WP4:
Chrodis Platform for Knowledge Exchange

JA-CHRODIS
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CHRODIS
ADDRESSING CHRONIC DISEASES & HEALTHY AGEING ACROSS THE LIFE CYCLE

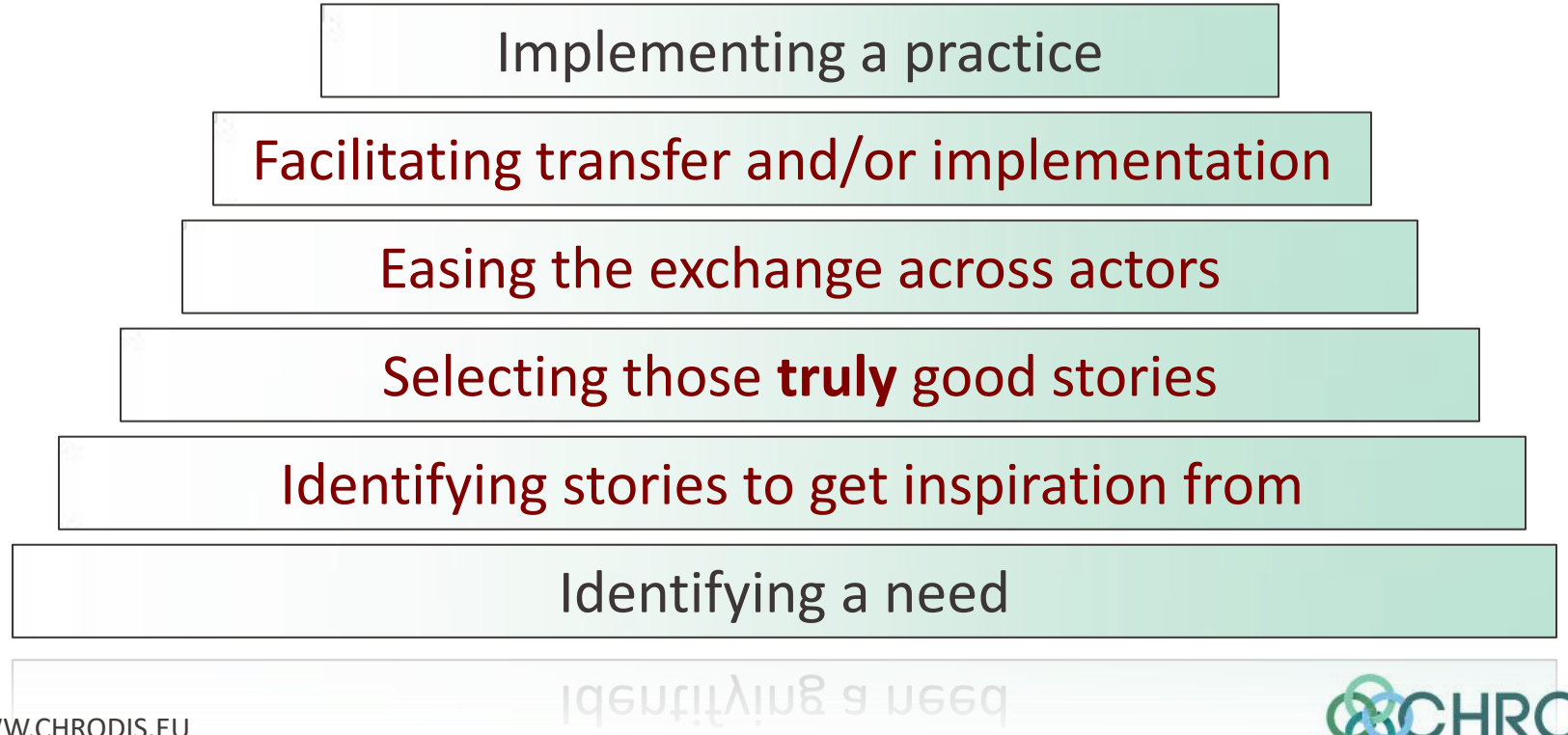
Enrique Bernal Delgado on behalf of WP4
Institute for Health Sciences. IIS Aragón IACS, ES

Two achievements

- **International consensus** on how to formally assess practices on health promotion and primary prevention, patient empowerment, integrated care, and diabetes.*

- **Resources centre (The CHRODIS Platform)** that combines a clearinghouse where the practices are evaluated and ranked, a typical repository with any content of interest, and a help desk service.

The implementation pyramide

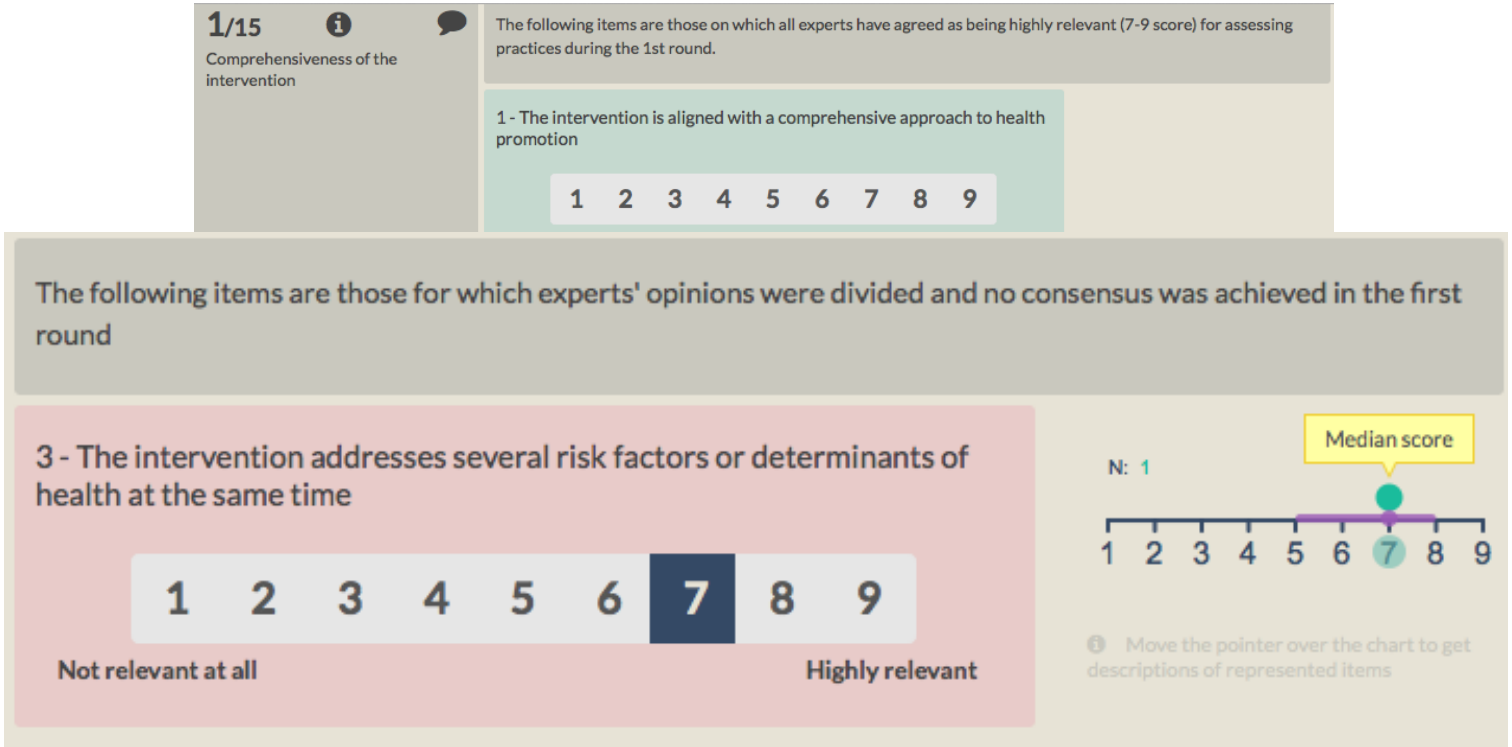


Selecting good stories requires formal assessment

- What the **evidence on practices impact** says is inconclusive, rarely generalizable, and it is plenty of information gaps.
- **Formative assessment** is the lever of change –learning on processes – why, what, when, and how to do things.
- **Delphi is the gold standard methodology** *
  - Mixed methodology –combines both qualitative and quantitative methods
  - Very structured – diminishes polarization and smooths down mainstream discourse
  - Multiple stakeholder's profiles at the same time –reduces group bias
  - Nobody's opinion is allowed to prevail
  - Improves prediction capacity - weighting

Delphi Oracle

2 on-line rounds: Relevance & Priority



F2F: CRITERIA, CATEGORIES, WEIGHTS

Health Promotion and Primary Prevention

NEW Criteria name	Criteria Weight	Categories	Category Weight
Equity	13	In implementation, specific actions are taken to address the equity dimensions.	60
		In design, relevant dimensions of equity are adequately taken into consideration and are targeted (i.e. gender, socioeconomic status, ethnicity, rural-urban area, vulnerable groups).	40
Total must equal 100			100
Comprehensiveness of the intervention	12	The intervention has a comprehensive approach to health promotion addressing all relevant determinants, [e.g., including social determinants] and using different strategies [e.g. setting approach].	50
		An effective partnership is in place [e.g. multidisciplinary, inter-sector, multi-/ and alliances].	30
		The intervention is aligned with a policy plan at the institutional, local, national and international level.	20
Total must equal 100			100
Description of the practice	12	The design is appropriate and builds upon relevant data, theory, context, evidence, previous practice including pilot studies.	50
		The design thoroughly describes the practice in terms of purpose, SMART objectives, methods [e.g. recruitment, location of intervention, concrete activities, and timeframe (sequence, frequency and duration)].	50
Total must equal 100			200
Ethical Considerations	11	The intervention is implemented equitably, i.e. proportional to needs.	47
		Potential burdens, including harms, of the intervention for the target population are addressed.	31
		The intervention's objectives and strategy are transparent to the target population and stakeholders involved.	22
Total must equal 100			100
Evaluation	11	There is a defined and appropriate evaluation framework assessing structure, process and outcomes considering, e.g.: the use of validated tools and/or the results of evaluation are linked to actions to reshape the implementation accordingly and/or the intervention is assessed for efficiency (cost versus outcome).	25
		Evaluation results achieve the stated goals and objectives.	25
		Information /monitoring systems are in place to regularly deliver data aligned with evaluation and reporting needs.	25
		The intervention is assessed for outcomes, intended or unintended.	25
Total must equal 100			75
Empowerment and Participation	10	The intervention develops strengths , resources and autonomy in the target population(s) [e.g. assets-based, salutogenic approach].	39
		The intervention achieves meaningful participation among the intended target population.	34
		The intervention is designed and implemented in consultation with the target population.	27
Total must equal 100			100
Target population	9	Target population/s are defined on the basis of needs assessment including strengths and other characteristics.	60
		The engagement of intermediaries/multipliers is used to promote the meaningful participation of the target population.	40
Total must equal 100			200
Sustainability	8	The continuation of the intervention is ensured through institutional ownership that guarantees funding and human resources and/or is mainstreamed.	60
		There is broad support for the intervention amongst those who implement it.	20
		There is broad support for the intervention amongst the intended target populations.	20
Total must equal 100			100
Governance and project management	7	The intervention includes an adequate estimation of the human resources, material and budget requirements in clear relation with committed tasks.	40
		Sources of funding are specified in regards to stability and commitment.	30
		Organisational structures are clearly defined and described (i.e. responsibility assignments, flows of communication and work and accountabilities).	30
Total must equal 100			100
Potential of scalability and transferability	7	Potential impact on the population targeted (if scaled up) is assessed.	40
		There is a specific knowledge transfer strategy in place (evidence into practice).	30
		An analysis of requirements for eventual scaling up such as foreseen barriers and facilitators (e.g. resources, organisational commitment, etc.) is available.	30
Total	100		100

Organizational Interventions focused on dealing with Chronic Patients with Multiple Conditions

NEW Criteria name	Criteria Weight	Categories	Category Weight
Context and Needs Analysis	7	The intervention was based on a clear assessment of needs of the population it will serve.	38
		The intervention was based on a clear understanding of the contextual factors that would affect the outcomes [i.e. characteristics of the health system, coverage, characteristics of the population, socioeconomic environment, legal and political environment].	28
		There had been an explicit process of relevant stakeholders' engagement prior to the implementation of the intervention	15
		There had been an explicit process of public consultation prior to the implementation of the intervention.	13
		Assessment of cost-effectiveness of relevant interventions was carried out [or accounted for if it already existed].	7
Total must equal 100			100
Objectives and Target group	13	The intervention's aims and objectives were clearly specified and adjusted to the SMART rule (Specific/Measurable/Acceptable/Realistic/Time framed).	30
		Target groups were risk-stratified using evidence-based methodology and taking into account relevant dimensions [e.g. quality of life, clinical and functional status, frailty].	30
		There was a clear inclusion and exclusion criteria.	18
		There was a detailed description of the estimated number and profile of the patients targeted by the intervention.	10
		The intervention was sensitive to cultural beliefs and socioeconomic characteristics of the individuals including the main characteristics of the area and population in which the intervention was implemented.	15
Total must equal 100			100
Care Intervention Design	19	The different professional disciplines (including social sector/and service) involved in the intervention are clearly identified, with appropriate mechanisms of coordination among them.	10
		The intervention defined specific care pathways for patients based on their clinical assessment.	15
		The intervention was designed to foster discussion and agreement with patients about their care plans (including goal-setting).	15
		Key elements of the intervention were clearly defined and related to the intended effect (based on strong theoretical basis, providing a clear understanding of the chain of causation and the interactions between processes).	10
		There was an individual contact point for the patient across the diagnostic and therapeutic processes, including the definition of a case manager role when needed.	10
		Patient adherence to medical plans were specifically addressed in the design of the intervention.	10
		Problems related to poly-pharmacy were taken into account.	15
		The intervention has placed a specific role/function for caregivers, involving them in care support infrastructure for dependent patients.	10
		There was a detailed description of the care settings of the intervention.	15
		The intervention included mechanisms to support patient engagement and self-management (e.g.bidirectional communication, assistance at home, counselling, integration in patient's community, monitoring, emergency care rapid response, telephone follow-up, etc.).	10
Total must equal 100			100
Change Management	14	There was a defined a strategy to align staff incentives and motivation with the intervention objectives.	20
		The intervention included a learning system to support effective healthcare practice among professionals involved.	15
		The intervention included organizational elements, identifying the necessary actions to remove legal, managerial, financial or skill barriers.	15
		There was a clear leadership commitment, and the responsibilities of the different partners and the relationships among them were well defined.	30
		The professionals involved are trained and competent to support individual's self-management (e.g. through professional development programmes to promote patient empowerment).	30
Total must equal 100			100
Interaction with relevant societal structures	16	The intervention was integrated or fully interacting with the regular care delivery system.	40
		Communication across all care providers [i.e. health and social services and different levels or instances within them] facilitates transition and sufficient access to relevant information.	30
		The intervention fostered continuous engagement and coordination with different community resources [i.e. main town halls, social services, pharmacies and local associations].	30
Total must equal 100			100
Resources and infrastructure	16	There was an integrated system of patient data that can be accessed and updated by patients in real time.	15
		There was an integrated system of patient data that can be accessed and updated by professionals in real time across the various care levels.	15
		The intervention integrated different information and communication technologies (e.g. accessible channels of communication, dedicated software,...)	15
		The best available evidence (guidelines, protocols, etc.) was easily available for health professionals.	15
		There was a defined policy to ensure acceptability of information technologies among users (professionals and patients), to enable their involvement in the process of change.	10
		Investment in human capital by means of training/education activities for , caregivers and patients was present.	15
		The workload (cognitive, physical, time) for the organization and for professionals involved had been estimated as adequate.	15
		There was an explicit human resources policy, with a definition of professional roles involved, criteria for professional recruitment and training plans (including a clear definition of qualifications and skills).	15
Total must equal 100			100
Evaluation	15	The intervention included a monitoring and evaluation system with a information system feeding defined indicators and standards of care.	15
		Evaluation activities followed clear milestones and were sustained along the intervention.	15
		There was a baseline multidisciplinary assessment for all the relevant outcomes and processes.	15
		Evaluation took into account social economic aspects from both patient and formal and informal caregivers perspectives.	15
		The evaluation included changes in healthcare **organization** and utilization across levels of care.	15
		The outcomes framework was shared among providers.	15
		Outcomes assessment included health and social impact and cost-experience.	15
		Evaluation outcomes were linked to the stated goals and objectives.	15
		Evaluation outcomes were shared among stakeholders and linked to actions to foster continuous learning and improvement.	15
		Outcomes assessment enabled performance-based contracts.	15
Total must equal 100			100
Sustainability and Scalability	15	The continuation of the project was ensured through ownership and/or institutional anchoring, and there was enough support for the intervention among stakeholders.	40
		The financial viability of the intervention was guaranteed in the long term.	20
		The sustainability strategy considered a range of contextual factors (e.g. health and social policies, innovation, cultural trends and general economy).	20
		The intervention's potential for scalability was assessed.	20
Total	100		100

Patient's Empowerment

NEW Criteria name	Criteria Weight	Categories	Category Weight
Goals, scope and mechanisms	17	The intervention actively promotes patients' empowerment by using appropriate mechanisms (e.g. self-management support, shared decision making, education-information, value clarification, etc.)	40
		The intervention is aligned with patients and/or carers specific values, preferences, beliefs, needs, capacities, circumstances and /or expectations.	30
		The intervention considered all stakeholders' * needs in terms of enhancing/acquiring the right skills, knowledge and behaviour to promote patient empowerment (*patients, carers, health and care professionals, policy makers, etc.).	30
Total must equal 100			100
Care intervention design	19	The intervention was co-designed and implemented with the target population (patients, carers and professionals).	30
		All relevant stakeholders (patients, carers, professionals, community groups, statutory bodies, etc.) were considered and key stakeholders identified.	15
		There was a clear description of the patients, carers and professionals' specific role and their contribution was appropriately planned, supported and resourced	20
		Organisational structures supporting patients' empowerment were clearly defined and described (i.e. responsibility assignments, flows of communication and work and accountabilities).	20
		Key stakeholders (other than target population) were involved in the design and implementation of the intervention	15
Total must equal 100			100
Leadership, Capacity and Communications	17	There was a clear commitment to the intervention from the leadership of the participating organisations.	20
		Leadership of the intervention exhibits commitment to patients' empowerment and is both credible and effective.	20
		All team members involved had appropriate capacities, experience, training and support to accomplish their tasks.	15
		The provision of resources covers all the elements of the intervention and is sufficient for the described tasks.	15
		The information generated by the intervention was systematically recorded and is accessible to professionals and patients, and where appropriate embedded in existing information systems.	15
		The intervention included an effective mechanism for internal communication.	15
Total must equal 100			100
Interaction with the health and care system	11	The intervention considers creating effective linkages with all relevant parts of the health and care system.	30
		The intervention enhances and supports the patients and/or carers' ability to effectively interact with the health and care system.	70
Total must equal 100			100
Ethical considerations	11	Patients' and/or carers' rights to be informed, to decide about their care, participation and issues regarding confidentiality, were respected and enhanced.	40
		The intervention's objectives and strategy were transparent to all involved stakeholders.	30
		All the potential burdens, benefits and harms of the intervention were addressed for both patients and/or carers.	30
Total must equal 100			100
Evaluation and monitoring	14	There was a stated method and information system for regular monitoring and evaluation of the progress (formative) and/or impact (summative) of the implemented intervention.	25
		The evaluation framework includes assessment of all relevant outcomes including those selected by patients and/or carers.	25
		The evaluation results are relevant and linked to the stated goals and objectives.	15
		There is a process in place to reshape the implementation according to the evaluation results.	20
		The evaluation process and dissemination of the results involved relevant stakeholders.	15
Total must equal 100			100
Sustainability, Scalability and Transferability	11	The continuation of the project has been ensured through institutional anchoring and/or ownership by the relevant stakeholders or communities.	28
		Human and financial resources for the long term future of the project have been identified and action has been taken to secure them.	22
		Advocates or champions for the continuation of the project have been identified and nurtured (e.g., patients and carers' groups, community leaders, policy makers, organisations leaders, professionals, etc..).	28
		There is an analysis of requirements for potential scalability and transferability	22
Total must equal 100	100		100

DIABETES

NEW Criteria name	Criteria Weight	Categories	Category Weight
Comprehensiveness of the practice	11	The practice has considered relevant evidence on effectiveness, cost-effectiveness, quality, safety, etc.	38
		The practice has considered the main contextual indicators*.	33
		The practice has considered the underlying risks of the target population (i.e. Validated tools to individual risk assessment).	29
Total must equal 100			100
Practice design	14	The design builds upon relevant data, theory, context, evidence, previous practice including pilot studies.	18
		The practice's aims, objectives and methods were clearly specified.	19
		There were a clear description of the target population (i.e., exclusion and inclusion criteria and the estimated number of participants).	13
		In design, relevant dimensions of equity are adequately taken into consideration and are targeted (i.e. gender, socioeconomic status, ethnicity, rural-urban area, vulnerable groups).	11
		The structure, organization and content of the practice was defined and established together with the target population.	14
		The practice includes an adequate estimation of the human resources, material and budget requirements in relation to the committed tasks.	13
		There was a clear description of the role of the target population, carers and professionals.	12
Total must equal 100			100
Ethical considerations	11	The practice is implemented equitably* (i.e. proportional to needs).	25
		The practice's objectives and strategy are transparent to the target population and stakeholders involved.	25
		Potential burdens of the practice (i.e. psychosocial, affordability, accessibility, etc.) are addressed and there is a balance between benefit and burden.	25
		Target population rights to be informed, to decide about their care, participation and issues regarding confidentiality, were respected and enhanced.	25
Total must equal 100			100
Governance	10	There was a defined strategy to align staff incentives and motivation with the practice objectives.	10
		The practice included organizational elements, identifying the necessary actions to remove legal, managerial, financial or skill barriers.	15
		The best evidence and documentation supporting the practice (guidelines, protocols, etc.) was easily available for relevant stakeholders (e.g. professionals and target populations).	10
		Multidisciplinary approach for practices is supported by the appropriate stakeholders (e.g. professionals associations, institutions etc.).	10
		The contribution of the target population, carers and professionals was appropriately planned, supported and resourced.	13
		The practice offers a model of efficient leadership.	13
		The practice creates ownership among the target population and several stakeholders considering multidisciplinary, multi-/inter-sectorial, partnerships and alliances, if appropriate.	11
		The practice is supported by different information and communication technologies (e.g. medical record system, dedicated software supporting the implementation of accessing, social media etc.).	10
		There was a defined policy to ensure acceptability of information technologies among users (professionals and target population) i.e., enable their involvement in the process of change.	9
Total must equal 100			100
Interaction with regular and relevant systems	9	The practice was integrated or fully interacting with the regular health, care and/or further relevant systems.	42
		The practice enables effective linkages across all relevant decision makers and stakeholders.	30
		The practice enhances and supports the target populations' ability to effectively interact with the regular, relevant systems*	28
Total must equal 100			100
Education and training	11	Relevant professionals and experts are trained to support target population empowerment.	30
		Trainers/educators are qualified in terms of knowledge, techniques and approaches.	30
		Educational elements are included in the practice to promote the empowerment of the target population (e.g., strengthen their health literacy, self-management, stress management, etc.).	40
Total must equal 100			100
Target population empowerment	13	The practice actively promotes target population empowerment by using appropriate mechanisms (e.g. self-management support, shared decision making, education-information or value clarification – active participation in the planning process and in professional training).	30
		The practice considered all stakeholders' * needs in terms of enhancing/acquiring the right skills, knowledge and behaviour to promote target population empowerment (* target population, carers, health and care professionals, policy makers, etc.).	30
Total must equal 100			100
Evaluation	13	Evaluation took into account social and economic aspects from both target population and formal and informal caregivers perspectives.	18
		Evaluation outcomes were linked to the stated goals and objectives.	25
		Evaluation outcomes and monitoring were shared among relevant stakeholders.	26
		The evaluation outcomes were linked to action to foster continuous learning and/or improvement and/or to reshape the practice.	31
Total must equal 100			100
Sustainability and scalability	8	The sustainability strategy considered a range of contextual factors (e.g. health and social policies, innovation, cultural trends and general economy, epidemiological trends).	28
		There is broad support for the practice amongst those who implemented it.	20
		The continuation of the practice has been ensured through institutional anchoring* and/or ownership by the relevant stakeholders or communities.	32
		Potential impact on the population targeted (if scaled up) is assessed.	20

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The CHRODIS Platform assessment

All the details in **www.chrodis.eu**

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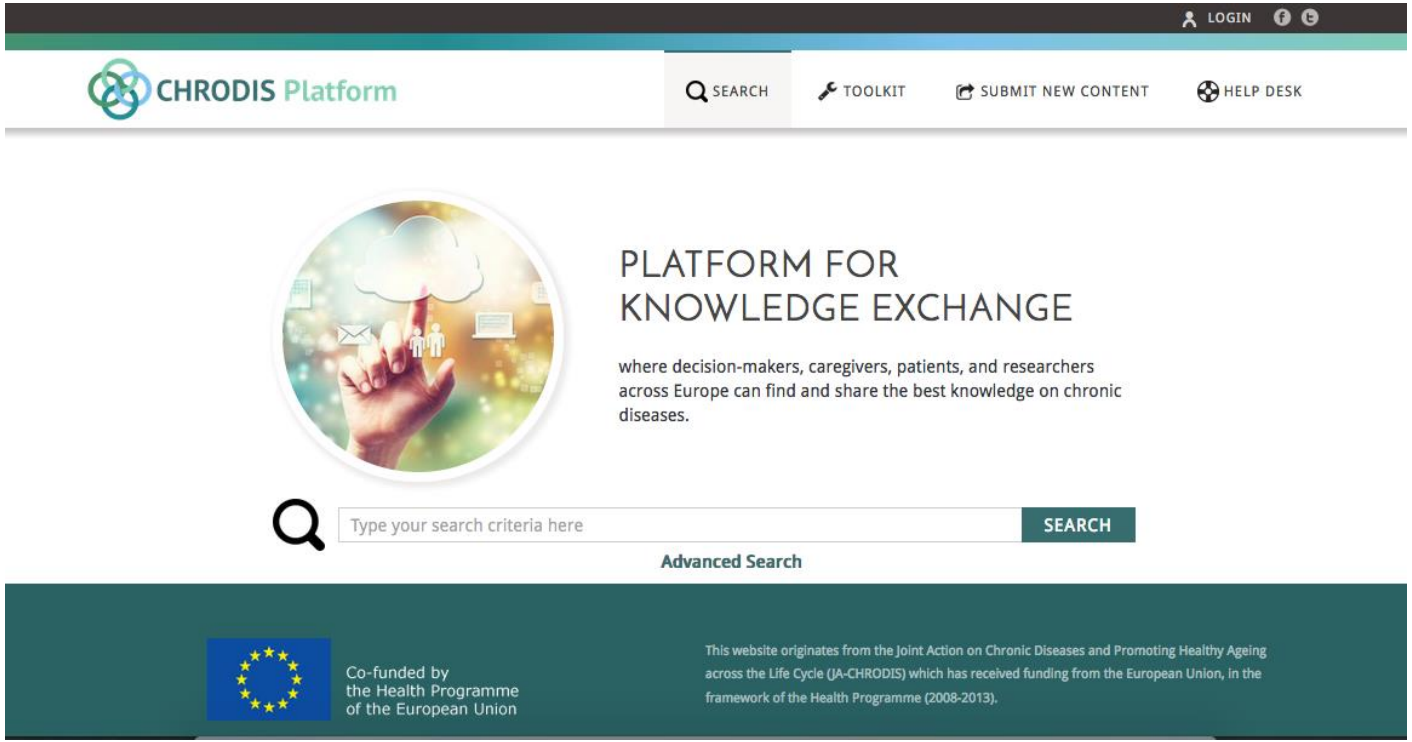
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