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# QUALITY OF CARE FOR PEOPLE WITH CHRONIC DISEASES: ENGAGED IN COLLABORATION, ACHIEVING RESULTS

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# Preface

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Reducing the burden of chronic diseases such as diabetes, cardiovascular disease, cancer and mental disorders is a priority for decision-makers and leaders in health care all over Europe, since they affect 8 out of 10 people aged over 65 in Europe.

There is a great potential for reducing the burden of chronic disease by using existing knowledge in an effective and efficient way promoting policies and practices that have proved successful in the past. Sharing of tested policies and practices, through cross-national initiatives across European countries, is the core idea has driven Joint Action CHRODIS PLUS – Implementing good practices for chronic diseases – during its 39 months of operation (www.chrodis.eu). It was the second Joint Action, co-funded by the Health Programme of the EU, dealing with chronic diseases, which brought together over 50 partners from 21 European countries. This initiative was a multinational knowledge transfer of tools and evidence-based practices developed in the first Joint Action CHRODIS on chronic diseases and promoting healthy ageing across the life cycle (chrodis.eu/outcomes-results/).

CHRODIS PLUS, through its professional scientific network and motivated implementers across EU, raises awareness of the notion that in a health-promoting Europe, free of preventable chronic diseases, premature death and avoidable disability, policies and practices on chronic diseases should build mainly on prevention, patient empowerment and a high quality of care for people with chronic diseases. To achieve these goals, health and social care systems have to facilitate the transition from fragmentation to integration of care, including prevention efforts, and incorporating community resources, in order to ensure a seamless care coordinated with and around the needs of people with chronic diseases. Moreover, joint efforts and sustained commitment to address major chronic diseases could help to decrease inequalities in health within and across European countries.

Within the Joint Action CHRODIS PLUS, twenty-one implementation projects were developed (www.chrodis.eu), eight of them aimed to foster high quality care for people with chronic diseases through the implementation of a set of Quality Criteria and Recommendations (QCR tool) [1, 2]. These criteria are the result of a structured methodology involving representatives of patients and experts from a wide number of organizations across Europe and from a variety of professional backgrounds. QCR tool was put forth to improve prevention and quality of care of diabetes (case study) but it's general enough to be applied to any of the chronic diseases, and may be applied to various domains, e.g. prevention, care, health promotion, patient education, and training for professionals. Moreover, it can be used in countries all across EU, irrespective of political, administrative, social and health care organization. The tool 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.

QCR tool was used as a framework for practice development, implementation, monitoring and evaluation by partners from eight European countries. In this issue of *Annali dell'Istituto Superiore di Sanità* four papers report experiences and results of interventions addressing the use of QCR in Croatia, Finland, Serbia and Slovenia.

In Croatia the project aimed to improve general practitioners' awareness and practice in diabetes monitoring, to improve patients understanding regarding the importance of yearly check-ups, and to harmonize diabetes information systems and coordination mechanisms with professional standards at the international level. Twenty-eight general practitioner and 1242 diabetic patients were included. General practitioners were randomized in three groups receiving different level of education and feedback. Qualitative and quantitative methods were used [3].

The project in Finland created and tested a culturally sensitive lifestyle intervention model among a hard-to-reach and underserved population, specifically people

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with immigrant background. Specific objectives were to increase awareness on risk factors and prevent type 2 diabetes, and to improve health and wellbeing among this population. Despite the intervention was focused on people with a Somali immigrant background who reside in Helsinki, the implementers suggested that the model could be adopted in other settings but would require close collaboration with the respective target population and providing expert training to the local implementers [4].

Redesigning health care delivery to achieve better coordination of services was the objective of Serbian project. The intervention led to the establishment of the National Diabetes Centre as reference institution, which is now the coordinating centre for diabetes care and education in Serbia. Diabetes Care Units were re-introduced at the primary care level. The implementation of stepwise protocols for identification of patients at high risk for T2D or with previously undiagnosed T2D leads to establishment of a systematic approach to these patients. The regular educations for physicians and nurses, created opportunities to improve knowledge and everyday practices, as well as to create a uniform approach to diabetes care in the entire Country [5].

In Slovenia a model was developed to integrate care across levels of healthcare and the community to address the challenges of multidimensional care for people with complex chronic conditions. The model was developed based on a case study of chronic wound by mapping out structures, processes, barriers and enablers to integrated care in close collaboration with patients and relevant stakeholders in health care, social care and within community. The practice focused particularly on enhanced patient participation and on the sustainability of the practice through community partnership and support of the national policymakers [6].

QCR usability was tested and evaluated in projects designed and carried on in different health care systems, in different contexts and addressing different scopes, and mostly resulted in implementation of complex changes in healthcare. There was a consensus among implementers that QCR tool was a positive framework which supported their projects, also establishing high level of involvement of target population, showing a great potential for sustainability and scalability.

A valuable learning point is that all implementation working groups consider QCR tool as a trusted source of strategy and procedures when it comes to the design, development, and implementation of practices and activities onto their respective sites, highlighting that implementing change is most effective when aligned with local priorities. Trust is the best way to make stakeholders work together in order to provide an improved quality of life for those with chronic diseases.

A striking characteristic of the implementation projects has been the enthusiasm and hard work observed at all of the sites, and the willingness of stakeholders (health professionals, decision makers, patients and their representatives) to cooperate and learn from the oversight team: learning from their own experience; sharing experiences with other work groups; learning from the experiences of other countries. Partners themselves represent a knowledge hub and a network with hands-on expertise in improving prevention and care of chronic diseases.

Sharing and discussing experiences is an effective means to set up a capital of knowledge that can also be used in the future, the added value is represented by the creation of a network, a community, a transnational human capital that does not end with the end of the specific projects.

## REFERENCES

1. JA-CHRODIS Work Package 7. Diabetes: a case study on strengthening health care for people with chronic diseases. 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. Available from: http://chrodis.eu/wp-content/uploads/2017/02/wp7-deliverable-recommendations-final-draft.pdf.
2. Zaletel J, Maggini M. Fostering the quality of care for people with chronic diseases, from theory to practice: the development of good practices in disease prevention and care in JA CHRODIS PLUS using JA CHRODIS recommendations and quality criteria. Int J Environ Res Public Health. 2020;17(3):951. doi:10.3390/ijerph17030951
3. Poljicanin T, Valerija Bralic Lang V, Mach Z, Svajda M. Croatian diabetes registry (CroDiab) and implementation of standardised diabetes checklist using Joint Action CHRODIS Recommendations and Criteria. Ann Ist Super Sanità. 2021;57(1):74-79.
4. Wikström K, Hussein I, Virtanen E, Nekouei Marvi Langari M, Mattila E, Lindström J. Culturally sensitive lifestyle intervention to prevent type 2 diabetes among Somalis in Finland – a pilot study using JA CHRODIS Recommendations and Criteria. Ann Ist Super Sanità. 2021;57(1):80-88.
5. Lalic NM, Stanarcic Gajovic J, Stoiljkovic M, Rakocevic I, Jotic A, Maggini M, Zaletel J, Katarina Lalic K, Milicic T, Lukic L, Macesic M and Bjegovic-Mikanovic V. Redesigning diabetes care delivery in Serbia, using JA CHRODIS Recommendations and Criteria. Ann Ist Super Sanità. 2021;57(1):89-96.
6. Oprešnik D, Piletič M, Mršić M, Klemenčič S, Počrvina L. Development of a model of integration for complex chronic conditions across levels of healthcare and the community in Novo mesto, Slovenia. Ann Ist Super Sanità. 2021;57(1):97-106.