan considering the overall timeline view, we cannot avoid a particular added focus at each progress point. Following the suggestion of the EUnetHTA impact assessment framework and the "natural history" timeline in the Ex-post Evaluation Health Programme report, impact assessment must be inextricably linked to the main objectives of the stage the particular project fits into, although not limited to it or to the "lessons learned". Indeed, the JA-CHRODIS monitoring plan (deliverable D05-01) developed and implemented by WP3 covers most, but not all, of these aspects. Thus, the agreement on the need to develop a further impact plan.

In reality, the impact plan framework can constitute a roadmap to monitor JA-CHRODIS implementation beyond the project itself, and, as mentioned before, may be used to inform the evaluation workpackage of the subsequent joint action on chronic diseases, as well as

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the coordination and dissemination workpackages. And also, still to a considerable degree, the workpackages which will be conducting implementation pilots.

Thus, dimensions have been built around the more short-term project(s) tracking of outputs (corresponding dimension: 1. Availability and Survivability), the provision of an enabling environment towards transferability of knowledge and good practices (corresponding dimension: 2. Dissemination and Transferability Support), and the verification of the real contribution of JA-CHRODIS (and subsequent joint action(s)) initiatives to the originally stated outcomes (corresponding dimension: 3. Addressing Chronicity).

In these dimensions, we tried to reflect the underlying theory of change of JA-CHRODIS, i.e., how the overall project is thought to achieve its social objective. Namely, by promoting and facilitating a process of exchange and transfer of good practices between European countries and regions, with a specific focus on health promotion and disease prevention, multimorbidity and diabetes, as a means to address chronic conditions and improve outcomes through enhancing policies, programmes, and clinical/public interventions.

Exemplar Impact Assessment Indicators

At this point, a clarification must be made: the objective of the present impact plan is not to generate an impact assessment report regarding JA-CHRODIS, but rather to inform how it can be structured and conducted in the future.

On the other hand, in preparing the proposal for the impact assessment plan we naturally took inspiration from the indicators described in the grant agreement of JA-CHRODIS, as for example those related to the specific objective 5 of the evaluation workpackage and originally designed to "discuss the sustainability of JA-CHRODIS after its end based on the collaborative initiative among Ministries of Health on the field", which was attributed as a task of WP1. Even though these were initially designed for monitoring purposes, they are easily applicable or adaptable, as indicators or indicator topics, for use in the short to long-term.

Nevertheless, we provide next a full view of the impact assessment indicator topics proposed. These can be used to define directly an indicator or to be disaggregated into several individual indicators, depending on the context of application. Furthermore, following the suggestions of the Research Impact Framework and the key points for success in the Ex-post Evaluation Health Programme report, a more in-depth definition will have to be made regarding at which level to collect the indicators, as to, for example, better define audience that is to be considered (ex: policy makers, general practitioners, project managers, or patients).

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Indicator topics for dimension 1: Availability and Survivability

DIMENSION 1: AVAILABILITY AND SURVIVABILITY
1) JA products delivered according to grant agreement, and satisfaction with communication and management; 2) Level of acceptance of JA deliverables specific audiences (including GB, partners and stakeholders); 3) The criteria used to select the practices is accepted and valued by health professionals; 4) CHRODIS platform is fully functional with all necessary technical features; 5) Platform is well known amongst policy makers and health professionals from European Member States. 6) CHRODIS platform consultations and interactions; 7) Materials downloaded through the website; 8) Documents produced/published (at European/national levels); 9) Number of practices uploaded, evaluated, made available in the clearinghouse; 10) Added value and Lessons learned.

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Indicator topics for dimension 2: Dissemination and Transferability Support

DIMENSION: DISSEMINATION AND TRANSFERABILITY SUPPORT
1) Willingness and agreement among Member States and/or European Commission on "business model"; 2) Existence of a long-term dissemination plan; 3) Number of new joint action partners/participating Member States; 4) Number/proportion of the included practices are defined providing enough information so as to guide the implementation in a different setting; 5) Number of citations regarding JA-CHRODIS deliverables on documents (policy briefs, guidelines, legislations, etc.) and number of websites including information on JA-CHRODIS across Member States; 6) A sustained number of health professionals keep sending their potential good practices to the CHRODIS platform, across time; 7) Helpdesk utilization and platform systematic searches statistics; 8) Good practices in the CHRODIS platform and other specific deliverables are felt as following the selection criteria defined within the context of JA-CHRODIS (i.e., validated), including the transferability to other context; 9) Quality assurance; 10) Collaborative work with other projects and institutions (for example: EIP-AHA, SCIROCCO project, etc.).

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Indicator topics for dimension 3: Addressing Chronicity

DIMENSION: ADDRESSING CHRONICITY
1) Number of European practice transfer proposals based on identification of common fields of action between Member States through JA-CHRODIS; 2) Number of health professionals who implement new or innovative practices/elements based on platform available materials, in each area and field (primary care, community-lead interventions, etc.); 3) Good practices chosen to be transferred acceptability in new contexts - were implemented, including economic, organizational, behaviour and cultural context; 4) Increase in the proportion of population that receives new or innovative care or interventions of increased quality related to the Joint Action; 5) Number of best practices introduced in Member States Health policies and recommendations (Clinical practice guidelines, recommendations, etc.); 6) Gaps filled in national policy modelled with support of JA deliverables; 7) Number and scope of communities of practice established, linked to the Joint Action; 8) Number of trained health professionals and policy makers with innovative curricula/capacity building derived from the Joint Action. 9) Extrapolated effectiveness of (national) institutional changes; 10) Extrapolated (healthcare service and societal) impacts at population level.

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Discussion, hints of an immediate impact assessment, and views towards a next joint action

The Ex-post Evaluation of the 2nd Health Programme (2008-2013) published by the European Commission / DG SANTÉ in 2015 recognizes that the HP has contributed to significant progress in several areas of public health. Nevertheless, it also warns that beneficiaries, and European structures, could do more to promote sound action design, uptake of results and hence impact. It highlights that, since timescales to impact are frequently long (which includes spanning several consecutive EU-funded actions), assessment and sustainability can be difficult, and offers the recommendation to "explore ways in which impacts can be maximized in the future".

In this context, it is interesting to consider how a methodology for actively supporting/exploring impact can be sown throughout the planning of a project, as it can be seen in the grant agreement for the SoBigData EU-funded project. Therein, each task is planned and monitored with impact maximization in mind, from media to industry impact, supervised by a WP on "Dissemination, Impact, and Sustainability". In JA-CHRODIS, the WP3 task of elaborating the monitoring plan indicators was conducted in close collaboration with all other WP leaders and co-leaders, with apparent success and partner satisfaction, so the same methodology can be proposed to further develop an impact assessment action plan during the next joint action on chronic diseases.

Many frameworks and toolkits for policy impact advise to look out for "policy windows" to potentiate any initiative with the right timing (Kuruvilla et al, 2017). However, we can argue that a joint action constitutes in itself a "policy window", which then needs to be fully realized as such, within the consortium but also in communication with external stakeholders and actively promoting synergies with other similar projects.

As argued previously, impact assessment must take into consideration the stage the joint action represents along the "natural history" presented. The same can be said about the project effectiveness: while the case for the establishment of an active pan-European collaboration through JA-CHRODIS and a mapping of national implemented and developing policies can now be made, effectiveness can only be maximized by scaling-up, relating to other European initiatives, and institutionalizing efforts, as proposed in the Ex-post Evaluation of the Health Program. This constitutes the expectation for the next joint action on chronic diseases.

The same difficulty is seen when tackling, at the moment, the question of JA-CHRODIS sustainability. First, because JA-CHRODIS products still need to be "field tested" and a wider network established, especially towards healthcare professionals and local policy makers/managers. Also, because, again, as stated by the Ex-post Evaluation of the Health Program, ultimately, the key measure of sustainability is the actual take-up of the results by

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a core group of key stakeholders, rather than just pursuing sustained dissemination activities.

Nonetheless, we can already extract, from the surveys implemented and reports produced, tapping into the first reactions of partners and stakeholders, a notion and/or measure of the immediate impact of JA-CHRODIS, and to also relate it with the impact plan itself. Especially the first two dimensions of indicators of the impact plan, can be partially approximated by information from the “Final evaluation report”, the “JA-CHRODIS closing survey report”, the “Global satisfaction survey report”, the “Report on the conclusions of the discussion of the Ministries of Health Forum on the future plans for making the activities of JA-CHRODIS sustainable in time”, and several workpackage-specific deliverable reports.

As reported in the “Final evaluation report”, all the planned products were delivered according to Grant Agreement, with additional reports and materials added according to the needs and issues raised by the work and evolution of the joint action itself. The level of acceptance among partners, both associated and collaborating, and stakeholders was considerably high. This was evidenced in the “JA-CHRODIS closing survey report” and the “Global satisfaction report”. There was also a positive indication to the recognition of the usefulness of the main deliverables, as source of inspiration for the design of an NCD strategy, to support transferability and the exchange of knowledge, to develop a framework to tackle multimorbidity, and for the potential application in practice and care.

Regarding the CHRODIS platform, which is currently (March 2017) fully functional, usefulness of the available characteristics ranged from half the respondents being inclined to upload practices, to 80% to use the platform to obtain information, and 86% to recommend the platform to colleagues. Also, in the GB several countries showed a general interest in the JA-CHRODIS Platform, in particular when including information from different EU projects on chronic diseases (as has been already done in relation to the SCIROCCO project) and adapting the EU set of quality criteria to evaluate GPs. However, some concerns raised were the long term sustainability of the Platform, the language limitation, the incentives for the owners to upload GPs, which should be carefully addressed in the future. Here, also the Good Practices on health promotion and prevention, the study visits and the success factors for the scalability of GPs were highly valued by Ministries of Health (MoHs).

The MultiMorbidity Care Model was considered a good starting point for the National Plans to follow, and the definition of skills and competencies for case manager addresses a complex topic and it is considered, very useful for some MoHs. Lastly, the Guide for National Diabetes Plans (NDP) was indicated as a good starting point for the development of a broader NCD Guide to promote political change. Moreover, direct contact with GB representatives wielded in-depth information about barriers and facilitators, as well as the specific relevance and correspondence to identified gaps of each main deliverable for uptake in each country, but with a generally favourable usability perception.

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The strategy adopted to build the sets of criteria, through Delphi processes, should also facilitate the recognition of value and acceptance by healthcare professionals as they are disseminated. Likewise, there are already proofs of the JA-CHRODIS scientific contribution, in various publication forms, including materials freely available through the website. The process of providing content to the JA-CHRODIS is ongoing, with "Best" GPs being highlighted publicly. Additionally, partners demonstrated a practical sense in the application of new knowledge, seen for example in the reports about lessons learned regarding the applicability and transferability of practices into different settings and countries (WP5), multimorbidity care management (WP6) and SWOT analysis on policies and programs on prevention and management of diabetes (WP7). These, together with the "12 steps" document, and other delivered materials, highlight how JA-CHRODIS was able to generate added value and put forward many of the lessons learned. Additionally, partners underlined the importance of promoting local/regional dissemination and to engage a wider network of partners/professionals involved in chronic care, and that published papers and reports should be kept accessible to all as they remain beyond JA-CHRODIS duration.

Lessons learned to apply forward to the next joint action were also to enhance feedback from the GB and dialogue with leaders of the WPs; to guarantee a quality threshold of the deliverables and to maintain a fluent dialogue with the new Steering Group on Promotion and Prevention of the European Commission in order to contribute keeping chronic diseases in the national and EU health agendas.

The increased number of partners/participating Member States reported in the process of the JA-CHRODIS PLUS is surely an indication of the dissemination effectiveness and recognition of the work of the current project. This seems to be already a fully achieved impact indicator by itself, as well as shows the interaction capacity with other European initiatives, as was pointed out above. This also bridges our analyses to the third dimension of indicators of the impact plan, which depends on the implementation of JA-CHRODIS PLUS, and the format chosen for the JA-CHRODIS Platform. Furthermore, the indication, by the GB, that implementation and piloting activities will be the cornerstone for the next joint action, and that political interest and the integration of products into national/local policies will be promoted, supports a preview of increasing impact derived from JA-CHRODIS groundwork.

Additionally, considering the eventual reporting of impact assessment, we envision that the full implementation of the impact plan in the future can combine a logic model of quantitative and qualitative indicators. For example, evaluation of EUnetHTA was mainly conducted through self-completion evaluation questionnaires and documentary review, translated into quantitative and qualitative parameters, with impact assessment regarding the future uptake of developed tools being assessed within the questionnaires. Furthermore, this could be complemented with a nuanced narrative, eventually based on case studies descriptions. Thus, data collection on indicators about the transfer of good practices between Member States can be complemented by narrative information about

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barriers to the promotion and practices to be transferred between specific contexts, and even giving hints on how to address them.

Finally, as a “provocation”, we reinforce the idea put forward in the EUnetHTA evaluation report paper, that funding could be considered to allow thorough impact assessment at the “post project” stage. Furthermore, taking into account the structure and lifespan of joint actions, we underline that besides monitoring current activities, the impact of current, and past, deliverables and activities should be consistently explored.

In conclusion, WP3 is proposing a basis for an impact plan which fits the characteristics of JA-CHRODIS while building upon previous efforts (of other joint actions, projects, and research groups) in handling similar questions of impact assessment. Furthermore, we argue that this document can be further translated into the next joint action on chronic diseases impact strategy, including into an action plan for data collection and analysis.

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