

Recommendations to improve health care for people with chronic diseases

Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS) has identified quality criteria and formulated recommendations for improving the prevention and quality of care for people with diabetes and other non-communicable diseases (NCDs).

INTRODUCTION

The main challenges facing decision makers and leaders in health care are: 1) how to strengthen chronic disease prevention and control and 2) how to re-design the healthcare system to better meet the complex needs of people with chronic diseases such as diabetes.¹⁻³

In 2014, the European Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS) was launched in response to the European Commission's encouragement to Member States to join forces to improve care and prevent major chronic diseases.⁴ CHRODIS is the first Joint Action on chronic diseases co-financed under the third EU Public Health Programme. It has brought together numerous partners, representing 25 European countries that worked together from March 2014 to March 2017 (www.chrodis.eu).

The primary goal of the JA-CHRODIS was to study the practices and policies related to chronic diseases in Europe to promote and facilitate the exchange and transfer of good practices among countries and regions, for effective action against chronic diseases, with a specific focus on health promotion, chronic disease prevention, multi-morbidity, and diabetes.³ The final objective was to improve the well-being of citizens by paving the way for better health policies and interventions.

In the frame of the JA-CHRODIS, diabetes is considered a case study on strengthening health care for people with chronic diseases. Diabetes can be regarded as a tracer condition to demonstrate the importance of holistic approaches for prevention and treatment of NCDs. Furthermore,

diabetes can be used as a model to demonstrate the potential for intersectorial collaboration, which allows countries to gain valuable experience that can be more broadly applied to NCDs.⁵

An extensive process was developed to identify quality criteria and formulate recommendations for improving the prevention and quality of care for people with diabetes and NCDs. The objective was to define a core set of criteria that can be applied across various domains (e.g., prevention, care, health promotion, education, and training) but are also general enough to be applied to all types of chronic diseases and in countries with different political, administrative, social, and healthcare organizations.

METHODS

The RAND-modified Delphi method was used to define the core quality criteria and recommendations. A thorough description of the method can be obtained on the JA-CHRODIS website.⁶

A literature review was conducted on quality criteria and effective strategies for the prevention and care of diabetes.⁷⁻⁹ The results were then used to define the questionnaire for the Delphi process. The process followed a structured methodology, involving experts with a variety of professional backgrounds and from a wide number of organizations across Europe. Consultation with the expert panel followed the RAND-modified Delphi methodology.

The process led to the agreement on nine quality criteria comprising 39 categories that were ranked and weighted.⁶



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10 Common Chronic Conditions for Adults 65+



Hypertension
(High Blood Pressure)

58%



High Cholesterol

47%



Arthritis

31%



Ischemic Heart Disease
(or Coronary Heart Disease)

29%



Diabetes

27%



Chronic Kidney Disease

18%



Heart Failure

14%



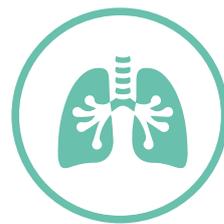
Depression

14%



Alzheimer's Disease and Dementia

11%



Chronic Obstructive Pulmonary Disease

11%

RESULTS

As a result of the extensive process that was carried out for the definition of quality criteria, nine recommendations were generated. These recommendations will help guide practices or interventions regarding prevention, health promotion, care management, education, and training. In addition, the recommendations may help improve the quality of care for and prevention of chronic diseases.¹⁰

1-Design 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 is defined, and established together with the target population, that is 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.

2-Promote the empowerment of the target population

The practice should actively promote the empowerment of the target population by using appropriate mechanisms, such as self-management support, shared decision making, education-information or value clarification, active participation in the planning process and in professional

training, and considering all stakeholders needs in terms of enhancing/acquiring the right skills, knowledge and behaviour.

3-Define an evaluation and monitoring plan

The evaluation outcomes should be linked to action to foster continuous learning and/or improvement and/or to reshape the practice. Evaluation and monitoring outcomes should be shared among relevant stakeholders, and linked to the stated goals and objectives, taking into account social and economic aspects from both the target population, and formal and informal caregiver perspectives.

4-Comprehensiveness of the practice

The practice should consider relevant evidence on effectiveness, cost-effectiveness, quality, safety, the main contextual indicators, as well as the underlying risks of the target population using validated tools to individual risk assessment.

5-Include education and training

The practice should include educational elements to promote the empowerment of the target population (e.g. strengthen their health literacy, self-management, stress management...). Relevant professionals and experts are trained to support target population empowerment, and trainers/educators are qualified in terms of knowledge, techniques and approaches.

6-Ethical considerations

The practice should be implemented equitably (i.e., proportional to need). The objectives and strategy are transparent to the target population and stakeholders involved. Potential burdens (i.e. psychosocial, affordability, accessibility, etc.) should be addressed to achieve a balance between benefit and burden.

The rights of the target population to be informed, to decide about their care, participation and issues regarding confidentiality should be respected and enhanced.

7-Governance approach

The practice should include organizational elements, identifying the necessary actions to remove legal, managerial, financial, or skill barriers, with the contribution of the target population, carers and professionals that is appropriately planned, supported and resourced. There is a defined strategy to align staff incentives and motivation with the practice objectives.

The practice should offer a model of efficient leadership, and should create ownership among the target population and several stakeholders considering multidisciplinary, multi-/inter-sectoral, partnerships and alliances, if appropriate.

The best evidence and documentation supporting the practice (guidelines, protocols, etc.) should be easily available for relevant stakeholders (e.g. professionals and target populations), which should support the multidisciplinary approach for practices.

The practice should be supported by different information and communication technologies (e.g. medical record system, dedicated software supporting the implementation of screening, social media etc.), defining a policy to ensure acceptability of information technologies among users (professionals and target population) to enable their involvement in the process of change.

8-Interaction with regular and relevant systems

The practice should be integrated or fully interacting with the regular health, care, and/or further relevant systems, enabling effective linkages between all relevant decision-makers and stakeholders, and enhancing and supporting the target populations ability to effectively interact with the regular, relevant systems.

9-Sustainability and scalability

The continuation of the practice should be ensured through institutional anchoring and/or ownership by the relevant stakeholders or communities, and supported by those who implemented it.

The sustainability strategy should consider a range of contextual factors (e.g. health and social policies, sex and gender issues, innovation, cultural trends and general economy, and epidemiological trends), assessing the potential impact on the population targeted.

DISCUSSION AND CONCLUSIONS

Nine recommendations were defined by the work package on diabetes within the JA-CHRODIS. These recommendations are general enough to be applied to all chronic diseases and can be implemented in countries across the EU, regardless of the type of political, administrative, social, and healthcare organization. Moreover, the recommendations may be applied to various domains, such as prevention, care, health promotion, patient education, and training for professionals. The adoption of an agreed upon core set of quality criteria should also help to decrease inequalities in health within and across European countries. Ultimately, it will contribute to the cultural shift needed to redesign the care systems with and around the needs of people with chronic diseases.

Implications for clinical practice

The recommendations constitute a valuable and practical tool that can be used by decision makers, healthcare providers, healthcare personnel, and patients to support the implementation of good practices and to improve, monitor, and evaluate the quality of chronic disease prevention and care.

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REFERENCE

- World Health Organization. Global status report on noncommunicable diseases 2014. Geneva, WHO, 2014. Available from: www.who.int/nmh/publications/ncd-status-report-2014/en/
- United Nations General Assembly - Draft Resolution 16 September 2011. A/66/L.1. Available from: www.un.org/ga/search/view_doc.asp?symbol=A%2F66%2FL.1&Lang=E%20
- Maggini M, Zaletel J. Towards better prevention and management of diabetes - The Joint Action CHRODIS. Health-EU. Newsletter 172, 14 April 2016 ec.europa.eu/health/newsletter/172/newsletter_en.htm
- European Commission. The 2014 EU Summit on Chronic Diseases. Conference conclusions. Available from: ec.europa.eu/health/major_chronic_diseases/docs/ev_20140403_mi_en.pdf
- Maggini M, Lombardo F, Caffari B, Giusti A, Icks A, Lindström J, et al, on behalf of the Joint Action on Chronic Diseases and Promoting Healthy Ageing Across the Life Cycle (JA-CHRODIS). Diabetes: a case study on strengthening health care for people with chronic diseases. *Ann Ist Super Sanità* 2015;51:183-6.
- JA-CHRODIS. Interim Report 4: Delphi panel in the area of diabetes. available from: https://drive.google.com/file/d/0B8Xu4R_n0-nzT3R4RVRDSnZ1UGc/view
- Lindström J, Wikstrom K, Maggini M, Icks A, Kuske S, Rothe U, et al, on behalf of the Joint Action on Chronic Diseases and Promoting Healthy Ageing Across the Life Cycle (JA-CHRODIS). Quality indicators for diabetes prevention programs in health-care targeted at people at high risk. *Ann Ist Super Sanità* 2015;51:187-91.
- Sørensen M, Korsmo-Haugen HK, Kuske S, Rothe U, Lindström J, Zaletel J, et al, on behalf of the Joint Action on Chronic Diseases and Promoting Healthy Ageing Across the Life Cycle (JA-CHRODIS). Health promotion interventions in type 2 diabetes. *Ann Ist Super Sanità* 2015;51:192-8.
- Kuske S, Icks A, Zaletel J, Rothe U, Lindström J, Sørensen M, et al, on behalf of the Joint Action on Chronic Diseases and Promoting Healthy Ageing Across the Life Cycle (JA-CHRODIS). Education and health professionals training programs for people with type 2 diabetes: a review of quality criteria. *Ann Ist Super Sanità* 2015;51:199-205.
- JA-CHRODIS. Recommendations to improve early detection, preventive interventions, and the quality of care for people with diabetes. Definition and agreement on a common minimum set of indicators.

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