

JOINT ACTION CHRODIS PLUS

Work Package 7

QCR Tool based on JA CHRODIS

Recommendations to improve prevention and quality of care for people with chronic diseases

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Introduction

The JA-CHRODIS QCR tool introduces a set of quality criteria and recommendations in order to improve the quality of care for people with chronic diseases. The tool was developed in JA-CHRODIS through an extensive process involving more than 200 experts from a wide number of organizations across Europe and from a variety of professional backgrounds. The consultation with the expert panel followed the RAND modified Delphi methodology.

The core set of quality criteria may be applied to develop and improve practices, programs, strategies and policies in various domains (prevention, care, health promotion, education, and training), they are general enough to be applied in countries with different political, administrative, social and health care organization, and could be used in any of the chronic diseases.

The QCR tool consists of 9 quality criteria, subdivided in 39 categories, which are ranked and weighted. This is supportive towards assessing whether an intervention, policy, strategy, program as well as processes and practices, can be regarded as a "good practice" in the field of chronic disease prevention and care.

These criteria have also been the basis to formulate recommendations to implement practices on prevention, health promotion, care management, education, and training, and ultimately to improve the quality of care for people chronic diseases.

The quality criteria and recommendations together constitute a tool for decision makers, health care providers and health care personnel to support implementation of good practices, and to improve, monitor, and evaluate the quality of chronic disease prevention and care.

This document describes the "Criteria and categories to evaluate the quality of practices in prevention and care of chronic diseases" (Tab.1) and the Recommendations defined in the JA-CHRODIS.

For the full text of "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" please refer to:

<http://chrodis.eu/wp-content/uploads/2017/02/wp7-deliverable-recommendations-final-draft.pdf>

Tab.1 - Criteria and categories to evaluate the quality of practices in prevention and care of chronic diseases

Criteria	Criteria Weight	Categories	Category Weight
Practice design	14	The practice aims, objectives and methods were clearly specified	19
		The design builds upon relevant data, theory, context, evidence, previous practice including pilot studies	18
		The structure, organization and content of the practice were defined, and established together with the target population	14
		There was a clear description of the target population (i.e. exclusion and inclusion criteria and the estimated number of participants)	13
		The practice includes an adequate estimation of the human resources, material and budget requirements in clear relation with committed tasks	13
		There was a clear description of the target population, carers and professionals specific role	12
		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
			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).	50
		The practice considered all stakeholders needs in terms of enhancing/acquiring the right skills, knowledge and behavior to promote target population empowerment (target population, carers, health and care professionals, policy makers, etc.)	50
			100
Evaluation	13	The evaluation outcomes were linked to action to foster continuous learning and/or improvement and/or to reshape the practice	31
		Evaluation outcomes and monitoring were shared among relevant stakeholders	26
		Evaluation outcomes were linked to the stated goals and objectives	25
		Evaluation took into account social and economic aspects from both target population, and formal and informal caregiver perspectives	18
			100
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
			100
Education and training	11	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
		Relevant professionals and experts are trained to support target population empowerment	30
		Trainers/educators are qualified in terms of knowledge, techniques and approaches	30
			100

Ethical considerations	11	The practice is implemented equitably (i.e. proportional to needs)	25
		The practice 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
			100
Governance	10	The practice included organizational elements, identifying the necessary actions to remove legal, managerial, and financial or skill barriers	15
		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
		There was a defined strategy to align staff incentives and motivation with the practice objectives	10
		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 practice is supported by different information and communication technologies (e.g. medical record system, dedicated software supporting the implementation of screening, 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	8		
			100
Interaction with regular and relevant systems	10	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
			100
Sustainability and scalability	8	The continuation of the practice has been ensured through institutional anchoring and/or ownership by the relevant stakeholders or communities	32
		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
		Potential impact on the population targeted (if scaled up) is assessed.	20
Total	100		100

Recommendations

Based on the extensive process carried out for the definition of quality criteria to assess practices, the following recommendations will be of use in implementing practices or interventions on prevention, health promotion, care management, education, and training, and ultimately to improve prevention and quality of care for people with chronic diseases.

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.

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.

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.

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.

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.

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.

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.

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.

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.

Appendix 1

The process to define quality criteria

The approach taken to define the quality criteria presented in this report involved several steps and a long process to select a core list of criteria:

- literature reviews to identify quality criteria/indicators for practices/interventions on diabetes prevention targeted at people at high risk, health promotion, management of care, patients' education and health professionals' training¹ (see Appendix);
- cooperation among the work package task leaders, and all the associated and collaborating partners toward the revision of criteria and the definition of a preliminary lists of quality criteria. This activity was carried out through the WP7 platform, a web environment aimed at enhancing the development of a Community of Practice within WP7, and to promote exchanges, discussion, and sharing of resources and experiences;
- joint collaboration among WP7 leaders, representative of the European Patient Forum and the WP4 team from Aragon Health Science Institute (Spain) to define a list of universal quality criteria based on the indicators defined in WP7 and categories from Delphi 1-3 (Health promotion and primary prevention of chronic disease; Organizational interventions focused on dealing with people with multiple chronic conditions; Patient's empowerment interventions with chronic conditions);
- all the criteria were mapped out and redundancies were collapsed or rephrased, the resulting criteria were organized into 10 thematic drivers including a total of 71 items clustered, and included in the first online questionnaire to be submitted to an expert panel;
- selection of the expert panel, inviting WP7 partners and external experts, to decide on the suitability and priority of a series of criteria to assess whether an intervention -policy, strategy, programme/service, processes and practices- can be regarded as 'good practice' in the field of prevention and care of type 2 diabetes. A total of 28 European experts (diabetologists, general practitioners, nurses, representative of patients and governmental bodies, public health professionals, researchers) were invited to join the panel, they came from different countries (Austria, Belgium, Finland, France, Germany, Greece, Ireland, Italy, Norway, Portugal, Romania, Slovenia, Spain, and United Kingdom) covering a variety of health system models;
- consultation with the expert panel following the RAND modified Delphi methodology.

A thorough description of the Delphi method, for defining the core quality criteria for prevention and care of type 2 diabetes, can be obtained from the WP4 Delphi report available on the JA-CHRODIS website².

¹ <http://www.iss.it/publ/index.php?lang=1&id=2887&tipo=3>

² https://drive.google.com/file/d/0B8Xu4R_n0-nzT3R4RVRDSnZ1UGc/view?pref=2&pli=1

Appendix 2

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