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IMPLEMENTING GOOD PRACTICES FOR CHRONIC DISEASES

WP7 Conference

Budapest, May 13th 2019

Linking the Conference with the previous meetings

Marina Maggini
National Institute of Health, Italy

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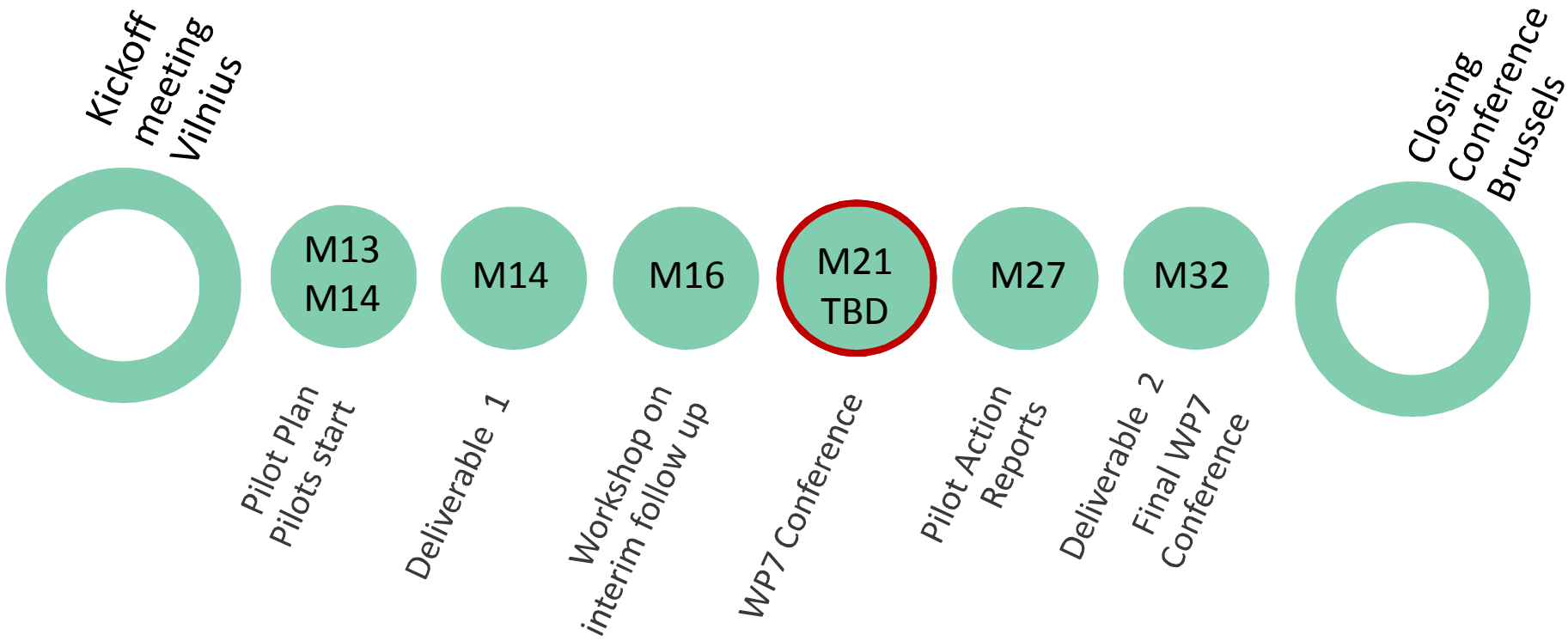
Timeline



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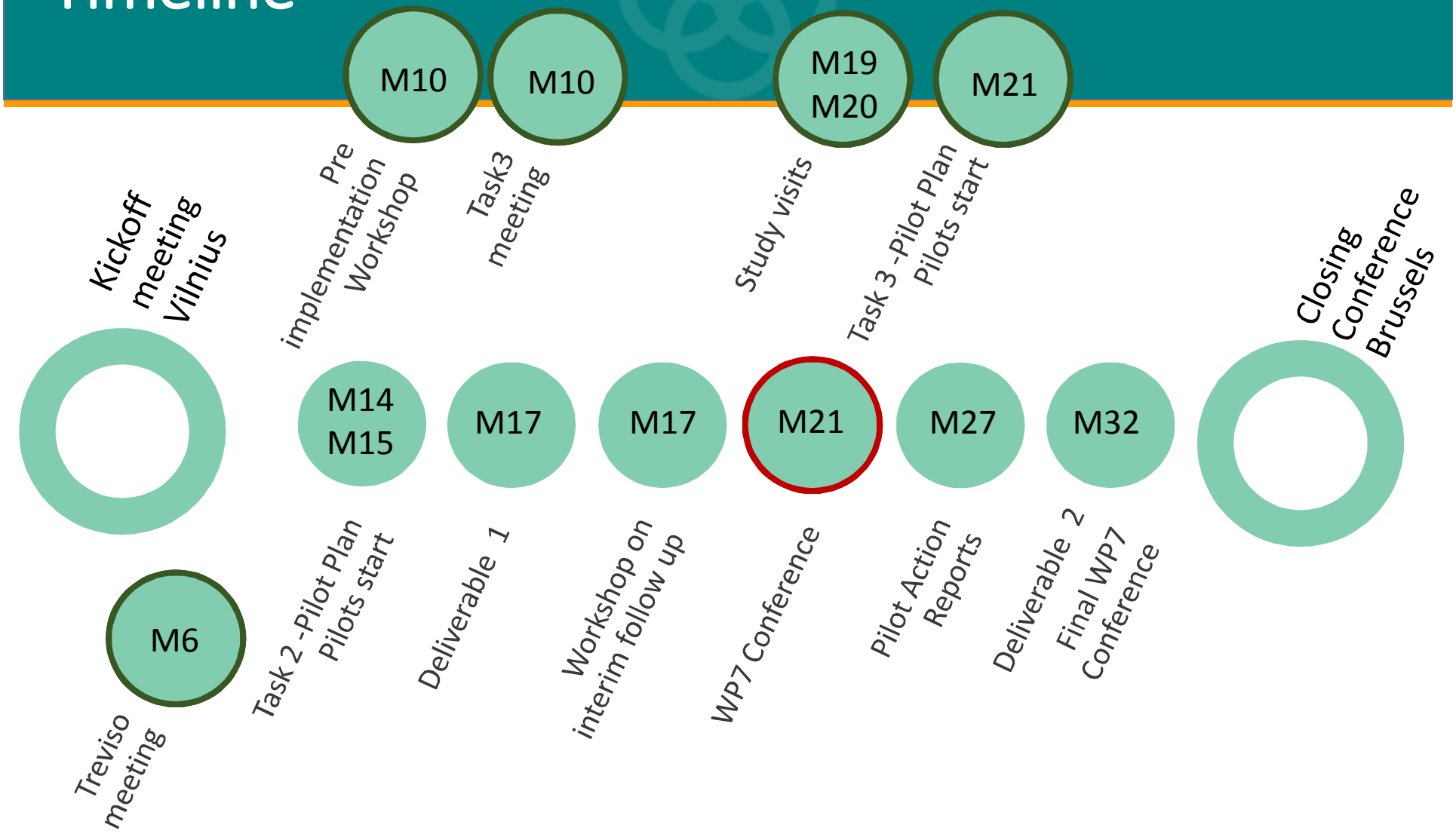
Timeline



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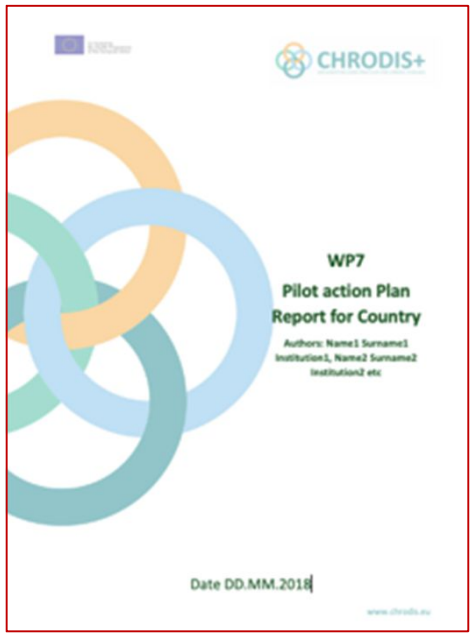
Pre-implementation Workshop - Ljubljana, June 2018

Aims

- ✓ to build the capacity of WP7 partners with pilot actions to perform and report in an uniform way the steps of pre-implementation phase, as defined by the guidelines with the use of Quality Criteria and Recommendations (QCR Tool)
- ✓ to share and discuss methods
- ✓ to define templates



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Workshop on Interim Follow UP- Belgrade, December 2018

Aims

- To provide interim follow-up on the use of QCR Tool
- To support the capacity of partners for patient involvement into the pilot sites implementation and to study visits
- To support the capacity of partners to plan, organise and deliver their study visits
- To discuss and agree on Intermediate evaluation plan
- To continue with the collaborative methodology used in Ljubljana: experience-sharing and cross-fertilisation

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Study visits: March - April 2019

Slovenia	**March 5-6**
Finland	**March 12-13**
Croatia	**March 26-27**
Greece	**April 9-10**
Serbia	**April 24-25**

In collaboration with EPF and the participation of EHFF

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Agenda

13.00 – 14:00	**Registration, light lunch**
	I Session Moderator: **J. Zaletel**
14.00 – 14.15	Linking the Conference with the previous meetings **M. Maggini, J. Zaletel**
14.15 – 14.30	EPF: Study visits of Task 7.2: five key messages **V. Strammiello, L. Ninov**
14.30 – 14.45	Use of the JA CHRODIS Quality Criteria and recommendations: enablers, barriers and key messages. Experience from Finland. **K. Wikström**
14.45 – 15.00	Use of the JA CHRODIS Quality Criteria and recommendations: enablers, barriers and key messages. Experience from Serbia. **N. Lalic**
15.00 – 15.15	Use of the JA CHRODIS Quality Criteria and rec barriers and key messages. Experience from G **I. Kanellos**
15.15 – 15.30	Use of the JA CHRODIS Quality Criteria and re barriers and key messages. Experience from C **T. Poljičanin**
15.30 – 15.45	Use of the JA CHRODIS Quality Criteria and re barriers and key messages. Experience from S **D. Opresnik**
15.45 – 16.00	EHFF: Sustainability and scalability of the pilot **D. Somekh**
16.00 – 16.15	Use of the JA CHRODIS Quality Criteria and re barriers and key messages. How Danish Comn sees it. **L. Münter**
16.15-16.45	Discussion and coffee

	II Session Moderator: **M. Maggini**
16.45 - 17.00	mHealth tools for fostering quality of care for people with chronic diseases **R. Pryss, E. Polychronidou, M. Spilopoulou**
17.00 - 17.10	Planning the uptake of mHealth tools: enablers and barriers. Experience from Spain. **C. Fernández-Viadero**
17.10 - 17.20	Planning the uptake of mHealth tools: enablers and barriers. Experience from Bulgaria. **P. Dimitrov**
17.20 - 17.30	**Planning the uptake of mHealth tools: enablers and barriers. Experience from Germany.** **R. Pryss**
17.30– 17.45	Discussion
17.45 – 18.00	Next steps. M. Maggini, J. Zaletel

Posters

Tuesday 16:45 - 17:45
Wednesday 11:00 - 11:50

Quality Criteria and Recommendations (QCR)

Checklist Manifesto or How to Get Things Right

Tamara Poljičanin, MD, PhD, Croatian Institute of Public Health, Croatia

Abstract

Description & knowledge

- Health care professionals don't provide good quality data on their patients.
- Not all the persons with diabetes are being treated equally.
- Diabetes registries are proven to be efficient in quality improvement: help in reducing frequency of emergency department visits and hospitalizations, as well as health-care expenditures.

Rationale

Well established electronic patient registries improve quality indicators of diabetes control at population level due to better insight in patients' health status, improved health care delivery and better patient compliance as well as continuous organisational improvement within and between involved health care providers.

Specific aims

To use QCR Tool to pilot an intervention to increase the use of diabetes control check-list for improvement of health care quality in diabetes.

Key performance indicators

✓ Agreement on Minimum Data Set
✓ Recommendations delivered
✓ Diabetes panels shared

The aim of the pilot is to increase the use of diabetes control check-list within diabetes registry as well as identify barriers for their full implementation in primary health care settings. Study will enable quantification of availability and quality of diabetes care indicators and impact of structured education and performance feedback on their quality.

GROUP 1 | GROUP 2 | GROUP 3

analysis of indicators (HbA1C, lipids, albumin/creatinine ratio, systolic and diastolic blood pressure and fundoscopic examination)

-interview
- education on project and MDS/registry
- feedback on performance

-letter with information about project and their monitoring

analysis of indicators (after 6 months)

-interview

As a part of the intervention on governance, education and training level, LIWG platform enables influence on the stakeholders' processes and activities. These include changes in diabetes panel that enable complete agreement with MDS and improving awareness of GPs and patients on potential benefits from MDS.

Enablers

- Involvement of patient representatives
- Availability of educational materials
- Support from the Chrodis+ core team for increasing awareness and visibility of the project

Barriers

- Unclear institutional mandate
- GPs are generally overworked
- Low awareness of the importance of standardised clinical practice and health information systems
- Importance of diabetes registry not perceived by patients

Key messages

- The QCR Tool provides a useful framework for designing practices to improve the quality of care for people with diabetes and other chronic diseases.
- Diabetes registries can serve to interventional purposes and are proven to be efficient in quality improvement trough implementation of standardised MDS.

Acknowledgements

CIPH team: Ivan Pristaš, Marko Brkić, Manija Švajda, Domina Vusio
LIWG members

CHRODIS PLUS Budapest Conference 14-15 May 2019

Quality Criteria and Recommendations (QCR)

QRC tool as a potential method to overcome Greek policy barriers, regarding the stiffness culture on prevention and self-management of chronic diseases

Ch. Savopoulos[1], I. Kanellos[1], Th. Vontetsianos[2], D. Gennimata[2], A. Vontetsianos[2],Th. Katsaras[2], D. Theofanidis[1]
[1] First Propaedeutic Dept. of Internal Medicine, Aristotle University of Thessaloniki, AHEPA University Hospital, Greece
[2] Greek Network ElPonAHA, Athens, Greece . [3] "Alexander" Technological Educational Institute of Thessaloniki

Abstract

Problem Description

Greek health system presents weak primary care and chronic disease prevention, high morbidity and high costs for the State health budget.

Available knowledge

- **Lack of potential education of medical and paramedical personnel regarding preventive medicine and integrated care**
- **Lack of potential self-management training of chronic disease patient from health system personnel.**

Rationale

The importance of self-management, secondary prevention and Integrated Care approach in people with hypertension and diabetes, has been extensively proved.

Specific aims

- **Improvement of hypertension and diabetes patients' self-management through education and training.**
- **Improvement of involved professionals' (medical and paramedical healthcare personnel) capacities for the management of hypertension and diabetes and for patient's education on lifestyles and self-management.**

Key performance indicators

Four improvement areas with 2-3 key performance indicators for each area were defined.

Enablers

- **High level of education and knowledge from Greek trainers (Experts in Greece are very familiar with the educational procedure since a lot of seminars and lectures in Greek medical societies events and congresses took place every year)**
- **Social media are very strictly and well corporates with doctors in health topics and supports patient voice**
- **Communities of patients with chronic disease already exist**

Barriers

- **Stakeholders stiffness culture**
- **Legislative barrier**
- **Financial Crisis**

Key messages

1. Patient voice in not a usually "tactic" in Greek medical culture (revealed by using the QRC tool).
2. Greek people health prevention culture is at very low level (revealed by using the QRC tool)
3. Patients' resignation from the education and training process for their disease/s and for their treatment regimens (revealed by using the QRC tool)
4. The QRC tool must be developed in a parallel way with flexibility according every country special needs.
5. The QRC tool could be a possible potential way to <broke> the barriers between politics the stakeholders.

Acknowledgements

We thank all the stakeholders (medical and paramedical staff for their contribution

CHRODIS PLUS Budapest Conference 14-15 May 2019

Quality Criteria and Recommendations (QCR)

Health and wellbeing for all – Culturally sensitive lifestyle intervention for Somalis

Eeva Virtanen and Katja Wikström, National Institute for Health and Welfare, Finland

Abstract

Description & knowledge

- Type 2 diabetes is more common among Somali origin population compared with other immigrant groups or native Finns
- The differences between ethnic groups can be partly explained by genetic and lifestyle factors, such as diet and exercise habits
- There are no existing public health interventions targeting the needs of immigrant population groups

Rationale

- Type 2 diabetes is preventable by lifestyle counselling provided to high-risk individuals
- In Finland, a national model (StopDia) for diabetes risk identification and prevention on the individual, environmental and societal level has just been developed

Specific aims

- To use the QCR tool to develop and pilot a lifestyle intervention specifically tailored to the Somali population using the StopDia model
- To examine the effects and suitability of the StopDia-concept on this specific population

Key performance indicators

- ☑ Training completed
- ☑ Recruitment completed
- ☑ Three intervention groups: female, male, app only
- ☐ Group meetings completed
- ☑ Evaluation measurements completed
- ☑

The Finnish pilot action

Enablers:

- Focus group discussions and workshops at the pre-implementation phase
- Co-operation with the Mosque
- Volunteer health care students with Somali background
- Comprehensive training of the volunteers
- 18 women and 6 men participating in lifestyle intervention (separate groups)
- The pilot intervention and the data collection completed by the mid of April, 2019

Barriers:

- The recruitment of men was difficult, as they tended to have low risk factor levels
- Some participants had difficulties in attending the scheduled counselling sessions due to the lack of time

Next steps:

- Evaluation of the pilot action
- Discussions about the continuation and scale-up of the piloted practice

Key messages

- **The QCR tool provides a useful framework for designing practices to improve prevention and care of chronic diseases**
- **List of criteria is comprehensive and covers all necessary dimensions**
- **QCR tool guides the implementers to see the whole picture at the beginning of the project and forces to ponder practical details in advance**

Acknowledgements: Idil Hussein, Jaana Lindström, volunteers and members of the Somali community. This presentation arises from the Joint Action CHRODIS PLUS.

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Quality Criteria and Recommendations (QCR)

Improvement and sustainability of diabetes care in each Serbian municipalities

Prof. Dr Vesna Bjegovic Mikanovic, Prof. Dr Nebojsa Lalic, Faculty of Medicine, Belgrade

Abstract

Problem description

Data from National Health Survey show that 8.1% of Serbian population has diabetes.
One third of them has one or more late complications at the time of diagnosis. In 2005, Diabetes care units (DCU) in Primary Health care centers (PHC) were cancelled.

Available knowledge

Lifestyle modification are effective in prevention of type 2 diabetes (T2D). Managing chronic diseases requires improvement of health care service.

Rationale

Based on the data regarding growing incidence of T2D, there is a need for improvement and promotion of quality of diabetes care at PHC level.

Specific aims

- Implementation of stepwise screening procedure and preventive intervention in high-risk individuals for T2D at PHCC in each DCU
- Additional diabetes care for people with T2D provided by DCU
- Training and education of physicians working in DCUs

Key performance indicators

For each improvement area 3-5 key performance indicators were defined.

Enablers

Stakeholders support

- Ministry of Health Republic of Serbia
- Faculty of Medicine, University of Belgrade
- Clinic for Endocrinology, Clinical center of Serbia
- PHCC
- Republic Institute of Public Health
- Patient Association

Barriers

Human resources
Financial resources
Legislative barriers

Key messages

Diabetes care at primary level needs to be improved
Due to high prevalence of diabetes, there is a need for increase in quality of diabetes care.
Due to high prevalence of late complications there is a need for systematic approach and preventive programme.
Regular education of HCP enables establishment of sustainable diabetes care.

Acknowledgements

We are grateful to our members of the local implementation working group for their enormous contributions and to all the stakeholders for their support.

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Quality Criteria and Recommendations (QCR)

Integrated care for people with chronic wound

General Hospital and Community Health Centre Novo Mesto (Slovenia)

Abstract

Description & knowledge

Chronic wound management is complex, involving variety of stakeholders from different levels of healthcare and surrounding community. Organisation of care within and outside health care is often fragmented which reinforces communication barriers between health professionals (HPs) and between HPs and patients and their carers.

Slovene pilot action is based on the outcomes of the Analysis of healthcare system in Slovenia, the Resolution on National healthcare plan 2016-2025 and other important National documents that strongly support the need for integrated care.

Rationale

The intervention is guided by the principles of patient empowerment and patient centred integrated care.
Patient's role should be based on partnership with health professionals and treatment plans developed together according to patient's needs.

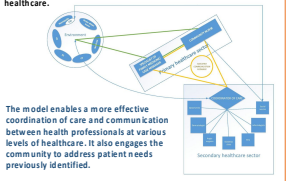
Specific aims

- Establishing a model structured by QCR (developed in the JA CHRODIS) and transferable to other domains of healthcare.
- Patient needs assessment
- Active patient involvement in practice development.

Key performance indicators

- Meaningful and active involvement of patient representative(s) in LIWG.
- Patient needs assessment with patients participation.
- Development and implementation of Protocol of collaboration.
- Systemic and long term support by Ministry of Health and local stakeholders.

Our institutions joined forces to establish new ways of collaboration between those who are (and could be) included in chronic wound patient care. We took chronic wound as a 'model condition' to help us developing a model of integrated care within and outside healthcare.



The model enables a more effective coordination of care and communication between health professionals at various levels of healthcare. It also engages the community to address patient needs previously identified.

Enablers

- Motivated LIWG members and support from partner institutions.
- Information infrastructure that can improve collaboration between health professionals.
- Strong support from Ministry of Health

Barriers

- The healthcare system is fragmented, it is "disease centred" and not "patient centred".
- Organisation of healthcare, budgeting and professional culture make integration of care difficult.
- Information is not systematically shared between HPs at different levels of care.

Key messages

- **Practice introduces a model of integration of care and is being developed according to the Quality Criteria and Recommendations.**
- **Patients actively participate in Local implementation working group and community meetings, and their needs are assessed.**
- **Practice promotes sustainability and scalability through support of the Ministry of Health.**

Acknowledgements

We are grateful to our members of the Local Implementation working group for their enormous contributions, to supporters from the community of Novo mesto and proponents from Ministry of Health, National Institute of Public Health and National Insurance Institute of Slovenia who provide valuable ideas in pursuit of our common goals.

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Quality Criteria and Recommendations (QCR)

Implementation of mHealth tools to foster quality of care for patients with chronic diseases

R. Pryss[1], J. Schobel[1], A. Stampfl[1], J. Haug[1], F. Haug[1], V. Koutkias[2], K. Votis[2], E. Polychronidou[2], M. Spilopoulou[2], M. Schlee[3], V. Unnikrishnan[3], W. Schlee[3], P. Neff[4], C. Fernández-Viadero[5], P. González-Alvarez[5], I. Laguarta Hegyer[5], A. Delgado Dragon[5], M. Lopez-Canor[5], P. Dimitrov[6], D. Vellekoop[6], M. Strandholmen[6]
[1]Ulm University (DE), [2]Centre for Research & Technology Hellas (GR), [3]University of Magdeburg (DE), [4]University Hospital Regensburg (DE), [5]Regional Ministry of Health of Cantabria & Cantabrian Health Service (ES), [6]National Center of Public Health and Analyses (BG)

Abstract

Problem description

- Diabetes affects over 60 million European citizens, introducing a significant burden to their life and the healthcare systems
- **Tinnitus** affects ~50.8 million EU citizens, of which 5.1 million severely bother by it.
- **Lifestyle** is a major contributing factor in chronic diseases that has to be controlled

Available knowledge

- **Self-management** strategies can decrease the need for medical attention, with downstream impacts on healthcare costs
- Increasing **health literacy** and reinforcing **self-management** are key components for **patient empowerment**

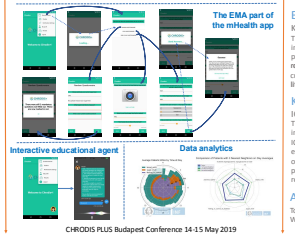
Specific aims

To what extent the above features contribute in **patient control over the disease**: (a) EMAs, (b) Personalised feedback, and (c) An interactive educational agent

Key performance indicators

- Recordings in the enrolment vs final day of patient participation
- Basic vs. extended features of the app
- Patient compliance with the treatment plan
- Caregiver satisfaction
- Factors of patient behavioural change

- **The pilot on mHealth tools aims to assess to what extent various self-management and patient empowerment features (i.e. ecological momentary assessments [EMAs], personalised feedback and education) contribute in patient control over their chronic disease**
- **The pilot brings together 3 technology providers (ULM, CERTH, OVGU) and 3 pilot sites (CSC, NCPHA, UHREG)**
- **Diseases of focus: Diabetes (CSC, NCPHA) & Tinnitus (UHREG)**



Enablers

Information & Communication Technologies (ICTs)

- ICTs can contribute in better self-management of chronic diseases, giving patients the opportunity to be involved in their own care and facilitate their behavioural change
- The value of ICT tools for this purpose has been illustrated in multiple projects (mostly research-oriented)

Barriers

Knowledge & Organisational Gaps

There are important gaps hampering the introduction of ICT-based tools in actual clinical practice, such as lack of **expertise**, lack of **resources**, **difficulty in adapting the ICT** in the current clinical setting, as well as poor **digital literacy for the patients**.

Key message

ICT to inform health policy making

The current pilot will provide important insights as regards the contribution of various ICT-based self-management and patient empowerment components to patient control over the disease, aspiring to inform health policy makers for the adoption and uptake of relevant interventions

Acknowledgements

To all the members of the Local Implementation Working Groups

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CHRODIS+ Conference - Wednesday

9.15 ROUNDTABLE GROUP DISCUSSIONS ON KEY CHRODIS PLUS TOPICS
9.15-10.00 Round 1 of discussions
10.05-10.50 Round 2 of discussions

Table 9: How to achieve meaningful patient involvement

Valentina Strammiello, *European Patients' Forum*

Lyudmil Ninov, *European Patients' Forum*

Table 10: Prevention of chronic diseases among vulnerable and hard-to-reach population

Maliheh Nekouei Marvi Langari, *University of Eastern Finland*

Table 11: Using the Joint Action CHRODIS Quality Criteria Tool to make the change happen

Tamara Poljičanin, *Croatian Institute of Public Health*

Milivoj Piletic, *General Hospital Novo Mesto, Slovenia*

Ilias Kanellos, *AHEPA University Hospital in Thessaloniki*

Nebojsa Lalic, *Medical Faculty University of Belgrade*

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IMPLEMENTING GOOD PRACTICES FOR CHRONIC DISEASES

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

This presentation arises from the Joint Action CHRODIS PLUS. This Joint Action is 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 Third 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.

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