

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

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EPH 2016 CHRODIS Participation Evaluation Report

Prepared by WP3



THIS REPORT ARISES FROM THE JOINT ACTION ADDRESSING CHRONIC DISEASES AND HEALTHY AGEING ACROSS THE LIFE CYCLE (JA-CHRODIS) WHICH HAS RECEIVED FUNDING FROM THE EUROPEAN UNION, UNDER THE FRAMEWORK OF THE HEALTH PROGRAMME (2008-2013).

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## Introduction

**RATIONALE:** In the frame of the tasks regarding evaluation of JA-CHRODIS's development and impact, WP3 has been commissioned by the Coordination to perform the evaluation of the Joint Action activities during the 9th European Public Health Conference (EPH2016). The EPH2016 was held between 09 November and 12 November 2016, at the Austria Centre Vienna, in Austria, in what constituted one of the major dissemination activities of the deliverables developed during JA-CHRODIS.

**OBJECTIVE:** The Joint Action was directly involved, in organising/participating in three programme items: a one half-day pre-conference event and two sessions during the main conference (a skills-building workshop centred on diabetes and a roundtable dedicated to "Using JA-CHRODIS to address a complex case of a person with diabetes and other chronic diseases"). The main objective, i.e. the initial challenge, was to identify strengths and weaknesses of the JA-CHRODIS outputs in addressing the complexity of the case-study presented in the roundtable session. In developing the evaluation strategy, it was decided to also include aspects of the dissemination and communication of the overall outputs, as well as the interactions during the roundtable and the pre-conference sessions.

**METHODOLOGY:** Within the frame of the evaluation of JA-CHRODIS's development, WP3 has been commissioned to complete the assessment of partner and stakeholders meetings organised by the JA-CHRODIS. This evaluation was made analysing qualitatively a note taking on the three sessions. The analysis will be useful to explore potential weaknesses of the JA and find areas of improvement.

## EPH2016

The 9<sup>th</sup> European Public Health Conference (EPH2016) was held between 09 November and 12 November 2016, at the Austria Centre Vienna, Austria. It was attended by more than 1,200 public health researchers, academics, policymakers and practitioners, with over 100 sessions focusing on the latest public health challenges, including oral presentations, roundtable workshops, poster sessions and panel discussions.

JA-CHRODIS Coordination and several WP leaders were directly involved in organizing three programme items: one half-day pre-conference event (divided into two parts: a presentation and a roundtable) and two sessions within the main conference (a skills-building workshop centred on diabetes, and a roundtable workshop dedicated to “Using JA-CHRODIS to address a complex case of a person with diabetes and other chronic diseases”). Furthermore, the Coordinator, Carlos Segovia, participated in a policy-making workshop, dedicated to the theme “Multi-morbidity and Integrated Care: which priorities for European and national policies?”, which gathered similar European-funded initiatives and projects (JA-CHRODIS, ICARE4EU, SELFIE, and SCIROCCO).

The evaluation conducted by WP3 of JA-CHRODIS activities was focused on the two parts of the pre-conference event and on the roundtable workshop case study (this activities programmes are in this report Annex).

## Pre-Conference Presentation

The pre-conference event was held on November 10<sup>th</sup>, with the general title “Who can benefit from JA-CHRODIS? The results from the European Joint Action to tackle chronic diseases”. The first half of this session was dedicated to the presentation of JA-CHRODIS outputs and results. At the beginning of the session, around 40 people were present in the room.

Carlos Segovia, from WP1, presented the Joint Action structure and objectives (with an emphasis on the concepts behind JA-CHRODIS work processes and on the singularity of the Governing Board format), the pre-conference proceedings, and the experts involved.

Alexander Haarmann, from WP5, presented the work on practices in health promotion and primary prevention. He highlighted how the work developed under JA-CHRODIS aims to be complementary, and not competitive, to national initiatives, thus helping to address gaps. He further highlighted the country reviews for people interested in the national dimension, and discussed briefly the working concept of “good practices”, as addressed by JA-CHRODIS. He then described the process of selection of good practices, and briefly commented on

several collected examples. Finally, he concluded that the objective of WP5 work is not only to collect good practices, but also to identify how they are scalable and transferable.

Elena Jurevicienne, from WP6, presented the work on multi-morbidity pathways, care model and training programmes. She addressed the concept and complexity of multi-morbidity, the MCM model, and critical aspects surrounding the relevance and delivery of the care model system. The Special Issue dedicated to JA-CHRODIS and multi-morbidity by the European Journal of Internal Medicine was also mentioned. Furthermore, attention was drawn to aspects of workforce training, especially of those professionals that do not manage patients with multi-morbidity on a daily basis, the education of informal carers and to the role that ICT can play in these fields.

Jelka Zaletel, from WP7, presented the work on national diabetes plans and quality criteria. She described the work pursued within the WP and presented the set of recommendations for preventive interventions, early detection, and to improve the quality of care for people with diabetes (but broad enough to be generalized to other chronic diseases), as well as the development of criteria and indicators. The value of the involvement of the Governing Board (representatives of ministries of health) was discussed, for the ability to not only give indications on what to do, but also on how to do it. The policy brief on National Diabetes Plans was mentioned, for advancing factors that appear to facilitate the development, implementation and sustainability of these programmes. Other success factors were discussed, such as top-down/bottom-up approaches and leadership to linkage across health silos.

Enrique Bernal, from WP4, presented the work related to the CHRODIS Platform. He introduced the concept and structure of this knowledge exchange platform and described the process of submitting good practices as akin to submitting a paper to a scientific journal. He also described the content flow in the back office of the Platform, namely the paths between submitters, the Help Desk, reviewers and referees and the different kinds of materials stored. The capabilities of the CHRODIS Platform were then demonstrated live.

Finally, participants were invited to a networking coffee break, before resuming the pre-conference event with the roundtable.

## Pre-Conference Roundtable

The roundtable's participants included Genovaite Klimiene (Lithuania), Sirpa Sarlio-Lähteenkorva (Finland), Stefan Schreck (European Commission), Reiner Brettenthaler (Austria), and Mariana Dyakova (UK), and it was moderated by Caroline Costongs (EuroHealthNet). Cees Smit, a patient representative, was absent due to health issues that prevented him from flying those dates.

Caroline Costongs introduced the panel and argued that involvement in JA-CHRODIS is relevant to address the wider problems of health inequalities, prevention of chronic conditions, to achieve better outcomes for multi-morbidity and the promotion of European exchange.

Stefan Schreck supported that JA-CHRODIS will shape what the EU is developing in the next few years, complementing what member states do. Thus, EU policy adds value and supports structured systems for member states' uptake of best practices. Other critical aspects include that this must be accompanied by the demonstration that this results in better health at the citizen level, be evidence-based, and that an increasing emphasis must be made in real-life implementation, beyond just impact in political agendas.

Sirpa Sarlio-Lähteenkorva highlighted the importance of early intervention, even for conditions generally related with older age such as dementia, and that we must look outward from the health field, in a multi-sector approach. She also mentioned that, although it may be too soon to assess usefulness, JA-CHRODIS outputs presented previously are promising, and that it is important to determine how they can be implemented at the national level. She pointed to the difficulty in conducting cost-effectiveness studies, especially in regards to health promotion with results in the long-term, and urged similar initiatives and projects to intensify collaborations.

Subsequent points of discussion covered the drive to achieve sustainability of JA-CHRODIS products, especially of the CHRODIS Platform, the need to involve the Ministries of Health and the maintained underfunding of prevention activities.

Mariana Dyakova regarded JA-CHRODIS as a stepping stone, and underlined that now it is essential to drive change. Also, it is necessary to process information about this work in a manner that assures it is accessible to a wider audience. Again, the importance of local/regional inter-sector networking was stressed upon.

Reiner Brettenthaler reinforced that, generally, health professionals are unaware of the work produced by JA-CHRODIS, or any other European project for that matter. He also inquired on the role of insurance companies, the social sector, and education of citizens and training of professionals.

The following discussion included citizen-focused health needs (for example, the most hazardous places for elderly are bathrooms at home and hospitals), the involvement of the workplace in promoting health, the funding of health research and occupational medicine, the idea of a pay-system for education as occurs for diagnostics, the need for indicators and assessment procedures to show to Ministries of Health the merits of proposed changes, the importance of regulation and time to allow for implementation as well as the gap in communication between institutions.

WP3 pre-conference comments:

Dissemination materials were attractive and well placed at the entrance of the room, and on the audience chairs at the beginning of the session. Presentations were clear, concise and geared towards providing a basic and broad understanding about work processes, obstacles and pitfalls, and outputs and results of JA-CHRODIS. However, sporadically, slides used were too heavy on content, which was not easy to digest for the audience in a time-constrained presentation.

The location of the coffee break, as planned by the EPH organisation, was considerably far from the pre-conference room, and was shared by a general break of other sessions. Participants from the pre-conference got dispersed and delayed, practically barred from a real networking opportunity regarding JA-CHRODIS. This resulted in lower attendance numbers, which had risen considerably during the duration of the presentations (to around 60), during the second part of the session.

The audience seemed to be constituted mainly by present JA-CHRODIS partners, by partners that recently joined the CHRODIS+ proposal, and additionally by conference participants involved in similar initiatives and projects.

Even if reduced in comparison with the previous session, the audience added actively to the panel discussion, and JA-CHRODIS outputs and results showed to be relevant to the debate. Likewise, developments were appreciated and hurdles recognised.

## Case-Study Roundtable

The roundtable, titled “Using JA-CHRODIS to address a complex case of a person with diabetes and other chronic diseases”, was chaired by Mieke Rijken (Netherlands) and Fernando García López (Spain). Carlos Segovia opened by describing the difference in format, in relation to the pre-conference session, and introducing the case-study of Mr Pérez, an elderly multimorbid individual. At the beginning of the session, around 20 people were present in the room.

Several partners from the Joint Action debated this case-study in the light of JA-CHRODIS outputs and results: Alexander Haarmann (WP5) covered the health promotion and prevention perspective, Elena Jureviciene (WP6) integrated care and multimorbidity, Marina Maggini (WP7) diabetes management, and Francisco Estupiñan (WP4) exchange knowledge and good practices.

Alexander Haarmann noted that, although Mr Pérez case is understood by many to be beyond health promotion, however, many relevant aspects share common ground with prevention, and that medical treatment should happen in link with other entities and areas (socialisation, nutrition, non-medical treatments, family, associations, etc). Therefore, also health promotion and disease prevention can help to prevent additional chronic diseases. He further mentioned good practices collected during JA-CHRODIS work that might be helpful in addressing this issues, and discussed on how to better involve the family of Mr Pérez.

Elena Jureviciene (argued that Mr Pérez is a typical case of multi-morbidity, and mentioned that WP6 identified 16 points that should be integrated in this case. Also, she considered that Mr Pérez should be integrated an assigned case manager (for which the WP is developing a training programme) and should be cared for by a multidisciplinary team.

Marina Maggini pointed out that Mr Pérez and his family seem not to have had the proper degree of health education (as hospitalisation is the recognized indicator for insufficient self-management). Also, she indicated that Mr Pérez’s management may have been hindered by fragmented care. Thus, she considered that the hospital team should promote the empowerment of Mr Pérez and family, in cooperation with the family doctor, and establish achievable and tailored goals. JA-CHRODIS mapped several education programmes applicable here, and training programmes for professionals, that the team can uptake and adapt.

Francisco Estupiñan highlighted that MrPérez should be exposed to a healthy environment, which goes beyond healthcare. He also reinforced the usefulness of disseminating good practices. Following, Mieke raised comments from the panel about the importance of integrated care, the relevance of social care (for example, to address nutrition), about case managers and multidisciplinary teams, and about empowering patients.



The subsequent discussion, with participation from the audience, revolved around specific strategies to achieve patient empowerment, about the obstacles for the CHRODIS Platform to become common practice, around the difficulties of any specific healthcare professional to have a complete view of Mr Pérez problems, and how to manage information about Mr. Pérez, family and healthcare teams. Here, Francisco Estupiñán reminded that some of the CHRODIS Platform contents may be specifically targeted for patients, although the Platform is geared towards an integrative view.

Another point of discussion revolved around multi-morbidity and the MCM. Questions were raised about the inclusion of social workers in the interdisciplinary teams, and broader about the constitution of those teams (for example, number and characteristics of professionals, missing link between healthcare and social care, attribution of responsibilities, contact points and referral pathways), while communication between professionals was highlighted as a critical factor. Partners from the SELFIE EU-funded project further supported the discussion regarding case managers.

The MCM was mentioned as an ideal situation, which is recognised as still missing in daily practice.

A last point mentioned dealt with the need to include the patients perspectives (eventually also on the CHRODIS Platform, perhaps through videos), and the recognition that informal carers are already true case managers in the day-to-day life.

#### WP3 comments:

The case of Mr Pérez was framed not only in clinical terms, but also regarding his social environment and disposition, and enabled the speakers to show an integrative application of the JA-CHRODIS outputs in a specific case.

Again the audience seemed to be constituted mainly by present JA-CHRODIS partners, by partners that recently joined the CHRODIS+ proposal, and additionally by conference participants involved in similar initiatives and projects.

Although attendance was lower than for the pre-conference event, the debate was fruitful, especially by uncovering collaboration opportunities with other EU-funded projects.

## Main Findings

- The pre-conference achieved the goal of disseminating, clearly and effectively, the Joint Action and the results and deliverables of JA-CHRODIS.
- Both the pre-conference and the case-study roundtable were successful in promoting debate, within and without the present consortium, and also in highlighting areas that may come to constitute barriers to adoption and implementation if not duly addressed in the near future.
- Furthermore, the case-study of Mr Pérez was successful in highlighting the integrative application of the work produced by the different JA-CHRODIS work packages.
- In both events, the exchange with partners from other EU-funded projects was fruitful, especially by uncovering common preoccupations and collaboration opportunities.
- The networking opportunity during the pre-conference was not adequately achieved, but due to details beyond the control of the JA-CHRODIS team responsible for organizing the pre-conference event.

## Annex. Activities programmes

### PRE-CONFERENCE THURSDAY 10 NOVEMBER 2016 (08:30 - 12:00)

Who can benefit from JA-CHRODIS? The results from the European Joint Action to tackle chronic diseases

#### Programme

The objective of the workshop is to analyse how and to what extent the outputs of JA-CHRODIS can have an impact on the prevention and care of chronic diseases. The outputs from the JA-CHRODIS in the areas of health promotion and prevention, multimorbidity and diabetes will be presented. A round table will follow and examine how to improve European and national actions on chronic diseases, with the participation of health professionals, public health specialists, regional and national government representatives and patients. The usefulness of these outputs will be discussed as well as the way to improve the procedure to include their use into daily practice.

#### *I. Presentation of JA-CHRODIS outputs & results*

##### 08:30 Presentation of JA-CHRODIS

*Carlos Segovia, Institute of Health Carlos III, Spain, JA-CHRODIS Coordinator*

##### 08:40 Practices in health promotion and primary prevention

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

*Alexander Haarmann, Federal Center for Health Education, Germany*

##### 09:00 Multimorbidity pathways, care model and training programmes

#### **Development of common guidance and methodologies for care pathways for multimorbid patients**

*Elena Jurevičienė, Vilnius University Hospital Santariskiu Klinikos, Lithuania*

09:20 National diabetes plans and quality criteria

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

*Jelka Zaletel, National Institute of Public Health, Slovenia*

09:40 The CHRODIS Platform

**Platform for knowledge exchange**

*Enrique Bernal, Institute for Health Sciences, Aragon, Spain*

10:00 Coffee/tea break

***II. Round table: how to use JA-CHRODIS outputs and results to improve European and national actions on chronic diseases***

10:30 **Round table** moderated by Caroline Costongs, EuroHealthNet

**Panellists:**

*Genovaite Klimiene, Ministry of Health, Lithuania*

*Sirpa Sarlio-Lähteenkorva, Ministry of Social Affairs and Health, Finland*

*Stefan Schreck, Head of Unit -Health Programme and Chronic Disease Unit, Public Health Directorate -Directorate General for Health and Food Safety*

*Cees Smit, Patient representative, European Patients' Forum*

*Reiner Brettenthaler, Austrian Medical Chamber, Comité Permanent des Médecins Européens, Professional Organization*

*Mariana Dyakova, Public Health Wales, Regional Health Authority Representative*

**11:45 Conclusions**

Carlos Segovia, Institute of Health Carlos III, Spain, JA-CHRODIS Coordinator

**12:00 Lunch**

## **ROUNDTABLE FRIDAY 11 NOVEMBER 2016 (15:10 - 16:10)**

Using JA-CHRODIS to address a complex case of a person with diabetes and other chronic diseases

### **Programme**

Chairperson(s): Mieke Rijken – The Netherlands, Fernando José García López - Spain

**The JA-CHRODIS case: a man with chronic diseases, *Carlos Segovia - Spain***

**JA-CHRODIS: health promotion and prevention perspective, *Alexander Haarmann - Germany***

**JA-CHRODIS: integrated care and multimorbidity *Elena Jureviciene - Lithuania***

**JA-CHRODIS: diabetes management, *Marina Maggini - Italy***

**JA-CHRODIS: exchange knowledge and good practices, *Francisco Ramón Estupiñán Romero - Spain***