

# JA-CHRODIS Workshop at the European Parliament

---

## SUMMARY REPORT

Brussels, 28 November 2016, 11:15 –  
13:15



Co-funded by  
the Health Programme  
of the European Union

THIS PUBLICATION ARISES FROM THE JOINT ACTION CHRODIS, WHICH HAS RECEIVED FUNDING FROM THE EUROPEAN UNION, IN 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 THE INFORMATION CONTAINED THEREIN.



## Introduction

On 28 November, JA-CHRODIS organised a workshop at the European Parliament with the aim of presenting the Joint Action CHRODIS (EU Joint Action on Chronic Diseases and promoting healthy ageing across the life-cycle) to European policy makers. The workshop had a special focus to display the achievements in the field of diabetes prevention and management, and presenting the CHRODIS Platform. The event was hosted by MEP Therese Comodini Cachia (EPP), co-chair of the European Parliament Diabetes Working Group.



## Introductory remarks to the work of JA-CHRODIS

Chaired by **JA-CHRODIS coordinator, Carlos Segovia** (Instituto de Salud Carlos III), the event included introductory presentations from the leaders of each Work Package, with a special attention to the work on Type 2 Diabetes.

The **Work Package (WP) on Multimorbidity** was presented by **Graziano Onder** who introduced the three main tasks of the WP6, consisting in the identification of targets of potential interventions for management of multi-morbid patients, revision of already existing care approaches and lastly, the development of a common model for multimorbidity management. Subsequently, Mr Onder presented three good clinical practices and introduced to the audience the 16 components of the common model. One of the identified components under the delivery system design is case manager (CM). Since CM competences are poorly defined at the European level, the Work Package also aimed at defining multi-morbidity case management training programmes. He concluded saying that pilot actions are needed to bring this theory into practice.

The leader of **WP4 (CHRODIS Platform)**, **Enrique Bernal**, took the opportunity to present the CHRODIS Platform, a resource centre in the form of an online tool where decision-makers, caregivers, patients, and researchers across the EU can find and share the best knowledge on chronic diseases. A help desk is linked to the platform, providing services and advice on evaluation, implementation, and transfer of the submitted practices. Two experts in the field will review the submitted practices, while a third reviewer will make a final judgement. There is also a possibility to contact professionals who have submitted good practices in order to facilitate the transferability.

The leader of **WP5 (Health Promotion and disease prevention)**, **Alexander Haarmann** started his presentation by reiterating that chronic diseases can be prevented or delayed. To this end, WP5 looked at the wealth of good practices and experiences across Europe. In order to explain how they identified good practices, Mr Haarmann walked the audience through the process of the definition of good practice criteria. There are 10 criteria allowing

for comparison (weighted overall score) and identification of strengths and short-comings of practices in Health Promotion and Primary Prevention Interventions.

WP5 has identified 41 good practices across the life cycle from different regions with different settings and varying degrees of complexity. Mr Haarmann also mentioned that six study visits in selected sites took place during the summer of 2016. By the end of the 2016, a recommendation report will be delivered. This report will include a description of success factors/barriers for transferring or scaling up a promising practice into a new context as well as guidance concerning what needs to be considered when planning, adapting and successfully implementing good practices.

**Marina Maggini, leader of WP7**, presented diabetes as a case study on strengthening health care for people with chronic diseases. The work undertaken in this Work Package included mapping of existing National Diabetes Plans, improving coordination and cooperation between Member States, as well as sharing knowledge and expertise on diabetes prevention and care. The quality criteria and the recommendations arising from this work mainly targeted the improvement of early detection of diabetes, preventive interventions, and improvement of quality of care for people with diabetes.

The recommendations could constitute a tool for decision makers, health care providers, patients and health care personnel to implement good practices, and to improve, monitor, and evaluate the quality of diabetes prevention and care. Those recommendations are general enough to be implemented in countries with different political, administrative, social and health care organizations. Lastly, the adoption of an agreed core set of quality criteria might help to decrease inequalities in health and to improve diabetes prevention and care within European countries.

## Good practices in health promotion and diabetes prevention

After the WP7 introductory presentation, the Chair invited Jelka Zaletel and Luciana Costa to present good practices in health promotion and diabetes prevention.

**Jelka Zaletel, Slovenian National Institute of Public Health**, presented the lessons learnt from the implementation of Slovenian National Diabetes Programme, which was debated at the European Parliament Diabetes Working Group in 2011.

During the implementation of National Diabetes plan since 2010, in 2015, 8 national diabetes retinopathy screening centres were established and educational programmes for patients treated at primary care were developed and tested. In 2016, 654 primary care practices out of 890 have registered nurses (RNs) as care coordinators including for type 2 diabetes. Furthermore, diabetes was used as a model disease to study performance of



healthcare system in Slovenia. Looking ahead, the development of the next National Diabetes Plan (2020-2030) will begin in 2017.

During the Q&A session, reacting to the question from the audience regarding the budget allocated for the national plan, Ms Zaletel responded that Slovenia has a zero cost National Diabetes Plan spurred by a stakeholders' initiative. The idea behind is not to use more money but to use it smartly or reallocate.

**Luciana Costa, researcher in the Department of Health Promotion and Prevention of Non-communicable diseases at the Portuguese National Institute of Health**, presented the diabetes prevention and screening in vulnerable populations in Lisbon area. The objective of this intervention was to promote health in vulnerable communities in the Lisbon Metropolitan Area, especially to detect undiagnosed diabetes and individuals at high-risk of diabetes. The screening was carried out outside of the national health system.

The FINDRISK questionnaire was used for interviews to detect undiagnosed diabetes and individuals at-risk (58% women and 42 % men; mean age 57 years). All activities, such as health promotion and diabetes prevention sessions for the general public and training for health and social professionals, were implemented within the community with strong support from municipalities, healthcare providers, local NGOs. Results showed that out of 11.712 people who carried out the risk assessment, 1.959 were identified as having high/very high risk of developing diabetes. In this group, around 20% of individuals had undiagnosed diabetes. The most valued factors for the population were both that awareness actions were free of charge and due to a close relationship with municipalities, healthcare providers and local NGOs, the stronger feeling of belonging to the community.

According to Mr Bernal, this particular Portuguese good practice scores the highest among the evaluated practices submitted to the CHRODIS Platform. Responding to a question from the audience about the effect of the report received from the evaluators working behind the CHRODIS platform, Ms Costa said that they had their own evaluation process, yet an input from the experts outside of the system was very important to them.

## Conclusions

The event was concluded by Portuguese **Member of European Parliament (MEP) Marisa Matias (GUE/NGL)**, co-chair of the European Parliament Diabetes Working Group, who welcomed requests and observations from experts and evidence gathered by JA-CHRODIS for future advocacy in the field of prevention and management of chronic diseases, especially action on diabetes. She mentioned, that with several other MEPs, they have re-established EP Diabetes Working Group in 2009 and since then they have considerably contributed to the passing of the Resolution on Addressing the EU Diabetes Epidemic, a Written Declaration on diabetes to the European Commission and the European Council. MEP Matias concluded wishing best of luck to the JA-CHRODIS partners in their work and advocating a stronger collaboration at European level.

