

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

JA-CHRODIS

9th EXECUTIVE BOARD and 3rd ADVISORY BOARD MEETING MINUTES

Meeting date: 21st September 2016

Meeting location: Bratislava, Slovakia

Approval date:

Prepared by:



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).



RATIONALE

The Executive Board (EB) is responsible of the development of the JA-CHRODIS. Face to face meetings are scheduled every semester in the Grant Agreement, for members of the EB to share their work and take necessary decisions. Following the last EB face to face meeting in July 2016, the current development of the project, its compliance with the Grant Agreement and the future activities on dissemination towards the finalisation of JA-CHRODIS requires a set of discussions at EB level. This meeting was combined with the Advisory Board (AB) meeting in order to provide a direct setting for discussion between EB and AB.

OBJECTIVE

To coordinate the dissemination of outputs of JA-CHRODIS aligning activities to complete JA-CHRODIS considering a global and joint vision.

LOCATION

Bratislava, Slovakia

AGENDA

JA-CHRODIS objectives and achievements per WP
Dissemination activities: final conference, EPH, video, leaflet update
Advisory Board discussion and feedback
Conclusions

See full detailed agenda at: <http://www.chrodis.eu/event/ja-chrodis/>

ATTENDANCE

Members present

WP1:

Patricia Cediel (Scientific Project Manager), FCSAI- ISCIII, ES
Catalina del Río (Financial Project Manager), FCSAI- ISCIII, ES
Carlos Segovia (Coordinator), ISCIII, ES

WP2:

Anna Gallinat (WP leader), EHNET, BE
Anne Pierson (WP leader), EHNET, BE

WP3:

Mireia Espallargues (WP leader), AQuAS, ES
Rogério Ribeiro (WP co-leader), APDP, PT

WP4:

Enrique Bernal (WP leader), IACS, ES
Ramón Launa (WP leader team), IACS, ES

WP5:

Alexander Haarmann (WP leader), BZgA, DE
See also participants from EHNET (WP2) as WP5 co-leaders

WP6:

Elena Jureviciene (WP co-leader), VULSK, LT

Rokas Navickas (WP co-leader), VULSK, LT

Graziano Onder (WP leader), AIFA, IT

WP7:

Marina Maggini (WP leader), ISS, IT

Flavia Pricci (WP leader), ISS, IT

Jelka Zaletel (WP co-leader), NIJZ, SL

ADVISORY BOARD MEMBERS:

Péter Csizmadia, National Institute for Health Promotion Budapest, HU

Antonio De Belvis, Università Cattolica del Sacro Cuore, IT

Mirosław J. Wysocki, National Institute of Public Health, NIH, PL

EUROPEAN COMMISSION PARTICIPANTS:

Ingrid Keller, Policy Officer - Chronic Diseases, DG Sante, EC, LU

MINUTES TO THE MEETING'S SESSION

The Coordinator opened the meeting thanking participants and thanking the host of the meeting, the Ministry of Health of Slovakia. The Coordinator explained that this was the first meeting for the EB and AB together and the aim was to ensure direct communication and input from AB members during the EB meeting. Round the table presentation of participants was completed.

1. JA-CHRODIS objectives and achievements**WP1 -Coordination**

Patricia Cediél provided an overview of the progress of activities in WP1 highlighting the different boards that have been involved in JA-CHRODIS. It was indicated that the interaction and input from the AB might not have been as fruitful as initially envisaged and there should be a reflection on how to engage better this expert group in future activities and actions. WP leaders were reminded to use the intranet and internet for communication at WP level and publication of documentation generated at WP, including the approved minutes of WP meetings. The 2nd mid-interim report is underway, pending on input from some WP leaders.

Catalina del Río presented the current figures of the action considering the reported costs from partners for the 2nd mid-interim financial report of June 2016. There is still 68% of the “other cost” budget to be used (this is also considering the changed in budget allocation after the approval of the 2nd Amendment to the Grant Agreement –awaiting formal signed copy). The Coordination team will organise TC at WP level and with relevant partners to identify possible shift of resources between categories for a given partner. Marina Maggini indicated that it would be better to directly contact partners as partners prefer to discuss these financial issues directly with the Coordinator instead of with the WP leader.

See presentation at: https://drive.google.com/file/d/0B8Xu4R_n0-nzWIZGMGZIR1ZVWFk/view

Actions to be taken:

- I. WP leaders to ensure publication of WP documentation in intranet or internet (depending level of confidentiality needed for a given document)
- II. Coordination team to organise TC with WP leaders and partners on resources to be used by end of JA-CHRODIS

WP3 –Evaluation

Rogério Ribeiro provided information on the current development of the evaluation of the JA. A global evaluation survey was launched in July and its results will be analysed in the next weeks.

WP3 will participate at EPH conference, evaluating the interactions and comments on the 2 general JA-CHRODIS workshops following a suggestion from the Coordinator in order to take forward the feedback and comments generated and received on JA-CHRODIS outputs during these workshops.

WP3 continues working on the Impact Plan after having received comments from WP leaders. The AB was also asked for feedback.

See presentation at: https://drive.google.com/file/d/0B8Xu4R_n0-nzcTRhME55cHdhT1E/view

Actions to be taken:

- I. WP3 complete evaluation intervention at EPH with support from WP1 and WP2
- II. WP3 to draft impact plan to forward to EB members for final comments, including possible comments from AB during this meeting (see relevant meeting session)
- III. WP3 to analyse global satisfaction survey

WP4 –Knowledge for platform exchange

Enrique Bernal updated EB and AB members on the current situation of practices uploaded on the CHRODIS platform and reviewers available from each area of JA-CHRODIS for these uploaded practices. One of the main concerns is the lack of practices so far up available on multimorbidity. There is no formal or systematic approach to stimulate uploading of practices. WP4 will discuss and analyse with WP6 possible options to foster the uploading of practices on multimorbidity.

WP4 has been in close liaison with EIP-AHA on the link to both platforms aiming to have a common search engine. However, due to restrictions aspects of the hostage of the EIP-AHA site, the agreement is from EIP-AHA and JA-CHRODIS to periodically search and download manually new practices to import and export practices across platforms. This is a short term solution. The long term solution requires further discussion at EC level on how these platforms are implemented and the future of both. In addition, the new project SCIROCCO, Scaling Integrated Care in Context (a project where originated at the Maturity Model for Integrated Care developed by the B3 Action Group of EIP-AHA) is collecting also practices at EU level and hence duplicating. WP4 has asked a partner to assess if the effort to submit a practice to SCIROCCO and to CHRODIS platforms competes.

On the terms of use, WP4 has forwarded to WP1 a 2nd draft on the terms of use where it needs to be defined the legal terms of the CHRODIS Platform. WP1 will review this version and send comments to WP4.

Digital library: The German Ministry of Health will provide the specific wording for the inclusion of documentation on the digital library on the 30th September as Carlos Segovia indicated based on an email from the German contact for the MoH. WP4 is waiting for this feedback to make the Digital Library open and public as it would depend on the wording what documents are included in the Digital Library. So far, WP4 has uploaded national guidelines to start populating the Digital Library.

The position of the help desk manager has been publicized. WP4 is liaising with WP2 on specific webinars tailor to partners and patients.

See presentation at: https://drive.google.com/file/d/0B8Xu4R_n0-nzTUUpMcnI4UFpqa3c/view

Actions to be taken:

- I. Await German MoH feedback on Digital Library content to continue progress of DL
- II. Continue liaison with EIP-AHA and liaise with EC and WP1 on duplication and interaction with other EU initiative that could compete in practices such as the SCIROCCO project
- III. Liaise with WP6 and rest of WPs on the uploading of practices
- IV. Feedback to EB on help desk appointment

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

Alexander Haarmann presented the progress of WP5 who has completed the study visits. Now, a report is being produced considering the lessons learnt from these experiences (might be possible to have draft to share with GB for the next GB meeting on the 29th Nov). Partners completed a questionnaire on the visit that was shared with those hosting the practice visited. Document from each visit (minutes and key factors) can be found on the JA-CHRODIS website. Important aspects for transfer of practices are the evaluation of practices (as not all practices had had the same level of evaluation of outcomes and the sustainability of the practices).

Next WP5 meeting will be on the 21-22 November in Lisbon.

See presentation at: https://drive.google.com/file/d/0B8Xu4R_n0-nzNXR4T0d6ZEIZaDg/view

Actions to be taken:

- I. Continue WP5 work on completion of study visit report and WP5 meeting

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

Rokas Navickas indicated that following the feedback received from the applicability survey launched on the multimorbidity care model, WP6 will analyse the data and complete a report. A positive comment received has been from NIVEL who will pilot the model at a local programme. It was explained that the model developed is general as this is what was needed to be able to be used at EU level where different contexts co-exist and it will need to be adapted for its direct implementation considering the specific context where it will be applied.

Graziano Onder provided information on the task on definition of multimorbidity case management training programmes. There has been a low response rate to the questionnaire survey launched to all partners and included in the WP2 dissemination newsletter. This might be due to the lack of this MM case management training programmes. WP6 will analyse the response received. An expert meeting is being organised for the 4th November (to achieve relevant WP6 milestone). A total of 20 experts (already identified) will be invited in due course to this meeting. See presentation at:

https://drive.google.com/file/d/0B8Xu4R_n0-nza0x3UIhodUpPbHc/view

Actions to be taken:

- I. Continue WP6 work on reporting findings from the applicability of the MM care model developed, report on MM case management training programmes survey and expert meeting

WP7 –Diabetes: a case study

Marina Maggini indicated the Guide of National Diabetes Plans as the last part of the deliverable from this WP. Diabetes has been used as the case study as indicative for the study of health systems and how they manage chronic conditions. The aim of this report is to provide a guide on how to implement and sustain national policies. The core elements for the management of chronic diseases seem to be the same even if not considering diabetes.

The last milestone to be achieved is the expert meeting that will take place on the 20-21 October at the WP7 meeting in Rome.

The coordinator suggested providing a common set of criteria (from the recommendation report completed in June by WP7). Jelka Zaletel indicated that WP7 will prepare a document for better use of the findings from WP7 and aiming to provide common indicators for their use across EU. See presentation at: https://drive.google.com/file/d/0B8Xu4R_n0-nzVVVGaThIbm01WGc/view

Actions to be taken:

- I. Continue WP7 work on reporting potential good practices.
- II. Organize WP7 meeting.
- III. Disseminate results through leaflets for professionals and for patients.

2. Dissemination activities. Overview of calendar. Workshop on dissemination material

WP2 presented JA-CHRODIS upcoming activities. It also informed on the next newsletter (around Nov for the GB meeting). Rogerio Ribeiro enquired on getting the newsletter in advance to be able to translate it, however, it was explained by WP2 that the newsletter is sent at the earliest possible to ensure news are not outdated.

WP2 has forwarded to EB members the script for the video on JA-CHRODIS outputs, as the aim is to have this video before the EPH in November. Feedback was given on focusing on results (instead of in activities). The same feedback was given regarding the update of the JA-CHRODIS leaflet. It is important to select key message. WP2 asked WP leaders to get back to WP2 on how many leaflets WP want for dissemination.

WP2 has been working with WP leaders on the production of info-sheets of relevant WP outcomes. These info-sheets will be sent to participants of JA-CHRODIS workshop at EPH, hence, the info sheets are needed in early October. It was agreed that this deadline can be met.

Suggestions were also registered for the Decalogue on JA-CHRODIS recommendations to take forward on the tackling of chronic diseases. This Decalogue is to be presented at the final conference. The suggestion by Ingrid Keller during the July meeting to ensure these points can be (or are) taken forward by the next JA on chronic conditions was reminded. It was agreed that the aim of the 10 points is to call for action from the MS on how to tackle chronic diseases.

WP2 is organising webinars for each WP (dates already discussed with WPs) of 1 hour duration. This will start on the 4th October with a general webinar to be provided by the Coordinator. Stakeholders will be invited by WP2. At present, it is not clear the profile of those who will register for each of the upcoming webinars to tailor better the content of the webinars but WP2 will be providing feedback on those that register to the different webinars. It was suggested to evaluate how these webinars developed to consider organising webinars at national level (using national given language). See presentation at: https://drive.google.com/file/d/0B8Xu4R_n0-nzVzN0MHAzdTBmOU0/view

Actions to be taken:

- I. WP2 will send next week an update revision of video scrip and leaflet considering comments received
- II. WP2 to coordinate with EB the development of points to be included in Decalogue for the final conference
- III. Continue coordination with WP leaders on webinars and info-sheets

3. Advisory Board discussion and feedback on questions proposed by EB

The only formal question proposed by EB came from WP3 on the impact plan. Information on this was forwarded to EB member before the summer. Antonio De Belvis has already provided written comments to WP3 on this. Peter Csizmadia indicated that the impact plan proposed seemed to address the questions raised but he would need to review the concrete plan to evaluate this. Peter indicated that there needs to be an emphasis on cost-effectiveness as an indicator to evaluate. On this aspect, Miroslaw Wysocki pointed out that this is very important as prevention is generally more cost-effective than treatment.

Antonio De Belvis commented on the difficulty on scaling up and transferring practices and asked to WP5 on how the visits were selected. Alexander Haarmann clarified that practices were selected on partners' decision and interest. Antonio enquired on including mental health diseases. It was discussed by Marina Maggini that national programmes are often disease oriented; however the national plans have common points and are later tailored to specific needs and contexts. The Coordinator highlighted that in terms of cost-effectiveness it is important to be realistic because Ministries of Health prefer to reorganize budgets but not increasing them.

4. Workshops on upcoming JA-CHRODIS dissemination events: final conference, parliamentary session and EPH workshops

With Euregha, EuroHealthNet is organising the parliamentary session for the 28th November. It was agreed to aim for a 2-hour session gathering a larger audience (50-60 people). These participants can be invited by CHRODIS. GB members will also be invited to this session (as having the 29th Nov GB meeting). It is essential that the practices presented are uploaded on the Platform. WP4 will check which practices are already available on the CHRODIS Platform related to diabetes. WP5 will ask owners of practices on Turkish community in Germany and Portuguese practice to upload them on Platform. It was suggested to present the practice better evaluated at the Platform.

Ingrid Keller indicated that DG Sante wants to organise a meeting with MoH representative on the 28th am or 30th November and those attending this meeting could be also be invited to the Parliamentary session. Patricia Cediél enquired on the MoH from the new Joint Action to be invited (by current JA-CHRODIS) to the 29th GB meeting. It was agreed that this will be discussed with Ingrid Keller and the GB Secretariat in order to also define the agenda. Catalina del Río enquired on who will cover the cost for this new participants to the 29th November. It was agreed that the current JA-CHRODIS will cover this cost. Ingrid Keller agreed to cover the cost of extra-night if GB members need to stay in Brussels to attend DG Sante meeting.

On the final conference, the draft agenda was presented by Anne Pierson. Ingrid Keller suggested focusing on JA-CHRODIS outputs, bringing people from the ground to really show the impact of JA-CHRODIS. Ingrid Keller is organising back-to-back meetings with other projects to increase attendance and impact of conference. Enrique Bernal asked on the possibility of having access to 3-4 computers at the conference venue for participants to enter and try the platform.

Patricia Cediél updated participants on the upcoming workshops at the EPH in Vienna in November. For the pre-conference workshop where external panellists will be commenting on the JA-CHRODIS outputs, there is a need to ensure the info-sheets are timely sent to these panellists. WP2 indicated that info-sheets will be available early October. On the conference workshop, the set of questions proposed for the Coordinator to guide discussion were presented. The Coordinator indicated that the 60-minute case study workshop should be a live discussion (no presentation to be completed, as the products would have been already presented the day before at the pre-conference workshop). To align discussion and points to cover, WP1 will organise a TC with the 2 moderators and participants towards end of October.

See presentation at:

https://drive.google.com/file/d/0B8Xu4R_n0-nzVzNOMHAzdTBmOU0/view

https://drive.google.com/file/d/0B8Xu4R_n0-nzMFBHR3Jxcm00LVU/view

Actions to be taken:

- I. WP2 to liaise with WP4 and WP5 on the agenda and selection of practices to be presented.
Liaise with WP1 on the invitation to GB members
- II. WP1 to liaise with Ingrid Keller and GB secretariat regarding the next GB meeting
- III. WP2 to adjust draft agenda considering feedback and check on possibility of having computer at venue meeting
- IV. WP2 to forward to WP1 info-sheets in order to be circulated to panelists for EPH preconference workshop and organise TC with speakers of EPH conference workshop to ensure live discussion

5. Conclusions and next steps

The Coordinator indicated that this was a useful meeting to align future dissemination activities on outputs and he closed the meeting thanking participants. The next EB TC meeting was agreed for 4th October at 15:30 (following the first webinar).

CONCLUSIONS and AGREEMENTS REACHED

- JA-CHRODIS WP are achieving goals and delivering Grant Agreement reports and milestones
- Some JA-CHRODIS outputs will be of benefit for the next JA on chronic disease as a base for future work and implementation of practices
- Final reports are being underway in the different WPs and WP leaders will aim to have drafts available for the 29th November GB meeting
- Next dissemination activities such as video and leaflets should focus on the outputs (and not so much on the activities)
- JA-CHRODIS final conference to be focused on the impact of JA-CHRODIS is having on the ground
- JA-CHRODIS Coordinator to liaise with GB Secretariat in order to foster discussion with new JA on chronic disease Ministries of Health and their future involvement at the GB
- It is important to coordinate the dissemination message of JA-CHRODIS at this final stage of the action. This process will be led by WP2 in close collaboration with EB