

Progress reports, Executive Board minutes

JA-CHRODIS
December 2015



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

5TH EXECUTIVE BOARD MEETING MINUTES

Meeting date: 17 February 2015

Meeting location: Brussels, Belgium

Approval date: 24 April 2015

Prepared by: Marie Roseline D. Bélizaire



RATIONALE: The Executive Board (EB) is responsible of the development of the project. Face to face meetings are scheduled every semester, as defined in the Grant Agreement, for members of the EB to share their work and take necessary decisions.

OBJECTIVE: To review on activities to be performed in the second year of the project (2015).

LOCATION:

Building: Spanish Research Council (CSIC).

Address: Rue du Trône, 62 (7th Floor), Brussels, Belgium.

Meeting room: Aula III.

AGENDA:

- Opening session
- Introduction to the meeting
- WP1. The first year experience.
- WP2. Implementation of the communication plan 2015.
- WP3. Towards the accomplishment of the plan for 2015.
- WP4. Ongoing activities during the 2015.
- WP5. Ongoing activities during the 2015.
- WP6. Ongoing activities during the 2015.
- WP7. Ongoing activities during the 2015.
- Debate. Improving synergies.
- Conclusions and next steps.

The agenda is available at http://www.chrodis.eu/wp-content/uploads/2014/11/AGENDA-5TH-EB-MEETING_17_FEBRUARY-2015.pdf

ATTENDANCE:

Members present:

EC Officers:

Anne Marie Yazbeck, Scientific Project Officer, Chafea, Luxembourg

Wolfgang Philipp, Policy Officer, DG SANTE, Luxembourg

Eibhilin Manning, Policy Officer, DG SANTE, Belgium

Work packages

WP1:

Juan E. Riese, National Institute of Health Carlos III (ISCIII), Spain.

Teresa Chavarría, National Institute of Health Carlos III (ISCIII), Spain.

Catalina del Río, National Institute of Health Carlos III (ISCIII), Spain.



Marie Roseline D. Bélizaire, National Institute of Health Carlos III (ISCIII), Spain.

WP2:

Anna Gallinat, EUROHEALTHNET, Belgium.

Ingrid Stegeman, EUROHEALTHNET, Belgium.

WP3:

Noemí Robles, Agència de Qualitat i Avaluació Sanitàries de Catalunya (AQuAS), Spain.

Carme Carrion, Agència de Qualitat i Avaluació Sanitàries de Catalunya (AQuAS), Spain.

Rogério Ribeiro, Associação Protectora dos Diabéticos de Portugal, Portugal.

WP4:

Enrique Bernal, Instituto Aragonés de Ciencias de la Salud (IACS), Spain.

Ramón Launa, Instituto Aragonés de Ciencias de la Salud (IACS), Spain.

WP5:

Thomas Kunkel, Bundeszentrale für gesundheitliche Aufklärung (BZgA), Germany.

Ingrid Stegeman, EUROHEALTHNET, Belgium.

WP6:

Graziano Onder, Agenzia Italiana del Farmaco (AIFA), Italy.

Federica Mammarella, Agenzia Italiana del Farmaco (AIFA), Italy.

Rokas Navickas, Vilniaus Universiteto Ligonės Santariškių Klincos (VULSK), Lithuania.

Elena Jureviciene, Vilniaus Universiteto Ligonės Santariškių Klincos (VULSK), Lithuania.

WP7:

Marina Maggini, Istituto Superiore di Sanità (ISS), Italy.

Flavia Lombardo, Istituto Superiore di Sanità (ISS), Italy.

Jelka Zaletel, National Institute of Public Health (NIJZ), Slovenia.

Members excusing attendance:

WP3: Mireia Espallargues, Agència de Qualitat i Avaluació Sanitàries de Catalunya (AQuAS), Spain.

The participants list is available at <http://www.chrodis.eu/wp-content/uploads/2014/11/LIST-of-PARTICIPANTS-EB-17-February-2015.pdf>



OPENING SESSION

Juan Riese welcomed all participants in the meeting and invited Wolfgang Philip from DG SANTE to open the session.

Wolfgang Philipp, DG SANTE:

Mr. Philipp thanked the coordination team for organizing the meeting at the Spanish Research Council offices in Brussels.

He opened the meeting focusing on several key messages:

- One at the EC policy level from the message contained in the mission letter that the EC President Jean Claude Juncker sent to the new Commissionaire of Health and Food Safety (Mr Vytenis P. Andriukaitis) expressing two relevant points related to health in Europe: Ensuring the Commission is ready in supporting the EU's capacity to deal with crisis situations in food safety or pandemics; Building up knowledge on the performance of national health systems to shape national and EU policies and helping address the challenge of increased calls on national health services at a time of intense pressure on public finances.
- In this sense, Mr. Philip emphasizes that JA-CHRODIS is ready after the first year to build up cooperation avoiding competition between work packages; work in the months to come to forge a common understanding between the JAs institutions about what we want to achieve and how we will do it.
- The JA should go for more visibility taking advantage of the importance the new Commission is giving to chronic conditions and diseases. It should also be open to other groups such as universities, other EU funded initiatives, all EU institutions and also to institutions at the international level.
- JA-CHRODIS' product should have an impact at political level.
- The JA needs a proactive coordination and work together to synthesize discussions, and solve problems to achieve the set up goals in the next 36 months. If there is an interest to create a kind of community network on sustainability with chronic diseases specialists, JA-CHRODIS is the best platform to do so.
- Finally, Mr Philipp expressed the gratitude from the EC to Juan E. Riese for the work he did by organising and coordinating the JA during the first year. He welcomed Teresa Chavarría as new coordinator of the JA-CHRODIS and wished her all the best.

Anne-Marie Yazbeck, Chafea

Mrs Yazbeck assured that things are going well and emphasized her role as supervisor of the JA work and also in assuring and adequate alignment with the Grant Agreement. She congratulated the team for the work already achieved during the first year of execution of the project and wished all the best for the next two years.



Juan E. Riese, Coordinator of JA-CHRODIS:

The JA Coordinator welcomed participants to the meeting expressing it has been worthwhile to have five Executive Board meetings during the first year due to size of the JA with more than 63 partners, where it was important to meet and know each other. He introduced officially Teresa Chavarría as the new coordinator of the JA. He also thanked the representative of DG SANTE and Scientific Project Officer Anne-Marie Yazbeck for the support she is giving to the coordination.

Tour de table: personal presentation and expression of satisfaction to participate to the meeting.

WORK PACKAGE PRESENTATIONS AND DEBATE SESSION

1. WP1: JA-CHRODIS: the first year experience

Speaker: Juan E. Riese

The coordinator, Juan E. Riese, made a short presentation describing the main achievements, hurdles, lessons learned and next steps of the work package of coordination during the first year of execution of the JA:

Main achievements and hurdles:

The coordination fulfilled the objectives and the work plan set up for the first year of the project. All deliverables and planned milestones were achieved: the kick off meeting, work plan, Standard Operation Procedures, Executive Board meetings, management tool, set up the Governing Board and Advisory Board, stakeholder forum and preparing the first interim report. He highlighted the support given to the dissemination of the JA. However, the coordination faced some problems regarding delays in activities and the replacement of work package 3 leaders. Preliminary reviews of the financial situation pointed out the person/days of a number of partners in WPs do not match with the work they are supposed to produce. The payment to partners was effective on 30 May 2014 but two of them, National Institute of Public Health NIJZ (Slovenia) and National Institute for Health and Welfare THL (Finland), received their due on November 2014.

He also mentioned the challenge it supposed to manage the JA integrating activities from over 63 partners.

Lessons learned:

A JA is continuous learning process in which every leader and participant has to collaborate and be opened to this process.

Dissemination activities at political level should be improved and all partners should be part of the dissemination and collaborate with the WP2 (dissemination).

The next steps and activities for 2015 of WP1 could be resumed as follows:



- First interim report on time (27 February 2015).
- Organisation of the 6th EB meeting.
- Monthly progress report on time.
- Support of work packages work plan with special focus of on WP3 work plan and evaluation activities.
- Support on dissemination activities focusing on the policy level.
- Management of the inclusion of new Collaborating Partners (CPs).

The Coordinator congratulated the team who always reaches consensus regarding decision making in the project. The coordination will continue with the progress reports, organising the monthly teleconference and for sure specific teleconference with work packages if need be. The new coordinator will need the support of all work package leaders. The structure of the coordination will remain the same; the only change is the incorporation of a new coordinator.

Key points of debate:

- Partners' person/days Vs delivered work

Work package 2 leader, Ingrid Stegeman, enquired on how the coordination meant to address possible inconsistencies between the distribution of person/days and the real work achieved by some partners. Catalina del Río, financial manager of the JA, answered that she will compile all the information per work package and send it to leaders. Teresa Chavarría emphasized that the idea with this report is to provide WP leaders and co-leaders with an up to date status of the person/days execution to facilitate them the responsibility and task of organising the person/days of their partners and adjusting them to the work to be delivered. In this same framework, person/days should also consider differences in salaries depending on countries and WP partners should be able to justify them.

In WP5, they are trying to resolve this issue by proposing extra tasks to partners who are responding in a favourable corporative way to the proposition in order to fulfil their person/days.

Agreement: The coordination committed to send an updated report on the level of execution of person/days per work package on the next few weeks to facilitate WPLs duty in setting work for 2015.

2. WP2: Implementation of the communication plan 2015

Speaker: Ingrid Stegeman

Mrs. Stegeman presented the work of WP2 for the first year of execution of the JA and reinforced that communication is a responsibility of all partners involved in the JA. She made a brief overview of the activities, milestones and deliverables achieved: Stakeholder mapping, visual identity, website and social media, promotional materials, and the Communication Strategy. She informed that 51% (34) of partners are involved in some dissemination activities. An analysis of the website revealed that the average connection is 3:45 minutes and the most used (browser) languages are English and Spanish.

She emphasized on having the deliverable on deadlines to facilitate the update of the website.

The WP2 leader ensured that they are doing a realistic work regarding the budget allocated to this work package (596 person/days, 339.000 euros).

The next steps of this WP are:

- To keep the website updated.
- To continue with the translations of the JA-CHRODIS brochure coordinating with native speakers.

Key points of debate:

- Use of disclaimer

WP2 leader enquired on which disclaimer should be included in documents. The scientific manager explained that the short disclaimer is for material and presentations and the longer one (see footnote)¹ should be used for published contents and analysis clearing up that documents are sole responsibility of authors. This issue will be reviewed in the Grant Agreement.

- Writing style and non-official translations

WP2 presented a short list of terms to improve consistency in documents and emphasized the importance of using the same writing style. Regarding translation of documents or information about JA-CHRODIS into other languages and in order to avoid misunderstandings, it is necessary that WPLs double check translation with partners before having them published under the project's brand/logo.

Agreements:

- The Coordination team and WP leaders will identify issues that could be disseminated and report them in their monthly reports for dissemination.
- The coordination team will contact partners to encourage them in the dissemination of the JA-CHRODIS activities and outcomes. The use of the disclaimers will be reviewed and WPLs reminded to use them.
- Use of JA-CHRODIS instead of JA-Chrodis, small letter in "work package" (see working document for more information).

¹ Short disclaimer: This conference (e.g.) arises from the Joint Action on chronic diseases and promoting healthy ageing across the life cycle which received funding from the European Union, in the framework of the Health Programme 2008-2013.

Long disclaimer: This document represents the views of the author and it is his sole responsibility; it can in no way be taken to reflect the views of the European commission and/or the Executive Agency for Health and Consumers or any other body of the European Union. The European Commission and/or the Executive Agency do(es) not accept responsibility for any use that may be of the information it contains.

3. WP3: towards the accomplishment of the plan for 2015

Speaker: Carme Carrion

New WP3 leader and co-leader have just started up one month ago (AQuAS and APDP). They have received basic information of the JA and WPs work plans and main activities. The first step to develop and precise their work plan will be to meet WP leaders during the next few days, inform them about the methodology and discuss on the definition of the key indicators. Information on previous activities with EHMA (if relevant) will be sent to WP3 by WPL during the next few weeks.

It was foreseen for the first year to have an implementation assessment and an impact assessment, following the same methodology as in other JA. WP3 committed to have the first interim evaluation at the end of 2015. They will work hard on the definition of indicators together with WPLs. For all objectives of the JA, process indicators, outcome and output indicators will be developed. The difference between those indicators will be clarified in order to avoid misunderstanding.

Key points of debate:

- Active cooperation with WP3

Teresa Chavarria emphasized the importance of an active cooperation between WPLs and WP3 in order to facilitate the realization of the work and kindly requested all WPL to give priority to the evaluation process.

- The need of the evaluation report on due time

Anne-Marie Yazbeck inquired on the figures WP3 needs and the timing and emphasizes that indicators should be both quantitative and qualitative. She also expresses the relevance of having the evaluation deliverables concluded for the next interim report (end of 2015) to avoid failure of the JA.

- Increase of person/days

WP3 makes an inquiry on the possibility to increase the number of person/days in their WP3 as they are beginning to work with fewer budgets than previous partner execution. The coordinator answers that this is something to be considered once we have knowledge of the level of budget execution from all WP partners.

Agreements:

- The coordinator gives priority to WP3 work plan development
- WP leaders will support and cooperate in the evaluation process, sending previous work or background documents (if relevance).
- All information sent to WP3 will also be sent to the Coordinator and the Coordination team.



4. WP4: Ongoing activities during the 2015

Mr. Bernal explained that the Platform Knowledge Exchange (PKE) is being performed in collaboration with the Telemedicine Unit of the National Institute of Health Carlos III. The first semester of the first year was devoted to have a common calendar across WPs.

Concerning the Delphi process, as background for DELPHI process was produced later on, timeframes in WP4 work plan and the work that WP5, 6 and 7 were not coordinated when the JA was launched.

WP4 has also been working on a WP4 task allocation proposal to be discussed during the next WP4 task partners meeting (19 February 2015).

Besides the PKE user's requirement, a business plan is being prepared in order to assure the sustainability of the PKE.

Enrique Bernal also explained that he was invited to attend the meeting of Pro-EIPAHSA CSA initiative, contracted to build a repository for EIP-AHA working group practices. WP4 will stay on close relation with the responsible of the project as suggested by the officer of this project and by JA-CHRODIS officer and with the knowledge and support of CHRODIS' coordinator.

The plan for 2015 is to have two Delphi questionnaires before summer implemented into the PKE. (2 more after summer), piloting those questionnaires (usability) and close PKE content management and user management expected developments (see timetable 2015)

The next steps of this WP are:

- To continue the Delphi panels as expected
- To finish PKE implementation of background decisions
- To agree on the impact assessment indicators of the PKE along with WP#3.

Key point of debate:

- Delphi questionnaire
 - There is a doubt on whether the foreseen two Delphi on organizational interventions and multimorbid patients should in fact be just one,
 - Patient empowerment Delphi questionnaire is cross sectional and can serve for other domain of best practices.
 - It was discussed to incorporate leaders and co-leaders to the Delphi panel. To avoid pressure on the panel experts, Enrique Bernal proposed to leaders and co-leaders to participate as observer in their respective Delphi panel, and others to attend via web streaming. (This last point will be consulted with panel experts).

- Platform for Knowledge Exchange (PKE)
 - PKE will be ready for exploitation and open access only two months last before the JA finalization.
 - The PKE Business plan should be presented to the Governing Board for sustainability issues.
 - Some questions are still pending regarding the scope of the PKE, added value of specific publics; concerns on sustainability are still open and need a deep debate. A debate round with EB is now open.

5. WP5: Ongoing activities during the 2015

Speakers: Thomas Kunkel

The WPL described the work achieved during the first year of execution of the JA. The WP developed a questionnaire to collect data on health promotion and prevention of chronic disease in Member States. This questionnaire fed into a template that also served as a basis for the Delphi questionnaire. WP5 identified selection criteria that were reviewed and ranked by experts.

The country reports are available and are much elaborated documents with important information; they can be used as a basis to facilitate the exchange between work package partners.

During 2014, WP4 organized the tasks leaders meetings, coordination meeting with WP4 and WP5 meeting. WP4 shared good experiences with partners who were very proactive and respondents during the 2014.

A Task Leader meeting with WP5 partners from Greece and Lithuania leading task 3 and 4 took place on November 14th 2014 in Brussels.

Regarding task 3, compilation of good practices, partners where are asked to submit three good practices examples from each partner country on: Healthy ageing, health promotion and diseases prevention and free thematic.

The WP Next steps are:

- Report from results of the Delphi panel (May 2015)
- Collection of good practices (June 2015)
- WP5 conferences: proposal will be presented at the next WP meeting on February 20th, 2015.

Key points of debate:

- Practices alignment with Delphi criteria



Jelka Zaletel asked if the gathered practices were aligned with the Delphi. WP5 sees the necessity to align the findings from the Delphi and WP 5 process. The first practices will be presented at the WP meeting referred above and then the WP will have a clear opinion on the quality of the practices.

Agreement:

- WP5 leader and Co-leader will be able to attend the panel of experts meeting as observers.
- Meeting to have the information of the weight put on to the different aspects of the Delphi (May 2015).
- Rest of co-lead and WP leaders will be able to attend meeting on a virtual basis.

6. WP6: Ongoing activities during the 2015

Speakers: Graziano Onder and Rokas Navickas

During the first year WP6 worked on identifying target of potential interventions for management of multimorbid patients (task 1) and reviewing existing care pathways approaches for multimorbid patients (task 2).

Nine review papers that identified characteristic of people with multimorbidity at high risk of negative outcomes were prepared. These papers will be published on March 2015 at the European Journal of Internal Medicine for dissemination at scientific level. A letter to Editor is already submitted to the Lancet Journal and was accepted for publication.

For the development of the second task two approaches were used: 1) review of the scientific literature and 2) such as a survey going through the network ICARE4U to identify the people at risk. 97 programmes focused on multimorbidity were identified and described in the report.

WP6 will focus on compiling good practices on multimorbidity (task 3) during the second year of the project. The goal is to create a common model easily replicable for multimorbid patient based on good practices. During the first trimester of 2015, WP6 will describe the components of the Delphi questionnaire based on task 2 results. Partners are asked to propose experts within balance in epidemiology, economic, social interventions, management, policy and also health workers to complete the Delphi experts' panel on multimorbidity.

The next steps are to:

- Finalise list of criteria components of the Delphi questionnaire
- Select experts for the Delphi panel (March 2015).

Agreement:

- WP6 will share with WP4 the list of experts they have so far to avoid overlapping and also to understand if there is something missed.
- The papers will be shared with the EB as confidential.

7. WP7: Ongoing activities during the 2015

Speakers: Marina Maggini and Jelka Zaletel

Marina Maggini presented the work of the WP during the 2014. A literature review on the effective strategies on prevention management, education, promotion and training on diabetes for professionals and characteristic of National Diabetes plans (NDP) was performed. The literature review has the objective to define the quality criteria for the selection of practices. With this review, the WP established the core elements to prepare the questionnaires. The first questionnaire (task 1-4) was very complex and was discussed during the first meeting in Rome on July 2014. A new version was achieved and transformed in web based questionnaire.

The survey is organized in two phases: the first has the objective to provide a structured description of the main program (intervention, initiative, approach or equivalent) at national, sub-national or local level, and a short description of other experiences (three for each topic), that participants feel worth to be reported; the second phase will be devoted to an in-depth analysis of the experiences identified in the first one.

The WP almost finished collecting data from the questionnaires: in a first look, 73 programs/experiences have been reported.

Jelka Zaletel presented the fifth task: NDP. She emphasized on the definition of NDP as any kind of strategy to improve outcomes in diabetes at national level. It is important to be strict in the analysis of the questionnaire using the mentioned definition as countries are organized in different ways and some of them don't have a NDP but have a care services.

WP7 reminded that JA is a different environment than academic project. The deliverables have to be produced on time and their quality is crucial for future use. WP7 is working to create a network where every institution is welcome.

Next steps:

- Go in-depth with analysis of the answers of the questionnaires.
- SWOT analysis per country.
- 3rd General meeting of the WP (July 2015).
- Workshop in October-November.
- Workshop on NDP (Date to be defined).
- Publication of five papers in the Annals of ISS (open access journal).
- Participation in different meetings on diabetes.
- Interim report on content of NDP.



IMPROVING SYNERGIES BETWEEN WORK PACKAGES

Moderator: Jelka Zaletel

The most important discussion points were the following:

- Strengthen the structural elements on communication within EB.
- Organisation of TC asking for more feedback from WP leaders.
- Need of a common goal and vision in all the JA.
- Debate on how and why to clarify different points of view between leaders.

OVERALL CONCLUSIONS OF THE MEETING

- The JA has developed good technical work in the first year, accomplishing tasks and achieving deliverables and milestones in all work packages (except in WP3 due to withdrawal of WP leader). It has also developed the necessary horizontal working documents to support the JA and has set the Advisory Board and the Governing Board.
- The JA-CHRODIS has been able to overcome several problems regarding payments to associated partners and WP3 leader withdrawal.
- In its first year, the JA-CHRODIS has built a community of cooperation among experts in WP, collaborators and stakeholders.
- Improvements are needed on the communication and dissemination of JA-CHRODIS' first year results at the policy level and coordination in some tasks between work packages.
- WPLs and partners are to continue working in a common vision of the JA.
- The work of WP3 is a priority now for the JA; WPLs will cooperate to have the interim evaluation ready on month 24 of the JA.
- Collaboration with the EIP AHA initiative is to be continued and strengthened.
- Teresa Chavarría is to become the new JA-CHRODIS coordinator after the General Assembly meeting (19th of February 2015).

AGREEMENT SUMMARY

- Coordination will send an updated report on level of execution of partners' person/days.
- WPLs will identify relevant issues for dissemination and report on them in the monthly reports for coordinators.
- Coordinator will contact WP partners to involve them in dissemination activities.
- Priority is to be given to the WP3 work plan development.
- All WPLs will support and cooperate in the evaluation process and send former version of indicators during the first year to WP3 if they are available.
- All WPLs will send relevant information to WP3 with coordination team in cc.
- An assessment plan will be developed and discussed with all WP leaders before end of June



- WPLs implicated directly in their Delphi may attend the face to face Delphi panel meeting as observers. Rest of WPLs may attend on web streaming (to be proposed to panel experts).
- WP4 will share the final report on the results of the DELPHI WP5.
- WP6 will share papers publication and list of Delphi experts' panel with WP4.
- Approval of management's proposal on the inclusion of new Collaborating Partners.
- Approval of the working document on spelling and style guide for JA-CHRODIS.

ACTIONS TO BE TAKEN

WHAT	WHEN	WHO
Provide to WPLs the status of partners 'person/days execution during the first year	First week of March 2015	WP1 (Management Team)
Identify important issues to disseminate at political and scientific levels.	2015	WP1-7
Include a new item in the progress report related to issues for dissemination	February 2015 (Continuously)	WP1
Contact partners (AP and CP) to involve them in dissemination	Continuously	WP1
Review the use of the disclaimer and inform leaders and co-leaders	February 2015	WP1
Share papers publications with EB	March 2015	WP6
Share Delphi experts panel list with WP4	March 2015	WP6



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

6th EXECUTIVE BOARD MEETING MINUTES

Meeting date: 11- 12 June 2015

Meeting location: Treviso, Italy

Approval date:

Prepared by:



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 February 2015, the current development of the project requires a set of discussions and relevant decisions to be agreed on by the EB, whilst revising the work being undertaken. A face to face meeting was organised to fulfil this need. See rationale presented for Sessions in Agenda for this meeting (Annex 1)

OBJECTIVE:

To discuss on the first semester progress of the JA, the roadmap for the second semester and reach consensus on relevant decisions regarding future steps and direction of the JA-CHRODIS considering a global and joint vision.

LOCATION:

Building: Centro Studi Linda e Achille Lorenzon

Address: Viale G. Oberdan 5, 31100 – Treviso, Italy

AGENDA:

Thursday 11th of June

- Session I: Overview of progress made in the JA-CHRODIS
 - Coordination of the JA
 - Health promotion and prevention (WP5)
 - Multimorbidity (WP6)
 - Diabetes case study (WP7)
 - Platform of Knowledge Exchange (WP4)
 - Evaluation of the JA (WP3)
 - Dissemination of the JA (WP2)
- Session II: Review of highest priority project issues towards sustainability
 - Topic Proposal 1: Evaluation plan: WP activity assessment and global impact of the JA-CHRODIS
 - Topic Proposal 2. Dissemination of the JA at the policy level: target groups, messages and formats
 - Topic Proposal 3: Road Map for collaboration with the EIPonAHA initiative

Friday 12th of June

- Session III: Open Strategic Decisions
 - SIII-1. Alignment of the WP's Work Plans
 - SIII-2. Key questions on the PKE: Summary of the report of consultation among WP4 partners on the key questions for the PKE
 - SIII-3. Definition of good practice in the framework of the JA-CHRODIS
 - SIII-4. Process of practice exchange and transfer
 - SIII-5. Governing Board (Work plan, work flow, and interaction with the JA-CHRODIS) *

See complete Agenda in Annex 1.

**This session was moved forward in the timetable of Session III to ensure all attendants presented during it.*

ATTENDANCE:

Members present

WP1:

Teresa Chavarría (Coordinator), National Institute of Health Carlos III (ISCIII), Spain.

Catalina del Río (Financial Project Manager), National Institute of Health Carlos III (ISCIII), Spain.

Patricia Cediel (Scientific Project Manager), National Institute of Health Carlos III (ISCIII), Spain (from mid-morning 11th June).

WP2:

Ingrid Stegeman (WP leader), EUROHEALTHNET, Belgium.

Anna Gallinat (WP leader team), EUROHEALTHNET, Belgium.

WP3:

Carme Carrion (WP leader), Agència de Qualitat i Avaluació Sanitàries de Catalunya (AQuAS), Spain.

Rogério Ribeiro (WP co-leader), Associação Protectora dos Diabéticos de Portugal, Portugal.

Noemí Robles (WP leader team), Agència de Qualitat i Avaluació Sanitàries de Catalunya (AQuAS), Spain.

WP4:

Enrique Bernal (WP leader), Instituto Aragonés de Ciencias de la Salud (IACS), Spain.

Ramón Launa (WP leader team), Instituto Aragonés de Ciencias de la Salud (IACS), Spain.

WP5:

Thomas Kunkel (WP leader), Bundeszentrale für gesundheitliche Aufklärung (BZgA), Germany (till 12h on 12th June).

Ingrid Stegeman (WP co-leader), EUROHEALTHNET, Belgium.

WP6:

Graziano Onder (WP leader), Agenzia Italiana del Farmaco (AIFA), Italy (til mid-morning 11th June).

Rokas Navickas (WP co-leader), Vilniaus Universiteto Ligonės Santariškių Klinikos (VULSK), Lithuania.

Federica Mammarella (WP leader team), Agenzia Italiana del Farmaco (AIFA), Italy.

Elena Jureviciene (WP co-leader team), Vilniaus Universiteto Ligonės Santariškių Klinikos (VULSK), Lithuania.

WP7:

Marina Maggini (WP leader), Istituto Superiore di Sanità (ISS), Italy (12th June).

Jelka Zaletel (WP co-leader), National Institute of Public Health (NIJZ), Slovenia.

Angela Giusti (WP leader team), Istituto Superiore di Sanità (ISS), Italy.

Invited participants:

Paloma Casado (Governing Board leader), Ministry of Health, Social Services and Equality (MSSSI), Spain (12th June).

Carolina Rodríguez (Governing Board leader team), Ministry of Health, Social Services and Equality (MSSSI), Spain.

Members excusing attendance:

WP3: Mireia Espallargues (WP leader team), Agència de Qualitat i Avaluació Sanitàries de Catalunya (AQuAS), Spain.

WP7: Flavia Lombardo (WP leader team), Istituto Superiore di Sanità (ISS), Italy.

SESSION I: OVERVIEW OF PROGRESS MADE IN JA-CHRODIS

See presentations available at:

<http://www.chrodis.eu/wp-content/uploads/2015/07/JA-CHRODIS-EB-JUNE2015-SI-Overview-Progress.pdf>

Coordination of the JA (WP1)

Presenter: Teresa Chavarría (JA-CHRODIS Coordinator)

Summary of presentation:

- **Latest progress.** First interim report (deliverable & milestone) and amendment completed and awaiting approval from EC. Interim report will be made accessible and public once approved. Amendment of GA requested to CHAFAE will be uploaded in the extranet for internal viewing of the EB once approved by CHAFAE.
- **Next steps.** Advisory Board work plan proposal, semester reports (July 2015) and 2nd interim report in Dec 2015.
- **Collaboration with other WPs.** Collaborating with rest of WPs in tasks being developed by WP2, WP3, WP4, WP5, WP6 and WP7.
- **Dissemination.** Four dissemination activities at scientific and policy level.
- **Financial overview.** Information on financial development of JA-CHRODIS in 2014.

Key points of debate:

- **Latest progress.** Discussed naming of deliverables and milestones.
 - **Action:** Coordinator will send official labelling of the deliverables according to GA for reports to be correctly identified to its deliverable.
 - **Action:** Executive Board (EB) to consider labelling milestones with numbers within WP, to facilitate identification of them in the official documents
- **Financial issues.** Information on financial development of the JA-CHRODIS presented by WP.
 - **Action:** Financial project manager to provide partners with general information on European Commission's (EC) financial costs and rules for JA, and inform WP3 on 1st pre-financing payment from EC

Health Promotion and Prevention (WP5)

Presenter: Thomas Kunkel (WP5 leader)

Summary of presentation:

- **Latest progress.** Developed summary of country reports. 1st version and extended version of questionnaire for the documentation of good practices developed (extended version included Delphi Criteria). Delphi F2F meeting organized with WP4 in April. WP5 meeting in May.
- **Next steps.** Report on good practices examples (July 2015) and conference (24-25 Nov 2015)
- **Collaboration with other WPs.** Collaborating with WP1, 2, 3 and 4
- **Dissemination.** Presentation at scientific level at "Poverty and Health" (Berlin, March 2015)

Key points of debate:

- **Latest progress.** The Good Practice report has to be postponed from June to July due to complexity in the process of collection and approval of information from official sources in most Member States. WP5 Meeting in May helped WP5 partners to clarify concerns they had on the applicability and the criteria of the questionnaire developed.
- **Dissemination.** WP5 leader is invited to a meeting with Public Health Body in Switzerland in November 2015 who is interested in outcome of the Good Practices on Healthy Ageing. WP5 Health Promotion Conference to be held 24-25th of November. Discussed whether Advisory Board (AB) or Governing Board (GB) could be asked to participate in this meeting.
 - **Action:** *EB to analyse in the Dissemination slot of the agenda what meetings GB and AB could participate in.*
 - **Working with other WPs.** WP5 leader highlighted the need for WPs to work together on relevant aspects of the interface of the Platform of Knowledge Exchange (PKE). It is essential that all WPs are clear on how this needs to be done and coordinate efforts. Coordinator proposes to discuss this aspect further in the agenda (follow-up at: [SIII-1. Alignment of the WPs Work Plans](#))

Multimorbidity (WP6)

Presenter: Rokas Navickas (WP6 co-leader)

Summary of presentation:

- **Latest progress.** Literature review. Analysis of 8 partners databases (results in publications of 6 articles in EJIM). Draft list of criteria (cost effectiveness, applicability, replicability). Good practice list and expert group for Delphi completed. Field survey finalised.
- **Next steps.** Reports and common guidelines for care pathways for multimorbidity patients (deliverable). Select experts for clinical meetings, complete Delphi process, report on applicability and replicability of criteria, finalize results on cost effectiveness analysis, identify target population, key characteristics to standardize criteria and Delphi process, expert meeting (Oct 2015) and joint WP6 and WP7 publication (Dec 2015).
- **Collaboration with other WPs.** Working with WP4 (Delphi and PKE), WP7 (data analysis) and WP1 (policy maker dissemination).
- **Dissemination.** Publication of 6 papers (EJIM), a letter to Lancet editorial, conference and extended database analysis at scientific level. At policy level, conference “Baltic Family Medicine”. Next dissemination activities at European Health Forum Gastein and Multimorbidity Conference.

Key points of debate:

- **Latest progress.** Analyses of databases on multimorbidity completed. Due to large heterogeneity, each partner analysed its own database. Decision to establish grounds for further research by agreeing on a definition so commonalities between databases are being explored. It is being proposed to consider the definition of a model that can be used across countries. Expert meeting are to agree on a list of recommendations focused on the clinical perspective.

- **Dissemination.** Multimorbidity conference of 27th October: four people from WP6 have been invited to attend a workshop at the end of June to prepare this conference. Eibhilin Manning invited the JA-CHRODIS to provide a list of experts/relevant stakeholders to be invited to the conference from (requirement active participation in discussion).

➤ **Action:** WP1 will request all WPs to send names that would be suitable to participate actively in the multimorbidity conference.

Diabetes case study (WP7)

Presenter: Angela Giusti (WP7 leader team member)

Summary of presentation:

- **Latest progress.** Questionnaire on practices for prevention and management of diabetes data collection (1st phase data analysed, report drafted and criteria for practices defined). Second phase ongoing).
- **Next steps.** Analysis of practices reported by partners, SWOT analysis of national policies, work on policy briefs on National Diabetes Plans (NDP). Milestones & deliverables: Expert overview on successful strategies to improve prevention of diabetes and the quality of care for people with diabetes. Workshop to analyze collected data on processes in NDP development, implementation, sustainability (December 2015) joined with expert/ policy maker meeting (Oct 2015).
- **Collaboration with other WPs.** Collaboration with WP6 co-leader on the study on influence of diabetes on health care resources usage in multimorbidity patients, with project EMPATHiE (collating and reviewing results relevant to diabetes) and EIP-on-AHA on B3 action group “Maturity model for the assessment of integrated care services”.
- **Dissemination.** Policy briefs on NDP, workshop on “How to do policy speak” (policy level), future publication of paper on Annals of ISS and participation at the AMD national congress (scientific level).

Key points of debate:

- **Working with other WPs.** Collaboration with project EMPATHiE and with WP6 to study the national databases on diabetes. WP4 suggested completing a Delphi for WP7. Coordinator recommended discussing this issue further when WP7 leader present at [SIII-1. Alignment of the WPs Work Plans](#)

Platform of Knowledge Exchange progress (WP4)

Presenter: Enrique Bernal (WP4 leader)

Summary of presentation:

- **Latest progress.** Delphi I on health prevention & promotion completed including final report (D1). Delphi II on organizational interventions (with particular emphasis in interventions on multimorbid patients): deadline for 1st round questionnaire extended till 15th June to include more experts; upcoming weeks to analyse results and development of 2nd questionnaire. Delphi III (activities started earlier than described: literature review

completed and identification of experts undergoing -experts' details facilitated by EPF). PKE: metadata user profiles designed, clearinghouse and digital library search results screen designed, and convergence with EIP-AHA in the digital library through a proposal

- **Next steps.** Clearinghouse content data model, programming PKE user search interface, practice submission form D1, practice assessment application D1, clearinghouse piloting D1, WP4 business model draft, EIP-AHA convergences in the digital library to be introduced, browsing contents for digital library and help desk integration.
- **Collaboration with other WPs.** Working with WP5 on Delphi 1, WP6 on Delphi 2 and WP7 on Delphi 4. Liaising with WP2 on PKE-JA-CHRODIS web, with WP3 on indicators and WP1 on the digital library
- **Dissemination.** At scientific level one "Geriatrics Annual Conference in Aragon" and at policy level "Chronic Diseases and Healthy Ageing" and "European Summit on Innovation for Active and Healthy Ageing". Envisaged 4 papers from the Delphi process.

Key points of debate:

- **Latest progress.** Delphi I (report completed),
 - **Action:** *Distribute Delphi I report to EB members*
- **Next steps.** From Sep-Nov piloting of PKE, validation process 2 weeks. If volunteers needed for piloting phase, WP4 will provide further indications to WP leaders to cascade information to other partners as possible volunteers.
 - **Action:** *WP4 leader to indicate if volunteers needed for piloting phase and provide timeframe.*
- **Working with other WPs.** Questionnaire on Health Promotion and Prevention (WP5) completed. Length of WP5 questionnaire may difficult users in the evaluation process of the PKE. Questionnaire will need to be reduced/ cut for the PKE although all the information from the questionnaire will be included in the WP5 July report. WP5 and WP4 agree on establishing a small working group to work on reduction of the questionnaire and the PKE clearing house needs. Further discussion followed at: [SIII-1. Alignment of the WPs Work Plans](#)

Evaluation of the JA (WP3)

Presenter: Rogério Ribeiro (WP3 co-leader)

Summary of presentation:

- **Latest progress.** Draft evaluation plan, new goals proposed: Event survey analysis, alignment of evaluation, partners satisfaction and impact beyond project.
- **Next steps.** Extend aim to prepare JA-CHRODIS impact evaluation framework. Complete evaluation plan and impact plan (end of July), data collection, midterm evaluation report (Dec 2015).
- **Collaboration with other WPs.** Working with WP1 on evaluation plan and impact plan, with WP2 on dissemination activities and WP4-7 on indicators agreed and data collection.
- **Dissemination.** Participating in the "Iberoamerican Congress of Epidemiology and Public Health" (Sep 2015) and at policy level at the Debate at Portuguese Diabetes Congress (Feb 2016).

Key points of debate:

- **Latest progress.** Currently, accelerating previous delays occurring in the evaluation work package (WP3). WP3 has collaborated with all WPs leaders receiving very good feedback in order to carry out their indicator's proposal. After TC meetings with all WPLs, new draft version of indicators should be completed by end June. Final draft version expected to be ready mid-July. Final version end of July. Once final agreement, WP3 next step will be to streamline based on data the WPs are already collecting, to make the process easier.
 - **Action:** WP3 to prepare a specific timeline for data collection from WPs in Sep/Oct so WPs are aware of what is expected (and when).
- **Next steps.** EB need to think about the evaluation of the impact beyond the project through an Impact Assessment Plan which will be drafted upon discussion. Important to know what impact is wanted/ needed from JA-CHRODIS by the European Commission (EC) and Member States (MS). Further discussions followed at: [TOPIC 1. Evaluation plan: WP activity assessment and global impact of the JA-CHRODIS](#); [TOPIC 2. Dissemination of the JA at the policy level: target groups, messages and formats](#) and [SIII-5. Governing Board](#).
- **Working with other WPs.** Concerns by partners on the lack of resources allocated directly to the evaluation of the WP. Coordinator explained that WP1, as WP2 and WP3 are horizontal work packages that give support to the JA but also require the input from all partners. WP Leaders, including Coordinator, are responsible of providing information to WP3 and WP3 is responsible of analyzing this information.

Dissemination of the JA (WP2)

Presenter: Anna Gallinat (WP2 leader team)

Summary of presentation:

- **Latest progress.** All deliverables and milestone due in 1st year achieved. Last 6 months: newsletter, communication plan work 2015, spelling and style guidelines, pending approval of authorship guidelines.
- **Next steps.** Update webpage (request made to WP leaders), newsletters and updates, draft strategy for dissemination at political level, video and translation of brochures. Ongoing input on website, social media and database.
- **Collaboration with other WPs.** Bidirectional information flow with WP4-WP7, in liaison with EIP-AHA on inclusion of projects in each other website and newsletter.

Key points of debate:

- **Next steps:**
 - **Webpage.** Webpage is not intuitive for users not familiar with the different WPs of the JA-CHRODIS. There are users unaware of the different WPs and EU project terminology but interested in the work being completed at JA-CHRODIS. It is also important to update the information as to what has been done and what is underway.

AGREEMENT:

Restructure the home page, highlighting specific topics and providing direct access to all outcomes and deliverables from home page.

- **Action:** WP2 to continue working on JA-CHRODIS home webpage considering the different outcomes of the project. Highlight published reports, outcomes, etc.
- **Action:** WP leaders to provide the information on their work during summer so WP2 can update contents.
- **Translation of JA-CHRODIS leaflets.** Already completed in English, Italian, and Lithuanian. Slovenian translation underway. WP2 also suggest in German, Portuguese and Spanish. Brochure to be translated to other languages (including co-official national languages) based on demand made by partners.
 - **Action:** WP2 to continue contact with partners on the translation of JA-CHRODIS brochure.
- **Newsletters and updates publications.** Newsletter, 3 times per year. Monthly updates to be renamed as “Latest news”. Next newsletter in July on health promotion. Monthly technical report includes now 2 new questions on dissemination. Information included in these questions will be used by WP2 for dissemination purposes.
 - **Action:** WP leaders to complete dissemination questions on monthly reports considering also an external audience.
- **Video JA-CHRODIS.** It will be completed by the end of August; to start using in Sept-Oct. Information on video has been forwarded to partners as supporting documents.
 - **Action:** EB members to provide feedback to WP2 by end of June on scenario propose on video.

SESSION II. REVIEW OF THE HIGHEST PRIORITY PROJECT ISSUES TOWARDS SUSTAINABILITY

See presentations at:

<http://www.chrodis.eu/wp-content/uploads/2015/09/JA-CHRODIS-EB-JUNE2015-SII-Priorities.pdf>

TOPIC 1. Evaluation plan: WP activity assessment and global impact of the JA-CHRODIS

Presenter: Carmé Carrion (WP3 leader)

Evaluation WP (WP3) defining indicator (quantitative and qualitative) outputs and outcomes of the JA-CHRODIS considering the GA as to the work that needs to be accomplished.

- **Why Impact assessment of the JA?** Right now, the evaluation conducted relates to monitoring the development of JA-CHRODIS; however, the evaluation process needs to consider the impact of the JA at the medium and also long term. JA-CHRODIS objectives need to be cleared and a roadmap designed.

AGREEMENT:

EB agrees on the need to include an Impact Assessment Evaluation proposal in the Evaluation Plan.

EB agrees on the potential implicit results that JA-CHRODIS has: improvement of policies, programmes, and interventions directed to addressing chronic diseases through the exchange of good practices.

- **Action:** *WP leaders to review the statement presented on implicit results to apply it when developing activities.*
- **Proposal of dimensions of JA-CHRODIS for impact evaluation.** WP leaders were presented with 4 dimensions to consider for the impact assessment and evaluation of JA-CHRODIS: Addressing chronicity, selection of potential good practices; Facilitate exchange & transfer, building PKE; Promote exchange and transfer, transferability of good practices; and Effectiveness (main objective). EB members discussed dimensions presented and agreed on 3 dimensions: 1) addressing health promotion and chronic care prevention, 2) facilitate exchange of practice transfers and 3) effectiveness: exchange and transfer of practices (this last dimension incorporates 2 of the initially proposed dimensions).
 - **Action:** *WP3 will work on a proposal of indicators for these dimensions.*
 - **Action:** *EB members to review dimensions proposed and comment on any suggestions.*

TOPIC 2. Dissemination of the JA at the policy level: target groups, messages and formats

Presenter: Ingrid Stegeman (WP2 leader)

Target audience and dissemination activities. JA-CHRODIS is currently disseminating information about its work to a broad range of stakeholders (about 1200 contacts currently in the database). We should at this stage focus, in addition, on identifying the most important stakeholders (those with high interest and the power to generate change) that can help the JA achieve its objectives and target messages to them. The EB acknowledges the added value of involving the Governing Board (GB) and Advisory Board (AB) and recognises the relevance of the role of the stakeholders.

Political-level dissemination strategy to include formats for focused on policy makers: Policy debates (explore European Health Observatory, with experience in conducting such events); strong final conference; hearings with Parliamentary Working Groups.

AGREEMENT:

AB and specially GB should be considered a priority target group.

- **Action:** *WP leaders to update their stakeholder mapping and provide update to WP2.*
- **Action:** *WP's leader's and co-leaders to analyse stakeholders/key players and identify different target groups who can help us achieve our objectives and identify messages to mobilise them and to take the necessary action.*
- **Action:** *WP leaders to include dissemination activities in their WPs meetings.*

- **Action:** WP leaders to advise partners to include link to JA-CHRODIS in institutional websites.

TOPIC 3. Roadmap for collaboration with EIP-on-AHA initiative

Presenter: Teresa Chavarría (JA-CHRODIS Coordinator) and Enrique Bernal (WP4 Leader)

Update on interactions/collaborations between JA-CHRODIS and EIPonAHA. Background information on EIP-on-AHA repository presented (should be completed by end of June, self-evaluation process and practices will be labeled as good, notable and promising). Issues were raised on EIP-on-AHA practice categories). It was suggested to build awareness and request support from Governing Board (GB) representatives on: categories for practices can be established if following a rigorous evaluation process with transparent and explicit criteria such as the method used in JA-CHRODIS. This is an important value of JA-CHRODIS. In addition, having two different assessment systems can create confusion among users. JA-CHRODIS coordinator is in communication with CHAFAE and DG-Sante regarding the possible overlaps and synergies of both platforms. Areas of overlap exist; however, the recommendation is to focus on what each repository adds value to, look for synergies so that both platforms can communicate in the future. It is relevant to ensure that users understand the differences and crucial for the JA-CHRODIS to outreach its values and goals.

- **Action:** Coordinator to distribute minutes to EB from teleconference with CHAFAE on collaboration with EIP-on-AHA.
- **Action:** EB members to transmit to GB differences with EIP-on-AHA and request their support avoiding possible overlaps and confusion between both repositories (*see Post meeting note*).
- **Action:** WP2 and WP1 to develop a set of slides to be included in all JA-CHRODIS presentations indicating the strengths of JA-CHRODIS.

SESSION III: OPEN STRATEGIC DECISIONS

See presentations at:

<http://www.chrodis.eu/wp-content/uploads/2015/07/JA-CHRODIS-EB-JUNE2015-SIII-Strategic-Decisions.pdf> **SIII-1. Alignment of the WPs Work Plans**

Presenter: Teresa Chavarría (JA-CHRODIS Coordinator)

- **Upcoming events.** The following months' calendar was reviewed. Discussed dates: 26th Oct proposed date for Parliament high level meeting (contact with Ms. Maria Heilskou Pedersen, Advisor at the permanent representation of Denmark to the EU); 27th Oct multi-morbidity conference in Brussels, 28th multimorbidity clinical expert meeting (WP6); 20th of October Workshop on Health Communication to Policy Makers (WP7); 21st of October Advisory Board meeting proposed coinciding with the Workshop WP7, 24rd-25th November, Health Promotion Conference (WP5) (to consider a GB meeting

the coinciding with this event). Dates will be double checked with different Boards and EC.

➤ **Action:** *EB members to check its availability for these events and feedback to WP1.*

- **WPs collaboration.** WP5 proposed to establish a collaboration group between WP5, WP6 and WP7 with WP4 to ensure alignment and a common approach when designing interface for the clearing house-PKE. It proposes to establish a collaboration group to bridge the work between WP4 and WP5 which will set the structure for the rest of questionnaires. WP4 concerns about timeframe (by Aug questionnaire reduction needs to be completed as piloting of the questionnaire starts in Sep-Nov). WP4 will lead the process of reducing questionnaire developed in WP5 and will review impact on timing. Information on timing and results from activities of this group will be shared by WP4 with WP6 and 7.

AGREEMENT:

Establish a group led by WP4 (developing PKE) in collaboration with WP5 (health promotion and prevention) to reduce WP5 questionnaire to better adjust it to PKE user's needs and exchange ideas on the interface.

➤ **Action:** *WP5 leader will provide WP4 with contact people to establish working group.*

➤ **Action:** *WP4 to lead group with WP5 in the reduction of the questionnaire to be submitted to PKE. WP4 leader will analyse if reduction needs to be completed in July.*

➤ **Action:** *Coordinator proposes WP4 to prepare a workflow chart at the user-level of the PKE to contribute to clarifications to all WPs.*

- **Coordination of WP4 and WP6.** WP4 and WP6 have agreed on timings for first, second and panel meeting of Delphi 2.

- **Coordination of WP4 and WP7.** WP4 and WP7 agree on developing a Delphi on Diabetes based on the selection criteria already identified by WP7 experts (detection and prevention focused high risk people, health promotion, management, education). These criteria will be reviewed and weighted by a panel of experts (WP7 partners to be included). For the criteria on health promotion, results from Delphi 1 could be integrated. WP7, WP4, WP5 to do this exercise. Timeline: Dec. of 2015 WP7 drafts recommendations for prevention and management of diabetes ; Jan. 2016 setting the questionnaire, Feb.-March 2016, round questionnaires, face-to-face meeting to be determined. WP4 suggested reducing current number of indicators to no more than 60. WP4 needs to check dates to attend meeting with WP7 partners in Oct 2015 to explain PKE process.

➤ **Action:** *WP7 and WP4 to jointly work on the Delphi process using criteria developed within WP7. WP4 to check availability to attend WP7 meeting to explain process to WP7 partners in Oct 2015.*

SIII-2. Key Questions on the PKE

Presenter: Enrique Bernal (WP4 leader)

- **Evaluation of practices.** WP4 leader presents Key Question on PKE functionalities discussed between WP4 partners:
 - Score publication? Agreed “Scores available to the submitter & help desk”. Important to link the description of the practice with the assessment score.
 - Discard practices? Agreed Yes. Quality threshold is a goal of JA-CHRODIS. Discussed that even if below threshold it would be good to have all practices evaluated on display so a user can see if practice has been evaluated or not (if missing and not on displayed, user unsure if practice is not there because it is below threshold or because it is a low weighted practice). If a user does not agree on evaluation results WP4 leader thinks the system will allow for deletion of a practice at the submitter’s request.
 - Labeling practices? Agreed to use flags to identify “Best, Good and Candidate” practices to incentive improvement and recognize quality standards. WP4 leader clarifies that this terminology will not be explicitly used to categorise the practices. Instead, they will be labeled using colour coded flags). Definition of categories under each label will be displayed.
 - Digital Library Peer review? Agreed to define only a Supervision role to avoid inappropriate content.
 - Delphi experts as RV/RF candidates? Agreed “Yes” and should have accredited international expertise.
 - RV/RF selection process? Agreed “Yes”. Upon a CV evaluation and Executive Board final decision.
 - PKE “clients”. Agreed “Yes”, although there is concern on a risk of focus dispersion. Coordinator comments that dispersion can be avoided if the PKE’s services and products are well defined and target groups previously engaged. Discussed if a patient is a target of the PKE. Coordinator comments that Patient Associations can be and should be a target group but JA-CHRODIS is not meant to be a tool for patients to decide where they can be better treated. JA-CHRODIS does not build policies; it paves the way for a potential improvement on health policies.

AGREEMENT:

EB agrees on the results presented by WP4 leader from key Questions of PKE.
 WP4 to work in liaison with EB members on the labelling of practices evaluate.
 WP4 to continue developing PKE in close collaboration with WP leaders.

- **Action:** WP4 in liaison with EB member to review labelling of evaluated practices.
- **Action:** WP4 to develop at standard text on the evaluation outcome of practices submitted and dimensions evaluated and consider comment of EB regarding deletion of practices in PKE.

- **Evaluators.** WP4 evaluating CVs (it is being a demanding task).

AGREEMENT:

If someone has already a practice in PKE, s/he can become an evaluator; also Delphi experts can be entitled to become evaluators.

- **Search engine.** Questions discussed on search interface of the PKE. It is envisaged that it will be completed through ticking boxes of target groups, disease, and type of practice. There will be a basic and advance search. WP4 needs to review how this search and search terms can be completed. WP4 leader pointed out that as an IT tool, the PKE has room for further development including new aspects such as feedback from users and learning process.

AGREEMENT:

It is essential establish definition of PKE in terms of users, target groups for all partners understand the usage expected from the PKE.

SIII-5. Governing Board

Presenter: Paloma Casado (Coordinator GB)

- **Workflow with GB.** Governing Board (GB) key role in JA-CHRODIS regarding its strategy and sustainability. The communication workflow between EB and GB: JA-CHRODIS deliverables will be sent to GB for information or for feedback (to be provided in a timeframe of 4 weeks) under a list of four reviewing criteria: Do results align with the interests of your country in addressing chronicity? Barriers for implementation in your country? Facilitators for the application in your country? Feasible to apply in your country?
 - **Action:** *EB to provide feedback to GB on the deliverables identified for feedback or only for the information of the GB.*
- **Input and support from GB.** Work plan with GB includes a survey to identify the needs and priorities of GB members at their national level. GB can facilitate discussion among users of barriers and facilitators of the implementation of a practice.
 - **Action:** *Conduct survey to GB on needs and priorities of Countries and Member States.*
- **Communication to GB.** Agreed that GB is a priority target group for JA-CHRODIS communication. Our communication tools (newsletter, lasts news, website) should include messages focused on this target group. Organization of workshops at the national level with WP partners is also proposed (to be developed in 2016-2017?).
- **Other formats:** policy briefings are identified as a suitable format to build awareness and inform policy makers (including GB members) on JA reports and progress.
 - **Action:** *WP2 to propose a specific structure for the reports produced by the JA.*
 - **Action:** *WP2 to consider GB as target audience for the newsletter.*

- **Actions:** WP leaders to provide information on activities/results through monthly report keeping in mind GB.

SIII-3. Definition of good practice in the framework of the JA-CHRODIS

Presenter: Marina Maggini (WP7 leader)

Discussion on the need for a definition of “good practice” in the frame work of JA-CHRODIS. EB agrees on using a definition of good practice from a conceptual perspective and an operational definition for each domain established in the evaluation process of the PKE. Conceptual definition allows partners to work in the same framework. Operational definition allows integrating the context of practices.

AGREEMENT:

To use the definition proposed by the FAO (found at Capacity Development Portal Fostering knowledge sharing and learning) as a basis for the conceptual definition.

To establish operational definitions of good practices for each domain of the evaluation process of the PKE.

- **Action:** WP7 leader will propose a written conceptual definition on “good practice” to EB members for final approval.

SIII-4. Process of practice exchange and transfer

Presenter: Teresa Chavarria (Coordinator)

First discussion on how the process of practice exchange and transfer will take place. Need to identify levels of transfer and exchange and the key players for each level.

Transfer at the PKE level: transfer in and transfer out of practices. For the transfer in, JA-CHRODIS partners can send practices and promote transfer at the national, regional and local level (dissemination plays a key role). Regarding the transfer out of practices (clearing house), it is for the Governing Board, policy makers will be key players and relevant target groups for engagement. JA-CHRODIS can learn from the twinning process of EIP-on-AHA scale up road map to increase the exchange of practices.

At the JA-CHRODIS level, a roadmap needs to be described to promote the exchange of practices. It was suggested for JA-CHRODIS partners to organise national/ regional meetings in collaboration with their GB member through 2016.

- **Action:** Explore EIPonAHA's (Eibhilin Manning) the twinning process.
- **Action:** Define a roadmap for transfer of practices, identifying processes, key players and target groups for engagement.
- **Action:** Further discuss the organization of meetings at the national/ regional of partners engaging the GB to promote the use and exchange of practices through the PKE (see Post meeting note).

CONCLUSIONS

- Relevant progress at WP, starting to produce outputs/outcomes and working on additional results apart from strict deliverables, enriching JA.
- Important achievements: Health Promotion (WP5): 14 country reviews on Health Promotion and overview report; Delphi 1 completed. Multimorbidity (WP6): draft list of criteria, good practice list and expert group for Delphi 2 completed. Field survey finalized. Diabetes (WP7); 1st phase data analysed, report drafted and criteria for practices defined. Delphi for Diabetes agreed. Platform of Knowledge Exchange (WP4): PKE: metadata user profiles designed clearinghouse and digital library search results screen designed, and convergence with EIP-AHA in the digital library through a proposal. Evaluation Plan (WP3): draft evaluation plan, proposal for WP evaluation indicators. New goals proposed: Event survey analysis, alignment of evaluation, partners satisfaction and impact beyond project. Dissemination (WP2): newsletter, communication plan work 2015, spelling and style guidelines, improvement on web page, pending approval of authorship guidelines.
- There is good communication between WP leaders; however, we still need to work on better alignment across WPs.
- WP3 developing quality work, achieving tasks on time and collaborating with all WP leaders. Congratulations to WP3 partners for their achievements and rest of WP leaders for their support and cooperation with WP3.
- EB working hard to consolidate a common vision. Now important to spread this vision to partners within WP.
- Dissemination is key during this year and 2016 and it is essential to focus our message on the Governing Board and EU, national and regional level policy makers. Workshops and Conferences are an opportunity for engaging and reaching out to relevant target groups.
- JA-CHRODIS needs to make clear its added value: our scope chronic diseases across the life cycle; our identity high quality methodology and results; strengths Governing Board and network of professionals/stakeholders and our goal to facilitate and promote the transfer and exchange of practices across Europe.
- Potential impact: improve working methodologies of and for professionals and improve policies, and above all improve the wellbeing and lives of chronic patients and their families.

Post meeting note

Following discussions after this meeting, it has been clarified and agreed by all Executive Board members as indicated by the Governing Board secretariat that the Governing Board can maintain a dialogue with Executive Board and develop activities always under what is established in their Terms of Reference (ToR).

LIST OF AGREEMENTS REACHED

- ✓ Content on JA-CHRODIS website: restructure the home page, highlighting specific topics and providing direct access to all outcomes and deliverables from home page.
- ✓ EB agrees on the potential implicit results that JA-CHRODIS has: improvement of policies, programmes, and interventions directed to addressing chronic diseases through the exchange of good practices.
- ✓ AB and specially GB should be considered a priority target group.
- ✓ Establish a group led by WP4 (developing PKE) in collaboration with WP5 (health promotion and prevention) to reduce WP5 questionnaire to better adjust it to PKE user's needs and exchange ideas on the interface.
- ✓ EB agrees on the results presented by WP4 leader from key Questions of PKE.
- ✓ WP4 to work in liaison with EB members on the labelling of evaluated practices.
- ✓ WP4 to continue developing PKE in close collaboration with WP leaders.
- ✓ If someone has already a practice in PKE, s/he can become an evaluator; also Delphi experts can be entitled to become evaluators.
- ✓ It is essential establish definition of PKE in terms of users, target groups for all partners understand the usage expected from the PKE.
- ✓ To use the definition proposed by the FAO (found at Capacity Development Portal Fostering knowledge sharing and learning) as a basis for the conceptual definition.
- ✓ To establish operational definitions of good practices for each domain of the evaluation process of the PKE:

SUMMARY OF ACTIONS TO BE TAKEN

Below are the actions to be taken requiring the collaboration of different EB members or WP leaders including actions for the strategic direction of the JA-CHRODIS. WP leaders will continue with the development of WP activities.

WHAT	WHO
<i>Send official labelling of the deliverables according to GA for reports to be correctly identified to its deliverable.</i>	WP1
<i>Consider labelling milestones with numbers within WP, to facilitate identification of them in the official documents</i>	EB
<i>Provide partners with general information on European Commission's (EC) financial costs and rules for JA, and inform WP3 on 1st pre-financing payment from EC</i>	WP1
<i>Analyse in the Dissemination slot of the agenda what meetings GB and AB could participate in.</i>	EB
<i>All WPs to send names that would be suitable to participate actively in the multimorbidity conference.</i>	WP1-EB
<i>Distribute Delphi I report to EB members</i>	WP1
<i>Indicate if volunteers needed for piloting phase and provide timeframe.</i>	WP4
<i>Prepare a specific timeline for indicators data collection from WPs in Sep/Oct so WPs are aware of what is expected (and when).</i>	WP3

<i>Continue working on JA-CHRODIS website homepage considering the different outcomes of the project. Highlight published reports, outcomes, etc.</i>	WP2
<i>Provide information on WP (e.g. updated descriptions, meetings, outcomes) during summer so WP2 can update contents.</i>	WP leaders – WP2
<i>Continue contact with partners on the translation of JA-CHRODIS brochure.</i>	WP2
<i>Complete dissemination questions on monthly reports considering also an outsider audience.</i>	WP leaders
<i>Provide feedback to WP2 by end of June on scenario propose on video.</i>	EB
<i>Review the statement presented by WP3 on implicit results to apply it when developing activities.</i>	WP leaders
<i>Work on a proposal of indicators for these dimensions.</i>	WP3
<i>Review dimensions proposed and comment on any suggestions.</i>	EB
<i>Update stakeholder mapping and provide update to WP2.</i>	WP leaders
<i>Identify 'key priority' stakeholders, including GB, and - gear dissemination towards them.</i>	All WP leaders
<i>Include dissemination activities in internal WPs meetings.</i>	WP leaders
<i>Advise partners to include link to JA-CHRODIS in institutional websites.</i>	WP leaders
<i>Distribute minutes to EB from teleconference with CHAFAEA on collaboration with EIP-on-AHA.</i>	WP1
<i>Transmit to GB differences with EIP-on-AHA and request their support avoiding possible overlaps and confusion between both repositories.</i>	EB
<i>Develop a set of slides to be included in all JA-CHRODIS presentations indicating the strengths of JA-CHRODIS.</i>	WP2 & WP1
<i>Check availability for upcoming events and feedback to WP1.</i>	EB
<i>Provide WP4 with contact people to establish working group.</i>	WP5
<i>WP4 to lead group with WP5 in the reduction of the questionnaire to be submitted to PKE. WP4 leader will analyse if reduction needs to be completed in July.</i>	WP4 & WP5
<i>Prepare a workflow chart at the user-level of the PKE to contribute to clarifications to all WPs.</i>	WP4
<i>Update on the Business Plan for the PKE</i>	Coordinator- WP4
<i>WP7 and WP4 to jointly work on the Delphi process using criteria developed within WP7. WP4 to check availability to attend WP7 meeting to explain process to WP7 partners in Oct 2015.</i>	WP4 & WP7
<i>Review labelling of evaluated practices.</i>	WP4 & EB
<i>Develop at standard text on the evaluation outcome of practices submitted and dimensions evaluated and consider comment of EB regarding deletion of practices in PKE.</i>	WP4
<i>Provide feedback to GB on the deliverables identified for feedback or only for the information of the GB.</i>	EB
<i>Conduct survey to GB on needs and priorities of Countries and Member States.</i>	WP1 & GB
<i>Propose GB to provide feedback to EB as how it can support JA-CHRODIS regarding the EIP-on-AHA.</i>	WP1 & GB
	WP2
<i>Consider GB as target audience when developing the content for the newsletter.</i>	WP2
<i>Provide information on activities/results through monthly report keeping in mind GB.</i>	WP leaders
<i>Propose a written conceptual definition on "good practice" to EB members for final approval.</i>	WP7
<i>Explore EIPonAHA's the twinning process.</i>	WP1

<i>Define a roadmap for transfer of practices, identifying processes, key players and target groups for engagement.</i>	EB
<i>Further discuss the organization of meetings at the national/ regional of partners engaging the GB to promote the use and exchange of practices through the PKE.</i>	EB

ANNEX I: AGENDA



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6th JA-CHRODIS EXECUTIVE BOARD MEETING

Venue: Centro Studi Linda e Achille Lorenzon
Viale G. Oberdan 5, 31100 – Treviso, Italy

DAY 1. 11th of June, 2015. 9:00 h- 17:00 h.

9:00-9:15 Welcome by host and coordinator.

Session I: Overview of progress made in the JA-CHRODIS. 9:00 - 13:30.

9:15- 13:30 Report of coordinator and WP leaders on deliverables, milestones and activities (already developed and foreseen in the next 6 months). Please see Annex Rationale and Guidelines for Part I presentations (page 3).

Guided Discussion: Coordinator.

9:15-10:35	Coordination of the JA. (WP1).
10:40-11:00	Health Promotion and Prevention (WP5).
11:05-11:25	Multimorbidity (WP6)
11:25-12:00 Coffee Break	
12:00-12:20	Diabetes Case Study (WP7)
12:25-12:45	Platform of Knowledge Exchange (WP4)
12:50-13:10	Evaluation of the JA (WP3)
13:15-13:35	Dissemination of the JA (WP2)
13:35-14:30	Lunch Time

Session II: Review of highest priority project issues towards sustainability. 14:30-17:00.

This slot would be dedicated to review of the 3-5 highest priority items of the project that play an important role on our final outcomes and sustainability. In case they are items with a high level of risk, they should be backed by mitigation or alternative proposals (if it proceeds). Please see Annex Rationale and Guidelines for Part II presentations (page 3-4).

TP1	14:30-15:15 (45 minutes)	Topic Proposal 1: Evaluation plan: WP activity assessment and global impact of the JA-Chrodis. Presentation: WP3 (with support of the Coordination Team) Guided Discussion: Coordinator.
TP2	15:15-16:00 (45 minutes)	Topic Proposal 2. Dissemination of the JA at the policy level: target groups, messages and formats. Presentation: WP2 (with support of the Coordination Team). Guided Discussion: Coordinator
TP3	16:00-16:45 (30 minutes)	Topic Proposal 3: Road Map for collaboration with the EIPonAHA initiative. Presentation: WP Leaders involved. Guided Discussion: Coordinator.
	16:45-17:00	Wrap up (Coordinator)
	Social event organized by host	



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Day 2 (12th of June, 2015). 9:30-13:30.

Session III: Open Strategic Decisions. 9:30-13:30.

Review and discussion of open key decisions to be made by the Executive Board. Please see Annex Rationale and Guidelines for Part III presentations (page 5).

SIII.1	9:30-10:10	Alignment of the WP's Work Plans Presentation: Coordinator. Guided Discussion: Management team
SIII.2	10:15-11:00	Key Questions on the Platform of Knowledge Exchange: Summary of the report of consultation among WP4 partners on the key questions for the PKE. Presentation: WP4 Leader. Guided Discussion: Coordinator
11:00-11:15 Coffee Break		
SIII.3	11:15-11:40	Definition of Good Practice in the frame work of the JA-Chrodis. Presentation: WP7 Leader. Guided Discussion: Coordinator
SIII.4	11:45-12:10	Process of Practice Exchange and Transfer Presentation: Coordinator Moderator: WP7 Co-Leader
SIII.5	12:15-12:40	Governing Board (Work plan, Work flow, and interaction with the JA-Chrodis). Presentation: Ministry of Health Guided Discussion: Coordinator/Ministry of Health

Session IV: Wrap up: Final conclusions, next steps and celebration of achievements! 12:45-13:30.

Coordinator will present a general overview of the progress, final conclusions of the meeting and the next steps to be taken by the JA-CHRODIS regarding decisions and agreements.

12:45-13:15	Concluding Remarks and Next steps. Coordinator
13:15-13:30	Q&A. Celebration of Achievements.
Lunch and Departure 13:30-14:30	





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ANNEX: RATIONALE AND GUIDELINES FOR PRESENTATIONS

Session I: Overview of the progress of the JA-Chrodis. 9:00 - 13:30.

- **Rationale:** This section will be dedicated to the report of coordinator and WP leaders on the progress on deliverables, milestones and activities of the WP.
- **Objective:** Acquire per work package a general overview of the main achievements and activities foreseen for the next 6 months.
- **Expected Outcome:** Have a clear overview of the work developed during the first semester and the future main activities and deadlines to be accomplished by all WPs. Contribute to the common view of the JA.
- **Resources:** Management team will provide template slides for your best convenience.
- **Time for presentations:** Each WP Leader/Co-leader will have 10 minutes of presentation.
- **Discussion and/or Q&A:** for each WP will be of 10 minutes.
- **Presentations:** will include preferably in this order information on:
 1. Deliverables. Achieved deliverables (if it proceeds), review of deliverables to be accomplished in the next 6 months and their associated deadline dates (including delays if it proceeds).
 2. Milestones. Accomplished milestones (if it proceeds), review of key milestones and their associated deadline dates (including delays if it proceeds).
 3. Activities 1: Accomplished activities and recent outcomes.
 4. Activities 2: Review of activities to be developed in the next 6 months and their associated time-line.
 5. Collaboration between work packages and/or other initiatives (when applicable).
 6. Dissemination activities -scientific and policy level- (when applicable).

Session II: Review of highest priority project issues towards sustainability. 14:30-17:00.

- **Rationale:** This section will be dedicated to identify and discuss high priority issues for an appropriate global development of the JA towards sustainability.
- **Objective:** Review of the 3-5 highest priority items of the project that play a relevant role on the sustainability of the JA with the aim of beginning the development of a sustainability plan for the outcomes of the JA.
- **Expected Outcome:** Achieve a common vision on the most important steps needed to be taken to develop and achieve a sustainability plan for Chrodis.
- **Resources:** Management team will provide template slides if needed.
- **Time for presentations:** Each WP Leader/Co-leader will have 10 minutes of presentation.
- **Discussion and/or Q&A:** The rest of the slot in each case will be dedicated to the discussion, agreement and concluding remarks of the EB.
- **Presentations:** Will clearly establish:
 1. Relevant information of the topic.
 2. Level of risk of the topic.
 3. Contingency or mitigation plan (if applicable).
 4. Questions addressed to the EB.

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Session II Rationale of Priority Topics.

- Evaluation plan: WP activity assessment and global impact of the JA-Chrodis.
Presentation: WP3 and Coordinator. Guided Discussion: Coordinator.

Rationale: WP3 has and been working on the development of the Evaluation Plan of the JA-Chrodis, giving priority to the evaluation of activities at the WP level, proposing a set of indicators related to the activities/milestones/deliverables of the JA. This assessment will guarantee two things: re-orientation of work upon results and recommendations and developing a global evaluation report of the JA at the end of the project. Nevertheless, an important goal of the JA-Chrodis is achieving mid-long term sustainability after its finalization. To this regard, it is important that we consider that an important element for the mid-long term sustainability will be the impact assessment of the JA. Two basic elements are needed to begin work in terms of impact evaluation: 1) Focusing on a common Vision of the JA, supported by EB, Associated Partners and Governing Board and 2) A proposal of impact evaluation indicators for the JA. Discussions around this topic would focus on: the agreement of developing an impact evaluation proposal and our Common Vision of the JA.

- Dissemination of the JA at the policy and health professional's level: target groups, messages and formats. Presentation: WP2 and Coordinator. Guided Discussion: Coordinator.

Rationale: One of the JA-Chrodis priorities for this year is the dissemination at the policy level, with the aim of strengthening the relevance of Chronic Conditions across Europe and specially to build awareness around the JA-Chrodis goals, activities and final outcomes, which are oriented to the benefit of State Members and countries in Europe. The JA-Chrodis has included specific activities focusing on Policy Makers audiences. JA-Chrodis needs also to continue disseminating its activity to the community of health care professionals, ensuring JA-Chrodis product is not only known but also used by them in terms of exchanging and transferring practices. This slot would be dedicated to review these actions and propose others. WP2 could propose recommendations on how to reach Policy makers in presentations, documents and propose new formats for dissemination.

- Road Map for collaboration with the EIPonAHA initiative. Presentation: Involved WP Leaders. Guided Discussion: Coordinator.

Rationale: The JA-Chrodis, as established in the GA, is collaborating with the EIPonAHA initiative through several WPs with the aim of sharing experiences and seek for convergence towards the sustainability of the JA. This slot would be dedicated to review with detail in each Work package the level of interaction and the Road Map for collaboration in the next 6 months.





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Session III: Open Strategic Decisions. 9:30-12:40.

- **Rationale:** This slot would be devoted to review and discuss open key decisions to be made by the Executive Board.
- **Objective:** Share with EB members information related to strategic items of Chrodis that need a decision from EB.
- **Expected Outcome:** Make a final decision or reach a final agreement on topics relevant for the development of Chrodis. Take knowledge of the implications underlying these decisions.
- **Resources:** Coordinator team will provide template and when needed information.
- **Time for Presentation:** WP Leader/Co-leader will have 10 minutes of presentation of the decision topic.
- **Discussion:** The rest of the slot in each case will be dedicated to the discussion and final agreement of the EB.
- **Presentations** will clearly establish:
 1. The key decisions needed.
 2. The implications of choosing a particular option.
 3. Deadlines for their accomplishment (when applicable).

Session III Rationale Open Key Decisions

- **SIII.1. Alignment of the WP's Work Plans.** Presentation: Coordinator. Moderator: Management team, Catalina del Río and Patricia Cediell.

This slot will be dedicated to have a general overview of relevant tasks of work packages, identify the ones that need to be aligned and seek for possible synergies and complementarities. The main goal is to develop work in a more efficient and collaborative way.

- **SIII.2. Key Questions on the Platform of Knowledge Exchange.** Presentation: WP4 Leader, Enrique Bernal. Moderator: Coordinator, Teresa Chavarría.

WP4 Leader, Enrique Bernal, will present a summary of the results upon the open questions launched to WP4 partners on relevant functionalities of the Platform of Knowledge Exchange. Based on these results and their expertise, Executive Board members will provide their opinions and reach a final agreement on the raised questions.

Expected outcome: Decisions made on this subject will provide WP4 leader with relevant information for the immediate development of the PKE and will contribute to the future outcomes of the JA-CHRODIS.

- **SIII.3. Definition of Good Practice.** Presentation: WP7 Leader, Marina Maggini. Moderator: Coordinator, Teresa Chavarría.

WP7 Leader, Marina Maggini, will present background information for the (JA-CHRODIS) definition of good practice. The goal is to discuss on the pros and cons of building a definition of "Good Practice". Debate will focus on two basic issues: the added value of having a reference definition of good practice in the frame work of the JA-CHRODIS and the elements that this definition should include.





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- **SIII.4. Process of Practice Exchange and Transfer.** Presentation: Coordinator, Teresa Chavarría. Moderator: WP7 Co-leader Jelka Zalatel.

This slot will be dedicated to discuss the roadmap towards the process of exchange and transfer of good practices, identifying the relevant elements and priorities needed to accomplish the process with success.

“The objective of CHRODIS-JA is to promote and facilitate a process of exchange and transfer of good practices between European countries and regions, addressing chronic conditions, with a specific focus on health promotion and prevention of chronic conditions, multi-morbidity and diabetes.”

The scenario for the practice transfer and exchange can be built on a process with five steps being developed by the JA-CHRODIS WPs:

1. Addressing chronic conditions through the revision of literature and national plans.
 2. Identifying potential good practices and selecting them based on criteria established at the WP level.
 3. Facilitate exchange & transfer through the Development of a platform of Knowledge Exchange.
 4. Promote exchange & transfer through collaborations with other initiatives (e.g. EIP-AHA), interaction and dissemination among stakeholders, outreach activities focusing on policy makers and health professionals, organizing conferences, seminars and participating in relevant events.
 5. Transfer of good practices by identifying health professionals from the communities contacted before in need or willing to transfer a good practice to their own context.
- **SIII. 5. Governing Board (Work plans, Work flow, and interaction with the JA-Chrodis).** Presentation: Paloma Casado, Ministry of Health. Guided Discussion: Coordinator/Ministry of Health.

The Governing Board plays respectively a mayor role on the technical development and sustainability of the JA. This slot would be dedicated to discuss a proposal of work plan for both AB and GB, agree on the general work flow, communication and interaction with WP Leaders and agree on dates for the next meetings.



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

Grant Agreement n° 2013 22 01

MID INTERIM REPORT

Period: 1st January, 2015 – 30th June, 2015

First submission:

Revision:

Approved:



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1. EXECUTIVE SUMMARY

1.1 Background Information

General Objective

The general objective of the JA is to identify, exchange, scale-up and transfer best practices and effective interventions on: health promotion and chronic diseases prevention; multimorbidity focusing mainly on cardiovascular diseases (including stroke) and diabetes. The exchange of good practices and interventions will be based on a Platform for Knowledge Exchange (PKE) and a clearinghouse.

Organization of the JA

JA-Chrodis is divided in three horizontal work packages (WPs 1 to 3) and 4 core WPs (WPs 4 to 7). Three of the core WPs are thematic (health promotion and chronic disease prevention, multimorbidity and diabetes, respectively) while the fourth is cross cutting (Platform for Knowledge Exchange). The Executive Board is integrated by the work package leaders and co-leaders and is responsible for the execution of the project. In addition, the JA-Chrodis includes the creation of a forum for representatives of Ministries of Health (Governing Board) and a scientific advisory group (Advisory Board).

Specific Objectives	Work package
1. By the end of the JA, building a Platform for Knowledge Exchange, including a help desk and a clearinghouse.	WP4
2. To promote the exchange, scaling up, and transfer of highly promising, cost-effective and innovative health promotion and chronic disease prevention practices (among elderly).	WP5
3. To design and implement innovative, cost-effective and patient-centred approaches for multimorbid patients including case management training programmes for care personnel.	WP6
4. To identify preventive, early detection, non-pharmacological & educational best practices & multidisciplinary interventions for diabetes to be transferred among regions & support national plans.	WP7
5. To discuss the sustainability of JA-Chrodis after its end based on the collaborative initiative among Ministries of Health on the field.	WP1
6. To develop a Communication Strategy and support JA-Chrodis dissemination of results and outcomes to the main target groups.	WP2
7. To evaluate the JA-CHRODIS and the implementation and achievement of the goals for each work package.	WP3

2. TECHNICAL IMPLEMENTATION OF THE JA

2.1 Coordination. WP1. Leader ISCIII.

During the reporting period of January 2015 to June 2015, the coordination team has been involved in several key activities including the organisation of face-to-face meetings (1st General Assembly, 2nd Stakeholders Forum, 1st Governing Board meeting, 1st Advisory Board meeting, 5th and 6th Executive Board) in addition to monthly Executive Board teleconferences. It has actively coordinated the work across the WPs of JA-CHRODIS and collaborated with WP leaders and partners in the achievement of their assigned tasks, problem-solving when required. The coordination team has also participated in internal WPs meetings, supporting WP leaders and ensuring a common global vision of the JA is shared to all partners involved in the action. WP1 has also been focused on the strengthening of the JA-CHRODIS Governing Board (work plan defined) and Advisory Board (work plan in draft) and working towards the sustainability of the project. The coordinator team has been proactively involved in dissemination activities, networking with stakeholders and collaborating with WP leaders in the planning of upcoming events. Complying with EC requirements and with the valuable support from CHAFEA, the First technical and financial interim report was produced and an amendment to the Grant Agreement has also been requested.

2.2. Dissemination of JA-CHRODIS. WP2. Leader EHNet.

This second year of the project, WP2 has been focusing on applying and refining the communication tools available. Communication plan works were completed for the identification of forums, events and target audiences where to disseminate JA-CHRODIS. WP2 continue working on the update and improvement of JA-CHRODIS website (and advising also partners to link their websites to JA-CHRODIS website) and stakeholder contact list. It has also published monthly updates, 2 newsletters and 1 press release, distributing all these through the contact list. WP2 has been also active on social media dissemination. WP2 has been active in supporting other WP leaders in dissemination activities and planning upcoming events, and, more recently, with WP4 in the visual identity for the PKE. There are still technical issues on EIP-AHA website to be able to include CHRODIS section on it; delaying the completion of this WP2 deliverable (estimated date provided by EPI-AHA is Nov 2015). WP2 has produced spelling/ style guidelines for all partners (approved and available at JA-CHRODIS intranet website) and authorship guidelines (currently under revision). Partners from this WP are working on the translation of JA-CHRODIS leaflets into different languages (already in English, Italian, and Lithuanian) and WP2 leaders are coordinating with EPF the completion of JA-CHRODIS video to be launched in September 2016.

2.3. Evaluation of JA-CHRODIS. WP3. Leader AQuAs. Co-leader APDP.

WP3 was given top priority during this first 6 months of 2015 in order to overcome the problems encountered in 2014, where previous WP3 partners step down as leaders of this crucial WP and they were replaced with the appointment of these new leaders in December 2014. As a consequence of this, new WP3 leaders (AQuAS and APDP) were given the task to focus on the achievement and delivery of actions and reports not completed previously and overdue. WP3 leaders AQuAS and APDP with partner FFIS consolidated the internal organisation of WP3 during the first months of 2015 where the Terms of

References for WP3 were established. WP3 has been actively working with WPs leaders to define a list of indicators for evaluating each WP (processes and outcomes). This has been a very dynamic process where indicators have been reviewed, rejected when not relevant, reformulated when necessary or including new ones for completing the evaluation assessment at WP level. WP3 has already drafted an Evaluation Plan considering these indicators which final version will be ready by August 2015. WP3 has already started work on the future impact of the Joint Action, towards its sustainable (first draft of the impact assessment plan presented at the 6th EB in June 2015). Further work will continue on this plan in the next 6 months. WP3 has also conducted the analysis of two key meetings surveys held in February 2015, the Stakeholders Forum and the General Assembly. WP3 has also established the questionnaire to be provided in upcoming meetings to collect both quantitative and qualitative aspects of JA-CHRODIS meetings.

2.4. Platform for Knowledge Exchange. WP4. Leader IACS

WP4 has been working in close collaboration with WP5, WP6 and WP7. The 2nd round for the online selection criteria for Delphi on Health promotion was undertaken, and its face-to-face meeting completed on the 23rd and 24th April, finalising the process and producing the interim report 1: Delphi panel on interventions in the area of health promotion and primary prevention of chronic diseases". The questionnaire for Health Promotion developed by WP5 for the collection of good practices is longer than recommended for the PKE (to facilitate the use of the PKE). WP4 is leading an ad-hoc WP5 group for the adjustment/ reduction of this questionnaire for its implementation in the PKE and the PKE clearing house needs. Regarding Delphi on interventions on organisational interventions and Delphi on interventions with multimorbid patients, it was agreed with WP6 to develop it integrating both Delphis and questions through one Delphi process: Delphi on organisational interventions with a particular emphasis in interventions on multimorbid patients. The 1st round questionnaire of this Delphi has been launched developing a questionnaire and recruiting experts on the field. The results of this first step of the Delphi process will be analysed in upcoming weeks for the development of the 2nd online questionnaire and completion of the process in November 2015. Regarding Delphi on patient empowerment, the identification of experts has started and a 1st draft of its questionnaire prepared. There has also been progress in the development of the PKE regarding the metadata user profiles, clearinghouse and digital library search results screen that have been designed throughout these last 6 months. WP4 also has prepared a proposal for the convergence in the digital library with EIP-AHA.

2.5. Good practices in health promotion and prevention of chronicity. WP5.

After completing 14 countries reviews during the last reporting period, WP5 has produced the summary report "Health Promotion and Primary Prevention in 14 European countries: a comparative overview of key policies, approaches, gaps and needs" in June 2015. Also, with the input from Associated Partners and some Collaborating Partners, more than 40 good practices in health promotion and prevention have been collected using the questionnaire previously drafted in 2014 and finalised in 2015. The questionnaire also recorded points raised during the face-to-face meeting organised by WP4 for the Delphi in health promotion. The report on the Good Practices will be completed in July 2015. Also, the questionnaire used for the collection of these practices will be adjusted for its usage in the PKE via an ad hoc WP5 working group led by WP4 as it was longer than recommended for the PKE. WP5 has also started organising the conference "Joining Forces to Prevent Chronic Diseases in Europe" to be held in Vilnius in November 24-25th: WP5 has drafted its concept and objective and sent invitations to keynote speakers. Steps have also

been taken to start preparing the study visits to be conducted between Jan-Jun 2016 and further work on this will take place in 2015.

2.6. Development of a common guidance and methodologies for care pathways for multimorbid patients. WP 6.

Following a literature review and the analysis of partners's large administrative databases (M12), partner from WP6 have published 8 articles related to this activity at the European Journal of Internal Medicine (see [5.2 Dissemination activities/ products during the period \(Jan-June 2015\)](#)). Work during the last 6 months have been developed in close liaison with WP4 regarding the definition of good practice's list for the Delphi process (agreed with WP4 to complete one Delphi process for Delphi on organisational and Delphi on multimorbidity), selection of experts in multimorbidity and the completion of a field survey . WP6 has also been planning and been involved in the preparation of the upcoming EC Conference: *Which priorities for a European policy on Multimorbidity*, in addition to starting the organisation of the *Clinical experts' panel meeting* that will take place on the 28th October (where experts will agree on a list of recommendations focused on the clinical perspective of multimorbidity interventions) and WP6 participation in the Gastein Health Forum.

2.7. Diabetes: a case study on strengthening health care for people with chronic diseases. WP7.

During the first 6 months of 2015, WP7 completed the data collection on prevention and management of diabetes in EU member states (preliminary results in report "Survey on practices for prevention and management of diabetes", final report to be ready in October 2015). A total of 19 countries and 55 experts have contributed to the collection of data, 17 of these countries involved in JA-CHRODIS and with the participation of Romania and Hungary. WP7 has been collaborating with other EU projects and JA-CHRODIS WPs (WP4 and WP6 primarily) and an agreement has been reached with the EU Observatory on Health Systems and Policies to produce a Policy Brief on diabetes at EU level. WP7 has also been organising the upcoming "Workshop on Health Communication to Policy Makers" to be held in October 2015.

3. DELIVERABLES AND MILESTONES

3.1 Deliverables

DELIVERABLES	DESCRIPTION	WP	MONTH OF DELIVERY as GA	MONTH ACHIEVED	MONTH EXPECTED	OBSERVATIONS
D01. Dissemination strategy, visual identify and CHRODIS website, bi-annual newsletters, webinars	D01-04: CHRODIS section on EIP-AHA	WP2	M12	-	M23	<i>Due to technical issue on the migration of EIP-AHA web platform to a new system. WP1 and WP2 in close liaison with EIP-AHA on this issue.</i>
D05. Evaluation procedure and results	D05-01: Evaluation Plan	WP3	M5	-	M20	<i>Appointment of new WP3 leader in M12. Priority given by Coordinator and WP3 partners. Full collaboration between WP3 and rest of WP leaders and co-leaders</i>
D06. Report on recommendations describing health promoting/ disease preventing practices	D06-01: Identification of 3 good practices per participating MS	WP5	M18	M19		<i>Collection of 3 good practices required longer time than the initially expected as it involved a consensus process at the national and ministerial level of partners and countries participating.</i>
D09. Annual Reports on Sustainability	D09-01: Reports on the conclusions of the discussions of the MoH Forum on the future plans for making the activities of JA-CHRODIS sustainable in time	WP1	M15	-	M20	<i>WP1 is currently working on the report on the 1st Governing Board meeting towards sustainability.</i>

3.2 Milestones

WP	MILESTONE	EXPECTED MONTH OF DELIVERY as G.A.	MONTH ACHIEVED	MONTH EXPECTED	OBSERVATIONS
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M-WP2-04	JA-CHRODIS section on EIP-AHA portal	M12	-	M23	<i>Due to technical issue on the migration of EIP-AHA web platform to a new system.</i>
M-WP3-01	Agree evaluation indicators	M5	-	M20	
M-WP4-01	User requirements	M9	M12		<i>Included in Amendment for M9.</i>
M-WP4-02	Tools implementation, piloting 2, business plan	M17	-	M21/M26/M22	<i>Delay in DELPHI 1, 2 and 3. Previously D1 on M17, D2 on M17, D3 on M20. Updated calendar: D 1 on M17 D 2 on M23 and D3 on M24, In amendment, the 1st version of the business plan ready by M17. Postponed</i>
M-WP4-03	Programming + meta-data file design (M15) implementation (M21)	M21			<i>This milestone has 2 components. Awaiting approval for this change.</i>
<i>M-WP4-03.01</i>	<i>Programming + meta-data file design (M15)</i>	<i>M15</i>		<i>M20</i>	<i>Any comments?</i>
M-WP4-04	Delphis completed				<i>This milestone has 5 components. Awaiting approval for this change.</i>
<i>M-WP4-04.01</i>	<i>Health Promotion</i>	<i>M14</i>	<i>M17</i>		
<i>M-WP4-04.02</i>	<i>Organizational</i>	<i>M15</i>		<i>M23</i>	
<i>M-WP4-04.03</i>	<i>Multimorbid</i>	<i>M18</i>		<i>M23</i>	
<i>M-WP4-04.04</i>	<i>Patient-driven</i>	<i>M24</i>		<i>M24</i>	
<i>M-WP4-04.05</i>	<i>Diabetes</i>	<i>M18</i>		<i>M30</i>	
M-WP6-01	Research/ desk work on collection of data/ literature/ evidence	M12†	M12		
M-WP6-02	Review existing care pathways based on existing literature, case studies and evidence	M12 †	M12		
M-WP7-01	Expert overview on successful strategies to improve prevention of diabetes, and the quality of care for people with diabetes	M18	-	M22	<i>Collection of data on strategies/ practices is requiring more time than expected, and list of quality criteria is under the partner' revision. Moreover, the partners agreed to conduct a SWOT analysis, by Country, with the objective to give also a qualitative overview of the current strategies/ practices.</i>

†Included in this report as in 1st interim report only milestones/ deliverables considered within GA reported. Milestone incorporated in Amendment n°1.

3.3 Comparison between scheduled deliverables and milestones and actual time line of achievements

WP	MONTH*	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
WP1	PLANNED															D9.1									
	ACHIEVED																				D9.1				
WP2	PLANNED												D1.4 M2.4												
	ACHIEVED																							D1.4 M2.4	
WP3	PLANNED				D5.1 M3.1 M3.2																				
	ACHIEVED															M3.2					D5.1 M3.1				
WP4	PLANNED								M4.1				M4.1		M4.4.1	M4.3.1 M4.4.2		M4.2**	M4.4.3 M4.4.5						
	ACHIEVED																M4.4.1				M4.3.1	M4.2		M4.4.2 M4.4.3	M4.4.5***
WP5	PLANNED																		D6.1						
	ACHIEVED																			D6.1					
WP6	PLANNED												M6.1 M6.2												
	ACHIEVED												M6.1 M6.2												
WP7	PLANNED																		M7.1						
	ACHIEVED																						M7.1		

**Milestone 4.2 has 3 subtasks: expected months M21, M26, M22

*** Milestone 4.4.5 expected achievement in M30

4. PROBLEMS & SOLUTIONS & OUTCOMES

PROBLEM IDENTIFIED	SOLUTION APPLIED	EXPECTED OUTCOME
Content of Grant Agreement required adjustment for the completion of activities and achievement of JA-CHRODIS objectives	Adjustment to Grant Agreement with input from partners requested to CHAFEA	Update workplan, deliverables and milestone available
Adjustments needed to questionnaire developed in WP5 for its use in PKE, impacting on WP4 timing of next steps	Ad hoc WP5 working group led by WP4 agree to complete reduction of questionnaire by Aug 2015	WP5 questionnaire to be include in PKE to be ready by Aug 2015
Several issues were identified on 1 st interim report that could improve the development of the JA	Implementing recommendations identified on report	Avoid impact of issues previously identified on JA and facilitate achievement of objectives and smooth running of project

5. JA-CHRODIS CALENDAR MEETINGS

DATE 2015	MEETING	LOCATION	OBJECTIVE	JA-CHRODIS WP
EB MEETINGS				
13 Jan	EB meeting	TC	Update on JA progress	WP leaders
3 Feb	EB meeting	TC	Update on JA progress	WP leaders
17 Feb	EB meeting	Brussels (BE)	Review activities to be completed in 2015	WP leaders
14 Apr	EB meeting	TC	Update on JA progress	WP leaders
5 May	EB meeting	TC	Update on JA progress	WP leaders
11-12 Jun	EB meeting	Treviso (IT)	Review of JA last 6-month progress and upcoming activities for 2015	WP leaders
OTHER MEETINGS				
18 Feb	1st Advisory Board meeting	Brussels	Overview of the JA-CHRODIS and set scenario for discussions and expertise exchange	WP1
18 Feb	1st Governing Board meeting	Brussels	Present the JA-CHRODIS, discuss expected role of GB and member expectations and approve ToR	WP1
19 Feb	1st General Assembly	Brussels	Present progress to all partners and stakeholders	WP1
19 Feb	2nd Stakeholders meeting	Brussels	Update on 1 st year of JA-CHRODIS, inform on activities for 2015 and get input from the Stakeholders	WP1
25 Jun	Internal ISCIII meeting	Madrid		
26 Jun	WP1 and CHAFAEA	TC	Provide update on JA-CHRODIS and upcoming events	WP1
13 Jan	WP1 and WP2	TC	Progress overview	WP1&WP2
27 Jan	WP1 and WP3	TC	Discuss WP3 activities for 2015	WP1 & WP3
26 May	WP3 and WP1	TC	Discuss evaluation plan	WP3&WP1
27 May	WP3 and WP2	TC	Discuss evaluation plan: indicators	WP3& WP2
29 May	WP3 and WP4	TC	Discuss evaluation plan: indicators	WP3&WP4

DATE 2015	MEETING	LOCATION	OBJECTIVE	JA-CHRODIS WP
29 May	WP3 and WP5	TC	Discuss evaluation plan: indicators	WP3&WP5
29 May	WP3 and WP7	TC	Discuss evaluation plan: indicators	WP3&WP7
3 Jun	WP3 and WP6	TC	Discuss evaluation plan: indicators	WP3&WP6
23 Jun	WP3 and WP4	TC	Discuss evaluation plan: indicators	WP3&WP4
2 Mar	WP4 and WP6	TC	Discuss selection of assessment criteria and map of domains	WP4&WP6
17 Feb	1 st WP3 internal meeting	Brussels	Establish objectives	WP3
12 Mar	2 nd WP3 internal meeting	Barcelona (ES)	Organise internal work	WP3
26 Mar	3 rd WP3 internal meeting	Barcelona (ES)	Define WP3 work plan	WP3
19 Feb	WP4 internal meeting	Brussels (BE)		WP4
16 Feb	PRO-EIP-AHA meeting	Brussels (BE)	Invited to attend kick off meeting of repository EIP-AHA	WP4
11 Mar	WP4 internal discussion	TC	Discuss development of PKE with partner ISCIII	WP4
26 Mar	WP4 internal meeting	Zaragoza	Discuss with partners UNIZAR preparation Delphi on multimorbidity	WP4
9 Apr	WP4 internal meeting	Madrid	Discuss with ISCIII partner PKE (metadata file design & programming, work flows & forms)	WP4
23-24 Apr	WP4 Face-to-face Delphi WP5	Brussels	Consultation with an expert panel on the criteria on 'good practice' in Health Promotion and Primary Prevention of Chronic Conditions	
28 Apr	WP4 internal meeting	TC	PKE open questions with partners	WP4
6 May	WP4 internal meeting	Zaragoza	Discuss with UNIZAR Delphi on multimorbidity	
13 May	WP4 internal meeting	TC	Discuss with Canary Islands Health Services Delphi on patient empowerment	
24 Jun	WP4 internal meeting	TC	Discuss with Canary Islands Health Services Delphi on patient empowerment	

DATE 2015	MEETING	LOCATION	OBJECTIVE	JA-CHRODIS WP
20 Feb	2 nd WP5 internal meeting	Brussels (BE)	Review progress and next actions	WP5
6 May	3 rd WP5 internal meeting	Cologne (DE)	Review progress and next actions	WP5
10 Jun	2 th WP6 internal meeting	Treviso (IT)	Planning of activities	WP6
23 Mar	WP7 internal meeting	TC	WP7 leader TC to discuss the semi-structured questionnaire for the description of programs/ practices reported by partners	
30 Mar	WP7 internal meeting	TC	WP7 leader TC to discuss the semi-structured questionnaire for the description of programs/ practices reported by partners	
30 Apr	WP7 internal meeting	TC	WP7 leaders and co-leaders on semi-structured questionnaire	

6. DISSEMINATION ACTIVITIES OF JA-CHRODIS

From January to June 2015, the JA-CHRODIS was presented at different events in several European countries. During this first half of 2015, dissemination has been focused on professionals at the policy level and practitioners in addition to stakeholders in events related fundamentally to Chronic Diseases, Health Promotion and Preventions, Multimorbid conditions and Diabetes.

The key message was to inform about the progress and future products and outcomes of the JA. JA-CHRODIS has focused also in establishing new collaborations and synergies with other projects and professionals involved in the promotion of health, prevention and management of against chronic diseases. JA-CHRODIS partners highlighted the added value of EU action in the area chronic diseases and the need to involve policy makers and decision-makers in the ongoing work of the JA and its future development.

JA-CHRODIS representatives (WPLs and partners) contributed in different ways to those events with power point presentations, participation to panel discussion, to group discussions, to workshop and translating JA-CHRODIS leaflets.

5.1 Dissemination events during the period (Jan-June 2015)

DATE 2015	EVENT	LOCATION	JA-CHRODIS CONTRIBUTION	SPEAKER	LANGUAGE	WP
12-13 Feb	Chronic Diseases and Healthy Ageing Workshop	The Hague (NL)	Participating in the different sessions of the workshop as moderators and panelists http://ec.europa.eu/chafea/documents/health/cd-ha-agenda-background_en.pdf	Teresa Chavarría, Enrique Bernal, Thomas Kunkel, Graziano Onder, Ingrid Stegeman, Jelka Zaletel,	English	WP1, 2, 4, 5, 6, 7
6 Mar	VII Congreso de Atención Sanitaria al Paciente Crónico	Valladolid (ES)	Oral presentation: <i>Avances de la Acción Conjunta Europea sobre Enfermedades Crónicas JA-CHRODIS</i>	Teresa Chavarría	Spanish	WP1
6 Mar	Public Health Congress Poverty and Health	Berlin (DE)	Oral presentation: <i>European approaches in knowledge transfer: Joint Action on Chronic Diseases</i>	Thomas Kunkel & Caroline Costongs	German	WP5
6 Mar	3 rd Regional Congress on Healthy and Active Ageing	Coimbra (PT)	Oral presentation: <i>Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS)</i>	Raquel Santiago	Portuguese	WP7
10 Mar	European Summit on Innovation for Active and Healthy Ageing	Brussels (BE)	Oral presentation: <i>JA Chrodis Assessing practices on chronic diseases and chronic care</i>	Enrique Bernal	English	WP4
13 Mar	Shareholders' meeting	Vilnius (LT)	Oral presentation: <i>JA-CHRODIS Project. First year results.</i>	Elena Jureviciene	Lithuanian	WP6
19 Mar	Geriatrics Annual Conference in Aragon	Zaragoza (ES)	Oral presentation: <i>CHORDIS-JA: addressing chronic diseases and promoting health ageing across the life cycle</i>	Enrique Bernal	Spanish	
	9 th Baltic Family Medicine	Vilnius (LT)	Oral presentation: <i>Cardiovascular disease in Lithuanian</i>	Vytautas	English	WP6

DATE 2015	EVENT	LOCATION	JA-CHRODIS CONTRIBUTION	SPEAKER	LANGUAGE	WP
	Conference		<i>family medicine. JA-Chrodis and LITHIR DATE</i> http://www.bpgdraugija.lt/conference2015/programme/	Kasiulevicius		
14-15 Apr	WE CARE conference	Gothenburg (SE)	Panelist in R&D Roadmap, interactive session with panel of experts Theme V: Disease Prevention and Health Promotion http://www.we-do-care.eu/wp-content/uploads/2014/09/WE-CARE-Conference-Program-April-14-15-20151.pdf	Jelka Zaletel	English	WP7
24 Apr	Study visit of Upper Austria University students to the EHNet office	Brussels (BE)	Oral presentation: <i>Joint Action CHRODIS: An international approach to tackle the burden of chronic diseases</i>	Anna Gallinat	German/ English	WP2
13-16 May	XX Congresso Nazionale Associazione Medici Diabetologi	Genova (IT)	Oral presentation: <i>The Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle</i>	Teresa Chavarria	English	WP1
13-16 May	XX Congresso Nazionale Associazione Medici Diabetologi	Genova (IT)	Oral presentation: <i>Diabetes- a case study on strengthening health care for people with chronic disease. The role of Italy</i>	Marina Maggini	Italian	WP7
20-21 May	European Patients' Forum Conference: Empowered patients are an asset to society	Brussels (BE)		Marina Maggini, Jelka Zaletel	English	WP7

5.2 Dissemination activities/ products during the period (Jan-June 2015)

DATE 2015	ACTIVITY/ PRODUCT	DISSEMINATION CHANNELS	LANGUAGE	PARTNER RESPONSIBLE	WP
Feb	Newsletter: CHRODIS NEWS #1 https://cld.bz/tU8I26r	JA-CHRODIS website and contact list distribution	English	EHNet	WP2
July	Newsletter: Tackling chronic diseases in Europe: the role of health promotion https://cld.bz/JuOdWhe	JA-CHRODIS website and contact list distribution	English	EHNet	WP2
Jan	Press release WP3 partner involvement in JA http://salutweb.gencat.cat/ca/nota-premsa/?id=278221	Press release in Spain	Catalan	AQuAS	WP3
Feb	Press release General Assembly	Press release EU	English	EHNet	WP2

DATE 2015	ACTIVITY/ PRODUCT	DISSEMINATION CHANNELS	LANGUAGE	PARTNER RESPONSIBLE	WP
Feb	Press release WP3 partner involvement in JA http://www.newsfarma.pt/noticias/2419-apdp-participa-em-projeto-europeu-sobre-doen%C3%A7as-cr%C3%B3nicas	Press release in Portugal	Portuguese	APDP	WP3
Feb	Press release WP3 partner involvement in JA http://www.atlasdasaude.pt/publico/content/apdp-parceira-europeia-de-projecto-europeu	Press release in Portugal	Portuguese	APDP	WP3
Feb	Newsletter about JA-CHRODIS on EPICENTRO website http://www.epicentro.iss.it/igea/box/jointaction.asp	Website newsletter	Italian	ISS	WP7
Apr	Multimorbidity in risk stratification tools to predict negative outcomes in adult population. Alonso-Morán E, Nuño-Solinis R, Onder G, Tonnara G. Eur J Intern Med. 2015 Apr;26(3):182-9. doi: 10.1016/j.ejim.2015.02.010. Epub 2015 Mar 6.	Scientific article in international journal	English	AIFA	WP6
Apr	Chronic conditions, disability, and quality of life in older adults with multimorbidity in Spain. Forjaz MJ, Rodriguez-Blazquez C, Ayala A, Rodriguez-Rodriguez V, de Pedro-Cuesta J, Garcia-Gutierrez S, Prados-Torres A. Eur J Intern Med. 2015 Apr;26(3):176-81. doi: 10.1016/j.ejim.2015.02.016. Epub 2015 Feb 24	Scientific article in international journal	English	ISCIII	WP6
Apr	Global health care use by patients with type-2 diabetes: Does the type of comorbidity matter? Calderón-Larrañaga A, Abad-Díez JM, Gimeno-Feliu LA, Marta-Moreno J, González-Rubio F, Clerencia-Sierra M, Poblador-Plou B, Poncel-Falcó A, Prados-Torres A. Eur J Intern Med. 2015 Apr;26(3):203-10. doi: 10.1016/j.ejim.2015.02.011. Epub 2015 Mar 10.	Scientific article in international journal	English	IACS	WP6

DATE 2015	ACTIVITY/ PRODUCT	DISSEMINATION CHANNELS	LANGUAGE	PARTNER RESPONSIBLE	WP
Apr	Health care utilization of patients with multiple chronic diseases in The Netherlands: Differences and underlying factors. Hopman P, Heins MJ, Rijken M, Schellevis FG. Eur J Intern Med. 2015 Apr;26(3):190-6. doi: 10.1016/j.ejim.2015.02.006. Epub 2015 Feb 20.	Scientific article in international journal	English	NIVEL	WP6
Apr	Health-related quality of life and multimorbidity in community-dwelling telecare-assisted elders in the Basque Country. Alonso-Morán E, Nuño-Solinís R, Orueta JF, Fernandez-Ruano B, Alday-Jurado A, Gutiérrez-Fraile E. Eur J Intern Med. 2015 Apr;26(3):169-75. doi: 10.1016/j.ejim.2015.02.013. Epub 2015 Feb 20.	Scientific article in international journal	English	BIOEF	WP6
Apr	Multimorbidity in people with type 2 diabetes in the Basque Country (Spain): Prevalence, comorbidity clusters and comparison with other chronic patients. Alonso-Morán E, Orueta JF, Esteban JI, Axpe JM, González ML, Polanco NT, Loiola PE, Gaztambide S, Nuño-Solinís R. Eur J Intern Med. 2015 Apr;26(3):197-202. doi: 10.1016/j.ejim.2015.02.005. Epub 2015 Feb 17.	Scientific article in international journal	English	BIOEF	WP6
Apr	Prevalence and structure of multiple chronic conditions in Lithuanian population and the distribution of the associated healthcare resources. Navickas R, Visockienė Ž, Puronaitė R, Rukšėnienė M, Kasiulevičius V, Jurevičienė E. Eur J Intern Med. 2015 Apr;26(3):160-8. doi: 10.1016/j.ejim.2015.02.015. Epub 2015 Feb 26.	Scientific article in international journal	English	VULSK	WP6

DATE 2015	ACTIVITY/ PRODUCT	DISSEMINATION CHANNELS	LANGUAGE	PARTNER RESPONSIBLE	WP
Apr	Time to face the challenge of multimorbidity. A European perspective from the joint action on chronic diseases and promoting healthy ageing across the life cycle (JA-CHRODIS). Onder G, Palmer K, Navickas R, Jurevičienė E, Mammarella F, Strandzheva M, Mannucci P, Pecorelli S, Marengoni A; Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS). Eur J Intern Med. 2015 Apr;26(3):157-9. doi: 10.1016/j.ejim.2015.02.020. Epub 2015 Mar 18.	Scientific article in international journal	English	AIFA	WP6
Apr	Clinical and lifestyle-related risk factors for incident multimorbidity: 10-year follow-up of Finnish population-based cohorts 1982-2012. Wikström K, Lindström J, Harald K, Peltonen M, Laatikainen T. Eur J Intern Med. 2015 Apr;26(3):211-6. doi: 10.1016/j.ejim.2015.02.012. Epub 2015 Mar 3.	Scientific article in international journal	English	THL	WP6
Apr	Presentation of JA CHRODIS in Nurses and Midwives Association of Slovenia	Newsletter	Slovenian	NIJZ	WP7
Jun	Health Promotion and Primary Prevention in 14 European countries: a comparative overview of key policies, approaches, gaps and needs http://www.chrodis.eu/wp-content/uploads/2015/07/FinalFinalSummaryofWP5CountryReports.pdf	Scientific report	English	EHNet	WP5

5.3 Upcoming JA-CHRODIS meetings and events for the next 6-month period

DATE 2015	EVENT	LOCATION	JA-CHRODIS CONTRIBUTION	SPEAKER	JA-CHRODIS WP
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DATE 2015	EVENT	LOCATION	JA-CHRODIS CONTRIBUTION	SPEAKER	JA-CHRODIS WP
2-3 Sep	EPHA 6th Annual Conference: Towards a European Union for Health –From Health in all policies to EU governance for health and well-being?	Brussels (BE)	JA-CHRODIS video presentation	Ingrid Stegeman Teresa Chavarría	WP1-WP2
2-4Sep	Iberoamerican Congress of Epidemiology and Public Health	Santiago de Compostela (ES)			WP3
10-11 Sep	The Conference of Baltic Family Doctors	Pärnu (EE)	Oral presentation: Multimorbidity in Lithuania. CHRODIS project data.	Vytautas Kasiulevičius	WP6
30 Sep – 2 Oct	European Health Forum: Securing health in Europe –balancing priorities, sharing responsibilities	Gastein (AT)	<i>Oral presentation:</i> Multimorbidity session (title to be announded) http://www.ehfg.org/detailevent1.html?eid=119	Rokas Navickas	WP6
14-17 Oct	EUPHA Conference: Health in Europe – from global to local policies, methods and practices	Milan (IT)	<i>Poster:</i> Joining forces across Europe to strengthen policies and approaches to prevent chronic diseases	Ingrid Stegeman	WP5
14-17 Oct	EUPHA Conference: Health in Europe – from global to local policies, methods and practices	Milan (IT)	4.T. Lunch symposium: Creating a favourable ecosystem to unlock the potential of integrated personalised diabetes management in Europe (organisers: EUPHA; Roche Diabetes Care; Università Cattolica del Sacro Cuore)	Jelka Zaletel	WP7
20 Oct	Workshop on Health Communication to Policy Makers	Liubliana (SI)	JA-CHRODIS organisers	Marina Maggini Jelka Zaletel	WP7
21 Oct	WP7 partners meeting	Liubliana (SI)	JA-CHRODIS internal meeting	Marina Maggini Jelka Zaletel	WP7
22-23 Oct	Face-to-face Delphi organizational interventions with particular emphasis on interventions in multimorbid patients meeting		JA-CHRODIS Delphi meeting	Enrique Bernal	WP4
27 Oct	EC Conference: Which priorities for a European policy on Multimorbidity	Brussels (BE)	JA-CHRODIS experts participating in EC conference	WP6 experts	WP6

DATE 2015	EVENT	LOCATION	JA-CHRODIS CONTRIBUTION	SPEAKER	JA-CHRODIS WP
28 Oct	Clinical experts panel meeting	Brussels (BE)	JA-CHRODIS organisers	Graziano Onder Rokas Navickas	WP6
24 Nov	Joining Forces to Prevent Chronic Diseases in Europe	Vilnius (LT)	JA-CHRODIS organisers	Thomas Kunkel Ingrid Stegeman	WP5
25 Nov	WP5 partners meeting	Vilnius (LT)	JA-CHRODIS internal meeting	Thomas Kunkel Ingrid Stegeman	WP5

7. NEW COLLABORATORS

The EUROPEAN FEDERATION OF PERIODONTOLOGY (<http://www.efp.org/>) become a new collaborating JA-CHRODIS partner for WP7 in May 2015.

Madrid, 31th of August, 2015

Teresa Chavarria, JA-Chrodis Coordinator, on behalf of the Executive Board,
Associated Partners and Collaborating Partners of the JA.

This report is possible thanks to the work developed by JA-Chrodis Executive Board members, Associated Partners and Collaborating Partners.

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). 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.

FINANCIAL STATEMENT

From 1st January 2014 to 30th of June 2015

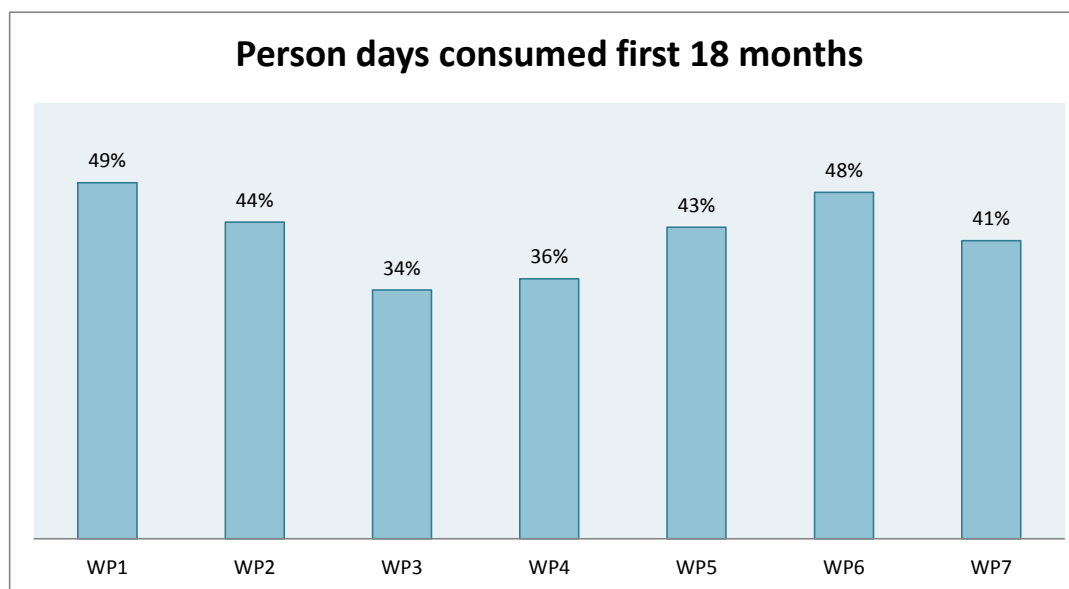
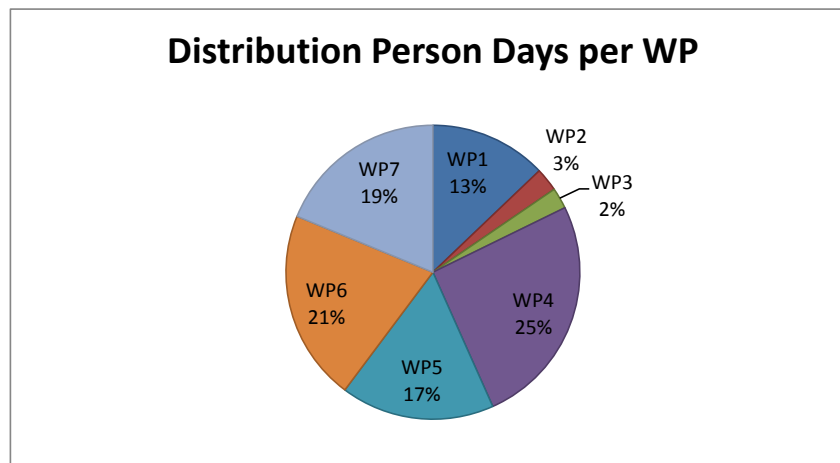
AGREEMENT NUMBER: 2013 22 01

EXPENDITURES		WP1	WP2	WP3	WP4	WP5	WP6	WP7
Direct eligibles costs	TOTAL							
E1. Staff	3.041.839,04 €	504.190,50 €	99.459,78 €	58.276,23 €	649.656,45 €	504.821,10 €	631.948,95 €	593.486,03 €
<i>a. Costs pertaining to national officials</i>	1.722.314,61 €	381.571,29 €	145,63 €	11.568,73 €	433.014,53 €	224.080,52 €	318.462,45 €	353.471,47 €
<i>b. Costs not pertaining to national officials</i>	1.319.524,43 €	122.619,21 €	99.314,15 €	46.707,50 €	216.641,92 €	280.740,58 €	313.486,50 €	240.014,56 €
E2. Travel costs and subsistence allowances	171.019,86 €	95.016,13 €	4.034,20 €	1.430,06 €	7.732,92 €	28.748,33 €	18.375,25 €	15.682,98 €
E3 Equipment	1.101,82 €	- €	- €	- €	- €	- €	653,66 €	448,16 €
E4. Consumables & supplies directly linked to the project	478,76 €	165,01 €	- €	- €	- €	- €	313,75 €	- €
E5. Subcontracting costs	122.364,71 €	18.634,00 €	11.393,62 €	- €	11.560,00 €	28.751,82 €	43.179,77 €	8.845,50 €
E6. Other costs	68.019,01 €	30.883,02 €	2.711,34 €	373,83 €	7.147,83 €	13.776,70 €	3.999,60 €	9.126,69 €
Total direct eligible costs	3.404.823,20 €	648.888,66 €	117.598,94 €	60.080,12 €	676.097,20 €	576.097,95 €	698.470,98 €	627.589,36 €
E7. Overheads	230.467,64 €	45.135,39 €	8.231,93 €	3.353,04 €	40.853,94 €	40.240,16 €	48.723,50 €	43.929,67 €
TOTAL - EXPENDITURE	3.635.290,84 €	694.024,05 €	125.830,86 €	63.433,16 €	716.951,14 €	616.338,11 €	747.194,48 €	671.519,03 €

PERSON DAYS CONSUMED		WP1	WP2	WP3	WP4	WP5	WP6	WP7
	TOTAL							
E1. Staff	13.835	2.063	367	258	2.988	2.370	3.270	2.519
<i>a. Costs pertaining to national officials</i>	7.844	1.510	1	57	1.785	1.129	1.966	1.397
<i>b. Costs not pertaining to national officials</i>	5.991	553	366	201	1.203	1.241	1.304	1.122

	Person days Amended GA	Person days consumed 18 MONTHS	% Consumed 18 months
WP1	4.198	2.063	49%
WP2	840	367	44%
WP3	752	258	34%
WP4	8.329	2.988	36%
WP5	5.511	2.370	43%
WP6	6.842	3.270	48%
WP7	6.122	2.519	41%
TOTAL	32.594	13.835	42%

Distribution Person Days JA CRHODIS



	Budget per WP Amended GA	Expenses 18 months	% Spent 18 Months
WP1	1.198.831	694.024	58%
WP2	239.880	125.831	52%
WP3	214.750	63.433	30%
WP4	2.378.527	716.951	30%
WP5	1.573.786	616.338	39%
WP6	1.953.882	747.194	38%
WP7	1.748.271	671.519	38%
TOTAL	9.307.927	3.635.291	39%

