

The objectives of CHRODIS - JA.

EB meeting

ISS, Rome

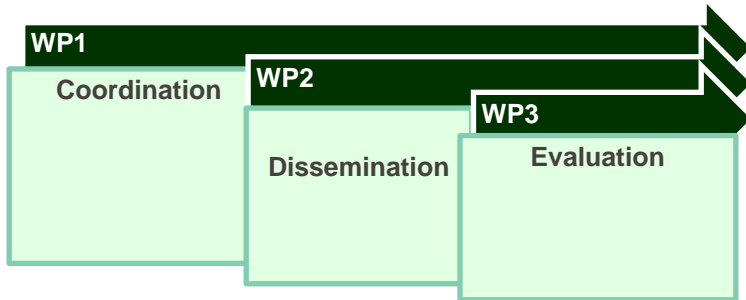
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Juan E. Riese
Instituto de Salud Carlos III

The structure of CHRODIS-JA

Horizontal work



WP4

Platform for knowledge Exchange

WP5

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

WP6

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

WP7

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

Core work

Partners in CHRODIS-JA

26
Countries

36
Associated
Partners

- 27
Collaborating
Partners

30
tasks

Duration

3 Years

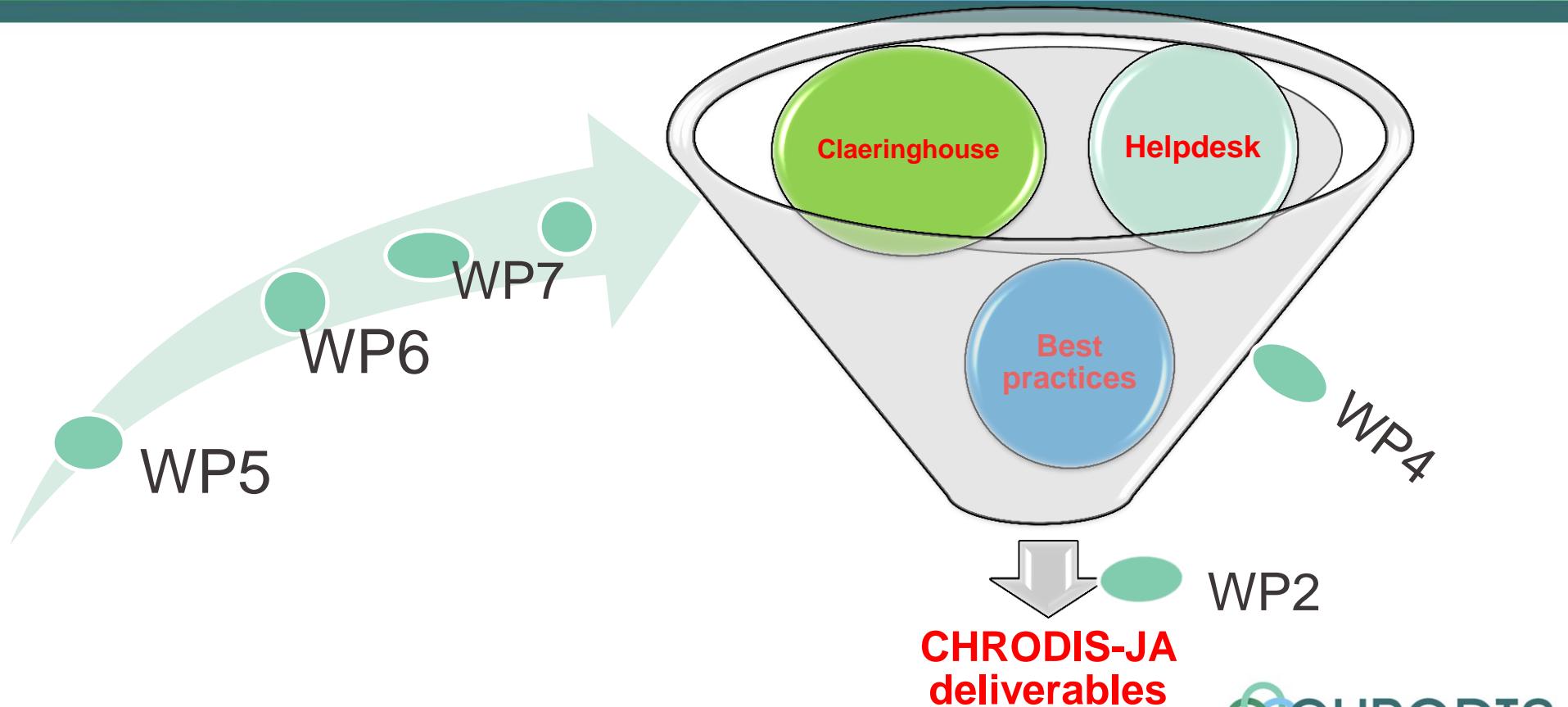
What the JA should be

- **It is a networking effort of the participant National Governments**
- **It is a linkage and exchange methodology, based on the current policy agenda and existing experiences across Europe**
- **It is an initiative using scientific methodology –sound and replicable- to inform about the best policies and practices**
- **In summary, it is an initiative meant to yield an EXCHANGE KNOWLEDGE SYSTEM focused on informing on the best policies and practices as well managers and practitioners on how to act when implementing polices and practices on chronicity.**

What the JA on Chronic Diseases should not be

- It is not a mere think tank pouring opinions about the strategies within each participant country;
- It is not a research project focused on specific research questions
- It should not end by giving recommendations solely
- The goal is not to earn money...

Working Interactions in CHRODIS-JA



Guidelines, Practices and Good Practices in CHRODIS-JA

- **Guidelines.** These are documents containing the essential criteria and elements needed for a practice to be effective and efficient.
- **A Practice.** The way someone is applying the guideline or best available evidence in a specific situation and context, mediated by available resources, organizations, institutions, or local culture. The guideline provides the practice with roots in science and evidence.
- **A Good Practice.** It is that is worth disseminating because it is based on best available evidences, is associated with good outcomes and may inspire practices in different contexts.

ORGANIZING EXCHANGE AND TRANSFER. CHRODIS-JA

- **Existing evidences or guidelines may be difficult to apply in specific contexts or settings. Because the contexts are highly variable, and practices are very much dependent on the context, there is a great variety of practices across Europe.**

Organizing the existing information. The Platform for Knowledge Exchange (PKE).

- **Collecting potential good practices to build the clearinghouse, screening potential good practices following the criteria that will be elaborated**
- **Advising in the evaluation of practices with weaker evidence base.**
- **Selecting those suitable for exchange, transfer or up-scaling to make them available for the help desk of the PKE.**
- **Setting up a help desk to provide advice based on the pool of good practices, upon demands for advice to transform an existing practice or introduce a new one.**

Other important activities. EIP-AHA

In addition to the PKE, CHRODIS-JA will implement specific activities to organize a continuous flow of good practices.

- **To set up close links to the EIP-AHA, which is an European platform for the exchange of good practices. Dissemination activities should be also understood in this context.**

THE FOCUS: HEALTH PROMOTION AND PREVENTION, MULTIMORBIDITY, DIABETES

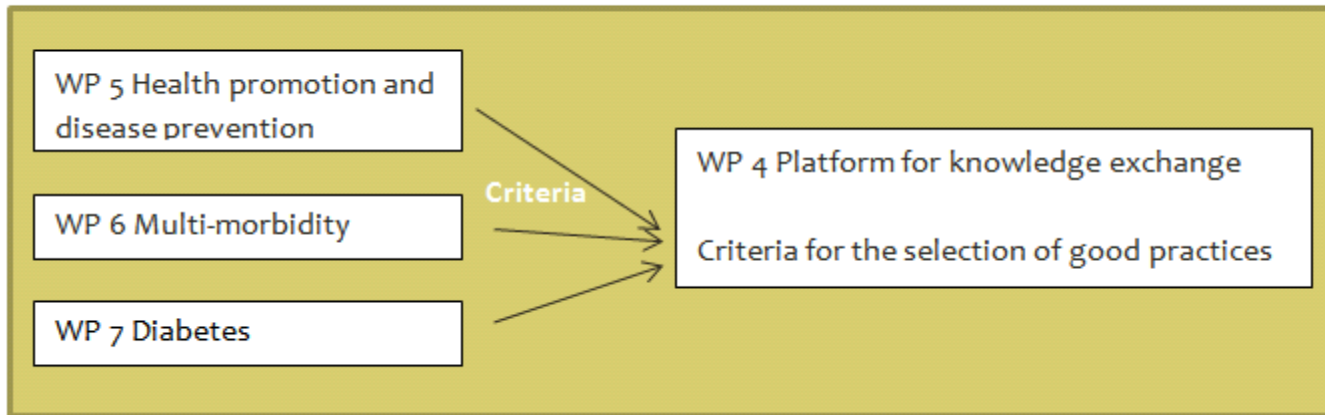
- **CHRODIS focus on these three areas. The exchange and transfer of good practices will be related to these health problems. While the PKE will provide the means to receive and disseminate good practices, it has to be fed with:**
 - **specific criteria to complete the screening and evaluation tools,**
 - **existing potential good practices to exchange or upscale**
 - **organized flow of advice demands.**
- **This feeding will be provided by WP 2, 5, 6, and 7.**

ENSURING SUSTAINABILITY

- **To implement the PKE will take much time and effort, that would not be worth if the PKE would work for just one year or even less. Once CHRODIS has a mechanism to organize the exchange and transfer of good practices, the PKE should stay operational as long as it has support from health authorities (national authorities, European Council and European Commission) and there is a demand for it.**

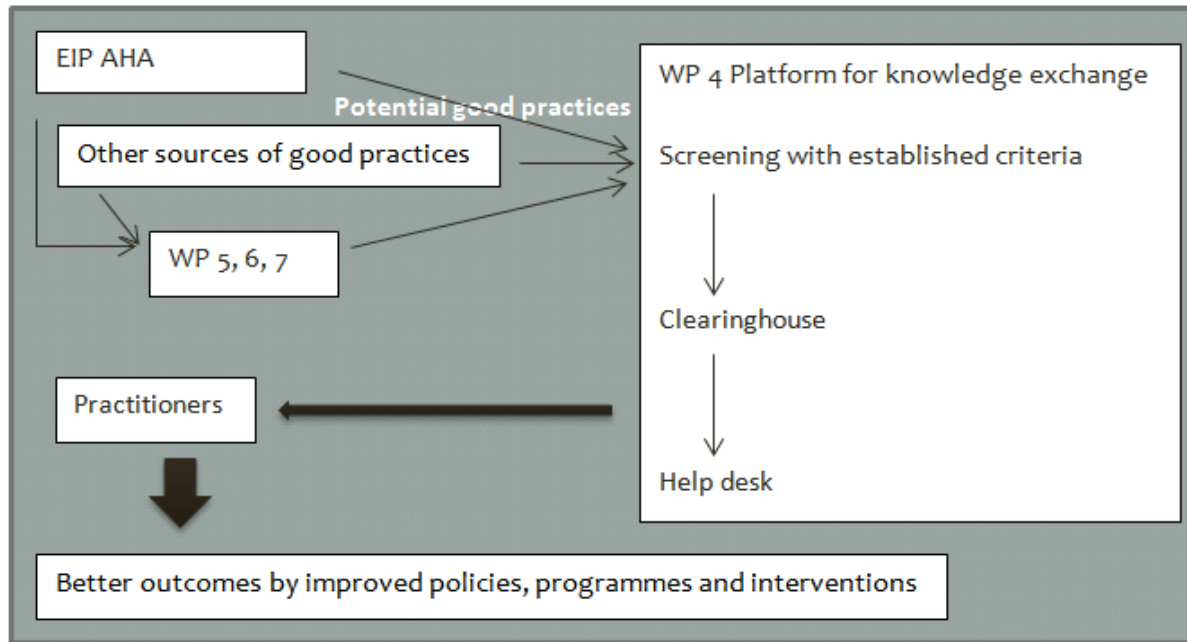
The crucial role of WP4

1 Using quality criteria for practices



The general sense of developing CHRODIS-JA

2 Organizing the flow of good practices



CHRODIS-JA

A SHARED PROJECT JOINING EFFORT FOCUSING COMMON GOALS ON CHRONICITY

To be delivered at the end of the 3-years funding by the EC:

- **A platform for knowledge exchange**
 - where decision-makers, caregivers, patients, and researchers, will be ideally able to exchange the best knowledge on chronic care across Europe
 - based on the web-based repository and the online help-desk fed by the core WPs
- **Activities disseminated by WP2**
- **JA performance and outputs evaluated by WP3**
- **With the aim to be a sustainable action after the 3-years EC funding**

The Joint Action on Chronic Diseases and promoting healthy ageing across the life cycle (CHRODIS-JA)*

*** THIS PRESENTATION ARISES FROM THE JOINT ACTION ON CHRONIC DISEASES AND PROMOTING HEALTHY AGEING ACROSS THE LIFE CYCLE (CHRODIS-JA) WHICH HAS RECEIVED FUNDING FROM THE EUROPEAN UNION, IN THE FRAMEWORK OF THE HEALTH PROGRAMME (2008-2013)**

