

# PROGRESS REPORTS, EXECUTIVE BOARD MINUTES

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JA-CHRODIS

January 2016-December 2016



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## Executive Summary

The following documents are the minutes from the JA-CHRODIS Executive Board meetings during 2016 and the minutes from the periodic Executive Board teleconference. The interim report from Jan 2016 to Jun 2016 with the progress and plan of activities from each work package is included. The activity on the final months of JA-CHRODIS will be part of the final technical report of the JA-CHRODIS.

## Authors

The coordination team from ISCIII and the leaders and co-leaders of the different JA-CHROIDS work package are the authors of this deliverable.

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

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## 7<sup>th</sup> EXECUTIVE BOARD MEETING MINUTES

Meeting date: 2 February 2016

Meeting location: Madrid, Spain

Approval date:

Prepared by:



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



## RATIONALE:

The Executive Board (EB) is responsible of the development of the JA-CHRODIS. Face to face meetings are scheduled every semester in the Grant Agreement, for members of the EB to share their work and take necessary decisions. Following the last EB face to face meeting in June 2015, the current development of the project requires a set of discussions at EB level on sustainability of JA-CHRODIS and the exchange of good practices, whilst revising the work being undertaken. A face to face meeting was organised to fulfil this need.

## OBJECTIVE:

To discuss on the progress of the JA during 2015, the planning for 2016 and discuss aspects on the sustainability of JA-CHRODIS and the exchange of good practices considering a global and joint vision.

## LOCATION:

Institute of Health Carlos III, Madrid, Spain

## AGENDA:

### 2<sup>nd</sup> February

The Sewing Thread of JA CHRODIS: bringing the exchange and transfer of practices into motion.  
 Carlos Segovia, Coordinator of JA CHRODIS followed by a discussion  
 Discussion on Impact Evaluation. Carme Carrion (WP3)  
 Interactions across Work Packages  
 WP presentations. WP leaders  
 Evaluation results. Rogerio Ribeiro (WP3)  
 Activities 2016 to promote external visibility of JA-CHRODIS. Anne Pierson & Anna Gallinat (WP2)  
 Preparation of the General Assembly discussion groups. Patricia Cediél (WP1)

### 3<sup>rd</sup> February

Workshop on PKE current developed functionalities. Enrique Bernal (WP4)

## ATTENDANCE:

### Members present

#### WP1:

**Patricia Cediél (Scientific Project Manager)**, FCSAI- Institute of Health Carlos III (ISCIII), Spain  
**Fernando García (Scientific Adviser WP1)**, Institute of Health Carlos III (ISCIII), Spain  
**Juan Riese (Scientific Adviser WP1)**, Institute of Health Carlos III (ISCIII), Spain  
**Catalina del Río (Financial Project Manager)**, FCSAI- Institute of Health Carlos III (ISCIII), Spain  
**Carlos Segovia (Coordinator)**, Institute of Health Carlos III (ISCIII), Spain

#### WP2:

**Anna Gallinat (WP leader)**, EUROHEALTHNET, Belgium.  
**Anne Pierson (WP leader)**, 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)**, 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:

**Anna Gallinat (WP co-leader)**, EUROHEALTHNET, Belgium.

**Alexander Haarmann (WP leader)**, Bundeszentrale für gesundheitliche Aufklärung (BZgA), Germany

**Thomas Kunkel (WP leader)**, Bundeszentrale für gesundheitliche Aufklärung (BZgA), Germany

**Anne Pierson (WP co-leader)**, EUROHEALTHNET, Belgium.

#### WP6:

**Graziano Onder (WP leader)**, Agenzia Italiana del Farmaco (AIFA), Italy

**Elena Jureviciene (WP leader)**, Vilniaus Universiteto Ligonės Santariškių Klinikos (VULSK), Lithuania

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

#### WP7:

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

**Marina Maggini (WP leader)**, Istituto Superiore di Sanità (ISS), Italy

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

#### GOVERNING BOARD SECRETARIAT:

**Carmen Arias**, Ministry of Health, Social Services and Equality (MSSSI), Spain.

**Isabel Saiz**, Ministry of Health, Social Services and Equality (MSSSI), Spain.

#### EUROPEAN COMMISSION PARTICIPANTS:

**Wolfgang Philipp**, Deputy Head of Unit, DG Sante, EC, Luxembourg

**Stefan Schreck**, Head of Unit, DG Sante, EC, Luxembourg

**Anne-Marie Yazbeck**, Scientific Project Officer, Chafea, EC, Luxembourg

## MINUTES TO MEETING

The coordinator welcomed participants to this meeting and a round of presentations was completed.

### 1. The Sewing Thread of JA CHRODIS: bringing the exchange and transfer of practices into motion

**Presenter:** Carlos Segovia (JA-CHRODIS Coordinator)

**Summary of presentation:** The objective of the session was to discuss how to increase the internal coherence and consistency of JA-CHRODIS towards its general and strategic goal; design the overall work plan until March 2017 and explore ideas for a potential 2<sup>nd</sup> phase of JA-CHRODIS. The definition of good practice was reviewed and two possible options for the exchange of good practices presented. The exchange and transfer of good practices can be completed dealing with evidence, generalisations and with average practices (unidirectional exchange, passive role for implementers and low attention to the context) (modality A) or promoting the exchange among practices themselves, dealing with particular modalities of implementation of the ideal recommended intervention (multidirectional, implementers protagonists, high attention to details) (modality B). For the work plan until March 2017, elements to be included: capturing of potential good practices (using all JA-CHRODIS contacts to collect good practices), organising peer reviews of potential good practices (identifying reviewers amongst partners), the development of communities of practices (1 community per area) and collaborating with the Governing Board for recommendations (adopting this method for future guidelines). Options for a potential 2<sup>nd</sup> phase of JA-CHRODIS are to continue and enlarge modality A and enhance modality B.

**Discussion:**

- Concerns were raised on the time limit within the current JA-CHRODIS to complete the elements presented. Also, PKE can serve well the community of practices however it might not be the only tool to support this development of community of practice. The Coordinator suggested starting with the establishment of communities of practices to an extent feasible within the PKE and including JA-CHRODIS partners.
- In WP5, WP6 and WP7 practices have been already identified however there has not been interaction between professionals with interest on the practices identified for their interaction through the PKE. The PKE will be implementing its different modules progressively during the 2<sup>nd</sup> semester of 2016. Once the PKE is ready, the development of communities of practices could make use of the PKE. However the issues are not with the technical part of the PKE but on how to populate the PKE as well as how to interact with EIP-AHA. The owner of the practice should upload the practice. The timeline as WP4 suggested would be that in July-August the practices start to be uploaded and November-December the evaluation of these practices completed. EB needs to further discuss the development of communities of practices and the uploading of practices identified by WP5, WP6 and WP7.
- On the diabetes area, around 100 potential good practices have been collected in the WP7 platform that WP7 will review on how they can be included in the PKE. On the area of multimorbidity (WP6), it is difficult to identify good practices as criteria are currently based on experts' opinion. WP6 clarified that practices identified in their WP should be considered as study cases (instead of good practices). It is important to continue labelling



good practices as “potentially” good practice as the quality aspect of the practice is important. It was agreed to also consider effectiveness as potential effectiveness instead of effectiveness.

- The EC reminded the EB that the objective of JA-CHRODIS should be to support EU policies considering national governments as the target group so governments can be helped by JA-CHRODIS based on the added value of an EU initiative.
- The EC urge to speed up the process of the PKE as this is a central element of this action. It is important to keep the Governing Board informed and show them how it works. EB members were also reminded that JA-CHRODIS finished in March 2017 and no extensions will be granted.

#### **AGREEMENT:**

The development and implementation of communities at JA-CHRODIS needs to be explored and discussed considering resources and current JA-CHRODIS timeline.

Populating the PKE with the practices identified in WP5, WP6 and WP7 needs to be discussed and agreed - who will be uploading the practices considering current resources and timeframe of the project and PKE.

Governing Board should be involved and made aware of the benefit and added value of JA-CHRODIS

- **Action:** EB to discuss in depth timeline and resources available for the population of PKE
- **Action:** EB to discuss how to ease the connection among practice's owners, reviewers, referees, and experts throughout the PKE, with similar interests
- **Action:** EB to work on the added value of JA-CHRODIS to support national governments on tackling chronic diseases
- **Action:** EB to continue involving GB on progress and added value of JA-CHRODIS

## **2. Impact Evaluation Plan**

**Presenter:** Carme Carrion (WP3 leader)

**Summary of presentation:** The need for the impact assessment was explained to assess the medium/ long term consequences of JA-CHRODIS and what are the ultimate expected impacts. In June 2015, during the Treviso Executive Board meeting, WP3 discussed the proposal for the Impact Assessment Plan focusing on the effectiveness (exchange and transfer of practices), transferability of practices, and address chronic care by selecting potentially good practices. Aspects on the interrelation of The Sewing Thread document should be discussed at EB in addition to how far the Impact Assessment Plan should go.

#### **Discussion:**

- It is important to consider what the impact of JA-CHRODIS is, so the indicators for this are selected. At EU level it is important to evaluate the added value of JA-CHRODIS as an EU initiative and having meaningful indicators for JA-CHRODIS outputs. The identification of

a clear methodology and the criteria to evaluate the “quality” of practices available when tackling chronic diseases could also be a positive outcome of the Joint Action at EU level.

- WP3 and EB need to consider the timeframe for the selection of indicators and outcomes to measure, as these indicators and outcomes need to be evaluated (by March 2017 the Impact Plan should be completed).

**AGREEMENT:**

Impact Plan of JA-CHRODIS needs to measure and evaluate the future impact of the JA-CHRODIS. Consider in this impact the added value of JA-CHRODIS being an initiative at European level

- **Action:** WP3, in close liaison with EB, to review what needs to be measured for the future impact evaluation and indicators to collect

### 3. Interactions across Work Packages

**Presenter:** Anne-Marie Yazbeck asked EB members on the interactions across the different Work Packages.

**Discussion**

**WP1:** WPs are interchanging and liaising with each other depending on activities assigned.

**WP2:** WP2 has an open collaboration and it is liaising with all WPs.

**WP3:** The evaluation WP is working with all WPs as the evaluation is key for all the other WPs.

**WP4:** This WP liaises mainly with WPs 5, 6 and 7 for the developing of assessment criteria, the PKE design and the validation of procedures to use the PKE.

**WP5:** WP5 is working closely with WP7 to avoid overlapping and in close communication with all WPs.

**WP6:** Primarily working with WP7 as they both are analyzing same data, WP6 is also working with WP4 on the evaluation methodology for multimorbidity although. WPs’s work in general is being completed independently but there is still interconnectivity across them.

**WP7:** Collaboration with WP4 on Delphi on diabetes, and with WP6 on models of care. The document “The Sewing Thread” has helped putting all WPs together fitting all in a big frame, as different WPs are developing different parts of JA-CHRODIS.

### 4. Work Packages presentations

Each Work Package presented the work completed in 2015 and the activities planned for 2016. During each presentation there was interaction with the meeting participants to solve any possible query and clarifying aspects of the WP work.

**Summary of presentations and discussion:**

**WP1:** Activities completed in 2015, including board meetings, were presented as well as the deliverables and milestones achieved. For the next year, WP1 proposes 3 EB/GB/AB meetings, organising the final conference in March 2017 and for JA-CHRODIS to be present at ICIC Barcelona, European Health Forum Gastein and EUPHA conference. Depending on resources available, WP1 suggested scaling up dissemination of PKE through workshops, development of communities of practices and translation of practices in PKE. WP1 presented an overview of financial resources used to the date by WP and offered its help to WP leaders when analysing with WP partners the efficient use of resources, considering also reallocation between cost

categories, partners and WPs. WP1 will coordinate the submission of an amendment to reflect the changes needed to ensure resource transfers and activities to be completed within the Grant Agreement. CHAFEA reminded WP1 that it should allow at least 3 months for the amendment to be approved and signed by CHAFEA and insisted that it be ready by the end of March at the latest. It was pointed out by the Coordination that there was no time to have the amendment ready by the end of March, but that it would aim to send it to CHAFEA by the end of April. EB members thanked Catalina del Rio for her diligent work, providing clear detail and information on the expenses and budget to all partners and WPs. WP1 will assist WP leaders in the liaison with the WP partners on the use of resources and possible reshuffling of budget. EB members reminded that all changes need to be included and approved via amendment and all expenses and activities need to be in accordance to the Grant Agreement and JA-CHRODIS objectives and thoroughly justified if new activities.

**Action:**

- *WP leaders to review WP partners resources for 2016 by April*
- *WP1 to provide financial details and support WP leaders in the revision of activities and allocation of resources for 2016*
- *WP1 to coordinate next amendment (by end of April)*

**WP2:** During the 2015, WP2 has completed 3 newsletters and 5 monthly updates, in addition to promotional material (including the translation of the JA-CHRODIS leaflet) and press releases; it has supported partners on the dissemination of their JA-CHRODIS outputs and launched a video about this Joint Action. Also, it has produced 2 general JA-CHRODIS presentations and attended forums increasing the visibility of JA-CHRODIS. WP2 has been active on Twitter and Facebook and has been updating the stakeholder mapping exercise initiated in 2014 and that currently holds over 2000 contacts. At present, WP2 is compiling information from all JA-CHRODIS partners on the dissemination activities completed in 2015. See session [Activities 2016 to promote external visibility of JA-CHRODIS](#).

**WP3:** In 2015, the evaluation plan and the data collection for the mid interim report have been completed and so has been the analysis of the satisfaction surveys for the 1<sup>st</sup> General Assembly and the 1<sup>st</sup> and 2<sup>nd</sup> Stakeholders forums. At present, WP3 is finalizing the mid interim report, a global satisfaction survey for all JA-CHRODIS partners and defining further the Impact Assessment Plan. See also session on [Impact Evaluation](#) and [Evaluation results](#).

**Action:**

- *WP3 to finalise mid interim report*
- *WP3 to undertake global satisfaction survey (March-July 2016)*

**WP4:** [Delphi1](#) and [2](#) have been completed whilst Delphi 3 (patient driven –empowerment interventions) is underway and dates for Delphi 4 (diabetes) have been agreed with WP7. WP4 has been working on the piloting of the PKE and during the Madrid meetings, EB, AB and GB have been invited to a workshop to see and use the PKE. On the activities for 2016, WP4 needs input from other WP leaders on the identification of possible reviewers and encouraging owners of practices to submit practices to PKE. PKE will also need reviewers for the practices. At least 2 reviewers are needed for each practice and if disagreement, a 3rd evaluator will be needed as referee. Ideally in May, WP4 would like to have a list of potential reviewers.

WP4 asked WP leaders to ask practice owners (via their WP partners) to contact WP4 by April on the submission of practices to PKE. The submission of the practice (including preparation of the information to include) could take around 8 hours, but this would depend on the knowledge on the practice of the person submitting it. The gain of submitting a practice is to receive formal feedback on it using the criteria of the PKE and making its practice accessible to other professionals. The question on having an “international certification” for the practices submitted was suggested again.

WP5 has 41 potentially good practices identified, WP6 around 20 practices/ case studies and WP7 over 100 practices. WP4 needs to liaise with Officer for the contact and support from B3 EIP-AHA (EC informed that unit in charge of EIP-AHA changed and no final decision as yet on responsible unit). Also WP4 enquired on the possibility of WP leaders to help WP4 identifying potential reviewers by asking their WP partners. Further discussion needs to take place on the process of uploading the practices on the PKE and an outline of peer reviewers’ requirements.

**Action:**

- *EB needs to further discuss process of uploading practices to PKE and peer reviewers requirements (WP1 to foster discussion in EB meetings)*
- *WP4 to continue development of PKE and establishing evaluation criteria using Delphi methodology as planned for patient empowerment and practices on diabetes*

**WP5:** In 2015, WP5 has identified 41 good practices, organised a 2-day conference on health promotion policy “Joining forces in health promotion to tackle the burden of chronic diseases in Europe”) and exchange of good practices completing the relevant reports and dissemination documents. It has also started to organise the study visits that will take place during 2016. Currently the sites to visit are being decided and the visits will take place before summer 2016.

**Action:**

- *WP5 to continue study visits as planned in Grant Agreement and in liaison with other WPs when relevant*

**WP6:** During 2015, WP6 has focused on the development of a common model for multimorbidity within Task 3 “Assess and select good practices on management of multimorbid patients”. The components of the model were presented and the experts that assessed and produced the guidelines were listed. These groups of experts met in October for this discussion. The deliverable for WP6 on “Report on care pathways approaches for MM chronic patients” is being produced including “Report from data analysis and evidence from literature to identify high care demanding population” and the “Report on care pathways approaches for multimorbid chronic patients”, including existing good practices. WP6 will target Task 4 on the definition of multimorbidity case management training programmes. It was clarified that the report completed by WP6 is a guidance document based on a focus group methodology (versus the assessment tool developed by WP4 for the evaluation of multimorbidity organisational aspects developed with a Delphi methodology).

**Action:**

- *WP6 to finalise deliverable on Care pathways approaches for MM chronic patients*
- *WP6 to continue development of Task 4 on definition of multimorbidity case management training programmes*

**WP7:** In 2015, WP7 has focused on the mapping of National Diabetes Plans across Europe and the new deliverable of the Policy Brief on National Diabetes Plans. It has completed a report on the survey completed on diabetes prevention and care and a SWOT analysis, giving a qualitative overview by country of the current policies and programmes, including successful strategies. WP7 organised an expert policy makers meeting in October. To June 2016, WP7 will complete the policy brief currently under revision by experts, the guidelines on National Diabetes Plans and the final “Recommendations to improve prevention of diabetes, and improve the quality of care for people with diabetes”. WP7 will produce leaflets with the synthesis of the results for Governments and other stakeholders, to use and will disseminate its outputs from July onwards.

**Action:**

- *WP7 to complete Policy Brief and Guide on National Diabetes Plans*
- *WP7 to complete Recommendations to improve prevention of diabetes, improve the quality of care for people with diabetes*
- *WP7 to collaborate with WP4 on Delphi on diabetes*

## 5. Mid-term Evaluation results

**Presenter:** Rogerio Riberio (WP3)

**Summary of presentation:**

From February 2015 to October 2015, WP3, in close liaison with WP leaders, have defined indicators and data collection has taken place till January 2016. WP3 developed tools to facilitate the collection of the indicators by the WPs. From a total of 230 indicators, the interim evaluation report covers 159 indicators. The main aspects evaluated from the different WPs indicate that milestones, deliverables and tasks were broadly achieved, small time deviations occurred in some occasions but they were easily explained and overcome, WPs approaches changed to better tackle tasks assigned, some of the indicators selected may be used as proxies for impact evaluation and the satisfaction assessment of partners and stakeholders must be covered consistently in the evaluation process.

**Discussion:**

- The interim evaluation report has been circulated to WP leaders who will review it and provide feedback to WP3.

**Action:**

- *WP leaders to review and provide feedback to WP3 on Interim evaluation report by mid February*

## 6. Activities 2016 to promote external visibility of JA-CHRODIS

**Presenter:** Anne Pierson & Anna Gallinat

**Summary of presentation:**

The questions to be addressed with this presentation are how we can engage and increase cooperation with all partners, what EB members expect from WP2 and share a few recommendations from WP2. During 2016, WP2 will continue producing newsletters, monthly updates and brochure updates, updating the stakeholder mapping process and working on the online tools such as website updates, social media (it is not a priority but still JA-CHRODIS needs to gain visibility through these tools), increasing the visibility of JA-CHRODIS and developing and editing promotional material, such as increasing media coverage, the translation of the JA-CHRODIS video. WP2 asked for cooperation from WP leaders and partners when planning communication and dissemination activities for their WPs outcomes and deliverables, so these outputs and outcomes can be highlighted on the website, be included in the newsletters, so that

they are disseminated to all partners and stakeholders, and, if relevant, prepare a press release in addition to be promoted in social media. WP2 presented a tool for the recording and planning of dissemination activities.

The conferences for 2016 where JA-CHRODIS should aim to be present are the 9<sup>th</sup> EPH conference, the European Health Forum Gastein, the European Forum for Primary Care, EUREGHA Annual Conference. WP leaders were encouraged to inform WP2 on their planned dissemination events (which conferences they plan to attend). Also JA-CHRODIS will be promoted at other occasions such as the World Health Day, the World Diabetes Day, etc. WP2 reminded all WP leaders of the disclaimer and acknowledgement of funding that all JA-CHRODIS dissemination activities should include and request from WP leaders to be informed of WP outcomes, WP meetings, publications and presence at events.

#### Discussion:

- CHAFAEA enquired on the participation of JA-CHRODIS at the 16<sup>th</sup> Integrated Care International Conference (May 2016) where CHAFAEA will hold a satellite workshop and information on JA-CHRODIS will be presented. Coordinator informed that JA-CHRODIS has been invited to hold a workshop at this event. Coordinator will liaise with CHAFAEA to avoid overlapping during this event.
- WP6 participated at 2015 Gastein Forum. DG Sante currently reviewing participation at Gastein can support JA-CHRODIS participation at Gastein. JA-CHRODIS needs to establish link with Gastein organisers, for this WP6 will explore previous contacts.
- For the EUPHA conference, the organisers already contacted WP7, so WP7 will liaise with Coordinator to continue discussion on participation of JA-CHRODIS at the 2016 conference. Regarding the participation of WP in dissemination activities, there are no cost restrictions if it has been budgeted for.
- WONCA (World family doctors) also was suggested.
- The policy brief on diabetes will be launched on the 7<sup>th</sup> April on the World Health Day and press release has already been drafted with WP2.
- WP4 indicated that pre-conference events are a useful method for dissemination JA-CHRODIS (more than sending abstracts to conferences). Dissemination on the web is relevant, however, not sufficient to give visibility to JA-CHRODIS products. WP4 will discuss with WP2 the dissemination of PKE and the development of webinars.
- WP2 needs to receive timely information from WP leaders on the timing of the outputs and outcomes for dissemination and the dissemination plans of the WPs. For this it was suggested to include in the monthly EB TC a point on dissemination.
- Brussels (avoiding the parliamentary week) was suggested as the venue for the final conference that would be organised in March 2017

#### Agreement

There needs to be greater interaction of Coordinator, WP leaders and WP2 for the planning of timely dissemination of JA-CHRODIS outputs and outcomes

#### Action:

- *Coordinator to liaise with CHAFAEA on JA-CHRODIS participation at 16<sup>th</sup> ICIC to avoid overlapping*



- *For JA-CHRODIS participation at Gastein, WP6 will explore previous contacts with Gastein Forum and feedback to WP2 and Coordinator on the success of this link*
- *WP7 to liaise with Coordinator and EUPHA organisers for the participation of JA-CHRODIS at the 2016 EUPHA conference*
- *WP4 to liaise with WP2 on the dissemination of PKE and the development of webinars*
- *WP leaders to provide information to WP2 on timing of deliverables and outcomes and work in collaboration with WP2 on the dissemination strategy and activities for this outcomes/ outputs*
- *WP leaders to inform WP2 of planned dissemination events*
- *Dissemination activities to be included in monthly EB TC agenda*
- *WP1 to start planning final conference for March 2017 with WP2 support*

## 7. Group discussion

**Presenter:** Patricia Cedié

### Summary of presentation:

The logistics of the General Assembly and Stakeholders discussion groups was presented. The aim and outcome of this session were reviewed (aim: discuss how to operationalize the exchange of good practices among stakeholders and partners; objective: discussion on the organization of a flow of good practices with an impact at European level and JA-CHRODIS next steps). All 5 groups, guided with a WP leader, are to discuss the topics of: promote the use of the PKE for the exchange of good practices as the starting point; the transferability of practices on how to plan the transfer to improve the probabilities of success; and how to make JA-CHRODIS the reference initiative on chronic conditions at European level. Feedback from each group will be given to the General Assembly and Stakeholders Forum by a volunteer rapporteur from each group.

## CONCLUSIONS

- JA-CHRODIS has reached its 3<sup>rd</sup> and final year of life with the work completed by all WPs where relevant and important outputs have so far been completed
- EB members need to further discuss how to proceed in the exchange of practices through the PKE, being aware of the possible limitations of resources available, timeframe to the end of the Joint Action and that certain activities may go beyond the mandate of the current Grant Agreement
- WP leaders to continue the activities plan to the end of the action, in line with the Grant Agreement
- JA-CHRODIS needs to maximize its visibility (coordinating effort amongst all involved) and the interaction with the Governing Board

## LIST OF AGREEMENTS REACHED

- ✓ The development and implementation of communities at JA-CHRODIS needs to be explored and discussed considering resources and current JA-CHRODIS timeline.
- ✓ For the population of the PKE with the practices identified in WP5, WP6 and WP7, it needs to be discussed and agreed how to organise the uploading of the practices, considering current resources and timeframe of the project and PKE.

- ✓ Governing Board should be involved and made aware of the benefit and added value of JA-CHRODIS
- ✓ Impact evaluation of JA-CHRODIS needs to measure and evaluate what will be achieved in JA-CHRODIS by March 2017
- ✓ Consider in this impact the added value of JA-CHRODIS being an initiative at European level
- ✓ There needs to be greater interaction between the Coordinator, WP leaders and WP2 for the planning of timely dissemination of JA-CHRODIS outputs and outcomes

## 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>EB to discuss in depth timeline and resources available for the population of the PKE</i>	
<i>EB to discuss how to ease the connection among practice's owners, reviewers, referees, and experts throughout the PKE, with similar interests</i>	
<i>EB to work on the added value of JA-CHRODIS to support national governments on tackling chronic diseases</i>	
<i>EB to continue involving GB on progress and added value of JA-CHRODIS</i>	
<i>WP3 in close liaison with EB to review what needs to be measured for the impact evaluation and indicators to collect</i>	
<i>WP leaders to review WP partners resources for 2016 by April</i>	
<i>WP1 to provide financial details and support WP leaders in the revision of activities and allocation of resources for 2016</i>	
<i>WP1 to coordinate next amendment (by end of April)</i>	
<i>WP3 to finalise mid interim report</i>	
<i>WP3 to undertake global satisfaction survey (March-July 2016)</i>	
<i>EB needs to further discuss process of uploading practices to the PKE and peer reviewers requirements (WP1 to foster discussion in EB meetings)</i>	
<i>WP4 to continue development of the PKE and establishing evaluation criteria using Delphi methodology as planned</i>	
<i>WP5 to continue study visits as planned in Grant Agreement and in liaison with other WP when relevant</i>	
<i>WP6 to finalise deliverable on Care pathways approaches for MM chronic patients</i>	
<i>WP6 to continue development of Task 4 on definition of multimorbidity case management training programmes</i>	
<i>WP7 to complete Policy Brief and Guide on National Diabetes Plans</i>	
<i>WP7 to complete Recommendations to improve prevention of diabetes, improve the quality of care for people with diabetes</i>	
<i>WP7 to collaborate with WP4 on Delphi on diabetes</i>	
<i>WP leaders to review and provide feedback to WP3 on Interim evaluation report by mid-February</i>	



<i>Coordinator to liaise with CHAFEA on JA-CHRODIS participation at 16<sup>th</sup> ICIC to avoid overlapping</i>	
<i>For JA-CHRODIS participation at Gastein, WP6 will explore previous contacts with Gastein Forum and feedback to WP2 and Coordinator on the success of this link</i>	
<i>WP7 to liaise with Coordinator and EUPHA organisers for the participation of JA-CHRODIS at the 2016 EUPHA conference</i>	
<i>WP4 to liaise with WP2 on the dissemination of PKE and the development of webinars</i>	
<i>WP leaders to provide information to WP2 on timing of deliverables and outcomes and work in collaboration with WP2 on the dissemination strategy and activities for this outcomes/ outputs</i>	
<i>WP leaders to inform WP2 of planned dissemination events</i>	
<i>Dissemination activities to be included in monthly EB TC agenda</i>	
<i>WP1 to start planning final conference for March 2017 with WP2 support</i>	

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

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## 8<sup>th</sup> EXECUTIVE BOARD MEETING MINUTES

Meeting date: 15<sup>th</sup> -17<sup>th</sup> June 2016

Meeting location: Brussels, Belgium

Approval date:

Prepared by:



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



## RATIONALE

The Executive Board (EB) is responsible of the development of the JA-CHRODIS. Face to face meetings are scheduled every semester in the Grant Agreement, for members of the EB to share their work and take necessary decisions. Following the last EB face to face meeting in February 2016, the current development of the project and the future activities towards the finalisation of JA-CHRODIS requires a set of discussions at EB level to plan and align WP activities especially in dissemination in the upcoming months. A face to face meeting was organised to fulfil this need.

## OBJECTIVE

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

## LOCATION

Brussels, Belgium

## AGENDA

### 15<sup>th</sup> June

Welcome and overview of Flanders' work on chronic disease –by host, Anneleen Craps

#### JA-CHRODIS OUTPUTS

- Overall vision JA-CHRODIS outputs
- WP5 key outputs and results
- WP6 key outputs and results
- WP7 key outputs and results
- WP4 key outputs and results

Working Session: Final conference

### 16<sup>th</sup> June

Dissemination strategy – A gentle reminder

Modulating the key messages: how to communicate JA-CHRODIS outputs and results to specific audiences? Key messages to communicate

Working Session: Webinars

Working Session: Stakeholder workshops on good practices

Conclusions

### 17<sup>th</sup> June

Opening and welcome

Conclusions and input from GB meeting

EB discussion: AB and GB input until the end of project.

Open questions for EB discussion

WP3: impact plan and indicators

WP2: agreement reached on dissemination plans

Conclusions

See full detailed agenda at:

[https://drive.google.com/file/d/0B8Xu4R\\_n0-nzWjIVSi1semxiM0E/view?pref=2&pli=1](https://drive.google.com/file/d/0B8Xu4R_n0-nzWjIVSi1semxiM0E/view?pref=2&pli=1)

## ATTENDANCE

### Members present

#### WP1:

**Patricia Cediél (Scientific Project Manager)**, FCSAI- ISCIII, ES (15<sup>th</sup>-17<sup>th</sup> June)  
**Juan Riese (Scientific Adviser WP1)**, IISCIII, ES (15<sup>th</sup>-17<sup>th</sup> June)  
**Catalina del Río (Financial Project Manager)**, FCSAI- ISCIII, ES (15<sup>th</sup>-17<sup>th</sup> June)  
**Carlos Segovia (Coordinator)**, ISCIII, ES (15<sup>th</sup> and 17<sup>th</sup> June)

#### WP2:

**Clotilde Cattaneo (WP leader team)**, EHNET, BE (15<sup>th</sup>- 17<sup>th</sup> June)  
**Anna Gallinat (WP leader)**, EHNET, BE (15<sup>th</sup>-17<sup>th</sup> June)  
**Anne Pierson (WP leader)**, EHNET, BE (15<sup>th</sup>-17<sup>th</sup> June)

#### WP3:

**Gabriela Bargablia (WP leader team)**, AQUAS, ES (15<sup>th</sup> June)  
**Mireia Espallargues (WP leader)**, AQUAS, ES (16<sup>th</sup> and 17<sup>th</sup> June)  
**Rogério Ribeiro (WP co-leader)**, APDP, PT (15<sup>th</sup>-17<sup>th</sup> June)

#### WP4:

**Enrique Bernal (WP leader)**, IACS, ES (15<sup>th</sup>-17<sup>th</sup> June)  
**Ramón Launa (WP leader team)**, IACS, ES (15<sup>th</sup>-17<sup>th</sup> June)

#### WP5:

**Alexander Haarmann (WP leader)**, BZgA, DE (16<sup>th</sup> and 17<sup>th</sup> June)  
**Thomas Kunkel (WP leader)**, BZgA, DE (15<sup>th</sup> and 16<sup>th</sup> June)  
*See also participants from EHNET (WP2) as WP5 co-leaders*

#### WP6:

**Elena Jureviciene (WP co-leader)**, VULSK, LT (16<sup>th</sup> and 15<sup>th</sup> June)  
**Federica Mammarella (WP leader team)**, AIFA, IT (15<sup>th</sup>-17<sup>th</sup> June)  
**Graziano Onder (WP leader)**, AIFA, IT (15<sup>th</sup> and 16<sup>th</sup> June)

#### WP7:

**Marina Maggini (WP leader)**, ISS, IT (15<sup>th</sup>-17<sup>th</sup> June)  
**Jelka Zaletel (WP co-leader)**, NIJZ, SL (16<sup>th</sup> and 17<sup>th</sup> June)

### GOVERNING BOARD SECRETARIAT:

**Isabel Saiz**, MSSSI, ES (15<sup>th</sup> and 17<sup>th</sup> June)

### EUROPEAN COMMISSION PARTICIPANTS:

**Ingrid Keller**, Policy Officer - Chronic Diseases, DG Sante, EC, LU (16<sup>th</sup> and 17<sup>th</sup> June)  
**Anne-Marie Yazbeck**, Project Officer, Chafea, EC, LU (15<sup>th</sup> June)

### ASSOCIATED PARTNER INVITED:

**Freja Hagsund**, EUREGHA, BE (WP2) (15<sup>th</sup> and 16<sup>th</sup> June)

## MINUTES TO THE MEETING'S SESSION

**15<sup>th</sup> June 2016 session**

Anneleen Craps, Primary care team of the Agency for health and care of the Flemish Government and the coordinator welcomed participants to this meeting held at the Flemish Ministry of Welfare and thanked the Flemish Ministry of Welfare for hosting this JA-CHRODIS meeting session.

**1. Welcome and overview of Flanders' work on chronic disease**

**Presenter:** Anneleen Craps, Primary Care team of the Agency for health and care of the Flemish Government

**Summary of presentation:** Anneleen Craps presented an overview of the Flemish government structure and the new Joint Plan on Integrated Care launched in 2015 than was initiated in 2010. Pilot projects are planned to start in Jun 2016 –Mar 2017, developing for 4 years. Primary Care has also been reorganised to assist in the shift of paradigm towards a participative approach. A Health Conference on Primary Care is being organised for 16th Feb 2017.

**2. JA-CHRODIS outputs**

**Presenter:** Carlos Segovia, JA-CHRODIS Coordinator

**Summary of presentation & discussion:** Carlos Segovia introduced the relevance of the dissemination of JA-CHRODIS outputs and getting to identify on who can use JA-CHRODIS outputs and to what benefit. Anne-Marie Yazbeck reminded EB members that products need to be applicable to the different country health systems, so it is important that EB takes GB input onward to help define results. This is essential for the sustainability of JA-CHRODIS. EB member are to ask GB how each Ministry of Health (MoH) will use JA-CHRODIS products and why products could work (or not) in their respective countries and the likelihood of GB member to take outputs to their country.

This feedback from the GB members on JA-CHRODIS outputs could be used for dissemination purposes. However, the feeling was also expressed that the GB members are not so involved in JA-CHRODIS and only interested in the specific applicability of some products that fit already in their respective countries (and not so much on new possible products that could be incorporated in their respective system). It needs to be also considered that JA-CHRODIS recommendations are generic (and not tailor-made to one system), so recommendations can be considered by all. This also means that the recommendations will need to be considered then within the context to be applied. It was felt that more interaction is needed with the GB members. The GB secretariat stated that the role of the GB should be spelled out in the next JA on chronic condition including also interactions with WP leaders. It is also important to consider that feedback in written (as it has been asked to the GB members) it is not as easy as verbal and interactive feedback. It is also not clear how the feedback from the GB will be used. Still, CHAFAEA indicated that the Terms of References should be sufficient when already indicating in the Grant Agreement the involvement of the GB. The Coordinator ended this round indicating that MoH are complex and there are internal aspects or procedures that we might not be aware of and that some reactions can take longer than in other settings as they involve political decisions.

**2.1 WP5 key outputs and results**

**Presenter:** Thomas Kunkel

**Summary of presentation:** A total of 41 good practices examples across the life cycle were collected and a survey was completed on interest and preferences for the choice of study visits. Seven practices were identified and visits arranged by WP5 organisations in collaboration with national partners. An interim report has so far been completed providing an overview of the experience so far on study visits. Mid-term conclusions are that concepts of transferability are of wide variety and have little in common; however, there are some patterns in implementation and challenges repeated. There are two visits still pending to end of June and afterwards outcomes will be analysed. Report on the semester will be during the summer.

For future activities, WP5 suggested more links with other JA in related topics as desirable. Also, it is important to be able to unify standards on evaluation as key to comparability. For the next JA in chronic diseases, WP5 proposes pilot implementation and linkage to the healthcare sector.

There will be reports for dissemination of the visits so far completed. WP5 will organise a meeting & workshop in Nov/Dec in addition to collaborate in EPH (Nov) and Pro-Health65+ conference (Sep). In May, WP5 participated in the JA-CHRODIS workshop at the 16<sup>th</sup> ICIC conference in Barcelona. It is also important dissemination at national level to assess also at this stage challenges in the uptake of JA-CHRODIS outputs at this level.

**Discussion:** WP5 was asked about barriers on the transfer of practices such as language and also on the added value of visits as the evaluation on paper of the practices. Thomas Kunkel responded that language has already been identified as a barrier, also for the PKE, and although the visits were organised for English-speaking participants, it was recognised that language is a barrier for the interchange of experience of practices at the ground level. On the added value, it was explained how the evaluation written report can provide a good overview of a practice; however, a visit to the practice means being able to see other aspects of the practice that might be the written evaluation may not have captured. In addition to this, the visit offers the benefit of having direct interaction at personal level from those involved in the practice, creating also a professional network. Both ways (written evaluation & visit) are complementary.

GB secretariat commented that these study visits from WP5 can prove to be essential to help on the lack of transferability literature on health promotion and prevention that WP5. WP5 indicated that the visit were not scientific enough to support the development or testing of a framework.

Marina Maggini indicated that there are defined methodologies for the transfer of practices however this is not normally well known by researchers. Associated partners and professionals locally involved in practices have facilitated the visits.

## 2.2 WP6 key outputs and results

**Presenter:** Graziano Onder

**Summary of presentation & discussion:** WP6 has been working on the definition of case managers programs and developing a questionnaire to obtain information from experts. Defining what is considered a case manager training programme has been difficult and a broad definition has been agreed to ensure it fit most real cases.

WP6 asked for WP leaders to disseminate to their partners in order to maximize number of participants (feedback requested by end of June). Questionnaire can also be public in JA-CHRODIS web. CHAFAE offered help in being involved in correspondence if after previous attempts no feedback from partners. Coordinator offers also support to WP6 in asking partners to contribute to questionnaire completion.

WP6 asked also for assistance in identifying experts for meeting with experts to discuss skills and competencies and develop training curricula to be held in Oct/ Nov. Results from survey will be completed in October and expert meeting towards early Nov and final deliverable for December. GB secretariat enquired if draft deliverable “D07-03 Report on meetings with experts for designing case management training programmes” could be available for the GB meeting of 29<sup>th</sup> Nov. WP6 will try to plan work earlier so a draft can be shared with the GB by 29<sup>th</sup> Nov date.

**Actions:**

- *WP leaders to distribute to WP partners WP6 questionnaire on case management training programmes and forward possible contact details of experts on case management training programmes*
- *WP2 to upload in JA-CHRODIS web questionnaire and include an online info to recruit possible experts for meeting*
- *WP6 consider 29<sup>th</sup> Nov GB meeting when planning production of deliverable D07-03 “Reports on meetings with experts for designing case management training programmes”.*

## 2.3 WP7 key outputs and results

**Presenter:** Marina Maggini

**Summary of presentation & discussion:** WP7 has collected over 100 practices through the questionnaire. The partners are describing these practices (using a standard form), which will be reported as Annex of the survey. WP7 has produced also the SWOT analysis report, and it is drafting recommendations to complete deliverable D04-03 Recommendations to improve early detection and preventive interventions to improve the quality of care for people with diabetes. WP7 is producing also the guide for the implementation of national diabetes plan. WP7 is organising its final meeting in Rome, on the 20<sup>th</sup> -21<sup>st</sup> October, experts in diabetes will be called to meeting. WP7 asked for WP leaders’ participation at this meeting to contribute and share outputs also from other WPs. Agreed that WP7 could inform GB members about this meeting so those GB members interested can participate in it.

WP7 launched a Policy Brief on National Diabetes Plans on the 7<sup>th</sup> April. This brief was produced with the collaboration of the European Observatory on Health Systems and Policies that were subcontracted for this activity. There is a crucial issue pending to be solved on the copyright of the publication; if this issue is not solved, cost would not be eligible as CHAFAE has indicated. CHAFAE clarified this issue for those unaware that EC and WHO- European Observatory on Health Systems and Policies are partners in many projects and will assist to solve the problem.

**Actions:**

- *WP7 to inform GB members about this meeting so those GB members interested can participate in final WP7 meeting (20<sup>th</sup> -21<sup>st</sup> Oct)*

## 2.4 WP4 key outputs and results

**Presenter:** Enrique Bernal

**Summary of presentation and discussion:** WP4 leader proposed a change in the denomination of the Platform of Knowledge Exchange (PKE) to The CHRODIS Platform. EB members indicated no objection to new name and agreed to it. WP4 has completed the Delphi on Diabetes and criteria and categories



have been agreed. A total of 39 categories and 9 criteria already implemented in The CHRODIS Platform.

WP4 provided detailed information on the number of candidates from reviewer and referees, number of potential practices and interested expressed so far received from practice owners from WP5, WP6, WP7 and those from patient empowerment practices (working with EPF and EMPATHiE on patient empowerment). Full table with information can be found at: [https://drive.google.com/file/d/0B8Xu4R\\_n0-nzOVFkdm5TWDIHYIU/view?pref=2&pli=1](https://drive.google.com/file/d/0B8Xu4R_n0-nzOVFkdm5TWDIHYIU/view?pref=2&pli=1)

WP4 has completed these contacts and asked for WP leaders for support in order to increase collaboration. CHAFAEA offered also collaboration if needed to increase participation from partners. EIP-AHA has also been contacted for the submission of practices however of the 68 practices on web, 13 of them have a wrong e-mail address on the web. WP4 will continue pursuing contact with EIP-AHA; there is a meeting of EIP-AHA B3 where WP4 will attempt to contact again. Marina Maggini who submitted a practice has received the invitation to upload the practices on the platform; however, she indicated that there is the issue (with this specific practice) that it is an old practice; therefore, it might not be appropriate for the platform.

WP4 is also working on the rewording of the interface to avoid biases and also a Manual for submitters. On the 4th July, the new version will be available.

WP4 is also browsing materials for the Digital Library where there are no quality criteria established as it was agreed to be a repository where the help desk manager (and users) can identify inappropriate content (information available in Digital Library is not evaluated). This was agreed by WP4 and EB in previous meetings<sup>1</sup>. Thomas Kunkel questioned the lack of a concept for the digital library or guidelines/criteria for this, indicating that there should be a minimum set of guidelines for the Digital Library. Concerns were raised on the aspect that JA-CHRODIS should be seen as a brand name and any content on The CHRODIS Platform, even if clear disclaimers and visual division of evaluated and not evaluated documents are displayed, can be associated to the platform. A less good reputation of one part would, therefore, entail negative effects on the other part(s). Even if in the past it was agreed that Digital Library's documents were not to be evaluated, it was agreed at this meeting to open a brief round of proposals following a suggestion from T. Kunkel for the criteria of documents not to be uploaded in Digital Library. Enrique Bernal stressed the relevance and impact that changes in previously agreed decisions have on the development of the Platform at the technical level, where new changes on previously agreed decisions could not be able to be implemented due to time and resources constraints.

It was also discussed that the stakeholders' workshop on the Platform to policy makers that JA-CHRODIS with WP4 and WP2 were planning, should be completed as a dissemination event for JA-CHRODIS as a whole (not only a part of JA-CHRODIS to be presented at the Parliament).

#### **Actions:**

- *WP leaders to contact partners on involvement on The CHRODIS Platform to increase uptake and expression of interest in becoming reviewers/ referee and submitting practices.*
- *WP leaders to forward to WP4 suggestions on criteria for Digital Library documents*
- *WP4 will liaise with engineers on feasibility of incorporating possible criteria on Digital Library*
- *WP2 to coordinate JA-CHRODIS stakeholders' workshop at Parliament*

<sup>1</sup> See minutes from 6th EB meeting at Treviso: <http://www.chrodis.eu/wp-content/uploads/2016/01/6thEB-Minutes-Treviso-20151222.pdf>



### 3. Final conference

#### 3.1 Meeting evaluation

**Presenter:** Gabriela Barbaglia

**Summary of presentation and discussion:** WP3 has analysed the feedback received from previous meetings where the satisfaction from participants has been collected. Handouts have been a recurrent negative aspect of previous meetings whilst time for discussions has been given positive feedback. Detailed information can be seen in: [https://drive.google.com/file/d/0B8Xu4R\\_n0-nzU1k0S3FDb2FUZkE/view?pref=2&pli=1](https://drive.google.com/file/d/0B8Xu4R_n0-nzU1k0S3FDb2FUZkE/view?pref=2&pli=1)

#### 3.2 Final conference

**Moderator:** Anna Gallinat and Anne Pierson

**Discussion:** WP2 presented the proposal for the Final Conference in 1 ½ days: starting on the afternoon of the 27<sup>th</sup> Feb for specific WP sessions (in parallel) and holding the following day, 28<sup>th</sup> Feb the conference with external speakers and more open panels and discussions. The parallel sessions have been included following a suggestion made by Ingrid Keller: instead of holding the WP monograph meetings in different cities to Brussels and to ensure the meetings are well attended without removing the highlight from the final conference of the 28<sup>th</sup> Feb. Carlos Segovia commented on including also content on the future of JA-CHRODIS. Graziano Onder needs to review this planning as he has discussed the possibility of organising a WP6 monograph in Italy just before a national conference. Graziano will feedback to WP1 and WP2 on this.

Isabel Saiz commented on the final conference of an EU JA in mental health and agreed to send agenda for this conference to WP2.

The target audience for final conference is estimated around 300 people. Conference organisers can be contracted to support in the organisation of this event.

**Actions:**

- WP2 and WP1 to liaise on content of final conference and logistics of event
- WP6 confirm participation at pre-final conference WP6 workshop after discussion dissemination of JA-CHRODIS at national event

### 4. Other business.

CHAFEA asked to each WP leader to review the Grant Agreement and tasks agreed to complete, recording all activity completed in compliance with Grant Agreement.

## 16<sup>th</sup> June 2016 session

### 5. Dissemination strategy –a gentle reminder. Modulating the key messages: how to communicate JA-CHRODIS outputs and results to specific audiences? Key messages to communicate

WP2 presented the objectives and target audiences that WP leaders identified at the beginning of the JA: policy makers including Ministries of Health, healthcare professionals and patients. The objectives of the dissemination strategy were presented and EB members discussed dissemination aspects agreeing that it will be useful to update the general Powerpoint presentation with JA-

CHRODIS outputs from all WPs as the basic for dissemination also at national and institutional level. It was acknowledged that the language to be used would be different depending on the target audience but consider a general presentation for partners to be able to disseminate at national level to an audience with awareness on chronic diseases and then, partners could adjust content to specific target audience in addition to translation of language. Also, it was agreed that a brief summary of these outputs in a 2 pages document/ report will be useful for its dissemination to policy makers even including images/ graphics to make it easier and readable. WP2 indicated that the leaflet will be updated with the outputs.

WP2 asked partners to provide information using a template on planned events (to attend and to organise), key message and products considering the target audiences initially identified. Each WP worked in groups to provide this information to WP2. Still, it was agreed that as further thought is needed to ensure all information is fully conveying, WP leaders will provide further detail if needed to WP2.

**Actions:**

- *WP2 to compile details of events and outputs from JA-CHRODIS to the different target audience with input from WP leaders*
- *WP2 to coordinate with EB the update of general presentation of JA-CHRODIS products for partners to use, update of leaflet and production of brief JA-CHRODIS products' reports.*

## 6. Working Session: Webinars

WP2 will liaise directly with WP leaders on the organisation of webinars with stakeholders for the dissemination of the WP products.

## 7. Working Session: Stakeholders' workshops on good practices

WP2 with WP4 are planning a stakeholders' workshop which EUREGHA is organising at the European Parliament on the 28<sup>th</sup> Nov with policy makers and where the Governing Board members will be also invited. As discussed on the 15<sup>th</sup> June session, during this workshop JA-CHRODIS needs to be presented (and not only parts of it). It was agreed that this workshop could be presented as a diabetes case study (considering also that there is an EP working group on diabetes that could also be invited) where the other WPs from JA-CHRODIS can applied its products (prevention, MM model, platform for practices evaluated, National Diabetes Plans). The timing of event is envisaged as 12:30 to 16:00h. It should be not scientific and very specific and clear as to what to take home considering that policy makers will be attending the meeting (target group). It is important to offer an integrated view of JA-CHRODIS.

**Actions:**

- *WP2 to coordinate with WP leaders the policy makers workshop at Parliament on 28<sup>th</sup> Nov*

## 17<sup>th</sup> June 2016 session

### 8. Conclusions and input from GB meeting

The EB members had the opportunity to discuss JA-CHRODIS products with the GB members on the 16<sup>th</sup> June at the 3<sup>rd</sup> Governing Board meeting. A round of comments took place where EB members commented and agreed that:

- It was useful to have GB feedback; however, at present it is difficult to see how this feedback in some occasions can be incorporated to JA-CHRODIS when products are already near completion.
- Governing Board needs to be involved from the beginning of the JA-CHRODIS in shaping also the products to be achieved. This was considered a recommendation for the next JA on Chronic Disease.
- Not clear if GB members might have had a clear vision of what they wanted before the start of the JA-CHRODIS; still, expectations should be discussed and agreed from the beginning
- It was acknowledged that GB members might not have an interest in JA-CHRODIS as a whole (as also GB member might belong to specific sections within larger Ministries of Health).
- Governing Board members are policy makers to whom some activities within JA-CHRODIS can be seen as too scientific or reports of 5-pages too long. JA-CHRODIS needs to tailor its message to this audience.
- Implementation is a crucial aspect for the use of outputs to show the outcomes of them; otherwise, change might not be wanted. For this, having the support from the EC would be beneficial for the implementation of the products.
- A reminder was sent that this JA was established to set the foundation for joint work in chronic diseases but not to implement; hence, work completed at the different WPs have been towards this demonstration goal but not towards implementation. After GB members have shown interest in JA-CHRODIS, the foundations for future work is here.
- Involvement of GB members also depends on the person being involved.
- APs need to work at local and national level to increase the involvement of GB members.

Ingrid Keller commented that JAs are set jointly between EC and Member States (MS) to reach agreed goals. Still, the participation of Ministries of Health directly in the Joint Action is very low. Health is a competency of the MS, hence the EC looks into adding value to the outputs of MS working together. Setting a working group on chronic conditions is also a challenge but still this is up to the MS to decide and establish, not to the EC. In the ToR of the GB, it is indicated the establishing of a group *“The GB will also contribute to lay the ground for the potential establishment of a permanent network of representatives of MOHs for chronic diseases at EU level”*. The health programme is not a programme for the production of reports or articles and it is important to know the impact of the actions. Associated Partners need to meet with their respective Ministries of Health, those who nominated them to the Joint Action, to feedback and use products throughout the Joint Action (organising for instance internal meeting with the Ministries of Health). Also, GB members can be involved in the drafting of summary documents.

The Coordinator indicated that EB needs to understand also the GB perspective and needs to target JA-CHRODIS message to them, to find a niche; EB JA-CHRODIS need to help policy makers on how to implement.

To increase the interactions with GB members and to be considered by the next JA on chronic conditions, it was suggested more interactive meetings with small tables. It was also commented that it could be beneficial to be included in the e-mails sent to GB. Thus, AP/WP leader would be able to facilitate the information and its digestion to GB members.

During the 3<sup>rd</sup> GB meeting, the GB gave feedback on the JA-CHRODIS final conference indicating that it should be an opportunity to look into the future, at present the suggestion to sign a declaration seemed not to be appropriate as this can have political implications when only the first steps for collaboration are taken place.

**Actions:**

- *Involve GB in next JA from beginning, defining clearly its role and facilitating their interactions and integration of feedback in the JA products and outcomes*
- *Continue involving GB members following current work plan, asking for their feedback in the upcoming JA-CHRODIS deliverables*

## 9. EB discussion: AB input until the end of the project

Due to constraints in time, it was decided that EB members will send proposed content for discussions at next AB meeting planned for the 21<sup>st</sup> Sep to WP1 by Friday 24<sup>th</sup> June.

**Actions:**

- *EB members to send topics to be discussed at next AB meeting by 24<sup>th</sup> June*

## 10. Open questions for EB discussion

### Next JA on chronic conditions

On June 16<sup>th</sup> the call for nominations from MS closed. A total of 61 entities have been nominated from 22 countries and 6 countries have indicated interest in coordinating the next Joint Action. On the 5<sup>th</sup>-6<sup>th</sup> June there is a meeting in Luxemburg to discuss roles and content of next action. EC will organise a TC with those entities interested in coordinating the JA. Nominations have come from different fields, including cancer research centers. EC asked BZgA to enquire of expectations of German partners (country with greater number of nominated entities) and how these entities can contribute to implementation (not need for research in Joint Action). EC requested AIFA and ISS to also coordinate input from Italian nominated entities in next JA so meeting on the 5<sup>th</sup> and 6<sup>th</sup> July can be as effective as possible in designing and agreeing next action. EC invite nominees to visit and communicate to other using the platform that the EC has established for this. Next Joint Action will not start till current action has finished.

**Actions:**

- *WP leaders to collaborate as nominated entities with EC in smooth definition of next JA considering large number of nominated entities, coordinating input from own countries*

### JA-CHRODIS webpage after March 2017

There is the pending issue on the life of the JA-CHRODIS website and the documents included in it once the current JA finishes in March 2017. Ingrid Keller indicated that the EC is working on a host server that could be used for all projects (only as extranet, not for internal use of consortium). Still, this is in a piloting phase and it could be of use for the next JA but not for the current one. However, Ingrid Keller will review if the current content of the JA-CHRODIS website could be transferred as a

pilot to the EC server so documentation could be transferred to the EC server for the public display of this info even after the completion of the JA.

**Actions:**

- WP1 and WP2 to liaise with Ingrid Keller on EC server for JA-CHRODIS reports

Language of work

English is the working language of the JA and also its dissemination products. However, to address national needs, other languages should be considered. It was suggested that the next JA should ensure relevant documents and brief reports are translated into languages other than English to assist in the uptake of the products at national level.

**Actions:**

- Brief summary of JA-CHRODIS products to be translated into other languages. EB to discuss documents and languages to translate.

## 11. WP3: impact plan and indicators

**Presenter:** Rogerio Ribeiro

**Summary of presentation and discussion:** WP3 has been working on defining the impact plan and its indicators, also taking into consideration the recent 2<sup>nd</sup> Health Programme ex- post evaluation report: [http://ec.europa.eu/dgs/health\\_food-safety/dyna/enews/enews.cfm?al\\_id=1689](http://ec.europa.eu/dgs/health_food-safety/dyna/enews/enews.cfm?al_id=1689)

It was discussed that the Health Programme definition addresses general but critical aspects for impact achievement. JA-CHRODIS should consider this framework whilst focusing the plan on what we can measure, considering the work carried out.

It would be useful to have a proposal of indicators and impact plan reviewed for it to be considered and incorporated into the plan of the next new Joint Action; however there is a timing issue as the new JA's technical annex and description would need to be agreed and completed in September and the timing of WP3 for the draft plan is October. WP3 will circulate questions to WP leaders to identify impact indicators for their respective activities.

The Global Satisfaction Survey will be launched and its analysis is planned for Nov-Dec.

**Actions:**

- WP3 will circulate questions to WP leaders to identify impact indicators for their respective activities.

## 12. Dissemination discussion: agreements from dissemination session

WP2 provided feedback on the 16th June Thursday session on dissemination. JA-CHRODIS will be present at EPH Conference in November, however, it is being difficult to access to direct participation at European Health Forum Gastein. It was agreed with the EC officer that the presence of JA-CHRODIS at European Health Forum Gastein is not deemed essential. WP2 indicated that Anna Gallinat is participating in the Gastein Forum and she will be able to provide leaflets to participants.

In terms of getting the attention of the GB and in general other stakeholders, it was suggested that for the final conference, JA-CHRODIS could develop the 10-steps on how to tackle chronic conditions. This 10-steps information should be translated to other languages. It is important that these 10-steps

are produced in alignment with the next joint action to ensure the steps can be taken forward. These 10 steps should not be criteria that the EC wants to discuss with the MS.

Ingrid Keller noted that on the 20<sup>th</sup> Sept Slovakia is organising the “Conference: Prevention of chronic non-communicable diseases and healthy lifestyle” where JA-CHRODIS should try to participate.

#### **Actions:**

- *EB members to send ideas on the 10 steps to develop this dissemination material*
- *JA-CHRODIS EB to continue with dissemination strategy and plans*
- *Coordinator will liaise with Slovakia National Focal Point on the mentioned September Conference for the participation of JA-CHRODIS at this event*

## **CONCLUSIONS**

- JA-CHRODIS needs to maximise its visibility (coordinating effort amongst all involved) and the interaction with the Governing Board
- It is important to coordinate the dissemination message of JA-CHRODIS at this final stage of the action. This process will be led by WP2 in close collaboration with EB
- JA-CHRODIS partners need to tailor the dissemination products completed in this JA to the different target audiences identified for JA-CHRODIS
- Continue to involve GB members in progress of products development and future use, informing them on progress and asking for their feedback via Associate Partners if needed
- The next Joint Action should ensure greater involvement of GB members from its early stages and throughout the development of the action. Implementation will be key in the next JA
- JA-CHRODIS needs to focus also on how to measure the impact of the activities and outputs produced at JA-CHRODIS. This process will be led by WP3 in close collaboration with EB
- WP leaders to continue the activities plan to the end of the action complying with the Grant Agreement

## **LIST OF AGREEMENTS REACHED**

- ✓ The PKE has been renamed as the CHRODIS Platform
- ✓ Inform Governing Board members on upcoming disseminating activities, so GB members can participate if interested in them, especially the local ones if resources are limited
- ✓ WP leaders will collaborate with WP4 in the population of the CHRODIS Platform and defining criteria for the Digital Library’s resources
- ✓ EB members will collaborate with WP2 on dissemination, planning and products, including a 10-steps brochure to be translated to different languages
- ✓ EB members will collaborate with WP3 on the impact plan and its evaluation
- ✓ Stakeholders’ workshop at the European Parliament of JA-CHRODIS as a whole (and not separate parts)

## **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
WP leaders to distribute to WP partners WP6 questionnaire on case management training programmes and forward possible contact details of experts on case management training programmes	
WP2 to upload in JA-CHRODIS web questionnaire and include an online info to recruit possible experts for meeting	
WP6 consider 29 <sup>th</sup> Nov GB meeting when planning production of deliverable D07-03 "Reports on meetings with experts for designing case management training programmes"	
WP7 to inform GB members about this meeting so those GB members interested can participate in final WP7 meeting (20th -21st Oct)	
WP leaders to contact partners on involvement on The CHRODIS Platform to increase uptake and expression of interest in becoming reviewers/ referee and submitting practices	
WP leaders to forward to WP4 suggestions on criteria for Digital Library documents	
WP4 will liaise with engineers on feasibility of incorporating possible criteria on Digital Library	
WP2 to coordinate JA-CHRODIS stakeholders' workshop at the European Parliament	
WP2 and WP1 to liaise on content of final conference and logistics of event	
WP6 confirm participation at pre-final conference WP6 workshop after discussion dissemination of JA-CHRODIS at national event	
WP2 to compile details of events and outputs from JA-CHRODIS to the different target audience with input from WP leaders	
WP2 to coordinate with EB the update of general presentation of JA-CHRODIS products for partners to use, update of leaflet, and production of brief JA-CHRODIS products' reports	
Involve GB in next JA from beginning, defining clearly its role and facilitating their interactions and integration of feedback in the JA products and outcomes	
Continue involving GB members following current work plan, asking for their feedback in the upcoming JA-CHRODIS deliverables	
EB members to send topics to be discussed at next AB meeting by 24 <sup>th</sup> June	
WP leaders to collaborate as nominated entities with EC in smooth definition of next JA considering large number of nominated entities, coordinating input from own countries	
WP1 and WP2 to liaise with Ingrid Keller on EC server for JA-CHRODIS reports	
WP3 will circulate questions to WP leaders to identify impact indicators for their respective activities	
EB members to send ideas on the 10 steps to develop this dissemination material	
Coordinator will liaise with Slovakia National Focal Point on the mentioned September Conference for the participation of JA-CHRODIS at this event	

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

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## 9<sup>th</sup> EXECUTIVE BOARD and 3<sup>rd</sup> ADVISORY BOARD MEETING MINUTES

Meeting date: 21<sup>st</sup> September 2016

Meeting location: Bratislava, Slovakia

Approval date:

Prepared by:



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





## RATIONALE

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

## OBJECTIVE

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

## LOCATION

Bratislava, Slovakia

## AGENDA

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

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

## ATTENDANCE

### Members present

#### WP1:

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

#### WP2:

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

#### WP3:

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

#### WP4:

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

#### WP5:

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

**WP6:**

**Elena Jureviciene (WP co-leader)**, VULSK, LT  
**Rokas Navickas (WP co-leader)**, VULSK, LT  
**Graziano Onder (WP leader)**, AIFA, IT

**WP7:**

**Marina Maggini (WP leader)**, ISS, IT  
**Flavia Pricci (WP leader)**, ISS, IT  
**Jelka Zaletel (WP co-leader)**, NIJZ, SL

**ADVISORY BOARD MEMBERS:**

**Péter Csizmadia**, National Institute for Health Promotion Budapest, HU  
**Antonio De Belvis**, Università Cattolica del Sacro Cuore, IT  
**Mirosław J. Wysocki**, National Institute of Public Health, NIH, PL

**EUROPEAN COMMISSION PARTICIPANTS:**

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

## MINUTES TO THE MEETING'S SESSION

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

## 1. JA-CHRODIS objectives and achievements

### WP1 -Coordination

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

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

See presentation at: [https://drive.google.com/file/d/0B8Xu4R\\_n0-nzWIZGMGZIR1ZVWFk/view](https://drive.google.com/file/d/0B8Xu4R_n0-nzWIZGMGZIR1ZVWFk/view)

#### Actions to be taken:

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

### WP3 –Evaluation

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

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

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

See presentation at: [https://drive.google.com/file/d/0B8Xu4R\\_n0-nzcTRhME55cHdhT1E/view](https://drive.google.com/file/d/0B8Xu4R_n0-nzcTRhME55cHdhT1E/view)

#### Actions to be taken:

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

## WP4 –Knowledge for platform exchange

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

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

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

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

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

See presentation at: [https://drive.google.com/file/d/0B8Xu4R\\_n0-nzTUpMcnI4UFpqa3c/view](https://drive.google.com/file/d/0B8Xu4R_n0-nzTUpMcnI4UFpqa3c/view)

### Actions to be taken:

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

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

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

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

See presentation at: [https://drive.google.com/file/d/0B8Xu4R\\_n0-nzNXR4T0d6ZEIzAdg/view](https://drive.google.com/file/d/0B8Xu4R_n0-nzNXR4T0d6ZEIzAdg/view)

**Actions to be taken:**

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

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

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

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

[https://drive.google.com/file/d/0B8Xu4R\\_n0-nza0x3UlhodUpPbHc/view](https://drive.google.com/file/d/0B8Xu4R_n0-nza0x3UlhodUpPbHc/view)

**Actions to be taken:**

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

## WP7 –Diabetes: a case study

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

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

The coordinator suggested providing a common set of criteria (from the recommendation report completed in June by WP7). Jelka Zaletel indicated that WP7 will prepare a document for better use of the findings from WP7 and aiming to provide common indicators for their use across EU. See presentation at: [https://drive.google.com/file/d/0B8Xu4R\\_n0-nzVVVGaThlbm01WGc/view](https://drive.google.com/file/d/0B8Xu4R_n0-nzVVVGaThlbm01WGc/view)

**Actions to be taken:**

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

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

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

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

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

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

WP2 is organising webinars for each WP (dates already discussed with WPs) of 1 hour duration. This will start on the 4<sup>th</sup> October with a general webinar to be provided by the Coordinator. Stakeholders will be invited by WP2. At present, it is not clear the profile of those who will register for each of the upcoming webinars to tailor better the content of the webinars but WP2 will be providing feedback on those that register to the different webinars. It was suggested to evaluate how these webinars developed to consider organising webinars at national level (using national given language). See presentation at: [https://drive.google.com/file/d/0B8Xu4R\\_n0-nzVzN0MHAzdTBmOU0/view](https://drive.google.com/file/d/0B8Xu4R_n0-nzVzN0MHAzdTBmOU0/view)

#### **Actions to be taken:**

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

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

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

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



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

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

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

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

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

See presentation at:

[https://drive.google.com/file/d/0B8Xu4R\\_n0-nzVzN0MHAzdTBmOU0/view](https://drive.google.com/file/d/0B8Xu4R_n0-nzVzN0MHAzdTBmOU0/view)

[https://drive.google.com/file/d/0B8Xu4R\\_n0-nzMFBHR3Jxcm00LVU/view](https://drive.google.com/file/d/0B8Xu4R_n0-nzMFBHR3Jxcm00LVU/view)

##### **Actions to be taken:**

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

## 5. Conclusions and next steps

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

## CONCLUSIONS and AGREEMENTS REACHED

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





## TC Executive Board Minutes

12<sup>th</sup> January 2016

From 15:00 to 17:00

### **Participants:**

1. Carlos Segovia, ISCIII
2. Catalina del Río, ISCIII
3. Patricia Cediél, ISCIII
4. Anne Pierson, EuroHealthNet
5. Anna Gallinat, EuroHealthNet
6. Carme Carrión, AQUAS
7. Rogerio Ribeiro, APDP
8. Enrique Bernal, IACS
9. Ramón Launa, IACS
10. Thomas Kunkel, BzGA
11. Alexander Haarman, BzGA
12. Rokas Navickas, VULSK
13. Marina Maggini, ISS
14. Jelka Zaletel, NIJZ
15. Spela Selak, NIJZ
16. Carmen Arias, MSSSI (till 15:30)
17. Isabel Saiz, MSSSI

### **Apologies received from:**

1. Mireia Espallargues, AQUAS
2. Graziano Onder, IAFA
3. Federica Mammarella, IAFA
4. Elena Jureviciene, VULSK (WP6)
5. Paloma Casado, MSSSI
6. Anne-Marie Yazbeck, CHAFEA
7. Wolfgang Philipp, EC-DG Sante
8. Anna Carta, EC-DG Sante



## MINUTES

### **1. WP1: Coordinator's report**

**Minutes from last meeting.** Review actions from last meeting. Treviso minutes circulated and approved in Dec 2015, agenda for Feb meetings to be discussed at today's agenda. JA-CHRODIS section on EIP-AHA market place on going (ISCIII to update login contact). Coordinator has discussed pending issues with WP5 and WP6: to feedback at today's meeting, otherwise review at EB meeting in Feb 2016.

**The sewing thread.** Discussion on the document previously circulated to EB. EB agreed on its internal consistency. It was clarified that aim of document is to establish activities in more details that can be performed within the scope of JA-CHRODIS but it needs to be discussed and agreed where to draw the line as to timing and resources on the intensity of the activities to complete during 2016 as this document focuses on this JA-CHRODIS although possibly paving the way for the activities for a future JA. EB agreed on the right timing of the document. WP3 highlighted possible overlapping with the impact evaluation plan. This document is also useful in order to structure the agenda for the JA-CHRODIS Feb meetings and it also provides a common vision for all partners of the JA.

Agree to made document public to AB, GB and General Assembly. Document should avoid including aspects that could imply strong commitment without consultation and prior agreement with all partners. Activities already included are being performed by some (not all) WPs. Therefore it can be presented as "in some cases, we can complete the following activities...".

#### **Actions to be taken:**

- *Coordinator to liaise with WP3 on objective and overlapping on Impact Evaluation Plan*
- *EB to provide feedback to Coordinator on The sewing thread by no later than Thursday 14<sup>th</sup> Jan.*
- *Coordinator to incorporate changes and comments and circulate to EB.*
- *Circulate once changes incorporated document also to GB, AB and General Assembly*

### **2. February 2016 meeting agendas**

**Documents to be circulated prior to meetings.** Agreed to circulate to AB, GB and General Assembly 1) the document 'The sewing thread' and 2) the summary info from each WP. Template for this document with information requested from each WP already circulated by coordination team to EB (23<sup>rd</sup> Dec 2015) and info requested for Friday 15<sup>th</sup> Jan. To the GB, the deliverable from WP6 D07-02 will be also circulated.

**Executive Board meeting.** Agenda reviewed and agreed. Coordination team to send slides templates for presentation by end of this week. It was agreed for EB to participate during the 3<sup>rd</sup> Feb meetings at AB meeting and 1<sup>st</sup> part of GB meeting. EB



also will provide feedback on PKE to WP4 during a workshop. The coordinator team will organise a computer room for this.

**Advisory Board meeting.** Points of agenda reviewed. 'Topic on functionality of PKE removed, although AB is welcome to provide feedback at workshop in the afternoon. EB will be present during AB meeting to provide information and ask AB any relevant question on the development of JA-CHRODIS, being the Q&A round bidirectional. A rapporteur from AB will provide feedback on AB conclusions at GB meeting.

**Governing Board meeting.** Agenda reviewed with MSSSI who will make modifications and redistribute time following also TC with EC. Stress should be given to the added value of JA-CHRODIS outputs and how to address the priorities of GB. The agenda will include then a presentation of PKE (and also allow for the possibility of a workshop at the end of the meeting).

WP6 will present deliverable (final draft to be ready by Monday 18<sup>th</sup> January). This deliverable "Report on care pathways approaches for MM chronic patients" (D07-02, delivery month M24) was indicated for feedback at the GB Work Plan (presented and circulated to EB for feedback at EB Treviso meeting in June 2015). GB Work Plan is being reviewed to include Policy Brief (not initially included in Grant Agreement) and adjust timing of event. Coordinator will circulate revised GB Work Plan for EB information.

To address the priorities provided by the GB (8 members provided feedback out of 17), WP leaders, especially Wp5, WP6 and WP7 need to participate in discussion on how they are addressing or will be addressing the priorities indicated by the GB on health promotion, multimorbidity and diabetes.

It was suggested to develop a manifesto or political statement paper on the commitment from GB signed by the members of the GB at the end of the Joint Action. This needs to be discussed during this GB meeting.

**General Assembly.** Coordinator will present 'The sewing thread', previously presenting resources available in order to provide a vision of goals to be achieved in 2016. Coordinator needs to specify points of discussion within this session.

**Stakeholder forum.** Review sessions. Regarding the suggested detected needs, it should be considered the context and what benefit this will provide for JA-CHRODIS. A discussion followed among EB members about the added value of this section and the need to include more discussion time as suggested by Stakeholders after previous meetings. Suggestion for session as storytelling and small groups' discussion was presented by WP7. Policy brief being concluded in order to be presented at this meeting. It can be included as needs at the political level. Coordination team will review agenda and send proposal of sessions to EB.

**Actions to be taken:**

- *WP leaders to send to coordination team by Friday 15<sup>th</sup> Jan summary info from WPs to include in documentation to circulate prior Feb meetings*
- *Coordination team to circulate templates for presentations by end of week*
- *Coordinator team to adjust EB and AB agendas and circulate to EB.*



- *Coordinator team to review General Assembly's and Stakeholder Forum's agendas and send proposal to EB*
- *MSSSI to modify agenda GB in collaboration with ISCIII and circulate to EB*
- *WP6 to send to coordinator by Monday 18<sup>th</sup> Jan deliverable D07-02 (on JA-CHRODIS template) to distribute to GB*
- *Coordination team to circulate revised GB workplan for EB information*
- *Coordination team to circulate GB survey results to EB*
- *WP leaders to prepare and identify activities done or to be completed within WPs addressing priorities identify by GB*

### **3. Urgent matters related to WPs**

WP3: Missing indicators from WP6. WP6 informed that it is expected that Federica Mammarella, who has been on sick leave, will be back at work next and will be able to provide indicators from WP6.

No other urgent issues highlighted. Non-urgent WP issues will be discussed during the Feb meeting.

#### ***Actions to be taken:***

- *WP6 to provide to WP3 indicators as a priority task*

#### **Principal agreements:**

1. 'The Sewing Thread' provides a common vision for JA-CHRODIS and can provide the frame for discussion on future activities with partners. It is the basis for discussion for the February meetings
2. February meetings should provide the opportunity to present a common vision to all boards and partners, raise awareness, engagement and compromises from all involved in JA-CHRODIS for the future of the JA-CHRODIS
3. Coordinator needs to review content of stakeholder meeting to ensure maximising benefit from discussion at stakeholder forum for JA-CHRODIS

#### **Summary of actions to be taken:**

- *Coordinator to liaise with WP3 on objective and overlapping on Impact Evaluation Plan and The Sewing Thread*
- *EB to provide feedback to Coordinator on The sewing thread by no later than Thursday 14<sup>th</sup> Jan.*
- *Coordinator to incorporate changes and comments received to The sewing thread and circulate to EB.*
- *Circulate The Sewing thread once changes incorporated to GB, AB and General Assembly in preparation of Feb meetings*
- *WP leaders to send to coordination team by Friday 15<sup>th</sup> Jan summary info from WPs to include in documentation to circulate prior Feb meetings*
- *Coordination team to circulate templates for presentations by end of week*
- *Coordinator team to adjust EB and AB agendas and circulate to EB by end of week.*
- *Coordinator team to review General Assembly's and Stakeholder Forum's agendas and send proposal to EB by end of week*



- *MSSSI to modify agenda GB in collaboration with ISCIII and circulate to EB by end of week*
- *WP6 to send to coordinator by Monday 18<sup>th</sup> Jan deliverable D07-02 (on JA-CHRODIS template) to distribute to GB*
- *Coordination team to circulate revised GB workplan for EB information*
- *Coordination team to circulate GB survey results to EB by end of week*
- *WP leaders to prepare and identify activities done or to be completed within WPs addressing priorities identify by GB for Feb GB meeting*
- *WP6 to provide to WP3 indicators as a priority task*

**Next EB meeting: 2<sup>nd</sup> February 2016**

**Next TC: 1<sup>st</sup> March 2016 15:00-17:00 CET time**



## TC Executive Board Minutes

24<sup>th</sup> February 2016

From 15:00 to 17:00

### **Participants:**

1. Carlos Segovia, ISCIII
2. Juan Riese, ISCIII
3. Catalina del Río, ISCIII
4. Patricia Cediél, ISCIII
5. Anna Gallinat, EuroHealthNet
6. Rogerio Ribeiro, APDP
7. Mireia Espallargues, AQuAS (from 15:00 to 16:00)
8. Laia Domingo, AQuAS
9. Enrique Bernal, IACS
10. Ramón Launa, IACS
11. Thomas Kunkel, BzGA
12. Alexander Haarman, BzGA
13. Graziano Onders, AIFA (1<sup>st</sup> part of the meeting)
14. Federica Mammarella, AIFA
15. Rokas Navickas, VULSK
16. Marina Maggini, ISS
17. Jelka Zaletel, NIJZ
18. Anne-Marie Yazbeck, CHAFEA (1<sup>st</sup> point)
19. Carmen Arias, MSSSI
20. Isabel Saiz, MSSSI

### **Apologies received from:**

1. Anne Pierson, EuroHealthNet
2. Carme Carrión, AQuAS
3. Elena Jureviciene, VULSK
4. Spela Selak, NIJZ
5. Paloma Casado, MSSSI
6. Wolfgang Philipp, EC–DG Sante



## MINUTES

**1. Debriefing following 7<sup>th</sup> EB meeting in Madrid (2<sup>nd</sup> Feb 2016) –point included at the request from CHAFEA with the agreement of Coordinator and rest of participants**

**WP2:** Congratulated organisers. WP2 has received positive feedback and valuable input from Boards and partners on the progress of JA-CHRODIS.

**WP3:** Positive impression as able to collect feedback on activities of WP3 and plan next actions, clarifying impact plan from WP3.

**WP4:** Successful meeting at it was helpful to obtain feedback from most of EB members and also GB and AB on the PKE which will be useful for its current development. WP4 is now in a better position to make improvements on the PKE customising it to the feedback received.

**WP5:** General Assembly was useful as it discussed with partners the progress of JA-CHRODIS. However, WP5 felt that AB meeting got a bit lost in technical details of JA-CHRODIS. The expertise from AB members should be also used to provide a broad input on the direction of JA-CHRODIS and the outputs to date.

**WP6:** Several points were raised. 3-day meetings (plus a 4<sup>th</sup> day for internal WP meetings) were too long. Content for WP6 needed more time than the one allocated in the agendas. The discussion in small groups focused on the PKE but not on the work of WP5, WP6 and WP7. Also, there could have been more time allocated to WP6 during the AB meeting to gain more from AB feedback. At the WP6 internal meeting, there was confusion amongst partners as it seemed that the PKE was the driver for the whole General Assembly meeting and partners wondered if there were to still continue with WP6 deliverables as WP6 was not addressed during the General meeting.

**WP7:** it was also felt that 3 day meetings are too long. Little time was devoted to discuss the results from WP5, WP6 and WP7. It was suggested that a one day meeting should be devoted only to present and discuss WPs results. During the General Assembly there was too much focus on the PKE but not on the other JA-CHRODIS results. A more balanced agenda was requested as there were questions from partners as to what is happening to WP5, WP6 and WP7 when the focus seemed to be only on the PKE.

**Governing Board:** Feedback from the MSSSI was positive on the interactions of GB and EB, as there was time to discuss sustainability and hear about the framework for multimorbidity.

**WP1:** There are many details from the meeting not yet identified. The focus for meeting agendas would change depending on the needs and objective of the meeting. The light of focus will shift to different JA-CHRODIS areas as JA-CHRODIS needs to cover the different aspects of the project. The focus this time during the Madrid





meeting was on the exchange of practices and within it the tool for this exchange. All WPs are important as they complement each other: JA-CHRODIS makes sense as a whole. EB meeting was useful as it started to address issues that are still to be resolved. Regarding the AB involvement, the meeting was positive but it was highlighted that there needs to be more interaction between AB and EB. The GB meeting was not technical but it was important to see the interest on the GB members on JA-CHRODIS. Two new countries have shown interest in joining the GB. Regarding the General Assembly it is difficult to have a clear product considering one-day meeting with so many partners and different stakeholders. Still, it is very positive that partners have interactions with other WPs and other partners. There is room for improvement but overall, the impression is positive.

**CHAFEA:** Several issues were highlighted. The agenda was imbalanced, there needs to be a more contextual approach and also provide further in-depth discussion for all outcomes. The format of the meeting for the stakeholders seems a bit redundant so it is suggested to consider different formats for the next meeting. Also, there were not enough stakeholders so Brussels should be considered as the venue for the next meeting. CHAFEA also enquired on the number of press releases and journalist attending the event, indicating that greater visibility needs to be given to next events. Regarding the Sewing Thread document it is felt that it is only a very preliminary draft document and it was suggested to rename the document for marketing purposes as mispronunciations of its current title could create unfortunate associations (for example, the word “thread” with “threat”). Also, CHAFEA was surprised by certain information presented during the meeting such as the Spanish platform for sharing practices at national level that was new to partners. *(Please see comment on this issue in the AOB section).*

CHAFEA recommended to WP1 to consider the feedback given here when organising the final meeting and take a strong lead on the scientific work of JA-CHRODIS.

**Actions to be taken:**

- *Coordinator and rest of EB members to learn from feedback when planning next meetings, paying special attention to: duration of events not too long whilst at the same time ensuring balance and sufficient allocation of time in agenda for all WPs to present their outputs, keeping in mind also the objective of the meeting*
- *Increase visibility of next meetings in the media (press releases, invitation to journalists)*
- *Increase the participation of stakeholders by considering Brussels as the venue and innovating the meeting format*
- *Coordinator to review The sewing thread document, specifying in greater details the actions to be completed and also to consider the suggestion to change the name of current document for marketing purposes*
- *WP1 to increase involvement of AB in JA-CHRODIS*

**2. Coordinator’s report**

**Discussion during 7<sup>th</sup> EB meeting.** Following the circulation of points discussed during the Madrid meeting (minutes to follow) WP5 pointed out that there were still aspects



on the activities to be completed through 2016 that were to be fully discussed and agreed to continue progress of work. The development of the PKE requires new tasks but there has not been agreement on work plan or resources. There are pending issues as to who can upload the PKE practices and who can review the practices. WP5 verbalised these concerns that were also shared by WP6 and WP7. Also, timing of identification for possible reviewers need to consider timing of Delphies (Diabetes Delphi will not be completed before May). Regarding the communities of practices, there need to be a clear overview of resources.

WP4 indicated that by March-April WP4 will have more information on the development of the PKE but it is likely that by June owners of practices can upload practices and reviewers evaluate them. The Help Desk will have by then the personnel being at present recruited for the management of the Help Desk (WP4 to liaise with WP2 on the announcement of this post in JA-CHRODIS website). WP4 suggested holding bilateral meetings in the next weeks with WP5, WP6 and WP7 (coordinator asked to be involved) to discussed issues and planning next actions. WP4 will liaise with WP2 on the training and dissemination aspects of the PKE.

WP1 will provide information on resources for each WP (to be sent next week to WP leaders). WP4 will wait for this report for the bilateral discussions to ensure WP leaders are aware of the resources available in their WPs.

WP4 enquired on the number of practices needed for the PKE as this will affect the planning of activities. WP4 is under the informal impression from the EC that around 200 practices are expected to have been included in the PKE by the end of JA-CHRODIS. Coordinator indicated that there is no magic number and that more important than the number, is that the process of detecting, uploading and peer review has been completed in a number of practices.

**Actions to be taken:**

- *WP1 to provide WP leaders with financial information on their WP*
- *WP4 to organise with WP5, WP6 and WP7 bilateral meeting on their activities and capacities for the uploading of practices and the possibility to identify (or invite) reviewers for the PKE*

**Next EB/ AB/ GB meetings.** Depending on resources, Coordinator proposes to organise more EB, AB and GB meetings, suggesting one face-to-face meeting before the summer and one after the summer. EB members agreed to have 2 more meetings in 2016 but dates need to be decided as soon as possible. It was enquired whether these meetings will be organised in conjunction with GB and AB. Coordinator indicated that this has to be decided as it seems that having GB, EB and AB meetings may be too long for some. WP6 highlighted that holding meeting with AB would be useful however, not that useful for the GB to have the EB present. The objective of the meeting and the outcomes will need to be clearly identified to ensure benefit from the participation in the meeting. When organising the next GB meeting, MSSSI requested



feedback from WP leaders on formats or what could be useful when organising the next GB.

It was clarified that partners can justify resources until March 2017 to attend the final conference.

**Actions to be taken:**

- *WP1 to suggest possible dates and venues for 2 EB meeting (before and after summer)*
- *WP1 to discuss with EB options for organising GB and AB meetings with EB presence (to coincide dates with EB meetings or find different dates)*

*WP leaders to provide suggestions to GB for the organisation of the next GB meeting as MSSSI finds very useful and necessary the participation and feedback from WP leaders in the GB's meetings.*

**Pending issues for the Technical and Financial monitoring report.** Information for the reports has been collected with the valuable help of WP leaders and partners. Report will be sent to CHAFAE within the timeframe for its deliverable. Reports nearly completed, WP leaders will be contacted if any further information needed.

**Actions to be taken:**

- *WP1 to complete with the collaboration of WP leaders and partners report and submit it to CHAFAE by end of February (M26)*

**Collaborating Partners.** There has been request from the Standing Committee of European Doctors (CPME) and the European Medical Students Association (EMSA) to become collaborating partners. Coordinator would like both entities to become Collaborating Partners for the dissemination of JA-CHRODIS outputs, contributing also to the work being done.

WP4 agreed for CPME for dissemination purposes. WP5 has reviewed the info from this entity and there is no current role for this entity in WP5. WP6 and WP7 agreed if CPME or EMSA can contribute with activities to WP6 and WP7 respectively, however no specific activities seem to be identified at present by these WPs.

Coordinator indicated that EMSA could also contribute with the critical reading of documents as organisation of medical students, in addition to dissemination purposes. WP2 would like both partners for dissemination activities. It was agreed to approve both request and Coordinator to have a closer discussion specifying contribution of these entities to JA-CHRODIS and WPs.

**Actions to be taken:**

- *WP1 inform CPME and EMSA that their request to become collaborating partners have been approved by the EB and discuss specific activities CPME and EMSA could assist in JA-CHRODIS in addition to dissemination*

**Dissemination activities.**



ICIC (25<sup>th</sup> May) JA-CHRODIS workshop of 1 hour (@12:30pm). Coordinator requested WP leaders to send suggestions and availability for JA-CHRODIS presentations (outputs? how to use outputs?). WP3 through Rogerio Ribeiro will participate in this event, also a representation from EUREGHA who will be happy to support JA-CHRODIS organisation. Marina Maggini cannot attend due to previous commitments but will look for WP7 partner willing to participate. Coordinator will email WP leaders to know who wants to attend ICIC as speaker (including partners).

Policy Brief diabetes. Policy brief will be ready by 22<sup>nd</sup> March. The press release is ready (embargo until 7<sup>th</sup> April). Updating final brief with comments received.

Update of JA-CHRODIS website. WP2 looking into this. WP2 will discuss this with WP1 bilaterally.

**Actions to be taken:**

- *Coordinator to contact WP leaders regarding speakers and content of Workshop at ICIC*
- *WP7 to forward to Coordinator final policy brief*
- *WP1 and WP2 to liaise on the update of JA-CHRODIS website*

**2. JA-CHRODIS WPs update**

**WP2.** Developing dissemination plan for 2016, internal meeting on the 23<sup>rd</sup> Feb where there was a request for greater coordination when attending big events. WP2 has reviewed upcoming events and amongst the most relevant there is the European Health Forum Gastein on changing demographics. JA-CHRODIS needs to make contact with organisers to see how JA-CHRODIS can participate. Rokas has tried contact from last year however not relevant for this year's topic so not a good contact this time. WP2 will explore other possible contacts for Gastein. On the EUPHA conference, Jelka will send email with Coordinator and WP2 in copy to contact person for EUPHA. For the organisation of workshops proper funding is required so JA-CHRODIS to explore different venues to contribute and be present at international European events.

It was discussed where JA-CHRODIS results will be available after the completion of the action. WP leaders considering scientific publications for this, it was stressed that open access publications should be sought. Coordinator will liaise with WP2 and European Commission on public space for the outputs of the project.

**Actions to be taken:**

- *Coordinator to liaise with WP2 and European Commission on public space for dissemination of outputs once project finalises*

**WP3.** The final version of the Interim evaluation report is being completed and it will be ready by end of the week. WP3 working also on the satisfaction surveys of the Madrid's meetings. Following the discussion that took place in Madrid, WP3 will review the impact assessment in June to circulate a draft version in September.

**Actions to be taken:**



- *WP3 to circulate finale mid evaluation report to EB and submission to CHAFEA*

**WP4.** Delphi 3 face-to-face meeting has been completed and now the feedback is being transformed into a questionnaire. Delphi 4 Diabetes, currently contacting experts for the online consultation (face-to-face meeting in Brussels mid-May). Piloting process of PKE: comments incorporated into the platform. Vacancy for Help Desk manager to be made public (WP2 and WP4 will liaise on the advertising of this position). Question on intellectual property: goods developed under JA-CHRODIS are public goods and the property of JA-CHRODIS. JA-CHRODIS needs to be reference as the source of information but any changes to the criteria or usage different to the PKE it is not the responsibility of JA-CHRODIS. It was considered to include a public disclaimer such as any changes made elsewhere are not JA-CHRODIS responsibility. No final agreement reached on the inclusion of such a disclaimer on the public website. It was clarified then that the usage of information from JA-CHRODIS should respect intellectual property indicating the source of information and not accepting responsibilities for incorrect usage by external parties.

*Issues on the uploading of practices and reviewers previously discussed in the Discussion during 7<sup>th</sup> EB meeting point.*

**WP5.** Organising study visits from April to June (object of the visits: assess transferability, not peer review practices). Need to discuss the uploading of practices with WP4 before discussing it at WP level. Organising a TC with Irish partner and WP4 on the training of model this partner is developing based in JA-CHRODIS.

**WP6.** WP6 is currently working on question of replicability of care model components (feedback to be ready in 3-4 weeks' time). Regarding the deliverable D07-02 on care pathways on multimorbidity, Rokas will check with Graziano (not present during this part of the TC meeting) if report is finalised to be sent to Governing Board and also for submission to CHAFEA.

**Actions to be taken:**

- *WP6 to provide update and complete deliverable D07.02 on care pathways on multimorbidity (D07.02)*
- *WP6 to organise Task 4 once information on financial resources sent by WP1*

**WP7.** The final version of the policy brief on diabetes is being reviewed for its final approval in 1-2 days' time. The Guide on NDP is being developed based on the discussion of the 5<sup>th</sup> February in Madrid. Guide on NDP to be ready by March. MSSSI participated in this WP7 workshop and it was seen as very interesting. WP7 indicates that the possibility of completing this face-to-face workshop with GB if interested in it would need to be completed via TC as a face-to-face meeting would need to be



organised by March. WP7 will liaise with MSSSI to organise contact with GB members on this.

**Actions to be taken:**

- *WP7 to liaise with MSSSI on possible contact with GB members on TC workshop on Guide on NDP*

**AOB**

**Clarification by MSSSI on CHAFEA's comment raised on Spanish Platform.** It was clarified that this is a national project and the platform for sharing good practices in the National Health System is being developed at present and not ready to be launched. As MSSSI is in the process of developing the platform and actively involved in JA-CHRODIS synergies will be and are being sought.

**Principal agreements:**

1. Agendas for next JA-CHRODIS need to be more balanced
2. All JA-CHRODIS WP are relevant as they complement each other in the achievement of JA-CHRODIS objectives
3. Discussions that took place in Madrid regarding the development of communities, the population of practices in the PKE and the evaluation of the practices by reviewers need further discussion and agreement considering also resources available
4. JA-CHRODIS outputs need to be disseminated and shared also beyond JA-CHRODIS

**Summary of actions to be taken:**

**Actions to be taken:**

- *Coordinator and rest of EB members to learn from feedback when planning next meetings, paying special attention to: duration of events not too long whilst at the same time ensuring balance and sufficient allocation of time in agenda for all WPs to present their outputs, keeping in mind also the objective of the meeting*
- *Increase visibility of next meetings in the media (press releases, invitation to journalists)*
- *Increase the participation of stakeholders by considering Brussels as the venue and innovating the meeting format*
- *Coordinator to review The sewing thread document, specifying in greater details the actions to be completed and also to consider the suggestion to change the name of current document for marketing purposes*
- *WP1 to increase involvement of AB in JA-CHRODIS*
- *WP1 to provide WP leaders with financial information on their WP*
- *WP4 to organise with WP5, WP6 and WP7 bilateral meeting on their activities and capacities for the uploading of practices and the possibility to identify (or invite) reviewers for the PKE*
- *WP1 to suggest possible dates and venues for 2 EB meetings (before and after summer)*





- *WP1 to discuss with EB options for organising GB and AB meetings with EB presence (to coincide dates with EB meetings or find different dates)*
- *WP leaders to provide suggestions to GB for the organisation of the next GB meeting as MSSSI finds very useful and necessary the participation and feedback from WP leaders in the GB's meetings.*
- *WP1 to complete interim report with the collaboration of WP leaders and partners report and submit it to CHAFEA by end of February (M26)*
- *WP1 inform CPME and EMSA that their request to become collaborating partners have been approved by the EB and discuss specific activities CPME and EMSA could assist in JA-CHRODIS in addition to dissemination*
- *Coordinator to contact WP leaders regarding speakers and content of Workshop at ICIC*
- *WP7 to forward to Coordinator final policy brief*
- *WP1 and WP2 to liaise on the update of JA-CHRODIS web*
- *Coordinator to liaise with WP2 and European Commission on public space for dissemination of outputs once project finalises*
- *WP3 to circulate finale mid evaluation report to EB and submission to CHAFEA*
- *WP6 to provide update and complete deliverable D07.02 on care pathways on multimorbidity (D07.02)*
- *WP6 to organise Task 4 once information on financial resources sent by WP1*
- *WP7 to liaise with MSSSI on possible contact with GB members on TC workshop on Guide on NDP*

**Next TC: 5<sup>th</sup> April 2016 15:00-17:00 CET time**





## TC Executive Board Minutes

5<sup>th</sup> April 2016

From 15:00 to 17:00

### **Participants:**

1. Carlos Segovia, ISCIII
2. Fernando García
3. Juan Riese, ISCIII
4. Catalina del Río, ISCIII
5. Patricia Cediél, ISCIII
6. Anne Pierson, EuroHealthNet
7. Clotilde Cattaneo, EuroHealthNet
8. Mireia Espallargues, AQuAS (1<sup>st</sup> hour)
9. Maria Gabriela Barbaglia, AQuAS
10. Ramón Launa, IACS
11. Alexander Haarman, BzGA
12. Federica Mammarella, AIFA
13. Marina Maggini, ISS
14. Jelka Zaletel, NIJZ
15. Isabel Saiz, MSSSI

### **Apologies received from:**

1. Anna Gallinat, EuroHealthNet
2. Rogerio Ribeiro, APDP
3. Noemí Robles AQuAS
4. Enrique Bernal, IACS
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9. Spela Selak, NIJZ
10. Anne-Marie Yazbeck, CHAFEA
11. Paloma Casado, MSSSI
12. Carmen Arias, MSSSI
13. Wolfgang Philipp, EC–DG Sante



## MINUTES

### **1. Review last minutes' actions**

Included in today's agenda points on upcoming meetings; feedback from WP3 on evaluation report; WP4 on uploading practices and review in liaison with WP5, WP6, WP7; WP6 feedback on activity; WP7 policy brief and NDP;

Revision of points not included in today's agenda:

- The Sewing Thread document: WP1 will revisit this document in future and attend suggestions made by CHAFAEA
- AB implication: WP1 will review with each WP leader possible involvement of AB in development of WP activities
- Approved CPs: WP1 has already discussed with them contribution and handed over details to WP2 and WP4
- JA-CHRODIS web: still need to look into how to solve issue of publicity of outputs of JA-CHRODIS in website after finalisation of project.

#### **ACTION**

1. *WP1 to review these 4 points in 2 months' time*

### **2. Coordinator's report**

**Governing Board work plan.** EB participants were reminded that as indicated in the Governing Board work plan, GB will provide feedback in 4 weeks on deliverables stated in the GB work plan. EB members need to consider this time when planning work and submission of deliverables.

**Revision of budget with WP leaders and amendment.** WP1 has held TCs with WP leaders (pending WP4 TC) to review resources used and those needed to the end of JA-CHRODIS. WP leaders have been asked to consider possible reallocation of resources to other activities or other partners/ WPs. In general, other activities suggested are a) organising conferences on each WP theme; b) contributing to organise the uploading of practices, and contributing to their peer review. Although this is still under discussion urgency is asked to WP leaders to hand over information to WP1 on requested changes to ensure the amendment can be completed in April.

#### **ACTION**

1. *WP leaders to send to WP1 requested modification and justification for Amendment (timing agreed bilaterally with WP leaders)*

### **Meetings.**

**16<sup>th</sup> ICIC (24<sup>th</sup> May):** Participation confirmed from WP4, WP5, WP6 and WP7 plus WP1. Coordinator will send information to participants to coordinate workshop and presentations.

**June meetings:** Coordinator suggested holding meeting in the agreed dates in the following order: 14<sup>th</sup> June AB, 15<sup>th</sup> June GB and 16<sup>th</sup> EB (so EB can build upon discussion from AB and GB for decisions and actions). Jelka Zaletel indicated that she has agreed to organise a workshop with the Governing Board on the Guide for National Diabetes Plan and she is only able to attend the meetings on the 16<sup>th</sup> June, hence, GB meeting (full day) should be organised for the 16<sup>th</sup> June. Participants agreed that EB meeting would be better to be held after AB and GB meeting, and it was agreed to move meeting dates for one day: AB on the 15<sup>th</sup> June, GB on the 16<sup>th</sup> June and EB on the 17<sup>th</sup> June. Representatives from WP2, WP3, WP4, WP5, WP6, WP7 and GB secretariat agreed to this. Representative to WP3 and WP6 will feedback to the WP leaders who were not able to participate in the TC.



On the content of the Agenda, EB members will provide input for WP1 to draft proposed agendas.

#### **ACTION**

1. *EB members to send content of topics that they want to discuss at these boards' meetings to WP1 by Tuesday 12<sup>th</sup> April.*
2. *WP1 organise June meetings with EB input.*

**After summer meeting:** WP7 informed that they will organise their final WP meeting on the 20<sup>th</sup> and 21<sup>st</sup> October in Rome and they plan to invite members from the GB, AB and invite as participants the EB members/ WP leaders. EB members indicated that organising in addition to the WP7 meeting, the AB, GB and EB meetings could be too many consecutive meeting days. It was proposed to organised EB/AB/GB meetings during the Gastein week in Gastein however this could prove too expensive. WP3 will not be able to meet on the 1<sup>st</sup> week of November and WP6 is planning also the expert meeting for the 1<sup>st</sup> week of November.

WP7 indicated that for them November is a difficult month to meet as it is the diabetes month. Suggested early December; however, if the objective of the meeting is to agree on the next and final actions, December will not provide enough time. Suggested September (even if only 3 months away from the June meeting, activity in last months of the JA could benefit from this intensive revision by the EB members) and all agreed on the 21<sup>st</sup>- 22<sup>nd</sup> September for the AB and EB meetings. Regarding the GB, the GB Secretariat suggested late November so GB members can be provided with an overview from WP leaders on the deliverables where GB are to give feedback. It was agreed for the GB meeting to be held on the 29<sup>th</sup> November.

All meetings are to be held in Brussels.

**Final conference:** It was agreed to hold final conference on Tuesday 21<sup>st</sup> February in Brussels. WP6 commented that they planned to organise a multimorbidity conference in March. Coordinator suggested that all WP conferences and workshops to be completed before the final conference so JA-CHRODIS final conference is the closing activity of the Action.

Coordinator informed that March activity should be devoted to the collection of information on dissemination by WP2, the completion of evaluation report by WP3, and collecting information of all WPs for the final report. Marina Maggini enquired if coordinator could send email to all partners with date of final conference and clarification of activity to be completed in 2017. Coordinator agreed to this.

#### **ACTION:**

1. *Coordinator to inform partners on Final conference date and activity to be completed in 2017.*
2. *WP1 to continue organisation of final conference with WP2 support.*

### **3. JA-CHRODIS WPs update**

#### **WP2:**

- Completing stakeholder mapping to organise possible workshops targeted to specific groups of stakeholders who could be potential users of JA-CHRODIS outputs.
- Press release has been prepared and sent to all partners for translation and dissemination of the launching of Policy Brief on diabetes on 7<sup>th</sup> April.
- Completing newsletter, contributions so far received from WP4, WP5 and WP7. WP6 has informed that they will send article by the end of the week.
- WP2 is reviewing also the website to ensure consistency in all information from JA-CHRODIS.



On events for 2016:

- WP2 will study Gastein programme to see where JA-CHRODIS could be invited (decided with WP1 that it was too expensive to organise own workshop).
- On the EPH conference in November, WP2 is reviewing the possibility of organising a ½ workshop in this conference and a short conference workshop. WP2 is liaising with WP1 and EPH contact on JA-CHRODIS participation. Jelka Zaletel indicated that she has also been in contact with EPH organisers. Coordinator asked her to hand over details to WP1 so participation of JA-CHRODIS is coordinated. Jelka Zaletel agreed to send email to WP1 with contact details.

**ACTION:**

1. *WP2 to feedback on Gastein programme when available and possibility of JA-CHRODIS participation.*
2. *WP2 and WP1 coordinate JA-CHRODIS EPH conference.*
3. *Jelka Zaletel to pass over details of contacts at EPH to WP1 for coordinated participation of JA-CHRODIS at EPH.*
4. *Continue WP2 work, including the organisation of stakeholders' workshops with WP1, and feedback at next EB meeting.*

**WP3:**

- The Mid-term report was completed on the 7<sup>th</sup> March. WP3 is organising a global satisfaction survey (version to be sent to WP1) and organising the data collection for the final report and impact plan (awaiting framework from Impact Assessment from WP1). WP1 suggested to WP3 to get advice from AB and seek input on evaluation plan.

**ACTION:**

1. *WP1 to provide impact framework to WP3.*
2. *Continue WP3 progress and update at next EB meeting.*

**WP4:**

- Criteria developed for Delphi 3 (patient empowerment) is already on the website. Delphi 4 on diabetes (to the date, 12 experts out of 28 have replied) the 2<sup>nd</sup> round will start on the 24<sup>th</sup> April and the face-to-face session will be completed on the 12-13<sup>th</sup> May and the report will be ready by the 1<sup>st</sup> week of June.
- WP4 has proposed a disclaimer text for the criteria reports that, after being approved by WP1 and WP2, has been sent to CHAFAEA who has handed over to the Legal Department. Awaiting feedback on this.
- PKE version 0.7 will be available next week. From the 1st July, practices can be uploaded. WP4 organising TC with WP6 and WP7 on the uploading of practices and review process.
- Recruiting for help desk position.
- WP4 is liaising with WP2 on the organization of a webinar on the platform. EPF has also agreed to prepare a tutorial on the use of the PKE targeted to patients. Also discussed with WP2 was the possibility to participate at the EUREGHA conference in October 2016.
- WP4 will organize a 2<sup>nd</sup> workshop on the PKE for GB, EB and WP4 Associated Partners, as the one organized in February at the CHRODIS week in Madrid. Isabel Saiz enquired on the level of development on the PKE to have the workshop at the Governing Board in June. Ramón Launa indicated that initially the workshop was scheduled for Q1 2017 but could be feasible to have it already for the November GB meeting.

**ACTION:**

1. *WP4 to complete discussion with W5, WP6 and WP7 (and coordinator) on uploading and revision of practice and feedback to EB*



2. *Continue WP4 work, including liaison with WP2 on webinars and WP7 on Delphi, and update at next EB meeting*

**WP5:**

- Organising study visits, one of them has been cancelled as only two attendees registered to participate. WP5 working on the methodology of the visits in liaison with experts on this field. It was suggested to contact the AB to get their input. WP5 will consider this.
- WP5 has proposed to develop a guidance document for improving users' interaction with the PKE through Irish partners; WP5 is in the process to plan a collaboration with WP4 on this matter

**ACTION:**

1. *Continue WP5 progress and update at next EB meeting*

**WP6:**

- WP6 is completing survey on applicability of model. Federica will check if this survey is seeking feedback from Governing Board as suggested by WP1 during bilateral TC with WP6 and Advisory Board.
- WP6 is designing a questionnaire on training programmes and they will seek AB input on this. A new draft will be sent next week. Questionnaire will also be sent to WP7 once feedback from WP6 partners incorporated.
- Marina Maggini has also been in liaison with Graziano Onder on the preparation of a case study of diabetes within the framework of the model developed.
- WP6 has completed presentation on the 22<sup>nd</sup> March on JA-CHRODIS at national meeting and will participate in 16<sup>th</sup> ICIC meeting next May.

**ACTION:**

1. *Continue work and feedback on progress at next EB meeting.*

**WP7:**

- Policy brief to be launched on the 7<sup>th</sup> April. 1<sup>st</sup> deliverable for WP7 achieved.
- WP7 is developing the Guide on NDP where they will conduct a workshop with the Governing Board once technical experts from WP7 have completed the report. As this workshop will happen in June 16<sup>th</sup>, WP7 requested to postpone submission of this deliverable to Sep 2016 (M33)
- Working with WP4 on the Delphi process
- WP7 will continue work on the development of recommendations to be ready by the end of June.
- WP7 will prepare scientific publications of results for the dissemination of JA-CHRODIS. It will also include in a report the description of the practices partners have provided in WP7 platform in addition to supporting owner of practices to upload them on PKE. Selected practice owner will be invited to the final WP7 meeting.
- Liaising with IDF that offered collaboration on the dissemination of results.
- On the 26<sup>th</sup> May, Jelka Zaletel will participate at the European Brain Cancer to present the implementation of a NDP.
- WP7 has prepared a newsletter on diabetes that will be published at the end of April in the EC newsletter. WP7 will send information to WP2 and WP1.
- Jelka Zaletel enquired if Coordinator agrees for WP7 to organise monothematic presentation on diabetes in January 2017. She also proposed to contact parliamentarians to organise a presentation of JA-CHRODIS. . WP1 agreed for this and



asked Jelka Zaletel and rest of EB members to always share dissemination information to WP2 and WP1 for its coordination.

**ACTION:**

1. *Continue work and feedback on progress at next EB meeting.*
2. *Share with WP1 and WP2 contact for possible dissemination activities.*

**AOB**

EuroHealthNET will participate through Caroline Costongs in the 21<sup>st</sup> April EC meeting on chronic conditions. Feedback after meeting.

**Principal agreements:**

1. Dates agreed for upcoming JA-CHRODIS meetings
2. WP leaders have agreed to review budget and activities and provide feedback to WP1 on time agreed during bilateral activities
3. WP1 and WP2 are to coordinate dissemination events including ICIC and EPH participation. EB members to provide and facilitate contacts and input in events.

**Summary of actions to be taken:**

1. *WP1 to review these 4 points in 2 months' time*
2. *WP leaders to send to WP1 requested modification and justification for Amendment (timing agreed bilaterally with WP leaders)*
3. *EB members to send content of topics that they want to discuss at these boards' meetings to WP1 by Tuesday 12<sup>th</sup> April.*
4. *WP1 organise June meetings with EB input.*
5. *Coordinator to inform partners on Final conference date and activity to be completed in 2017.*
6. *WP1 to continue organisation of final conference with WP2 support.*
7. *WP2 to feedback on Gastein programme when available and possibility of JA-CHRODIS participation.*
8. *WP2 and WP1 coordinate JA-CHRODIS EPH conference.*
9. *Jelka Zaletel to pass over details of contacts at EPH to WP1 for coordinated participation of JA-CHRODIS at EPH.*
10. *Continue WP2 work, including the organisation of stakeholders workshops with WP1, and feedback at next EB meeting.*
11. *WP1 to provide impact framework to WP3.*
12. *Continue WP3 progress and update at next EB meeting.*
13. *WP4 to complete discussion with W5, WP6 and WP7 (and coordinator) on uploading and revision of practice and feedback to EB*
14. *Continue WP4 work, including liaison with WP2 on webinars and WP7 on Delphi, and update at next EB meeting*
15. *Continue WP5 progress and update at next EB meeting*
16. *Continue WP6 work and feedback on progress at next EB meeting.*
17. *Continue WP7 work and feedback on progress at next EB meeting.*
18. *Share with WP1 and WP2 contact for possible dissemination activities.*

**Next TC: To be agreed with EB members (15:00-17:00 CEST time)**



## TC Executive Board Minutes

10<sup>th</sup> May 2016

From 15:00 to 17:30

### **Participants:**

1. Carlos Segovia, ISCIII
2. Catalina del Río, ISCIII
3. Patricia Cediell, ISCIII
4. Anna Gallinat, EuroHealthNet
5. Clotilde Cattaneo, EuroHealthNet
6. Rogerio Ribeiro, APDP
7. Maria Gabriela Barbaglia, AQuAS
8. Enrique Bernal, IACS
9. Ramón Launa, IACS
10. Alexander Haarmann, BZgA
11. Federica Mammarella, AIFA
12. Marina Maggini, ISS
13. Jelka Zaletel, NIJZ (1<sup>st</sup> hour)
14. Spela Selak, NIJZ
15. Isabel Saiz, MSSSI
16. Carmen Arias, MSSSI
17. Jenny Mueller, EC-DG Sante

### **Apologies received from:**

1. Fernando García, ISCIII
2. Juan Riese, ISCIII
3. Anne Pierson, EuroHealthNet
4. Mireia Espallargues, AQuAS
5. Noemí Robles AQuAS
6. Thomas Kunkel, BzGA
7. Graziano Onders, AIFA
8. Rokas Navickas, VULSK
9. Elena Jureviciene, VULSK
10. Paloma Casado, MSSSI
11. Anne-Marie Yazbeck, CHAFEA
12. Ingrid Keller, EC-DG Sante





## MINUTES

### **1. Review last minutes' actions**

Included in today's agenda points on amendment, June meeting, final conference, EPH conference, progress of WP work

Revision of points not included in today's agenda:

- Stakeholders workshops. Ongoing. WP1 needs to continue developing these workshops with WP2 and WP4 input.
- AB implication: AB meeting planned for June has been cancelled due to poor AB participation. Save the date email for Sep meeting (21<sup>st</sup> Sep) has already been sent to AB members. AB input included in June's EB agenda for discussion.

### **2. Coordinator's report**

#### **Feedback from EC meetings:**

**21<sup>st</sup> April: 'Towards better prevention and management of chronic diseases'** Coordinator provided an overview of the presentation and discussions that took place during this EC event. In addition to mobilise political will, there are plans for specific actions such as the launching of a platform in the health field from the Commission. During the event, the commissioner made reference to the 41 health promotion good practices identified in JA-CHRODIS. Information on the event can be found at:

[http://ec.europa.eu/health/major\\_chronic\\_diseases/events/ev\\_20160421\\_en.htm](http://ec.europa.eu/health/major_chronic_diseases/events/ev_20160421_en.htm)

**3rd May 3rd Health Programme to plan the Joint Action on 'Action on chronic diseases'.** Following the publication of the 3<sup>rd</sup> Health Programme,

<http://ec.europa.eu/chafea/health/actions.html>

The new Joint Action is complex with new specifications; it focuses on 3 chronic diseases. Advised partners to read well as even though for example the word health promotion is not explicitly spelled out in the text, it can be intrinsic in the topic. The outputs from this JA need to be tangible such as piloting, implementation, integrated care and impact on policy making.

#### **Update on Amendment (budget and activities)**

WP1 has been liaising with AP and WP leaders on the changes needed to be completed in the text of the Grant Agreement and the resources allocated to each AP and WPs. Agreed for all international dissemination activities to be completed before the final conference (week 20<sup>th</sup> Feb 2017) in order also for WP2 and WP3 to complete the reports needed on dissemination and evaluation respectively as agreed with WP2 and WP3. Rogerio Ribeiro commented on a national congress being organised for March 2017. As this date is after the final conference, WP2 will review info on congress for approval on dissemination activity.

#### **Action:**

- *WP1 to complete procedure to submit amendment to CHAFAEA by no later than end of next week*
- *WP1 to provide info on amendment to WP leaders once submission completed*

### **June meetings (EB agenda, GB agenda)**

Agendas have been circulated; WP6 needs to provide input on their intervention. EB members have been also asked to indicate their participation to these different meetings. EB members agreed for EUREGHA to participate in the session on stakeholder workshops. Alexander Haarmann enquired on the GB agenda and the time devoted to the PKE compared to other WPs. Isabel Saez explained that GB members have enquired specifically on how the PKE works. Coordinator highlighted that there are still pending aspects on the PKE that need to be discussed with GB so this discussion with the GB needs time. There is also time allocated nevertheless to WP5 and other WPs and the focus



on these sessions is on discussion with GB more than formal presentation. Coordinator also suggested not comparing WPs on time allocated into agendas as the distribution of time responds to the needs of the different WPs in different moments in time, in addition to requests received by participants to the meetings. Alexander agreed with coordinator that – as questions of WPs5-7 – there are definitively aspects from the PKE that need to be discussed in depth.

**Action:**

- *WP6 to complete input at EB and GB agendas*
- *Partners to complete doodle on participation*

**AB input and objective for Sep meeting.**

AB members have been contacted regarding the date of the 21<sup>st</sup> Sep and no objections have been received to the AB meeting for this date. AB input to be discussed at EB meeting in June (already in EB June agenda).

**Final conference.**

WP1 has asked EC through Ingrid Keller if JA-CHRODIS could book a room at EC premises to organise the final conference. The big room (@400 participants) is already booked for the 21<sup>st</sup> Feb. Jenny Mueller enquired on how many people JA-CHRODIS expects at this final conference. Coordinator thinks that considering previously meetings, we should consider participation of around 200 people; WP2 feels that considering that chronic diseases is still high in the agenda and that is the final conference, we should aim for @400 people.

**Action:**

- *WP1 and WP2 need to agree on number of expected participants and liaise with EC on this.*

**3. JA-CHRODIS WPs**

**WP2**

Gastein. Award: WP2 feels that JA unlikely to be awarded 10.000€ considering the JA budget. Participation at Gastein: WP2 has identified session on multimorbidity and life-course approach where JA-CHRODIS could participate. WP2 enquired if WP6 might have contact with organisers from last year for the MM session. Patricia Cedié commented that in previous TC Rokas Navickas indicated that last year's contact it will be no good for JA-CHRODIS participation at this year's Gastein. WP2 will explore other contacts.

EPHC. Workshops submitted to EPH: 1) JA-CHRODIS, 2) workshop collaborating with EUPHA, 3) WP7 skill building seminar. In addition, WP1 and WP2 organising pre-conference workshop. WP1 awaiting feedback from WP2 on overview info to be included at EPH web on JA-CHRODIS pre-conference workshop.

Newsletter. WP2 has completed newsletter with WP input. It will be published tomorrow.

Alignment with WP4. WP2 and WP4 have been reviewing calendar of dissemination activities for the PKE. WP4 has informed that the PKE will be ready in July for the uploading of practices and revision of them. However, timing on when ready for public access will depend on when practices from WP5, WP6, and WP7 will be uploaded. Based on previous discussions with WPs, this shall have happened by Nov, before the GB meeting planned for 29<sup>th</sup> Nov. So, the PKE is not to be open to external audience before Nov. Stakeholders workshops will need to be planned, therefore, from end Nov onwards.

Video. WP2 will develop video on JA-CHRODIS's outputs.

**Action:**

- *WP2 to explore possible contacts with Gastein organisers of multimorbidity (EHFF) and life-course approach (WHO Europe) sessions*
- *WP2 to provide feedback to WP1 on pre-conference EPHC and WP1 to circulate to rest of EB suggested content*



- *WP2 and WP4 to liaise on timing of dissemination of PKE and with WP1 on stakeholders workshops*
- *WP2 to liaise with WPs on the production of JA-CHRODIS outputs video*

### **WP3**

Global satisfaction survey. WP3 circulated for comments global satisfaction survey produced to compile feedback from all AP and CP of JA-CHRODIS. WP3 thanked WP leaders as they have received feedback from rest of WPs except WP6. New version will be circulated by Monday 16h May and a monkey survey will be completed with this questionnaire. Feedback on responses from AP and CP will be presented in June EB (at least, responses received till the date).

Impact assessment. WP3 waiting input from Coordinator on conceptual aspect for development of impact plan (that it has been proposed for presentation and discussion at June's EB meeting). Initially WP3 suggested also discussion at AB level, as AB meeting postpone till Sep, Patricia Cedié suggested to continue considering AB input although organised in a different format (via email, virtual meetings, TC). Coordinator indicated that he will send info for impact plan by end of May so WP3 can consider document and prepare presentation for EB meeting.

#### **Action:**

- *WP3 to continue with Global Satisfaction Survey*
- *WP1 to provide input for WP3 to develop Impact plan*

### **WP4**

Delphi on diabetes. It has been organised for 12-13 May in Brussels together with WP7.

Uploading of practices in PKE and revision. WP4 has held bilateral meetings with WP5, WP6 and WP7 (WP1 also involved) and it has agreed with each of these WPs the identification of possible reviewers (starting with the Delphi experts from each WP, WP4 will invite them as reviewers) and the contact with practice owners (initially the practices identified within each WP) for the submission of practices in the respective fields to the PKE (WP5, WP6, WP7 to provide list of practice owners and list of potential reviewers identified in each WP to WP4). PKE will be ready from July onward for practices to be uploaded and reviewed.

#### **Action:**

- *WP4 to proceed with Delphi on Diabetes in collaboration with WP7*
- *WP5, WP6 and WP7 to collaborate with WP4 and provide as discussed information on potential reviewers and practice owners*

### **WP5**

Study visits. Completing study visits (performed visits assisting to reformulate upcoming visits). At present 2 visits have been completed. It was suggested that toolkit on transferability used during study visits could be available in Help Desk to help users on how to implement practice.

Collaboration. WP5 has been in contact with project 65+ProHealth for dissemination of activities of project.

#### **Action:**

- *WP5 to continue with study visits as planned*
- *WP4 and WP5 to liaise on toolkit used during study visits*

**WP6** (written information provided via email due to problems with phone line)

Questionnaire on applicability: Final online questionnaire amendments are being made. Participants will be contacted again by NIVEL and invited to take part (Probably within next week). Their feedback will be expected by late June/early July.

Training module questionnaire: we are waiting for feedbacks of AB members. To date we have received only a feedback. The deadline is May, 13. After this WP6 will revise again the



questionnaire and then we will share the last version with partners. A systematic review of scientific literature expressly on training programmes for case managers is ongoing.

Dissemination activities. WP6 has completed different dissemination activities (see monthly update April 2016)

## WP7

Diabetes Delphi. See note in WP4.

Final WP7 meeting (20-21 Oct, Rome). WP7 will send draft to EB and would like to have input from WP leaders to provide overview of different WPs (but hopefully in other partners' language). WP2 and WP1 will review leaflet once developed by WP7.

Leaflet WP results. WP7 working on a leaflet on WP7 results that will be translated at least into task leaders languages.

Policy brief (PB) disclaimer. Following a request from the EC, the 4 first and last pages of the policy brief has been removed from JA-CHRODIS website as the disclaimer and presentation of the PB as JA-CHRODIS outputs needs to be highlighted and currently it feels an Observatory product.

### Action:

- *JA-CHRODIS to wait for further instructions on publicity of Policy Brief from EC and CHAFAEA.*

## 4. AOB

Patricia Cediél enquired if next EB TC could be held on Wednesday 8<sup>th</sup> June instead of Tuesday 7<sup>th</sup> June. EB members agreed to this.

### Summary of actions to be taken:

- *WP1 to complete procedure to submit amendment to CHAFAEA by no later than end of next week*
- *WP1 to provide info on amendment to WP leaders once submission completed*
- *WP6 to complete input at EB and GB agendas*
- *Partners to complete doodle on participation for June meetings*
- *WP1 and WP2 need to agree on number of expected participants and liaise with EC on this.*
- *WP2 to explore possible contacts with Gastein organisers of multimorbidity (EHFF) and life-course approach (WHO Europe) sessions*
- *WP2 to provide feedback to WP1 on pre-conference EPHC and WP1 to circulate to rest of EB suggested content*
- *WP2 and WP4 to liaise on timing of dissemination of PKE and with WP1 on stakeholders workshops*
- *WP2 to liaise with WPs on the production of JA-CHRODIS outputs video*
- *WP3 to continue with Global Satisfaction Survey*
- *WP1 to provide input for WP3 to develop Impact plan*
- *WP4 to proceed with Delphi on Diabetes in collaboration with WP7*
- *WP5, WP6 and WP7 to collaborate with WP4 and provide as discussed information on potential reviewers and practice owners*
- *WP5 to continue with study visits as planned*
- *WP4 and WP5 to liaise on toolkit used during study visits*
- *JA-CHRODIS to wait for further instructions on publicity of Policy Brief from EC and CHAFAEA.*

**Next TC: Wednesday 8<sup>th</sup> June (15:00-17:00 CEST time)**



## TC Executive Board Minutes

8<sup>th</sup> June 2016

From 15:00 to 17:30

### Participants:

1. Carlos Segovia, ISCIII
2. Juan Riese, ISCIII
3. Catalina del Río, ISCIII
4. Patricia Cediél, ISCIII
5. Anna Gallinat, EuroHealthNet
6. Clotilde Cattaneo, EuroHealthNet
7. Rogerio Ribeiro, APDP
8. Maria Gabriela Barbaglia, AQuAS
9. Enrique Bernal, IACS
10. Ramón Launa, IACS
11. Thomas Kunkel, BzGA
12. Alexander Haarmann, BZgA
13. Rokas Navickas, VULSK
14. Federica Mammarella, AIFA
15. Jelka Zaletel, NIJZ
16. Carmen Arias, MSSSI (on point of GB June meeting agenda)
17. Anne-Marie Yazbeck, CHAFAA
18. Ingrid Keller, EC–DG Sante

### Apologies received from:

1. Fernando García, ISCIII
2. Anne Pierson, EuroHealthNet
3. Mireia Espallargues, AQuAS
4. Noemí Robles AQuAS
5. Graziano Onders, AIFA
6. Elena Jureviciene, VULSK
7. Marina Maggini, ISS
8. Spela Selak, NIJZ
9. Paloma Casado, MSSSI
10. Isabel Saiz, MSSSI



## MINUTES

### **1. Review last minutes' actions**

Points to follow up in today's meeting.

### **2. Coordinator's report**

**Ingrid Keller's visit to Madrid:** Ingrid Keller visited ISCIII on the 16<sup>th</sup> May to review project and get to know better JA-CHRODIS as the new appointed Policy Officer from the European Commission. Ingrid thanked host for the information and overview given on JA-CHRODIS.

**New Collaborating Partner:** INCLIVA has requested to become a new CP to be involved in WP6 and WP7. WP6 has agreed activities for INCLIVA's collaboration such as distribution of the newly developed questionnaire on programme training. No objections from other WPs to INCLIVA's collaboration with WP6. Coordinator team will get into contact INCLIVA and WP6 leaders and will forward to WP2 INCLIVA's logo and details to include in JA-CHRODIS website.

### **June meetings:**

#### **GB meeting (16<sup>th</sup> June)**

Coordinator reviewed circulated agenda after suggestions from EC/ CHAFEA were incorporated in agenda. This included a discussion on the MM model care and feedback from GB members (tour of table). GB secretariat enquired on distributing the questionnaire that has been developed by WP6 on applicability to be sent to GB members in order to prepare for the meeting and also collect information from GB members. WP6 co-leader indicated that questionnaire has already been sent to expert practitioners identified by NIVEL. Coordinator expressed the benefit of having the point of view of GB members and WP6 co-leader enquired on the risk of having discrepancies. WP6 co-leader agreed to ask for GB feedback but only after the GB meeting. GB secretariat asked for questionnaire to be distributed nevertheless before the meeting so GB members can prepare for meeting. WP6 will forward information wanted to be share to GB members before the GB meeting on applicability questionnaire to GB secretariat.

No other comments from EB members to circulated GB agenda.

#### **EB meeting (15<sup>th</sup>-17<sup>th</sup> June)**

WP2 has enquired if EB members agreed for EUREGHA to participate in Wednesday and Thursday EB meeting sessions where dissemination of outputs will be presented and discussed. No objection from any EB members. Coordinator will inform and invite EUREGHA to Wednesday and Thursday EB meeting sessions.

EB members were asked to take their presentations in a pen drive to meeting venues. Also, EB members were advised that documentation for meeting has been uploaded on intranet, therefore, no printing material (except agenda and satisfaction survey) will be provided during the meeting.

On the content of the agenda, EB agenda has been drafted and circulated to EB members to incorporate comments received by Coordination team, including a change in slot on the final conference from CHAFEA. CHAFEA officer asked if all EB members in agreement to agenda and no EB members expressed any objections to agenda circulated. GB agenda and EB agenda were approved by EB and should be considered as the final for these meetings. EB members were again invited to send comments on agenda to Coordinator if any changes wanted.

**GB input on deliverables:** Following a suggestion from Ingrid Keller, Coordinator asked EB members as Associated Partners to encourage feedback from Ministries of Health of the GB that nominated them to the JA on Deliverable D07.02 on multimorbidity. Coordinator thanked partners for their collaboration on this.





**Monthly reports: content and timing of feedback:** This is just a reminder of sending the monthly report on time and also to ensure clear information on progress of WPs as this updates are available on the intranet to the GB members and are also sent to the AB.

**Mid-interim report (end June 2016):** The technical and financial mid-interim reports to collect information till June 2016 will be compiled in the upcoming months being the 15<sup>th</sup> July the deadline for financial information (emails will be sent from the Coordination team on this).

**Amendment:** 2<sup>nd</sup> amendment to the GA was sent to CHAFEA on the 20<sup>th</sup> May. We are awaiting feedback from CHAFEA to know on the approval or comments to the changes requested.

**Action:**

- *WP1 to forward details on new CP to WP6 and WP2*
- *EB members to participate in upcoming EB's and GB's meetings following agendas approved*
- *Coordination team to coordinate mid-interim report*
- *WP1 awaiting feedback from CHAFEA on 2<sup>nd</sup> Amendment*

### 3. JA-CHRODIS WPs

#### WP2

Video: 2<sup>nd</sup> JA-CHRODIS video on outputs from all WPs. A draft has been completed and WP2 will liaise with the company producing the video.

Gastein: WP2 has contacted WHO Europe and European Health Future Forum to enquire if JA-CHRODIS could participate in their respective session. Awaiting feedback.

EPH: Contract for pre-conference has been sent. Coordinator is revising invitation letter to be sent to possible participants of round table.

Update: End of next week, WP2 will produce update for publication.

Stakeholders workshops: WP2 liaising with WP1 and WP4 on this. EUREGHA to organise stakeholders' workshop at European Parliament with WP1 and 2 input.

**Action:**

- *WP2 to continue work and feedback to EB on progress*

#### WP3

Global satisfaction survey. Any feedback from WP leaders to be sent to WP3 by end of week. WP3 will distribute survey to partners.

Impact plan. WP3 will liaise with WP leaders on the identification of indicators for the impact plan. It was enquired on The Sewing Thread document and Coordinator indicated that this document was aimed to inspire ideas but not as an operational document; it is on stand-by to see if useful in future. Sustainability needs to be addressed considering: 1) development: what actions are to be developed in 3 years and in the future and what outputs can be developed in the future and 2) funding; what could be the cost of the continuation of the action, who can provide resources to fund this. These two aspects cannot be completed within this JA. CHAFEA indicated that they expect a document on sustainability to address issue.

**Action:**

- *WP3 to continue work and feedback to EB on progress*
- *WP1 to produce sustainability report on JA-CHRODIS*

#### WP4

Reviewers for PKE: So far, WP4 has got positive response from 19 people from WP5 to be reviewers of PKE practices on HPP; 5 from WP6 (in need of 4 more); and 2 out of 40 from WP7 (in need of 7 more). WP4 is actively contacting people to be involved in process.





Delphis: Delphi on empowerment completed in PKE (3 reviewers for this have been identified; in need for 3 more).

Practices identified: there are 40 practices from WP5, from WP6 48 practices identified 30 of them from Lithuania and 18 more from NIVEL. From WP7, 107 practices and WP4 is awaiting contact from the owners of these practices so WP4 can invite them to upload practices.

WP4 has contacted B3 partners from EIP-AHA for potential reviewers and also 70 practices (not owners of practices directly). CHAFEA enquired on the link with EIP-AHA. WP4 leader clarified that the link with EIP-AHA has not been as initially foreseen as EIP-AHA is a repository with partial description of practices not evaluated (also not all practices are relevant for JA-CHRODIS).

PKE: On the 4<sup>th</sup> July, the PKE will be ready for the uploading of practices. Population of practices can start from the onwards.

**Action:**

- *WP5, WP6 and WP7 to continue collaboration with WP4 on reviewers and practices to be uploaded*
- *WP4 to continue work and feedback to EB on progress*
- *WP4 to forward information on EIP-AHA collaboration to WP1 and CHAFEA*

**WP5**

JA-CHRODIS 2: WP5 has completed a survey to identify priorities on content and what partners would be interested for the 2<sup>nd</sup> JA on chronic disease. This will be discussed at the next WP5 meeting in autumn. WP5 is discussing the possibility of organising a WP5 workshop for late Oct-early Dec.

Collaboration with other WPs: WP5 is collaboration with WP4 on recruiting potential reviewers and also with WP3 on the evaluation of study visits on a tool for this assessment.

Study visits: 1<sup>st</sup> results in interim report.

**Action:**

- *WP5 to continue work and feedback to EB on progress*

**WP6**

Practices identified: practices for PKE have been shared with WP4.

Applicability on MM model: Questionnaire on MM model applicability has been distrusted to experts from 21 European countries identified by NIVEL. Results from 15<sup>th</sup> June.

Training programmes: Questionnaire developed on training programmes by WP6 already distributed to WP6 partners. WP6 asked WP leaders to distribute questionnaire to WP partners. WP leaders did not object to this. Coordination team will forward invitation letter and questionnaire sent by WP6 to WP leaders.

**Action:**

- *Coordination team to forward invitation letter and questionnaire sent by WP6 to WP leaders*
- *WP leaders to distribute questionnaire on training programmes to WP partners*
- *WP6 to continue work and feedback to EB on progress*

**WP7**

SWOT report: report has been finalised. It will be distributed to EB members.

Recommendations from WP7: recommendations are being discussed at WP7 task leaders at present and will be circulated to EB members.

NDP: workshop with GB members next 16<sup>th</sup> June during GB meeting.

**Action:**

- *WP7 to continue work and feedback to EB on progress*



#### 4. AOB

**Collaboration across WPs** (request by Coordinator): Coordinator thanked WP leaders on the collaboration across WPs such as the proposal to apply the MM model to certain type of diseases, focusing the collaboration with WP7 on the application of the model on diabetes.

**2<sup>nd</sup> JA on chronic diseases** (request by WP5 leader): Lithuania indicated that they will like to participate and lead the next 2<sup>nd</sup> JA on chronic diseases. Ingrid Keller informed that countries nominations need to be submitted to CHAFEA/EC by the 15<sup>th</sup> June and if not included at this stage, no associated partner will be included later to this date. At present 10 nominations have been received, 3 of them from countries new to the current JA on chronic diseases (Poland, Malta and Hungary). Results from working groups from the 3<sup>rd</sup> May meeting in Luxemburg has been forwarded to the 3<sup>rd</sup> May meeting participants (Carlos, Jelka, Rokas) and that they could share the info circulated by EC to the rest of EB members. On the 5<sup>th</sup> and 6<sup>th</sup> July meetings will take place in Luxemburg where nominees will be invited to discuss and decide on the content of the next JA on chronic diseases (meetings being organised by EC). The proposal will need to be written during the summer as the submission deadline is bound to be in September. The new JA is foreseen as a continuation of the current one (although it is not a copy and paste action) but with great emphasis on (pilot) implementation on prevention, on integrated care. It is important to bear in mind that DG Sante has been criticised for providing too many models but then there are difficulties in measuring any impact of the health programmes, hence the emphasis on implementation. Ingrid indicated that there is nothing fixed on the content of the next JA but it should not duplicate other JA.

#### Summary of actions to be taken:

- *WP1 to forward details on new CP to WP6 and WP2*
- *EB members to participate in upcoming EB's and GB's meetings following agendas approved*
- *Coordination team to coordinate mid-interim report*
- *WP1 awaiting feedback from CHAFEA on 2<sup>nd</sup> Amendment*
- *WP2 to continue work and feedback to EB on progress*
- *WP3 to continue work and feedback to EB on progress*
- *WP1 to produce sustainability report on JA-CHRODIS*
- *WP5, WP6 and WP7 to continue collaboration with WP4 on reviewers and practices to be uploaded*
- *WP4 to continue work and feedback to EB on progress*
- *WP4 to forward information on EIP-AHA collaboration to WP1 and CHAFEA*
- *WP5 to continue work and feedback to EB on progress*
- *Coordination team to forward invitation letter and questionnaire sent by WP6 to WP leaders*
- *WP leaders to distribute WP6 questionnaire on training programmes to WP partners*
- *WP6 to continue work and feedback to EB on progress*
- *WP7 to continue work and feedback to EB on progress*

**Next TC: 13<sup>th</sup> July 2016 (15:00-17:00 CEST time)**



## TC Executive Board Minutes

13<sup>th</sup> July 2016

From 15:00 to 17:00

### Participants:

1. Carlos Segovia, ISCIII
2. Juan Riese, ISCIII
3. Patricia Cedié, ISCIII
4. Anne Pierson, EuroHealthNet
5. Anna Gallinat, EuroHealthNet
6. Clotilde Cattaneo, EuroHealthNet
7. Maria Gabriela Barbaglia, AQuAS
8. Enrique Bernal, IACS
9. Ramón Launa, IACS
10. Thomas Kunkel, BzGA
11. Alexander Haarmann, BZgA
12. Rokas Navickas, VULSK
13. Jelka Zaletel, NIJZ
14. Spela Selak, NIJZ
15. Isabel Saiz, MSSSI
16. Anne-Marie Yazbeck, CHAFEA

### Apologies received from:

1. Fernando García, ISCIII
2. Catalina del Río, ISCIII
3. Mireia Espallargues, AQuAS
4. Noemí Robles AQuAS
5. Rogerio Ribeiro, APDP
6. Graziano Onder, AIFA
7. Federica Mammarella, AIFA
8. Elena Jureviciene, VULSK
9. Marina Maggini, ISS
10. Paloma Casado, MSSSI
11. Carmen Arias, MSSSI
12. Ingrid Keller, EC–DG Sante



## MINUTES

### **1. News from Thomas Kunkel**

Thomas Kunkel informed the EB that he will terminate his contract at BZgA in September; considering holidays and leave, his last day in the job will be on the 22<sup>nd</sup> July. Alexander will continue as WP leader, taking over also Thomas's activities.

The Coordinator thanked Thomas for all his work at JA-CHRODIS as he has been a reliable partner with a positive and constructive approach throughout his work at JA-CHRODIS.

### **2. Review last minutes' actions**

Minutes from the 15-17<sup>th</sup> June meeting have been circulated requesting feedback by 18<sup>th</sup> July. Points pending and needed review considering the actions pending from the 8<sup>th</sup> June minutes and from the draft minutes of the 15-17<sup>th</sup> June are included in today's agenda.

### **3. Coordinator's report**

**New CP BioCruces Health Research Institute.** The BioCruces Health Research Institute has been accepted as new CP to collaborate in WP5. Activities have been already agreed as this collaboration initiates as Heather Roger, previous partner at Deusto University is now working at BioCruces. Deusto University will keep collaborating in WP5.

**2<sup>nd</sup> JA on chronic conditions: feedback from 5<sup>th</sup> and 6<sup>th</sup> July.** On the 5<sup>th</sup> and 6<sup>th</sup> July the EC organised a meeting in Luxemburg for the entities nominated to participate in the new JA on chronic conditions. There were several entities interested in leading the next JA, following discussions, ISCIII will be the coordinator and VULSK with Rokas Navickas and Elena Jureviciene will be the Scientific Coordinator. This is a new role that needs to still be defined in terms of role and tasks for the Coordinator and for the Scientific Coordinator. Rokas indicated that the aim of the Scientific Coordinator is to foster greater coordination across and within WPs, taking also an acting part in the shaping of the new JA and being in contact with WP leaders to have a general overview of the WP from the very beginning. He also will be chairing the GB and AB to better achieve the goals to be set for these boards.

Ideas were presented and discussed on the activities for the new JA during the meeting, however, it has been stressed by the EC that implementation should be the focus of the JA. The new JA is not a continuation of the current one (and as such it has been suggested not to rename it as JA-CHRODIS 2). On the WPs, there are 4 mandatory WPs: Coordination (ISCIII), Dissemination (Hungarian and Slovakian partners), Evaluation (AQuAS) and Implementation (IACS). There were other working groups organised during the Luxemburg meeting where discussion on possible work packages took place: on health prevention and promotion (BZgA interested in leading); multimorbidity (Italian university via Graziano Onder and VULSK interested in leading); diabetes-integrated care -still to concrete focus of a possible WP (ISS and NIJZ interested in leading). Jelka Zaletel indicated that she and Marina Maggini both are working on a draft for the new JA WP (asking Coordinator and Scientific Coordinator for timing and deadlines). The WP Jelka Zaletel and Marina Maggini will lead is not only focusing on diabetes but on quality and will support the team in charge of implementation. The decision on whether the group focusing on work force and chronic diseases group should form a WP or whether it can be included in one of the other WPs is still pending. There was also another working group on eHealth and patient empowerment. There is also the question on whether the Governing Board will have its own WP or it will remain within the WP of coordination.

Anne-Marie Yazbeck suggested to contact participants of the new JA and send them indications of time and dynamics by e-mail so the timeline for the preparation of the new JA proposal is established and clear to all those already involved. CHAFAE will forward the list of nominees by the end of this week or the following one. By the end of September a draft of the new JA needs to be



defined and the final submission (including budget and administrative documentation) will need to be completed by the 3<sup>rd</sup> November. Carlos and Rokas informed that partners had been asked to send ideas by the end of the present week (Friday 15<sup>th</sup> July) to WP leaders of the new JA and then to Coordinator of the new JA.

#### **Advisory Board and Executive Board September meetings.**

During the June meetings, the opportunity was presented of organising the JA-CHRODIS AB and EB meetings scheduled for the 21<sup>st</sup> and 22<sup>nd</sup> September back-to-back to the presidential Slovakian conference on chronic diseases where the coordinator has contacted the organisation in order to get a slot for JA-CHRODIS. Considering the change of venue and the fact that so far 3 AB members have indicated that they will not be able to participate, WP1 suggested holding the EB meeting with the presence of the AB participants members including in the agenda a slot for AB feedback at the end of the meeting. Thus, WP1 thinks that the direct interaction of the AB members in an EB meeting will enrich feedback to JA-CHRODIS. Rokas Navickas suggested including a closed slot for only EB members. This meeting could take place on the 21<sup>st</sup> September. For the 22<sup>nd</sup> September, a face-to-face meeting of the WP leaders of the next JA is proposed considering the timing of the new JA proposal and also the fact that most WP leaders of JA-CHRODIS will also lead a WP in the new JA. EB participants agreed to this proposal. WP1 will circulate a draft agenda for the EB meeting and will confirm venue (awaiting feedback from Slovakian National Contact Point for the logistics of the meetings). Coordinator of new JA will liaise with EC on the 22<sup>nd</sup> September meeting for the next JA.

**Mid-interim report June 2016.** Partners have been asked to provide information on the technical and financial details to be included in the mid-interim report that include the info till June 2016. For any queries, partners are asked to contact Catalina del Río for the financial request and Patricia Cediél for the technical report.

#### **Action:**

- *Include BioCruces Health Research Institute as JA-CHRODIS CP*
- *EB partners involved to organise preparation on next JA on chronic conditions considering different roles to be taken*
- *WP1 to circulate draft agenda for 21<sup>st</sup> EB and AB meeting and will confirm venue as soon as confirmed by Slovakian contact*
- *Coordinator of new JA will liaise with EC on the proposed meeting for the 22<sup>nd</sup> September with the WP leaders of the new JA*
- *Partners to provide info for the technical and financial mid-interim report June 2016*

### **3. JA-CHRODIS WPs**

#### **WP2**

WP2 is working on feedback given during the June meetings on the dissemination plan that will circulate to EB members in due time. WP2 is also working on the video and on the outputs to be included in the brochure and information sheet. WP1 agreed to contact the EC on the pilot server, where JA-CHRODIS website could be included as discussed in June.

EPH conference: JA-CHRODIS is organising the pre-conference workshop (EHNet will provide the name for the regional health authority contact representative awaiting also contact name for policy makers from Lithuania VULSK) and the submitted workshop that has been programmed for Friday 11<sup>th</sup> November.

Parliamentarian session: 3 MEPs have responded positively to the request to host this JA-CHRODIS session (Maltese, Danish and Portuguese MEPs). WP2 will liaise with WP leaders on the content of this session.

Final conference: WP2 will be checking out some possible venues and has requested a 2<sup>nd</sup> offer for an organiser event company. As discussed in Brussels in June, the final conference will be programmed for the 27<sup>th</sup> February (half day the afternoon devoted to JA-CHRODIS WPs and on the





28<sup>th</sup> Feb with an open programme where a session for the new JA will be also scheduled. Graziano Onder confirmed his agreement with this scheduling via e-mail, including the WP6 session on the 27<sup>th</sup> February as proposed.

10-steps document: These 10-steps will be ready for the final conference and as suggested by Ingrid Keller will be coherent with the activities to be taken forward by the next JA. It was discussed that planning for its development should start taking place in October and have a draft ready for the GB meeting on the 29<sup>th</sup> November.

**Action:**

- *WP2 to continue work and feedback to EB on progress*
- *WP1 to contact EC on the EC server to host JA-CHRODIS web*

**WP3**

Global satisfaction survey. This survey was launched on the 21<sup>st</sup> June, so far 61 respondents, deadline in September.

Impact plan. WP3 will request feedback from AB (liaising with WP1 to send info to AB) and obtain feedback during the face-to-face meeting in Sep. WP3 will also request EB feedback on the plan; this feedback will be integrated in the plan that will be distributed to EB.

**Action:**

- *EB members to provide feedback to WP3 on impact plan*
- *WP3 to continue work and feedback to EB on progress*

**WP4**

Submission process: The CHRODIS Platform was launched on the 4<sup>th</sup> July for the uploading of practices. At present, only 8 of the 10 practice owners who sent an expression of interest (Eoi) from the 41 contacted practices from WP5 have registered. From WP6 only 3 register out of 12 Eoi and from WP7 only 1 out of 5 Eoi from 100 practices. On the patient empowerment there are no registrations as by 12<sup>th</sup> July. From EIP-AHA only 1 registered (out of 2 Eoi) from 68 practice owners contacted. On the reviewers' front, only 18 confirmed from WP5 and 3 has registered; no registrations have been identified from WP6, WP7 and patient empowerment, respectively. The Coordinator indicated the relevance of uploading practices into the platform as it is an important part of the added value of JA-CHRODIS and a unique niche to work on. It is also of interest for all partners as it will be also a tool for the new JA. There was a question on emails reaching recipients and a possible problem with this. WP4 will resend emails to WP leaders so they can distribute to the remaining WP partners.

It was noted that it would be interesting to analyse who uploads practices to identify target groups. Also, it was suggested to inform partners that the CHRODIS Platform will also be available for the next JA (as some wondered on the use of uploading practices if JA-CHRODIS is expected to end by March 2017. In addition, in some cases, uploaders will upload several good practices.

Digital Library: Awaiting feedback from EB on wording of criteria. The German Ministry of Health will send specific wording (Thomas Kunkel is at present working on this) based on other similar experiences (WP4 asked Thomas to forward them so engineers working with the Platform can have an idea about the framework and its implications to work ahead on needs).

Terms and conditions of Platform: WP4 is working on this document that has been drafted and shared with ISCIII. WP4 is reviewing and considering Marina's feedback by email (this included: how content is selected; responsibility of the editorial content; disclaimer; conflict of interest rules; research integrity; sponsorship and advertising; reprint policy; link to third party sites; ...) as an index for the terms of use.

Letter on sustainability sent by Director of EC DG Santé: The Coordinator briefed that a letter from the DG Sante Director was sent indicating the opportunity to maintain the platform over the next



JA (making adjustments if needed) only if a sustainability plan is developed. So far, there has been no clear idea on how to develop a feasible plan for sustainability. For this, it is important to consult national governments so a written statement can be developed as to how MoHs view the platform and how much MoHs are willing to discuss on its sustainability. The Coordinator will take this forward for the new proposal. On the sending of this letter, Jelka Zaletel expressed that it was an unnecessary letter from the EC. The sustainability of the platform should be sought in the current JA-CHRODIS but also the new JA.

- WP4 to liaise with WP leaders on the registration of practice owners submitting practices and for the registration of reviewers, contacting them directly when possible
- WP5 and other EB members to provide clear written wording for Digital Library criteria (WP5 to forward document being used when working on this)
- WP4 to complete draft of Terms and conditions of Platform and to circulate to EB members
- Coordinator to liaise with new JA partners on sustainability of the CHRODIS Platform

#### **WP5**

Study visits: WP5 has completed last visit in London. Now, WP5 is working on the reports for them including an evaluation that can be a good basis for the report on WP5 recommendations. This report will consider barriers and facilitators so the report will be useful also for any implementation/transfer of practices inside or outside the new JA on chronic conditions.

Final WP5 meeting: WP5 has started to organise its final meeting. It is considering 21<sup>st</sup> -22<sup>nd</sup> November in Lisbon. Dates and venue are still to be confirmed.

#### **Action:**

- *WP5 to continue work and feedback to EB on progress*

#### **WP6**

Applicability model: WP6 is awaiting feedback from GB. During July, WP6 is having an overview of the answers received. There were no figures available during this TC on current responses received to the survey.

Questionnaires on case management training programmes: Due to the low response rate, the deadline has been extended to 30<sup>th</sup> July. WP2 commented that the survey has been included in the JA-CHRODIS newsletter and also in the DG Santé newsletter. WP1 offered its help contacting and encouraging partners for the completion of questionnaire. WP6 will review strategy and ask WP1 if any help is needed.

Questionnaires on case management training programmes experts meeting: Date of meeting being considered for the end of October- early November. WP6 will try to have a draft on deliverable and recommendation for GB feedback to be circulated in preparation for the GB meeting on the 29<sup>th</sup> November. On the identification of experts, WP6 has a list completed by WP partners and WP6 will contact directly these experts.

#### **Action:**

- *WP6 to provide feedback to WP1 on applicability model survey responses*
- *WP6 to continue work and feedback to EB on progress*

#### **WP7**

Recommendations from WP7: Recommendations have been drafted and reviewed by WP7 partners. Minor revisions are taking place right now. Report will be ready by end of July.

NDP: GB feedback during the June meetings is being reviewed and integrated into NDP report that will be ready in September.





Final WP7 meeting: WP7 preparing their final WP7 meeting for the 20<sup>th</sup>-21<sup>st</sup> October in Rome. WP7 leaders are waiting indications from WP1 as to whether invite GB members. Patricia Cediél will review minutes from June meetings to check discussion on this topic and feedback to WP7.

**Action:**

- *WP7 to continue work and feedback to EB on progress*
- *WP1 to review minutes on discussion of GB involvement in WP7 final meeting and liaise with WP7 on this*

**4. AOB**

**Next TC agenda:** Jelka Zaletel proposed for the next TC agenda to reverse the order of normally included points, starting then with WP7 (that it is always at the end of the TC when time is a pressing issue) and ending with the coordinator's report.

**Summary of actions to be taken:**

- *Include BioCruces Health Research Institute as JA-CHRODIS CP*
- *EB partners involved to organise preparation on next JA on chronic conditions considering different roles to be taken*
- *WP1 to circulate draft agenda for 21<sup>st</sup> EB and AB meeting and will confirm venue as soon as confirmed by Slovakian contact*
- *Coordinator of new JA will liaise with EC on the proposed meeting for the 22<sup>nd</sup> September with the WP leaders of the new JA*
- *Partners to provide info for the technical and financial mid-interim report June 2016*
- *WP2 to continue work and feedback to EB on progress*
- *WP1 to contact EC on the EC server to host JA-CHRODIS web*
- *EB members to provide feedback to WP3 on impact plan*
- *WP3 to continue work and feedback to EB on progress*
- *WP4 to liaise with WP leaders on the registration of practice owners submitting practices and for the registration of reviewers, contacting them directly when possible*
- *WP5 and other EB members to provide clear written wording for Digital Library criteria (WP5 to forward document being used when working on this)*
- *WP4 to complete draft of Terms and Conditions of Platform and circulate it to EB members*
- *Coordinator to liaise with new JA partners on sustainability of the CHRODIS Platform*
- *WP5 to continue work and feedback to EB on progress*
- *WP6 to provide feedback to WP1 on applicability model survey responses*
- *WP6 to continue work and feedback to EB on progress*
- *WP7 to continue work and feedback to EB on progress*
- *WP1 to review minutes on discussion of GB involvement in WP7 final meeting and liaise with WP7 on this*

**Next TC: To be agreed -a doodle poll to be circulated including option on the week 22<sup>nd</sup> August**



## TC Executive Board Minutes

23<sup>rd</sup> August 2016

From 15:00 to 17:00

### **Participants:**

1. Carlos Segovia, ISCIII
2. Catalina del Río, ISCIII
3. Anna Gallinat, EuroHealthNet
4. Clotilde Cattaneo, EuroHealthNet
5. Rogerio Ribeiro, APDP
6. Enrique Bernal, IACS
7. Katie Palmer, AIFA
8. Rokas Navickas, VULSK
9. Marina Maggini, ISS
10. Jelka Zaletel, NIJZ
11. Spela Selak, NIJZ
12. Isabel Saiz, MSSSI

### **Apologies received from:**

1. Fernando García, ISCIII
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11. Federica Mammarella, AIFA
12. Elena Jureviciene, VULSK
13. Paloma Casado, MSSSI
14. Carmen Arias, MSSSI
15. Anne-Marie Yazbeck, CHAFEA
16. Ingrid Keller, EC–DG Sante



## MINUTES

### **1. Review last minutes' actions – comments made by Ingrid Keller**

Ingrid Keller's comments to the minutes of the last TC on the 13<sup>th</sup> of July referred mainly to the discussions in Luxembourg about the new JA and the timeline for the Bratislava meetings. Comments will be included in the minutes including the request to remove the word WP when referring to the new JA, and using working groups instead. The timings of the Bratislava meetings will remain as the minutes reflected because it was what was discussed at the time, even though things changed afterwards.

#### **Action:**

- *Include Ingrid's comments in minutes and circulate draft again.*

### **2. Coordinator's report**

**EB & AB meeting (21<sup>st</sup> of September, Bratislava).** As discussed in the previous TC, the EB and AB meetings have been moved to Bratislava to have them back-to-back the Slovakian conference on Chronic Diseases. The Coordinator has been invited to give a speech on the 20<sup>th</sup> of September about Good Practices in Prevention and Promotion.

The EB meeting will finally be held jointly with the AB on the 21<sup>st</sup> of September. The Coordinator went through the draft agenda and it was suggested by Marina and Anna that more time was needed to discuss the Final Conference. To accommodate this change, it was decided to move and shorten the discussion with AB members to right after lunch for half an hour (14.00 – 14.30). The rest of the afternoon would be devoted to discussing the EPH workshops and the Final Conference. The AB members will stay throughout the discussions on dissemination to provide feedback.

**Next JA meeting (22<sup>nd</sup> of September, Bratislava).** An overview of the agenda was given by the Coordinator. Catalina explained that EB members invited by DG SANTÉ to attend this meeting would have their travel costs (air fare, train tickets) reimbursed and a hotel allowance of 100 € for the nights of the 21<sup>st</sup> and 22<sup>nd</sup>. An official invitation will be sent by DG SANTÉ to those participating as WP leaders in the next JA, along with information about the reimbursement of costs. Catalina reminded EB members that only those receiving the official invitation could have their costs reimbursed by DG SANTÉ. Any other team members attending this meeting would have to cover their costs otherwise, but not with the JA CHRODIS budget as it is a different project. It was also pointed out that the hotel costs previous to the night of the 21<sup>st</sup> for attending the EB meeting should be covered by their JA CHRODIS budget.

**Amendment approved.** The Coordinator informed that Chafea has approved the amendment and it is only pending the signature of ISCIII and Chafea's Directors, thus things can start moving as planned in the new Grant Agreement.

### **3. JA-CHRODIS WPs**

#### **WP7**

Guide on NDP: The final document is expected to be finished by the end of September.

Policy Brief: There is no further information on the dealings with the Observatory; the person in charge of this process will keep the Coordinator updated of any progress relating to this matter.

WP7 October meeting: The agenda is being drafted and invitations have been sent to the GB members, with only Serbia having responded so far. Invitations will be sent again soon.



## **WP6**

Update on applicability of model survey: 20-21 responses with feedback have been received (including 4 from GB members) from 15 countries. The final report, based on this feedback, will be ready in about 3 weeks.

### Case management training programmes

1. Survey Feedback: 11 questionnaires received so far (2 erroneous because were old version). The deadline has been extended due to the vacation period.
2. Expert identification and meeting date: Jelka has agreed to participate and there are 13 other names to contact for availability. The date is still to be determined, but it is planned for October.

Katie Palmer informed they are carrying out a survey of existing training programmes and conducting a systematic review on what has been published related to training programmes. The idea is to discuss at the expert meeting what is available and what elements of it are relevant/useful as a starting point to establish should be aimed for.

## **WP5**

Recommendations for the study visits: Currently putting together all information from the study visits to include in report. No date yet for the report.

WP5 meeting will be held in Lisbon on the 21<sup>st</sup>-22<sup>nd</sup> of November.

## **WP4**

CHRODIS Platform uploading of practices & evaluation: There has been uneven progress among WPs. WP5 is doing quite well with 5 good practices submitted, 12 in edition and 5 under review; WP6 have 4 reviewers registered but no practices submitted; and WP7 have 2 good practices submitted, 2 in edition and 1 reviewer registered.

Enrique Bernal expressed his concern about the lack of response from WP6 and WP7. Marina Maggini pointed out that partners' were not reminded to upload practices because of lack of reviewers. WP7 will work on recruiting more reviewers; Jelka Zalatel has agreed to register as reviewer. Rokas Navickas suggested looking into the reasons why good practices are not being submitted, as maybe there is something that needs to be done now to encourage involvement, as WP6 provided 2 different lists, one extracted from ICARE4U and another national Lithuanian one, and, although people in those lists had been contacted previously, no practices have been uploaded. Enrique Bernal suggested that WP6/7 speak to WP5 to see how they are managing their process and what lessons can be learned from them, as there is a time constrain since practices have to be uploaded in the platform in time to show it to the Governing Board at the November meeting.

It was agreed that there are two issues: one is how to encourage the uploading of practices in the long run and the other one is how to populate the platform at present to comply with JA CRHODIS commitments and its accountability to the Governing Board. The Coordinator suggested WP leaders take some time to think about both these points and propose ideas in written format to be discussed by the EB.

Digital Library criteria: Still waiting for response from Germany's Ministry of Health. This is a pressing issue as everything needs to be uploaded for the GB meeting on the 29<sup>th</sup> of November. Feedback from the MoH should ideally be received by the 15<sup>th</sup> of September so that criteria can be approved at the next EB meeting in Bratislava.



Terms and Conditions of the Platform: T&C's have already been sent to WP1 and will be discussed and approved at the next EB meeting in Bratislava.

Helpdesk Manager: The position was published on the 3<sup>rd</sup> week of July, but there are no applicants so far. It has been agreed that WP2 will promote the opening in the website and amongst stakeholders. WP1 will also disseminate. It was also suggested to have it posted in EURAXESS and ERA careers.

**Actions:**

- WPs to send WP1 a document with suggestions/ideas to encourage good practice uploads/reviewers registering, both from a short and long term perspectives, for the 15<sup>th</sup> of September.
- WP6/WP7 to contact WP5 for suggestions on how to increase the number of good practices uploaded.
- WP7 to contact potential reviewers and remind partners to upload practices. Jelka to register as reviewer.
- Coordinator to contact Germany's MoH regarding Digital Library criteria.
- WP1 to include approval of Digital Library criteria and platform's T&Cs in the agenda of the next EB meeting of the 21<sup>st</sup> of September.
- WP4 to send documents mentioned in point above to EB members at the beginning of September.
- WP2 to disseminate helpdesk manager position.

**WP3**

Global Satisfaction Survey: 78 questionnaires have been collected so far, but the survey is still open until the end of September.

Impact Assessment: It has been emailed to the EB and AB. 3 answers have been received so far.

**WP2**

Information sheet: Waiting for feedback.

Video: The script will be shared with the EB before being sent to the agency.

JA-CHRODIS Website: Waiting for an answer from the EC about their pilot project to host websites from finished projects. There is also the option to include it in the website of the new JA. Need to review options with Ingrid Keller.

EPH conference: In contact with the Regional Health Authority for them to provide a participant for the pre-conference workshop. Need to have the case study for the workshop finalised and sent to the EB for feedback. Marina pointed out there already is a case study.

Parliamentarian Session: A session at the parliament is being organised by EUREGHA for the 28<sup>th</sup> of November, from 12.30 to 16.00. The room has already been requested and the agenda drafted. 3 parliamentarians have confirmed their attendance already.

Final Conference: The conference will be held on the 27<sup>th</sup> and 28<sup>th</sup> of February 2017 at the Thon City Centre Hotel in Brussels. A draft agenda is being discussed with WP1 and will be sent to the EB for input. On the 27<sup>th</sup>, it will be a half day, in which outcomes of JA-CHRODIS will be discussed in parallel sessions around WPs. On the 28<sup>th</sup>, the Commissioner has confirmed his attendance and there will be a more general discussion on chronic diseases in Europe. The WHO and OECD will also



be invited. WP2 suggests EB members to disseminate amongst the heads of their institutions to increase attendance of high profiles. EB members are also encouraged to suggest speakers. A Save the Date will be sent soon to all stakeholders.

**Actions:**

- WP2 to send video script to EB.
- WP1 to confirm the case study for the EPH workshop is already completed and to send to EB for feedback.
- EB to disseminate Final Conference amongst high level officials in their institutions.
- WP2 to send Save the Date for Final Conference.
- WP1 to send Final Conference draft agenda to EB for input.

***Next TC: To be agreed***

DRAFT



## TC Executive Board Minutes

4<sup>th</sup> October 2016

From 15:30 to 17:00

### **Participants:**

1. Carlos Segovia, ISCIII
2. Catalina del Río, ISCIII
3. Anna Gallinat, EuroHealthNet
4. Anne Pierson, EuroHealthNet
5. Enrique Bernal, IACS
6. Ramón Launa, IACS
7. Francisco Estupiñán, IACS
8. Katie Palmer, AIFA
9. Marina Maggini, ISS
10. Jelka Zaletel, NIJZ
11. Isabel Saiz, MSSSI

### **Apologies received from:**

1. Fernando García, ISCIII
2. Juan Riese, ISCIII
3. Patricia Cediell, ISCIII
4. Mireia Espallargues, AQuAS
5. Noemí Robles AQuAS
6. Maria Gabriela Barbaglia, AQuAS
7. Rogerio Ribeiro, APDP
8. Alexander Haarmann, BZgA
9. Graziano Onder, AIFA
10. Rokas Navickas, VULSK
11. Federica Mammarella, AIFA
12. Elena Jureviciene, VULSK
13. Spela Selak, NIJZ
14. Paloma Casado, MSSSI
15. Carmen Arias, MSSSI
16. Anne-Marie Yazbeck, CHAFEA
17. Ingrid Keller, EC–DG Sante





## MINUTES

### 1. Review last minutes' actions –

Minutes from the September meeting have been circulated for comments.

### 2. Coordinator's report

**Mid-interim report.** WP1 liaising with WP6 on final queries to complete 2<sup>nd</sup> mid-interim technical report. Patricia Cediél will review and contact person in charge if any other pending issues to finalise report.

**EPH: Vienna declaration.** EPHA has circulated a declaration (previously circulated to EB) and invite partners & institutions to sign it if in agreement for its release at the Nov EPH conference. Carlos Segovia indicated that he was unsure if JA-CHRODIS could endorse it as the project is not a legal entity. Enrique Bernal asked partners to review and ensure agreement to it, especially section on advocacy for change. All agree to support declaration. Coordinator will contact EPH on this.

**Next GB meeting.** Next GB meeting will be as agreed before on the 29<sup>th</sup> November in Brussels. Other Ministries of Health/ Authorities from the new JA will be invited to participant in the meeting as suggested by EC. Coordination team is organising the venue as the number of expected participants different to the initially planned (and room already booked does not have the capacity for the likely increase in the number of attendees). WP1 will circulate draft agenda that it has been prepared by the GB secretariat and discussed with EC and WP1. On the 28<sup>th</sup> November, GB members will be invited to the Parliamentary session WP2 is organising. Carlos Segovia commented that Ingrid Keller has suggested taking advantage that WP leaders who also lead a WP in the next JA are in Brussels, to meet on the 30<sup>th</sup> November to review the evaluation feedback given, addressing the issues highlighted during the evaluation process. The Coordinators of the new JA will send further details to those involved on this.

### **Actions**

- Coordinator to contact EPHA on the Vienna declaration to be endorsed/ signed by JA-CHRODIS
- WP1 to circulate GB agenda for EB approval prior circulation to GB

### 3. JA-CHRODIS WPs

#### **WP7**

Annex to policy brief: This document is already available on the internet:

Guide for National Diabetes Plans: This document has been sent to the GB for feedback (WP1 will s. The Coordinator will also like to make some comments to it and asked for 1 week in order to send comments to WP7.

Policy Brief subcontract: Coordinator has been forwarded a proposal made by WHO on the text on copyright to be considered for the contract and PB publication. Coordinator will review and provide feedback regarding compliance with Grant Agreement.

Final WP7 meeting: WP7 finalising organisation of event that will take place on the 20<sup>th</sup> and 21<sup>st</sup> October in Rome. WP leaders were asked to circulate the agenda to rest of EB

Dissemination material: WP7 leaders will liaise with WP2 on 2 leaflets this WP is producing, one for patients and one for the general public. In addition, WP7 is completing the info-sheets that will be used as documentation to forward to the panellist of the EPH pre-conference JA-CHRODIS workshop.

Parliamentarian Session: As the parliamentarian session will be focused in diabetes, WP4 leader asked for WP7 to ensure practices to be presented are uploaded at the earliest possible on the



CHRODIS platform (so they can be evaluated and prepared for the event). WP4 leader also asked on the possibility of uploading diabetes plan on the Platform (in the Digital Library). WP4 will send further instructions to WP7 on this.

#### **Actions**

- WP7 to review comments to be received on Guide for NDP from Coordinator and GB
- Coordinator to provide feedback on PB contract copyright issues & proposal made by WHO
- WP7 to circulate to EB agenda for final WP7 meeting
- WP7 to liaise with WP2 on dissemination material
- WP4 to send indications to WP7 on the uploading of guides and practices to the Platform

#### **WP6**

Katie Palmer informed that WP6 has completed a report on the results on the survey to the applicability of the MM care model. This has been circulated by WP1 to the EB for comments. WP6 is organising the expert meeting on MM case training programmes for the 4<sup>th</sup> Nov in Treviso. Invitation will be sent next week.

#### **Actions**

- EB to review and provide comments if relevant to WP6 on applicability report
- WP6 to update EB on experts meeting and circulate agenda

#### **WP5**

WP5 is working on the transferability recommendations following the completion of the study visits. A draft document is underway and will be circulated for the 21-22 Nov WP5 meeting in Lisbon.

WP5 will circulate the Nov WP5 meeting agenda.

#### **Actions**

- WP5 to circulate Nov meeting agenda

#### **WP4**

WP4 leader provided an update on the current practices uploaded on the Platform. A total of 29-30 practices from WP5 and WP7 combined. Zero from WP6. WP4 will discuss with WP6 leader and co-leader (none available during this TC meeting for this discussion) options such as having another round of contacts. Another option is to contact NIVEL and ask to identify the 10 more relevant potential practices from their ICare4U project (which info has also contributed to JA-CHRODIS) and following the example from WP5 where there has been a knowledge broker to help owners in the submission of practices, assist these integrated care practice owners in the submission of practices to the Platform. WP4 has contacted also practices owners from the Barcelona Integrated Care International Conference and other Spanish partners involved in integrated care to upload practices.

WP4 also involved in the production of a manual for reviewers that will be available on the Platform

WP4 will liaise with CHAFAE and EC on the synergies and interaction with other EC projects overlapping with JA-CHRODIS objectives (EIP-AHA and SCIROCCO). WP4 will attend a meeting on the 17<sup>th</sup> Oct in Brussels for this purpose. WP4 has already provided requested feedback to EIP-AHA on its repository.

The German Ministry of Health representative have provided comments to the Digital Library following the GB meeting in June 2016. WP1 will circulate to rest of EB and WP4 to circulate a



document to the EB with the actions to be implemented (or not) to address MOH of Germany input, for comments.

#### Actions

- WP4 to liaise with WP6 leaders on how to ensure practices on integrated care on Platform
- WP4 continue liaison with EC/ CHAFAEA and feedback to Coordinator and EB
- WP1 to circulate DL German Ministry of Health representative feedback to EB for EB comments

#### WP3

WP3 sent its apologies and very kindly forwarded in advance its update for the EB TC:

- the global satisfaction survey was closed on September 30th. There are 91 questionnaires completed (256 invitations, 36% participation).
- we are working with WP2 in developing the surveys for assessing the webinars
- we have organized a face-to-face meeting on October 13th for:
- developing the final version of the Impact Plan
- organizing the Final Report workflows, responsibilities and deadlines

#### Actions

- WP3 to continue work and provide feedback to EB

#### WP2

Information sheet: WP2 is waiting for feedback from WP leaders. Once texts are finalised, the lay outing process will start. The sheets will definitely be ready for EPH in Vienna.

Leaflets: EB to comment. Once text is finalised and agreed upon, lay outing process will start.

Video: The script has been sent to the video agency and we are waiting for the first storyboard.

Webinar: First one (on JA-CHRODIS in general) took place today and was successful. Some questions were received from participants and attendance was about 25 out of 30 registered. For each webinar, WP2 will hold training sessions with each WP leader in preparation for the webinar, so everyone is familiar with the look and functions of the software.

EPH conference: CHRODIS will be presented during the preconference and workshop. WP1 organising preconference liaising with moderator, Caroline Costongs, speakers and panellists. Also WP1 has organised a TC for the coordination of workshop with moderators and speakers.

Parliamentarian Session: EUREGHA is organising it. Registration will open soon. Priority of attending will be given to policy makers (MEPs and members of the GB).

Final Conference: Agenda needs to be finalised ASAP. Secretariat of GB asked to share it with GB and receive their feedback. Speakers' invitations must be sent out soon.

#### Actions:

- WP2 to send video script to EB.
- WP1 to confirm the case study for the EPH workshop is already completed and to send to speakers from WPs for discussion in TC organised
- EB to disseminate Final Conference amongst high level officials in their institutions.
- WP2 to send Save the Date for Final Conference
- WP1 to send Final Conference draft agenda to EB for input

**Next TC:** To be agreed



## TC Executive Board Minutes

15<sup>th</sup> November 2016

From 15:30 to 17:00

### **Participants:**

1. Carlos Segovia, ISCIII
2. Fernando García, ISCIII
3. Juan Riese, ISCIII
4. Patricia Cediél, ISCIII
5. Catalina del Río, ISCIII
6. Anne Pierson, EuroHealthNet
7. Clotilde Cattaneo, EuroHealthNet
8. Jillian Reynolds, AQuAS
9. Enrique Bernal, IACS
10. Ramón Launa, IACS
11. Alexander Haarmann, BZgA
12. Federica Mammarella, AIFA
13. Marina Maggini, ISS

### **Apologies received from:**

1. Anna Gallinat, EuroHealthNet
2. Mireia Espallargues, AQuAS
3. Rogerio Ribeiro, APDP
4. Graziano Onder, AIFA
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9. Paloma Casado, MSSSI
10. Isabel Saiz, MSSSI
11. Carmen Arias, MSSSI
12. Anne-Marie Yazbeck, CHAFEA
13. Ingrid Keller, EC–DG Sante



## MINUTES

### **1. Review last minutes' actions –**

Minutes from the October TC meeting have been circulated already. Points to continue progress have been included in today's agenda.

### **2. Coordinator's report**

GB meeting. Agenda has been circulated. EB members are to indicate participation to meeting completing doodle already sent by Coordinator. Documents to be circulated to the GB members (WP3 impact Ax plan; WP5 and WP6 any relevant document respective WP leaders can identified for the GB; WP4 Terms of use & feedback on the editorial policy of the Digital Library; WP7 Guide to National Diabetes Plan –already sent to GB for feedback) will be sent to the GB secretariat on Thursday 17<sup>th</sup> at the latest. WP leaders are to send documentation to Coordinator by then.

10-steps for GB: Carlos Segovia will send a proposal of the Decalogue within one week's time for EB revision and once comments received from EB, it will be circulated to GB for their comments.

#### **ACTIONS**

- WP leaders to send relevant documents for GB meeting to Coordinator by 17<sup>th</sup> Nov
- Coordinator to circulate proposal of Decalogue by Tuesday 22<sup>nd</sup> Nov to EB

### **3. JA-CHRODIS WPs**

#### **WP2**

Final conference: Invitations and save the date already sent. Registration is open (so far 40 people registered). On the agenda, still pending confirmation from some speakers. On the translation of the infosheets for the final conference, WP2 will review and liaise with WP7 and other WP interested on the translation of their infosheets. On the dissemination of the final conference and as discussed during the last EB TC, Coordinator enquired on the dissemination to relevant people to be completed by partners. AQuAS and IACS will enquire at their institution to complete dissemination of the event. Alexander Haarmann asked on the role of the participants to be invited. It was clarified that the dissemination of the event to Director or possible participants is as attendees to the conference (WP2 is sending the official invitation to speakers). All TC participants agreed that it would be better for the information on the final Conference to be received from the Coordinator. WP2 is in discussion with WP1 on cocktail to be organised on the evening of the 27th February. WP leaders are to review budget available at their respective WP for the final conference and provide info to Financial Project Manager.

Leaflet: CHRODIS leaflet on results has been produced and will be translated (this needs to be discussed with EUREGHA to ascertain budget available for this).

Video: Video has been produced after circulation for comments to EB. The video was shown in EUPHA.

Webinars: currently evaluating feedback received, WP2 will compile details and send them to WP3. Still pending 2 webinars, awaiting confirmation of dates (probably 13<sup>th</sup> Dec and unsure of 5<sup>th</sup> Dec date).

EUPHA: Preconference workshop was completed. Despite having a room booked for 80 people and having register above this number for the workshop, the room was not full. Still, it was indicated that this is quite normal for this type of workshops and what was relevant was that those who attended were active on their interest on JA-CHRODIS as there were many parallel sessions so participation was very diluted among all conference workshops. Presentations are to be uploaded on web (email sent on this). Alexander commented on the relevance to target professional groups at national level. Enrique suggested that in future, if greater visibility & participation at EUPHA events, it would be highly recommended to link directly with one of the EUPHA sections so a workshop can be prepared together.



Parliamentarian workshop (28<sup>th</sup> November): WP2 indicated that Slovenia will not be presenting practices and enquired on which other practices could be presented. WP4 leader will forward information on available practices on platform to identify suitable speakers. So far 35 people have registered for this event including 5 Governing Board members. JA-CHRODIS speakers to forward to Coordinator sketch/draft of participation by 23<sup>rd</sup> Nov for coordination purposes.

#### **ACTIONS**

- WP2 to continue with WP1 support on the preparation of Final Conference: agenda & invitations
- WP leaders to liaise directly with WP2 on the translation of infosheets
- Partners to send director of institutions emails to Coordinator so he can send invitation to attend final conference directly to them
- WP leaders are to review budget available at their respective WP for the final conference and provide info to Financial Project Manager
- WP4 to provide info on practices for WP2 to try to secure speakers on practice on diabetes to Parliamentarian workshop.
- JA-CHRODIS speakers to PE workshop on 28<sup>th</sup> Nov to forward to Coordinator sketch of speech by 23<sup>rd</sup> Nov

#### **WP3**

Jillian was welcomed to JA-CHRODIS a new member of the AQuAS team.

Global satisfaction: 92 replies received. Report with analysis to be finalised by Dec 2016. WP3 will circulate to EB for comments.

Evaluation of meetings. WP3 is completing a report on the meetings evaluated during 2016. The evaluation of the final conference can be integrated in the report to be produced on the Final Conference (deliverable D10-01.04 Final conference report).

Evaluation report. WP3 will be contacting WP leaders for the provision of information for the evaluation. WP3 will develop helping tools for the collection of data. For WP5, WP6 and WP7 the timing will be early December (2<sup>nd</sup> December WP3 will send data to be completed; WP leaders to forward data collected by 16<sup>th</sup> December). Draft report will be circulated to EB for comments in January. Indicators for WP1, WP2 and WP4 will be collected in March (17<sup>th</sup> March feedback) in order to have all reports completed by 31<sup>st</sup> March

Impact assessment plan: WP3 completing framework. It will circulate slides for GB & EB discussion on this by Thursday 17<sup>th</sup> Nov.

EUPHA evaluation: WP3 agreed to evaluate the feedback received during the 9<sup>th</sup> EUPHA conference in Vienna following a suggestion from Coordinator. Rogerio Ribeiro is completing a first draft on this that will circulate in early December.

#### **ACTIONS**

- WP3 to produce reports on global satisfaction and evaluation of meetings
- WP3 to lead on evaluation of WPs with the active collaboration of WP leaders
- WP3 to circulate to Coordinator Impact AX plan for GB & EB discussion

#### **WP4**

Practices in Platform: Slow progress. Still practices pending evaluation. WP4 leader asked for input from WP leaders to assist in speeding this process by contacting reviewers and owners. Still no practices are available from WP6 at platform.

Digital library criteria. Feedback from German MoH has been circulated with actions suggested by WP4. Only comments received from WP2. Extension of deadline for comments on till Thursday 17<sup>th</sup> Nov before sending document to GB members (as it is one of the documents identified for circulation in preparation for the 4<sup>th</sup> GB meeting). Marina Maggini confirm to accept the document. Terms of Use, document drafted also to be sent to Coordinator and then Coordinator to circulate to





rest of EB. The agreement on IPR needs to be reached either before the end of the project or afterwards. The suggestion is to address this before the end of the project.

Synergies with other projects: WP4 participated in October 19th in a meeting fostered by DG Santé, where the Platform was presented to DG Santé and DGCnect officers. The meeting was aiming at looking for synergies with the EIP-AHA initiative. During the past month, WP4 coordination has contacted SCIROCCO project (19<sup>th</sup> October) as well as FOCUS project (8<sup>TH</sup> November). With regard to the former, a decision was made to include SCIROCCO practices in the CHRODIS Platform (now WP4 is programming the deployment to get them in before January launching). With regard to the second, no final decision was reached. WP4 will update on progress on this.

## **ACTIONS**

- WP4 to liaise with WP leaders on practices on platform
- WP leaders to send any other comment on feedback to the editorial policy of the digital library after German MoH feedback
- Coordinator to circulate to EB members Terms of Use of Platform once received from WP4.
- WP4 to update when needed to EB on synergies with other platforms/ projects collecting practices

## **WP5**

WP5 final meeting: WP5 partners are meeting on the 21<sup>st</sup> & 22<sup>nd</sup> Nov in Lisbon. The agenda will be sent to Coordinator for information.

Deliverable D06-03: Recommendations report on applicability and transferability of practices into different settings and countries. This report will finalise in December.

Documents on web: WP5 were asked to remove some documents on the study visits from webpage by EC as the reports are of varying content, format, size, quality, layout etc and are hence not apt for an outside audience, unfamiliar with the study visits. Coordinator asked WP5 to send document to coordinator to review and reminded all WP leaders on the use of intranet for the display of internal documents.

## **ACTIONS**

- WP5 to forward WP5 meeting agenda to coordinator
- WP5 to finalise deliverable
- WP5 to forward documents removed from web to coordinator

## **WP6**

Expert meeting: expert meeting on case management programmes took place on Friday 4<sup>th</sup> November. WP6 will draft report based on this meeting (deliverable D07-03).

Report on feedback on applicability model. Coordinator enquired on the report on the applicability MM care model after Coordinator provided indications for its revision. Federica indicated that she was aware that coordinator has sent feedback but not further information was indicated by WP coleader on this.

## **ACTIONS**

- WP6 to complete deliverable on case management training following expert meeting
- WP6 to provide update on report on the feedback on the survey of the MM care model applicability

## **WP7**

Policy brief: WP7 will forward final Policy brief to Coordinator so he can send it to CHAFAA

Guide on NDP: This deliverable has been sent already to CHAFAA.

Annex of good practices: WP7 is finalising this part of the report that will be sent to Coordinator and WP2.





Final meeting: WP7 final meeting took place in Rome the 20-21 of October. The participants, nearly 50, appreciated the discussion, the networking and experiences exchange. WP7 will finalise minutes of meeting.

Activity next month: WP7 will focus on dissemination and translation of documents.

#### **ACTIONS**

- WP7 to forward to Coordinator Policy Brief
- WP7 to send to Coordinator pending annex of practices
- WP7 to disseminate and translate documents in liaison with WP2

#### **AOB**

Coordinator reminded WP leaders that the JA is coming to an end. It is important for auditing purposes to ensure that all WP relevant generated documents such as reports and meeting agendas and minutes are properly saved either on the internet if public document or intranet if only for partners.

**Next TC:** 13<sup>th</sup> December 2016, from 3pm to 5pm



## TC Executive Board Minutes

16th December 2016

From 15:00 to 16:30

### **Participants:**

1. Carlos Segovia, ISCIII
2. Catalina del Río, ISCIII
3. Anne Pierson, EuroHealthNet
4. Anna Gallinat, EuroHealthNet
5. Rogerio Ribeiro, APDP
6. Ramón Launa, IACS
7. Paco Estupiñán, IACS
8. Alexander Haarmann, BZgA
9. Federica Mammarella, AIFA
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### **Apologies received from:**

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10. Spela Selak, NIJZ
11. Paloma Casado, MSSSI
12. Isabel Saiz, MSSSI
13. Carmen Arias, MSSSI
14. Anne-Marie Yazbeck, CHAFEA
15. Ingrid Keller, EC–DG Sante



## MINUTES

### **1. Review last minutes' actions –**

Minutes from the November TC meeting have been circulated already. Points to continue progress have been included in today's agenda.

### **2. Coordinator's report**

Feedback GB meeting: Nothing new from what was discussed in Brussels.

Feedback from Commission: Still waiting for the EC's evaluation report on Chrodis Plus.

Timing of Technical and Financial Reports: Reports are due to Chafea on the 31<sup>st</sup> of May. The Coordination team will ask all partners to send their final financial report for mid-April. Patricia will contact WP leaders about Technical Report which can already be started.

#### **ACTIONS**

- Coordination to contact WP leaders on the preparation of the Final Technical Report.

### **3. JA-CHRODIS WPs**

#### **WP1**

Decalogue: Only 3 comments have been received to the suggested points sent by Coordinator, so there is concern about the real interest WP leaders have in this initiative. WP leaders were prompted to express their opinion on the worthiness of the Decalogue: WP1, 2 and 7 support the idea, whilst WP5 leader requires further information on the purpose of this initiative.

#### **ACTIONS**

- Coordination to send more information re the Decalogue to WP5 leader.
- WP4 and WP6 to send their opinion on whether or not we should continue with this initiative.

#### **WP2**

JA-CHRODIS participation in Lithuania's Conference: Elena explained that it was originally conceived as a WP6 event, but as 3 Commissioners are attending they believed it would be a good opportunity to disseminate the whole JA. The Conference will be in English, but it is mainly a national event.

The Coordinator prompts WP leaders to give their opinion on the need to be represented at the Conference. WP2, 5 and 7 think it is a good opportunity to disseminate, although WP2 do not see the need to be there, plus do not have funds to pay for it. WP4 has no opinion and WP1 informs someone from the Coordination will be present. Elena offers to pay for someone from WP2 to attend, as they could promote the Final Conference, although WP2 are not sure whether or not to present at the conference. The Coordination asks whether any part of the conference is going to be paid for with JA-CHRODIS funds, as if this is the case, the event has to comply with all the conditions to be a JA-CHRODIS event, i.e. having the EC and JA-CHRODIS logos, plus the co-funding by EC notice. Elena responds she has already discussed this with AMY and has been told that is ok to cover expenses with Chrodis funds.

Feedback Parliamentary Session: The session was considered pretty fruitless due to the low attendance rate which meant that the event was not thought as worthwhile as initially envisaged. There is a need to rethink of ways to raise more interest.

Final Conference: Still waiting for confirmation of several speakers plus WHO Europe. WP2 are looking for someone to substitute David McDaid in session 3 (Link health promotion to healthcare), WP leaders to send proposal thinking of someone. WP2 will send an invitation to the European Observatory if no suggestions received. The content of parallel sessions will be planned with the



WP leaders at the start of 2017. There is a plan to organise a social event and WP1 and WP2 are looking for ways of financing it. ISS offered some budget to help financing it. WP leaders agreed it would be a good idea to invite GB members to the Final Conference and help finance their travel expenses. VULSK, ISS and BZgA will review and see if able to finance expenses for their respective GB member. Rogério pointed out that DGS have funds to cover for the Portuguese GB member.

Task 4 Pilot model of information for health professionals: Will be finished by next week.

Pending WP2 activities: Updating website, newsletter to be sent next week, last newsletter (number 6) will be done in January, evaluation from webinars sent to WP3, working on Final Conference.

GENCAD Conference: JA-CHRODIS has been invited to moderate one of the sessions and attend the conference.

#### **ACTIONS**

- WP4 to send opinion on whether it is worth attending the Lithuanian Conference. WP2 to confirm their attendance and decide on whether or not they would like to present the Final Conference. WP1 to confirm attendance of the Coordinator.
- WP leaders to send suggestions to substitute David McDaid in Session 3 of the Final Conference.
- WP2 to invite somebody from European Observatory (Matthias Wismar) to substitute David McDaid if no suggestions received from rest of WP leaders.
- WP leaders to express interest on attending and/or moderating a session at the GENCAD Conference.

#### **WP3**

Global satisfaction, evaluation of 2016 meetings and EUPHA evaluation: will be circulated to the EB members by January 6th.

Evaluation report: WP3 will be contacting WP leaders for the provision of information for the evaluation. WP3 has sent helping tools for the collection of data. WP5 will send a 1<sup>st</sup> draft version by the end of the week, WP6 still pending and WP7 have already responded. Draft report will be circulated to EB for comments in January. Indicators for WP1, WP2 and WP4 will be collected in March (17<sup>th</sup> March feedback) in order to have all reports completed by 31<sup>st</sup> March

Impact assessment plan: WP3 will circulate on January 20<sup>th</sup>. The GB members would like a copy before the Final Conference.

#### **ACTIONS**

- WP3 to circulate global satisfaction and evaluation of meetings by January 6<sup>th</sup>.
- WP6 to send information for the evaluation.
- WP3 to send draft of Impact Plan by end of January to EB and GB for discussion.

#### **WP4**

Platform data: 25 practices uploaded (22 from WP5, 0 from WP6 and 3 from WP7). 5 practices have been evaluated. There are 120 registered users in the platform, 69 documents in the Digital Library and 15 are being reviewed. 2 reviewers are out as they have exceeded the maximum time allowed to review.

T&C of the platform use: Comments received from WP7. Feedback on those comments sent by IACS to Coordinator. The draft will be circulated next week for approval at next EB TC.

Linkage with other EU projects: Things have changed after the CHRODIS plus meeting in Brussels where EC informed that it has been decided that the EC will develop its own platform and now not sure that it is worth to include SIROCCO criteria into the platform. WP4 requires clarification on how to proceed from the EB. Need to wait for CHRODIS plus evaluation report to see what next.

Pending: To carry on working on the platform. Hired Helpdesk Manager will start working at IACS the 3<sup>rd</sup> of January.



## ACTIONS

- WP1 to circulate draft on T&C for platform use to be approved at next EB TC.
- WP4 to wait for CHRODIS plus evaluation report and to have feedback from EB to decide steps to take regarding synergies with other projects.
- WP4 to update when needed to EB on synergies with other platforms/ projects collecting practices.

## WP5

Editing of study visit reports: WP5 working on it.

Deliverable D06-03: Recommendations report on applicability and transferability of practices into different settings and countries. WP5 is currently working on it. A preliminary version will be sent around at the end of the year, a final version until late January, which will include comments of WP partners, EB and GB members.

## ACTIONS

- WP5 to finalise edition of study visits report.
- WP5 to finalise deliverable.

## WP6

Report on feedback on applicability model and expert meetings. Elena Jureviciene did not have information to be able to provide an update on the development of the applicability report (this report is being handled by WP6 leader Rokas Navickas). Federica Mammarella provided feedback on the following points:

Minutes from expert meeting: the report on the expert meeting could be the means of verification of the achievement of this milestone (this deliverable D07-03 has been forwarded to WP1 for feedback); still, WP6 has recently agreed with WP1 to collect in a separate document the actual minutes from the expert meeting (where the complete list of attendees will be included).

Deliverable D07-03 "Report on meetings with experts for designing case management programmes". This deliverable has been forwarded to Patricia Cedié on 14<sup>th</sup> Dec 2016 for comments (Patricia Cedié is on leave till 22<sup>nd</sup> Dec).

Recommendations on how to apply the model to multimorbid patients with diabetes and mental health. Federica explained that Joao Forjaz (ISCIII- WP6) has sent a draft report on this practical report on the applicability of the MM care model to partners for revision on the 12<sup>th</sup> December.

Federica Mammarella indicated that WP6 will send to WP1 document currently under revision in WP6 by the end of December.

The Coordinator pointed out that WP leaders providing feedback during the TC to the rest of EB members need to be fully briefed on the relevant WP points included in the TC agenda to ensure feedback is given to EB in the points included in the agenda.

Elena presented the upcoming conference in Lithuania (see point in WP2), where VULSK ensured a break out session for JA-Chrodis, which is being attended by

- Vytenis Povilas Andriukaitis (EU Commissioner for Health and Food Safety)
- Carlos Moedas (EU Commissioner for Research, Science and Innovation)
- Corina Creţu (EU Commissioner for Regional Policy)

## ACTIONS

- WP6 to complete deliverable on case management training following expert meeting
- WP6 to provide update on report on the feedback on the survey of the MM care model applicability



## **WP7**

Policy brief: WP7 will update the coordinator as soon as possible.

Good practices: WP7 completing collection of Good Practices (38 collected so far and waiting for 2 more). Report to be sent before Christmas.

Final meeting: WP7 finalising minutes of meeting.

Activity next month: WP7 will focus on dissemination and translation of leaflets for patients and professionals to 9 languages, to be ready for Final Conference.

### **ACTIONS**

- WP7 to update Coordinator on Policy Brief status
- WP7 to send to Coordinator pending annex of practices
- WP7 to disseminate and translate documents in liaison with WP2

**Next TC:** 17<sup>th</sup> January 2017, from 3pm to 5pm

DRAFT

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

Grant Agreement n° 2013 22 01

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## 2<sup>nd</sup> MID INTERIM REPORT M25-M30

Period: 1<sup>st</sup> January, 2016 – 30<sup>th</sup> June, 2016

First submission:

Revision:

Approved:





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# 1. EXECUTIVE SUMMARY

## 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 WP1: Coordination of JA-CHRODIS (M25-M30)

#### 2.1.1. WP1 Deliverables, milestones, activities achieved M25-M30

**D09-01.02: Reports on the conclusions of the discussions of the MoH Forum on the future plans for making the activities of CHRODIS-JA sustainable in time (M27).** Following the 2nd year of JA-CHRODIS, the Governing Board has consolidated itself and its role in contributing to the strategic progress of the JA-CHRODIS is taking on greater relevance: as concluded during its 2nd meeting on the 3rd February 2016, GB support is needed for the dissemination of the products of JA-CHRODIS and to promote the implementation and exchange of good practices, where more examples of “how to do it” would be appreciated. The Work Plan for the Governing Board has been updated and it has been followed, being asked the members of this board feedback on deliverables and haven been provided for their information other JA-CHRODIS outputs. The report on the conclusions of the MoH discussion was completed in M28.

**M-WP1-04: 2nd Interim report to the European Commission (M24).** With the input from all WP leaders and Associated Partners, the 2nd Interim technical and financial report covering the period to December 2015 (included) was completed and forwarded to CAHFEA-EC in M26. The completion of activities during the period was in line with the Grant Agreement.

**Task 1. Technical and administrative assistance to project partners.** WP1 have been supporting Associated Partners and Collaborative Partners, addressing administrative issues on their involvement in JA-CHRODIS. From January 2016 to June 2016, four new Collaborating Partners have been involved in JA-CHRODIS with concrete activities at WP level for their involvement in the action: the Comité Permanent des Médecins Européens (CPME), the European Medical Students' Association (EMSA), BioCruces Health Research Institute, and Health Research Institute INCLIVA.

WP1 has ensured that, on monthly basis, a summary of the achievements and next actions of the different WPs is made available to partners via the intranet, where partners have access to these updates. Through this secure intranet, WP leaders can share information and documents to the participating partners within their work package. WP1 has been managing this intranet, allowing access to partners when required.

WP1 has ensured compliance with the Grant Agreement and it has also worked closely in the coordination of the different WPs, assisting WP leaders when required in addition to holding bilateral

WP communication for the development of the different WPs, participating in occasions in internal WP meetings.

WP1 requested an amendment to the Grant Agreement that was submitted in May 2016 (M29). For this, WP1 has contacted and liaised with WP leaders on the revision of resources and tasks and also it reviewed Associated Partners reported costs based on the information previously collected during the 2nd Interim report. WP1 has been active in the communication with CHAFAEA and DG Sante, maintaining a frequent contact on the progress of the Joint Action.

**Task 2. Organisation of project follow-up meetings.** WP1 has organised the following meetings for the Executive Board, the Advisory Board, Governing Board and General Assembly and Stakeholders Forum.

- **Executive Board meeting.** The 7th EB meeting took place on the 2nd of February 2016 in Madrid with the objective of increasing coherence across JA-CHRODIS WP, discussing how to promote the exchange of good practices and also to plan the work for 2016, including dissemination activities. The 8th EB meeting was organised in Brussels on the 15th, 16th and 17th of June 2016 with the aim of coordinating the different dissemination activities and the discussion of the products being produced by the WPs. In addition to these face to face meetings, there have been periodic EB teleconferences: 12th January, 24th February, 5th April, 10th May, and 8th June. WP1 has been coordinating the production of these meetings and their correspondent minutes, making them available to the general public or EB members as required.
- **Advisory Board meeting.** The 2nd Advisory Board meeting took place on the 3rd February in Madrid to discuss with the AB members the progress of the action and seek guidance and feedback from the expert members of this JA-CHRODIS. There was an attempt to organise the 3rd Advisory Board meeting in June, however, due to poor indicative participation of the AB members, this meeting has been postponed towards the next semester.
- **Governing Board meeting.** The Governing Board has met twice this semester, first on the 3rd February and a second meeting on the 16th June. The aims of these meetings were to increase the involvement of the GB in the development of JA-CHRODIS products and its future usage whilst increasing awareness of the members on these products.
- **2nd General Assembly** meeting organised on the 4th of February 2016 combined most sessions with the 3rd Stakeholders Forum meeting in Madrid to increase interaction between stakeholders and partners. A total of 108 partners attended the meeting which objective was to discuss with partners the relevance and possible mechanism to exchange practices on chronic care across Europe through the different outputs and outcomes of JA-CHRODIS.

- **3rd Stakeholders Forum meeting** was organised in conjunction with the 2nd General Assembly. Sixteen stakeholders participated. The goal for this interaction and meeting with stakeholders was to explore and foster the exchange of good practices in chronic care within JA-CHRODIS at European level. Stakeholders identification and involvement. WP1 has participated at the 16th International Conference on Integrated Care coordinating the workshop “JA-CHRODIS: Using good practices to improve Integrated Care for Chronicity”. In addition, WP1 supports WP2 in the preparation of the newsletters and monthly updates that periodically, WP2 coordinates and distributes to stakeholders. WP1 has coordinated the submission of later on accepted abstracts for the presentation of JA-CHRODIS at international events (16th International Conference on Integrated Care and 9th European Public Health Conference) and the organisation of a pre-conference workshop at EPH. It has also initiated the organization of the Final Conference with WP2.

**Task 3. Sustainability.** In order to plan the continuing cooperation in the field of chronic diseases, WP1 has continue focusing on the involvement and support from the Governing Board members and requesting feedback on JA-CHRODIS deliverables following the Governing Board work plan. The deliverable D.07-02 from WP6 “Report on care pathways approaches for multimorbid chronic patients” was presented during the 2nd Governing Board meeting in February 2016 and circulated in March to the GB members in order to obtain feedback on the points included on the work plan: if the deliverable aligns with the interest in the country addressing chronic diseases; if there are barriers and which facilitator could exist for the application of the deliverable in the country; and if it would be feasible to apply the deliverable in the country. After several reminders, by the end of May 2016, only France and Spain provided written feedback to the WP6 leaders on this deliverable. Verbal feedback was then sought at the 3rd Governing Board meeting organised in June 2016.

The 2nd and 3rd Governing Board meetings have been organised during this semester aiming to gain feedback and support from the GB members on the future use of the outputs of JA-CHRODIS and addressing GB queries. Currently, a total of 18 European countries plus the European Commission and the WHO Regional Office for Europe have a representative at the Governing Board.

In addition, the Coordinator of this Joint Action has been actively involved in the events and meetings organised by the European Commission on the 21st April 2016 in Brussels “Towards better prevention and management of chronic diseases” and on the 3rd May during the info day “3rd Health Programme to plan the Joint Action on Action on chronic diseases” where the goal was to present the current JA-CHRODIS and promote the sustainability of products and outputs developed in JA-CHRODIS.

### 2.1.2. WP1 Main challenges

One of the main challenges during this semester has been the completion of the 2nd amendment to the Grant Agreement. This activity has been completed after thoroughly identifying the resources used by and available to each associated partner following the 2nd Interim Financial Report in addition to analysing with each of the WP leaders and partners their needs and activities in upcoming months, ensuring a optimal match between resources, pending activities and partners. This amendment was submitted in May to CHAFAEA. By the end of July, no approval has been received and WP1 is been following this up with CHAFAEA as the timing for approval of the 2nd amendment is crucial for the initiation and development of new activities, in addition to the implications that it has on the adjustment in resources across partners for the continuation of key human resources at some institutions.

In addition to financial adjustment, the 2nd Amendment also included a request for the development of a Policy Brief by WP7. This inclusion follows a prior agreed approval for this brief by CHAFAEA and the European Commission as the initiation of the Policy Brief happen in September 2015, before the 2nd Amendment was initiated. This was due to the need in starting the activity with the subcontracted selected in September 2015, urged by WP7 co-leader. The policy brief has been a challenge for WP1 as it involved a subcontracting of activities from NIJZ to the European Observatory on Health Systems and Policies (part of the WHO). As the coordinator, WP1 has attempted to ensure compliance of the Grant Agreement on this contract and product, however, this proved difficult as the coordinator was not a signing part of this contract. As a result, the initial signed contract by NIJZ and the WHO was in breached of the Grant Agreement and the final product published in April did not comply with property rights stated in the Grant Agreement. This was highlighted by the European Commission and CHAFAEA requesting a change in the contract to ensure the product of the Policy Brief is in line with the Grant Agreement. NIJZ is currently in negotiations with WHO to adjust this.

Due to the large size of the Joint Action, it is essential an active and reliable input from WP leaders in providing update information and discussion to the Coordinator and rest of Executive Board members. Teleconferences are being organised on monthly basis and monthly updates completed by WP leaders to provide information on the progress of their WP activities. However, the coordinator and the Executive Board members relies mostly on the WP leaders' feedback for this, hence having limited information if the WP leaders do not provide the information requested. WP1 has been active in contacting WP leaders to provide further details; however, it is being difficult to monitor completely all activities at WP level without a proper input and feedback from WP leaders.



### 2.1.3. WP1 Activities planned for the next reporting period (M31-M39) and work to achieve upcoming deliverables and milestones

**Task 1. Technical and administrative assistance to project partners.** WP1 will continue with the coordination of work across WPs and the input of the Executive Board for the progress and achievement of JA-CHRODIS objectives. Input from Associated and Collaborative partners in the development of JA-CHRODIS is essential. WP1 will continue providing them with updated information on the progress of the Joint Action, supporting them in technical, administrative and financial issues.

WP1 will ensure compliance with the Grant Agreement and will liaise with CHAFEA on the approval of the submitted 2nd Amendment. WP1 will continue centralising deliverables and verifying achievement of milestones in close collaboration with WP leaders.

**Task 2. Organisation of project meetings.** The following meetings are to be organised by M39:

- **Executive Board meeting.** The 9th Executive Board meeting is being organised for September 2016 (M33).
- **Advisory Board meeting.** The Advisory Board input will be required in the last reporting period of JA-CHRODIS. To ensure direct communication and input to the Executive Board, the next Advisory Board meeting will take place during the Executive Board in September 2016. In this way, the AB members will participate in the EB meeting to provide directly their input and feedback.
- **Governing Board meeting.** The next Governing Board meeting has been scheduled for November 2016 (M35) where most JA-CHRODIS outputs have been developed.
- **Stakeholders meeting: final conference.** WP1 is involved with WP2 in the organisation of the final conference plan for the 28th February 2017 (M38). This final conference will gather JA-CHRODIS and stakeholders. To increase the participation of stakeholders, the meeting will take place in Brussels as a convenience city in terms of transport and with headquarters of some EU stakeholders.

**Task 3. Sustainability.** WP1 will continue developing outcomes and products relevant for the objective of JA-CHRODIS and in line with the Grant Agreement. It will also continue close collaboration with the Governing Board to ensure the products are also evaluated and discussed by the Governing Board members following the Governing Board Work Plan. WP1 will liaise closely with the European Commission and the nominees for the next Joint Action on Chronic conditions to uptake those JA-CHRODIS most relevant for the exchange of practices on chronic diseases.

### 2.1.4. WP1 upcoming deliverables and milestones

WP1 will complete the D08-03 Progress reports, executive board minutes with the minutes from these meetings and it will also provide the D09-01.03 Report on the conclusions of the discussions of the MoH Forum on the future plans for making the activities of JA-CHRODIS sustainable in time. For this, WP1 will continue coordinating and organising the corresponding meetings and following the GB work plan for the provision of feedback on JA-CHRODIS deliverables. In collaboration with WP2, WP1 is organising the final conference where a report will follow (D10-01.04 Final conference report). WP1 will complete its activity with the achievement of the milestone M-WP1-05 “Technical and financial reports to the European Commission” in M239 where all the information related to JA-CHRODIS, technical and financial will be included.

### 2.1.5. Overview of tasks carried out until M30

WP1 Overview tasks carried out until M30. In grey, those tasks completed.

TASK ACCORDING TO G.A.	INDICATOR OF VERIFICATION	DATE OF ACHIEVEMENT	LEVEL OF ACCOMPLISHMENT	PROBLEMS AND JUSTIFICATION FOR DELAYS
Task 1. Technical and administrative assistance to project partners	Technical and financial interim and final reports of the Chrodis JA	M39	80%	N/A
Task 2. Organisation of project follow up meetings	Minutes from meetings	M39	80%	N/A
Task 3. Sustainability	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	M36	66%	N/A

### 2.1.6. WP1 Documents generated M25-M30

DOCUMENT TITLE	DOCUMENT AVAILABLE
7 <sup>th</sup> Executive Board meeting (2 <sup>nd</sup> February 2016)	<a href="https://drive.google.com/file/d/0B8Xu4R_n0-nzOXNoS0owQ0JHQ3c/view?pref=2&amp;pli=1">https://drive.google.com/file/d/0B8Xu4R_n0-nzOXNoS0owQ0JHQ3c/view?pref=2&amp;pli=1</a>
8 <sup>th</sup> Executive Board meeting (15 <sup>th</sup> -17 <sup>th</sup> June 2016)	<a href="http://www.chrodis.eu/event/8th-ja-chrodis-executive-board-meeting/">http://www.chrodis.eu/event/8th-ja-chrodis-executive-board-meeting/</a>
Agenda and minutes from EB periodic TC: 12 <sup>th</sup> January, 24 <sup>th</sup> February, 5 <sup>th</sup> April, 10 <sup>th</sup> May, and 8th June	Intranet. Available at request
2 <sup>nd</sup> Advisory Board meeting (3 <sup>rd</sup> February 2016)	<a href="http://www.chrodis.eu/wp-content/uploads/2016/04/Minutes-2AB_Meeting_3Feb2016_FINAL.pdf">http://www.chrodis.eu/wp-content/uploads/2016/04/Minutes-2AB_Meeting_3Feb2016_FINAL.pdf</a>
2 <sup>nd</sup> Governing Board meeting (3 <sup>rd</sup> February agenda and minutes)	<a href="http://www.chrodis.eu/wp-content/uploads/2016/04/Minutes-2nd-GB-MEETING_03_FEBRUARY-2016_FINAL.pdf">http://www.chrodis.eu/wp-content/uploads/2016/04/Minutes-2nd-GB-MEETING_03_FEBRUARY-2016_FINAL.pdf</a>
3 <sup>rd</sup> Governing Board meeting (16 <sup>th</sup> June 2016)	<a href="http://www.chrodis.eu/event/3rd-ja-chrodis-governing-board-meeting/">http://www.chrodis.eu/event/3rd-ja-chrodis-governing-board-meeting/</a>
Second interim report	<a href="https://drive.google.com/file/d/0B8Xu4R_n0-nzOXNoS0owQ0JHQ3c/view?pref=2&amp;pli=1">https://drive.google.com/file/d/0B8Xu4R_n0-nzOXNoS0owQ0JHQ3c/view?pref=2&amp;pli=1</a>

DOCUMENT TITLE	DOCUMENT AVAILABLE
	<a href="http://nzelINSeFdvNWVaZFE/view?pref=2&amp;pli=1">nzelINSeFdvNWVaZFE/view?pref=2&amp;pli=1</a>

## 2.1.7. WP1 Update deliverable and milestone information

### DELIVERABLES

Nº	DELIVERABLE	EXPECTED MONTH OF DELIVERY as AMENDMENT	MONTH ACHIEVED	MONTH EXPECTED	COMMENTS
D08	<b>D08: Progress Reports and Executive Board minutes</b>				
	D08-01: Progress Reports, Executive Board Minutes	M12	M12		
	D08-02: Progress Reports, Executive Board Minutes	M24	M24		
	D08-03: Progress Reports, Executive Board Minutes	M36		M36	
D09	<b>D09: Annual Reports on Sustainability</b>				
	D09-01.01: Reports on the conclusions of the discussions of the MoH Forum on the future plans for making the activities of CHRODIS-JA sustainable in time	M15	M24		
	D09-01.02: Reports on the conclusions of the discussions of the MoH Forum on the future plans for making the activities of CHRODIS-JA sustainable in time	M27	M28		
	D09-01.03: Reports on the conclusions of the discussions of the MoH Forum on the future plans for making the activities of CHRODIS-JA sustainable in time	M37		M37	
D010	<b>D10: Technical and financial interim and final reports of the Chrodis JA</b>				
	D10-01.1: The Technical and financial interim	M12	M12		
	D10-01.2: The Technical and financial interim	M24	M26		
	D10-01.3: Final report	M39			
	D10-01.4: Final conference report	M36		M39	<i>Final conference to be organised in Feb 2017 (M38)</i>

### MILESTONES

NUMBER MILESTONE	MILESTONE	EXPECTED MONTH OF DELIVERY as AMENDMENT	MONTH ACHIEVED	MONTH EXPECTED	COMMENTS
M-WP1-01	<b>M-WP1-01:</b> First draft of SPOP and 3 year work plan for CHRODIS-JA circulated	M1	M2		
M-WP1-02	<b>M-WP1-02:</b> SOP and 3 year Work Plan circulated and approved by the Executive Board	M4	M4		
M-WP1-03	<b>M-WP1-03:</b> 1st interim report to the European Commission	M12	M12		
M-WP1-04	<b>M-WP1-04:</b> 2nd interim report to the European Commission	M24	M26		
M-WP1-05	<b>M-WP1-05:</b> Technical and financial reports to the European Commission	M39		M39	

## 2.2. WP2: Dissemination of JA-CHRODIS

Over the course of the last six-month period, partners in Work Package 2 have been extremely active in the domains of dissemination, stakeholder mapping and online tools. We have worked to ensure the wide dissemination of JA-CHRODIS outputs by maintaining a strong online presence for the Joint Action. We started organising webinars to disseminate the Joint Action's outputs and started the organisation of the final conference, which will take place in February 2017.

### 2.2.1. WP2 Deliverables, milestones, activities achieved M25-M30

#### Task 1. Dissemination.

In early 2016, EuroHealthNet prepared and wrote the Status Report of Communication 2015, based on an analysis of partners' responses. The report was finalised and submitted in March.

From January to March 2016, we prepared a dissemination plan for 2016. In May, WP2 partners realigned dissemination activities planned for the second semester of 2016 and the beginning of 2017. A timetable for future dissemination activities was also drafted in May.

We actively disseminated information about the WP5 study visits by posting minutes, presentations and pictures collected from partners on the JA-CHRODIS website, Facebook and Twitter and by drafting articles about study visits for EuroHealthNet's April Health Highlights newsletter. We supported WP6 partners in editing the WP6 multimorbidity questionnaire and multimorbidity care model and helping with the dissemination of these documents. In addition, we helped WP7 with the dissemination of their policy brief on diabetes. WP2 drafted a press release on the WP7 Policy Brief, which was sent out through EurActiv on April 6<sup>th</sup>. The Policy Brief was included as a news item on the JA-CHRODIS website and social media outlets as well as on the EuroHealthNet website. An article on the Policy Brief was also written for the April edition of EuroHealthNet's Health Highlights newsletter.

Over the course of the last six months, EuroHealthNet and WP2 partners helped to prepare presentations for JA-CHRODIS meetings, like the General Assembly and Boards' meetings, and live-tweeted at these events. WP2 partners also worked to ensure and coordinate the presence of JA-CHRODIS at external events including the International Conference on Integrated Care and the 2016 European Public Health Conference.

EuroHealthNet started working on a second JA-CHRODIS video to promote the Joint Action's outcomes and their implementation. In May, we had an initial meeting with the video agency and we drafted a first script.

The first six months of 2016 also saw the beginning of the organisation of JA-CHRODIS' final conference. After clarifying roles and responsibilities for steering the organisation we have started conceptualising, drafted an initial agenda and hired a professional conference organiser company. Together with the

support of WP1, we have secured the attendance of the EC Health Commissioner Andriukaitis and selected the days the final conference will take place (27<sup>th</sup>-28<sup>th</sup> February 2017, Brussels).

### **Task 2. Stakeholder mapping.**

In January 2016, EHNet sent out a reminder to partners asking them to update their initial stakeholder mapping exercises. From January to June 2016, we reviewed and extended the stakeholders list for the CHRODIS Platform in order to include the greatest number of potentially interested parties. Over the course of this time period, we gathered contact information for each organisation identified as a CHRODIS Platform stakeholder and continually updated the database with these contact details.

### **Task 3. Online tools.**

From January to June 2016, EHNet was continuously active on JA-CHRODIS Facebook and Twitter pages, together with WP2 partners, who retweeted information and shared items on Facebook as well. Throughout this period, we continually updated the database and website (adding events and news items, uploading various outputs, updating the list of partners, fixing broken links, etc.). We prepared and disseminated JA-CHRODIS monthly updates in February, March, May and June. With a 3 month preparation period, we also prepared the newsletter edition focusing on multimorbidity, which was sent in early May. The preparations involve drafting the concept, setting a timeline and sending submission requests, drafting, collecting and editing of articles, creating the layout and sending out the document.

In April, we met with the web designer to discuss how the JA-CHRODIS website could be partially redesigned in order to include the outcomes and results of the Joint Action. In May, we prepared a first draft of the new structure for the JA-CHRODIS website.

In January and February, we uploaded information about JA-CHRODIS on the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA) marketplace. However, in the mean time, the marketplace section was closed following the restructuring of the portal. The JA-CHRODIS Project Officer at CHAFEA was informed about this situation by the Coordinator and we are waiting further instructions from CHAFEA on how to proceed on this deliverable and milestone of WP2 JA-CHRODIS, achieved by M26 but unable to continue to follow up due to EIP-AHA circumstances.

Over this six-month period, we have also worked on developing a concept for a series of webinars, each of them focusing on different topics (cf content WPs) targeting specific target groups. For example, in June, we liaised with the European Health Management Association (EHMA) and the WP4 leader on the possibility of organising a webinar for healthcare managers/professionals regarding the usability of the CHRODIS platform.

### **WP2 achieved milestones and deliverables**

<u>Achievements</u>		<u>Date</u>
<b>JA-CHRODIS information section on EIP-AHA</b>	M-WP2-5	February 2016
<b>(Press Release for WP7 Policy Brief)</b>		7 <sup>th</sup> April 2016
<b>Newsletter</b>	D-WP2-1	May 2016
<b>Monthly updates</b>	D-WP2-1	February, March, May and June 2016

### 2.2.2. WP2 Main challenges

The main challenge for us as WP2 leaders is to receive input from (EB) partners for dissemination materials, like the monthly update.

### 2.2.3. WP2 Activities planned for the next reporting period (M31-M39) and work to achieve upcoming deliverables and milestones

#### Task 1. Dissemination activities

We will work to agree with the Executive Board and WP2 partners on the video script and will collaborate with the same video agency, as for the previous video, to work on the visuals.

We will continue the planning and the organisation of the logistics for the final conference in collaboration with hired event organisers Forum Europe. We will draft a conference agenda in close collaboration with WP1 and ensure the conference will be prepared and run as smoothly and successfully as possible.

Together with EUREGHA, WP2 partner, we are preparing a stakeholders workshop in the European parliament on 28<sup>th</sup> November. Furthermore, we will continue to work to ensure the presence of JA-CHRODIS at external events. We will work with the coordinators to propose a pre-conference workshop at the European Public Health Conference in Vienna to present the Joint Action's outputs and results, we will follow up to identify speakers and secure attendance.

We will produce a series of infosheets with main facts and figures as well as key messages for each main output of the Joint Action. These infosheets will be used in addition to an updated version of the JA-CHRODIS leaflet.



## Task 2. Stakeholder mapping

We will continue to update the JA-CHRODIS database with the contact details of identified CHRODIS Platform stakeholders and stakeholders registering to receive the JA-CHRODIS newsletter.

## Task 3. Online tools

EHNet obtained agreement from the Executive Board for the partial restructuring of the website in order to include each WP's outcomes. The outputs will be highlighted and made more attractive to the website's visitors.

We will produce monthly updates throughout the coming months (September, October, November and January) and two newsletters; one focusing on the CHRODIS platform (December) and one focusing on the final conference (February 2017).

We will hold a series of webinars in cooperation with WP4, 5, 6 and 7 in October and December. The webinars will be one hour lunch seminars offering a view into selected JA-CHRODIS issues.

### 2.2.4. WP2 upcoming deliverables and milestones

ACHIEVEMENTS	DATE	COMMENTS
<b>Webinars</b> D-WP2-1	October and December 2016	Draft stage
<b>Final conference</b> M-WP2-05	February 2017	In progress

### 2.2.5. Overview of tasks carried out until M30

WP2 Overview tasks carried out until M30. In grey, those tasks completed.

TASK ACCORDING TO G.A.	INDICATOR OF VERIFICATION	DATE OF ACHIEVEMENT	LEVEL OF ACCOMPLISHMENT	PROBLEMS AND JUSTIFICATION FOR DELAYS
Task 1.1 - Dissemination Strategy	<a href="http://www.chrodis.eu/wp-content/uploads/2015/04/D01-01.1Dissemination-Strategy.pdf">http://www.chrodis.eu/wp-content/uploads/2015/04/D01-01.1Dissemination-Strategy.pdf</a>	M16	100%	The delay (expected achievement: M3) was due to high concentration of work load at the beginning of the JA for us and a lengthy review process subsequently, which has now been more streamlined and made more effective.
Task 1.2 – Guidance	<a href="http://www.chrodis.eu/wp-content/uploads/2015/04/D01-01.2Guidance.pdf">http://www.chrodis.eu/wp-content/uploads/2015/04/D01-01.2Guidance.pdf</a>	M3	100%	N/A

Document	<a href="#">content/uploads/2015/04/D01-01.2-Guidance-document.pdf</a>			
Task 1.3 – Reporting back Template	<a href="http://www.chrodis.eu/wp-content/uploads/2015/05/D01-01.3-Reporting-back-document.pdf">http://www.chrodis.eu/wp-content/uploads/2015/05/D01-01.3-Reporting-back-document.pdf</a>	M3	100%	N/A
Task 1.4 – Promotion by partners	Yearly report of communication activities of partners	M36	66.6%	N/A
Task 1.5 – Promotion at meetings	Yearly report of communication activities of partners	M36	66.6%	N/A
Task 1.6 – Other projects and initiatives	Yearly report of communication activities of partners And also: <a href="http://www.chrodis.eu/resources/other-initiatives/">http://www.chrodis.eu/resources/other-initiatives/</a>	M36	66.6%	N/A
Task 1.7 – Among members	Yearly report of communication activities of partners	M36	66.6%	N/A
Task 2.1 – Stakeholder mapping	Report of first stakeholder mapping ( <a href="http://www.chrodis.eu/wp-content/uploads/2015/04/D01-02.1-Stakeholder-mapping.pdf">http://www.chrodis.eu/wp-content/uploads/2015/04/D01-02.1-Stakeholder-mapping.pdf</a> ) Second stakeholder mapping done in December M24 and contacts are included in the contact database.	M3 for initial stakeholder mapping, after that yearly updates	100%	N/A
Task 2.2 – MoH reps	<a href="http://www.chrodis.eu/wp-content/uploads/2015/04/D01-02.1-Stakeholder-mapping.pdf">http://www.chrodis.eu/wp-content/uploads/2015/04/D01-02.1-Stakeholder-mapping.pdf</a>	M3	100%	N/A
Task 2.3 – Contact database	Contact database available	M3, and M36	100%	N/A
Task 2.4 – Updating	Contact database available	M36	66.6%	
Task 3.1 – Input into CHRODIS platform development	Provided feedback in Y1, attendance of CHRODIS platform workshop in Madrid, sharing of visuals, collaboration meetings held, setting up of CHRODIS emails for the platform, dissemination activities planned for Y3	M39	75%	N/A
Task 3.2 – EIP-AHA updates	Link to EIP-AHA : <a href="https://webgate.ec.europa.eu/eipaha/initiative/index/show/id/399">https://webgate.ec.europa.eu/eipaha/initiative/index/show/id/399</a>	M39	50%	Status January 2016: Due to technical issues at the side of the EIP-AHA it was not possible to give JA-CHRODIS a prominent space on the EIP-AHA. It was therefore agreed to upload information on the web portal, which has happened now. Throughout Y3, regular updates will be sent.  Status August 2016: Shortly after we uploaded JA-CHRODIS information and achieved this WP2 milestone (M26), the EIP-AHA market place was taken offline and all information disappeared. The JA-CHRODIS Project Officer at CHAFAE was

				informed about this situation by the Coordinator and we are waiting further instructions from CHAFAA on how to proceed on this deliverable and milestone, discontinued due to EIP-AHA circumstances.
Task 3.3 – Use of visual identity	Yearly report of communication activities of partners <a href="#">Communication Strategy</a> and <a href="#">Guidelines for Authorship</a> available for partners' consultation	M39	66.6%	N/A
Task 3.4 – Dev. Of Promotional Materials	<a href="http://www.chrodis.eu/our-work/02-communication/tools/">http://www.chrodis.eu/our-work/02-communication/tools/</a>	M39	66.6%	N/A
Task 3.5 – Use of Promotional Materials	Yearly report of communication activities of partners	M39	66.6%	N/A
Task 3.6 – Newsletter	<a href="http://www.chrodis.eu/news/newsletter/">http://www.chrodis.eu/news/newsletter/</a>	M39	80%	N/A
Task 3.7 – Webinars	NA	Start M25 Finish M36	0%	N/A

## 2.2.6. WP2 Documents generated M25-M30

DOCUMENT TITLE	DOCUMENT AVAILABLE
Status Report of Communication 2015	<a href="http://www.chrodis.eu/wp-content/uploads/2016/04/JA-CHRODIS-Communications-Report-2015_EHNet_final.pdf">http://www.chrodis.eu/wp-content/uploads/2016/04/JA-CHRODIS-Communications-Report-2015_EHNet_final.pdf</a>
February update	<a href="http://www.chrodis.eu/wp-content/uploads/2016/03/JA-CHRODIS-The-Latest-News-February-2016.pdf">http://www.chrodis.eu/wp-content/uploads/2016/03/JA-CHRODIS-The-Latest-News-February-2016.pdf</a>
March update	<a href="http://www.chrodis.eu/wp-content/uploads/2016/03/JA-CHRODIS-The-Latest-News-March-2016-1.pdf">http://www.chrodis.eu/wp-content/uploads/2016/03/JA-CHRODIS-The-Latest-News-March-2016-1.pdf</a>
Newsletter on Multimorbidity	<a href="https://www.flipsnack.com/CHRODIS/ja-chrodis-newsletter-multimorbidity.html">https://www.flipsnack.com/CHRODIS/ja-chrodis-newsletter-multimorbidity.html</a>
May update	<a href="https://drive.google.com/file/d/0B8Xu4R_n0-nzUDFkQXdkQ1h5T0E/view">https://drive.google.com/file/d/0B8Xu4R_n0-nzUDFkQXdkQ1h5T0E/view</a>
June update	<a href="https://drive.google.com/file/d/0B8Xu4R_n0-nzczhVRWFoQnI1Q0k/view">https://drive.google.com/file/d/0B8Xu4R_n0-nzczhVRWFoQnI1Q0k/view</a>
July update	<a href="https://drive.google.com/file/d/0B8Xu4R_n0-nzeS1Day1seGpyMTg/view">https://drive.google.com/file/d/0B8Xu4R_n0-nzeS1Day1seGpyMTg/view</a>

## 2.6.7. WP2 Update deliverable and milestone information

### DELIVERABLES

DELIVERABLE	MONTH OF DELIVERY	MONTH ACHIEVED	MONTH EXPECTED	OBSERVATIONS
<b>D01: Dissemination Strategy, visual identify and CHRODIS website, bi-annual newsletters, webinars</b>				
D01-01: Dissemination Strategy, guidance document, reporting-back document				
<i>D01-01.1 Dissemination Strategy</i>	M3	M5		
<i>D01-01.2 Guidance Document</i>	M3	M3		
<i>D01-01.3 Reporting-back document</i>	M3	M3		
D01-02: Stakeholder Mapping, contact database				
<i>D01-02.1 Stakeholder Mapping</i>	M3	M5		
<i>D01-02.2 Contact Database</i>	M7	M7		
D01-03: Visual identity, promotional materials, newsletters, webinars				
<i>D01-03.1: Visual identity</i>	M3	M5		
<i>D01-03.2: Promotional Materials</i>	M10	M10		
<i>D01-03.3: Newsletters</i>	M39		M39	
<i>D01-03.4: Webinars</i>	M39		M39	Planned for M35 and M36 (Nov & Dec 2016)
D01-04: CHRODIS section on EIP-AHA	M12	M26		

## MILESTONES

Nº	MILESTONE	GRANT AGREEMENT	ACHIEVED DATE	COMMENTS
M-WP2-01	<b>M-WP2-01:</b> Stakeholder mapping and guidance document	M3	M4	
M-WP2-02	<b>M-WP2-02:</b> Internal contact data base	M7	M7	
M-WP2-03	<b>M-WP2-03:</b> Promotional materials (brochures and posters)	M10	M10	
M-WP2-04	<b>M-WP2-04:</b> JA-CHRODISA section on EIP-AHA portal	M12	M26	See comments in table "WP2 Overview of tasks carried out until M30"
M-WP2-05	<b>M-WP2-05:</b> Final conference	M39		Planned for M38 (Feb 2017)

## 2.3. WP3: Evaluation of JA-CHRODIS

During this period the main achievement of WP3 was the release of the final version of the Interim Evaluation Report (D05-02/ M-WP3-03).

Regarding the next deliverable/milestone, Final Evaluation Report (D05-03/ M-WP3-04), during this period, WP3 has established the data collection process, responsibilities and workflows for each WP3 member. In parallel, WP3 is working in the assessment of the satisfaction of both associated and collaborating partners with the development of the JA through an online satisfaction survey designed specifically for JA-CHRODIS.

### 2.3.1. WP3 Deliverables, milestones, activities achieved M25-M30

#### Task 2. Implementation of midterm report

The final version of the Interim Evaluation Report ((D05-02/ M-WP3-03) was released on March 7th (M27).

#### Task 3. Implementation of final report

In 2016 February, WP3 team agreed the work plan for the implementation of the evaluation final report (minutes available upon request). The team decided to start in September the data collection process (M32). Briefly, the same as in the Interim Evaluation Report, WP3 will develop helping tools for sharing with WP leaders in order to facilitate data collection. AQuAS is going to be in charge of WP1, WP3, WP4 and WP6 collection, APDP of WP2 and WP7, and FIIS of WP5.

Additionally, in the framework of the final evaluation, WP3 has designed and launched a global satisfaction survey addressed to both associated and collaborating partners in order to capture their perception about the progress of the JA (release on June 21th-M30). Under the same framework, WP3 has assessed the satisfaction with the face-to-face meetings celebrated in February 2016 – EB, AB, GB, Stakeholders Forum and General Assembly (final version in progress).

Finally, WP3 was commissioned for the development of an Impact Plan in the framework of the design of the sustainability strategy for the JA as part of Task 3 “Implementation of the final report”. A second version of the Impact Plan was presented and discussed during the 7th EB (February 2016) and with the Coordinator (May 2016). WP3 is working in a reorientation of the document according to the suggestions of the ex-post evaluation of the 2nd Health Programme 2008-2013 and to the ongoing discussion about the shape of CHRODIS beyond April 2017 ([http://ec.europa.eu/health/programme/policy/2008-2013/evaluation\\_en.htm](http://ec.europa.eu/health/programme/policy/2008-2013/evaluation_en.htm)).

### 2.3.2. WP3 Main challenges

Based on the previous experience, WP3 foresees no considerable challenges with the final evaluation process of data collection and analysis, especially in what regards to the interaction with all other WPs, which has shown to be communicative, consensual and productive.

On the other hand, the development of the Impact Plan is regarded as a main challenge, since it demands several conceptual and practical discussions to distil not only the views of several stakeholders but also to align the report with work-in-progress regarding the shape of CHRODIS beyond April 2017.

### 2.3.3. WP3 Activities planned for the next reporting period (M31-M39) and work to achieve upcoming deliverables and milestones

#### **Task 3. Implementation of final report**

In 2016 February, WP3 team agreed the work plan for the implementation of the evaluation final report. The team has decided to start in September the data collection process (M33). Briefly, the same as in the midterm report, WP3 will develop helping tools for sharing with WP leaders in order to facilitate data collection. AQuAS is going to be in charge of WP1, WP3, WP4 and WP6 collection, APDP of WP2 and WP7, and FIIS of WP5.

On the other hand, WP3 is going to continue assessing satisfaction on the face-to-face meetings. According to the JA agenda, WP3 will evaluate the forthcoming AB (September 2016 – M33) and the Final Conference (March 2017 – M39). Additionally, in the framework of the final evaluation, WP3 has designed and launched a global satisfaction survey address to both associated and collaborating partners in order to capture their perception about the progress of the JA (release on June 21th-M30). It is planned to close the survey by the end of September (M33) and then analyze the results, providing information about the satisfaction of partners with the global development of the JA in order to detect strengths and weaknesses. Results will be included in the Final Evaluation Report (March 2017-M39) and will provide information about JA products, WPs coordination and covered expectations of participating partners.

**Additional Task:** WP3 will also conduct an evaluation of workshop interactions in the CHRODIS-related sessions at the EUPHA congress (November 2016), and produce a report to be sent to WP1.

#### **W3 upcoming deliverables and milestones**

D05-03: Final Evaluation Report (M39)

M-WP3-04: Final Evaluation Report (M39)

WP3 has initiated the achievement of this deliverable and milestone as part of the activities already initiated for Task 3. Implementation of final report.

### 2.3.4. WP3 upcoming deliverables and milestones

D05-03: Final Evaluation Report (M39)

M-WP3-04: Final Evaluation Report (M39)

WP3 has initiated the achievement of this deliverable and milestone as part of the activities already initiated for Task 3. Implementation of final report.



### 2.3.5. Overview of tasks carried out until M30

WP3 Overview tasks carried out until M30. In grey, those tasks completed.

TASK ACCORDING TO G.A.	INDICATOR of VERIFICATION	DATE OF ACHIEVEMENT	LEVEL OF ACCOMPLISHMENT	PROBLEMS AND JUSTIFICATION FOR DELAYS
Task 1.1	Evaluation Plan : Terms of references	M5	100%	
Task 1.2	Evaluation Plan: Develop evaluation indicators for timely delivery of the JA	M20	100%	Withdrawal of initial WP3 leader and key partner
Task 1.3	Evaluation Plan: Develop quantitative evaluation indicators	M20	100%	Withdrawal of initial WP3 leader and key partner
Task 1.4	Evaluation Plan: Develop qualitative evaluation indicators	M20	100%	Withdrawal of initial WP3 leader and key partner
Task 2.1	Interim evaluation report: Measure timely the delivery of the JA	M27	100%	Accomplishment of Evaluation Plan during 2015
Task 2.2	Interim evaluation report: Measure the impact through quantitative indicators	M27	100%	Accomplishment of Evaluation Plan during 2015
Task 2.3	Interim evaluation report: Measure the impact through qualitative indicators	M27	100%	Accomplishment of Evaluation Plan during 2015
Task 2.4	Interim evaluation report: Finalise mid-term report	M27	100%	Accomplishment of Evaluation Plan during 2015
Task 3.1	Final report: Measure timely the delivery of the JA	Start: M24 Finish: M39	15%	N/A
Task 3.2	Final report: Measure the impact through quantitative indicators	Start: M24 Finish: M39	5%	N/A
Task 3.3	Final report: Measure the impact through qualitative indicators	Start: M24 Finish: M39	5%	N/A
Task 3.4	Final report: Finalise final report	Start: M24 Finish: M39	0%	N/A

### 2.3.6. WP3 Documents generated M25-M30

DOCUMENT TITLE	DOCUMENT AVAILABLE
Interim Evaluation Report	<a href="http://www.chrodis.eu/wp-content/uploads/2016/03/D05-02-JA_CHRODIS_Interim-Evaluation-Report_Final-Version.pdf">http://www.chrodis.eu/wp-content/uploads/2016/03/D05-02-JA_CHRODIS_Interim-Evaluation-Report_Final-Version.pdf</a>
Global satisfaction survey	Available at request at <a href="mailto:info@chrodis.eu">info@chrodis.eu</a>

### 2.3.7. WP3 Update deliverable and milestone information

#### DELIVERABLES

D05: Evaluation procedure and results	MONTH GRANT AGREEMENT	MONTH ACHIEVED	EXPECTED MONTH	COMMENTS
D05-01: Evaluation Plan	M5	M25		
D05-02: Interim Evaluation Report	M24	M27		

D05-03: Final Evaluation Report	M39			
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## MILESTONES

Nº	MILESTONE	MONTH GRANT AGREEMENT	MONTH ACHIEVED	EXPECTED MONTH
M-WP3-01	<b>M-WP3-01:</b> Agree evaluation indicators	M5	M20	
M-WP3-02	<b>M-WP3-02:</b> Agree evaluation ToR	M5	M5	
M-WP3-03	<b>M-WP3-03:</b> Interim evaluation report	M24	M27	
M-WP3-04	<b>M-WP3-04:</b> Final evaluation report	M39		

## 2.4. WP4: Platform for Knowledge Exchange

Two expert panels were asked to identify good practice criteria in relation to 1) patient driven interventions, 2) practices on diabetes, and completed the DELPHI process reaching consensus on a list of criteria and their corresponding categories.

The set of criteria agreed for both panels have been included in the CHRODIS Platform. The piloting of the Platform Assessment tool by JA-CHRODIS Community ended in M30 and the CHRODIS Platform version 1.0 has been released on the 4<sup>th</sup> of July 2016.

Opening the CHRODIS Platform to EIP AHA B3 members to submit and to evaluate practices in EIP AHA repository using JA-CHRODIS methodology and a number of convergence initiatives undertaken to favour both platforms compatibility.

### 2.4.1. WP4 Deliverables, milestones, activities achieved M25-M30

**Task 1. Development of a set of assessment criteria and selection of best practices.** Development of assessment criteria. Two Delphi processes have been completed in S1 2016 (see above milestone on Delphis). In order to be able to complete these DELPHIs on time, IACS agreed to transfer financial resources to University of Zaragoza.

**Task 2. Design of a set of on-line tools aimed at providing users with guidance on development, implementation and evaluation of Chronic Care practices.** Through the implementation of the criteria established using the Delphi process, on-line tools are being developed to assist CHRODIS Platform users in the development, implementation and evaluation of Chronic Care practices. For this purpose, the Platform is being completed with a search engine, using MeSH terms and indexing of contents from the Digital Library and Clearing House. The Clearing House opened to the CHRODIS community for practice submission on 4<sup>th</sup> of July 2016.

**Task 3. Setting an on-line front-desk with expert consultants available to help users in the actual development, implementation and evaluation of Chronic Care practices.** Preparation activities to the establishment of a Help Desk have taken place in order to be functional. Specifically a call for candidates for a Help Desk position was opened but not suitable candidate was available (in S2 2016 this vacancy will be opened again).

From July onwards, the help desk is operational providing advice on registration and practices submission and it is browsing material and documents to be uploaded in the digital library

**Task 4. Creation of a repository of excellent Chronic Care practices and Policies across Europe.** Submission of practices related to the scope of the Delphis is open since 4<sup>th</sup> of July. Activities during S1 2016 included: preparation for the peer review of practices including recruitment of reviewers and referees, the development and delivery of workload scenarios for reviewers and referees, development of guidance documents for users, reviewers and referees, identification of practices' owners and invitation to submit practices (directly or throughout WP leaders), etc.

**Task 5. Development of a digital library where best knowledge on Chronic Care is made available for interested audiences.** Activities during S1 2016 included: media resource submission process workflow, user's media resource form, browsing of content for the Digital Library, etc.

**Task 6. Technological platform and services to support post-Joint Action activities.** - Workshop on CHRODIS Platform functionalities for Advisory Board, Executive Board and Governing Board members took place on the 3rd February 2016 in Madrid. A presentation of the CHRODIS Platform was made at the CHRODIS Governing Board last 16<sup>th</sup> of June.

**M-WP4-02:** Tools implementation, piloting 2, business plan. This milestone consists of 3 different activities.

- The tools implementation started with the milestone achievement in M21 of the introduction into the CHRODIS Platform of the Delphi criteria for health promotion (ie. Both submission and evaluation forms integrated into the PKE and ready for uploading of practices). The introduction of all the Delphi criteria was completed in M30.
- Piloting 2 of the Platform Clearinghouse was concluded in M30. Although the piloting phase is over (CHRODIS Platform version 1.0 was released on the 4<sup>th</sup> of July 2016), version improvements (from version 1.0 onwards) considering the feedback coming are being implemented in a continuous process.
- Business plan. WP4 is liaising with WP1 on the sustainability of the platform to complete discussion on this at the Governing Board level in order to obtain level of commitment, the interest and continuation of the platform. Further discussions will take place during the upcoming months as the platform and its

functionalities and usages are further developed, for the Governing Board members to evaluate future application.

**M-WP4-03: Programming + meta-data file design (M15) and implementation (M21).** The meta-data file design was completed, followed by the programming of all databases supporting user's profile, practices clearinghouse, digital library and other core modules of the platform, and several instances of metrics reports in 2015. In S1 2016, analysis of use cases for CHRODIS Platform 2nd piloting was completed and used to check the quality of the user's interactions within the platform. The execution of the use cases drove to the implementation of new features and changes on the current functionality of the platform. Conclusions from the 2nd pilot resulted in several bugs being fixed (e.g. submission process failed, lack of notification, etc.)

**M-WP4-04: Delphis completed (M24).** In S1 2016 2 Delphis were completed:

- DELPHI#3 Patient-driven interventions (M24). Delphi process was concluded in M27 with the publication of the final report and the implementation of the submission forms and assessment questionnaires in The Platform.
- DELPHI#4 Diabetes interventions (M18). Delphi process was concluded in M30 with the publication of the final report and the implementation of the submission forms and assessment questionnaires in The Platform.

### 2.4.2. WP4 Main challenges

During this period, the main challenge was to be able to have the CHRODIS Platform clearinghouse, ready for the submission of the practices collected by WP 5, 6 and 7 from July 2016 onwards. This was an essential milestone to make sure the platform can be ready in time to start its operational phase at the beginning of 2017.

### 2.4.3. WP4 Activities planned for the next reporting period (M31-M39) and work to achieve upcoming deliverables and milestones

**Task 1. Development of a set of assessment criteria and selection of best practices.**

Evaluation of practices collected through CHRODIS WP5, WP6, WP7, EIP AHA B3, etc.

**Task 2. Design of a set of on-line tools aimed at providing users with guidance on development, implementation and evaluation of Chronic Care practices.** Releases of further versions of the Platform during S2 2016. Fine-tuning of the CHRODIS Platform Clearinghouse, work on the Search Engine, and Digital Library.

**Task 3. Setting an on-line front-desk with expert consultants available to help users in the actual development, implementation and evaluation of Chronic Care practices.** From July onwards, the help

desk is operational providing advice on registration and practice submission. In Q4 2016 the help desk service is expected to be reinforced with the recruitment of a Help Desk Manager. Help desk will be populated with a toolkit meant to provide guidance on implementation and evaluation of practices.

**Task 4. Creation of a repository of excellent Chronic Care practices and Policies across Europe.** Through the collaboration of WP5, 6, and 7 and other key stakeholders such as EIP-AHA, practice submission, evaluation, storage and display will take place.

**Task 5. Development of a digital library where best knowledge on Chronic Care is made available for interested audiences.** Through the collaboration of WP5, 6, and 7 in the submission of materials to the platform in addition to the collaboration with other key stakeholders such as EIP-AHA, the Digital Library will be populated with relevant materials. A document on the Editorial Policy will be approved.

**Task 6. Technological platform and services to support post-Joint Action activities.** The complete services for the full establishment of the CHRODIS Platform (operational phase) will be set in place during beginning 2017.

#### 2.4.4. WP4 upcoming deliverables and milestones

The following deliverables and milestones are to be achieved by WP4 by the end of the JA. They are currently in progress:

D02: Clearinghouse with practices of excellence in chronic care across Europe, based on a valid and sound set of criteria.

D03: An on-line help-desk with expert consultants, providing on-line tools and meaningful information.

M-WP4-02: Business plan

#### 2.4.5. Overview of tasks carried out until M30

WP4 Overview tasks carried out until M30. In grey, those tasks completed.

TASK ACCORDING TO G.A.	INDICATOR OF VERIFICATION	DATE OF ACHIEVEMENT	LEVEL OF ACCOMPLISHMENT	PROBLEMS AND JUSTIFICATION FOR DELAYS
Task 1.1: Develop criteria	Report Delphis #1 and #2	M17/M23	100%	N/A
Task 1.1: Develop criteria	Report Delphis #3 and #4	M27/M30	100%	N/A
Task 1.2: Selection practices	200 practices in CHRODIS Platform	M39	0,025%	Number of practices collected through CHRODIS WP5, WP6, WP7, EIP AHA B3 below expectations
Task 2: Design online tools	Meta data file design and programming Clearinghouse	M22	100%	N/A
Task 2. Design online tools	On-line tools integration	M35	80%	In line with GA timeline
Task 3: Front desk	Help Desk integration	M35	60%	In line with GA timeline
Task 4: Repository	Including Delphi #1 #2 #3 #4 criteria into the CHRODIS Platform Clearinghouse	M30	100%	N/A
Task 4: Repository	Piloting Clearinghouse (Phase II)	M30	100%	N/A
Task 4: Repository	Repository in use	M37	70%	In line with GA timeline
Task 5: Digital library	Digital library in use	M37	40%	In line with GA timeline
Task 6: Technical platform	Platform in use	M37	60% (Clearinghouse use by CHRODIS Community opened 4 <sup>th</sup> of July 2016	In line with GA timeline

#### 2.4.6. WP4 Documents generated M25-M30

DOCUMENT TITLE	DOCUMENT AVAILABLE
Report 3: Delphi panel on patient driven interventions	<a href="http://www.chrodis.eu/wp-content/uploads/2016/03/Delphi-3-report_EMPOWERMENT.pdf">http://www.chrodis.eu/wp-content/uploads/2016/03/Delphi-3-report_EMPOWERMENT.pdf</a>
Report 4: Delphi Panel interventions in the area of diabetes	<a href="https://drive.google.com/file/d/0B8Xu4R_n0-nzT3R4RVRDSnZ1UGc/view?pref=2&amp;pli=1">https://drive.google.com/file/d/0B8Xu4R_n0-nzT3R4RVRDSnZ1UGc/view?pref=2&amp;pli=1</a>

#### 2.4.7. WP4 Update deliverable and milestone information

##### DELIVERABLES

Nº	DELIVERABLE	GRANT AGREEMENT MONTH	ACHIEVED MONTH	EXPECTED MONTH
D02	D02: Clearinghouse with practices of excellence in chronic care across Europe, based on a valid and sound set of criteria	M37		M37
D03	D03: An on-line help-desk with expert consultants, providing on-line tools and meaningful information	M37		M37

## MILESTONES

Nº	MILESTON	GRANT AGREEMENT MONTH	ACHIEVED MONTH	EXPECTED MONTH	COMMENTS
M-WP4-01	<b>M-WP4-01:</b> User requirements	M9	M12		
M-WP4-02	<b>M-WP4-02:</b> Tools implementation, piloting 2, business plan	M17	M30	M37	<i>Once business plan sub-milestone achieved</i>
	<i>M-WP4-02.01: Tools implementation</i>		M21		<i>Introduction into the PKE of the Delphi criteria for health promotion (Delphi 1)</i>
	<i>M-WP4-02.02: Piloting 2</i>		M26 (CH) M30 (SE, DL)		
	<i>M-WP4-02.03: Business plan</i>			M37	
M-WP4-03	<b>M-WP4-03:</b> Programming + meta-data file desing, implementation	M21	M30		
	<i>M-WP4-03.01: Programming + meta-data file desing</i>	M15	M20		
	<i>M-WP4-03.02: Implementation</i>	M21	M21 CL		
M-WP4-04	<b>M-WP4-04:</b> Delphis completed	M24	M30		
	<i>M-WP4-04.01: Health promotion</i>	M14	M17		
	<i>M-WP4-04.02: Organisational</i>	M15	M23		<i>Agreement reached to complete Delphi organisational and multimorbidity together</i>
	<i>M-WP4-04.03: Multimorbidity</i>	M18	M23		<i>Agreement reached to complete Delphi organisational and multimorbidity together</i>
	<i>M-WP4-04.04: Patient-driven</i>	M24	M27		
	<i>M-WP4-04.05: Diabetes</i>	M18	M30		
M-WP4-05	<b>M-WP4-05:</b> Clearing-house, digital library and help-desk	M39		M35	<i>CHRODIS Platform ready (only for JA-CHRODIS partners) by end of Nov 2016</i>

## 2.5. WP5: Good practices in health promotion and prevention of chronic conditions

WP5 sparked a consensus process among WP5 partners in M23 to determine potential destinations for the study visits between M25 and M30. Eventually, six good practice (GP) examples from the documented ones in Task 3 were identified depending on different criteria, for example the priorities



and interest of partners, variety of lifecycle steps, settings and DELPHI criteria along with logistic factors such as availability of the host and scheduling issues. Besides the GP examples, one study visit was determined to cover partners' interest in building and sustaining a GP database on the national level. Each particular study visit was evaluated based on a modified version of the WP3 meeting questionnaire in alignment with WP3.

### 2.5.1. WP5 Deliverables, milestones, activities achieved M25-M30

**Task 3. Upload of good practices to the JA-CHRODIS platform.** WP5 partners were contacted and asked to contact WP4 if they a) are willing to upload the good practices they already described for our collection of 41 good practices and b) are willing to review these practices later on that year. Some weeks later a reminder was sent around. According to WP4, a sufficiently large number of members volunteered and have become active in registering and uploading already.

**Task 5. Peer Reviews/ Study visits.** The aim of the last task in WP5 is to arrive at recommendations what needs to be taken into account when scaling up or transferring and adapting existing good practices. Both key factors for a successful implementation as well as factors with a negative or hampering impact need to be considered. The exercise of study visits served the *purpose to identify common factors* that all or many practices share. The form of study visits was chosen in order to a) not only rely on the self-presentation of practice owners and b) to get a more detailed account of the process of implementation. The oral description of this on site often mentions details that can be essential for the success or failure of a practice, that usually are not referred to in written reports as they seem to be of "minor" or no importance at all.

The choice of practices for study visits it was aimed at different regions, different target groups, different procedures to target chronic diseases as well as the interest of partners in the existing practices. The following study visits were conducted:

1. April, 19<sup>th</sup>/20<sup>th</sup> NL: Good practice examples for setting up & maintaining databases. 16 participants from eight got together to learn from the successful implementation of databases in several countries and discussed the preconditions and pitfalls on the way to establish a recognised and sustainable database.
2. April 21<sup>st</sup> NL: Young people at healthy weight (JOGG). 16 participants from eight countries took a closer look at the municipality based multi-level programme JOGG, that has been implemented in many Dutch cities already. Targeting the youth and young adults, it combines physical activity, fun and spare-time like activities with knowledge about healthy eating.
3. May 23<sup>rd</sup> PT: National Programme on Healthier Eating (PNPAS). Six participants from five countries familiarised themselves with the national programme on healthy eating. Targeting

many different groups, in particular, however, school-children, the programme has established an umbrella with most different activities with most different actors (different municipalities, different ministries, associations, private actors like supermarket chains etc.), which serve the same purpose: To promote healthy, Mediterranean food, decrease the intake of salt and sugar, link this food with emotionally positive and tasty experience, and get people physically more active.

4. June 1<sup>st</sup> IS: Welfare Watch. 15 participants from nine countries learned about the national monitoring programme about the impact of the financial crisis since 2008 on the welfare of the Icelandic population.

5. June 2<sup>nd</sup> IS: National Curriculum on Health & Wellbeing. 15 participants from nine countries wanted to know more about the design and implementation of health and wellbeing as an additional main pillar in the Icelandic school curriculum.

6. June 23<sup>rd</sup> / 24<sup>th</sup> IT: Lombardy Workplace Health Promotion Network. 28 participants representing seven countries visited the health promotion network established in a growing number of enterprises of different scale in Lombardy. The programme not only encompasses workplace security but aims at preventing chronic diseases in the workforce (and, in part, their families).

7. June 29<sup>th</sup> / 30<sup>th</sup> UK: Well London. 17 participants from 12 countries familiarised themselves with the community based programme, that has been introduced in many London boroughs and is to be scaled up in the months to come.

Documentation for the respective study visits can be found on the following website:

<http://www.chrodis.eu/our-work/05-health-promotion/wp05-meetings/>

It is comprised of four parts: a) The programme of the study visit, b) the presentations held, c) the minutes of the visits and d) a “transferability sheet”, which aims at working out the key factors for success.

### 2.5.2. WP5 Main challenges

On content level: Lack of scientific frameworks to assess transferability in health promotion interventions

On project level: Alignment of work and time plans with other WPs

### 2.5.3. WP5 Activities planned for the next reporting period (M31-M39) and work to achieve upcoming deliverables and milestones

#### Task 5. Peer Reviews/ Study visits.

- Compilation of report on study visits M30/ 32

WP5 partners have been involved in the writing of minutes and transferability sheets. The compilation and condensation of the report are conducted at BZgA. The authors of the respective reports will be involved in the writing of the final report.

- Dissemination activities are as follows:

EVENT	DATE	JA-CHRODIS CONTRIBUTION, PLACE, SPEAKER
<i>Presidency Conference on Non-communicable Diseases, Bratislava</i>	20 September 2016	invitation to present the JA-CHRODIS and some of the results of WP5; Carlos Segovia
<i>Pro Health 65+, Rome</i>	29 September 2016	invitation to present the results of WP5; Daniela Galeone
<i>Webinar WP5</i>	11 October 2016	presenting the main outcomes of WP5; Alexander Haarmann and Teresa Bennett or Gígja Gunnarsdóttir (requested)
<i>EPH, Vienna</i>	09 November 2016	joint workshop & presentation of the JA-CHRODIS; for WP5 Alexander Haarmann
<i>JA-CHRODIS workshop, Brussels</i>	28 November 2016	presenting good practices of WP5 dealing with diabetes related practices and outcomes; Alexander Haarmann, Anne Pierson, or Anna Gallinat

## 2.5.4. WP5 upcoming deliverables and milestones

D06-03: Recommendations Report on applicability and transferability of practices into different settings and countries M36 –in progress.

## 2.5.5. Overview of tasks carried out until M30

WP5 Overview tasks carried out until M30. In grey, those tasks completed.

TASK ACCORDING TO G.A.	INDICATOR OF VERIFICATION	DATE OF ACHIEVEMENT	LEVEL OF ACCOMPLISHMENT	PROBLEMS AND JUSTIFICATION FOR DELAYS
Task 1: Review work	14 Country review reports	M12	100%	N/A
Task 2: Define approach	Questionnaire designed	M11	100%	N/A
Task 3: Identification good practices	Report on 41 practices	M19	100%	Approval processes on national and ministerial levels
Task 4: Conference seminar	Conference minutes	M23	100%	NA
Task 5: Study visit		M36		N/A
<i>Task 5.1: Selection</i>	<i>Selection of 7 practices to visit</i>	<i>M25</i>	<i>100%</i>	<i>N/A</i>
<i>Task 5.2: Participation</i>	<i>Documentation of facilitating factors or barriers to transferability</i>	<i>M30</i>	<i>75%</i>	Last study visit in UK too close to deadline, approval time for draft report needed
<i>Task 5.3: Recommendation</i>	<i>Report on recommendations</i>	<i>M36</i>	<i>20%</i>	N/A

## 2.5.6. WP5 Documents generated M25-M30

DOCUMENT TITLE	DOCUMENT AVAILABLE
Minutes of the Study Visit to the Netherlands on Databases	<a href="https://drive.google.com/open?id=0B8Xu4R_n0-nzZlpob2c3Sjh2bIE">https://drive.google.com/open?id=0B8Xu4R_n0-nzZlpob2c3Sjh2bIE</a>
Minutes of the Study Visit to the Netherlands on the Programme JOGG	<a href="https://drive.google.com/open?id=0B8Xu4R_n0-nzLWZsbGRHV1F5MUE">https://drive.google.com/open?id=0B8Xu4R_n0-nzLWZsbGRHV1F5MUE</a>
Assessing Transferability – Key Lessons learnt for the Study Visit to the Netherlands	<a href="https://drive.google.com/open?id=0B8Xu4R_n0-nzcnRMZOZSQTNRWjg">https://drive.google.com/open?id=0B8Xu4R_n0-nzcnRMZOZSQTNRWjg</a>
Minutes of the Study Visit to Portugal on the National Programme on Healthier Eating (PNPAS)	<a href="https://drive.google.com/open?id=0B8Xu4R_n0-nzWWxLRHNCbk9PRkk">https://drive.google.com/open?id=0B8Xu4R_n0-nzWWxLRHNCbk9PRkk</a>
Assessing Transferability – Key Lessons learnt from the Study Visit to Portugal on the National Programme on Healthier Eating (PNPAS)	<a href="https://drive.google.com/open?id=0B8Xu4R_n0-nzeThHTElySDd3QTA">https://drive.google.com/open?id=0B8Xu4R_n0-nzeThHTElySDd3QTA</a>
Minutes of the Study Visit to Iceland	<a href="https://drive.google.com/open?id=0B8Xu4R_n0-nzS3pWQWdtc0INY2s">https://drive.google.com/open?id=0B8Xu4R_n0-nzS3pWQWdtc0INY2s</a>
Assessing Transferability – Key Lessons learnt for the Study Visit to Iceland (Welfare Watch)	<a href="https://drive.google.com/open?id=0B8Xu4R_n0-nzblpvMHBvZjhsU2M">https://drive.google.com/open?id=0B8Xu4R_n0-nzblpvMHBvZjhsU2M</a>
Assessing Transferability – Key Lessons learnt from the Study Visit to Iceland (National Curriculum)	<a href="https://drive.google.com/open?id=0B8Xu4R_n0-nzUmR0VjR5M19XVjQ">https://drive.google.com/open?id=0B8Xu4R_n0-nzUmR0VjR5M19XVjQ</a>
Minutes of the Study Visit to Lombardy on the National Programme on the Workplace Health Promotion Network	<a href="https://drive.google.com/open?id=0B8Xu4R_n0-nzX3FkbWFFczITVkk">https://drive.google.com/open?id=0B8Xu4R_n0-nzX3FkbWFFczITVkk</a>
Assessing Transferability – Key Lessons learnt from the Study Visit to Lombardy for the Workplace Health Promotion Network	<a href="https://drive.google.com/open?id=0B8Xu4R_n0-nza1JtWlJuXzkyZIE">https://drive.google.com/open?id=0B8Xu4R_n0-nza1JtWlJuXzkyZIE</a>
Minutes of the Study Visit to the Well London programme	<a href="https://drive.google.com/open?id=0B8Xu4R_n0-nzODFQZ0I5RWhCUEE">https://drive.google.com/open?id=0B8Xu4R_n0-nzODFQZ0I5RWhCUEE</a>
Assessing Transferability – Key Lessons learnt from the Study Visit to the Well London Programme	<a href="https://drive.google.com/open?id=0B8Xu4R_n0-nzNlhSUMhTUGk5OFU">https://drive.google.com/open?id=0B8Xu4R_n0-nzNlhSUMhTUGk5OFU</a>
Good practices in the field of health promotion and chronic disease prevention across the life cycle - Outcomes at a glance	<a href="http://www.chrodis.eu/wp-content/uploads/2016/01/CHRODIS-WP5-at-a-glance_web.pdf">http://www.chrodis.eu/wp-content/uploads/2016/01/CHRODIS-WP5-at-a-glance_web.pdf</a>

## 2.5.7. WP5 Update deliverable and milestone information

### DELIVERABLES

DELIVERABLE	MONTH AS GRANT AGREEMENT	ACHIEVED MONTH	EXPECTED MONTH
<b>D06: Report on recommendations describing health promoting/disease preventing practices</b>			
D06-01: Identification of 3 good practices per participating MS	M18	M19	
D06-02: Series of conference seminars	M24	M23	

D06-03: Recommendations Report on applicability and transferability of practices into different settings and countries	M36		
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## MILESTONES

MILESTONE	MONTH AS GRANT AGREEMENT	ACHIEVED MONTH	EXPECTED MONTH
<b>M-WP5-01:</b> County reviews on health promotion and chronic disease prevention approaches (existing work, current situation, gaps and needs)	M8	M12	
<b>M-WP5-02:</b> Agreement on selection criteria of good practices + template	M10	M11	
M-WP5-03: Peer reviews/ study visits	M36		August 2016

## 2.6. WP6: Development of a common guidance and methodologies for care pathways for multimorbid patients

### 2.6.1. WP6 Deliverables, milestones, activities achieved M25-M30

#### **D07-02: Report on care pathways approaches for MM chronic patients**

This report puts together two consecutive and progressive work phases corresponding, temporally, to TASK 2 (Objective: Review existing care (pathway) approaches for multimorbid patients, M 1-12) and TASK 3 (Objecting: Assess and select good practices on management of multi-morbid patients, M 13-24) activities from JA-CHRODIS WP6 that aim to “Development of common guidance and methodologies for care pathways for multimorbid patients”. In the first part of the document a descriptive overview of integrated comprehensive care programmes for frail patients with multi-morbidity available across EU Member States and other European countries is provided by means of the report “Innovative health care approaches for patients with multi-morbidity in Europe” elaborated to state TASK2 activities and results. In addition to gain insight into the effectiveness of integrated care programmes for multi-morbidity patients a systematic literature review was performed. In addition we include also a focus on “Healthcare utilization and costs” to provide a more deep description of the work done to approach this issue and synthesize findings.

In the second part, the list of twenty components, deriving from existing comprehensive care programmes, is discussed by the mean of the report “Multimorbidity care model: Recommendations from the consensus meeting of the Joint Action on Chronic Diseases” prepared to summarize activities, finding and conclusions with regard to TASK 3. This report deeply analyses the sixteen components selected, from the initial list of twenty, after a dedicated expert discussion. These components concerns five principal domains: delivery

system design , decision support, clinical information system, self-management, social and community resources .This report was completed and submitted to EC in February 2016 (M26).

**Task 2. Review existing care (pathway) approaches for multi-morbid patients.**

This task was concluded in 2015 and its report was produced in December 2015 (M24). Due to the need of revision and adjustment in order to provide an exhaustive and clear identification of different sources of used information, the report was completed in February 2016 (M26). Its content has been incorporated as part of the Report of Deliverable D07.02 Report on care pathways approaches for MM chronic patients as described in the previous point (See above).

**Task 3. Assess and select good practices on management of multimorbid patients.**

The deliverable D07-02: Report on care pathways approaches for MM chronic patients was completed in M26 including the work previously completed for this task in 2015. Following the finalised multimorbidity care model in M26, it was shared with a selected list of country representatives, including Governing Board members, to assess the applicability of the care model across the different healthcare settings across the EU. Country representatives were selected based on the ICARE4EU project country representative list, provided by NIVEL (WP6 partner). Experts were chosen to ensure a diverse group who represented both the patients and care providers, and included physicians specialized in different specialties (neurologists, geriatricians, internists, cardiologists, endocrinologists), epidemiologists, and psychologists, as well as representatives from patient organizations and JA-CHRODIS Governing Board members. The list of respondents covered 29 countries (26 EU countries -except Poland and the United Kingdom-, Iceland, Norway and Switzerland). Due to limited responses received, the timeline for the response submission had to be adjusted on multiple occasions.

21 responses have been received by the end of July from such countries as Belgium, Bulgaria, Cyprus, Croatia, Estonia, Finland, Germany, Greece, Iceland, Italy, Luxembourg, Netherlands, Norway and Portugal. 3 responses were anonymous. Four questionnaires were filled out by the Governing Board members from Cyprus, Croatia, Belgium and Estonia. The finalised report on Applicability questionnaire is being finalised and as M33, is due to be shared with the stakeholders.

While collaborating with WP4, in order to **promote and populate the PKE**, WP6 partners completed two lists of practices, whose owners could be approached for self-assessment through the PKE platform. The list including 40 partners from Lithuania and another list including approximately 40 international partners were shared with the WP4 for further contacts. In addition, each of the institution, who were selected and shared with WP4, was contacted by our WP6 partners on 1-2 different occasions informing them about the PKE and encouraging to take part in the self-assessment procedure.

**Task 4. Define multimorbidity case management training programmes.**

Objective of the last task of WP 6 is to define multimorbidity training programmes. In order to achieve this goal, the activity was organized in different steps:

1) production and distribution of a questionnaire on case management training programmes. This survey aims to design innovative, cost-effective and patient-centred approaches for multimorbid patients, including case management training programmes for care personnel. The primary objective of the questionnaire is to provide a structured overview of available training programmes for case managers. The questionnaire was developed based on the joint work of all partners.

In details: the preparation of the questionnaire to assess existing case management training programmes started in January 2016 (M25). The 1st draft of the questionnaire was prepared by WP leader team and finalized in February 2016 (M26). In March 2016 (M27), this version was sent to all partners (associate and collaborative ones) asking for their opinion and suggestions; the collection of preliminary feedbacks started in the same period. After that, in April (M28), a new version of the questionnaire on multimorbidity case management training programmes was also submitted to Advisory Board members for their revision and inputs. After that the final version (number 8) was issued and sent to WP6 partners with the request of its further distribution through their networks (M29). The initial deadline was June 30th, 2016 (M30). At that stage main objectives were A) to collect, via email, as many filled out questionnaires as possible; B) to collect names of experts in this specific field. Due to the low rate of responses, only four (4) questionnaire were collected at the end of June 2016, the deadline was moved to July in order to give more time to fill out the survey. The form of the questionnaire can be downloaded from the Chrodis web-site at the following url: <http://www.chrodis.eu/our-work/06-multimorbidity/wp06-activities/training-programme/>)

2) Conduction of a systematic review of the literature with two aims:

A) to describe existing training programs for care managers and

B) to assess how effective current training programmes for care managers are.

Of 647 English language articles identified via a PubMed Search, 35 articles were deemed potentially relevant after reading all abstracts. After reading the full text of the articles, 27 were rejected because they did not fulfil the study aims, and 5 were too old (conducted more than 15 years ago). Three studies were therefore included in the review, and the results of these studies are described in the report produced by WP6 "Literature review on training programmes for case managers: method and preliminary results". This was completed in M29.

3) Organising Meeting with experts



Both activities above mentioned, are preliminary to the implementation of the expert meeting, since from these activities will derive scientific documents to share with experts in order to facilitate the discussion. This expert meeting has the aim to discuss skills and competences of case managers beside the characteristic/features that a case management training programme for care personnel, should have. In order to identify experts to be invited to attend the meeting, a specific request was included in the questionnaire. In fact, inside it, a clear request to list the experts that have contributed to the completion of the questionnaire is reported. In addition partners was also asked, via e-mail, to identify experts working in this area (e.g. experts from national, regional and local health institutes or public authorities, patients' associations, academia involved in the development of case management training programmes) that can participate in the experts' meeting. The activity of identification of experts started, therefore, concomitantly with the diffusion of the questionnaire (M 28). The expert meeting had been planned for the 1st week of November 2016, was arranged, but due to a request of GB secretariat, the attempt to move it in October is under evaluation.

### 2.6.2. WP6 Main challenges

WP6 main challenges, for this report period (M25-M30), were represented by the low rate of responses to the WP6 questionnaire about case management training programmes for care personnel and by the availability of a low number of scientific papers in this field.

### 2.6.3. WP6 Activities planned for the next reporting period (M31-M39) and work to achieve upcoming deliverables and milestones

There are two main areas of work that are planned for the next period:

#### **TASK 3 Assess and select good practices on management of multimorbid patients.**

- Analysis of answers to the questionnaire on applicability of the Multimorbidity Care Model (composed by the sixteen components identified in the context of TASK 3).The questionnaire was designed to assess the possible implementation of these in European different national healthcare settings. This activity part of Task 3 aims to evaluate the applicability of the proposed MM care-model across European Countries.
- The work performed and the results will be summarized in a final report on Applicability questionnaire that as M33 is due to be shared with the stakeholders.

link: [https://docs.google.com/forms/d/1ad0Ntn3pW2bHNr9vPexlqqg8DGMD7p3lyGKCdbgT\\_ns/viewform](https://docs.google.com/forms/d/1ad0Ntn3pW2bHNr9vPexlqqg8DGMD7p3lyGKCdbgT_ns/viewform)

Seing low response rate, WP6 with WP4 will continue reaching out for the institutions to join the PKE in the due course. WP6 will contact the contacts again, aiming that at least 2-3 institutions are registered and

completed the evaluation forms accordingly. WP4 will work with remaining contacts to encourage them to join the PKE and complete their assessments.

#### **Task 4. Define multimorbidity case management training programmes**

- Analysis of filled out questionnaires on case management training programmes designed. This activity will start in August, 2016 (M32) and will be concluded within the 1<sup>st</sup> half of October (M34).
- Drawing up of scientific materials for the experts meeting including the literature review about case management training programmes (M31-M34)
- Implementation of meeting with experts to discuss skills and competencies and develop training curricula of case manager (M35).
- Production of a final report (M36).

Partners will be updated on the progress of works and the scientific material produced for the working kit will be shared with them in order to receive suggestions and make them involved in the process.

#### **2.6.4. WP6 upcoming deliverables and milestones**

- M-WP6-04: Meetings with experts to discuss skills and competencies and develop training curricula.
- D07-03: Report on meetings with experts for designing case management programmes.
- WP6 has already initiated the achievement of the following milestone and deliverable and its planning further activities for its completion by M37 (see above information on Task 4)

#### **2.6.5. Overview of tasks carried out until M30**

WP6 Overview tasks carried out until M30. In grey, those tasks completed.

TASK ACCORDING TO G.A.	INDICATOR OF VERIFICATION	DATE OF ACHIEVEMENT	LEVEL OF ACCOMPLISHMENT	PROBLEMS AND JUSTIFICATION FOR DELAYS
Task 1: Targets identification	Publication of articles	M16	100%	N/A
Task 2: Review pathways	Report on care pathway	M26	100%	Minor editing aspects on information collected for JA-CHRODIS
Task 3: Select good practices	Report on MM care model	M26	100%	Deliverable completed, however, expanded with additional applicability assessment and report. The Applicability report due to low response level from country representatives on applicability required longer time than expected with extended deadlines for questionnaire completion and

TASK ACCORDING TO G.A.	INDICATOR OF VERIFICATION	DATE OF ACHIEVEMENT	LEVEL OF ACCOMPLISHMENT	PROBLEMS AND JUSTIFICATION FOR DELAYS
				expanding the country representative list with governing board members, caused delays
Task 4: Training programmes	Report on training programmes	M36	40%	N/A

## 2.6.6. WP6 Documents generated M25-M30

DOCUMENT TITLE	DOCUMENT AVAILABLE
Report on MM care model	Completed, uploaded on intranet
Report on care pathway	Completed
D07-02: Report on care pathways approaches for MM chronic patients	<a href="https://drive.google.com/file/d/0B8Xu4R_n0-nzOEtfNFBrdF9OLXc/view">https://drive.google.com/file/d/0B8Xu4R_n0-nzOEtfNFBrdF9OLXc/view</a>
WP6 meeting February 2016	

## 2.6.7. WP6 Update deliverable and milestone information

### DELIVERABLES

DELIVERABLE	MONTH GRANT AGREEMENT	ACHIEVED MONTH	EXPECTED MONTH
<b>D07: Reports and common guidelines for care pathways for (MM) patients</b>			
D07-01: Report from data analysis and evidence from literature to identify high care demanding population	M12	M12	
D07-02: Report on care pathways approaches for MM chronic patients	M24	M26	
D07-03: Report on meetings with experts for designing case management programmes	M36		M37

### MILESTONES

MILESTONE	MONTH GRANT AGREEMENT	ACHIEVED MONTH	EXPECTED MONTH
<b>M-WP6-01:</b> Research/ desk work on collection of data/ literature/ evidence	M12	M12	
<b>M-WP6-02:</b> Review existing care pathways based on existing literature, case studies and evidence	M12	M12	
<b>M-WP6-03:</b> Meetings with experts to assess accuracy of collected evidence and select good practices, identify commonalities for care management of multimorbidity	M24	M22	

<b>M-WP6-04:</b> Meetings with experts to discuss skills and competencies and develop training curricula	M36		M37
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## 2.7. WP7: Diabetes: a case study on strengthening health care for people with chronic diseases. WP7

### 2.7.1. WP7 Deliverables, milestones, activities achieved M25-M30

**Task 1, Task 2, Task 3, Task 4 - Prevention of diabetes-focus on people at high risk, secondary prevention-management, health promotion, education and training.**

**SWOT analysis** - To complement the quantitative analysis on diabetes prevention and care across Europe completed by WP7 ([www.chrodis.eu/wp-content/uploads/2016/01/Report-prevention-and-management-diabetes-Final.pdf](http://www.chrodis.eu/wp-content/uploads/2016/01/Report-prevention-and-management-diabetes-Final.pdf)), a SWOT analysis was conducted by Country. The SWOT analysis is a strategic tool used to evaluate the Strengths, Weaknesses, Opportunities, and Threats of a policy, program, project or intervention. The purpose of performing a SWOT is to reveal positive forces that work together, and potential problems that need to be recognized and possibly addressed. It also enables participants to make a judgment and share their vision in a structured way, in order to enrich the common perception.

The aim was to offer insights and partners' point of view, on what makes a policy/program applicable, sustainable, and effective from a public health and from the stakeholders' perspectives, what are the necessary preconditions for its implementation and what are the lessons learnt from the experience. It also provides a background perspective of the setting where good practices are developed. The partners were asked to include in the analysis five main current policies/programs on prevention and care of diabetes as standalone policies/programs or as part of a more comprehensive national plan. A total of 53 stakeholders in 12 Countries contributed to the SWOT reporting and analyzing 39 policies, programs, projects, and interventions.

The results have been described in the report available on the JA-CHRODIS website [https://drive.google.com/file/d/0B8Xu4R\\_n0-nzc0c5cGxKOFrIMIU/view?pref=2&pli=1](https://drive.google.com/file/d/0B8Xu4R_n0-nzc0c5cGxKOFrIMIU/view?pref=2&pli=1)

The SWOT analyses have been developed across Europe, in countries that vary in political, administrative, social and health care organization. These differences, as well as the different levels of cultural and organizational preparedness to face the NCDs burden, lead some to identify as a weakness or threat what for others is a strength or opportunity. The whole of these considerations, thoughts, experiences and insights draws an overall picture of the complexity, challenges and potentials when designing and implementing good policies and programs. The results may apply to any context and may be used by

decision makers, managers, professionals and other stakeholders to focus on key-issues, recognizing areas for attention.

**Delphi on diabetes** - WP7 experts and WP4 team conducted a Delphi consultation for defining the core quality criteria for prevention and care of type 2 diabetes. A thorough description of the Delphi method is reported in the WP4 Delphi report available on the JA-CHRODIS website: ([https://drive.google.com/file/d/0B8Xu4R\\_n0-nzT3R4RVRDSnZ1UGc/view?pref=2&pli=1](https://drive.google.com/file/d/0B8Xu4R_n0-nzT3R4RVRDSnZ1UGc/view?pref=2&pli=1)).

In synthesis, the RAND modified Delphi methodology entails two on-line rounds using a web-based questionnaire, followed by a face-to-face meeting:

- WP7 leaders, representative of the European Patient Forum and the WP4 team defined a list of universal quality criteria based on the indicators defined in WP7 and categories from Delphi 1-3 (Health promotion and primary prevention of chronic disease; Organizational interventions focused on dealing with people with multiple chronic conditions; Patient's empowerment interventions with chronic conditions);
- all the criteria were mapped out and redundancies were collapsed or rephrased, the resulting criteria were organized into 10 thematic drivers including a total of 71 items clustered, and included in the first online questionnaire to be submitted to an expert panel;
- selection of the expert panel, inviting WP7 partners and external experts, to decide on the suitability and priority of a series of criteria to assess whether an intervention -policy, strategy, programme/service, processes and practices- can be regarded as 'good practice' in the field of prevention and care of type 2 diabetes. A total of 28 European experts (diabetologists, general practitioners, nurses, representative of patients and governmental bodies, public health professionals, researchers) were invited to join the panel, they came from different countries (Austria, Belgium, Finland, France, Germany, Greece, Ireland, Italy, Norway, Portugal, Romania, Slovenia, Spain, and United Kingdom) covering a variety of health system models.

The consultation was launched in April 2016 (M28). All the panel experts completed the questionnaire in the first round, and 26 completed the second round. In both first and second round, experts were invited to add any driver they thought relevant or missing, but no additional items were suggested during the process. The expert meeting to refine and prioritise criteria was held on May 12th-13th, 2016, in Brussels. 16 experts were able to attend the face-to-face meeting. After the definition of the final set of criteria, experts weighted criteria by distributing 100 points among them (criteria weight), and weighted categories for each criteria (category weight). A trained facilitator conducted the face-to-face meeting.

**Development of Recommendations** - An extensive process was carried out to identify quality criteria and to formulate recommendations to improve prevention and quality of care for people with diabetes. The process followed a structured methodology involving the WP7 community, and experts from a wide number of organizations across Europe and from a variety of professional backgrounds. The consultation with the expert panel followed the RAND modified Delphi methodology.

The objective was to define a core set of quality criteria that may be applied to various domains (prevention, care, health promotion, education, and training), are general enough to be applied in countries with different political, administrative, social and health care organization, and could potentially be used in other chronic diseases.

The process led to the agreement on 9 quality criteria, made up of 39 categories ranked and weighted, to assess whether an intervention, policy, strategy, program, as well as processes and practices, can be regarded as a "good practice" in the field of diabetes prevention and care. These criteria were the basis to formulate recommendations to implement practices on prevention, health promotion, care management, education, and training, and ultimately to improve prevention and quality of care for people with diabetes.

The quality criteria and the recommendations (Deliverable D04-03) constitute a tool for decision makers, health care providers and health care personnel to support implementation of good practices, and to improve, monitor, and evaluate the quality of diabetes prevention and care. The adoption of an agreed core set of quality criteria should help to decrease inequalities in health and to improve diabetes prevention and care within and across European countries.

**Psychological and social barriers for the access to care in people with diabetes** - A systematic review was conducted to identify and analyse psychosocial barriers to health care use in people with diabetes.

In total 2,923 studies were identified and 15 studies were included. The most frequent identified barrier was the "socioeconomic status", especially the associated "lack of money". Regarding "population characteristics", most related barriers were on the "individual level". "Norms and values"- related barriers were primarily identified on the "contextual level". The most frequent cited barrier of "health care service" was related to "doctor characteristics", especially "communication barriers"

**Potential good practices** - ISS team prepared a template to describe the practices synthesising the information already provided in the questionnaire. At now 29 practices have been described. The collection is ongoing. The potential good practices will be published as an Annex of the report "Survey on practices for prevention and management of diabetes" and made available on the CHRODIS website. In collaboration with WP4, experts were identified to act as reviewers and referees for practices on diabetes uploaded in the CHRODIS platform. WP7 partners are inviting practice owners to upload practices on the CHRODIS

Platform to be peer-reviewed.

## **Task 5. National diabetes plans:**

### **5.1 Mapping and overview of national policy documents related to diabetes in all MSs.**

Mapping and overview of national diabetes policies was based on the work performed during the previous period of JA CHRODIS, complemented by the work performed during finalisation of Policy Brief on National Diabetes Plans, that was launched as planned at WHO World Health day in April 2016, being dedicated to diabetes. Policy Brief “National Diabetes Plans in Europe: What lessons are there for the prevention and control of chronic disease in Europe?” focuses on potential facilitators for successful implementation of national strategies/plans/programs. The rising burden of diabetes poses important public health challenges to health systems today; this challenge has been recognized at the global level, with diabetes featuring high on national and international agendas.

Countries in Europe have made progress towards developing a systematic policy response to the diabetes burden but overall the investment in and implementation of comprehensive strategies for the prevention and treatment of diabetes has varied.

Drawing on a mapping of national diabetes plans (NDPs) in Europe that was undertaken as part of the EU Joint Action on Chronic Diseases (JA-CHRODIS) this policy brief identified a range of factors that appear to facilitate the development, implementation and sustainability of national diabetes plans.

Identified factors are: national (or regional) leadership, multiple stakeholder involvement, patient representation in plan development and implementation, providing adequate resourcing for implementation of the NDP, retaining flexibility in NDPs, striking a balance between centrally defined requirements and regional autonomy, and learning from experience through monitoring and evaluation as well as transnational learning can help inform NDP development and implementation.

The key challenge for the future is ensuring that NDPs can be monitored and evaluated by building up capacity in information systems so that the health outcomes of such interventions can be adequately measured.

### **5.2 Development of guidelines on National Diabetes Plans**

The preparation of the guidelines started with a draft, focusing on main topics that National Diabetes Plan should cover (named as “what”) and on the three perspectives of leadership for change (namely top-down, bottom up and leadership for linkage), that was further elaborated at WP7 workshop during WP7 meeting in February 2016. Draft, that included inputs from this workshop, was discussed among WP7 partners and agreed upon. The decision was taken that the same workshop should be organised during Governing Board



meeting that was held in June 2016, WP7 informed the Executive Board about this. Currently, the final version of the guidelines is under preparation, and the main results from SWOT analysis will be included, too, to strengthen the main messages, important for successful implementation of the strategies. The draft version of the guidelines was already successfully used outside JA CHRODIS partners, during the National Brain Council Association meeting in May 2016.

### 2.7.2. WP7 Main challenges

WP7 involves a big community of 14 associated partners and 15 collaborating partners. To support the WP7 activities, a web-based platform has been developed. This web environment facilitates discussion, sharing of resources and experiences. Nevertheless, the revision and approval of documents always requires many time and many reminders.

### 2.7.3. WP7 Activities planned for the next reporting period (M31-M39) and work to achieve upcoming deliverables and milestones

**Task 1, Task 2, Task 3, Task 4 - Prevention of diabetes-focus on people at high risk, secondary prevention-management, health promotion, education and training.**

Finalization and publication of recommendations. Uploading potential good practices on CHRODIS platform. Collaboration with WP4 in reviewing practices on diabetes.

Organization of the WP7 final meeting to be held in Rome, October 20-21. Preparation of a short version of Recommendations to facilitate the dissemination of results. Collaboration with EPF to define leaflets, with the WP results, for patients. Participation to EUPHA conference.

**Task 5. National diabetes plans:**

#### 5.2 Development of guidelines on National Diabetes Plans

The final draft for final WP7 partners' approval is under preparation, the final version is expected to be available as planned (M33).

### 2.7.4. WP7 upcoming deliverables and milestones

On July, the Recommendations to improve prevention and quality of care for people with diabetes – D04-03 will be released.

The final WP7 meeting (M-WP7-04.02: Expert policymaker meeting) will be held in Rome, October 20-21. Experts and policy makers will be invited to participate; members of the Governing board will be invited too. Objective of the meeting is to present the result of WP7 in the frame of the JA-CHRODIS, and to present examples of good practices. The potential implementation of WP7 results will be discussed.

## 2.7.5. Overview of tasks carried out until M30

WP7 Overview tasks carried out until M30. In grey, those tasks completed.

TASK	DESCRIPTION	DATE OF ACHIEVEMENT	LEVEL OF ACCOMPLISHMENT IN M24	PROBLEMS AND JUSTIFICATION FOR DELAYS
Task 1-4	Collection of data (interventions/strategies/good practices)	M16	100%	N/A
Task 1-4	Analysis of data	M21	100%	N/A
Task 1-4	Literature review on quality criteria for diabetes prevention and care	M18	100%	N/A
Task 2-4	Identification of social and psychological barriers for the access to care	M29	90%	N/A
Task 5	Workshop to analyse collected data on processes in NDP development, implementation, sustainability	M 22	100%	N/A
Task 1-4	Expert policymaker meeting	M 22	100%	N/A
Task 1- 4	Expert overview on successful strategies	M 24	100%	N/A
Task 1-4	Delphi on diabetes	M29	100%	N/A
Task 1-4	Recommendations	M31	95%	N/A
Task 1-5	Expert policy maker meeting	M34	0%	N/A
Task 5.1	Mapping National Diabetes plan	M13	100%	N/A
Task 5.1	Policy brief on National Diabetes Plans	M28	100%	N/A
Task 5.2	Guide for National Diabetes Plan	M27	60%	N/A

## 2.7.6. WP7 Documents generated M25-M30

DOCUMENT TITLE	DOCUMENT AVAILABLE
Synthesis of the 5th WP7 meeting	<a href="http://www.chrodis.net/files/doc_details.aspx?d=250">http://www.chrodis.net/files/doc_details.aspx?d=250</a>
Policy Brief "National Diabetes Plans in Europe. What lessons are there for the prevention and control of chronic diseases in Europe?"	<a href="https://drive.google.com/file/d/0B8Xu4R_n0-nzYXJrNklpSnZNY0E/view?pref=2&amp;pli=1">https://drive.google.com/file/d/0B8Xu4R_n0-nzYXJrNklpSnZNY0E/view?pref=2&amp;pli=1</a>
SWOT ANALYSIS - Overview of national or sub national policies and programs on prevention and management of diabetes.	<a href="https://drive.google.com/file/d/0B8Xu4R_n0-nzc0c5cGxKOFrIMIU/view?pref=2&amp;pli=1">https://drive.google.com/file/d/0B8Xu4R_n0-nzc0c5cGxKOFrIMIU/view?pref=2&amp;pli=1</a>

## 2.7.7. WP7 Update deliverable and milestone information

### DELIVERABLES

DELIVERABLE	MONTH GRANT AGREEMENT	MONTH ACHIEVED	EXPECTED MONTH	COMMENTS
D04-01 - Policy brief on National Diabetes Plans	M25	M27		
D04-02- Guide for National Diabetes Plans	M27		M33	Under revision of final product
D04-03- Recommendations to improve early detection and preventive interventions, to improve the quality of care for people with diabetes. Definition and agreement on a common minimum set of indicators	M30		M31	

### MILESTONES

MILESTONE	MONTH GRANT AGREEMENT	MONTH ACHIEVED	EXPECTED MONTH
<b>M-WP7-01:</b> Expert overview on successful strategies to improve prevention of diabetes, and the quality of care for people with diabetes	M18	M24	
<b>M-WP7-02:</b> Workshop to analyse collected data on processes in NDP development, implementation, sustainability	M22	M22	
<b>WP7-M-03:</b> Finalised recommendations	M30	M31	
<b>M-WP7-04:</b> Expert policymaker meetings	M33		M34
<i>M-WP7-04.01: Expert policymaker meetings</i>	<i>M20</i>	M22	
<i>M-WP7-04.02: Expert policymaker meeting</i>	<i>M33</i>		M34

## 3. PROBLEMS & SOLUTIONS & OUTCOMES M25-M30

PROBLEM IDENTIFIED	SOLUTION APPLIED	EXPECTED OUTCOME
Revision of Grant Agreement and resources available indicate the need to readjust resources and increase dissemination activities of JA-CHRODIS outputs	A 2 <sup>nd</sup> amendment was completed and submitted to CHAFEA for revision and approval	Activities and resources to better comply with Grant Agreement after its revision and 2 <sup>nd</sup> amendment
Policy Brief on diabetes published not in line with Grant Agreement on property rights	Remove cover and back pages from PB report online where information on properties of rights was indicated. NIJZ partner to liaise with subcontracting entity to	Final PB to be in line with Grant Agreement

	produce PB in line with Grant Agreement	
Low response from GB members on feedback requested in March 2016 for Deliverable D07-02	GB secretariat contacted on several occasions GB members to provide feedback. In addition, a session during the 3 <sup>rd</sup> GB meeting was included for discussion on the MM model.	To obtain an increase in GB members providing feedback on Deliverable D07.02
Unclear understanding of interaction between WP5-WP7 with WP4 on population of PKE and identification of practices reviewers	WP4 organised TC with WP5-WP7	Greater commitment and understanding from WP5-WP7 in the need for the population of the CHRODIS platform

## 4. JA-CHRODIS CALENDAR BOARD MEETINGS M25-M30

DATE 2016	MEETING	LOCATION	OBJECTIVE	JA-CHRODIS WP
<b>EB MEETINGS</b>				
12 <sup>th</sup> Jan	EB meeting	TC	Plan upcoming face-to-face EB meeting	WP leaders
2 <sup>nd</sup> Feb	8 <sup>th</sup> EB meeting	Madrid (ES)	Plan last year of JA-CHRODIS	WP leaders
24 <sup>th</sup> Feb	EB meeting	TC	Review progress	WP leaders
5 <sup>th</sup> Apr	EB meeting	TC	Review progress	WP leaders
10 <sup>th</sup> May	EB meeting	TC	Review progress	WP leaders
8 <sup>th</sup> Jun	EB meeting	TC	Review progress	WP leaders
15 <sup>th</sup> -17 <sup>th</sup> Jun	9 <sup>th</sup> EB meeting	Brussels (BE)	Coordinate and plan disseminations activities upcoming period	
<b>OTHER MEETINGS</b>				
3 <sup>rd</sup> Feb	2 <sup>nd</sup> AB meeting	Madrid (ES)	Obtain feedback from AB on progress and upcoming activities	WP1
3 <sup>rd</sup> Feb	2 <sup>nd</sup> GB meeting	Madrid (ES)	Update on progress and obtain GB feedback	WP1
4 <sup>th</sup> Feb	2 <sup>nd</sup> General Assembly meeting	Madrid (ES)	Coordinate activities for next period	WP1
4 <sup>th</sup> Feb	3 <sup>rd</sup> Stakeholder's meeting	Madrid (ES)	Promote interactions and update on JA-CHRODIS outputs to stakeholders	WP1
16 <sup>th</sup> Jun	3 <sup>rd</sup> GB meeting	Madrid (ES)	Update on progress and obtain GB feedback	WP1

## 5. NEW COLLABORATORS

The new Collaborating partners of JA-CHRODIS which involvement in the action has started during this reporting period are:

- Comité Permanent des Médecins Européens (Standing Committee of European Doctors – CPME) –collaborating in WP2 and WP4
- European Medical Students' Association (EMSA) –collaborating in WP2 and WP4
- INCLIVA –collaborating in WP6
- BioCruces Health Research Institute –collaborating in WP5

Madrid, 20<sup>th</sup> September 2016

Carlos Segovia, 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 2016

AGREEMENT NUMBER: 2013 22 01

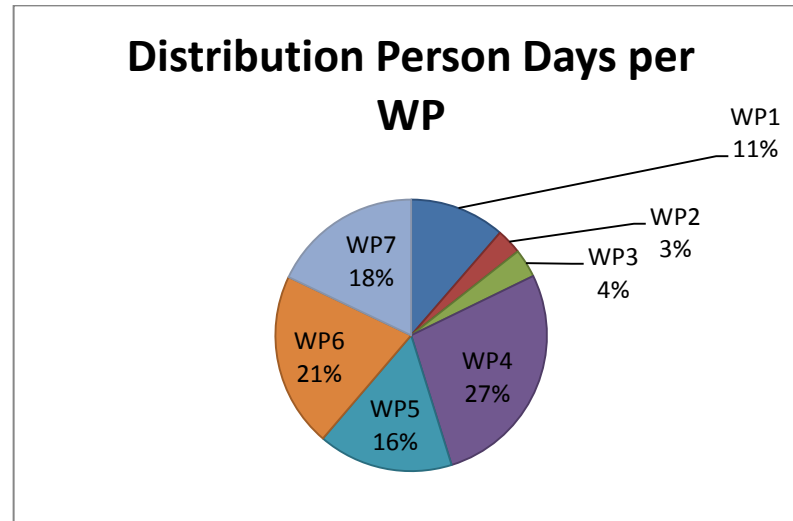
EXPENDITURES		WP1	WP2	WP3	WP4	WP5	WP6	WP7
Direct eligible costs	TOTAL							
E1. Staff	5.544.131,86 €	782.300,40 €	192.699,69 €	139.497,06 €	1.253.713,35 €	1.033.519,74 €	1.041.363,53 €	1.101.038,08 €
a. Costs pertaining to national officials	3.050.655,78 €	552.142,76 €	5.731,35 €	69.801,82 €	772.511,81 €	488.600,47 €	519.671,47 €	642.196,10 €
b. Costs not pertaining to national officials	2.493.476,08 €	230.157,64 €	186.968,34 €	69.695,24 €	481.201,54 €	544.919,27 €	521.692,06 €	458.841,98 €
E2. Travel costs and subsistence allowances	352.591,31 €	134.507,63 €	4.127,75 €	4.289,44 €	21.347,00 €	103.440,77 €	40.326,49 €	44.552,22 €
E3. Equipment	3.294,46 €	- €	- €	- €	- €	- €	2.174,06 €	1.120,40 €
E4. Consumables & supplies directly linked to the project	478,76 €	165,01 €	- €	- €	- €	- €	313,75 €	- €
E5. Subcontracting costs	184.497,71 €	19.735,10 €	23.729,12 €	- €	20.230,00 €	33.475,22 €	48.179,77 €	39.148,50 €
E6. Other costs	164.778,75 €	55.150,30 €	3.201,17 €	- €	30.507,66 €	43.720,44 €	7.372,97 €	24.826,22 €
Total direct eligible costs	6.249.772,85 €	991.858,44 €	223.757,73 €	143.786,50 €	1.325.798,01 €	1.214.156,17 €	1.139.730,57 €	1.210.685,42 €
E7. Overheads	424.542,21 €	68.985,83 €	15.595,72 €	9.212,49 €	86.006,59 €	84.854,62 €	75.141,36 €	84.745,61 €
TOTAL - EXPENDITURE	6.674.315,06 €	1.060.844,27 €	239.353,46 €	152.998,98 €	1.411.804,60 €	1.299.010,79 €	1.214.871,93 €	1.295.431,03 €

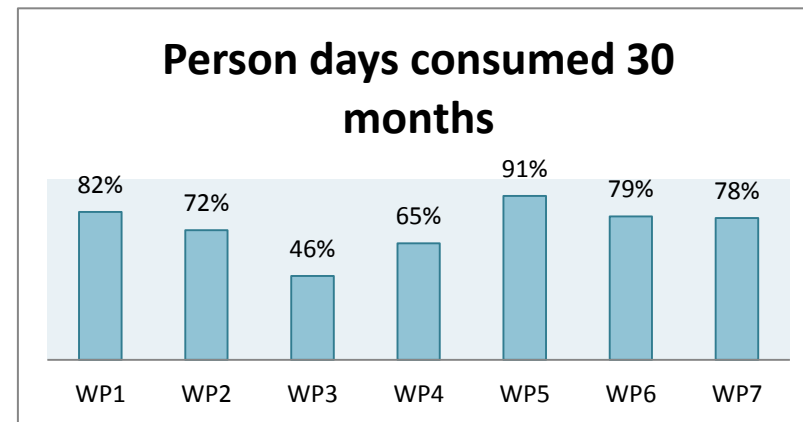
PERSON DAYS CONSUMED		WP1	WP2	WP3	WP4	WP5	WP6	WP7
	TOTAL							
E1. Staff	25.730	3.150	735	538	5.996	4.945	5.597	4.768
a. Costs pertaining to national officials	13.774	2.122	26	254	3.258	2.299	3.253	2.563
b. Costs not pertaining to national officials	11.956	1.029	709	283	2.739	2.646	2.345	2.206



	Person days Amended GA	Person days consumed 30 MONTHS	% Consumed 30 months
WP1	3.856	3.150	82%
WP2	1.027	735	72%
WP3	1.157	538	46%
WP4	9.296	5.996	65%
WP5	5.460	4.945	91%
WP6	7.059	5.597	79%
WP7	6.087	4.768	78%
<b>TOTAL</b>	<b>33.942</b>	<b>25.730</b>	<b>76%</b>



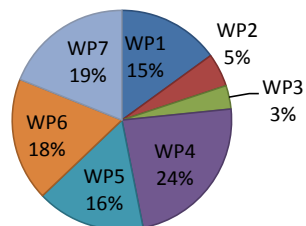
	Person days Amended GA	Person days consumed 30 MONTHS	Person days left until M39
WP1	3.856	3.150	706
WP2	1.027	735	292
WP3	1.157	538	619
WP4	9.296	5.996	3.300
WP5	5.460	4.945	515
WP6	7.059	5.597	1.462
WP7	6.087	4.768	1.319
<b>TOTAL</b>	<b>33.942</b>	<b>25.730</b>	<b>8.212</b>



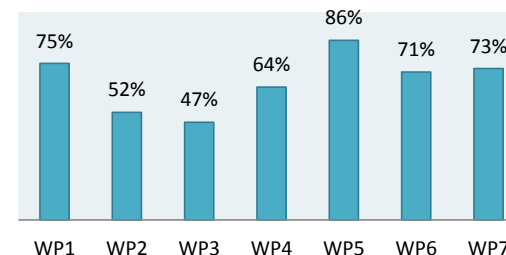
	Budget per WP Amended GA	Expenses 30 months	% Spent 30 Months
WP1	1.410.301	1.060.844	75%
WP2	462.513	239.353	52%
WP3	326.160	152.999	47%
WP4	2.210.406	1.411.805	64%
WP5	1.504.343	1.299.011	86%
WP6	1.707.908	1.214.872	71%
WP7	1.781.277	1.295.431	73%
<b>TOTAL</b>	<b>9.402.908</b>	<b>6.674.315</b>	<b>71%</b>

	Budget per WP	Expenses 30 months	Balance
WP1	1.410.301	1.060.844	349.457 €
WP2	462.513	239.353	223.160 €
WP3	326.160	152.999	173.161 €
WP4	2.210.406	1.411.805	798.601 €
WP5	1.504.343	1.299.011	205.332 €
WP6	1.707.908	1.214.872	493.036 €
WP7	1.781.277	1.295.431	485.846 €
<b>TOTAL</b>	<b>9.402.908</b>	<b>6.674.315 €</b>	<b>2.728.593 €</b>

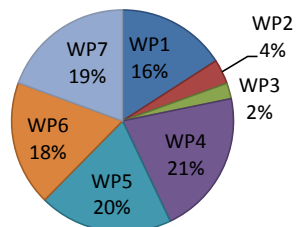
**Distribution Budget  
2014-2017**



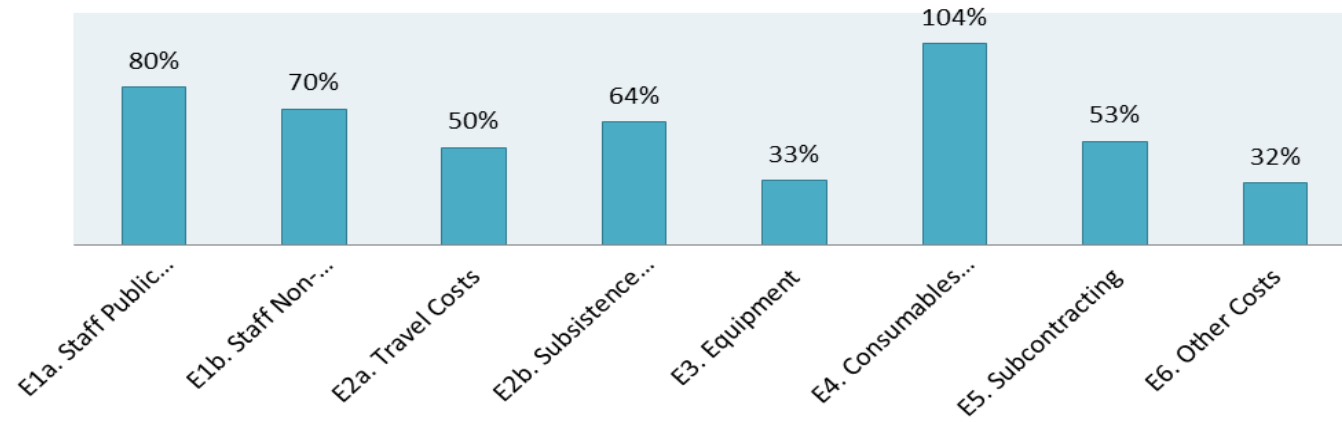
**% spent of WP's budget  
M30**



**Distribution Expenses  
2014-June2016**



### % spent of Eligible Costs vs GA - 30 months



### Expenses vs Budget M30

