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CHRODIS-PLUS: Implementing good practices for chronic diseases

JA2015 - GPSD [705038]

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Project abstract

Europe is paying a heavy price for chronic diseases (CD): it has been estimated that CD cost EU economies 115 billion € or 0.8% of GDP annually; and this figure does not include the additional loss in terms of lower employment rates and productivity of people living with chronic health problems. However, the aspiration is a health-promoting Europe, free of preventable CD, premature death and avoidable disability could be possible. Initiatives on CD should build on four cornerstones: health promotion and primary prevention as a way to reduce the burden of CD; patient empowerment; tackling functional decline and quality of life as the main consequences of CD, and making health systems sustainable and responsive to the aging of our populations associated with the epidemiological transition (an increase in incidence of CD and extended life expectancy) whose consequence is an increasing prevalence of CD. In this Joint Action, CHRODIS-PLUS, our goal is to support Member States through cross-national initiatives identified in JA-CHRODIS to reduce the burden of CD, while assuring health systems sustainability and responsiveness. CHRODIS-PLUS aims to promote the implementation of policies and practices with demonstrated success in each of the four cornerstones mentioned, in closely monitored implementation experiences that can be validated before scaling them up. For this, a total of 42 beneficiaries representing 20 European countries will collaborate to implement pilots and generate practical lessons that could contribute to the uptake and use of CHRODIS-PLUS results. Practices to be implemented will be based on the collection of policies, strategies and interventions that started in JA-CHRODIS and in its outputs such as the Integrated Multimorbidity Care Model or the Recommendations for Diabetes Quality criteria or national plans. During the 36-month life CHRODIS-PLUS will disseminate its activities and monitor and evaluate them to verify the progress and impact of the action. CHRODIS-PLUS will look for synergies with international/regional/local policy initiatives in CD. CHRODIS-PLUS will count on the Governing Board of representatives from European Ministries of Health, key to CHRODIS-PLUS development and sustainability, an Executive Board and a General Assembly where all associated partners will gather. A proposal for the EU added value of cross-country collaboration in the field of CD and the sustainability of the results from JA-CHRODIS and CHRODIS-PLUS beyond 2020, when this project ends, will be approved.

Summary of context, overall objectives, strategic, relevance and contribution of the action

Europe is paying a heavy price for chronic diseases (CD): it has been estimated that CD cost EU economies 115 billion € or 0.8% of GDP annually; and this figure does not include the additional loss in terms of lower employment rates and productivity of people living with chronic health
problems. However, the aspiration is a health-promoting Europe, free of preventable CD, premature death and avoidable disability could be possible; thee already countries that have been showing steep improvements in indicators related with CD control, providing therefore with opportunities for other counties to learn from their success. Initiatives on CD should build on four cornerstones: health promotion and primary prevention as a way to reduce the burden of CD; patient empowerment; tackling functional decline and quality of life as the main consequences of CD, and making health systems sustainable and responsive to the aging of our populations associated with the epidemiological transition (an increase in incidence of CD and extended life expectancy) whose consequence is an increasing prevalence of CD.

In this context surrounds the CHRODIS+ Joint Action, that is a three-year initiative (2017-2020) funded by the European Commission and the participating organizations, that involving a total of 42 beneficiaries representing 20 European countries. The overarching goal of CHRODIS+ is to support Member States through cross-national initiatives identified in JA-CHRODIS to reduce the burden of CD, increase the sustainability of health systems and develop human capital. The focus will be on tangible trans-national activities with a potential to trigger health and CD policies in Member States with the prospective to improve health outcomes. In specific terms, the aim of CHRODIS+ is to promote the implementation in several countries of innovative policies and practices for patient empowerment, health promotion and prevention, and fostering quality management of CD and multimorbidity as well as for improving the adaptation of the employment sector to chronic patients, in pilot actions that can be validated before scaling them up.

Innovative practices will be identified based on the collection of policies, strategies and interventions that started in JA-CHRODIS and in its outputs such as the Integrated MultiMorbidity Care Model or the Recommendations for Diabetes Quality criteria or national plans. They will be also based on other outputs derived from projects such as the EU PATHWAYS project on CD and the employment strategies in Europe. The cross-national implementation of these innovative practices will be promoted by CHRODIS+ supporting the cross-national collaboration of local implementers and maximizing the dissemination of the lessons learnt through a clear strategy engaging the appropriate stakeholders, promoting the integration and sustainability of the novel, inter-sectorial approaches to health promotion and disease prevention and CD care into national policies. Policy Dialogues will be conducted in several countries (15 countries) and at the EU level (2) with the ultimate aim to provide a proposal of tangible actions in order to have country specific impact for better management of CD. The Policy Dialogues will result in guidance for health sector stakeholders to achieve policy impact. CHRODIS+ will also establish operational links with existing European strategies (at international-national-local levels).

In relation to strategic relevance and contribution of this health programme, the CHRODIS+ addresses the Action on CD co-financed with Member States
authorities of the Work Programme of 2016 and is aligned with the WHO-EURO and its policy initiatives on CD. The specifications of this Work Programme 2016 refer to the thematic areas, working method and expected impact.

Thematic areas: CHRODIS+ will support Member States to promote the implementation of innovative evidence based policies and practices on empowerment, health promotion,

Methods and means

CHRODIS+ combine the selection of best suited good practices or recommended interventions with the support given to policy makers and organisations for the long term sustainability them. These organisations and policy makers may be operating at national, regional or local level. The practices or interventions will fit their needs. This JA includes the following 8 work packages:

- WP1: Coordination
- WP2: Dissemination
- WP3: Evaluation
- WP4: Integration in national policies and sustainability
- WP5: Health promotion and disease prevention
- WP6: Pilot Implementation of Integrated Care Model for multimorbidity
- WP7: Fostering quality of care for people with chronic diseases
- WP8: Employment and chronic diseases: health in all sector

This JA has defined 3 specific objectives that will be achieved by the following methods and means:

-In close collaboration with the Coordinator and under the supervision of the Scientific Coordinator, the 3 WPs with pilots (5, 6 and 7) have a first preparatory task, which will elaborate a common cross-WP perspective, as all 3 will have the participation of the same partner in this phase, KRONIKGUNE, with the purpose to guaranteeing that the process of work, although adapted to the specifics of the 3 WPs, shares common principles. Expert advice for developing the implementations will be organized through EC/ DG SANTE, if required. Pilots will be implemented and the JA will then analyse interventions that can be transferred from good practices identified across Europe (in particular those already identified during JA-CHRODIS), or those recommended by evidence based guidelines, that are of a scope that can be managed in the frame of this JA, and that are approved by the implementing organisations. The inter-sectorial relationship of the employment sector and workers with CD will be explored from two perspectives: as a place for preventing the onset chronic conditions and as a place where people with chronic conditions work.
CHRODIS+ will look for synergies with international/regional/local policy initiatives in CD. A proposal for the EU added value of cross-country collaboration in the field of CD and the sustainability of the results from JA-CHRODIS and CHRODIS+ beyond 2020, when this project ends, will be approved.

The CHRODIS Platform, as part of WP2, will continue with its work in the collection of good practices initiated in JA-CHRODIS until is transferred to the Commission. A dissemination strategy will maximize the impact of CHRODIS+ outputs and Evaluation and Monitoring Plan (WP3) will assess the advancement of the JA and propose corrections when necessary. A Stakeholder Engagement process will guarantee their participation.

The following pilot implementations will be conducted:

- Health promotion & primary prevention: 8 pilots in Iceland, Italy, Lithuania, Malta, Spain,
- Integrated Multimorbidity Care Model: 5 pilots in Italy, Lithuania, Spain
- Fostering quality of care for people with CD: 5 pilots in Croatia, Finland, Greece, Serbia, Slovenia
- ICT based patient empowerment: 3 pilots in Bulgaria, Germany, Spain
- Employment & chronic diseases: 4 pilots in Finland, Italy, Netherlands, Spain
Work package

Work Package 1: Coordination
Start month: 1
End month: 36
Work Package Leader: ISCIII

This WP is led by ISCIII and co-led by VULSK. Coordination (M1-M36)

This Work Package will provide the means to monitor the overall progress of the JA, and the adequate coordination of all JA actions.

Task 1.1 Financial and managerial monitoring and coordination (Task leader ISCIII) M1-36

General coordination and monitoring: The Coordination Team of the action will be formed by the Coordinator supported by a Financial Manager, Project and Quality Manager and the Scientific Coordinator. The role of the Scientific Coordinator is necessary, considering the complexity of CHRODIS-PLUS, to complement the role of the Coordination Team (see Task 1.2). On a day to day basis, is the responsibility of the Coordinator to supervise the work, to oversee/supervise WPs work and proper and timely organisation of the project activities, and control not just the timely production of deliverables, but that they meet the highest quality standards. Weekly video-conferences will be held by the Coordination Team. The Coordination will update the “Summary for publication” in the Participant Portal. It is foreseen that for the monitoring purposes of the coordination, the following project management tools will be used:

Financial monitoring: ISCIII will collect data on expenditures and working time contributions by WP and partners every 6 months. These data will be returned to WP leaders for adjustment of their activities, plans and budget distributions as appropriate, adjustments that will be agreed with ISCIII. This task will be led by the Financial Manager who will work under the supervision of the Coordinator and in close liaison with the Scientific Coordinator.

Activity progress monitoring: The Project and Quality Manager will monitor the progress of activity. For this purpose, ISCIII will implement tools for WP leaders to provide frequent updates on the progress reviewing the accomplishment of milestones of their respective WP fostering coordination across WPs.

In addition, the Coordinator will provide technical and administrative assistance to JA partners.

Scientific quality: The production of deliverables will be based on the “Guidelines on general quality criteria” (M6) that will be elaborated by the Scientific Coordinator, reviewed by the Coordinator, and approved by the Executive Board. Deliverables will be prepared in collaboration between the Scientific Coordinator and WP leader-co-leaders, assuring they meet the highest quality standards, as established by “Guidelines on general quality criteria”. They will be then submitted for their review to the Coordinator. After the review of the Coordinator, they will be presented to
the Executive Board for their final approval. The Project and Quality Manager will assure that this process will be conducted following the time-scheduled establish.

Communication with CHAFEA and European Commission (EC): All communication from the consortium with CHAFEA and EC will be done via the Coordinator and the Scientific Coordinator of the JA. This communication will include frequent updates on the progress of the JA, in addition to the mandatory interim report and final repots of the action. CHAFEA and EC representatives will be invited to attend Executive Board (EB), General Assembly (GA), Final Conference, as well as Stakeholder and Governing Board meetings.

Within the coordination of the JA, the following structures will be organised and managed:
Executive Board: ISCIII will coordinate the Executive Board (EB), formed by the Coordination team -including the Scientific Coordinator, WP leaders and co-leaders, as the highest decision making body of the JA. The EB will approve the reporting contents and timelines. Regular meetings (6 face-to-face and monthly video-conferences) will be scheduled by the Coordinator and Scientific Coordinator and the EB members to ensure smooth running and coordination of the JA. The decision mechanism will be defined in the Consortium Agreement.

General As

Work Package 2: Dissemination
Start month: 1
End month: 36
Work Package Leader: SU

This WP is led by SU and co-led by MoH SK.

Description of work (where appropriate, broken down into tasks), lead partner and role of applicants

Task Group 2.1. Strategic Documents
Task 2.1.1 Stakeholder analysis, database and engagement
Lead partner SK MoH, SU (M5 – M36)

In collaboration with WP1, updating, identifying and grouping of stakeholders, integrating JA-CHRODIS stakeholders’ database. Preparation and distribution of the survey to all identified stakeholders. The survey will identify the motivation of the stakeholders and will serve as the tool for stakeholders division into specific stakeholders groups. The objective of the survey is to learn about the motives of the stakeholders to join the Joint Action or to use its results.

Qualitative and quantitative stakeholder analysis will be conducted across WPs partners. The analysis will involve the partners of all WPs and other stakeholders. The results of the analysis will be reflected in the Dissemination strategy.
2 stakeholder meetings (M12 and M30) will be organized to facilitate the engagement of stakeholders with CHRODIS PLUS to promote a meaningful relationship with stakeholders in order to gain mutual knowledge, and share useful information and ideas. The 1st stakeholder meeting (M12) will be organized in conjunction with an Executive Board meeting, while the 2nd (M30) will take place in conjunction with the site visits of the implementation of pilot actions.

Task 2.1.2 Dissemination strategy document
Lead partner SU, SK MoH (M7)
This report is to be based on the stakeholder analysis and a strong cooperation with WP leaders. This report is to specify the specific objectives, detailed activity planning, identification of the target groups (final targets and multipliers, including decision makers and journalists), dissemination channels, the timing of the dissemination actions and the visibility of European Union co-funding, as well as the description on intranet and overall communication. The document will provide a strategy for internal and external communication, stakeholders involvement and sustainability of the Joint Action results. The document will also include the most efficient use of the internal and external dissemination channels related to the specific target groups. This document will present how all the stakeholders will get involved in the dissemination activities especially at national level but also at European/international level. The document will present how the IT platform to be hosted by the EC can play a central role in the dissemination of the action proposed and in the sustainability of the results of CHRODIS PLUS. The dissemination strategy document will include the dissemination work strategy for particular stakeholders to achieve the most effective dissemination and promotion of the results of CHRODIS PLUS.

Task 2.1.3 Dissemination reports.
Lead partner SU, SK MoH (M18, M36)
WP2 will produce 2 reports covering the dissemination activities by WP2. This report among others will also build on the following inputs:
● based on a Template sent out to all partners, the dissemination activities done by partners.
● data analytics driven analysis to answer the key questions related to online communication of CHRODIS PLUS website, the Facebook and Twitter pages: Which content resonates with the audience? Who are the followers of these pages? How people interact with the messages?

Task 2.1.4 Standard visual identity set
Lead partner SU (M8)
The communication of CHRODIS PLUS across all communication tools will be based on a standardised visual identity. This visual identity will partly reflect the continuity with JA CHRODIS but will also express that it is a new project. Basic visual identity includes the logo and overall house style (e.g. Letterhead papers, PPT templates, e-mail closings, etc.), described in the Joint Action Corporate design manual.

The action will ensure the use of the co-funding logos and relevant disclai
Work Package 3: Evaluation
Start month: 1
End month: 36
Work Package Leader: AQUAS

This task is lead by AQuAS.

Task 3.1. Definition of the Evaluation Plan of CHRODIS-PLUS. Task leader AQuAS. M1-M30

WP3 aims to define and implement the evaluation of CHRODIS-PLUS, using both quantitative and qualitative methods. The same approach as in JA-CHRODIS will be adopted as internal evaluation, working closely with WP-leaders the indicators that better assess their WP to finally establish an “Evaluation Plan”. The plan will be mainly based on defining SMART (specific, measurable, agreed upon, realistic and time-related) indicators. The following aspects will also be considered when developing the indicators: validity, consistency, applicability and strength. Joint work with the Coordinator, Scientific Coordinator and WP leaders will be done to ultimately define the WP3 evaluation strategy and to avoid overlapping when carrying tasks and/or collecting information. Although this could be considered an internal evaluation, no organizations involved in the pilot implementation are participating in WP3. Regular meetings will be scheduled to ensure the timely and effective consecution of the task.

The Evaluation plan will be separated in two different parts: CHRODIS-PLUS implementation (Monitoring) and its impact (Impact).

Task 3.1.1 Monitoring Plan definition. Task leader AQuAS. M1-M8

Partners in this task: WP leaders contribute in the definition; subcontracted advises and participates in the definition

Starting at the kick-off meeting, a collaborative approach working closely with WP-leaders and co-leaders in the definition of the indicators (process, output and outcome indicators) is proposed to assess of the success of the different WPs in delivering what they set out to do and monitoring the project’s development. The number of monitoring assessment indicators defined in the Monitoring Plan will be the minimum needed to reliably assess each WP’s task development. Indicators will also intend to help maximizing the final outputs quality.

The Monitoring Plan will include the definition of methodologies to further analyse and support the quality of CHRODIS-PLUS work. WP3 will assess the Scientific Coordinator to provide a guide on protocol requirements to all WP leaders undertaking pilot studies. E.g. for each pilot undertaken in the different WPs, a protocol will be required, having to accomplish with feasibility aspects, as those defined by Leon AC et al (2010) or the ENCePP Protocols Checklist. Protocols will also have to include clear short-term (within the CHRODIS-PLUS period) outcomes and corresponding success targets to enable their large-scale applicability assessment. WP3, accompanying the Scientific Coordinator of the JA and
KRONIKGUNE, which is participating in the Preparatory Phase in those WPs, will produce a first proposal of the pilot requirements, which will be internally shared and discussed between the Scientific Coordinator, WP3 and the implementers of each WP at M3, to receive feedback. Then, in a second round, a document reflecting an updated proposal for each WP based on the obtained input will be shared amongst all project implementers, enabling exchange between WPs and cross-fertilization. Finally, the requirements will be presented in a Webex video-conference meeting to all implementers for any final common discussion needed. The pilot requirements will enhance a cross-WP common methodology. As and when protocols are produced, WP3 will review the content based on the aforementioned requirements and provide a protocol assessment within the following month.

The Monitoring plan will be produced in three steps:
1. First proposal of indicators for each WP developed by WP3 based on planned activities and objectives (M4)
2. Discussion with WP-leaders about the validity and feasibility of the proposed indicators; and agreement on data collection methodologies and deadlines (bilateral tele-meetings) (M6)
3. Development of the final version of the Monitoring Plan including a complete description

Work Package 4: Integration in National Policies and Sustainability
Start month: 1
End month: 36
Work Package Leader: ISCIII

WP Leader is ISCIII, and co-leader VULSK

Task 4.1 Governing Board. Task leader VULSK; co-leader ISCIII. M1-M36

Set a board with representatives of Ministries of Health of all Members States participating in CHRODIS-PLUS. All European Member States and EEA countries will be invited to become member of the Governing Board (GB). The mission of the GB will be to give feedback and policy guidance on the progress of the CHRODIS-PLUS. The GB National representatives will serve as liaison between their National Health System and CHRODIS-PLUS. The GB will also receive input from all WPs in order to achieve a good alignment among different CHRODIS activities. The GB will support and provide input to all CHRODIS-PLUS WPs in order to facilitate a good alignment among the country’s needs and the work of the WPs. The GB will be chaired by VULSK or by a representative of Lithuania. VULSK will provide the secretariat of the GB. The nomination of GB members must be finalised by M3. GB will meet three times. GB will elaborate and approve its Terms of Reference and Operating Procedure at M6.

Task 4.2 Policy Dialogues. Task leader EHNet; co-leader ISCIII. M1-M30
Partners in this task: ISS, MoH IT, FINCB, HI, VU, DOHI, CIPH, CSJA, MFH, RIVM, MS, MoH SK, BHTC, VLO, NIJZ, NIGRiR, AUTH, IPH, SU.

A series of Policy Dialogues (15 at national level, and 2 at EU level) will raise awareness and acceptance in decision makers on improved actions to combat CD. The aims are to identify policies or changes in existing policies that are capable to tackle major risk factors (in line with the Action Plan for the Prevention and Control of NCDs in the WHO European Region 2016-2025) and/or strengthen health promotion and prevention programmes as well as health care approaches for CDs and multi-morbidity. Rather than a (public) dissemination event, these Policy Dialogue aim to involve a few highly relevant policy makers and not draw any (if so, only a limited) audience.

Although there are 17 Policy Dialogues budgeted and programmed in CHRODIS-PLUS, additional dialogues can be programmed during the course of the Joint Action. The programmed Policy Dialogues are listed below including coordinating partner:

16 National Policy Dialogues: Belgium (BHTC and VLO), Croatia (CIPH), Greece (AUTH), Iceland (DOHI), Ireland (IPH), Italy (ISS), Lithuania (HI and VU), Malta (MFH), Netherlands (RIVM), Poland (NIGRiR), Portugal (MS), Slovakia (MoH-SK), Slovenia (NIJZ), Spain (ISCIII).

2 EU level Policy Dialogues will focus on, 1) employment and CD (Coordinated by SU and FINCB) and 2) on innovative financing of health promotion to help secure the sustainability of health systems (Coordinated by EHNet).

Based on the country health profiles* on the one hand and JA-CHRODIS and upcoming CHRODIS-PLUS Country Reviews in the field of health promotion and disease prevention on the other, the Policy Dialogues will address different topics based on countries’ needs identified. Some Policy Dialogues will focus specifically on topics related to health promotion and disease prevention (this is the case in the following participating countries – Spain, Croatia, Hungary, Iceland, Italy, Lithuania, Malta, Netherlands, Poland) and pilots implemented at national level in the context CHRODIS-PLUS. These Dialogues will promote intersectoral collaboration for health and “Health in All Policies” (HiAP). They will involve actors from different sectors (e.g. agriculture, education, finances, sports, or environment) accordingly, including collaboration between health promotion and healthcare approaches. The rest of countries (Belgium, Greece, Ireland, Portugal, Slovakia, Slovenia) will identify the focus of their Policy Dialogues in the first months of the JA.

For each Policy Dialogue, partners will consider previous national and European work on similar issues that we can build on (e.g. the EC seminar on "Strategic investments for the future of healthcare"). With support with National pa

Work Package 5: Health Promotion and Disease Prevention (HPDP)
Start month: 1
End month: 36
Work Package Leader: EHNet

This WP is led by EHNet and co-led by THL

Task 5.1. Completion, update, and systematisation of country reports. Task leader EHNet; co-lead THL. M1-M8

Partners in this task: CIPH, IPHS, NIGRiR, SU, THL
This work will complement the existing country reports to assess the state of development of policies on HPDP within countries interested in participating in this work package task and not yet covered in JA-CHRODIS (i.e. Croatia, Finland, Hungary, Poland, Serbia) and produce a new comparative overview including amongst other new developments and innovative features (e.g. mHealth, eHealth...). Special attention will be paid to the target groups mentioned in task 5.2.3 and the focus of task 5.3. The reports will provide policy makers, practitioners and stakeholders with a quick idea of the situation and key actors in the respective countries. They will also provide an understanding of what is needed in terms of health and other relevant policies and strategies (physical education, anti-smoking laws, employment policies, etc.) and in terms of implementation of good practices for those target groups. As many good practices are implemented outside the healthcare sector this will also give an overview of inter-sectoral collaboration of several actors. The reports will provide a helpful baseline for more efficient cross-national learning. In addition, and from an EU perspective, the reports will be linked with other works that map health systems and increase the insights into broader health systems organisation as well as be the input for WP4. These country reports are unique as to our knowledge they are the only ones that address organisation and policies in the field of public health and health promotion. These issues only receive minimal attention in other health system country reports (e.g. HiT reports or Bertelsmann).

Task 5.2. Adaptation and implementation of intersectoral good practices. Task leader EHNet; co-leader Kronikgune. M1-M32

Partners in this task: ASLTO3, CSJA, DOHI, EHNet, FINCB, HI, HSE, IPH, ISCIII, Kauno Klinikos, MFH-Malta, MOH-IT, MS, NIGRiR, OOI, RIVM, SU, THL, VU
The work will draw on well-proven good practices identified during JA-CHRODIS and are included in the current CHRODIS Platform. The work will perform the following tasks:

Task 5.2.1. M1. Assessment of common interests and division in different groups. M1-2: From the start, partners who have not committed to implementing a good practice will be asked to join one of the 3 thematic groups focusing on young children (and their parents), the “young aged” (40-65) and the old aged (60+) and/or corresponding setting approaches (e.g. schools, workplaces, care settings). Partners will consider all areas from a health equity perspective.

Task 5.2.2. Preparatory phase. M2-M12: This phase will be coordinated by
Kronikgune across implementing WPs (WP5,6,7,8) and involve all implementing partners. They will set a common framework for a systematic approach of situation analyses and feasibility assessments and for the implementation of health promotion practices. This framework will be reviewed and applied by all partners involved in this WP5 task, whether they are implementing a good practice or not. In collaboration with regional/local partners on site, partners will also perform:
- Situation analyses and needs assessment to assess the readiness in the implementing countries;
- SWOT-analysis to assess the feasibility of the implementation in the countries.
In addition, implementing partners will (a) Identify possible additional external funds for the implementation of good practices; (b) Conceive an action plan; (c) Assess and adapt the intervention to the local context. External expert advice for the implementation will be obtained if necessary.

Task 5.2.3. Implementation phase. M13-M30: This includes the support to the new implementers by good practice owners, the observation process by all partners, as well as the monitoring and periodic con

Work Package 6: Pilot Implementation of Integrated Care Model for multimorbidity
Start month: 1
End month: 36
Work Package Leader: UCSC

This WP is led by USCS and co-led by VULSK

Patients with multimorbidity have complex health needs and consume up to 74% of total healthcare resources (Marengoni et al. Ageing Res Rev. 2011). Due to the current traditional disease-oriented approach, they face a highly fragmented form of care that leads to incomplete, inefficient, ineffective, and possibly harmful clinical interventions. There is limited evidence on available integrated and multidimensional care pathways for patients with multimorbidity. The JA-CHRODIS developed a framework for care of patients with multimorbidity that potentially could be applied across Europe. Sixteen components across five domains were identified and included in this framework (Delivery of Care; Decision Support; Self Management Support; Information Systems and Technology; and Social and Community Resources). However, this Integrated Care Model for Multimorbidity (ICMM) developed by JA-CHRODIS needs to be assessed in practice, proving the applicability, adjusted for easier local replicability and validated across different European healthcare settings.

We propose to test the JA-CHRODIS ICMM in 5 pilot sites across Europe. An implementation strategy will be developed in order to standardize the intervention. Target group will be represented by multimorbid persons with complex health needs. Better definition of the target group will be achieved by identification and application of a risk stratification strategy as planned in task 6.1.2. This will allow for a transnational implementation of the model. Five main phases (tasks) will be...
Task 6.1. Preparatory phase. Task leader USCS. M1-M12

Partners in this task: IACS, KRONIKGUNE, UCSC, VULSK, Kauno Klinikos, CSJA
Collaborating partner: NIVEL

Task 6.1.1 Assessment of participating pilot sites. Leader UCSC. M1-M6. A questionnaire will be developed to assess pilot sites participating in the implementation. This questionnaire will be developed in order to identify and assess the most relevant organizational characteristics of the facility. Based on the specific local availability, general data on characteristics of patients admitted to these organizations will be collected.

Task 6.1.2 Identification of patient risk stratification strategies. Leader KRONIKGUNE. M1-M12. Existing risk stratification strategies will be reviewed to identify and select the strategy(ies) that will be applied in the practices participating to the implementation (this aspect is considered in the care model). Strategies adopted at a national or regional level will be reviewed by a survey among partners participating to CHRODIS-PLUS. This task will also build on results of a former European project focused on risk stratification (ASSESSH project).

Task 6.1.3 Definition of an implementation strategy and tailoring of the intervention. Leader KRONIKGUNE and UCSC. M6-M12. A meeting involving WP partners, leaders of participating partners and external experts, leaders of the practices involved in the implementation will be organized to discuss strategies for the implementation of the JA-CHRODIS integrated care model. This task will also involve institutions that have already implemented the JA-CHRODIS ICMM at a national level (collaborating partner NIVEL), researchers involved in other European projects in the field of multimorbidity (SUNRAIL and SELFIE) and frailty (Joint Action ADVANTAGE) and members of the EIP on AHA action group B3 on integrated care. Possible tools, instruments and outcomes to assess the success of the implementation will be discussed and defined. Outcomes might include patients-related outcomes, use of resources (i.e. hospitalization) and process oriented outcomes (i.e. quality of care, continuity of care, both as perceived by patients and professionals, sustainability and organizational outcomes).

Task 6.2. Pilot implementation. Task leader UCSC and VULSK. M13-M30

Partners in this task: IACS, UCSC, VULSK, Kauno Klinikos, CSJA

The

Work Package 7: Fostering quality of care of chronic diseases
Start month: 1
End month: 36
Work Package Leader: ISS

This WP is led by ISS and co-led by NIJZ
Task 7.1. Baseline analyses and pilot actions design. Task leader KRONIKGUNE. M1-M9

Partners in this task: CIPH, UULM, UHREG, AUTH, OVGU, CERTH, EPF, ISS, UBEO, NIJZ, CSC, NCPHA, THL.

Baseline and context analyses will be performed by WP7 partners, to reveal gaps, key enablers and positive forces that support the applicability of the JA-CHRODIS Recommendations, and actual/potential barriers that need to be recognized and addressed, and to evaluate their transferability across countries. It will also enable partners of WP to share their vision, ideas, knowledge, expertise and experiences in a structured way.

Pilot actions design using the JA-CHRODIS Recommendations, including the one addressing design of the practice: the design should clearly specify aims, objectives and methods, and rely upon relevant data, theory, context, evidence, and previous practices including pilot studies. The structure, organization and content of the practice should be defined, and established together with the target population, that should be clearly described (i.e. exclusion and inclusion criteria and the estimated number of participants). Human and material resources should be adequately estimated in relation with committed tasks. Relevant dimensions of equity have to be adequately taken into consideration, and targeted. The design of the pilot actions will be described using SQUIRE 2.0 Guidelines. Small-scale project management tool such as PRINCE2 will be used to plan and monitor the implementation of the pilot actions, defining what, when and by whom it will be implemented, how the quality will be specified and measured, describing the resources that are needed and the methodology for monitoring of the implementation. Support and advice from external experts for the implementation will be obtained if required from SANTE.

Other outputs of JA-CHRODIS will be used, including the identified elements that support implementation, sustainability in “Policy Brief: National Diabetes Plans in Europe. What lessons are there for the prevention and control of chronic diseases in Europe?” (http://chrodis.eu/wp-content/uploads/2017/01/national_diabetes_plans_final_21122016.pdf ) and/or are essential elements of successful practices as described in “SWOT analysis – Overview of national or subnational policies and programs on prevention and management of diabetes” (https://drive.google.com/file/d/0B8Xu4R_n0-nzTUtulNhu0HB1ZGM/view), and the guide for leaders to support the change management (http://chrodis.eu/wp-content/uploads/2017/01/guide-for-national-diabetes-plans_final.pdf).

Other WHO initiatives, including WHO action plan on NCDs will be used to support pilot actions design.

Task 7.2 Implementation of the Recommendations through pilot actions across different countries. Task leader NIJZ. M10-27

Partners in this task: UBEO, THL, ISS, CIPH, AUTH

Task 7.2.1 Implementation of JA-CHRODIS Recommendations – learning from pilot
actions across several EU countries. Task leader NIJZ.
JA-CHRODIS Recommendations will be tested in a series of pilot actions, which will be conducted across all countries involved in this task. Since each of the recommendations will be implemented in different countries, and each country will implement different Recommendations, this will provide rich information on the barriers and facilitators related to any of the specific Recommendation as well as the contextual elements of each of the health care systems where they are to be implemented. Each Country will implement at least one recommendation of the following groups:

- Intervention design: Design, Comprehensiveness
- Management: Governance, Interaction with regular and relevant systems, Evaluation and monitoring
- Participation: Empowerment, education and training, ethical considerations

Overall, all participant countries will explore the sustainability and scalability of the intended changes, learning from

Work Package 8: Employment and Chronic Diseases: health in all sectors
Start month: 1
End month: 36
Work Package Leader: FINCB

This WP is led by FINCB and co-led by THL

Chronic Diseases (CD) impact on individuals in terms of negative employment outcomes, such as reduced workforce participation and early retirement, resulting in loss of income and increasing the risk of poverty. CD also affect employers, that have to deal with absence from work, issues connected to employability, costs of retaining or replacing workers, and internal company policies, aspects which are crucial for hiring as well as re-integrating persons with CD. On the other hand, work is a protective factor improving quality of life and well-being for people with CD.

Task 8.1 Implementation of practices in the employment sector for people with CD: a Training Tool for employers and the employment sector. Task leader FINCB.
M1-M30
Participants in this task: INCa, TUD, CSJA, SU, EPF.

Activities of this task will be built on available evidence derived from several national and international projects (such as EU Pathways, EU PH Workforce) and actions (from national & international organizations, such as EU, ILO, EASPD) to identify good practices, as well as support strategies to understand the living conditions of chronic patients who stay and/or return to work and to develop human capital. As good practice we intend not only a practice that is good, but a practice that has been proven to work well and produce good results, and is therefore recommended as a model. It is a successful experience, which has been
tested and validated, in the broad sense, which has been repeated and deserves to be shared so that a greater number of people can adopt it (from JA-CHRODIS). Based on available data and evidence, with collaboration of unions, representatives of employment sectors, and patients’ associations (such as EPF), a CHRODIS-PLUS training tool will be developed, to better understand the benefits of employing and keeping persons with CD at work. An expert meeting will be organized to define the structure and the objectives of the training. The training tool will be prepared for employers, trade unions, patients’ representatives and governments in selected countries. The tool will be open access and fully available on line on CHRODIS PLUS website initially in English, and then translated by partners involved in this task into their respective languages (Italian, French, Slovenian, German, and Hungarian). The tool will be based on a biopsychosocial approach to health, thus will not be disease specific but based on and targeting human functioning, person’s capabilities and CD commonalities. The clear and positive message that the training will provide to users will be that work is a positive part of the lives of people with CD and all actions should be focusing on promoting the maintenance of work for those affected by CD. This tool will be shared with CHRODIS-PLUS Governing Board for evaluation and possible distribution through interested ministries. Collaboration with CD organizations will be explored for dissemination of the training tool. The training will be a tool for developing human capital in order for employers to understand the operational benefits of employing and keeping persons with CD and will give emphasis on advantages for businesses such as the availability of a larger pool of talents, greater work commitment and loyalty, a possibility to increase a customer base by having a staff with different capacities, increase corporate social responsibility, a greater work-satisfaction among the workforce, etc. Training will promote inter-sectoral actions by strengthening cooperation between the labour and the healthcare systems as employers need to be informed about specific health-related needs of workers in terms of work adjustments and overall inclusion and participation in the labour force.

Sub Task 8.1.1 In collaboration with UCSC and VULSK, respectively leader and co-leader of WP6 (Pilot Implementation of Integrated Care Model for multi-morbidity), an expert meeting w
COORDINATOR

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Dissemination strategy report
SU
CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)
Lead partner SU, co-leader SK MoH Dissemination strategy report will provide the details of the WP2 activities related to the dissemination channels and scheduling of the dissemination in addition to guidance to CHRODIS-PLUS partners for when dissemination CHRODIS-PLUS activities/results.

Dissemination Report
SU
CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)
Lead partner SU, co-leader SK MoH Dissemination reports. The report will be produced at M18 and M36 and will reflect the dissemination activities of the monitored period.

CHRODIS-PLUS Monitoring Evaluation plan
AQUAS
CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)
The strategy to assess the success of the different work packages in delivering what they set out to do and monitoring the project’s development.

JA-CHRODIS short/mid-term Impact Evaluation report
AQUAS
CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)
Definition and evaluation of the JA-CHRODIS short/mid-term impact.

Recommendations for the implementation of health promotion good practices
EHNet
Recommendations for intra- and inter-sectoral collaboration for health promotion and chronic diseases prevention
EHNet

Recommendations for the implementation of health promotion good practices
RIVM

Pilot implementation and outcomes evaluation
UCSC

Recommendations for intra- and inter-sectoral collaboration for health promotion and chronic diseases prevention
RIVM
Recommendations for intra- and inter-sectoral collaboration for health promotion and chronic diseases prevention

Country specific CHRODIS integrated care model versions
KRONIKGUNE
CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)
Expected on: 01/07/2020
Country specific CHRODIS integrated care model versions, from no less than 3 different healthcare settings maintaining the model structure, but taking into consideration local funding, regulations, etc.

Pilot implementation and outcomes evaluation
UCSC
CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)
Pilot implementation: description of the methodology of implementation and outcomes assessment

Guide for the implementation of JA-CHRODIS QCR tool to improve the quality of care for people with chronic diseases - Lessons learnt based on experiences in pilot actions in at least 3 countries.
NIJZ
CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)
Expected on: 01/05/2020
Leaders: ISS, NIJZ The deliverable describes the overall implementation activity including potential for spread to other contexts, indicate implications for practice, and suggested next steps for fostering quality of care for people with chronic diseases. The deliverable will report on the key lessons learnt, including enablers and barriers, from implementation of QCR tool in at least 3 countries.
Country specific CHRODIS integrated care model versions
VULSK
CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)
Country specific CHRODIS integrated care model versions, from no less than 3 different healthcare settings maintaining the model structure, but taking into consideration local funding, regulations, etc.

Training tool for employers and the employment sector: CD and employment
FINCB
CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)
Expected on: 01/01/2020
Report on the training tool developed for employers: description of the protocol and the actions taken to implement it.

Pilot actions design: a blueprint for action
ISS
CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)
Leaders: ISS, NIJZ Preparatory phase and strategy for implementation for WP7. The report describes baseline and context analyses, and design for each pilot action implementation. It provides a framework for the implementation of actions using JA-CHRODIS Recommendations.

Toolkit for adaptation of the workplace for prevention and maintenance of chronic diseases at the workplace
THL
CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)
Expected on: 01/03/2020
Report on the toolkit developed: description of the toolkit and the actions taken to implement it.
Guide for the implementation of “people-powered” mHealth tools in national healthcare strategies for a healthy lifestyle in the context of chronic diseases in at least 3 countries

NIJZ

CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)

Leaders: ISS, NIJZ The deliverable describes the overall implementation activity including potential for spread to other contexts, indicate implications for practice, and suggested next steps for fostering quality of care for people with chronic diseases. The deliverable will report on the key lessons learnt, including enablers and barriers, from implementation of JA-CHRODIS Recommendations in at least 3 countries.

Policy recommendations for health promotion and disease prevention in the workplace for people with CD including access to, reintegration and stay at work

FINCB

CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)

Expected on: 01/05/2020

Set of indications to provide support strategies to develop human capital and to increase efforts for the understanding among policy makers as well as relevant stakeholders about operational benefits of employing and keeping at work persons with chronic disease.

17 action plans derived from policy dialogues

EHNet

CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)

Expected on: 01/03/2020

17 action plans to guide health sector in achieving national impact on better management of chronic diseases

Toolkit for adaptation of the workplace for prevention and maintenance of chronic
diseases at the workplace
THL
CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)
Report on the toolkit developed: description of the toolkit and the actions taken to implement it.

CHRODIS-PLUS Final Evaluation report
AQUAS
CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)
Expected on: 01/09/2020
Final evaluation of the project’s implementation

Policy recommendations for health promotion and disease prevention in the workplace for people with CD including access to, reintegration and stay at work
ISCIII
CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)
Set of indications to provide support strategies to develop human capital and to increase efforts for the understanding among policy makers as well as relevant stakeholders about operational benefits of employing and keeping at work persons with chronic disease.

Report on the Integration in National Policies and Sustainability
EHNet
CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)
Expected on: 01/07/2020
Document including analysis on the integration in national policies and sustainability of JA-CHRODIS and CHRODIS-PLUS proposals beyond 2020. The document will also include a Consensus Statement concerning the EU added value of cross-country collaboration in the field of CD.
Consensus Statement
MoH IT
CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)
Document including: - Sustainability Analysis. Document on the sustainability of CHRODIS PLUS proposals and their integration in policies at national/regional/local levels. - A Consensus Statement concerning the EU added value of cross-country collaboration in the field of CD and the sustainability of the results from JA-CHRODIS and CHRODIS-PLUS beyond 2020

Laymen version of the Final Report
SU
CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)
Expected on: 01/09/2020
Laymen version of the Final Report

CHRODIS-PLUS Monitoring Evaluation plan
AQUAS
CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)
Published on: 31/07/2019
The strategy to assess the success of the different work packages in delivering what they set out to do and monitoring the project's development

JA-CHRODIS short/mid-term Impact Evaluation report
AQUAS
CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)
Published on: 31/07/2019
Definition and evaluation of the JA-CHRODIS short/mid-term impact
Country Reports
EHNet
CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)
Published on: 30/07/2019
Completion of 5 country reports and 1 comparative overview

Preparatory phase and strategy for implementation
EHNet
CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)
Published on: 30/07/2019
Preparatory phase and strategy for implementation for WP5

Report on preparatory phase and scale up strategy
KRONIKGUNE
CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)
Published on: 30/07/2019
Preparatory phase and strategy for implementation for WP6. Report on description of participating practices and questionnaire used for their evaluation, definition of stratifications strategies and approaches to improve integration and reintegration of patients with multimorbidity in the workplace. Report of the results of the experts meeting to define implementation strategies and tailoring of the intervention

Pilot actions design: a blueprint for action
ISS
CHRODIS-PLUS: Implementing good practices for chronic diseases (CHRODIS-PLUS)
Published on: 30/07/2019
Leaders: ISS, NIJZ The report describes baseline and context analyses, and design for each pilot action implementation. It provides a framework for the implementation of actions using JA-CHRODIS QCR tool.