

# CHRODIS+ Work Package 7

CHRODIS+ Kick-off event



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National Institute of Health, Italy

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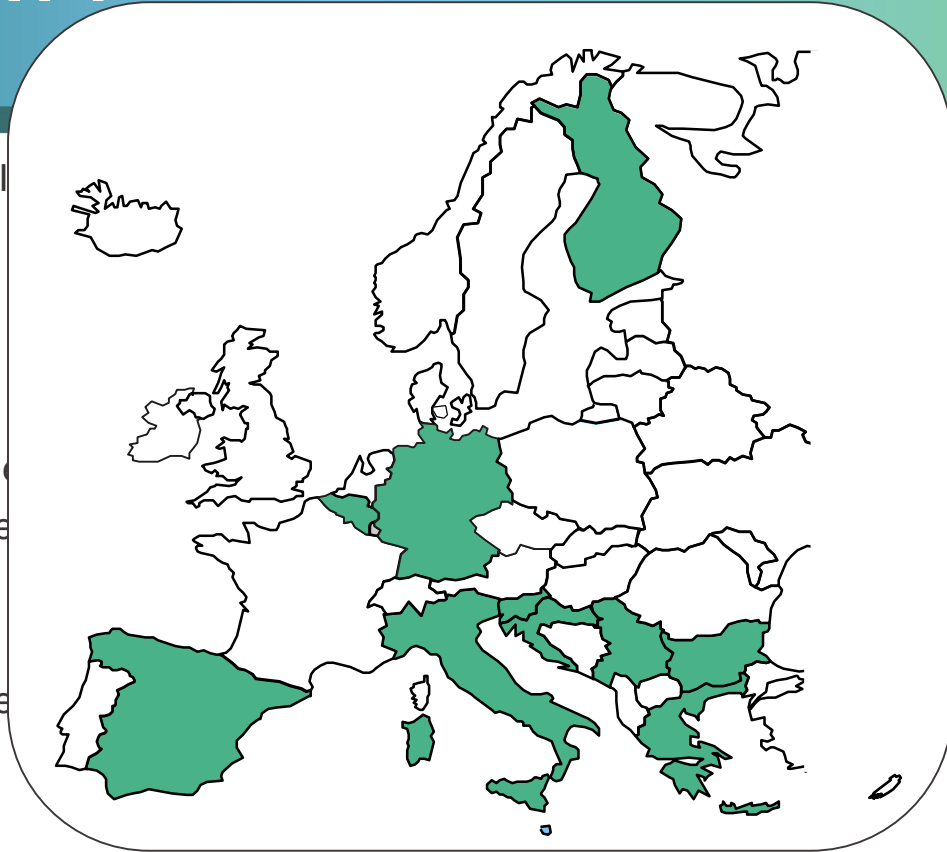
National Institute of Public Health, Slovenia

# Objectives & Partners

# Partners contributing to WP7

KRONIKGUNE - Centro de Excelencia Internacional en I  
CIPH - Croatian Institute of Public Health - Croatia  
UULM - Ulm University - Germany  
UHREG - University Hospital Regensburg- Germany  
AUTH - Aristotelio Panepistimio Thessalonikis - Greece  
OVGU - Otto-von-Guericke-Universitaet Magdeburg - G  
CERTH - Center for Research & Technology Hellas - Gre  
EPF - The European Patients' Forum  
ISS - National Institute of Health - Italy  
UBEO - Faculty of Medicine at the University of Belgrade  
NIJZ - National Institute of Public Health - Slovenia  
CSC - Consejería de Sanidad de Cantabria - Spain  
NCPH - National Center of Public Health and Analyses - Bulgaria  
THL - National Institute for Health and Welfare - Finland

[WWW.CHRODIS.EU](http://WWW.CHRODIS.EU)



# WP leaders



Marina Maggini

WP Leader

National Institute of Health, Italy



Jelka Zaletel

WP Co Leader

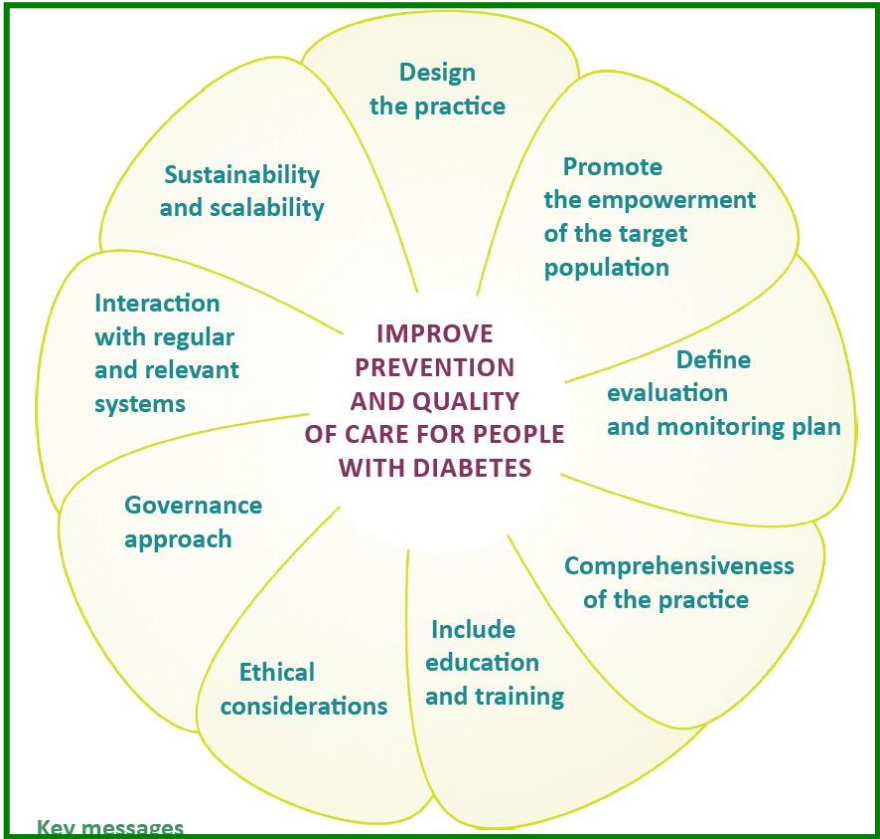
National Institute of Public Health, Slovenia

# Objective of WP7

## Main objective

- to improve the quality of care for people with chronic diseases through the implementation of QCR tool (JA-CHRODIS Quality Criteria and Recommendations)
- evaluation of the applicability and transferability of the QCR across countries.

# Recommendations



Key messages

WWW.CHRODIS.EU



JA-CHRODIS  
Work Package 7

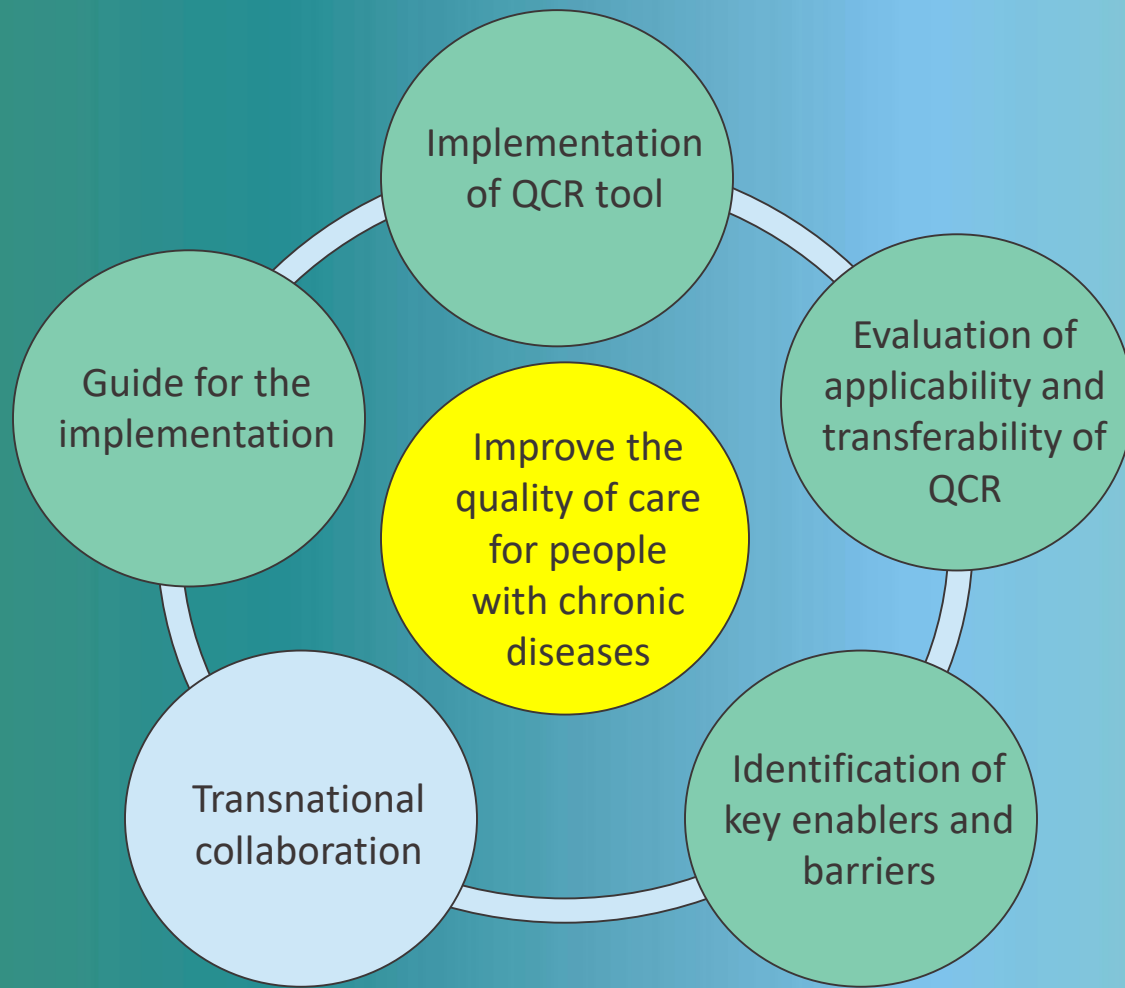
Diabetes: a case study on strengthening health care for people with chronic diseases

Recommendations to improve early detection, preventive interventions, and the quality of care for people with diabetes. Definition and agreement on a common minimum set of indicators

CHRODIS

# Specific objectives of WP7

- To evaluate applicability of the QCR tool through pilot actions, in different settings, domains, and health care organizations, and to evaluate their transferability.
- To identify key enablers and barriers to implementation of the QCR tool.
- To develop a Guide for the implementation of QCR based on experience arising from different countries.
- To support countries efforts, and transnational collaboration, to implement QCR and other CHRODIS outputs at policy, system and local/specific level, for the improvement of quality of care for people with chronic diseases.
- To identify key factors across EU member states that foster health and care provision adapted to individual's needs using mobile technology.





# Detailed task breakdown & timing

Partners' contribution to this WP in detail

# TASKS

Task 7.1 M1 - M9: Baseline analyses and defining pilot actions design  
KRONIKGUNE

Task 7.2 M10 - M27: Piloting of QCR Tool through pilot actions - NIJZ

Task 7.2.1 Implementation of JA-CHRODIS Recommendations –  
learning from pilot actions across several EU countries – NIJZ

Task 7.2.2 Workshop on interim follow-up of pilot actions and study  
visits - EPF

Task 7.3 M10 – M30: Pilots on mHealth tools - UULM, CERTH

Task 7.4 M8 - M36: Guide for the implementation of QCR Tool - ISS

# Task 7.2 Piloting of QCR Tool through pilot actions

Slovenia (Leader NIJZ) - General Hospital Novo Mesto, and at the Primary Healthcare Centre Novo Mesto

Serbia (Leader UBEO) - Primary Care Units with close cooperation with Institute of Public Health of Serbia and Ministry of Health Republic of Serbia

Croatia (Leader CIPH) - Primary Health Care Centers (PHCC) in collaboration with the Croatian Institute of Public Health

Finland (Leader THL) - Primary health care and Family Federation of Finland to accommodate the specific needs of immigrant population group;

Greece (Leader AUTH) - Specialised Care management and Integrated Care Call Centre that are also equipped with ICT tools

## Task 7.3 Pilots on the Implementation of mHealth tools for fostering quality of care of patient with chronic diseases

Three different partner's sites will conduct pilots on mobile IT tools for self-empowering the CD patients:

CSC in Spain

NCPHA in Bulgaria

UHREG in Germany

# Deliverables and required contributions

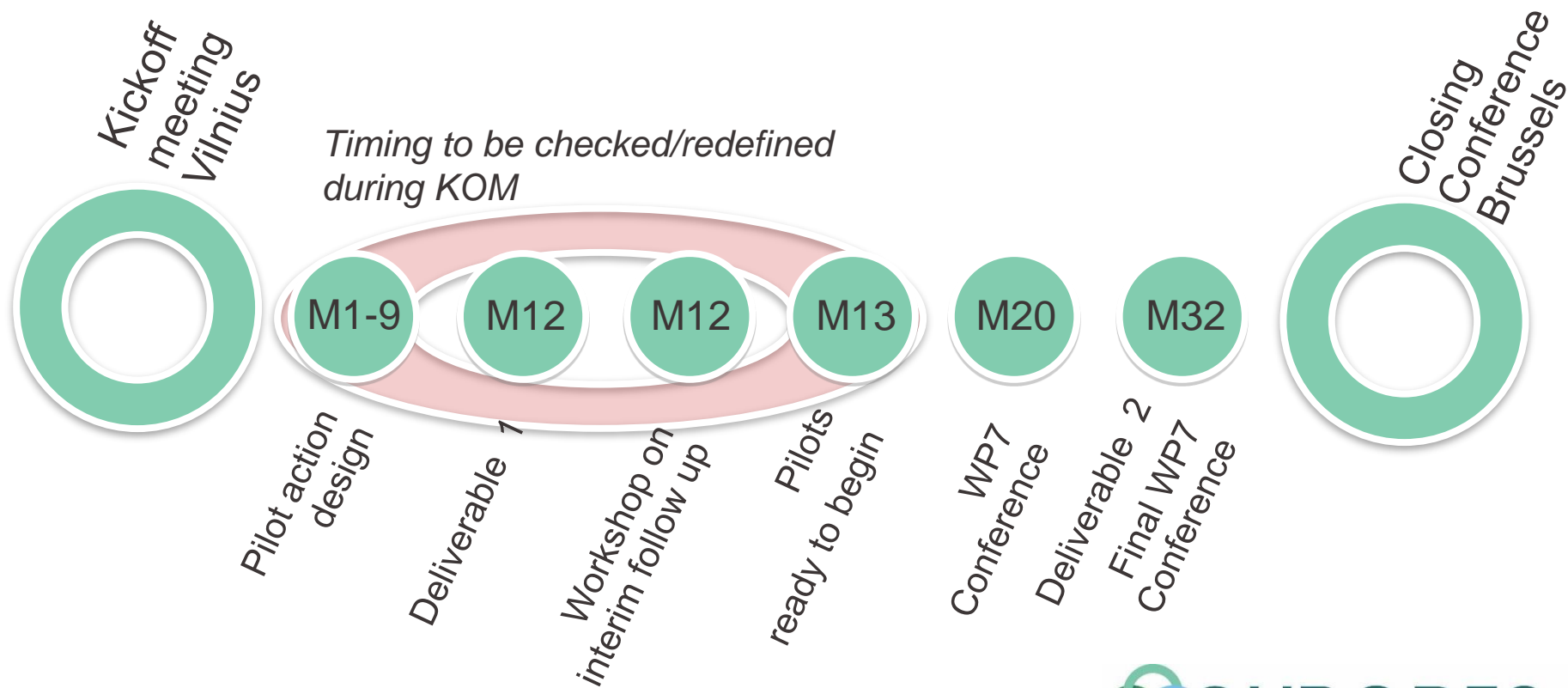
## Pilot actions design: a blueprint for action

- In each participating country a Local Implementation Working Group (LIWG) will be established. The LIWG will be composed by the local relevant stakeholders as well as by local CHRODIS PLUS team. This group will have the responsibility to conduct the baseline analysis and the practice design.
- An Action Plan for conducting the pilot actions will be established by partners in collaboration with LIWG

## Guide for the implementation of QCR tool

- The deliverable will report on the key lessons learnt, including enablers and barriers, from implementation of QCR tool

# Timeline



# Main communication channels



# Only keeping the best of what we are..





...gives the best flavours



# Having a Joint Action...



# ..does not solve it all

**To a man with a hammer,  
everything looks like a nail.**



# Communication among partners like this...



# ...or like this?



# Working group meeting at Kick-off plan & preparation

## Introduction

- Create cohesiveness, a sense of a "mutual interest"
- Create a connected group

- Share (again) the objectives and work plan
- Start to work together

- Workshop to support the use of QCR and other JA CHRODIS deliverables and to support the use of SQUIRE 2.0 Guidelines



# Action plan for the upcoming 6 months

## Task 1

- Baseline analyses and defining pilot actions design
- M1-M9
- KRONIKGUNE

- WP7 partners will identify Local Implementation Working Group (LIWG) and will start baseline and context analyses

- Pilot actions design will be based on QCR tool and common methodology defined for WP 5,6,7



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# The Joint Action on Implementing good practices for chronic diseases (CHRODIS PLUS)

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\* This presentation arises from the Joint Action CHRODIS+ addressing chronic diseases through cross-national initiatives identified in JA-CHRODIS to reduce the burden of chronic diseases while assuring health system sustainability and responsiveness, under the framework of the Health Programme (2014-2020). 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 in the information contained therein.