

Progress reports, Executive Board minutes

JA-CHRODIS
January 2014 - December 2014



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.

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

ACTIVITY REPORT

Period: January 1st 2014 - June 30th 2014



Content

Content	2
Acronyms	4
Summary	5
WP 1: Coordination of the Joint Action	6
Meetings	6
1- Kick off meeting.....	6
2.- Executive Board meetings	7
3. Teleconferences.....	9
Press Release	14
Representations of CHRODIS-JA in CANCON Stakeholder forum	15
Work Plan	15
Glossary of terms.....	15
CP list update.....	15
Completion of the coordination team.....	16
Management tool	16
Governing Board setting up.....	17
Standard Operations Procedures	17
Payment to Associated Partners	18
Next steps	19
WP2: Dissemination of the Joint Action	20
Tendering.....	20
Visual Identity and Logo	20
Stakeholder Analysis and Mapping Exercise	20
Draft of Communication Strategy	20
Website.....	21
Other promotional materials.....	21
Meetings/Presentations	21
Next steps	22
WP3: Evaluation of the Joint Action	23
WP4: Platform of Knowledge Exchange	24
WP 5: Good practices in the field of health promotion and chronic disease prevention across the life cycle	25
Meetings	25
Work Package meeting on April 28 th and 29 th in Cologne	25
Tools	jError! Marcador no definido.
Questionnaire on “Good Practice in the Field of Health Promotion and Primary Prevention”	26
Presentations.....	26
Next steps	26



WP6: Development of common guidance and methodologies for care pathways for multi-morbid patients	27
Activities included in Task 1 of WP6 ongoing:.....	27
Common activities with WP4	27
Next step.....	27
WP7: Diabetes: a case study on strengthening health care for people with chronic diseases	28
Platform	28
Questionnaires	28
Teleconferences	29
Presentations in conferences and workshops	30
Next steps	30



Acronyms

AB	Advisory Board
AP	Associated Partners
CHAFEA	Consumers, Health and Food Executive Agency
CP	Collaborating Partners
CHRODIS	Chronic Diseases & Healthy Ageing across the Life Cycle
DG SANCO	Directorate General for Health and Consumers
EB	Executive Board
EIP-AHA	European Innovation Partnership on Active and Healthy Ageing
GA	General Assembly
GB	Governing Board
JA	Joint Action
MoH	Ministry of Health
NDP	National Diabetes Plan
SOP	Standard Operation Procedures
WHO	World Health Organisation
WP	Work Package



Summary

CHRODIS-JA 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. Health promotion and prevention is focused on behavioural risk factor, social determinants and inequalities in health. Work on multi-morbidity is focused on multi-disciplinary & integrated care, patient safety and professional training. Diabetes as a case study is focused on multidisciplinary care covering the whole range from primary prevention to treatment and addressing national plans. A Platform for Knowledge Exchange will gather and a web-based clearinghouse will offer decision-makers, caregivers, patients, and researchers the most relevant information on the best practices in chronic diseases focusing mainly cardiovascular diseases, stroke and diabetes. Ways for sustainability are being explored in order to extend CHRODIS activities beyond the three years duration of the project.

The execution of the project has begun on January 1st 2014 for 39 months duration. The CHRODIS-JA is divided in 3 horizontal Work Packages (WPs 1 to 3) and 4 core WPs (WPs 4 to 7). Three of the core WPs are thematic (health promotion and chronic disease prevention, multi-morbidity and diabetes, respectively) while the fourth is cross cutting (Platform for Knowledge Exchange). In addition, CHRODIS-JA includes the creation of a Forum for representatives of Ministries of Health. Criteria for assessment of good practices will be developed in a cooperative effort within all WPs. Once adopted, these criteria will be the basis for the creation of the Platform for Knowledge, with a help desk and a clearinghouse. These criteria will then enable the identification of innovative experiences and potential candidates for 'scaling up and transfer' from original settings to new ones.



WP 1: Coordination of the Joint Action

The WP1 is led by the Institute of Health Carlos III and is in charge of actions undertaken to manage the project and to make sure that it is implemented as planned.

Activities report

I. - Meetings

1- Kick off meeting

Date and place: 29-30th January 2014, Madrid, Spain

Participants: representatives of DG SANCO, EIP-AHA, CHAFEA, MoHs, National Health Institutions and other partners (104 participants). The participants: <http://www.chrodis.eu/wp-content/uploads/2014/07/KICK-OFF-meeting-list-of-participants.pdf>

Agenda:

1. Project Global Concept
2. Work Packages Plans and Discussion
3. Work Packages Plans and Discussion
4. Monitoring the achievement of the JA tasks
5. Presentation of the administrative and financial responsibilities for partners, Consortium Agreement, methods and entitlement of funding, reports
6. Parallel Sessions of the WPs
7. General Discussion Session

The complete agenda is available in <http://www.chrodis.eu/wp-content/uploads/2014/07/1st-EB-MEETING-FINAL-AGENDA.pdf>

The principal objective of this meeting was to present the base elements for the project and the planned project activities. This meeting introduced the members of the project and the stakeholders and also provided the opportunity to discuss the role of each team member, the relation between WPs, the role and contributions from stakeholders.

Many important keys of the projects were discussed and plannings were suggested to the coordination of the JA. The minutes of the kick off meeting can be found at <http://www.chrodis.eu/wp-content/uploads/2014/07/KICK-OFF-Minutes.pdf>



2.- Executive Board meetings

Two EB meetings are foreseen per year during the execution of the JA. The objectives of these meetings are to follow up the whole JA with all WP leaders and co-leaders who compose the EB of the JA.

2.1. First Executive Board meeting

The first EB meeting has been held in Madrid on January 29th 2014.

Participants: 1) WP leaders and co-leaders (Ingrid Stegeman, Anna Gallinat, Enrique Bernal, Ramón Launa, Olivia Dix, Graziano Onder, Rokas Navickas, Jelka Zaletel, Marina Maggini). 2) Cinthia Menel-Lemos (CHAFFEA). The participants list is available at <http://www.chrodis.eu/wp-content/uploads/2014/07/1st-EB-meeting-Madrid-list-of-participants.pdf>

Agenda:

- Procedures for internal management of the JA by the EB and communication flow within the project. The complete agenda can be found at <http://www.chrodis.eu/wp-content/uploads/2014/07/1st-EB-MEETING-FINAL-AGENDA.pdf>

The aim of this meeting was to make an overview of the JA as well as the description and structure of WPs. The relation between the WPs was also defined and their objectives have been clarified. It was important to focus on WP4 which is a core WP agglutinating the good practices from WP5, WP6 and WP7.

A draft of Terms of Reference (ToR) for the AB was presented in order to be adopted. The role and composition of a future AB was explained by the Executive Agency, as also was the Governing Board of Ministries of Health for sustainability by the Spanish MoH.

Timelines of the Gantt chart, meeting calendar for 2014 (EB meetings, General Assemblies and Stakeholders Forums) and calendar for reports were proposed for agreement.

A proposal for CPs involvement was also presented and agreed as follows: “every WP leader will get in touch with the already identified CPs (list to be sent by the coordinator) to confirm their interests and level of implication (full integration in the selected tasks, activity as consultants or only in the Stakeholders Forum).

As conclusions, the coordinator indicated the need to agree on the first steps planned in the WPs and the results to obtain during the first year of execution. Since the beginning, it is crucial to clarify who is doing what and when.

The EB meeting minutes is available in http://www.chrodis.eu/wp-content/uploads/2014/07/1st-EB-Meeting-minutes-29_01_2014-Final-Version.pdf.



2.2. Second Executive Board meeting

Place and date: DG SANCO, Brussels, April 2nd 2014

Time: 16-18h

Participants: 17 representatives of WPs and officers

- 1) All leaders and co-leaders WPs (Ingrid Stegeman, Anna Gallinat, Enrique Bernal, Ramón Launa, Graziano Onder, Rokas Navickas, Jelka Zaletel, Marina Maggini)
- 2) Cinthia Menel Lemos, (CHAFFEA)
- 3) Wolfgang Philipp and Eibhilin Manning, (DG-SANCO).

The participants list is available in <http://www.chrodis.eu/wp-content/uploads/2014/07/2nd-EB-meeting-Brussels-list-of-participants.pdf>

Agenda:

1. Fine tuning of the interaction among WPs 5, 6 and 7 with WP4
 - Review on the outputs of the last TC on March 20th
 - Procedures for Delphi: selection of experts by the WPs, etc.
 - Agreement on timeline
2. Procedure for the selection of the AB members
 - Review on functions of the Advisory Board
 - Experts' profiles
 - Procedure for the selection
 - Timeline. 1st meeting of the AB
3. Annex on conflict of interest to the SOP
4. Dates for the next EB meeting in Rome. The report of the meeting is available at <http://www.chrodis.eu/events/2nd-executive-board-meeting/>.

WP5 and 7 agreed with the planned activities in coordination with WP4. There was a major discrepancy between WP6 and WP4 regarding the need of a Delphi consultation due to the lack of information about good practices in multi-morbidity. A proposal will be made by WP4 to WP6 leader/co-leader in order to reach an appropriate agreement.

The complete agenda can be found in <http://www.chrodis.eu/wp-content/uploads/2014/07/2nd-EB-meeting-Brussels-Agenda.pdf>



3. Teleconferences

3.1. Teleconferences with EB

3.1.1. - TC on February 25th 2014

Participants: 1) All WPs leaders and co-leaders (Ingrid Stegeman, Olivia Dix, Enrique Bernal, Theresia Rhode, Graziano Under, Rokas Navickas, Marina Maggini, Jelka Zaletel)

2) Coordination team (Juan E. Riese, Isabel Saiz)

3) Cinthia Menel-Lemos, (CHAFFEA)

The agenda of the TC:

1. Review of the Work Plan draft. WP leaders/co-leaders will provide comments on their respective WPs. Comments on potential synergies and overlaps.
2. Glossary of terms.
3. Next meeting: Brussels, April 2, 16-18h.

The Work Plan was reviewed and adopted by the EB. WP leaders and co-leaders are compromised to work with the established timeline.

A glossary of terms is necessary for all to speak the same language about the JA. WP1 coordinated the glossary of terms.

3.1.2.- TC on June 25th 2014

Time: 14:00 – 15:00

Participants: 1) WP leaders and co-leaders (Ingrid Stegeman, Anna Gallinat, Enrique Bernal, Ramón Launa, Thomas Kunkel, Graziano Onder, Rokas Navickas, Jelka Zaletel, Marina Maggini)

2) Coordination team (Juan E. Riese, Marie Roseline Bélizaire, Mercedes García, Isabel Saiz)

Agenda:

1. Finalization of the agenda of the 3rd EB meeting
2. AB selection process

A TC to prepare the 3rd EB meeting in Rome from 7-8th of July 2014 has been held in order to fit the agenda to the need of all leaders and co-leaders and also describe the selection process of the AB to be finished in Rome. Some changes have been made to the agenda and EB agreed on the AB selection process to end in Rome on July 7th 2014.



3.2. TCs with WPs and AP

Previously unscheduled TCs were organized when needed focused with the relevant WPs and APs.

3.2.1.-TC with WP 4, 5, 6 and 7

Date: March 30th 2014

Participants: Enrique Bernal, Theresia Rhode, Graziano Onder, Rokas Navickas, Marina Maggini, Jelka Zaletel, Juan E. Riese, Isabel Saiz.

With this TC, the coordination of the JA pretended to make sure that all WP leaders of the core packages understand as well as possible what they have to do, the deadlines and also to always keep in mind the relation between all WPs.

3.2.2.- TC with European Patient Forum (EPF)

Date: May 20th 2014

Participants: 1) EPF representatives (Laurène Souchet, Valentina Strammiello)
2) CHRODIS Coordination (Juan E. Riese, Marie Roseline Bélizaire, Mercedes García)

Objective: The TC was requested by EPF in order to clarify some doubts.

The agenda:

1. WP2: Timeframe for JA partners to deliver dissemination work plan
2. WP4: important milestones in the short term
3. WP6: Current tasks- identifying databases and literature review
4. How can EPF contribute to the research at this stage given limited access of patient organizations to academic literature?
5. How to ensure the patient perspective is well taken into account in this work package? (e.g. expertise on identifying population of patients at risk, gaps in multidisciplinary care...)
6. WP7: Focusing on the tasks in the upcoming months, how can EPF/ IDF contribute?
7. Role of IDF Europe

The Coordinator highly recommended EPF to contact with the leader of WPs and also communicated himself with the leaders of WPs to inform them about the doubts of EPF.

Concerning the participation of IDF Europe, the Coordinator explained that IDF Europe does not meet the financial independence to become an associated partner. Thus it



should collaborate as a stakeholder during the Stakeholder meetings. No rules have provided for participation of such external interest groups.

However, the Coordinator has checked this issue with the Policy officer of the project and has given feedback to IDF Europe concerning its participation as CP.

3.2.3.- TC with WP7

Date: May 29th 2014

Participants: 1) WP7 leader, co-leader (Marina Maggini, Jelka Zaletel)
2) Coordination team (Juan E. Riese, Marie Roseline Bélizaire, Isabel Saiz)

The agenda:

1. The possible role of Spanish MoH in collecting data from representatives of all MoH for NDP tasks
2. The possibility to use the WP4 platform for the Task1-4 web based questionnaires (if not, CHRODIS web site may host the questionnaires?)
3. The possibility to have a CHRODIS mail address to send/receive NDP questionnaire;
4. The definition of a list of experts/responders to the WP7 questionnaires

Conclusions (Next steps):

- 1) The Governing Board is not complete yet. There are only nine countries having sent their representative. Then, it is impossible to collect data from them. The representative of the MSSSI suggested to using the Commission nominated National Focal Point for Diabetes. For that, it should be important to contact the project officer.
- 2) The CHRODIS website will be the better option to upload the WP7 questionnaires.
- 3) It is not necessary to have a specific email address jus for the questionnaires. They can be sent from the WPLs electronic address.
- 4) A list of experts will be found in countries representatives in CHRODIS by WP7.

3.2.4. - TC with WP4 and WP6

Date: June 3rd 2014

Participants: 1) WPs leaders and co-leaders (Enrique Bernal, Ramon Launa, Graziano Onder, Rokas Navickas)
2) Coordination team (Juan E. Riese, Isabel Saiz, Marie Roseline Bélizaire)

Agenda:

1. Common points between WP4 and WP6
2. Timeline for the meetings



3. Identification of experts for the DELPHIs

Summary:

Proposal from WP4

1. Elaboration of assessment criteria
2. Evaluation of practices

WP6 agreed on this proposal and expected to have the first step led by WP4 to be delivered on May to June 2015. Working on the outputs of this first step, WP6 will lead the activities planned for the second step and deliver the results by October-September 2015.

Further, it has been agreed to work mainly with the same experts in the 2 DELPHIs sharing them partially with WP7 for two reasons: first, it will be easy to identify them; second, they will be already available. The number of expert will not exceed 20, but ideally the number should be around 10.

WP leaders 4 and 6 have committed on this date to send the changes in the CHRODIS-JA timeline regarding the milestones and deliverables to WP1 in order to include them in the amendment.

Alternative scheme proposed by E. Bernal, WP4 leader. (Received on June 16th 2014)

Two steps:

- 1) Elaboration of assessment criteria and,
- 2) Evaluation of practices

1) Elaboration of assessment criteria:

The first Delphi round will be fed with preselected criteria coming from published literature, grey literature and as many criteria as experts want to add. We will have then criteria coming from "evidence" (literature review) and criteria from "real life" (provided by experts. To keep in mind that is up to WP6 to decide who will be the experts).

The panel is asked to prioritize all those criteria. Instead of using a single question, we could ask them to weight those criteria following two questions: 1) "In your opinion, which are the criteria that should ideally be used to evaluate interventions or practices on multi morbid patients? And 2) "In your opinion which of those could be feasibly used to evaluate interventions or practices on multi morbid patients?"

After the 3 rounds, we would have two lists of criteria: the aspirational list and the real life list. The second one would be implemented into the assessment tool. The aspirational list of criteria would be used to elaborate a "recommendations for future" report.

2) Evaluation of practices:



The assessment tool, with the real life criteria implemented, will be used to assess practices. First, a subset of practices, to testing and refining the tool, and if needed implementing some improvements. Then, the remaining practices.

WP4 would like to suggest using some of the experts from the panel (5 to 10) to, using the tool, evaluating the practices. In the end, all those practices (as many as the expert group could manage) would be evaluated using "real life" criteria. "

3.2.5. - TC with WP2

Date: June 16th 2014

Participants: Ingrid Stegeman, Anna Gallinat, Juan E. Riese, Isabel Saiz, Marta Molina, Carolina Rodriguez, Marie Roseline Bélizaire, Mercedes García.

Agenda:

1. What is the situation health promotion and chronic disease prevention in Europe right now?
2. What are your products/outputs?
3. What do you want to achieve with your work?
4. Who do you want to address?
5. Who do you do this work for?
6. What do you do in your work package 'Coordination'?
7. What do you want us, EuroHealthNet, to do?
8. Do you have ideas/expectations for practical communication activities?

Situational Analysis/Background

In Europe, we have examples and experiences on chronic diseases in Member States
→ so why not benefit and learn from each other?

- **Strengths and opportunities**
 - Many partners with different experiences and examples to be shared
 - Governing Board (Forum of Ministries) will have political influence, which is new and innovative
 - Vision: first time of sharing good practices and first time of defining criteria for good practices
- **Weaknesses and threats**
 - Involvement of the right stakeholders
 - Policy makers need to be behind the action
- **Target groups**
 - Same as WP4-7



- Elderly population
- Ministries of Health for Governing Board (composed of representatives of health *ministry's* working on health promotion and chronic diseases)

Message

In WP1/technical terms: It is important to get the right stakeholders involved

- Umbrella statement
- We are working on sharing knowledge to improve citizens' lives by addressing chronic diseases.

3 key messages

1. Better health promotion promotes healthy ageing.
2. We are working to improve quality of life of the elderly.
3. Everyone will benefit from CHRODIS-JA's work and results as we not only address high-level and political policy makers but also gathering good practices that are applicable on 'lower' levels, e.g. local, as well.

Foundation

The EU offers a space wherein countries can work together in the area of health. While there are restrictions for changing national health legislation, Member States can coordinate exchange and promote cooperation, especially in health promotion.



II.- Press Release

On January 27, 2014 the ISCIII released to the press the launch of the JA. The objectives of this JA and its expected deliverables have been explained to the general public. The text was written in Spanish. The complete text can be found at annex 4.

III.- Representations of CHRODIS-JA in CANCON Stakeholder forum

The coordination team received from CANCON (Cancer Control JA) the invitation to attend the CANCON stakeholder forum on June 6th 2014 in Brussels. Marie Roseline D. Bélizaire represented the JA. The JA- CHRODIS representative participated actively in the discussion of the parallel sessions sharing experiences about inclusions of Members States in the JA-CHRODIS Governing Board.

IV. - Work Plan

The work plan for the 39 months duration of the JA is available and agreed by the EB. Due to problems of misunderstanding about the DELPHI process between WP4 and WP6, some activities corresponding to these two WPs have been postponed. After the programmed TC (June 3rd 2014) by the coordination with those WPs (WP4 and WP6), the WPLs have reach a common understanding about the process.

V. - Glossary of terms

The Coordination team is collecting the terms to include in CHRODIS-JA Glossary of terms. WP (co)leaders were asked to send to the coordination the terms that are important to have the same meaning in the context of the JA. The WPs, step by step, are sending their propositions. The Glossary will be published between the JA partners after review from the EB. The first version will be presented during the 3rd EB in Rome on July 7-8th 2014.

VI. - CP list update

From the beginning of the JA to the present date of the report, four additional CP have been added. The process consisted on make the request to the Coordination; the coordination team presents the request to the EB for approval of inclusions of new partners.

1. European Health Futures Forum (EHFF)
2. Gesundheit Österreich GmbH
3. European Coalitions for Diabetes, ECD
4. Hub for International health ReSearch (HIRS) - EUBIROD network, Italy



VII. - Completion of the coordination team

The coordination team has been completed on May 2014 with the incorporation of

1. - The scientific project manager

The scientific project manager is in charge of:

- Developing the project plan, managing the project processes, monitoring the project progress.
- Organizing the TCs and physical meetings needed for the smooth development of the project.
- Providing direction and support to leaders and partners for content-related issues, constantly monitoring and reporting progress of the project to all stakeholders, provide reports describing the project's progress, problems and solutions.
- Drafting the project's Standard Operation Procedures and follow-up.
- Preparing the project's management reports.
- Assisting the coordinator in managing the conflicts related to the JA-CHRODIS.
- Implementing and managing project changes and interventions to achieve the project's outputs, evaluations and assessment of results.
- Ensuring timely delivery of outputs and effective and timely follow up of information requests.
- Checking appropriate style and editing of all materials before external dissemination.
- Coordinating the production of dissemination material produced in the framework of the Joint Action, especially those originated by WP2.
- Supporting dissemination activities
- Participating actively in scientific event related to the JA.
- Proposing scientific paper related to the JA
- Supporting the activities of the Financial Manager.

2.- The financial project manager

The financial project manager is responsible for the implementation of the following tasks:

- Monitoring the project cash flow and informing the partners about the EU payment procedures.
- Distributing the EU contribution among partners.
- Informing the partners about the total EU payments corresponding to each one of them.
- Financial management in terms of defining the necessary supporting documents for each cost category.
- Checking the cost statement and detecting possible budget excesses.
- Assisting the partners in the finalization of the eligible expenses to be included in the project cost statement.
- Informing the partners about remaining available budget.



- Consulting the partners on financial obligations.
- Maintaining the library of documents and deliverables.
- Preparing the financial report according to the Work Plan timeline.
- Preparing contract amendments.
- Supporting the activities of the Scientific Manager.
- Arranging travel plans and resulting justification of expenses.
- Logistic support to the project
- Managing justification of expenses.

VIII. - Management tool

Designing management software for the needs of the JA is launched on June 20th 2014. Propositions are received till June 30th. It consists of a tool for the internal management of the project performing. It will be flexible and easy software for sharing documents in an orderly manner with different access profiles, for following project activities, and convene meetings and other functions. It will be linked to the project website.

The tool components are:

1. Virtual library / documents, packages based project work and access to partners (36)
2. Access system of permits
3. Financial project management
4. Templates
5. Time reporting (work plan)
6. Meetings (additionally)

IX. - Governing Board setting up

The draft for the Terms of Reference of the Governing Board (GB) of CHRODIS Joint Action was elaborated and consensus was reached with the European Commission, and later it was presented during the 1st Executive Board and Kick-off Meeting at the end of January, 2014. It includes the objectives, functions and rules of procedures.

It was requested of the Permanent Representation of the UE and the EEA Member States to nominate a representative from their Ministries of Health to join the Governing Board. So far, ten MS have sent their nomination (Belgium, Croatia, Italy, Germany, Greece, Portugal, Slovenia, Lithuania, Norway and Portugal). We are in the process of sending a reminder.

X. - Standard Operations Procedures

The SOP describes the principles, procedures and tools facilitating the relations between the CHRODIS-JA partners and the governance structures. The details pertaining to the financial and reporting structure have, for the most part, come from either the 2013 CHAFEA Guide for Applicants or the CHRODIS-JA Grant Agreement. These elements have been described herein in order to ensure successful



implementation of the CHRODIS-JA, particularly in terms of the objectives, deliverables and deadlines detailed in the contract.

The EB agreed on the SOP after revision, corrections and suggestions that the Coordination team has taken into account. The final version of the SOP is already available.

XI. - Payment to AP

The transfer of the CHRODIS 1st Advance payment has been managed. It was foreseen to have this already done by last March 2014 as announced, and as agreed in the CHRODIS SOP, but in the institution coordinating the JA, a new mandatory national administrative system has been implemented in March. This issue blocked the process for at least two months. On 2nd June 2014, the payment has been effective and APs received the transfer satisfactorily.

However two Associated Partners (National Institute of Public Health (NIJZ) of Slovenia and Terveystieteiden tutkimuskeskus (THL) from Finland) have not received the payment, due to problems with their bank information. The correct bank details have been sent to the Bank of Spain in order to solve this problem as soon as possible. Partners are informed about this inconvenience and will be keep updated.



XII. - Presentations in conferences and workshops

Presentation/type/ Title	Date	Events	Place	Speaker
CHRODIS - JA. The Joint Action on "Chronic Diseases and Promoting Healthy Ageing across the Life Cycle".	04 March 2014	European Diabetes Leadership Forum	Belgium, Brussels	Juan E. Riese
CHRODIS - JA. The Joint Action on "Chronic Diseases and Promoting Healthy Ageing across the Life Cycle".	18 March 2014	World Oral Health Day 2014	European Parliament, Brussels, Belgium	Juan E. Riese
CHRODIS - JA. The Joint Action on "Chronic Diseases and Promoting Healthy Ageing across the Life Cycle".	04 April 2014	Summit on Chronic Diseases	European Commission, Brussels, Belgium	Juan E. Riese
CHRODIS - JA. The Joint Action on "Chronic Diseases and Promoting Healthy Ageing across the Life Cycle". Call 2013	24 June 2014	Infoday DG Sanco	ISCIII, Madrid, Spain	Juan E. Riese
"The European Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle: The vision of patients empowerment"	27 June 2014	Workshop on Chronic Disease management (AIM)	Grand Hotel Casselberg, Bruges, Belgium	Marie Roseline D. Bélizaire

Next steps

1. Presentation of CHRODIS in the "VIII Encuentro e-Salud y Telemedicina, Menéndez Pelayo International University.
2. Preparation of EB meeting in Rome from 7th to 8th July 2014
3. Preparation of the amendment
4. Preparation of the Stakeholders forum
5. Participation to international conferences related to JA-CHRODIS fields
6. Preparation of the GB meeting, General Assembly and EB meeting on February 2015
7. Interim reports



WP2: Dissemination of the Joint Action

Activities report

I. - Tendering

At the start of January 2014, EuroHealthNet developed and issued a Call for Tender for the CHRODIS-JA Communications. Three Communication agencies responded to the Tender. EuroHealthNet selected the proposal that represented the best value for money.

II. - Visual Identity and Logo

WP 2 leaders and the Communication agency discussed concepts for a logo. On the basis of the discussions, the communications agency developed five proposals for a logo. WP2 leaders sent these proposals to CHRODIS Executive Board Members (including DG SANCO and CHAFEA representatives) who selected their preference. By March 2014, the visual identity, which includes Word and PowerPoint templates, was finalised. For easier distribution, the logo files and templates will be uploaded to the Intranet platform of CHRODIS. If partner require them earlier, they are encouraged to contact WP2 leader (a.gallinat@eurohealthnet.eu).

III. - Stakeholder Analysis and Mapping Exercise

In March 2014, WP 2 carried out a Stakeholder Analysis and Mapping Exercise that involved all partners. The 21 responses of the stakeholder analysis were evaluated and results are incorporated in the communication strategy document.

The mapping exercise generated contact details for about 700 stakeholders for CHRODIS from 11 countries (national level) and about 60 from the European level. These contact details will be used for the newsletter.

IV. - Draft of Communication Strategy

WP2 leaders drafted a Communication Strategy, that describes the why, who, what and how of communication activities for CHRODIS. WP2 leaders also held interviews (via Skype or telephone) with WP leaders 1, 4, 5, 6 and 7 to identify key messages for CHRODIS in general and for each WP separately. These messages were incorporated into the draft Communication Strategy. WP2 is currently in the process of editing the draft strategy on the basis of comments provided by CHAFEA. Once it is finalised and approved by the coordination and CHAFEA, it will be made publicly available on the CHRODIS website.



V. - Website

A static website was placed in March 2014 under the URLs www.chrodis.eu and www.chronicdiseases.eu.

WP2 leaders met with the Communication agency to discuss the design of the CHRODIS website, and are currently working on the functional website, which will be put in operation by the end of July 2014 (using the same URLs). Other WP leaders were asked to provide descriptions of their work (background, approach and expected outcomes). All associated partners were asked to provide contact details, a quote and information on the WPs they are involved in till the end of June 2014. WP1 helped collecting the logo from partners and are available in a dropbox file shared with WP2.

VI. - Other promotional materials

We have produced 1000 pens with the CHRODIS logo and the URL www.chronicdiseases.eu. In first instance, these will be distributed in reasonable amounts to WP leaders at the EB meeting in Rome (July 2014). During the next General Assembly in December 2014/January 2015, we will distribute them more to all partners.

Moreover, we have produced one roll-up banners for CHRODIS which will be given to the coordination. A second one will be produced and will remain with WP2 leader. Partners will be able to contact WP2 leader if they wish to use the roll-up banner during meetings, presentations, conferences etc.

VII.- Meetings/Presentations

Presentation/type/ Title	Date	Event	Place	Speaker
Webinar on CHRODIS-JA: Good practice in health promotion and primary prevention of chronic diseases	26 May 2014	European Diabetes Leadership Forum	Belgium, Brussels	Ingrid Stegeman & Cristina Chiotan



Next steps

- Finalising the website (by end July), with input from all partners
- Producing the first newsletter (to be sent mid-September)
- Recipients: contacts from stakeholder mapping exercise and EU Chronic Disease participants (around 1000)
- Producing CHRODIS leaflet (by end October)
- Producing first video (by end of the year)
- Presenting CHRODIS at relevant meetings and events



WP3: Evaluation of the Joint Action

Activities report

- January 29/30 2014 Kick off meeting including workshop on evaluation and creation of group of partners interested in the evaluation procedure.
- Feb 2014: creation of 1st iteration of logframe for evaluation and work on indicators for dissemination and co-ordination. Logframe sent to WP leaders and evaluation group for comment.
- Feb/March 2014: separate phone discussions with each WP leader about the logframe to gain buy-in. Adjustments to logframe following discussions and second iteration of logframe sent to WP leaders and coordinators.
- March/June 2014: various email exchanges and conversations with coordinators re financing and organising the evaluation.
- June 2014: draft TORs for internal and external evaluation drafted and sent to coordinators as requested. Teleconference about the organisation of the evaluation and involvement Greek partners.



WP4: Platform of Knowledge Exchange

- A proposal for agreement on the activities with WP6 was sent after the 2nd EB meeting in April.
- Agreement achieved between WP4 and WP6 during the TC on June 3rd 2016. The proposal text was sent to WP6 and WP1 for agreement on June 16th 2014 (see TCs WP1).
- Assessment tool for the DELPHI consultations is being developed actually.
- DELPHI consultation process is being developed together with WPLs.



WP 5: Good practices in the field of health promotion and chronic disease prevention across the life cycle

Activities report

I.- Meeting

First Work Package 5 meeting

Date: April 28th and 29th

Place: Cologne, Germany

Participants:

representatives from EuroHealthNet, BZgA, Germany, HSE, Ireland, Ministry of Health of Italy, IPH of Ireland, INSA of Portugal, EIWH of Ireland, DoRS of Italy, ISS of Italy, ISC III of Spain, YPE of Greece, CSBSJA of Spain, The Platform for Better Oral Health in Europe, MSSSI of Spain, University of Coimbra/Consortium Ageing@Coimbra of Portugal, RIVM of Netherlands, DOHI of Iceland, SMLPC of Lithuania, NIHD of Estonia and PGEU from Belgium.

Agenda:

The complete agenda is available at: <http://www.chrodis.eu/wp-content/uploads/2014/07/Final-agenda-1st-meeting-WP5.pdf>.

On the first day, a review and discussion on the objectives of the work package and an in-depth discussion on Task 1 took place. The objective of Task 1 is to understand what countries are doing to prevent chronic disease and to promote health. It aims to identify contextual differences between countries as well as gaps and needs. At the end, a set of country reviews will be presented that will summarise the results. The country reviews will be developed with the help of a questionnaire on “Good Practice in the Field of Health Promotion and Disease Prevention” A draft of the questionnaire was sent out to partners before the meeting.

During the 2nd day of the meeting the upcoming Tasks 2, 3, 4 and 5 were discussed and coordinated. The minutes are available at http://www.chrodis.eu/wp-content/uploads/2014/07/Minutes-1st-meeting-WP5_14052014.pdf.



II.- Questionnaire on “Good Practice in the Field of Health Promotion and Primary Prevention”

During Task 1 of WP5 a questionnaire was developed to help to provide a structured overview on the situation of health promotion and primary prevention as a basis for the report with country reviews. The draft questionnaire was discussed by partners during the meeting, and they were encouraged to start responding to the questionnaire immediately after the meeting. The final questionnaire was sent out to partners in early June 2014, the deadline is set to July 27th 2014.

III.- Presentations of JA-CHRODIS at events

Presentations/type/title	Date	Events	Place	Speakers
Information on CHRODIS and WP5	12 May 2014	EuroHealthNet’s Annual General Council	Berlin, Germany	Ingrid Stegeman
CHRODIS-JA and the objectives of WP5	16 May 2014	BZgA Advisory Board "Healthy and Active Ageing"	Cologne, Germany	Theresia Rohde
CHRODIS-JA: Good practice in health promotion and primary prevention of chronic diseases	26 May 2014	Webinar for EuroHealthNet Members		Ingrid Stegeman , Cristina Chiotan
CHRODIS-JA, focussing on the objectives of WP 5	23 June 2014	Event Next Actions in the Health Sector in the Frame of the Italian Semester	Brussels, Belgium	Ingrid Stegeman

Next steps

- Deadline to fill out and send back the questionnaires is July 27th 2014
- Analysis of the questionnaires and compilation of the country reviews until September 2014
- Preparation of Task 2: Elaborating criteria for the identification and evaluation of Good Practice as well as a template for the description of project examples
- Cooperation with WP 4 in the gathering of experts for the Delphi Panel
- Next Work Package meeting in the aftermath of the General assembly in January 2015



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

Activities report

I. - Activities included in Task 1 of WP6

- Definition of a frame work for data analyses agreed on with partners (based on TC and email communication) each partner with accessible database is working on data extraction and analysis.
- Activities included in Task 2 of WP6 (Review existing care pathway) approaches for multi-morbid patients) are now ongoing.

II. - Common activities with WP4

- Activities with WP4 in regards to collaboration during the Delphi consultation process were clarified and agreed on June 3rd 2014.

Next step

- WP6 meeting to be organized October 24th and 25th, 2014 in Rome (dates and venue to be confirmed)



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

Activities report

The work plan for the 39 months duration of the WP7 has been prepared with the collaboration of all the Task leaders and agreed by the EB.

A glossary of terms relevant to WP7 activities has been defined together with the Task leaders and sent to the coordination team.

I. - Platform

To support the WP7 activities, a web-based platform has been developed. This web environment is aimed to enhance the development of a Community of Practice (CoP) within WP7, in order to promote exchanges, discussion, sharing of resources and experiences. The CoP approach is based on the social constructivism theoretical model and focuses on people and on the social structures, which enable them to learn with and from each other. In the context of WP7, the CoP approach is aimed to share knowledge and expertise within partners, to create tools to support the activities, knowledge management and generation of new, capitalized knowledge.

The ISS team has developed the web environment to support the CoP's activities, using the open-source learning platform Moodle. There is a general area dedicated to WP7 and 5 dedicated to the different Tasks. A tutorial has been developed and sent to every WP7 member. Technical support has been provided for registration and use of the web environment.

Several tools have been developed until now in the general and single Task areas. The forums are the most used tools, aimed to exchange and discussion. The Glossary has been developed collecting the contribution of all members willing to participate. The shared folders and databases are used to exchange resources and tools, i.e. general JA and WP documents, questionnaires, guidelines, templates for surveys protocols, group pictures, minutes from conference calls and meetings.

II. - Questionnaires

The tasks 1-4 of WP7 have the common aim to map national/regional strategies on four essential topics: identification of high-risk people, and primary prevention of type II diabetes; secondary prevention, including models of care delivery; health promotion interventions; educational intervention to strengthen health literacy and patient empowerment capacity, and training for health professionals. Task 5 has the aim to mapping and overview national policy documents (NDPs) related to diabetes.



One combined questionnaire, for Tasks 1-4, was developed to help to provide a structured overview on diabetes prevention and care. Participants will be: national health agencies, individual health care providers, patient organizations, organizations of health care professionals.

A specific questionnaire was developed on Task 5 objective. Participants will be the representatives of Ministries of Health.

The draft questionnaires were discussed by partners on the WP7 platform and will be presented and discussed during the 1st WP7 meeting to be held in Rome on July 9th.

III. - Teleconferences

3.1.- TC with Task leaders –

Three TC were held during the period (March 11th 2014, April 16th 2014 and May 20th 2014) with tasks leaders and leaders of WP7 (Marina Maggini, Flavia Lombardo y Jelka Zaletel)

Summary:

- Agreement on the WP7 Work Plan draft, defining the WP7 list of experts, Glossary of terms regarding the work of WP7, deciding on a combined questionnaire for 1-4 tasks and an individual questionnaire for task 5. WP7 partners also discussed on a possible collaboration with the International Diabetes Forum (IDF)

3.2. - TC interview with WP3 - March 13th 2014

Participants: Olivia Dix, Marina Maggini, Flavia Lombardo

Summary:

- Log frame for the CHRODIS evaluation
- defining the WP7 indicators

3.3. - TC Interview with WP2 - April 15th 2014

Participants: Jelka Zaletel, Marina Maggini, Anna Gallinat

Summary:

- Agreement on the Communication strategy for WP7
- WP7 objectives, outcomes and messages to be communicated

3.4. - TC with Coordination team - May 29th 2014

Participants: Jelka Zaletel, Marina Maggini, Isabel saiz, Juan E. Riese, Mercedes garcía, Marie Roseline Bélizaire

Agenda:

- Possible role of Spanish MoH in collecting data from representatives of all MoH for NDP tasks
- Possibility to use the WP4 platform, or CHRODIS web site for the Task 1-4 web based questionnaires



- Possibility to have a CHRODIS mail address to send/receive NDP questionnaire;
Definition of a list of experts/responders to the WP7 questionnaires

Summary: It is important to define first the Terms of Reference of the GB, to have the representatives agreed on it and then decide how the GB should collaborate in the JA.

IV. - Presentations in conferences and workshops

Presentations/Type/Title	Events	Date	Location	Speakers
The next steps for driving change in the management of chronic diseases such as diabetes at a national and European level	European Diabetes Leadership Forum	4 March 2014	Brussels, Belgium	Jelka Zaletel
How do health systems respond to the challenge of diabetes	The 2014 EU Summit on Chronic Diseases	3-4 April 2014	Brussels, Belgium	Marina Maggini

Next steps

1. - 1st WP7 Task leaders meeting - Rome, July 8th.
2. - 1st WP7 Partners meeting. Rome, July 9th.



Summary: six months overview

During the six first months of the projects leaders were focused on coordinating the work, the different tasks with task leaders and meet each other.

WP1 organised the kick off and two Executive Board meetings. The Standard Operating Procedures and the work plan are approved by WPLs. Payment to partners was effective on June 2nd 2014 with exception of two partners.

WP2 is working on the static website in order to have it launched on July this year. The stakeholder mapping and visual identity of the JA were approved by partners.

WP3 worked on the two deliverables (ToR for evaluation and Log frame for evaluation) in due time even though the coordination is working to have them more elaborated.

WP4 achieved an agreement with WP6. WP4 agreement on new dates will be included in an amendment.

WP5 had its first partners meeting on April. The Questionnaire on “Good Practice in the Field of Health Promotion and Primary Prevention” was sent on the beginning of June 2014 to all partners. Data will be collected till July 27th 2014.

WP6 acquired an agreement with partners on the frame work for data analysis. The WP task 2 what consists on the Review existing care pathway approaches for multi-morbid patients is in process.

WP7 developed a platform for the Community of Practice. The questionnaire that encompasses task 1 to 4 with an overview on diabetes prevention and care will be presented during the first WP7 partners’ meeting on July 9th 2014.

During the period of the report, the JA-CHRODIS was presented at twelve events in three European countries (Belgium, Germany and Spain).



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

ACTIVITY REPORT

Period: July 1st 2014 – September 30th 2014



This document arises from the EU CHRODIS Joint Action 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 Executive Agency for Health and Consumers is not responsible for any use that may be made of the information contained therein

WP 1: Coordination of the Joint Action

Activities report

3rd Executive Board meeting

The 3rd JA-CHRODIS Executive Board was held in Rome at the Istituto Di Sanità on July 7-8th 2014. The aim of this meeting was to review the progress for the first six months of execution and to define next steps.

The participants list is available at <http://www.chrodis.eu/wp-content/uploads/2014/07/3rd-EB-meeting-Rome-list-of-participants.pdf>

Agenda: The agenda is available at http://www.chrodis.eu/wp-content/uploads/2014/07/FINAL-AGENDA_-3rd-EB-meeting-7-8-july-CHRODIS-

[JA_LastV1.pdf](#)

The minutes are available at: <http://www.chrodis.eu/wp-content/uploads/2014/07/3rd-EB-MINUTES- LAST-VERSION.pdf>

Interviews/ JA-CHRODIS as stakeholder

JA-CHRODIS answered to two interviews.

1) European Observatory

- Date : September 26th 2014
- Interviewer: Helena Spongenberg
- JA-CHRODIS representation: Juan E. Riese

A feedback is available at <http://euobserver.com/chronic-diseases/125922> and <http://euobserver.com/chronic-diseases/125638>

2) EMPATHiE Stakeholder Consultation

- Date : July 29th 2014
- Interviewer: Leah Cozens
- JA-CHRODIS representation: Juan E. Riese

The feedback is not yet available.

Partners tracking

WP1 undertook the activities of checking if partners are involved in the work package of their choice according to the Grant Agreement. We contacted the French colleagues on 21 July 2014 since we had no reaction since the preparation of the application. They are now actively involved in WP7. WP1 had several phone conversations with them on different issues regarding their participation to JA-CHRODIS. The French partners



manifested their interest to participate in other work package. WP1 is waiting for their news regarding their official expression of interest in order to communicate it to work packages leaders.

Review of the website

WP1 reviewed the website and provide information to WP2 about changes to be done in the webpage. A power point presentation template was produced on 17 September 2014. Since the beginning of October 2014, changes are being incorporated step by step.

WP1 sent to WP2 newsletter references on September 15th 2014.

Teleconferences

Teleconferences with Chafea

Date: July 18, 2014

Participants: Anne-Marie Yazbeck, Juan E. Riese, Marie Roseline Darnycka Bélizaire, Mercedes García.

Objective: 3rd EB meeting debriefing.

Summary: WP1's impression about the 3rd EB and decisions for the next steps. WP1 committed to follow the approved agenda for the next six months of the projects.

Date: 28 August 2014

Participants: Anne-Marie Yazbeck, Marie Roseline Darnycka Bélizaire, Mercedes García

Objective: Organization of workshop on diabetes in Portugal

Summary: http://www.chrodis.net/files/doc_details.aspx?d=53

Teleconferences with WP2

Date: 2 July 2014

Participants: Anne-Marie Yazbeck, Cinthia Menel-Lemos, Juan E. Riese, Marie Roseline Darnycka Bélizaire, Isabel Saiz, Mercedes García, Carlos Segovia, Ingrid Stegeman, Anna Gallinat

Objective: Review of the communication strategy

Summary: The topic of the TC was about the comments, received from Chafea, on the strategy communication document.

Date: 12 September 2014

Participants: Ingrid Stegeman, Anna Gallinat, Juan E. Riese, Marie Roseline Darnycka Bélizaire, Mercedes García

Objective: WP2 next deliverables (leaflet, flyers, newsletter)

Summary: The changes proposed by WP1 to incorporate to the webpage. The Proposal newsletter is to be received the latest on September 15th 2014.



Teleconferences with WP3

Date: 2 July 2014

Participants: Anne-Marie Yazbeck, Juan E. Riese, Marie Roseline Darnycka Bélizaire, Isabel Saiz, Carlos Segovia, Olivia Dix, Petros Eskioglou

Objective: Inclusion of Greek partners to WP3

Summary: Greek partners will take part actively to the work of WP3 and participated at the 3rd Executive Board meeting in Rome on July 7-8th 2014

Teleconferences with WP7

Date: October 3, 2014

Participants: Juan E. Riese, Marie Roseline Darnycka Bélizaire, Mercedes García, Jelka Zaletel, Marina Maggini

Objective: Participation of JA-CHRODIS to the 8th Portuguese National Congress on Diabetes.

Summary: A proposal agenda was defined and sent to Chafea.

Teleconference with Executive Board

Date: September 2, 2014

Participants: Anne-Marie Yazbeck, Juan E. Riese, Marie Roseline D. Bélizaire, Mercedes García, Anna Gallinat, Ingrid Stegeman, Olivia Dix, Petros Eskioglou, Enrique Bernal, Ramón Launa, Thomas Kunkel, Marina Maggini, Jelka Zaletel

Objective: defining the next steps after the 3rd Executive Board meeting

Summary: http://www.chrodis.net/files/doc_details.aspx?d=47

Glossary of terms

The glossary was presented to the Executive Board on the 3rd meeting in Rome. Olivia Dix from WP3 reviewed it and proposed some changes. The document will be uploaded in the management tool for Work packages leaders to review it. Vancouver style will be used for references.

Management tool

The management software is operative since beginning of September. The tool is linked to the webpage at <http://www.chrodis.net/Login.aspx?ReturnUrl=%2f>. An account is created for every Work package leader. There is a common file named Executive Board where documents regarding the whole JA will be uploaded. Every work package has a file which the work package leader can manage and give different level access to partners of the Work package. A user guide will be available at the end of October 2014.



Payment to partners

Due to Spanish administrative issues, two Associated Partners (National Institute of Public Health (NIJZ) of Slovenia and Terveyden Ja Hyvinvoinnin Laitos (THL) from Finland) still not received the first payment. The coordination is working with the ISCIII administration to solve urgently this issue.

Preparation of the stakeholder forum

The first stakeholder forum will be held in Madrid on October 24th 2014 at the Institute of Health Carlos III. The stakeholders will advise on general issues related to the JA. In particular, stakeholders may advise to the JA core working groups on the needs of users, private sector and regulators in diabetes type II, cardiovascular diseases, stroke and mutiimorbidity.

The stakeholder forum is an exchange of information and experiences between the JA and stakeholders. JA-CHRODIS expects stakeholders will relay information on JA-CHRODIS to various interested groups and link the JA with other initiatives and forum.

WP2 prepared the stakeholder mapping in collaboration with WPLs. Invitation form WP1 are sent to stakeholder in the list and also to some contacts in the Chronic Diseases Summit celebrated in Brussels on April 4th 2014. WP1 began to send the invitations from September 24th 2014 till now. The invitation letter is available at http://www.chrodis.net/files/doc_details.aspx?d=54.

Participation of JA-CHRODIS in the 8th Portuguese National Congress on Diabetes

Attending a requirement of CHAFEA, JA-CHRODIS will be presented in the 8th Portuguese National Congress on Diabetes. The participation of the 3rd Health Programme will be through an exhibition space. Chafea will provide the Health Programme booth, with information material in English and Portuguese.

JA-CHRODIS, in coordination with others EU projects, will present a workshop about diabetes, taking into account the forum theme and also the inputs that JA-CHRODIS need from the public. A proposal agenda of the workshop was circulated on September 3rd 2014. The sessions will be held in Portuguese.. The JA-CHRODIS Portuguese partners are involved in the preparation and the presentation of the workshop.



Participation of JA-CHRODIS Coordination at external events

Presentations	Events	Date	Location	Speakers
Ejemplo de acción conjunta CHRODIS, oficina de Proyectos Europeos	El nuevo marco europeo 2014-2020 de financiación de la investigación y la innovación en salud	2-4 July 2014	Santander, Spain	Juan Riese
CHRODIS-JA - Joint Action on Chronic Diseases	VIII Encuentro e-Salud y Telemedicina. Hábitats digitales y Salud Conectada	2-4 July 2014	Santander, Spain	Marie Belizaire
EU Joint Action on Chronic Diseases	7th Italian Barometer Diabetes Forum	10-11 July 2014	Monte Porzio Catone, Italy	Juan Riese
An integrated approach to tackle diabetes and other chronic diseases for a greater impact in European health: The Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (CHRODIS-JA)	European Association for the Study of Diabetes – EASD – Congress 2014	16 September 2014	Vienna, Austria	Juan Riese
H2020 y otras oportunidades. Aspectos clave en la preparación y ejecución de Proyectos Europeos de Investigación e Innovación en el área de Ciencias de la Salud	XXV Escuela de Salud Pública de Menorca	22-24 September 2014	Menorca, Spain	Juan Riese



Next steps

- 1) Stakeholders' forum October 24th 2014
- 2) Workshop on diabetes in Estoril, Portugal. November 2nd 2014
- 3) Next TC of EB, November 4th 2014
- 4) Declaration of interest to send to Advisory Board members (October 30th 2014)
- 5) Participation to international conferences related to JA-CHRODIS fields (October-November 2014)
- 6) Interim reports (December 2014)
- 7) Preparation of the GB meeting, General Assembly and EB meeting on February 2015



WP2: Dissemination of the Joint Action

Activities report

Finalisation of the communication strategy

It was pending to include the comments received from Chafea to the communication strategy. The second draft was sent to WP1 on 26th September 2014.

Dissemination activities

WP2 is restructuring and continuously updating the website. Information was received from WP1 and changes are incorporated step by step in the webpage.

WP2 reviewed the JA-CHRODIS poster produced by WP1 according to EC instructions for the European Health Forum Gastein.

WP2 produced a poster for other events (printed both on A1 and on A4 as hand-outs). This is a poster with general information about the Joint Action. This same text will be translated into other languages and printed in A4 format.

WP2 is continuously monitoring and updating social media outlets such as facebook and twitter.

The leaflet is foreseen for the current month (October 2014).

Presentation of JA-CHRODIS WP2 at external events

Presentation Title/type	Date	Events	Place	Speaker
JA-CHRODIS stand with banner, poster, flyers and pens	03-04 sept 2014	CommHERE events	Brussels, Belgium	Anna Gallinat
JA-CHRODIS stand with banner, poster, flyers and pens .	25-26 sept 2014	European Social Marketing Conference	Rotterdam, Netherlands	Anna Gallinat

WP3: Evaluation of the Joint Action

Activities report

WPL3 is negotiating with Greek partner his role in the evaluation. They will decide on how an evaluation team will be constructed and will provide suggestions to coordination about the scope of the evaluation.

WP3 Reviewed the JA-CHRODIS glossary of terms and formulated comments that will be reviewed by WPLs.

Next steps

- 1) Identifying evaluation team.
- 2) Preparing Questionnaires for WP leaders, partners and collaborating partners

Comments

The WPL emphasized that the nature of the evaluation and the role of EHMA have changed from the grant agreement. She also mentioned that the deliverables are delayed in despite of a the work done in the early months of CHRODIS on evaluation. The coordination is working to define the specific evaluation activities. The WPL3 reminded that is essential to put the evaluation in place by the end of the first year at the latest.



WP4: Platform of Knowledge Exchange

Activities report

WP4 is actually working in the online DELPHI WP5 consultation for selection of assessment criteria.

The User Requirement document for the Platform for Knowledge exchange (PKE) is now under review.

WP4 reviewed the allocated person/days per potential partners (YPE, EPF) within the work package.

Next steps

- 1) Launching the first round online DELPHI WP5 consultation for selection of assessment criteria (November 2014).
- 2) User Requirements document for the Platform for Knowledge exchange (PKE) will be delivered on November 2014 for approval during the next Executive Board meeting.
- 3) Participation in EIP AHA B3 meeting (October 29th 2014)



WP 5: Good practices in the field of health promotion and chronic disease prevention across the life cycle

Activities report

WP5 is working on the finalization of the Questionnaires and collection data for DELPHI panel from all Associated Partners foreseen for October 2014.

They started with the work towards country reports on the basis of information provided by partners in the questionnaire on health promotion.

The WP4 already received the nominations from partners for the DELPHI on health promotion.

A meeting with WP4 leaders was held on September 30th 2014 to discuss common approach, to draft the concept for DELPHI panel criteria list.

Next steps

- 1) Finalization of draft list good practice criteria (October 2014)
- 2) Finalization of Delphi Expert Panel composition (November 2014)
- 3) Formatting and editing work on the country reviews
- 4) Facilitating a cooperative work on the country reviews between Work Package partners
- 5) Organization of the 2nd task Leaders meeting on November 2014 (TBC)



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

Activities report

WPL6 created a database for later full-scale analysis based on the existing Lithuanian databases which is maintained and managed by Lithuanian National Health Insurance Fund (NHIF).

The database is on health care services provided to patients. Different types of variables are collected such as demographic (patients' population, age and gender); clinical and economics variables (causes of death; frequency of hospitalizations; frequency of outpatient consultations; procedures, costs and impact on NHIF budget analysis, etc.).

The WP6 co-leaders already contacted the Lithuanian National Health Insurance Fund to request the data.

WP6 co-leaders will be the host of the 1st WP6 meeting and the 2nd WP7 meeting in Vilnius, on November 6th -7th, 2014.

WP6 co-leader is building up a group of experts to piloting the WP7 questionnaire on situation analysis on diabetes prevention, care and National Diabetes Plan perspectives. The results will be presented on November 6th 2014 in Vilnius.

Next steps

- 1) To Starting discussion with WP4 on the nomination of specialists for the Delphi consultation process.
- 2) To completing the data extraction and inspecting the data quality in the Data bases. (Till December 2014)
- 3) To present preliminary results of data analysis and early findings during the WP6 meeting on November 6-7th 2014.
- 4) The joint WP6 and WP7 Meeting will be held in Vilnius on November 6th -7th 2014.
- 5) The WP7 Questionnaires will be filled in and discussed with the partners during a TC (Date to be determined)



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

Activities report

The WP7 is fully involved in the preparation of the 2nd meeting joined with 1st WP6 meeting to be held in Vilnius on the November 6-7th 2014.

WP7 participated in the preparation of JA- CHRODIS workshop on diabetes in Estoril on November 2nd 2014. A proposal agenda was sent to WP1.

The final versions of the Questionnaires on prevention and management of diabetes and on National Diabetes Plans are drafted after incorporating the comments and suggestions compiled during the first meeting on July 9th 2014. The questionnaires are available to be piloting in selected countries (Italy, Slovenia, Finland, Norway, Germany, Lithuania and maybe Spain). The results will be presented in the meeting in Vilnius. The questionnaires are available in the WP7 platform.

First WP7 meeting

The first meeting of WP7 was held in Rome on July 8-9th 2014. All task leaders presented their institutions and the collaboration they in the WP. The presentations, the agenda and the minutes of the meeting are available at the webpage <http://www.chrodis.eu/events/first-wp7-partners-meeting-2/>.

Teleconferences

Date: September 18th 2014

Objective: TC with task leaders to discuss the questionnaire on prevention and management of diabetes.

Date: September 22nd 2014

Objective: TC with task leaders to discuss the questionnaire on National Diabetes Plans.

Dissemination activities

WP7 created a section for the JA-CHRODIS in the webpage of Istituto Di Sanità. The link is available at <http://www.epicentro.iss.it/igea/box/jointaction.asp>



Next steps

- 1) Participation in the first Stakeholder Forum, Madrid, October 24th
- 2) Preparation of the 2nd WP7 meeting. November 6-7th 2014
- 3) Piloting the survey on prevention and management of diabetes, and preparation of the Web-based questionnaire (October 2014).
- 4) Collecting data on National Diabetes Plans and organization of teleconferences with JA partners (September 2014 till now).



Activities summary

Table 1: Achievements

ACHIEVEMENTS		
WHAT	WHO	STATUS
Advisory Board members	WP1	Elected on September 2014
Glossary of terms	WP1	Reviewed by EB, editing till now
Preparation of stakeholder forum	WP1	Ongoing
Financial progress report sent to APs	WP1	30 September 2014
3 rd EB meeting	WP1	7-8 July 2014
Management tool	WP1	Ready on 15 September 2014
Newsletter examples sent to WP2	WP1	15 September 2014
Preparation of workshop on Diabetes	WP1	Ongoing till 2 nd November 2014
Preparation of the JA-CHRODIS poster	WP1	September 2014
Review of the webpage	WP1	September 2014
Changes on webpage	WP2	September 2014
Leaflet proposal	WP2	12 September 2014
Second draft of strategy communication	WP2	26 September 2014
Review of JA-CHRODIS poster	WP2	August 2014



WHAT	WHO	STATUS
Preparation of a generic poster for JA-CHRODIS	WP2	August 2014
Selection of assessment criteria.	WP4	October 2014
User Requirement document for PKE	WP4	Ongoing
Questionnaires and collection data for DELPHI panel	WP5	Ongoing till October 2014
Meeting with WP4	WP5	30 September 2014
Creation of database	WP6	September 2014
Final version of the questionnaires	WP7	September 2014
Data collection on Diabetes	WP7	September 2014 (Ongoing)
Participation in the preparation of workshop on diabetes	WP7	September 2014 (ongoing)



Table 2: Actions to be taken

NEXT STEPS: ACTIONS TO BE TAKEN		
WHAT	WHEN	WHO
Follow up with other projects and Portuguese partners to prepare the workshop in Estoril on November 2 nd 2014	October 2014	WP1
Invitation to stakeholder forum, agenda, preparation of material, tips for travel, logistic (registration, catering, rooms. etc)	September- October 2014	WP1
First interim report	November to December 2014	WP1
Declaration of conflict of interest for AB	30 October 2014	WP1
Financial report	17 October 2014	All APs to WP1
Amendment	30 October 2014	WP1
Participation of JA-CHRODIS in the 18 th Conference of Integrated care in Vitoria Spain	October 2014	WP1 and WP7
Preparation of meetings: General Assembly, Advisory Board, 4 th Executive Board meeting, Governing Board, WPs meetings	17-19 February 2015	All WPs



WHAT	WHEN	WHO
Preparation of the WP6 and WP7 meeting	October 2014	WP1, WP6, WP7
Monthly report	Every last week of the month	All WPs to WP1
EB monthly TC	Every first Tuesday of the month	WP1
Monitoring report	Every six months	WP1
JA-CHRODIS leaflet	October 2014	WP2
EIP-AHA meeting (B3)	29 October 2014	WP4
First round online DELPHI WP5	November 2014	WP4
Draft list good practice criteria	October 2014	WP5
Composition of Delphi Expert Panel	November 2014	WP5
WP5 2nd task Leaders meeting	November 2014 (TBC)	WP5
Initial data analysis	October 2014	WP6
completing the data extraction	Till December 2014	WP6
JA-CHRODIS Newsletter	15 September 2014	WP2
Piloting survey	October 2014	WP7



Collection data on National Diabetes Plan	September 2014-December 2014	WP7
WP7 2 nd tasks leaders meeting/ WP6 1 st tasks leader meeting	6-7 th November 2014	WP6-WP7



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

ACTIVITY REPORT

Period: 1st – 31 October 2014



This document arises from the EU CHRODIS Joint Action 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 Executive Agency for Health and Consumers is not responsible for any use that may be made of the information contained therein.

WP 1: Coordination of the Joint Action

Activities report

Teleconferences

Teleconferences with WP7

Date: 3 October 2014

Participants: Juan E. Riese, Marie Roseline Darnycka Bélizaire, Mercedes García, Jelka Zaletel, Marina Maggini

Objective: Participation of JA-CHRODIS to the 8th Portuguese National Congress on Diabetes.

Summary: A proposal agenda was defined and sent to Chafea.

Teleconference with Executive Board

Date: 7 October 2014

Participants: Anne-Marie Yazbeck, Juan E. Riese, Marie Roseline D. Bélizaire, Mercedes García, Anna Gallinat, Ingrid Stegeman, Olivia Dix, Petros Eskioglou, Enrique Bernal, Ramón Launa, Thomas Kunkel, Marina Maggini, Jelka Zaletel.

Objective: defining the next steps after the 3rd Executive Board meeting

Summary: http://www.chrodis.net/files/doc_details.aspx?d=47

Teleconferences with WP3

Date: 28 October 2014

Participants: Jenni Bremner, Juan E. Riese

Objective: deliverables of WP3 and involvement of new leader

Summary: WPL decided to leave the lead of the WP

Teleconferences of WP6

Date: 29 October 2014

Participants: Graziano Onder, Rokas Navickas, Marie Roseline D. Bélizaire, Carlos Segovia, Carolina Rodriguez, Mieke Rijken, Elena Jureviciene, Federica Mammarella, Ulrich Rothe,

Objective: Preparation of the WP6 meeting in Vilnius on 6-7th November 2014

Summary: the WPLs informed about what they expected from tasks leaders to present at the meeting.

Teleconferences with Chafea

Date: 30 October 2017

Participants: Juan E. Riese, Anne-Marie Yazbeck

Objective: update activities



Management tool

The management software is operative since beginning of September. Various user guides (Users' manual, Group Administrator's manual, Master Administrator Manual) are available at the beginning of October 2014 the manuals can be found at <http://www.chrodis.net/Default.aspx> after login to the tool. All Executive Board members received their Group Administrator access to the tool, asked to give access to related associated partners of their WPs.

Payment to partners

Two Associated Partners (National Institute of Public Health (NIJZ) of Slovenia and Terveystieteiden tutkimuskeskus (THL) from Finland) were pending to receive their first payment. The Slovenian partners received their payment on October 17th 2014.

JA-CHRODIS 1st stakeholder forum

The JA-CHRODIS first stakeholder forum was held in Madrid on 24th October 2014. The coordination management team sent over 280 individual invitations to stakeholders in the JA-CHRODIS stakeholder list from 19th September to 15th October 2014. On 23th October 2014, 73 participants (including Executive Board members) were listed. We compiled 64 participants' signatures the day of the forum from 13 countries from the following organisations: Gesundheit Österreich (GmbH), DG SANCO, European Heart Network, EuroHealthNet, Pharmaceutical Group of the EU, Servier Monde, ROCHE, Federal Centre for Health Education (BZgA), Saxonian Diabetes Association, e-Health Unit "SOTIRIA" Hospital (YPE), Istituto Superiore di Sanità (ISS), Agenzia Italiana del Farmaco (AIFA), Vilnius University Hospital Santariskiu klinikos (VULSK), University of Medicine and Pharmacy "Carol Davila" Bucharest, Slovenian National Institute of Public Health (NIJZ), Osakidetza-Basque Health Service, Ministry of Health Social Services and Equality (MSSSI), Consejería de Salud y Política Sociosanitaria of Extremadura, Institute of Health Carlos III (ISCIII), Boston Scientific, Instituto Aragonés de Ciencias de la Salud (IACS), Spanish Society of Primary Care (SEMERGEN), Spanish Association of Nursing in Cardiology, Merc & Co, Regional Government of Cantabria Health Social Welfare, Spanish National Centre of Epidemiology, Gerencia Atención Primaria de la Comunidad de Madrid, Telefónica, Novo Nordisk, ISCIII-Telemedicine Unit, University Hospital of Getafe, Institute of Genetic Medicine of Newcastle University, Platform for Better Oral Health in Europe attended the Forum. The list of participants to the JA-CHRODIS first stakeholder forum is available at: <http://www.chrodis.eu/wp-content/uploads/2014/10/PARTICIPANTS-LIST.pdf>

The report is available at http://www.chrodis.eu/wp-content/uploads/2014/10/JA-CHRODIS_1st-STAKEHOLDER-FORUM-REPORT.pdf



The forum was disseminated in various websites:

- Webpage events of EIP-AHA:
<https://webgate.ec.europa.eu/eipaha/events/index/show/id/624>
- Market place EIP-AHA:
<https://webgate.ec.europa.eu/eipaha/news/index/index/page/3>
- JA-CHRODIS webpage: <http://www.chrodis.eu/events/ja-chrodis-stakeholder-forum/>
- Greek EIP-AHA webpage: <http://www.eiponaha.gr/en/eip0301.htm>

Press releases:

- http://www.chrodis.eu/wp-content/uploads/2014/09/CHRODIS-Press-Release-Stakeholder-Forum_Website.pdf
- http://www.isciii.es/ISCIII/es/contenidos/fd-el-instituto/fd-comunicacion/fd-noticias/22_10_14ReunionAccionEuropea_enfermedades_cronicas.shtml

32 evaluation forms were collected and will be evaluated in order to improve the next fora and taking into account stakeholders views and opinions.

Participation of JA-CHRODIS at external events

Presentations/participations type/contribution	Events	Date	Location	Speakers
	European Health Forum Gastein	3-5 October 2014	Bad Hofgastein, Austria	Poster, distribution of brochures, participation in workshop and discussion on chronic diseases
JA-CHRODIS	Spanish National Congress on Family Medicine	9 October 2014	Bilbao, Spain	Juan E. Riese
JA-CHRODIS WP1	Stakeholder Forum, Madrid	24 October 2014	Madrid, Spain	Juan E. Riese



Next steps

- 1) Participation to WP6 and WP7 meetings (November 6-7th 2014)
- 2) Next TC of EB, November 4th 2014
- 3) Participation to 18th International Nursing Research Conference in Vitoria, Spain, November 12-14th 2014
- 4) Interim reports (Month 12 + 2)
- 5) Continue follow up with WPs
- 6) Preparation of the GB meeting, General Assembly and EB meeting on February 2014



WP2: Dissemination of the Joint Action

Activities report

Actions expected to be done over the period

- Updating the website and incorporating further changes (e.g. mega-menu under 'Our Work').
- Production of the JA-CHRODIS brochures (texts, layout, liaising with the designer and EB).
- A press release for the Stakeholder Forum was produced and distributed to all APs and CPs with the call to disseminate it further and translate it.
- Participation at the first stakeholder forum presenting the content and the work of the work package of dissemination.
- Conceptualization of the first newsletter, i.e. researching possible templates and proposed a structure to the coordinators.
- Coordinating the distribution of dissemination materials with the EB and other partners.

Main achievement during the period

<u>Achievements</u>	<u>Due time</u>	<u>Deviations</u>		<u>If Yes reasons for deviations</u>	<u>New date</u>
		<u>NO</u>	<u>YES</u>		
Press Release Stakeholder Forum	24 th October 2014	x			
Newsletter	30 th September 2014		x	Workload exceeded person/days and we needed to prioritise e.g. the production of the leaflet, which had to be ready for the Stakeholder Forum and the conference in Vitoria.	28 th November 2014



Next steps

1. To produce and send out the first edition of the newsletter
2. To produce brochures in different languages (to coordinate partners' translations and liaising with the designer)
3. To coordinate the distribution of marketing materials for partners attending meetings and conferences.

Comments

The production of various dissemination materials, like the brochure, takes longer than expected. This is often due to a lengthy review process. WP2 proposes to implement and stick to the clear feedback and approval process outlined in the communication strategy.



WP4: Platform of Knowledge Exchange

Activities report

Actions expected to be done over the period

- Preparation of online DELPHI consultation for selection of assessment criteria (DELPHI WP5).
- Platform for Knowledge exchange (PKE): User Requirements document under review.
- Preparation of IACS 6 month's internal financial report.
- Contacting partners (YPE, EPF) regarding person/days allocation within WP4.
- Delivery IACS 6 months financial report to Coordinator.

Actions in progress

- Preparation of the online DELPHI consultation for selection of assessment criteria (DELPHI WP5)
- Platform for Knowledge exchange (PKE): User Requirements document under review by Telemedicine Unit of the Institute of Health Carlos III and Instituto Aragonés de Ciencias de la Salud (ISCIII and IACS meeting in Madrid October 24th 2014)

Dissemination activities

Participation of WP4 to EIP AHA B3 meeting (29th October 2014)

Next steps

1. Launching online DELPHI consultation (first round) for selection of assessment criteria (DELPHI WP5) scheduled for November 2014.
2. Platform for Knowledge exchange (PKE): User Requirements document to be delivered for approval to the EB in its next meeting (November).



WP 5: Good practices in the field of health promotion and chronic disease prevention across the life cycle

Activities report

Actions expected to be done over the period

- Analysis of Questionnaires from all Aps
- Continuing with the collection of nominees for Delphi Panel from all partners
- Editing, formatting and English proof reading country reports
- Presentation of the WP at the first stakeholder Forum

Description of work done and main achievements

- Milestone: Editing, formatting and proof reading of nine country reports.
- The WP acquired the nominations from partners for the Delphi Process
- The first draft Template for Delphi Questionnaire (M10). The template is in the final reconciliation stage.
- A meeting with WP4 leaders, on Oct 24th 2014, to coordinate common approach, draft concept for Delphi panel criteria list and coordinate next steps towards the Delphi Consultation.

Achievements	Due time	Deviations		If Yes reasons for deviations	New date
		NO	YES		
Milestone: Agreement on selection criteria of good practices + template (M10)	October 2014		X	Data analysis process take longer than expected	November 17 th , 2014
Milestone: Country Reviews on health promotion and chronic disease prevention approaches	August 2014		X	Partners requested more time to collect the data from their countries; in some countries, stakeholder meetings were organised to	November 15 th , 2014



				collect the information for the country review; The approval of the country reviews by the national Ministries of Health	
--	--	--	--	---	--

Actions in progress

- The country reviews from Italy, Bulgaria, Portugal, Estonia, Lithuania, Netherlands and Cyprus are sent to partners for final approval before publication on the website.
- English proof reading and formatting for country reviews from Ireland, Norway, Greece, Germany and Spain.
- Preparation of task leader meeting on November 14th in Brussels

Next steps

1. Finalisation of the draft list good practice criteria (scheduled in accordance with WP4 to November 17th 2014)
2. Finalisation and publication of country reviews on the website.
3. Finalization of Delphi Expert Panel composition
4. Publication of Country Reviews
5. Facilitating a cooperative work on the country reviews between Work Package partners
6. Task Leader meeting within WP5 to discuss future work, project steps and resources available on November 14th 2014.



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

Activities report

Actions expected to be done over the period

- Starting with WP4 the planning for the Delphi consultation process
- Requesting data to National Health Insurance Fund in Lithuania
- Preparation for the joint WP6 and WP7 Meeting in Vilnius, on the 6th – 7th November, 2014.
- WP6 partners TC
- Completion of the questionnaire with WP7.

Description of work done and main achievements

- Discussion with WP4 leaders in regards to the planned joint work in the Delphi process
- WP6 continued with the collection of data. For the National DB, a third party for the data preparation is subcontracted.
- Organization of the joint WP6 and WP7 Meeting in Vilnius, on the 6th – 7th November, 2014 on going (venue booked, 3 hotels contacted for special deals for JA-CHRODIS partners, a drafted Agenda agreed on by WP6 and WP7, invitation for the partners circulated between them).
- WP6 TC organised on October 29th 2014.
- WP7 questionnaire completed by Lithuanian partners and shared with WP leaders.

<u>Achievements</u>	<u>Due time</u>	<u>Deviations</u>		<u>If Yes reasons for deviations</u>	<u>New date</u>
		<u>NO</u>	<u>YES</u>		
WP6 Database(DB) for later data extraction	September, 2014	No			
WP6 Data requested from the NHIF as per DB	September, 2014	No			
Joint WP6&WP7 meeting venue booked, draft	September, 2014	No			



Agenda agreed on, partners invited)					
WP4 Literature review on the Delphi consultation process	September, 2014	No			

Next steps

1. Defining the plan with WP4 for the Delphi process (task 3 of WP6)
2. Completing of the data extraction and starting data analysis.
3. Presentation of Early findings during the WP6 meeting in November 7th 2014.
4. Organizing the joint meeting wP6 and WP7 in Vilnius, on November 6th – 7th, 2014.
5. Presentation about the national diabetes programme during the WPs meeting in Vilnius on November 7th 2014



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

Activities report

Activities expected to be done over the period

- Organization of 2nd WP7 meeting joined with 1st WP6 meeting to be held in Vilnius on November 6-7th 2014.
- Preparation of a CHRODIS workshop within the Portuguese National Congress on diabetes.
- Piloting the survey on prevention and management of diabetes (Italy, Slovenia, Finland, Norway, Germany and Lithuania).
- Preparation of the web-based questionnaire.
- Collection of data on National Diabetes Plans from countries.
- Designing a systematic review on identification of social and psychological barriers for the access to care and for patient empowerment.

Activities in progress in the WP7

- Discussion with task leaders on the first draft of the protocol for the a systematic review on identification of social and psychological barriers for the access to care and for patient empowerment
- Preparation of 2nd WP7 meeting in Vilnius on November 6-7th 2014.
- Data collection on prevention and management of diabetes.
- Data collection on National Diabetes Plans.
- Preparation of the web based version of the Questionnaire on prevention and management of diabetes.



Dissemination activities

Title	Date	Events	Place	Speaker
Follow-up on CHRODIS activities with special emphasis on diabetes	06 October	Steering group of NDP	Ljubljana Slovenia	J. Zaletel
The challenge of diabetes: how do we respond	07 October	Joint meeting of Chief Medical, Chief Nursing and Chief Dental Officer	Rome Italy	M. Maggini
JA-CHRODIS	10 October	Interconnect meeting	Brussels Belgium	J. Zaletel
Debate on processes in Slovenian NDP – as an input to Slovenian report on NDP Questionnaire	21 October	Steering group of NDP	Ljubljana Slovenia	J. Zaletel
JA-CHRODIS as a way to find the joint way forward	22 October	Regional Diabetes Forum	Zagreb Croatia	J. Zaletel
WP7 Diabetes	24 October	1st JA-CHRODIS Stakeholder Forum	Madrid Spain	M. Maggini J. Zaletel

Next steps

1. Finishing the discussion about the protocol for the systematic review on identification of social and psychological barriers for the access to care and for patient empowerment
2. Participation in the 2nd WP7 meeting in Vilnius, on the 6th-7th of November 2014.
3. Beginning with the Collection of data through the web questionnaire on prevention and management of diabetes
4. Continuing with the data collection on National Diabetes Plans
5. Organization of teleconferences with JA partners.



Summary of the period

WP1 organized the JA-CHRODIS 1st stakeholder forum in Madrid on October 2th 2014. Dissemination of the forum was done specially in the web through its publication in various webpages and by press releases. WP2 produced a press release for the stakeholder forum. WP2 reported a deviation in the achievement of the newsletter. The Coordination asked for justifications of this deviation and set up a new delivery date on November 28th 2014. During the month October 2014, there were no activities reported for the WP3 of Evaluation.

WP4 is fully involved in the preparation of the online DELPHI consultation for selection of assessment criteria (DELPHI WP5) on health promotion and prevention. The document about the user requirement for the development of the platform is under review by the partner in charge of this task.

WP5 is emphasizing on the analysis of data collected by the questionnaire of Good Practice in the Field of Health Promotion and Primary Prevention (Task 1). In parallel, the WP5 is tackling with the DELPHI process for health promotion producing the first draft template for DELPHI questionnaire.

WP6 started with the planning for the DELPHI consultation process together with WP4 and is fully involved in the preparation of the joint meeting with WP7 to be held in Vilnius on November 6-7th 2014.

WP7 piloted the survey on prevention and management of diabetes in Italy, Slovenia, Finland, Norway, Germany and Lithuania. The version web of the questionnaire is in preparation to facilitate the access to partners and also to increase the response rate.

Partners who reported some deviation in timeline were contacted to know more in depth the reason of the deviation and set up the new deadline.

During the period, the JA was presented at nine events in six countries (Spain, Croatia, Italy, Slovenia, Belgium and Austria).



Table of Actions to be taken

NEXT STEPS: ACTIONS TO BE TAKEN		
WHAT	WHEN	WHO
Participation to the joint meeting of WP6 and WP7	6-7 November 2014	WP1, WP6, WP7
Next EB TC	4 November 2014	WP1-WP7
Participation to the 18 th International Nursing Research in Vitoria (Spain)	12-14 November 2014	WP1
Production of the first edition of newsletter	November 2014	WP2
Launching the first round DELPHI consultation	November 2014	WP4
Approval of the document of User Requirement of PKE	November 2014	WP4
Finalisation of the draft list of good practice criteria	17 November 2014	WP5
WP5 task leaders meeting	14 November 2014	WP5
Defining the work plan with WP4 for the task 3 of WP6	November 2014	WP6
Organization of the WP6 and WP7 meeting	6-7 November 2014	WP6
Continuing with the data collection on NDPs	November 2014	WP7
Organising a TC with WP7 partners	November 2014	WP7



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

ACTIVITY REPORT

Period: 1st – 30 November 2014



This document arises from the EU CHRODIS Joint Action 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 Executive Agency for Health and Consumers is not responsible for any use that may be made of the information contained therein.

WP 1: Coordination of the Joint Action

Activities report

Teleconferences

Teleconference with EB

Date: 4 November 2014

Participants: Ana Gil, Anna Gallinat, Carlos Segovia, Carmen Arias, Carolina Rodriguez, Enrique Bernal, Flavia Lombardo, Isabel Saiz, Jelka Zaletel, Juan E. Riese, Marian López, Marie Roseline D. Bélizaire, Marina Maggini, Marta Molina, Mercedes García, Ramón Launa, Thomas Kunkel

Objective: JA-CHRODIS debriefing 1st Stakeholder Forum and Update on activities

Conclusions: It was decided to have an Extra Executive Board meeting to self-evaluate the first year of the project and to prepare the agenda of activities for the second year.

Teleconference with CHAFEA

Date: 11 November 2014

Participants: Anne-Marie Yazbeck, Marie Roseline D. Bélizaire, Catalina del Río Faes

Objective: Aspects to be considered in the JA-CHRODIS amendment

Summary: CHAFEA requested more information to justify the changes included in the amendment as well as a list of all additional evidences. CHAFEA emphasized that changes in content and timeline (exceeding more than one month) of deliverables need to be justified. Nevertheless, there is no need to justify changes in milestones.

WP3

EHMA decided to give up its leadership in WP3. This fact contributes to the delay in completing the amendment. The coordination informed CHAFEA about this issue. EHMA sent the written statement expressing its wish to leave the leadership of WP3. The Greek partners (YPE) with a notable number of person/days in WP3 also expressed their willingness to leave the WP.

The process to replace the WP3 leader (WP3L) began after receiving the confirmation from EHMA. On November 4th 2014, the Coordinator sent an official request to WPLs to disseminate the information between associated partners till November 23rd 2014. The Coordination requested EHMA and YPE to return funds under this WP3 in order to adjust the available resources for the new WP3L.

At the end of November, the coordination received only one proposal from the associated partner Foundation for Education and Health Research of Murcia (Spain). This issue will be part of the agenda of the 4th EB meeting to be held in Brussels on



December 2nd 2014. It was decided to send again the request for expression of interest till December 10th 2014 since the request has not reached all the partners.

18th International Nursing Research Conference in Vitoria

From 12-14 November 2014, WP1 participate in the 18th International Nursing Research Conference in Vitoria, Spain. 565 health professionals attended the conference. Over 200 participants received information about JA-CHRODIS via leaflets, document “CHRODIS at a glance” and two presentations per day in English and Spanish. A list of 45 interested participants in receiving information was collected and sent to WP2.

Participation to WP6 and WP7 meeting

On November 6-7th 2014, a joint meeting with WP6 and WP7 was held in Vilnius. It was the first meeting for WP6 and the second for WP7. The attending members of the coordination team followed the presentations of WP and tasks leaders emphasizing their objectives to the Grant Agreement. 46 participants from 28 institutions from Austria, Germany, Finland, Italy, Belgium, Ireland, Slovenia, Portugal, Greece, Netherlands, United Kingdom, France, Lithuania, Norway and Bulgaria attended the meeting. The material of this meeting will be available at http://www.chrodis.eu/?portfolio_category=06-multimorbidity

Organizational issue of the 4th EB

During the last EB monthly TC it was decided to meet on an extraordinary EB meeting in order to strengthen the collaboration and coordination between WPs and to self-evaluate the first year of the JA-CHRODIS.

The meeting will be hosted by the WP2 leader and Wp5 co-leader EuroHealthNet in Brussels on next December 2nd. The proposal agenda was sent and approved by the EB. Templates with required information for the WPs presentations were prepared for the meeting and sent to the EB on November 25th, 2014.

Financial issues

- Update of partners person/days and budget is being continued
- Preparation of the six report financial report of the project
- The payment to the National Institute of Health and Welfare (THL) of Finland was accomplished on November 14th, 2014.

JA-CHRODIS Amendment

To finalize the JA-CHRODIS amendment, CHAFEA and the Coordination held a teleconference on November 11th, 2014 to review the information in the amendment. The coordination has previously requested the information from WPLs. The process of collecting this information has been slow due to changes in several aspects in the relevant WPs (changes in human resources, in content, in timeline). Since it is important to include the new WP3 leader in the amendment, the final version is now



foreseen to be sent by December 23th 2014 with the inclusion of the new WP leader in the amendment.

Preparation of the meetings on February 2015

In order to have the meetings accessible to all stakeholders and partners, it was decided to hold them in Brussels. The coordination started with the preparation. The venue for the Executive Board, Advisory Board and Governing Board will be held at the Spanish Research Council facilities in Brussels.

Other activities

- Preparation of the evaluation form for the joint meeting WP6 and WP7
- Continuous update of the JA-CHRODIS webpage
- Review of the “Communication strategy”

Next steps

1. To hold the next Executive Board meeting on December 2nd 2014.
2. To prepare the meeting with DG SANCO and CHAFEA on December 5th ,2014 (an invitation by Chafea was received during November to organise a review meeting of the JA)
3. To continue follow up on WPs
4. To keep preparing of the GB meeting, General Assembly and EB meeting on February 2014
5. To finalize the JA-CHRODIS amendment



WP2: Dissemination of the Joint Action

Activities report

Actions expected to be done over the period

- Collecting responses for the conceptualization of the first newsletter and initial submissions
- Incorporating final comments from the coordination in draft Communication Strategy
- Continuous Update of the website (e.g., WP 7 meeting, updates to events section)
- Coordinating the translation of the Italian JA-CHRODIS brochure
- Collecting information for the WP2 issues to include in the JA amendment
- Adaptation of the format of the JA-CHRODIS word template
- Participating in organizational aspects around the 4th EB meeting that will take place at EuroHealthNet office on 2 December 2014.

Next steps

1. To participate in the 4th EB meeting on December 2nd 2014
2. To produce brochures in different languages (to coordinate partners' translations and liaising with the designer).
3. To produce the first JA-CHRODIS newsletter.



WP4: Platform of Knowledge Exchange

Activities report

Actions expected to be done over the period

- Continuing with the preparation of online DELPHI consultation for selection of assessment criteria (DELPHI WP5).
- Meeting with ISCIII partners on November 3rd 2014.
- Delivery of the PKE requirement to EB on November 4th 2014
- Conference call with ISCIII on November 12th 2014.
- Conference call with WP6 on November 28th 2014

Actions in progress

- Preparation of online DELPHI consultation for selection of assessment criteria (DELPHI WP5)
- The document “PKE User Requirements” is still under review by WPLs (approval envisaged at December 2nd 2014 at EB meeting).
- Preparation of the first Year financial report
- Preparation of document for amendment re: timeline for deliverables in WP4.

Summary of the work plan with WP6 (TC on Nov 28th 2014)

Objectives:

- Description of the Delphi process and on-line Consensus tool (taking as example the Questionnaire developed for WP5)
- Description of tasks for the coming months
- Agreement on tasks allocation and timeline

Conclusions:

- The kickoff depends on having the NIVEL literature review, and the results of ICARE4U on the first weeks of January 2015.
- WP6 agreed to include identification of practices in the second Questionnaire
- WP4 and WP6 agreed on not having a back-to-back meeting on February 2015
- Rokas Novickas agreed on starting with the compilation of an initial list of experts to be ready by the end of December.

Actions to be taken:

- WP4 sent the documents to WP6 co-leader with main tasks: synthesis of evidence and experts recruitment.



Next steps

1. Online launching DELPHI consultation (first round) for selection of assessment criteria (DELPHI WP5) scheduled for early beginning December 2014.
2. WP4Ls meeting with Embætti Landlæknis (DOHI) on 2-3 December 2014
3. Conference call with WP6 for the DELPHI coordination.
4. Approval of the “PKE User Requirements” by the EB during the EB meeting in Brussels on next December 2nd



WP 5: Good practices in the field of health promotion and chronic disease prevention across the life cycle

Activities report

Actions expected to be done over the period

- Finalization of proof reading
- Finalization of expert list for DELPHI panel
- Finalization of template “Selection criteria of good practice”

Description of work done and main achievements

- Milestone: Editing, formatting and proof reading of nine country reports.
- The WP acquired the nominations from partners for the Delphi Process
- The first draft Template for Delphi Questionnaire (M10). The template is in the final reconciliation stage.
- A meeting with WP4 leaders, on Oct 24th 2014, to coordinate common approach, draft concept for Delphi panel criteria list and coordinate next steps towards the Delphi Consultation.

Achievements	Due time	Deviations		If Yes reasons for deviations	New date
		NO	YES		
Milestone: Agreement on selection criteria of good practices + template (M10)	October 2014		X	Data analysis process take longer than expected	November 17 th 2014 (Done)
Milestone: Country Reviews on health promotion and chronic disease prevention approaches	August 2014		X	Partners requested more time to collect the data from their countries; in some countries, stakeholder meetings were organised to collect the information for the country review; The approval of the country reviews by the national Ministries of Health	November 30 th 2014 (Done)



Actions in progress

- The country reviews from Norway, Greece, Estonia and Bulgaria are pending for final approval from partners.
- Finalization of work plan and timeline for 2015

Next steps

1. To start with the DELPHI process on December 2nd 2014
2. To facilitate a cooperative process work on the country reviews among Work Package partners
3. To prepare the second WP5 meeting in February 2015
4. Publication of Country Reviews
5. Facilitating a cooperative work on the country reviews between Work Package partners



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

Activities report

Actions expected to be done over the period

- Defining the plan for presumed dates and milestones for the Delphi process for WP6 (task 3) together with the WP4.
- Completing the data extraction and starting the data analysis.
- Presenting early findings during the WP6 meeting on November.
- Organization of the joint WP6 and WP7 Meeting in Vilnius, on the 6th – 7th November, 2014.
- Presenting the identified National Diabetes Programmes during the planned joint meeting on November 6-7th 2014

Description of done work and main achievements

- The preliminary plan and milestones for the Delphi consultation process for WP6 was defined by the WP4 and WP6 leaders and Associated Partners during the TC call.
- The “Joint Meeting for WP6 and WP7” was hosted in Vilnius on the 6th – 7th November, 2014.
- The evaluation form of the meeting has been circulated among the participants.
- Presentation of early findings of the data analysis during the “Joint Meeting for WP6 and WP7” in Vilnius.
- The Data extractions from the specialised NHIF database and overview analysis are still ongoing.
- The literature review for the scientific article is completed and the writing of an article is already started.



<u>Achievements</u>	<u>Due time</u>	<u>Deviations</u>		<u>If Yes reasons for deviations</u>	<u>New date</u>
		<u>NO</u>	<u>YES</u>		
With WP4, the preliminary plan for the Delphi consultation process for WP6 has been defined.	November, 2014	No			
Data extraction and initial overview of the Lithuanian database has been presented during the “Joint WP6 and WP7 Meeting” in Vilnius	November, 2014	No			
Together with WP7 National diabetes programme has been presented during the “Joint WP6 and WP7 Meeting” in Vilnius	November, 2014	No			
The “Joint Meeting for WP6 and WP7” was hosted in Vilnius on the 6 th – 7 th November, 2014	November, 2014	No			

Next steps

1. To identify the candidates for the DELPHI panel (December 2014 to January 2015)
2. Completing of the NHIF data extraction cross-sectional analysis



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

Activities report

Activities expected to be done over the periode

- Participation to the 2nd WP7 meeting jointly with the 1st WP6 meeting hold in Vilnius on November 6-7th 2014.
- Creation of the web-based questionnaire on prevention and management of diabetes.
- Collection of data on National Diabetes Plans (continuing)
- Designing a systematic review on identification of social and psychological barriers for the access to care and for patient empowerment

Activities in progress in the WP7

- Discussion with task leaders on the first draft of the protocol for a systematic review on identification of social and psychological barriers for the access to care and for patient empowerment
- Preparation of 2nd WP7 meeting in Vilnius on November 6-7th 2014.
- Data collection on prevention and management of diabetes.
- Data collection on National Diabetes Plans.
- Preparation of the web based version of the Questionnaire on prevention and management of diabetes.

Next steps

1. To define of the protocol for a systematic review on identification of social and psychological barriers for the access to care and for empowerment
2. To collect of data through the web questionnaire on prevention and management of diabetes
3. To continue with the data collection on National Diabetes Plans and organization of teleconferences with the JA partners.
4. To report on quality criteria and indicators for: diabetes prevention programs, interventions of health promotion in diabetes, quality of care for people with diabetes, structure, process and outcome level to evaluate effective educational programs for people with diabetes.
5. To participate at the 4th Executive Board meeting in Brussels on December 2nd 2014.



Dissemination activities of JA-CHRODIS during November 2014

Presentations/participations type/contribution	Date	Events	Place	Speaker	WP
English and Spanish Presentations, stand, distribution of material	12-14 November 2014	18th International Nursing Research Conference	Vitoria Spain	Juan E. Riese, Marie Roseline D. Bélizaire	1
Follow-up on CHRODIS activities with special emphasis on diabetes	4 November 2014	Steering group of NDP	Ljubliana Slovenia	Jelka Zaletel	7
Presentation of CHRODIS JA	12 November 2014	National diabetes conference	Ljubliana Slovenia	Jelka Zaletel	7
Reflections from WP7 of CHRODIS-Joint Action	18 November 2014	The Permanent Representation of Denmark to the European Union: Health Series 2014 Patient Empowerment	Brussels, Belgium	Jelka Zaletel	7



Summary of the period

WP1 continued with the organization of monthly TCs with the Executive Board. It was decided to meet in an extra Executive Board meeting in order to evaluate the work done during the first year of JA-CHRODIS.

The 4th EB meeting will be held in Brussels on December 2nd 2014 at the EUROHEALTHNET facilities.

WP2 is collecting the data for the production of the newsletter and including final comments in the “JA-CHRODIS Communication Strategy”.

During the month November 2014, there were no activities reported for the WP3 of Evaluation. The Coordination worked in reallocation of funds and other resources for the WP3.

WP4 kept on with the preparation of the online DELPHI consultation for selection of assessment criteria (DELPHI WP5) on health promotion and prevention. The WP organized several teleconferences and meetings with partners to set up the Platform of Knowledge Exchange (PKE) requirements that will be discussed during the extra EB meeting on December 2nd, 2014.

WP5 focused on the finalization of proof reading and the approval of country reviews. The list for experts DELPHI panel was finalised during the month of November.

The Lithuanian co-leader of WP6 hosted the joint meeting (WP6 and WP7) in Vilnius on November 6-7th 2014. The WP was focused on completing the data extractions and starting with the analysis of those data.

WP7 worked on creating the web based questionnaire for the first questionnaire regrouping the tasks 1 to 4 (Questionnaire on prevention and management of diabetes). The design for the systematic review on identification of social and psychological barriers for access to care and for patient empowerment was proposed to partners.

During the period, the JA was presented at four external events in three countries (Spain, Slovenia and Belgium).



Table of most important Actions to be taken

NEXT STEPS: ACTIONS TO BE TAKEN		
WHAT	WHEN	WHO
Participation to 4 th EB meeting	2 December 2014	WP1- WP7
Preparation of the meeting with CHAFEA and DG SANCO	5 December 2014	WP1
Preparation of the 1 st interim reports	December 2014- January 2015	WP1
Selection of WP3L	December 2014	WP1
Finalization of the amendment	December 2014	WP1
Preparation of the JA-CHRODIS meetings (EB, AB, GB, GA)	17-19 February 2015	WP1
Production of the JA-CHRODIS newsletter	December 2014	WP2
Approval of the document of User Requirement of PKE	December 2014	WP4
Launching the first round online DELPHI consultation	December 2014	WP4
Report of the task leaders meeting	December 2014	WP5
Preparation of the 2 nd WP5 meeting	February 2015	WP5
Identification of the candidates for the DELPHI panel	February 2015	WP6
Defining the protocol for a systematic review on identification of social and psychological barriers for the access to care and for empowerment.	December 2014	WP7



Table of most important achievements from January to December 2014

WP1 Deliverables/milestones	Due time	Deviation	Reasons	New time	% accomplishment to now
First draft SOP	M2	2 months	The review process by all partners took more time than expected	M4	100
3 year work plan circulated	M2	None			100
Management tool	N.D			M9	100
Governing Board	N.D				15/31*
Progress report	M6-M13	None			
Executive Board meetings	Every 6 months**	None		M1-M4-M6-M12	100
Stakeholder forum	Every year	None		M10	
Meetings minutes	After every meeting	None		M12***	80%

*Till now 15 countries nominated their representatives to be part of the Governing Board. It is expected to have 31 countries nominations including the three EE. (See list attached)

**During the first year of execution of the project, it was necessary to have more than two physical meetings. Four Executive Board meetings were held one in Madrid (Jan 2014), one in Italy (July 2014) and two in Brussels (April and December 2014). The EB also meets every month by Teleconference.

***The minutes of the 4th EB is under review in the management team. It is foreseen to have the last version on Monday 22nd December 2014.



WP2 Deliverables/milestones	Due time	Deviation	Reasons	New time	% accomplishment to now
Dissemination Strategy	M3	2 months/9 months*	The first draft was circulated on May 2014. We received comments from Chafea on 25 June 2014. Integrating outcomes communication training and discussions with WPLs	M12	85%
Reporting Back document	M3	None			
Stakeholder mapping	M3	1 month	Consequences of the delay in the dissemination strategy	M4	
Website	M6	1 month	Including recommendations from the 3 rd EB meeting on July 2014	M7	continuous
Contact Database	M7	None			
Visual identity (Logo and template)	M3	2 months	Decisions making process (CHAFEA not included at the beginning of the process)	M5	100
Promotional material	M10	None			100
JA-CHRODIS section on EIP-AHA	M12	1-2 months??	New EIP-AHA site is under construction		
JA-CHRODIS newsletter	M9	4 months**	Approval process of concept and content	M13	50%

*The Coordination received the first draft of communication strategy on May 14th 2014. We received comments from Chafea on June 25th 2014. The EB received the final draft on November 28th 2014. After the meeting with Chafea and DG SANCO on December 5th 2014, the coordination planned a TC with WP2 in order to include some recommendations arising from this meeting. The deadline to get the document is January 15th 2015.

**New deadline is set up for the first edition of the newsletter due to slow response from WPLs about the content. New deadline is January 2015.



WP3* Deliverables/milestones	Due time	Deviation	Reasons	New time	% accomplishment to now
Evaluation ToR	M5	None			
Agree evaluation indicators	M5	None			

* See report on WP3

WP4 Deliverables/milestones	Due time	Deviation	Reasons	New time	% accomplishment to now
Agreement on a modified calendar	M1	6 months*		M6	
Selection of Assessment Criteria: DELPHI 1 Health Promotion and Prevention	M6*	3 months	Accommodation to new timeline. Some delay was registered on the background material of the first DELPHI	M12	100**
Selection of Assessment Criteria: consensus tool	M6	3 months	Linked to Delphi 1 delay		100
Technological Platform: PKE user requirements design	M9	3 Months		M12	100***

*Seeing that the amendment is not already validated, the due time reported for WP4 is the original one in the Grant Agreement.

** A link for access will be provided by January 17th 2015

*** See documents attached

WP5 Deliverables/milestones	Due time	Deviation	Reasons	New time	% accomplishment to now
Country reviews on health promotion and Chronic diseases prevention approaches	M8	3 months	Summer break, it was necessary an individual timelines for partners	M12*	100
Agreement on selection criteria of good practices + templates	M10	2 weeks	To Collect results from partners, conceptual uncertainties in the analysis process	M11**	100

*The 14 Country reviews are already sent to Chafea

** See document attached



WP6 Deliverables/milestones	Due time	Deviation	Reasons	New time	% accomplishment to now
Identify targets of potential interventions for management of multimorbid patients	M6	6 months	During the process, it was necessary to take enough time to check Database quality and analysis. Many partners analysed their data independently	M12	80
Review existing care (pathway) approaches for multi-morbid patients	M12	+ 30 days	Finalising the data in the specific way defined together with WP4 and adapted to the DELPHI process	M13+	85
Review paper of international literature	M12	None			
Data collection and analysis within ICARE4U project	M12	None			

WP7 Deliverables/milestones	Due time	Deviation	Reasons	New time	% accomplishment to now
Community practice	M2	2 months	Technical problem with the design of the landing webpage of the Istituto Di Sanità website.	M4	100
Literature review on effective strategies prevention, management, health promotion and education	M7 M12	None			
Definition of the tools for the data collection	M7	2 months	The inclusion of comments and suggestions from the WP meeting in July 2014 in the questionnaire was necessary	M9	100
Mapping National Diabetes Plans	M7	2 months			100



WP7 Deliverables/milestones	Due time	Deviation	Reasons	New time	% accomplishment to now
WP7 workshop	M12	Anticipated	Take advantage of the joint meeting WP6 and WP7	M11	
Identification of social and psychological barriers for the access to care and for empowerment	M12				



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

ACTIVITY REPORT

Period: 1st – 31 December 2014



This document arises from the EU CHRODIS Joint Action 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 Executive Agency for Health and Consumers is not responsible for any use that may be made of the information contained therein

WP 1: Coordination of the Joint Action

Activities report

1. Meetings

1.1. 4th Executive Board meeting (2 December 2014, Brussels, Belgium)

Participants:

Juan E. Riese, Gonzalo Arevalo, (via teleconference), Marie Roseline Darnycka Bélizaire, Carolina Rodriguez, Marian López Orive, Caroline Costongs, Ingrid Stegeman, Cristina Chiotan, Enrique Bernal, Ramón Launa, Thomas Kunkel, Federica Mammarella, Rokas Navickas, Elena Jureviciene, Marina Maggini, Flavia Lombardo, Jelka Zaletel, Anne-Marie Yazbeck, (via teleconference)

Objectives:

- To strengthen collaboration and coordination between Work Packages (WP)
- To self-evaluate the first year of the JA-CHRODIS.

Conclusions:

- The decision-making process among partners is to be improved.
- Low overall/relative budget, spread across partners.
- The new structure for WP3 shall be clarified urgently.
- The EB agrees on YPE funds for national actions not eligible in JA-CHRODIS and will be part of the budget for the new WP3 leader.
- The EB agreed on the need to partial access to the financial report from the Associated Partners in order to compare the work done in the WP with the number of days declared in the reports, prior to their submission to the European Commission.

More detail is available in the following link: <http://www.chrodis.eu/event/4th-executive-board-meeting/>

1.2. Meeting review with Chafea and DG SANCO (5 December 2014, Luxemburg, Luxemburg)

Participants:

Juan E. Riese, Catalina del Río, Isabel Saiz, Gonzalo Arevalo, Michael Hubel, Albrecht Werner, Orsi Nagy, (via videoconference), Jacques Remacle, Cinthia Menel Lemos, Anne-Marie Yazbeck.

Objectives: To review the first year performance of JA-Chrodis

Conclusions:

- Proactive communication within and outside the JA is to be achieved.



- More political involvement and visibility on the EU level to be performed.
- Ensure JA Chrodis is an EU JA and move meetings around the EU (leverage on the JA partnership) and ensure a public health-oriented policy and visibility in the PH community.
- Ensure transparency in communication especially invitations to events and similar

2. Teleconferences

2.1. Teleconference with EB

Date: 18 December 2014

Participants:

Juan E. Riese, Marie Roseline D. Bélizaire, Catalina del Río Faes, Gonzalo Arévalo, Carlos Segovia, Fernando García, Isabel Saiz, Ingrid Stegeman, Enrique Bernal, Ramón Launa, Thomas Kunkel, Graziano Onder, Rokas Navickas, Jelka Zaletel, Anne-Marie Yazbeck.

Objective:

JA-CHRODIS debriefing of the Luxemburg meeting and report on the WP3 new team selection

Conclusions

AQuAS (Spain) will be offered the leadership of WP3. APDP (Portugal) will be offered the co-leadership of WP3. There is a need to design a process for the acceptance of new Collaborating Partners.

Next steps:

- Communication to new elected WP3 partners
- Define the work with new leader and co-leader of WP3 to adapt the work plan

2.2. Teleconference with EuroHealthNet (WP2 leader)

Date: 18 December 2014

Participants: Ingrid Stegeman, Anna Gallinat, Marie Roseline D. Bélizaire, Juan E. Riese

Objective:

- To inform about the specific conclusions on dissemination from the project review meeting among the JA-CHRODIS coordination, DG SANCO and Chafea.
- To discuss about ways to strengthen the dissemination of JA-CHRODIS activities.

Conclusions:

- The Coordination will continue working back to back with WP2 on the dissemination policy.



- The webpage needs to be updated and improved making more visible what CHRODIS could do for its users, stakeholders and partners.
- The need of a having a communication strategy plan for the 2015, as requested by CHAFAE and DG SANTE in Luxembourg's meeting, Chafea and DG SANTE will provide inputs regarding the dissemination at political level.
- All partners shall be involved in dissemination activities.

3. Financial issues

- Update of partners person/days and budget is being continued
- Preparation of the interim financial report is in process

4. JA-Chrodis Amendment

The process of collecting this information has been slow due to changes in several aspects in the relevant WPs (changes in human resources, in content, in timeline). It is important to include the new WP3 leader in the amendment; the final new version is now foreseen to be sent by December 23th 2014 with the inclusion of the new WP3 leader and co-leader.

5. Preparation of the meetings on February 2015

The meetings will be held in Brussels. The coordination started with the preparation. The General assembly and the Stakeholder forum will be held at the HUSA Preseident Park Hotel (Subcontracting services). The venue for the Executive Board, Advisory Board and Governing Board will be the Spanish Research Council facilities in Brussels.

Next steps

- To continue follow up on WPs
- To keep preparing the GB meeting, General Assembly and EB meeting on February 2015
- To finalize the JA-Chrodis amendment



WP2: Dissemination of the Joint Action

Activities report

Actions expected to be done over the period

- The WP2 leaders hosted the 4th EB meeting in Brussels on 2nd December 2014.
- Working on the finalization of the 1st newsletter
- Update and continued to develop the JA website.
- Incorporate final comments from Chafea and work packages leaders to the Communication Strategy.

Description of work done and main achievements

- Development of PPT presentation for 4th EB Meeting, 2 Dec –
- Presentation and participation to the 4th EB
- Participation in JA-Chrodis teleconferences, 18 December (EB and WP2)
- Start of the development of newsletter 1 on the basis of partner submissions
- Website updates (section news)
- Social media updates (twitter)

Actions in progress

- Coordination with WP leads writing, editing and production of the first newsletter.
- Continuous updating the website (i.e. requests from partners, news, events and publications) and social media.
- Contacting all WP leads and JA-Chrodis partners to ask them to report on their dissemination activities, in order to present this information at the GA Meeting in February.
- Work on JA-Chrodis video.
- Work on the work plan for 2015

Next steps

- Presentation of the work plan 2015
- Publication of the newsletter
- Update of the webpage



Warnings, Recommendations and Limitations:

The production of various dissemination materials, like the newsletter takes longer than expected due to a lengthy review process. WP2 proposes to implement and stick to the clear feedback and approval process outlined in the communication strategy.

On February 2015, WP2 will also start producing monthly 'Updates' to send to JA-CHRODIS stakeholders, it can be maintained if regular input is received from all WP leads.



WP4: Platform of Knowledge Exchange

Activities report

Actions expected to be done over the period

- Online DELPHI questionnaire for selection of assessment criteria (DELPHI WP5): consultation launched
- Meeting with ISCIII and EC on CHRODIS-EIP AHA synergies (2nd of December)
- IACS meeting with DOHI 2nd and 3rd of December on WP4
- User Requirements doc under review by Associate Partners (overall, approval at EB meeting on 2nd December 2014).
- WP4 Conference call with WP4 Associate Partners (12 December 2014)

Actions in progress

- Online DELPHI consultation (Q1) for selection of assessment criteria (DELPHI WP5)
- Online DELPHI consultation (Q1) for selection of assessment criteria (DELPHI 3)
- PKE: working with ISCIII, hardware/software for Chrodis Platform
- Preparation of Year 1 financial report to send to coordination

Next steps

- Online DELPHI questionnaire for selection of assessment criteria (DELPHI WP5): closing consultation
- Contacting partners regarding task allocation within WP4
- Delivery of the 1st year financial Report and update on IACS personnel in JA-Chrodis to coordination.
- Delivery of WP4 Work Plan 2015 to coordination.
- Meeting WP4 with ISCIII (15th January) regarding the PKE.



WP 5: Good practices in the field of health promotion and chronic disease prevention across the life cycle

Activities report

Actions expected to be done over the period

- Approval of country reports by Chafea
- Start with the Delphi Expert Panel
- Start with the group work exercise
- Start the preparations of WP5 Meeting in February

Description of work done and main achievements

- Start of the Delphi experts consultations (2 Dec 2014)

Actions in progress

- Awaiting approval from Chafea for the publication of country review
- Delphi Process ongoing (until 17 Jan 2015)
- Preparations of the 2nd WP5 Meeting (Brussels, 20 Feb 2015)
- Group work exercise

Next steps

- Analysis of the first Delphi round
- Publication of country reviews on the JA-Chrodis website
- Preparation of the 2nd WP5 Meeting (20 Feb 2015)



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

Activities report

Actions expected to be done over the period

- To identify candidates for the expert panel for the Delphi consultation.
- To complete the NHIF data extraction and start the data analysis. To submit a scientific review article on the data analysed within December 2014.
- To finalise the Questionnaires with WP7 and transferred them into electronic format.

Description of done work and main achievements

- Candidates for the expert panel have been selected, but not approved yet.
- The NHIF data extraction has been completed.
- The overview findings of the data analysis were described in the scientific review article, submitted in December 2014 to WP2 for review.
- Questionnaire on national diabetes plan filled in into electronic format

<u>Achievements</u>	<u>Due time</u>	<u>Deviations</u>		<u>If Yes reasons for deviations</u>	<u>New date</u>
		<u>NO</u>	<u>YES</u>		
WP4: Candidates for the expert panel have been selected.	December, 2014	No			
WP6: The NHIF data extraction has been completed.	December, 2014	No			
WP6: Scientific review article on the overview findings of the data analysis has been submitted.	December, 2014	No			



Next steps

- Expert approval for the Delphi consultation (work with WP4).
- Starting the process of expert selection for the WP6 Delphi among the partners.
- Prepare the WP6 task 1 and task 2 outcomes in the defined format for task 3.



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

Activities report

Activities expected to be done over the periode

- Collection of data on National Diabetes Plans.
- Collection of data on Prevention and management of diabetes.
- Design a systematic review on identification of social and psychological barriers for the access to care and for empowerment.

Description of done work and main achievements

- Working on the second draft of the protocol for a systematic review on identification of social and psychological barriers for the access to care and for empowerment.
- Continuing with the data collection on National Diabetes Plans and organization of teleconferences with JA partners.
- Continuing with the data collection on Prevention and management of diabetes.
- December 16th - TC with task leaders to discuss on:
 - The WP7 work plan for 2015;
 - The writing of the annual WP7 report, and the papers on the ISS Annali;
 - The WP7 contribution to the 1st JA-Chrodis General Assembly;
 - The cooperation with other EU projects with objectives similar to ours, e.g. EMPATHie, ICARE4U, Global Diabetes Survey, MANAGED-CARE.

Activities in progress in the WP7

- Data collection on prevention and management of diabetes.
- Data collection on National Diabetes Plans.
- Preparation of reports on quality criteria and indicators for: diabetes prevention programs; interventions of health promotion in diabetes; quality of care for people with diabetes; structure, process and outcome level to evaluate effective educational programs for people with diabetes.



Next steps

- Finalise the protocol for the systematic review on identification of social and psychological barriers for the access to care and for empowerment.
- Continuing with the collection of data through the web questionnaire on prevention and management of diabetes.
- Continuing with the data collection on National Diabetes Plans (NDP).
- Analyse the data from NDP questionnaire.
- Report on quality criteria and indicators for: diabetes prevention programs; interventions of health promotion in diabetes; quality of care for people with diabetes; structure, process and outcome level to evaluate effective educational programs for people with diabetes.



Summary of the period

WP1 continued with the organization of monthly TCs with the Executive Board. It was decided to meet in an extra Executive Board meeting in order to evaluate the work done during the first year of JA-CHRODIS. The 4th EB meeting was held in Brussels on December 2nd 2014 at the EUROHEALTHNET facilities. The most relevant conclusion was to improve the dissemination of the JA at political level.

WP2 is collecting the data for the production of the newsletter to be published on January 2015.

The WP3 new leader and co-leader will work to adapt the work plan and begin with the definition of indicators to evaluate the WPs.

WP4 kept on with the preparation of the online Delphi consultation for selection of assessment criteria (DELPHI WP5) on health promotion and prevention.

WP5 is pending for the approval of the country review by Chafea.

The Lithuanian co-leader of WP6 hosted the joint meeting (WP6 and WP7) in Vilnius on November 6-7th 2014. The WP was focused on completing the data extractions and starting with the analysis of those data.

WP7 worked on finalisation of the systematic review on identification of social and psychological barriers for access to care and for patient empowerment was proposed to partners.



Table of most important Actions to be taken

NEXT STEPS: ACTIONS TO BE TAKEN		
WHAT	WHEN	WHO
Preparation of the 1 st interim reports	February 2015	WP1
Finalization of the amendment	January 2015	WP1
Preparation of the JA-CHRODIS meetings (EB, AB, GB, GA)	17-19 February 2015	WP1
Production of the JA-CHRODIS newsletter	January 2015	WP2
Proposal work plan	January 2015	WP3
Continuing with the discussion on “User Requirement of PKE”	January 2015	WP4
Closing consultation of the first round online DELPHI questionnaire	January 2015	WP4
		WP5
Preparation of the 2 nd WP5 meeting	February 2015	WP5
Identification of the candidates for the DELPHI panel	February 2015	WP6
Finalise the protocol for a systematic review on identification of social and psychological barriers for the access to care and for empowerment.	January 2015	WP7



Table of most important achievements from January to December 2014

WP1 Deliverables/milestones	Due time	Deviation	Reasons	New time	% accomplishment to now
First draft SOP	M2	2 months	The review process by all partners took more time than expected	M4	100
3 year work plan circulated	M2	None			100
Management tool	N.D			M9	100
Governing Board	N.D				15/31*
Progress report	M6-M13	None			
Executive Board meetings	Every 6 months**	None		M1-M4-M6-M12	100
Stakeholder forum	Every year	None		M10	
Meetings minutes	After every meeting	None		M12***	80%

*Till now 15 countries nominated their representatives to be part of the Governing Board. It is expected to have 31 countries nominations including the three EE. (See list attached)

**During the first year of execution of the project, it was necessary to have more than two physical meetings. Four Executive Board meetings were held one in Madrid (Jan 2014), one in Italy (July 2014) and two in Brussels (April and December 2014). The EB also meets every month by Teleconference.

***The minutes of the 4th EB is under review in the management team. It is foreseen to have the last version on Monday 22nd December 2014.



WP2 Deliverables/milestones	Due time	Deviation	Reasons	New time	% accomplishment to now
Dissemination Strategy	M3	2 months/9 months*	The first draft was circulated on May 2014. We received comments from Chafea on 25 June 2014. Integrating outcomes communication training and discussions with WPLs	M12	85%
Reporting Back document	M3	None			
Stakeholder mapping	M3	1 month	Consequences of the delay in the dissemination strategy	M4	
Website	M6	1 month	Including recommendations from the 3 rd EB meeting on July 2014	M7	continuous
Contact Database	M7	None			
Visual identity (Logo and template)	M3	2 months	Decisions making process (CHAFEA not included at the beginning of the process)	M5	100
Promotional material	M10	None			100
JA-CHRODIS section on EIP-AHA	M12	1-2 months??	New EIP-AHA site is under construction		
JA-CHRODIS newsletter	M9	4 months**	Approval process of concept and content	M13	50%

*The Coordination received the first draft of communication strategy on May 14th 2014. We received comments from Chafea on June 25th 2014. The EB received the final draft on November 28th 2014. After the meeting with Chafea and DG SANCO on December 5th 2014, the coordination planned a TC with WP2 in order to include some recommendations arising from this meeting. The deadline to get the document is January 15th 2015.

**New deadline is set up for the first edition of the newsletter due to slow response from WPLs about the content. New deadline is January 2015.



WP3* Deliverables/milestones	Due time	Deviation	Reasons	New time	% accomplishment to now
Evaluation ToR	M5	None			
Agree evaluation indicators	M5	None			28% (2/7)

* See report on WP3

WP4 Deliverables/milestones	Due time	Deviation	Reasons	New time	% accomplishment to now
Agreement on a modified calendar	M1	6 months*		M6	
Selection of Assessment Criteria: DELPHI 1 Health Promotion and Prevention	M6*	3 months	Accommodation to new timeline. Some delay was registered on the background material of the first DELPHI	M12	100**
Selection of Assessment Criteria: consensus tool	M6	3 months	Linked to Delphi 1 delay		100
Technological Platform: PKE user requirements design	M9	3 Months		M12	100***

*Seeing that the amendment is not already validated, the due time reported for WP4 is the original one in the Grant Agreement.

** A link for access will be provided by January 17th 2015

*** See documents attached

WP5 Deliverables/milestones	Due time	Deviation	Reasons	New time	% accomplishment to now
Country reviews on health promotion and Chronic diseases prevention approaches	M8	3 months	Summer break, it was necessary an individual timelines for partners	M12*	100
Agreement on selection criteria of good practices + templates	M10	2 weeks	To Collect results from partners, conceptual uncertainties in the analysis process	M11**	100

*The 14 Country reviews are already sent to Chafea

** See document attached



WP6 Deliverables/milestones	Due time	Deviation	Reasons	New time	% accomplishment to now
Identify targets of potential interventions for management of multimorbid patients	M6	6 months	During the process, it was necessary to take enough time to check Database quality and analysis. Many partners analysed their data independently	M12	80
Review existing care (pathway) approaches for multi-morbid patients	M12	+ 30 days	Finalising the data in the specific way defined together with WP4 and adapted to the DELPHI process	M13+	85
Review paper of international literature	M12	None			
Data collection and analysis within ICARE4U project	M12	None			

WP7 Deliverables/milestones	Due time	Deviation	Reasons	New time	% accomplishment to now
Community practice	M2	2 months	Technical problem with the design of the landing webpage of the Istituto Di Sanità website.	M4	100
Literature review on effective strategies prevention, management, health promotion and education	M7 M12	None			
Definition of the tools for the data collection	M7	2 months	The inclusion of comments and suggestions from the WP meeting in July 2014 in the questionnaire was necessary	M9	100



WP7 Deliverables/milestones	Due time	Deviation	Reasons	New time	% accomplishment to now
Mapping National Diabetes Plans	M7	2 months			100
WP7 workshop	M12	Anticipated	Take advantage of the joint meeting WP6 and WP7	M11	
Identification of social and psychological barriers for the access to care and for empowerment	M12				





Funded by
the Health Programme
of the European Union



First CHRODIS-JA Executive Board Meeting

Spanish Ministry of Health, Social Services and Equality
Madrid 29th January 2014

Minutes

The first Executive Board (EB) meeting of the CHRODIS-JA was held at the Spanish Ministry of Health, Social Services and Equality (room Europa), the 29th of January 2014. The meeting started at 9.30h a.m. The meeting was recorded (audio) for registry purposes and not to be disseminated.

This draft is a report of the JA different WP presented by WP leaders and the further debate. Some agreements were reached whereas some others issues remained to be decided.

Participants: (Country, name and filiation)

1. Luxembourg: Cinthia Menel Lemos, Consumers, Health and Food Executive Agency, CHAFEA.
2. Belgium: Michele Zagordo, Directorate General for Health and Consumers, DG SANCO (Unit 02).
3. Luxembourg: Wolfgang Philipp Directorate General for Health and Consumers, DG SANCO (Unit C1).
4. Belgium: Cristina Chiotan, EUROHEALTHNET (WP2).
5. Belgium: Anna Gallinat, EUROHEALTHNET (WP2).
6. Ireland: Olivia Dix, European Health Management Association, EHMA (WP3).
7. Spain: Enrique Bernal, Instituto Aragonés de Ciencias de la Salud, IACS (WP4).
8. Spain: Ramón Launa, Instituto Aragonés de Ciencias de la Salud, IACS (WP4).
9. Germany: Monika Koester, Federal Centre for Health Education, BZgA (WP5).
10. Germany: Theresia Rohde, Federal Centre for Health Education, BZgA (WP5).
11. Italy: Graziano Onder, Agenzia Italiana del Farmaco, AIFA (WP6).
12. Lithuania: Elena Jurevičienė, Vilnius University Hospital Santariskiu klinikos, VULSK (WP6).
13. Lithuania: Rokas Navickas, Vilnius University Hospital Santariskiu klinikos, VULSK (WP6).
14. Italy: Marina Maggini, Istituto Superiore di Sanita, ISS (WP7).
15. Slovenia: Claudia Adamič, National Institute of Public Health, IVZ (WP7).
16. Slovenia: Jelka Zaletel, National Institute of Public Health, IVZ (WP7).
17. Slovenia: Piletič Milivoj, National Institute of Public Health, IVZ (WP7).
18. Spain: Juan Riese, Instituto de Salud Carlos III, ISCIII (WP1).
19. Spain: Sonia Garcia, Spanish Ministry of Health, Social Services and Equality, MSSSI (WP1).
20. Spain: Mercedes Vinuesa, Spanish Ministry of Health, Social Services and Equality, MSSSI (WP1).
21. Spain: Isabel Saiz Martínez-Acitores, Spanish Ministry of Health, Social Services and Equality, MSSSI (WP1).
22. Spain: Gonzalo Arévalo, Instituto de Salud Carlos III, ISCIII (WP1).
23. Spain: Marian Lopez Orive, Spanish Ministry of Health, Social Services and Equality, MSSSI (WP1).
24. Spain: Karoline Fernandez de la Hoz, Spanish Ministry of Health, Social Services and Equality, MSSSI (WP1).



Funded by
the Health Programme
of the European Union



25. Spain: Carmen Arias López, Spanish Ministry of Health, Social Services and Equality, MSSSI (WP1).
26. Spain: Maria José Gonzalez Suso, Instituto de Salud Carlos III, ISCIII (WP1).
27. Spain: José Melquiades, Spanish Ministry of Health, Social Services and Equality, MSSSI (WP1).
28. Spain: Mercedes García, Instituto de Salud Carlos III, ISCIII (WP1).
29. Spain: Gloria Villar, Instituto de Salud Carlos III, ISCIII (WP1).

MEETING REPORT:

Sonia Garcia de San José, Deputy Director General for Quality and Cohesion of the National Health System, Ministry of Health, Social Services and Equality as chair of the session welcomed and introduced the Executive Board CHRODIS-JA meeting.

WP1	Coordination of the Joint Action, Governance, project management and reporting
------------	--

Speaker: Juan Riese, Instituto de Salud Carlos III, ISCIII (Spain)

Main subject: Structure of the 1st CHRODIS-JA Executive Board working plan.

Brief summary of the intervention:

As coordinator of the CHRODIS-JA, Juan Riese welcomed the Executive Board Members, the European Commission and the Executive Agency (CHAFEA) representatives. He presented the EB meeting structure, reviewing all agenda points, some of which were later presented by other speakers.

The aim of the 1st EB meeting of CHRODIS-JA and the overview of the Joint Action was described, as well as the Work Packages (WPs) structure, relationships among them and the general objectives. WP4 is a core WP agglutinating the good practices for the WP5, WP6 and WP7. There will be a tool within the WP1 for the project management, to be implemented.

A draft of Terms of Reference (ToRs) for the EB was presented in order to be adopted. The role and composition of an Advisory Board was explained by the Executive Agency, as also was the Governing Board of Ministries of Health for sustainability by Spanish Ministry of Health.

Timelines of the Gantt chart, meeting calendar for 2014 (EB meetings, General Assemblies and Stakeholders Forums) and calendar for reports was proposed for agreement.

A proposal for the involvement of Collaborating Partners (CPs) was also presented and agreed as follows: every WP leader will get in touch with the already identified CPs (list to be sent by the coordinator) to confirm their interests and level of implication (full integration in the selected tasks, activity as consultants or activity only in the Stakeholders Forum). The coordinator will send the full list of partners in CHRODIS-JA.

The request from Austria to become participant was discussed, as well as the role of the Stakeholders Forum.

Finally, the coordinator indicated the need to agree on the first steps planned in the WPs and the results to be obtained the first year, and to clarify who is doing what.



Funded by
the Health Programme
of the European Union



Speaker: Carmen Arias López, Spanish Ministry of Health, Social Services and Equality, MSSSI (Spain)

Main subject: Governing Board (GB) of Ministries of Health for sustainability.

Brief summary of the intervention:

Carmen Arias explained the part of the coordination working package that aims at contributing to the sustainability of the work produced through the Joint Action, beyond the 3-years of the expected EU funding commitment.

The Spanish Ministry of Health, Social Services and Equality is specifically involved in this task of WP1.

The objectives of the Governing Board are to facilitate the participation of the Ministries of Health of EU Member States (MoHs, participating and non-participating in the JA) and Candidate Countries in the work performed by the WPs, in order to inform relevant policy-makers at their Ministries and generate synergies with member States' health agenda on chronic diseases and the European and global health ones as well. The Governing board will contribute to guide the WPs in their technical work with a strategic view and may lay the ground for the potential establishment of a future network of EU MoHs representatives aiming at maintaining chronic diseases and healthy ageing in the EU health agenda.

Members of the Governing board will be representatives of MoHs of all EU Member States and Candidate Countries dealing with chronic diseases, representatives of the European Commission and representatives of the European Region of the World Health Organization.

The main function of the GB's members will be to contribute guiding the technical work and strategic progress of the CHRODIS-JA in coordination with the WPs, by revising the documents and actively participating in the GB's meetings.

Finally, a working procedure for the GB was described as a feedback loop relationship with the WPs and the MoHs. The GB secretariat will require relevant information on the progress of the WPs, in order to summarize it and consult GB's Member.

During the annual GB face to face meeting proposals will be discussed, and conclusions will be adopted to guide the WPs in their technical work with a strategic view.

Debate:

Cristina Chiotan from WP2 asked about the way of integrating works performed by the CHRODIS-JA in different national public health agendas.

MSSSI answered that the GB will consult the representatives of the MoHs that deals at national level with the chronic diseases strategies and plans, in order to guide WPs technical work. GBs will be the link between CHRODIS-JA, European Commission and UE Member States and Candidate countries.

Cynthia Menel from CHAFEA recalled the need to keep in mind the healthy ageing branch of the CHRODIS-JA, not to be forgotten in the design and work of the GB. She also noted that coordination of CHRODIS-JA should also have to look at other European projects and programmes in this area.



Funded by
the Health Programme
of the European Union



Speaker: Gonzalo Arévalo, European Projects Office-Instituto de Salud Carlos III, ISCIII (Spain)

Main subject: Legal and financial issues for the CHRODIS-JA implementation.

Brief summary of the intervention:

Draft standard operating procedures (SOP) were presented. These will be distributed in two weeks for comments.

It was clarified that the Coordinator and associated Partners are the only ones that can incur in direct costs, but not the Collaborating Partners been the key figure for the total funding 4 606 576 € (50% of the total cost expected, 9 213 152 €).

CHRODIS-JA will run from January 2014 to 31st of March 2017, and in addition to the mandatory reports (2 interim technical Progress Reports, M12 & M24 and the Final Report, M39), 3 more draft progress reports (M6, M18 and M24) were agreed for internal use. A reporting tool is foreseen to be integrated in the project website for the partners and collaborating partners to follow technical and financial reports. Deliverables might be also added.

Information about the 3 advance payments was provided. These will be depending on the reports delivery and the execution level.

A proposal to split the first payment to Associated partners (APs) in two (75% and 25%) was rejected by the EB as Cinthia Menel Lemos reminded the grant agreement with CHAFEA specify the delays for transferring the payment (art II.26.4). One objective of funding projects is to create jobs and also avoid extra money reserve that oblige to fiscal returns. If at the time of the second payment an AP does not spend the budget, it can be reduced proportionally. However, if the unspent funds are not due to a lack of compliance with the programme, it should be informed the coordination to assess the reasing of low budget absorption.

Criteria for eligibility of costs are detailed in Annex I of the SOP and explanations for the direct and indirect cost was presented. Regarding the staff direct costs there might be public official staff and non-public official staff but only if they are specifically seconded to work in the Joint Action. Travel expenses and subcontract costs were presented, indicating that, among other requirements, public (national or EU) procurement procedures should be used.

There are other direct costs, like the "Implementation contracts" used for the provision of small services, goods, equipment, or also travel costs for experts (CPs).

CHRODIS-JA funding is under non-profit rules. Total EU contribution and Global EU funding rate are fixed. There is some flexibility to distribute funds among different budget items but budget transfers should always in line with art II.22 Budget transfers. The 20% threshold is not applicable since the Call for proposals 2013, in order to avoid amendments.

Rules for publications should be agreed. Regarding this, an annex to the SOPs will be proposed to be agreed by the EB. This annex will include guidelines for authors order, citations, etc.

The need for an amendment to the Grant Agreement (GA) due to the replacement of associated partner FCIEN by FCSAI was informed. Any changes on APs should be communicated by 15th February in order to include them in this first amendment to the GA.

Finally, although the Austrian Ministry of Health was not included in the Grant Agreement, the coordinator informed about the request to participate as an associated partner and collaborating partner in WP7.



Funded by
the Health Programme
of the European Union



The coordinator considered that this situation needs to be solved, but EB should decide in a short period of time as there are financial issues concerning the inclusion of a new AP. It was proposed to let them join to the WP3 as there is already a remaining budget. Clarification on specific functions and conditions of the new AP within the WP3 is still an issue.

The discussed SOP will be sent for agreement before end of February.

Debate:

Cynthia Menel from CHAFEA recommended using a guide to write the reports and to check dates for supplying them in the Grant Agreement (drafts should be 1 month prior to the deliverable date). She also recalled that a good accountability is needed in order to be prepared for audits. Procedures specially thus concerning staff contracts and subcontracts should be perfectly designed in each organisation account system. If there are no internal rules EU commission rules should be used. Every three to six months a consultation should be made to every partner in order to update information concerning expenses, the EB should define the periodicity. Also recalls the need to inform and periodically update the staff participating within the JA.

Cynthia Menel also recommends that, regarding the reporting tool every WP should be able to get access to the different WP sections (not writing right, only reading) in order to keep informed. Right of reading is needed to provide WP members with the specific information concerning their and the other WP. Deciding which information WP need to follow and what expenses reporting on-the-line tool should be added to the “to do” list of every WP for tomorrow morning meetings.

Olivia Dix from WP3 explained that WP3 activities work might be of different intensity at different times in different WPs. This should be taken into account regarding possible budget excesses at some points in time, and not consider it as a poor execution.

Speaker: Cynthia Menel Lemos, Consumers, Health and Food Executive Agency, CHAFEA.

Main subject: European Commission`s involvement in CHRODIS-JA.

Brief summary of the intervention:

Structure and main duties of the Advisory Board was presented. Based on other Joint Actions, members for the Advisory Board might be selected from candidates proposed by each WP-leader and co-leader and by the Coordinators. Inclusion of experts may also include clinicians and scientific societies and not only researchers. Additional experts might be invited by DG-SANCO. European Commission will be included as an external observer.

The approximate number of experts should be around 10, as in other JAs ongoing in the EU.

The Advisory Board will provide advice to the Executive Board but this will not be binding, the EB will decide. Some rules should be agreed concerning conflict of interests and eligibility criteria for the member of the Advisory Board. DG-SANCO offers to share an existing list of experts..

Debate:

It is agreed not including policy makers to the Executive Board as they are already in the Governing Board.

It was agreed that experts travel costs will be covered but not fees for their work.

Enrique Bernal from WP4, suggested having geographical and multidisciplinary balance to conform the Advisory Board (different expertise and academic training).

Further comments from the EB might be sent to the coordinator, and he will request proposals on experts to the WP leaders.



Funded by
the Health Programme
of the European Union



WP2	Dissemination of the Joint Action
------------	--

Speaker: Cristina Chiotan, EuroHealthNet (Belgium)

Main subject: Dissemination of the Joint Action.

Brief summary of the intervention:

EuroHealthNet is a non-profit organization whose mission is reducing Health Inequalities, combating NCDs and promoting sustainable health systems by networking across the European Union with bodies publicly responsible for health promotion, public health and disease prevention measures.

Three main objectives were defined for WP2: raise awareness, improve understanding and take action concerning chronic disease. This WP counts with a large variety of deliverables for dissemination of the JA that will include guidance and a reporting back document. A visual Identity will be needed (templates and logos) as well as promotional materials (leaflet, posters). CHRODIS website will be linked to WP4 Platform for Knowledge Exchange offering several on-line facilities (on-line help desk, clearinghouse). Twice a year a newsletter will be published. The contents will be provided by the coordinator, WP leaders and EuroHealthNet. EU developments and updates on other JA's and on EIP-AHA will be also included. It was also proposed to organise Webinars to discuss JA general outcomes and share good practices at the end of the project. A timeline is defined for the following milestones: Stakeholder mapping (M3), Guidance Document (M3), Internal Contact Database (M7), Promotional Materials, i.e. leaflets and posters (M10), CHRODIS section on EIP-AHA Portal (M12), CHRODIS section on EIP-AHA (M12).

JA dissemination strategy will be structured and directed to predefined audiences. Some mapping was done identifying several potential stakeholders: policy makers at EU national and regional level, caregivers, patients' organisations, researchers, public health officials, GO and NGO organisations working in health promotion and disease prevention, International organisations among others. If there are some proposals for new targets they can be submitted to WP2 within the next weeks.

Reports and common guidelines for care pathways for multi-morbid patients will be specially designed. The website will have a public section for general public and a partner's section in order to provide a restricted tool for involved organisations.

The next step for WPs leaders is to provide WP2 some input on the dissemination opportunities/activities for their WP's (Deadline: end of February) and start using CHRODIS-JA visual Identity as soon as available. A proposed logo's will be presented in February for feedback by the end of the month. WP4 and Coordinator are expected to provide further input on stakeholder mapping and analysis by the end of February in order to start website development.

Debate:

The EU Commission – SANCO 02 will be able to publish information periodically about CHRODIS on the EIP-AHA webpage section, but the information should be first send to the SANCO 02 Policy officer. Cinthia Menel from CHAFEA pointed out that delivered reports can be made on electronic format instead of printing hard



Funded by
the Health Programme
of the European Union



copies, like this there is no need to increase expenses. CHRODIS Website should be translated into other languages, using an open source programme, in order to facilitate access to the general public.

Michele Zagordo (DG SANCO) clarified that at the moment it is not foreseen to have a specific section devoted to the CHRODIS-JA in the website of the EIP on AHA. However, all relevant info will be publicly available and timely published on the website, as it is the case already for the two days event of Madrid (Kick-off meeting of the JA).

WP3	Evaluation of the Joint Action
------------	---------------------------------------

Speaker: Olivia Dix, European Health Management Association, EHMA (Ireland)

Main subject: Evaluation of the Joint Action.

Brief summary of the intervention:

EHMA is an open European organisation bringing together policy makers, health managers, health professionals, researchers and educators with a special interest in health policies and research (170 member organisations across Europe)

WP3 main objective is to evaluate CHRODIS-JA. The contribution of partners is needed in order to define indicators (agree on methods) and to evaluate JA results. Once evaluation methods are agreed upon, the evaluation terms of reference will go out for a public tender (external evaluation). EHMA is in charge of monitoring the evaluation and manage WP3, in close collaboration with WP1. The evaluation process will be iterative and formative and it will be checked against the JA progress once a year.

There is a need to define differences between progress and result indicators for the evaluation strategy. Data sources should be also defined in order to evaluate changes at patient level (proxy indicators to be defined). WP1 has an important role in collaborating with WP3 in order to provide core information to the evaluation coordinators. EHMA will provide WPs with an evaluation log frame in the next month.

Debate:

Cynthia Menel from CHAFEA remarked the importance of evaluation. Most important is to define indicators per WP and terms of reference for the evaluation contract in order to be discussed and approved by the EB.

WP4	Platform for knowledge exchange
------------	--

Speaker: Enrique Bernal, Instituto Aragonés de Ciencias de la Salud, IACS (Spain)

Main subject: Platform for knowledge exchange.

Brief summary of the intervention:

The platform for knowledge exchange (PKE) aims at building an agora, where decision-makers, caregivers, patients, and researchers, will potentially exchange the best knowledge on chronic care across Europe.

PKE objectives are: assessing chronic care experiences within the JA, using the CHRODIS standards, providing information and advice on the best existing methodology aimed at implementing chronic care interventions in



Funded by
the Health Programme
of the European Union



different contexts and providing information and advice meant to improve the potential effectiveness and efficiency of interventions in chronic care. During the debate some concerns regarding the objectives were raised and more dialogue would be needed to clarify them in particular about CHRODIS standards and the implementation of chronic care interventions

A modified Delphi disease-specific consultation process will be developed to agree on the assessment criteria. Five specific consultations will be held, three of them with a focus on multi-morbid patients, diabetes and prevention and promotion. Experts from the participant countries and external existing EU working-groups will be invited to participate in these consultations. Stakeholders and patients' perspective will be included.

IACS will structure its work on the basis of standards and good practices. All searching processes will use 3 sources: electronic repertoires (grey and published literature), CHRODIS WPs production and EIP-AHA production (particularly B3 action group mapping).

PKE will be composed of two outputs: an on-line help-desk, and a web-based clearinghouse. Front desk (based in the IACS) will provide: advice on the use of the different tools and resources in the platform, reception and management of the experiences voluntarily submitted for assessment, advice on technical aspects about the development, implementation and evaluation of a new chronic care practice or policy, guidance on how to translate good practices to a particular context. Comments were raised about possible legal measures originated concerning the implementation of new chronic care practice. This issue should be further discussed.

The website will be composed of two elements: repository of best practices and a digital library (any other electronic resource deemed of use for chronic care stakeholders).

An on-line submission will be offered to individuals and/or organizations that want to get their practices assessed. WP4 also proposed the award of a "best practice stamp" and a "CHRODIS expert title" for the leaders of those practices assessed and awarded, however some difficulties were raised in the debate and should be further discussed.

An expert group is foreseen for the development of the assessment criteria within the Delphi consultation (CHRODIS Expert) and the establishment of a Steering Committee (SC) for the WP4 including representatives from the different WPs is also proposed, however duplications with the Advisory Board and the Executive Board were identified during the debate.

WP4 timeline is divided in two: scientific pathway (End of 2014) and technological pathway (First designed in June 2014).

Debate:

Regarding the coordination in between WP4 and WP 5, 6 and 7 Enrique Bernal explained that WP4 will first design the Delphi consultation, and after that they will ask for other WPs' opinion in order to arrive to a consensus on the assessment criteria for the Delphi tool. Calendar adjustment should be done with some WPs (ei. WP2).

European Commission suggests to take into account a "Best Practices book" published by EU and disseminated in EIP-AHA meetings and to consider contacting with leader from action group B3 of the EIP-AHA and participating in the EIP-AHA face to face meetings.

Cynthia Menel from CHAFAE asked about the criteria for the selection of members in the SC for WP4, and Enrique Bernal explained that they would be representatives for the WPs.



Funded by
the Health Programme
of the European Union



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

Speaker: Monika Koester and Theresia Rohde, Federal Centre for Health Education, BZgA (Germany)

Main subject: Brief explanation of its organization, BZgA, in particular their activities in the National Programme on Healthy and Active Ageing; and the aims, derivable and milestones of the WP5.

Brief summary of the intervention:

A brief explanation on the responsibilities and activities performed by the BZgA were presented, among others:

- Communication of national prevention campaigns and programs on health promotion.
- Quality assurance and research in prevention and campaigns.
- National and international cooperation/coordination with governmental/NGO of health, science and other policy sector.
- A National Programme on Healthy and Active Ageing was detailed among the several key topics on disease prevention, health promotion and health equity of the BZgA. Under this programme the surveys on activities and interests of elderly population and publications, the interdisciplinary cooperation, the health information portal (<http://www.gesund-aktiv-aelter-werden.de>), and regional conferences were described.

WP5: Good practices in the field of health promotion and chronic disease prevention across the life cycle: BZgA is the leader with EuroHealthNet as co-leader and 20 associated partners.

Aims and focus of WP5:

- Aims at identifying cost-effective and evaluated health promotion and chronic disease prevention practices (among elderly) and to promote the exchange, scaling up, and transfer to different regions and countries.
- Focus on activities that address major risk factors as well as the wider determinants of chronic diseases (diabetes type II, and cardiovascular diseases).
- Central focus on eliminating health inequalities and a specific focus on addressing the needs of elderly and disadvantaged groups.

The outstanding deliverables are the identification of 3 good practices per participating MS (M18), a series of conference seminars (M24), and a recommendations report on applicability and transferability of practices (M36).

Several milestones were also defined like the country reviews on health promotion and chronic disease prevention approaches (M8), the agreement on selection criteria of good practices with a template (M10) and study visits (M36).

Debate:

The possible duplicity or overlapping in the deliverables of good/best practices identification with the WP4 (Platform for Knowledge Exchange, PKE) was pointed, but WP4 leader explained that PKE would support methodologically to WP5, 6 and 7, and WPs are to decided which are the good practices according to agreed criteria. A timetable adjustment can be performed to avoid duplication or overlapping.



Funded by
the Health Programme
of the European Union



Cynthia Menel from CHAFEA highlighted the importance of using the same assessment criteria for the selection of good practices in all the WPs.

WP2 and WP7 leaders suggested taking into account results of ongoing or previous European Project (Nutrition and physical activity for the prevention of chronic diseases, and CONDA Project).

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

Speaker: Graziano Onder, Agenzia Italiana del Fármaco, AIFA (Italy)

Main Subject: Brief explanation of its organizations, AIFA and VULSK, and a description of the composition, objective, tasks and deliverables of the WP6.

Brief summary of the intervention:

A brief explanation on the responsibilities and activities performed by the AIFA were exposed. AIFA is the national authority responsible for drugs regulation in Italy. It is a public body operating autonomously under the direction of the Ministry of Health. It cooperates with different health authorities (national and regional), research institutes, patients, health professionals and associations, and the pharmaceutical industry.

Their mission is to promote good health through medicines, regulate pharmaceutical policies, and promote pharmaceutical research. In the last few years AIFA has been working on chronic diseases and poly pharmacy, creating of a geriatric working group. They are also involved in the action group A1 of the EIP-AHA, and finally they have a publication of prescribing quality indicators for older people.

A brief explanation on the characteristic and activities performed by the VULSK were exposed. It is a large University Hospital with a research formation program for PhD and with transplantation activities. It cooperates with different health authorities (national and regional), universities, patients and health professionals associations, pharmaceutical industry and care/nursing homes, etc.

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

Associated partners were presented (up to 11), being the main objective of the WP6 to design and develop innovative, cost-efficient and patient centred approach for multi morbid patients with chronic conditions, including secondary prevention interventions, early diagnosis and adherence to treatment and medicine regimens (to address poly pharmacy).

The tasks to be developed are four:

- T1. Identify population(s) at high risk and very high care demand as targets of potential interventions for management of multi-morbid patients. They will analyse existing national databases and literature review resulting in a report (deliverable M12).
- T2. Review existing care approaches for multi-morbid patients in Europe: description of their characteristics and analysis of their efficacy to improve patient outcomes, cost-effectiveness and healthcare use, and replication in other regions/settings. A revision of international literature and data collection within ICARE4EU project (NIVEL), and other European projects is foreseen.
Timeline will be same for both tasks to be ended at the end of year 1.
- T3. Based on result from task 1 and 2, assess and select good practices on management of multi-morbid patients, chosen by the effectiveness and the reproducibility, in order to develop a common model for



Funded by
the Health Programme
of the European Union



multi morbidity management. Lithuania will lead this task and the results will be summarized in a single document (deliverable M24).

- T4. Define multi-morbidity case management training programme after the revision of existing training programmes by an expert group, taking into account of accuracy of skills and competences needed for caring multi-morbid patients. The common training programme developed should be easily used in different settings and regions.

There will be synergies with WP4 and WP7.

Debate:

To a comment from Michele Zagordo (DG-SANCO), it was clarified that the work performed by NIVEL in this JA is not a duplication of the work already performed in another European project. There will be a specific contract to use the network created by NIVEL but to make a different assessment.

Cinthia Menel from CHAFEA and VULSK members advised on the need to coordinate the timetable and tasks between the WPs’ leaders.

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

Speaker: Marina Maggini, Istituto Superiore di Sanita, ISS (Italy)

Main Subject: Brief explanation of its organizations, ISS and IVZ, and a description of the composition, objective, tasks and deliverables of the WP7.

Brief summary of the intervention:

ISS is the leading technical and scientific public body of the Italian National Health Service. Its activities include research, control, training, and consultation in the interest of public health. ISS conducts scientific research according to priorities based in the National Health Plan. Since 2005, a project called “A chronic disease management project for people with diabetes” (IGEA) is in place. (www.epicentro.iss.it/igea).

The WP7 project objectives are focused on Diabetes (Diachronic) working in cooperation with WP4 and WP6.

The aim of this project is to improve the quality of care for diabetic patients, including aspects of primary prevention for people at high risk, through the development of an organizational model for different regions. It also aims at boosting the coordination and cooperation of MS on diabetes.

There are five tasks, including mapping good practices and identification of existing intervention strategies, in countries included in the JA, for primary (people at high risk, task 1) and secondary prevention of diabetes type 2 (task 2); the assessment of early non-pharmacologic interventions (task 3); development of recommendations on appropriate patients’ education strategies to strengthen health literacy and patients’ empowerment (task 4); and mapping and analysing of existing national diabetes plans through a questionnaire (task 5, led by IVZ).

The development of cross-national recommendations for detection, prevention and improvement of the quality of care for people with diabetes and a guideline on how to develop national diabetes plans, taking into account socio-economic parameters, are some of the deliverables.

For task 5 the underlying idea is that current National Health Systems (NHS) doesn’t respond to all patients’ needs and it is necessary a real change in the core of the NHS approach for prevention, care, empowerment. These changes won’t be easy and activities should last longer than the 3 years of the Joint Action.



Funded by
the Health Programme
of the European Union



Debate:

A remark was performed regarding the possible interference between health promotion in WP5 and diabetes primary prevention in task 1 of WP7. Marina Maggini from WP7 explained that there is a proposal to define objectives to focus on health education and avoid duplication. Moreover, health promotion in WP7 is targeted to patients with diabetes or people at high risk, not to healthy people.

Closing remarks (29th morning and 30th afternoon, January 2014)

Speaker: Juan Riese, Instituto de Salud Carlos III, ISCIII (Spain)

Two annual meetings for Executive Board were agreed (late May or early July and December) and next one to be hold in Rome.

Cinthia Menel from CHAFEA reminded that the EB annual meetings should be reflected in the meeting calendar and it could be useful to merge one of them with the WPs annual meeting to make the work more efficient.

The collaborating partner's management proposal was agreed. Every WP leader will get in touch with the already identified CPs to confirm their interests and level of implication, with the suggestion by Cinthia Menel to include only the current participating ones.

The main agreements on activities for the next few weeks were the following:

- Elaborate a common work plan with the identification of synergies and a timetable. Each WP will establish who will be the actor for each activity and the timing. An audio conference of the EB was convened for the 24-25th of February (10:00-12:00h). A doodle will be sent by the Coordinator.
- Bilateral audio conferences will be held in the meantime between WP4 and WP5, 6 and 7, to conciliate their frameworks and clarify the Delphi consultation before next EB audio conference.
- A work plan proposal will be elaborated by the coordinator of the JA to be presented in advance of the EB audio conference (24-25th February).
- A list of participants with their contact details will be distributed among the EB members.
- A draft glossary of terms will be elaborated in one month time, with the collaboration of all the WPs leaders.
- The draft questionnaire for task 5 of the WP7 (National Diabetes Plan) will be distributed to the EB, The coordinator will send Standard Operation Procedures in 2 weeks and the amendment to the Grant Agreement to CHAFEA.
- Regarding the Governing Board a draft letter for requesting a representative from the Ministries of Health of EU Member States and Candidates countries will be send to Cinthia Menel next week. EB members were also asked to send their comments on the Governing Board Terms of Reference.
- It was agree to have an extra EB meeting associated to the Summit on Chronic Diseases, the 3rd -4th April in Brussels.



Second CHRODIS-JA Executive Board Meeting

DG Health and Consumers
2nd April 2014, Brussels, Belgium

Minutes

The second Executive Board (EB) meeting of the CHRODIS-JA was held at the DG Health and Consumers (DG SANCO) (room 42) in Brussels the 2nd of April 2014. The meeting started at 16.00h.

Participants:

1. Cinthia Menel Lemos, Consumers, Health and Food Executive Agency, CHAFEA.
2. Wolfgang Philipp, Directorate General for Health and Consumers, DGSANCO (Unit C1).
3. Eibhilin Manning, Directorate General for Health and Consumers, DGSANCO (Unit 02).
4. Ingrid Stegeman, EUROHEALTHNET (WP2).
5. Olivia Dix, European Health Management Association, EHMA (WP3).
6. Enrique Bernal, Instituto Aragonés de Ciencias de la Salud, IACS (WP4).
7. Theresia Rohde, Federal Centre for Health Education, BZgA (WP5).
8. Sibylle Gerstl, Federal Centre for Health Education, BZgA (WP5).
9. Graziano Onder, Agenzia Italiana del Farmaco, AIFA (WP6).
10. Sabrina Montante, Agenzia Italiana del Farmaco, AIFA (WP6).
11. Elena Jurevičienė, Vilnius University Hospital Santariskiu klinikos, VULSK (WP6).
12. Marina Maggini, Istituto Superiore di Sanita, ISS (WP7).
13. Angela Giusti, Istituto Superiore di Sanita, ISS (WP7).
14. Jelka Zaletel, National Institute of Public Health, IVZ (WP7). – via teleconference
15. Juan Riese, Instituto de Salud Carlos III, ISCIII (WP1).
16. Isabel Saiz, Spanish Ministry of Health, Social Services and Equality, MSSSI (WP1).
17. Marian López-Orive, Spanish Ministry of Health, Social Services and Equality, MSSSI (WP1).
18. Mercedes García, Instituto de Salud Carlos III, ISCIII (WP1).

1. Welcome and introduction

After the Tour de table J. Riese thanked DG SANCO and CHAFEA for their help in the organization of the meeting and everybody to assist to the meeting and underlined the two main points in the agenda:

- Improving the interaction among WPs 5, 6 and 7 with WP 4
- Selection of Advisory Board members

2. Debate on the fine tuning of the interaction among WPs 5, 6 and 7 with WP4



E. Bernal (WP4) read the minutes of the teleconference 25th February, and highlighted that all WPs included literature review and review of practices. Experts will decide on the criteria for the selection of good practices. The WP4 is helping all WPs in this process. The need for information about the activities to be carried out in relationship with WP4 was highlighted by the involved WP leaders. In the case of WP5 there would be probably a delay of 3 months. WP7 suggested not conducting a specific DELPHI process for this WP.

Four Delphi processes are planned: multi-morbid patients, health promotion and prevention, patient intervention, organization and intervention. The last one would be on May-June 2016. E Bernal indicated that the on-line tool_for good practices assessment will be ready for piloting in June 2014. WP5 leader accepted the 3 months delay.

The WP6 leader and co-leader expressed their concern on the planned Delphi on June 2015. Regarding WP7 the experts should decide which criteria will be the best for the particular diabetes case study.

J. Zaletel reminded that in the last TC one topic for a Delphi was national diabetes plan. E. Bernal pointed out that in the first TC he said that one Delphi in policy interventions should be organized. But, at the moment he considered that is not necessary a Delphi in diabetes interventions.

M. Maggini (WP7) commented that a Delphi in June 2015 would be too late. E. Bernal argued that with the information that will be gathered with the 4 first Delphis to be organized by WP4 there would be enough information in order to evaluate good practices related to WP7. Policy makers will be included in the 4 Delphis at different levels. WP4 will ask the other core WP leaders for expert candidates for the Delphis. G. Onder commented that the situation of WP6 is different: first the criteria are to be selected since the information is evidence-based and then the experts decide if the good practices are acceptable and replicable. There is a general consensus in the world on diabetes. The good practices can be selected by using those defined in the ICARE4U project. G. Onder does not agree that the same procedure should be implemented for all WPs. There is a 15-year experience in diabetes, and quite less in multimorbidity. E. Bernal would agree if there would not be evidence and consensus before, but a consensus is not needed in order to decide if it is a good practice. First, 15 criteria are to be defined and then the Delphi process will prioritize taking into account scientists; however this is not the common methodology as reported in the guidelines (M. Maggini).

WP5 accepted the procedure and timeline. However, G. Onder emphasized that the criteria for WP6 are already in the DoW and the Delphi procedure is an assessment protocol. However, E. Bernal underlined that the Delphi procedure is a prioritization tool. WP7 is different since it is a case study. Once prioritized an evaluation on good practices could be performed again. During the testing and refinement process, the criteria for diabetes will appear. M. Maggini agreed to perform the Delphi process for WP7 as the last one once the results from the questionnaires have been obtained.

C. Menel-Lemos suggested setting up a Working Group in WP4. 5-10 practices for each WP should be the goal.



M. Maggini considered that the Delphi process should be able to achieve the essential criteria to be applicable to all partners. G. Onder however would like to have clarified how the criteria could be selected if they decide on the good practices since WP6 is not responsible for criteria definition but for the definition of good practices. At this point, the Coordinator requested G. Onder to send a short proposal via E-mail to get a consensus with E. Bernal as soon as possible between WP4 and 6.

3. Procedure for the selection of the Advisory Board (AB) members

Experts for Advisory Board are asked to be sent by all WPs to the Coordinator. It is important to consider gender balance and one member of the AB as representative of the patients. J. Riese proposed to try to organize the first Advisory Board meeting in Rome in July.

4. Annex on conflict of interest to the SOP

M. Maggini proposed to include a *conflict of interests issue* in the Standard Operation Procedures (SOP). She explained that all participants in the Joint Action may declare conflict (in general) in order to increase transparency. J. Riese indicated that these changes in the SOP will be included before sending to the partners tomorrow (EB and APs). A. Giusti indicated that WP7 send models of others JAs to the coordinator.

5. Dates for the next EB meeting in Rome

M. Maggini indicated that the first WP7 meeting will take place 15th and 16th of July in Rome. She proposed 14th-15th of July to held the EB meeting, but some partners indicated that will be not able to attend in these dates. Additionally, WP7 proposed 25, 26 or 27 of June. Coordinator team will send a doodle with the dates next week.

6. AOB

- T. Rohde commented some misunderstandings about person-days per WPs in the document sent by the coordinator: person-days have not been assigned to Associated Partners for the the horizontal WPs 2 and 3. The coordination team will review this issue.
- Saiz informed that the Ministries of Health will receive the letter from the Spanish Ministry of Health, Social Services and Equality asking for nominating a representative for the Governing Board of MoHs representatives.
- M. Maggini informed that the glossary of terms is ongoing.
- O. Dix (WP 3leader) asked about the 1st payment that EHMA has not received yet. The Coordination team will check it.

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

3RD EXECUTIVE BOARD MEETING MINUTES

Meeting date: 7-8 July 2014
Meeting location: Rome, Italy
Approval date: 20 August 2014
Prepared by: Marie Roseline D. Bélizaire



RATIONALE: The Executive Board (EB) is responsible of the development of the project. Face to face meetings are scheduled every semester, as defined in the Grant Agreement, for members of the EB to share their work and take necessary decisions.

OBJECTIVE: to review the progress from the beginning of the JA to present (six months), and to define next steps.

LOCATION:

Building: Istituto Superiore di Sanità (ISS)

Address: via Giano della Bella, 34, Rome, Italy

Meeting room: Aula Zampieri

ATTENDANCE:

Representatives of ISS

Fabrizio Oleari, ISS President, Italy

Stefania Salmaso, Chief National Centre of Epidemiology, ISS, Italy

EC Officers:

Anne Marie Yazbeck, Scientific Project Officer, CHAFEA, Luxembourg

Wolfgang Philipp, Policy Officer, DG SANCO, Luxembourg

Eibhilin Manning, Policy Officer, DG SANCO, Belgium

Work package leaders and co-leaders:

WP1: Juan E. Riese (*Coordinator*), Health Institute Carlos III (ISCIII), Spain

WP1: Isabel Saiz, Ministry of Health, Social Services and Equality (MSSSI), Spain

WP1: Carlos Segovia, Health Institute Carlos III (ISCIII), Spain

WP1: Marie Roseline Darnycka Bélizaire, Health Institute Carlos III (ISCIII), Spain

WP1: Mercedes García, Health Institute Carlos III (ISCIII), Spain

WP2: Anna Gallinat, EUROHEALTHNET, Belgium

WP2 & WP5: Ingrid Stegeman, EUROHEALTHNET, Belgium

WP3: Petros Eskioglou, 1st Regional Health Authority of Attica, (YPE), Greece

WP4: Enrique Bernal, Instituto Aragonés de Ciencias de la Salud (IACS), Spain

WP4: Ramón Launa, Instituto Aragonés de Ciencias de la Salud (IACS), Spain

WP5: Thomas Kunkel, Bundeszentrale für gesundheitliche Aufklärung (BZgA), Germany

WP6: Graziano Onder, Agenzia Italiana del Farmaco (AIFA), Italy

WP6: Federica Mammarella, Agenzia Italiana del Farmaco (AIFA), Italy



WP6: Rokas Navickas, Vilniaus Universiteto Ligonės Santariškių Klinikos (VULSK), Lithuania

WP6: Elena Jureviciene, Vilniaus Universiteto Ligonės Santariškių Klinikos (VULSK), Lithuania

WP6: Zydruke Visockiene, Vilniaus Universiteto Ligonės Santariškių Klinikos (VULSK), Lithuania

WP7: Marina Maggini, Istituto Superiore di Sanità (ISS), Italy

WP7: Angela Giusti, Istituto Superiore di Sanità (ISS), Italy

WP7: Jelka Zaletel, National Institute of Public Health (NIJZ), Slovenia

AGENDA: the agenda is available at http://www.chrodis.eu/wp-content/uploads/2014/07/FINAL-AGENDA_-3rd-EB-meeting-7-8-july-CHRODIS-JA_LastV1.pdf

DAY 1: 7 JULY 2014

WELCOME SESSION AND PRESENTATION

Fabrizio Oleari, President ISS:

Mr. Oleari welcomed participants to ISS. He reminded the consequences of chronic diseases in the European Union (EU) and their importance for the European Commission (EC).

Wolfgang Philip, DG SANCO:

Mr. Philipp thanked to the Italian hosts for organizing the meeting at ISS. He remembered the 1st EB meeting in Madrid in January 29th to 30th 2014 associated to the kick-off the JA: an event with more than 100 people eager to start working on the JA. He also mentioned the 2nd EB meeting in Brussels, in the margins of the Chronic Disease Summit on April 3-4th, 2014 that was a good opportunity to get things fixed, in particular among WP4 and the other operational WPs. The 3rd EB meeting in Rome is to see where Work Packages (WPs) stand and where the problems are.

The Commission expects that we all run a successful JA. Madrid (first meeting) was a promising start in a spirit of enthusiasm and motivation. He reminded that € 9.5 million

Euros are a huge sum in a restricted Health Programme. Thus, there is the need to make CHRODIS also an example and a source of inspiration for future JAs. He informed that during the same week of the meeting the United Nations (UN) review



process meeting on Non Communicable Diseases (NCDs) at the UN in New York City (NYC) was taking place. The JA is an important deliverable of the Commission in response to the commitments taken in 2011.

Looking back to the 1st ever meeting in January 2012 in Luxembourg to discuss the general idea of CHRODIS, it quickly became clear that several Member States were really interested in taking leading roles and in coordinating the JA and the work packages. This interest now needs to be translated into action and the roles of both, the coordinators and the WP leaders bear a high level of responsibility. They must assume that colleagues and partners assigned to their tasks actually deliver on time.

One of the slides of the Luxembourg meeting explored the question why a JA and not several projects to respond to chronic diseases in Europe? The answer was because the JA-CHRODIS family reaches a critical mass in resources, experiences, knowledge; it integrates and links more issues at the same time under one umbrella; it reaches and includes more relevant stakeholders from different fields and it develops a coherent work plan in a joint development process.

He also pointed out that in the absence of an EU policy framework on chronic diseases, the JA is an important show case for a coherent and useful activity in response to Chronic Diseases (CD) challenges and other associated aspects herein in Europe.

The Chronic Disease Summit has been instrumental in driving this agenda forward, but the JA stays for the time being the anchor activity and show case in the field.

The JA work plan is well defined with milestones and deliverables: this is the minimum that must be achieved on time. This concerns all WPs, the core WPs, and the horizontal WPs. Communication and Evaluation are crucial WPs for the presentation and the demonstration of valuable and meaningful progress. They must therefore perform to the best possible standards. Opening the JA website, for example, should be a pleasure and should be informative. Information must be interesting for both, the public and the involved partners.

EB members belong to the leaders in their respective fields. It is their responsibility to push this JA forward through a smooth internal and external cooperation. All will be held accountable for the progress and success but also for the failures.

This JA is unique and will create an important impact in a wide range of fields related to chronic diseases. This JA is embedded in the EU health architecture, legislation and policies. It has links to other relevant activities including the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA) and the work on the major risk factors for chronic diseases.



The Commission reminded the participants that instruments are there, money is there, commitment is there and another two and half years to go on. The Commission expects to have a productive and constructive communication among partners and to establish a strong network of European leaders in the response to chronic diseases. It is therefore important to communicate well among all partners and with the outside world; to report on progress, achievements, news and developments; to guarantee through the JA work a sustainable response to CDs in Europe and to manage a network of health specialists pushing the European response to CDs as the proof that the JA makes a difference.

Eibhilin Manning, DG SANCO:

She focused on the interaction between EIP-AHA and JA-CHRODIS. She applauded the opportunity to have them linked and working together.

Juan E. Riese, Coordinator of JA-CHRODIS:

The JA Coordinator welcomed participants to the meeting, thanked the ISS President, Chief National Italian Centre of Epidemiology and Marina Maggini, WP7 leader, for hosting the meeting. He also thanked the representatives of DG SANCO at the meeting and introduced the new scientific officer Anne-Marie Yazbeck. He apologized for Olivia Dix (WP3 leader) who, due to private reasons, could not attend this meeting.

Tour de table: personal presentation and expression of satisfaction to participate to the meeting.

PRESENTATIONS AND DISCUSSION SESSION

Chairwoman: Isabel Saiz, Spanish Ministry of Health, Social Services and Equality

JA-CHRODIS OBJECTIVE

Speaker: Juan E. Riese

The coordinator, Juan E. Riese, in a short presentation, reminded the main objectives of JA-CHRODIS, the structure, and the division of WPs. He focused on what the JA-CHRODIS should be and should not. He also emphasized in definition of guidelines, practices and good practices. The Platform of Knowledge Exchange (PKE) will constitute an important exchange activity as is the interaction with all WPs and EIP-AHA. It is crucial in order to reach the main objective of the WP4 in charge of the PKE development. He further described the sustainability activity in the JA-CHRODIS, which is led by the Spanish Ministry of Health.



Debate:

Enrique Bernal made emphasis in the necessity of a good dissemination plan such as webpage, meetings and explained that the concept of practitioners as was mentioned in the slides is not only about clinicians but everybody working in the field of health.

Carlos Segovia proposed to make this concept clear and maybe including it in the amendment to the Grant Agreement.

TERMS OF REFERENCE OF THE ADVISORY BOARD (AB)

Speaker: Marie Roseline Darnycka Bélizaire

She presented the documents in the folder. She explained that the glossary is a draft to be completed all over the project. She encouraged participants to send words to be included in the glossary. The document named “activities update” is also a draft to be completed with the part from WP4.

She also explained the AB selection process: an E-mail will be sent to WPs 2 and 3 to propose candidates. In the meantime, candidates in the list will be contacted to confirm their availability, to sign the declaration of interest and the availability commitment. Once candidates confirm their willingness, the final candidates list will be sent to EB to vote according to the process describe in the terms of reference. A teleconference will be set up to finalize the process on September 12, 2014.

Debate:

Participants disposed of five minutes to read the ToR of the AB. Enrique Bernal made some changes replacing “chronic diseases” by “chronic care”. Marie Roseline D. Bélizaire proposed to have an AB only with Scientifics. Carlos Segovia said that in the agreement the AB is for conceptual and strategic advice in the JA-CHRODIS. Anne-Marie Yazbeck committed to have the new version of the ToR of the AB in the same day.

WP1: SIX MONTHS OVERVIEW, ACHIEVEMENTS AND NEXT STEPS

Speaker: Juan E. Riese

Juan E. Riese made a brief overview of the last six months of JA-CHRODIS for the WP1. He underlined some of the most crucial Teleconferences (TCs) with EB, WPs and also with CHAFEA. All activities of WP1 are listed in the document report for the last six months of the project. A preliminary review of the financial situation pointed out the person/days of a number of partners in WPs does not match with the work they are supposed to produce. The payment to partners was effective on May 30th 2014 but two of them, National Institute of Public Health NIJZ (Slovenia) and National Institute for Health and Welfare THL (Finland), were impossible to deliver due to some problems between the Spanish bank and the banks and these countries. The Financial Manager is trying to solve this issue.

The coordination team committed to launch the management tool on the mid-September.

Isabel Saiz intervened about the composition of the Governing Board (GB). The first meeting will be on February 2015. Eleven countries already nominated their representative: Austria, Belgium, Cyprus, Croatia, Estonia, Finland, Germany, Lithuania, Slovenia, Spain and United Kingdom. The Spanish Ministry of Health, via its General Secretary sent invitations to permanent Country Representations in Brussels on April 9th, 2014.

Debate:

Anne-Marie Yazbeck asked Isabel Saiz to share the GB invitation with the EB as it can help maybe to get the countries representatives for the GB. Graziano Onder and Marina Maggini identified the Italian representatives as Daniela Galeone and Giovanni Nicoletti. Wolfgang Phillip recommended contacting with them directly.

Regarding the person/days, Petros Eskioglou asked if it is possible to move budgets between third parties. Ingrid Stegeman emphasized on adapting the person/days in WPs and also noticed that some partners have more person/days with the same tasks due to their public function. Carlos Segovia proposed a recompilation of person/days from partners till September 30th 2014 and to send it to the coordination team in order to include them in the amendment.



WP2: COMMUNICATION STRATEGY AND WEBPAGE

Speaker: Ingrid Stegeman

Mrs. Stegeman presented the work of WP2 insisting on communication as a responsibility of all partners involving in the JA. She made a brief overview of the webpage, the content and the promotional material about JA-CHRODIS.

Debate:

Marina Maggini asked if the JA-CHRODIS template is also valid for national workshops and proposed to include a section about important events in the webpage. Carlos Segovia emphasized on the dissemination of the Platform for Knowledge Exchange (PKE) and identified possible stakeholders for it. Enrique Bernal indicated that one the WP4 tasks, is to design a business model for the PKE. Jelka Zaletel proposed to share information with all countries, ministries, patients, institutions involving in health services. Juan E. Riese proposed to inform partners about possible JA-CHRODIS presentations. Marie Roseline D. Bélizaire indicated that the extranet will be linked to the webpage. Graziano Onder proposed to publish JA-CHRODIS originals in open access journals.

WP4: CRITERIA FOR ASSESSING PRACTICES AND TIMELINE

Speaker: Enrique Bernal

Mr. Bernal explained that the PKE will be performed in collaboration with the Telemedicine Unit of the Institute of Health Carlos III of Spain. He detailed the DELPHI consensus process with its components for the PKE. WP4 will recruit around 20 experts per DELPHI, based on area of expertise, type of stakeholders and types of health systems, also taking into consideration country and gender balance.

Enrique Bernal also explained the expert's panel job that will consist in a) agreeing on the list of the relevant items for a practice assessment; b) setting the scale for evaluation within each agreed item (establishing categories or levels "the good, the better and the best"); c) attaching a relative weight to each of those agreed items (how relevant each should be when assessing a practice).

About the platform development, Enrique Bernal mentioned the main components of the PKE: a User Management System (UMS), a Content Management System (CMS) with two subcomponents a Clearinghouse (CH) and Digital-resources library (DRL), and

the Help-Desk (HD) that will permit the Assessment Tools (AT) with fora, message board and video-chat.

The PKE will be piloted along the project to test its functionality. This pilot process will be composed by several layers: a) usability and accessibility, b) data and storage, and c) searching engine.

The first DELPHI consultation will start with WP5 on health promotion and prevention of chronic diseases with the launch of the first online questionnaire in November 2014. The first 4 DELPHIs will be delivered on 2015. The first one on February, the second one on March, the third on June, the fourth on December and the fifth DELPHI about diabetes will be delivered on June 2016. The business plan for the PKE sustainability will be ready on March 2016.

Debate:

Rokas Navickas asked how to approach users once the platform is ready. Ingrid Stegeman said that in the WP 5 Kick off meeting, partners began to discuss how the Knowledge Platform could serve to help countries improving policy and practice in relation to the prevention of chronic disease, since collections of good practice do not in and of themselves generate change.

Regarding the criteria for evaluation, Enrique explained that there will be 2 types of criteria: crosswise and specific. Besides, he informed that the 1st round of the questionnaire allows for additional criteria to be added to the questionnaire.

Whether the self-assessment and the reviewing process (checking the completeness of the information submitted by the individuals & organisations introducing a practice for evaluation) will be the only input needed for introducing & evaluating best practices into the Clearinghouse or whether a final editor is needed, a solution will be proposed in the “PKE user requirements” document.

Regarding how to improve “bad practices” (i.e. those practices that didn’t pass the threshold) the idea is to diagnose the practice through the questionnaire and start a quality journey, meant to help users to improve.

Regarding how to approach PKE users and stakeholders once the DELPHI process will be concluded, Enrique Bernal explained that the outreach plan will be prepared in conjunction with WP2 and included in the business model.



DAY 2: 8 JULY 2014

Chairman: Juan E. Riese, Coordinator JA-CHRODIS

WP5: QUESTIONNAIRE ON GOOD PRACTICES

Speakers: Thomas Kunkel and Ingrid Stegeman

They gave a brief overview on the outcomes of the Work Package 5 meeting in Cologne on April 28th-29th 2014 and presented the questionnaire on “Good practice in the Field of Health Promotion and Primary Prevention”.

The questionnaire was well received by participants and the WP4 representatives had the opportunity to clarify possible overlaps and synergies especially with Work Package 7, which is also about to prepare a questionnaire with a focus on Diabetes. An important role in the upcoming weeks will be the transition of the results from the questionnaire of WP5 to WP4. For this, the good practice criteria that will be identified and extracted through answers of the questionnaire will be compiled into a list and passed to WP4 probably in September and then will be used for the Delphi Panel Experts round. The schedule for the end of the Delphi Panel process got postponed from initially December 2014 to February 2015.

Debate:

Jelka Zaletel offered herself to answer the questionnaire for Slovenia seeing that her country is not participating in WP5. Marie Roseline D. Bélizaire proposed that all countries involved in JA-CHRODIS to answer the questionnaire of WP5 as for the questionnaire of WP7 to increase the data value. Juan E. Riese reminded that, according to the European Commission (EC), JA-CHRODIS is about good practices in Europe and that the definition criteria will be a result of the information collected in the questionnaire.

WP6: FRAME WORK FOR DATA ANALYSIS

Speaker: Graziano Onder

He introduced the different tasks of WP6 and which institution is leading each task. He described the databases that will be consulted. The review process is ongoing and so the data collection from other projects. The questionnaire to compile good practices is already sent to ICARE4U.



Between the WP4 and WP6: it is convened that WP6 will provide WP4 with materials and possible assessment criteria that will be used in the Delphi panel (to be developed in the first half of 2015). During the second half of 2015, WP6 will be able to evaluate practices on multimorbid patients, using the agreed criteria

A WP6 meeting is foreseen for 24-25th October 2014 in Rome. Date and location may suffer changes.

Debate:

The JA-CHRODIS Coordinator proposed to have the meeting in Lithuania. The idea was well received. A new date will be determined. Carlos Segovia intervened about the definition of target population; it was previously decided to focus on quality of life, clinical outcomes and resources utilization based on available data in databases. Carlos Segovia also mentioned the International Journal of Integrated Care could be a good help and compromised himself to send the reference to Graziano Onder. Juan E. Riese asked about the trainings foreseen in this WP; Graziano Onder explained that is too soon to have them.

WP7: PLATFORM AND QUESTIONNAIRE

Speaker: Marina Maggini and Jelka Zaletel

Marina Maggini presented the WP7 platform called “Diachronics” and explained the level of access of users depending on their involvement in WP7. The platform is a useful tool to support and facilitate the WP activities and create a community. The WP7 is developing two questionnaires. They will be discussed and evaluated by all participants in this WP during the first WP7 meeting on July 9th 2014. The final version will be ready on September and available on the CHRODIS website. Basically, the questionnaire (Task1-4) is divided into four sections and it based on the expertise and experience of countries in Diabetes.

The second WP meeting will be on autumn 2014. It was considered important to have it at the same time with WP6. There are many partners involved in both WPs.

Jelka Zaletel presented the fifth task: National Diabetes Plans (NDP). She explained the baseline of this particular task using nutrition ingredients of daily living. She presented the plan and timeline for deliverables: NDP content on 2014, NDP Process on 2015 and NDP Guideline on 2016. During the two first years, a map of NDPs in Member States will be performed. To achieve this task, she suggested working with the Governing Board of MoHs that is to be constituted in order to get in contact with the relevant



persons in the respective NDPs, to work with Associated Partners (APs) and Collaborating Partners (CPs) for data collection and finally to adapt the Questionnaire and Protocol and to make a situational analysis.

Debate:

The first part of the discussion was focused on the participation of the GB in the data collection for the NDP. Isabel Saiz explained that the objective of the GB is not collection of data. Nevertheless, the GB representatives could help to identify National Diabetes Focal Point. However, the GB is not constituted yet.

The second part of the discussion was about the implication of International Diabetes Forum (IDF) and its participation to WP7 meeting in representation of European Patients Forum (EPF). The JA-CHRODIS Coordinator will contact EPF to clarify this issue.

The discussion continued with the intervention of Enrique Bernal explaining that there will be a DELPHI about improving care of diabetic patients. This DELPHI will be ready on June 2016. This DELPHI overlaps with Health Promotion of WP5. So, Enrique Bernal proposed to have one Delphi with repeated items for the different WPs and another DELPHI on NDPs.

Marina Maggini intervened to relate that the focus is the model of care delivery. Even though diabetes is the example, chronic diseases are similar. WP7 and WP6 should tightly work together.

Isabel Saiz reflected the Spanish situation about the NDP. The latest evaluation and updating of the National Strategy on Diabetes was in 2012, but she ignores if it is similar in other countries. Jelka Zaletel thanked Isabel Saiz and explained that is more probably different from one country to another but it should anyway be verified. Anne-Marie Yazbeck referred the importance of count on partners for and for this asked for an updated partner's mail list.

WP3: LOG FRAME FOR EVALUATION AND IT IMPLEMENTATION

Speaker: Petros Eskioglou

The JA coordinator introduced Petros and explained the problem confronted with WP3 about evaluation issues. The Greek partner will be co-leader of WP3.

Petros Eskioglou presented a brief overview of what will be the evaluation focusing on three pilots basically: What, How and Who. Then the evaluation will be performed in



four steps: 1) Definition of WHAT – HOW – WHO, 2) Ex-ante; 3) Interim and 4) Ex-post. The deadline to present the first step is about mid-October.

Debate:

Ingrid Stegeman asked if the external evaluation will be subcontracted. Enrique Bernal said that he had an interview with the WP3 leader (Olivia Dix) and sent to her a document (log frame) with suggested indicators for the evaluation of WP4.

Marie Roseline D. Bélizaire indicated that the evaluation should be done step by step. Every event, every deliverable should be evaluated. She also said that it is important to clarify this issue with the WP3 leader and review what she already have done with WPLs, because, the indicators to evaluate WPs should be defined in collaboration with WPLs.

Anne-Marie Yazbeck asked to resolve all the evaluation issue in a short time and indicated that the Greek partners should be co-leaders of WP3.

In parentheses, Petros Eskioglou remarked that the dissemination budget is very limited.

INTERACTION BETWEEN WORK PACKAGES

Juan E. Riese explained the goal of the session: what it was intended to be done during this session and what supposed to be the interaction between WPs in the JA-CHRODIS.

Ingrid Stegeman presented in detail the JA-CHRODIS webpage to be ready at the end of July 2014.

Debate:

Marina Maggini proposed to add “welcome to "Joint Action" CHRODIS” in the home page of the webpage and consider the image a bit religious. She proposed to add some healthy pictures and expressed the consideration of Facebook and Twitter pages for dissemination. The extranet will be ready on September 15th as referred by Marie Roseline D. Bélizaire and she asked to have all JA linked, this is some kind of dissemination and collaboration between JA.

Juan E. Riese proposed a meeting between WP2 with WPLs in order to improve the JA-CHRODIS dissemination plan and it was foreseen to be organized after the next General Assembly.



WP7 leader, Marina Maggini informed having good communication between WP7 through the “WP7 Diachronics” platform. This communication will be improved therefore with WP5.

PROPOSAL SCHEDULE FOR TELECONFERENCE AND REPORTS

Speaker: Marie Roseline Darnycka Bélizaire

The EB will have TCs every first Tuesday every month at 13:00 CET. WPLs will send short report every month to coordination team. They will receive a reminder 3 working days before the deadline to send the report. A template will be proposed.

Debate:

Anne-Marie Yazbeck proposed to use the Google calendar whilst the extranet is being set up and asked to include the EU visual identity in presentations and documents. Graziano Onder asked to change the WP6 date meeting. Marie Roseline D. Bélizaire asked WP2 to send again the template for everyone to have them with the correct EU logo.

DATES FOR NEXT MEETING

Juan E. Riese announced the possible dates for the next JA-CHRODIS meetings: EB, AB, GB and General Assembly. They are expected February 10-12th, 2015. Rooms will be available for parallel sessions.

INCLUSION OF NEW COLLABORATING PARTNERS

Four institutions manifested their interest to become collaborating Partners (CP). Juan E. Riese briefly presented their willingness to be part of the JA and will send the documents about those institutions profile to the EB before deciding on accepting them or not. According to the recommendation of Enrique Bernal, the Coordination team will send a procedure for the selection of new CPs.



COORDINATION WITH EIP-AHA

Speaker: Eibhilin Manning

Mrs. Manning presented the rationale and objectives of EIP-AHA. She also described its methodology, countries involvement and the implication of institutions.

EIP-AHA is linked to JA-CHRODIS via different WPs: WP2 linked with technical meetings and newsletter dissemination, WP4 with care integrated B3 and WP6 to adherence to treatment and multi-morbidity. A good percentage of the good practices target one or more chronic diseases (Diabetes, Cardiovascular Diseases, etc).

She related the fact that various partners of the JA-CHRODIS are also involved in EIP-AHA. A partners mapping will be done. Next EIP-AHA meetings are foreseen for September-October 2014.

Debate:

It was considered important to finalize first the mapping of partners that are involved in each action group. For this, an updated JA-CHRODIS list of participants will be sent to Eibhilin Manning.

CLOSING REMARKS

Speaker: Anne-Marie Yazbeck

She congratulated the EB and the Coordination team for having achieved an appropriated momentum that is to be maintained. September will be quite important since many goals have been set. The most important issue is to achieve the set goals and to respect the deadlines.

A JA-CHRODIS summary of achievements is presented on table 1.



NEXT STEPS (Presented in table 2)

Speaker: Juan E. Riese

- Finally, WP6 and WP7 meetings will be held in Vilnius on November 6th- 8th 2014.
- Management tool to be ready on September 15th 2014
- Amendment is to be finished by the end of October
- The selection procedure for the Collaborating Partners is to be delivered
- The Coordination Team will inform on the steps to prepare the EB meeting, first AB meeting, and General Assembly meeting on February 2015
- Before the first AB meeting in Madrid, the process of the selection of the AB is to be finished. The Coordinator will get in touch by E-mail with the candidates in order to gather their willingness and availability before starting with the selection procedure. A scoring guideline draft will be sent to the EB.



Table 1: JA-CHRODIS ACHIEVEMENTS

ACHIEVEMENTS		
WHAT	WHO	STATUS
Standard Operation Procedures	WP1	Ready on 25 April 2014
ToR for Advisory Board	WP1	Ready on 17 July 2014
Selection Process of the Advisory Board	WP1	Ongoing till 12 September 2014
ToR for Governing Board	WP1	To be confirmed by the GB on the 1 st meeting on 18 th February 2015
Constitution of the Governing Board	WP1	Ongoing (invitation sent on 9 th April 2014)
Glossary of terms	WP1	Ready on 14 July 2014
Management Team	WP1	Ready on 13 May 2014
1 st payment to Associated Partners	WP1	Done on 30 may 2014 ¹
1 st semester report	WP1	Editing on 9 July 2014
Static webpage	WP2	Ongoing till 30 July 2014

¹two Associated Partners did not receive the payments due to some administrative issue between spanish bank and theirs

WHAT	WHO	STATUS
Logo and visual identity	WP2	Ready on March 2014
Promotional materials (pens and banner)	WP2	Ready on May 2014
Social media activities (Twitter and Facebook)	WP2	Ongoing since May 2014
Draft log frame for evaluation	WP3	Ongoing till mid-September 2014
Questionnaire on good practices	WP5	Ongoing till 27 July 2014
1 st WP5 meeting	WP5	Done on 28-29 th April 2014
Literature review	WP6	Ongoing till September 2014
Data collection from other EU projects	WP6	Ending on June 2014
Questionnaire to compile good practice/ ICARE4U	WP6	Ready on June 2014
Data analysis of data within ICARE4U	WP6	Ongoing till mid-September 2014
WP7 platform	WP7	Ready
Questionnaire based on expertise and experience of countries in Diabetes	WP7	Reviewing till end of July 2014
1 st WP7 meeting	WP7	Done on 8-9 July 2014

Table 2: JA-CHRODIS NEXT STEPS FOR THE NEXT SEMESTER

NEXT STEPS: ACTIONS TO BE TAKEN		
WHAT	WHEN	WHO
Advisory Board	12 September 2014	WP1
Management tool	15 September 2014	WP1
Correction person/days	30 September 2014	All WPs to WP1
Amendment	30 October 2014	WP1
ToR for inclusion of Collaborating Partners	24 October 2014	WP1
1 st Stakeholders forum	24 October 2014	WP1
Preparation of meetings: General Assembly, Advisory Board, 4 th Executive Board meeting, Governing Board, WPs meetings	17-19 February 2015	All WPs
Monthly report	Every last week of the month	All WPs to WP1
EB monthly TC	Every first Tuesday of the month	WP1
Monitoring report	Every six months	WP1



WHAT	WHEN	WHO
Participation at International Nursing Research Conference	11-14 November 2014	WP1 and WP7
Participation at EUPHA conference	19-22 November 2014	WP1
1st Interim report	10 December 2014	WP1
Functional webpage	30 July 2014	WP2
Promotional material	October 2014	WP2
Log frame for evaluation	Beginning of September 2014	WP3
1st DELPHI consultation	November 2014	WP4
End of DELPHI panel process	February 2015	WP5
Transition of results of questionnaire of WP5 to WP4	September 2014	WP5
Providing WP4 with materials and assessment criteria for Delphi Panel	Continuously	WP6
1st WP6 meeting	7-8 November 2014	WP6
Data collection on expertise and experience of countries in Diabetes	Beginning on mid-September 2014	WP7
2nd WP7 meeting	6-7 November 2014	WP7

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

4TH EXECUTIVE BOARD MEETING MINUTES

Meeting date: 2 December 2014
Meeting location: Brussels, Belgium
Approval date: 18 March 2015
Prepared by: Marie Roseline Darnycka Bélizaire



OBJECTIVE: To strengthen collaboration and coordination between Work Packages (WP) and to self-evaluate the first year of the JA-CHRODIS.

LOCATION:

EuroHealthNet, Rue de La Loi, 67 (3rd floor), 1040 Brussels, Belgium

ATTENDANCE:

1. **Juan E. Riese** (*Coordinator*), Health Institute Carlos III (ISCIII), Spain
2. **Gonzalo Arevalo**, Director of European Project Office, ISCIII, Spain (via teleconference)
3. **Marie Roseline Darnycka Bélizaire**, Health Institute Carlos III (ISCIII), Spain
4. **Carolina Rodriguez**, Ministry of Health, Social Services and Equality (MSSSI), Spain
5. **Marian López Orive**, Ministry of Health, Social Services and Equality (MSSSI), Spain
6. **Caroline Costongs**, EUROHEALTHNET, Belgium
7. **Ingrid Stegeman**, EUROHEALTHNET, Belgium
8. **Cristina Chiotan**, EUROHEALTHNET, Belgium
9. **Enrique Bernal**, Instituto Aragonés de Ciencias de la Salud (IACS), Spain
10. **Ramón Launa**, Instituto Aragonés de Ciencias de la Salud (IACS), Spain
11. **Thomas Kunkel**, Bundeszentrale für gesundheitliche Aufklärung (BZgA), Germany
12. **Federica Mammarella**, Agenzia Italiana del Farmaco (AIFA), Italy
13. **Rokas Navickas**, Vilniaus Universiteto Ligonės Santariškių Klinikos (VULSK), Lithuania
14. **Elena Jureviciene**, Vilniaus Universiteto Ligonės Santariškių Klinikos (VULSK), Lithuania
15. **Marina Maggini**, Istituto Superiore di Sanità (ISS), Italy
16. **Flavia Lombardo**, Istituto Superiore di Sanità (ISS), Italy
17. **Jelka Zaletel**, National Institute of Public Health (NIJZ), Slovenia
18. **Anne-Marie Yazbeck**, Chafea (via teleconference)

AGENDA: the agenda is available at <http://www.chrodis.eu/wp-content/uploads/2014/12/AGENDA-.pdf>



OPENING SESSION

Caroline Costongs, Director of EuroHealthNet, welcomed the participants and explained the role of EuroHealthNet in dissemination activities across Europe. She highlighted the participation of the institution at other JA as leader of the WP on dissemination.

Juan E. Riese explained the objective of the 4th Executive Board (EB) meeting which has mainly been the review of the activities performed during the first year and to check the present situation as a starting point for the activities in 2015. He emphasized to keep in mind the objectives of JA-CHRODIS and their importance for the development of future strategies in chronic diseases' management across the EU.

PRESENTATIONS OF WORK PACKAGES

1. Every work package leader highlighted the most important achievements during the first year of implementation of the JA making a direct comparison among activities planned and activities performed indicating their level of accomplishment.
2. Leaders focused on the progress of the activities at work package level based on the Gantt chart agreed at the beginning of the Joint Action as modified in Mid-2014 after the Executive Board meeting in Rome on July 2014.
3. The leaders/co-leaders pointed out the hurdles and the challenges they faced during the first year of execution of the JA.
4. The participants expressed their satisfaction about their collaboration and performance of the JA and the collaboration together in the JA and how the activities are being implemented; however the coordination among partners could be improved.
5. Regarding WP3, the procedure to replace the WP3 leader began on November 4th, 2014. So far two Expressions of Interests were received from Germany and Spain. The coordination decided to extend the deadline and resend the request for proposal of interest to all partners involved in the JA including Collaborating Partners. Gonzalo Arevalo explained the process of negotiation with EHMA and YPE (Greek partners) to have resources to allocate to the new WP3 leadership. In this sense, the EB agreed on the ineligibility of the amount of 20,000 Euros for national evaluation budget by YPE. The EB underlined on the necessity to use the available fund as wisely as possible.
6. WPLs agreed on the need to partial access to the financial report from the Associated Partners in order to compare the work done in the WP with the number



of days declared in the reports, prior to their submission to the European Commission.

All the presentations are available at <http://www.chrodis.eu/events/4th-executive-board-meeting/>

AGREEMENT ON THE PKE REQUIREMENT DRAFT

The WP4 Leader sent the document to the EB on November 4th, 2014. EB partners replied with general and specific questions and comments. During the presentation, the requirements were presented and analysed for the Platform of Knowledge Exchange (PKE): the on line tools, clearinghouse, digital library and the online helpdesk. The human actors that are planned to be involved were explained, i.e., users, reviewers, referees, the help-desk manager and the system administrator. The functionalities among every PKE actors were described.

Multiple questions have been raised by T. Kunkel regarding the the human resources to be involved for the PKE, its sustainability, its scope and purpose. E.Bernal explained that JA-CHRODIS is developing a pilot using the resources allocated in the Grant Agreement. Once the pilot is concluded, the next phase will rely on the sustainability of the JA.

Practices will be ranked in a list and tacitly scored: the first one will be the best, the second in the list the following on in the ranking and so on. An alternative could be to group them into 3 categories: best, good and candidate. No practices will be classified as rejected.

It was raised whether Good Practices should have an “expiry date”. E.Bernal suggested 3-5 years. This issue will be reflected in the business plan.

General questions remain open on the scope and content of the online library as well as the functionalities of the Help Desk.

There are pending questions regarding the human resources needed from WP partners for the present development of the PKE which should be clarified during a next TC.

Additionally, an eventual collaboration with EIP AHA that would include an activity intended to transform existing EIP AHA practices from a number of EIP AHA Action Groups into CHRODIS format for evaluating them through the PKE was discussed. Early next year a meeting will be scheduled in order to exchange information on EIP AHA and CHRODIS platforms and possible collaboration.



OVERALL KEY CONCLUSIONS:

1. Improvement of the decision-making process.
2. Share reported partners person/days with work packages leaders.
3. The WP3 issue needs an urgent solution.
4. The EB agrees on YPE funds for national actions not eligible in JA-CHRODIS and will be part of the budget for the new WP3 leader.
5. The PKE functionalities have been presented but some questions on the functionalities are still under debate (questions presented by E. Bernal on power point slides, 2nd December EB). and are the basis for the next developmental activities.
6. Pending questions regarding the human resources needed from WP partners for the present development of the PKE will be clarified during a next TC.

ACTIONS TO BE TAKEN:

1. All WP leads should liaise with the JA-CHRODIS Communication Group to inform them about their deliverables, milestones achieved, relevant upcoming events and publications.
2. All WP leads should apply and contribute to refining the communication tools in place.
3. Preparation of the meetings on February 2015 (logistic, administrative and technical issues)
4. Clarifying and improving 'processes' (e.g. distributing dissemination costs,
 - a. ensuring materials reach appropriate partners in a cost-efficient manner,
 - b. guidelines for publication)
5. Sending to WPLs the number of persons/days reported by partners
6. Sending draft agenda of meetings to EB before Christmas 2014.
7. Development of the PKE business plan to be delivered until summer 2015.

