

JA-CHRODIS

The Joint Action on
“Chronic Diseases and Promoting Healthy Ageing
across the Life Cycle”

XX Congresso Nazionale 2015
Associazione Medici Diabetologi
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WHAT IS A JOINT-ACTION?

Joint Action

- A Joint Action (JA) is an initiative within the Second Public Health Programme of the European Commission.
http://ec.europa.eu/health/programme/policy/2008-2013/index_en.htm
- It is conducted by national competent authorities (e.g. Ministry of Health), and other public bodies or non-governmental organisations nominated by the EU Member States or other participating countries.
- JAs are jointly funded by the partners and the European Commission.
- They address the greatest health policy needs from European Member States and the Commission.

WHY A JOINT ACTION ON CHRONIC DISEASES?

The overall situation

- Chronic diseases are the leading cause of mortality and morbidity in Europe.
- They affect 8/10 people aged over 65 in Europe (diabetes, heart failure, depression, hypertension...).
- High prevalence of chronic disease→Increase number of chronic conditions (multimorbidity).
- 70-80% of health care budgets across the EU are spent on treating chronic diseases.
- They are linked to an ageing society, but also to lifestyle choices such as smoking, sexual behaviour, diet and exercise, as well as to genetic predispositions.
- The majority of the chronic diseases are preventable.

The challenges

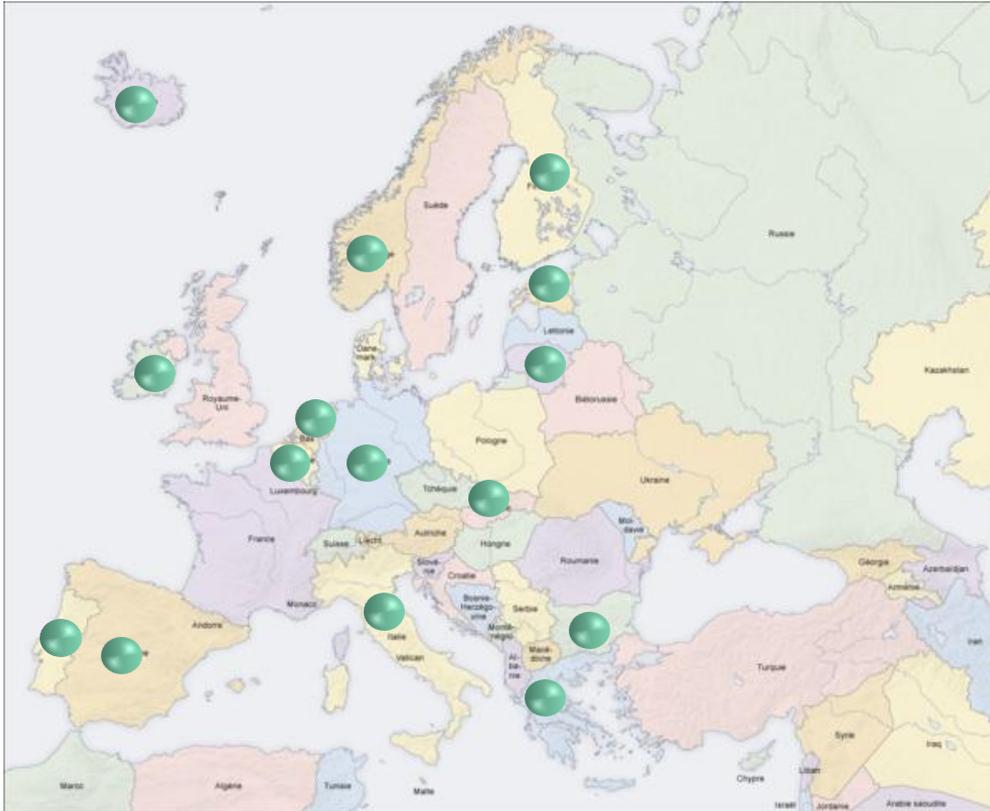
- Strategies on health promotion and early detection.
- Integration of comorbidity problem into existing activities on chronic diseases.
- Development of integrated care models.
- Development of disease management programs.

THE JA-CHRODIS

JA-CHRODIS



The European Dimension: Associated Partners from 15 European countries.



Italy:

- Agenzia Italiana del Farmaco.
- Istituto Superiore de Sanita.
- Ministry of Health (MINSAL).

The European Dimension: Collaborating Partners from 25 countries



Italy:

- University of Napoli
- Hub for International Health Research (HIRS)

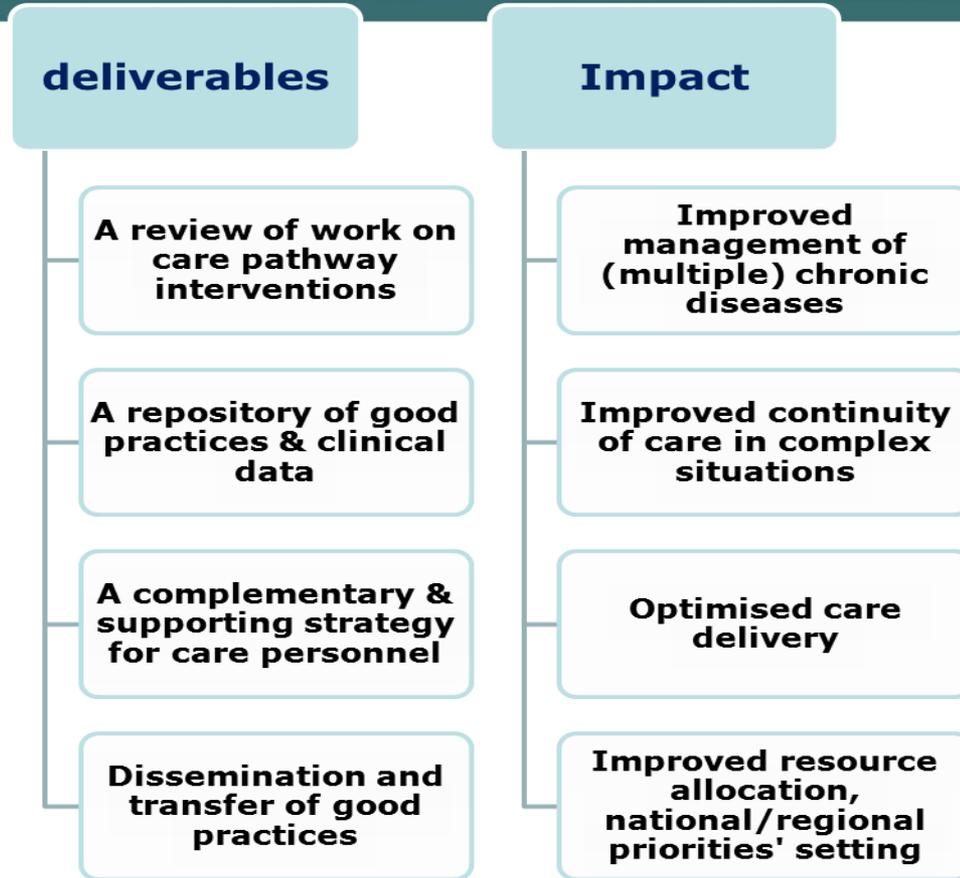
JA-CHRODIS % of Stakeholder Distribution



JA-CHRODIS: Our Objective

To promote and facilitate a process of exchange and transfer of good practices between European countries and regions, addressing chronic conditions, with a specific focus on health promotion and prevention of chronic conditions, multi-morbidity and diabetes.

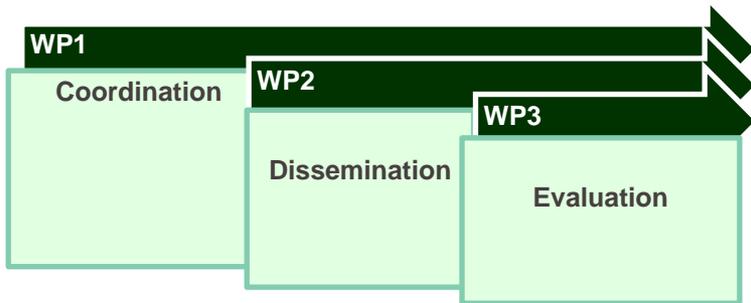
JA-CHRODIS: Deliverables and Expect impact



HOW ARE WE GOING TO DO THIS?

The structure of JA-CHRODIS

Horizontal work



WP4 Platform for knowledge Exchange

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

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

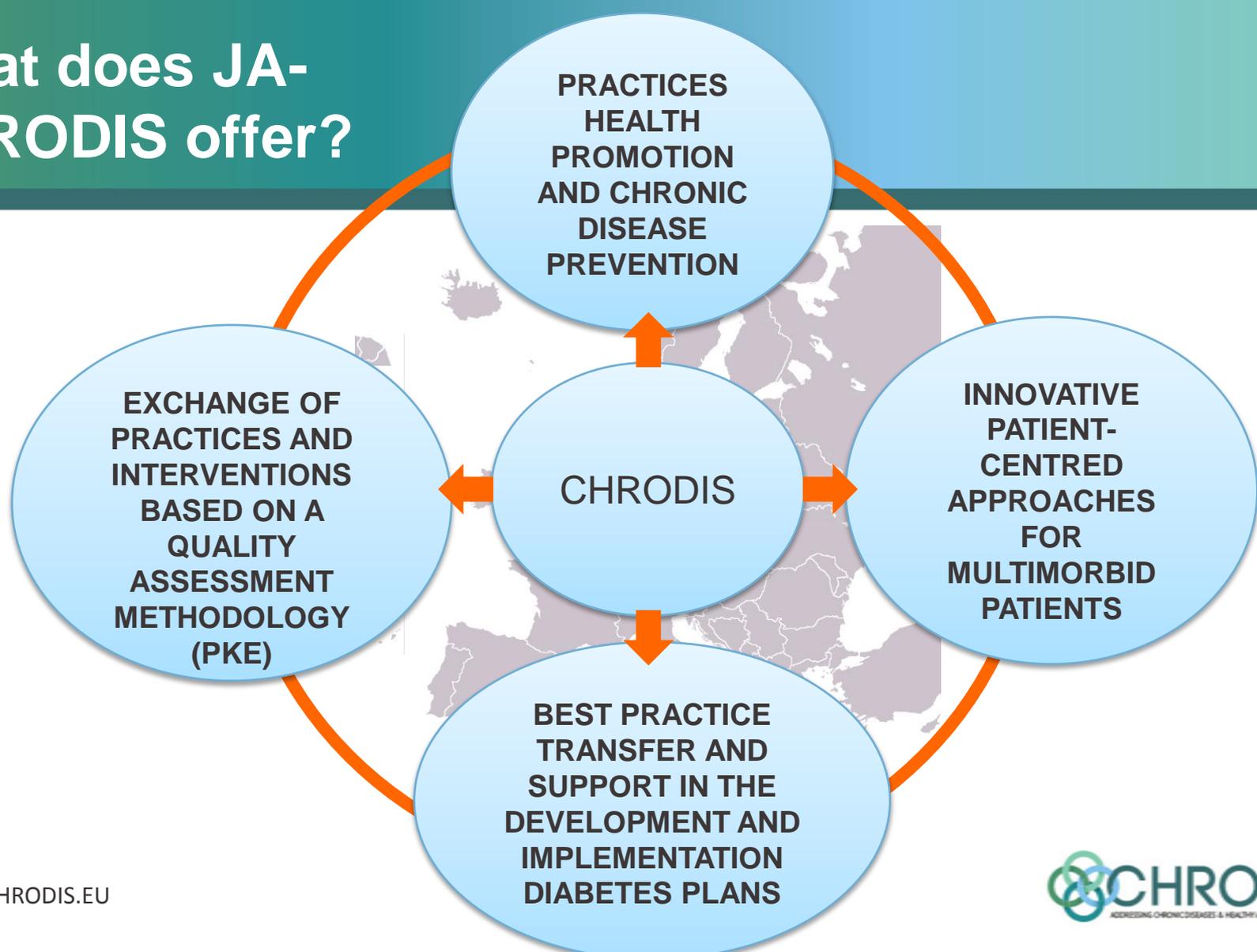
WP7 Diabetes: a case study on strengthening health care for people with chronic diseases

Core work

Governing Board (Ministries of Health)

Advisory Board

What does JA-CHRODIS offer?



Our added values.

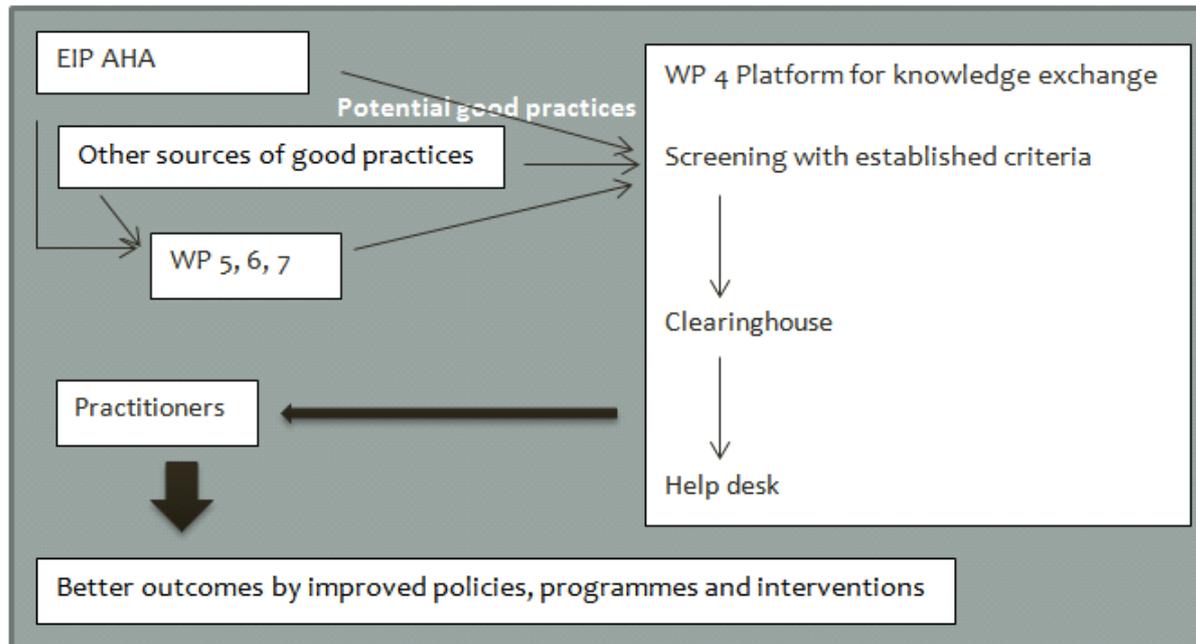
- Involvement of stakeholder community to share experiences, disseminate and help us to focus on relevant issues.
- Involvement of policy makers through the Governing Board (MoH) for future sustainability and an Advisory Board for technical followup and recommendations.

Our added values.

- Practices and interventions based on a high quality assessment process defined under experts consensus criteria.
- Development of an **open** Platform of Knowledge Exchange (PKE): a virtual place to share, learn from others, bridge health system silos and network.

The general sense of developing CHRODIS-JA

2 Organizing the flow of good practices



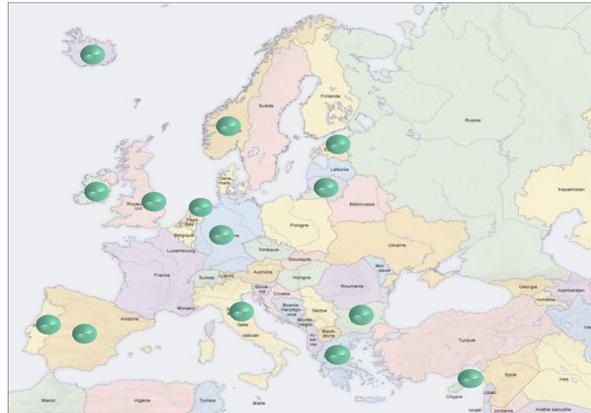
JA-CHRODIS FIRST YEARS ACHIEVEMENTS

JA-CHRODIS' first years main achievements

- Developing the ICT based Platform of Knowledge Exchange (PKE): an agora, where decision-makers, caregivers, patients, and researchers, will be ideally able to exchange the best knowledge on chronic care across Europe.
- Development of Delphi process on Health Promotion with expert panel agreement on the criteria under which practices should be evaluated in the PKE.

Chrodis first years main achievements

- 14 country reviews on the Health Promotion and Primary Prevention 'landscape' identifying gaps and needs.
<http://www.chrodis.eu/our-work/05-health-promotion/wp05-activities/country-reports/>



Chrodis first years main achievements

- Identification of targets of potential interventions for management of multi-morbid patients (Monographic publication in EIJM). “Time to face the challenge of multimorbidity. A European perspective from the JA-Chrodis”. Onder *et al.* 2015; EIJM, Volume 26, Issue 3, Pages 157–159).
- Review existing care (pathway) approaches for multi-morbid patients.

Chrodis first years main achievements

- Literature review on the effective strategies on prevention management, education, promotion and training on diabetes for professionals.
- Collection and review National Diabetes plans (NDP) of European Countries.
- Development of Questionnaire for the selection of criteria to identify good practices.

And all of this,

Conducted by experts from all over
Europe and built for the use of
countries and regions today and in
the future.

JA-CHRODIS Executive Board



What for?

Patients and their families, social and health care professionals, health organizations and national health systems, policy makers from across Europe must benefit from CHRODIS' outcomes and the EC investment (our investment).

In other words,

“For paving the way for a healthier tomorrow”

(Nicoline Tamsa, President of EuroHealthnet)

GRAZIE!

- Teresa Chavarria, Coordinator tchavarria@isciii.es
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- TWITTER: [@EU_CHRODIS](https://twitter.com/EU_CHRODIS)
- Facebook

The Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS)*



Co-funded by
the Health Programme
of the European Union

* This presentation 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).

WORK PACKAGE 5: HEALTH PROMOTION AND PREVENTION

Country Reports on Health Promotion

- BULGARIA
- CYPRUS
- ESTONIA
- GERMANY
- GREECE
- ICELAND
- IRELAND
- ITALY
- LITHUANIA
- NORWAY
- PORTUGAL
- SPAIN
- THE NETHERLANDS
- UNITED KINGDOM



14 country reviews on the health promotion and primary prevention ‘landscape’ identifying gaps and needs.

<http://www.chrodis.eu/our-work/05-health-promotion/wp05-activities/country-reports/>

Country reports main conclusions:

- Commonalities in the key themes emerging from the identified gaps and needs :
 - Evaluation.
 - Monitoring.
 - Research.
 - Capacity and capacity development.
 - Lack of consistent funding to deal with gaps and needs.

Country reports main messages

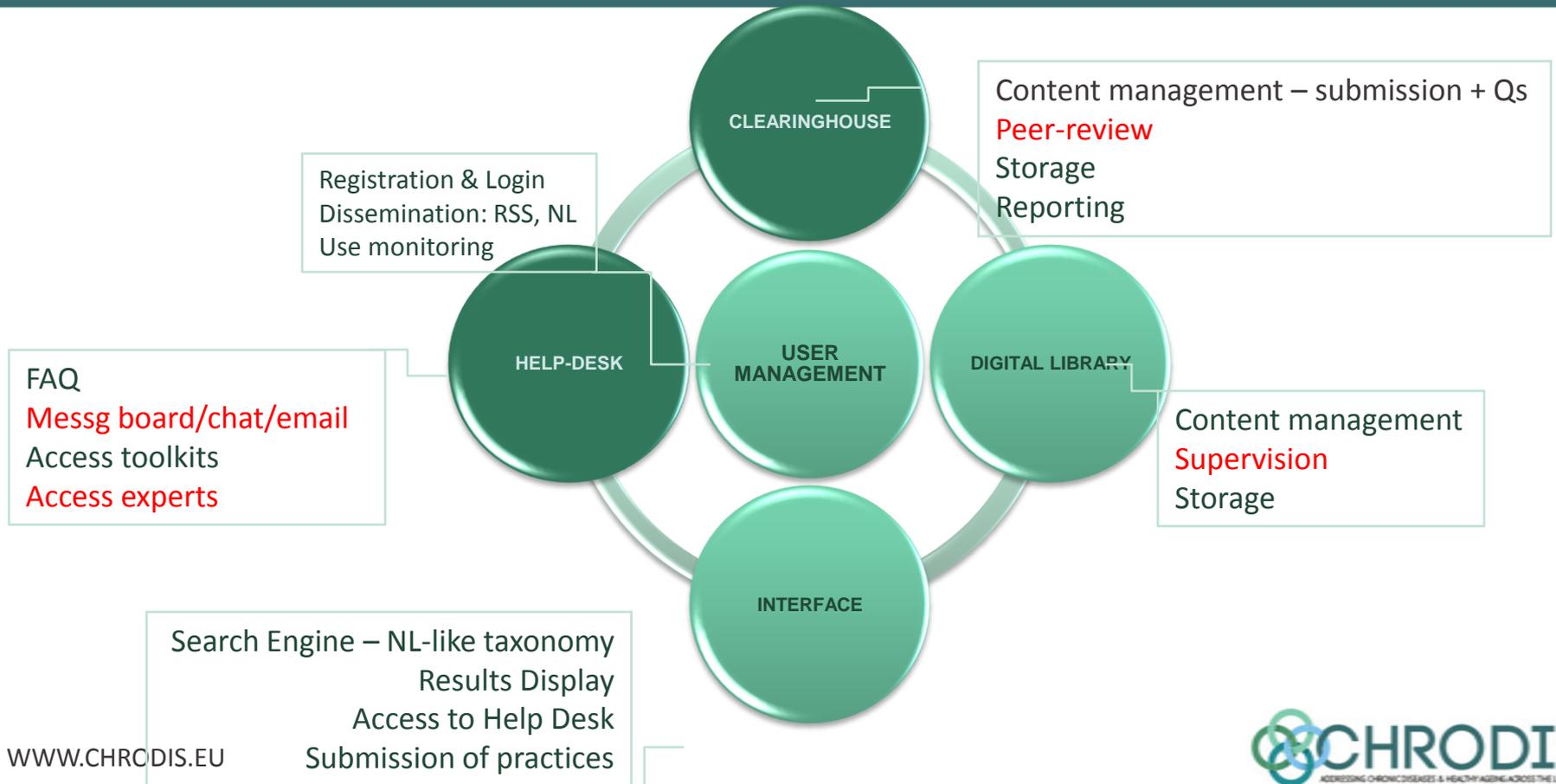
- Strong need to invest consistently in health promotion and primary prevention of chronic diseases as an approach to making health systems in the EU more sustainable;
- EU Member States can support one another by developing a common framework to share successful approaches and good practice. This will be developed as part of the further work of JA-CHRODIS.

WORK PACKAGE 4 AND 5: SET OF CRITERIA FOR PRACTICE ASSESSMENT

The Platform of Knowledge Exchange

- Developing an open Platform of Knowledge Exchange (PKE): a virtual place to share, learn from others, bridge health system silos and network.
- Decision-makers, caregivers, patients, and researchers, will be ideally able to exchange the best knowledge on chronic care across Europe.

The Platform of Knowledge Exchange



Five expert panels agree on the criteria under which practices should be evaluated

- On health promotion and prevention
- On multimorbid patients
- On organizational or systemic change
- On patient-empowerment
- On diabetes – as disease-specific case study



WORK PACKAGE 6: GUIDANCE AND METHODOLOGIES FOR CARE PATHWAYS FOR MULTI-MORBID-PATIENTS

Guidance and methodologies for care pathways for multi-morbid-patients

1. Identification of targets of potential interventions for management of multi-morbid patients
2. Review existing care (pathway) approaches for multi-morbid patients



Original article

Global health care use by patients with type-2 diabetes: Does the type of comorbidity matter?

	Concordant ^a (ref. category)	Discordant ^b			Mental ^c		
		IRR	95% CI		IRR	95% CI	
Use of Primary Care							
Visits to GP	1	1.08**	1.06	1.11	1.17**	1.14	1.21
Visits to nurse	1	1.03*	1.00	1.06	1.01	0.97	1.04
Use of Specialised Care							
Total visits	1	1.38**	1.33	1.43	1.30**	1.25	1.35
Visits to different specialties	1	1.36**	1.32	1.39	1.27**	1.23	1.31
Use of Hospital Care							
Total admissions	1	1.17**	1.07	1.28	1.25**	1.12	1.39
Unplanned admissions	1	1.03	0.92	1.16	1.21*	1.06	1.39
Hospital days	1	1.13	0.99	1.29	1.47**	1.25	1.73
Use of Emergency Care							
Total visits	1	1.12*	1.05	1.19	1.26**	1.17	1.35
Priority visits	1	1.10*	1.02	1.19	1.30**	1.18	1.42

In patients with type-2 diabetes, the coexistence of mental comorbidity significantly increases the use of unplanned hospital services, and discordant comorbidities have an important effect on specialised care use

Review existing care (pathway) approaches for multi-morbid patients

- Review (BMJ 2012 Sep 3;345:e5205) → **Evidence** on the care of patients with multimorbidity **is limited... Interventions had mixed effects...**
- Update (NIVEL) → **Programs varied** in the target patient groups, implementation settings, number of included interventions, and number of chronic care model components ... **Different components of the intervention were identified (comprehensive programs)**

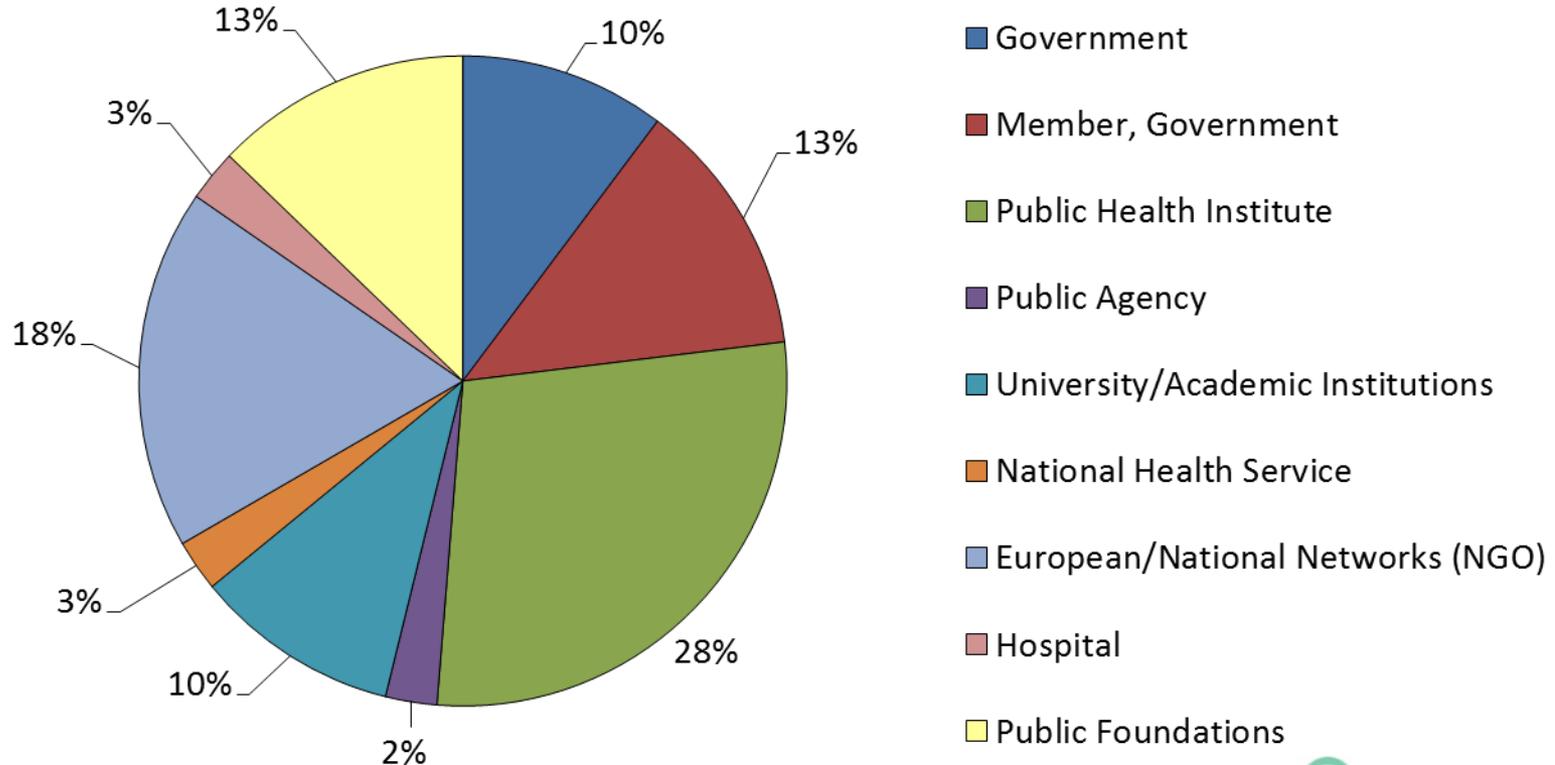
 **Lack of standardization**

WORK PACKAGE 7: DIABETES: A CASE STUDY ON STRENGTHENING HEALTH CARE FOR PEOPLE WITH CHRONIC DISEASES

Chrodis first years main achievements

- Literature review on the effective strategies on prevention management, education, promotion and training on diabetes for professionals.
- Collection and review National Diabetes plans (NDP) of European Countries.
- Development of Questionnaire for the selection of criteria to identify good practices.

Associated partners: strong participation of Public Health Institutes, Governments, Networks and Academia



Collaborating Partners: strong involvement from Governments, Professional Associations and Academia.

