EffecTive Diabetes Management

38 million diabetes patients. As, by 2035, this number is predicted to increase significantly. Efforts are needed to curb diabetes costs in the EU. Both documents proved to be crucial in the development of national diabetes plans and initiatives in various local and national settings.

The Forum gathered 240 diabetes experts, decision and policy makers as well as representatives from NGOs, patient associations, academia and industry from across Europe. It built on the success of the 2012 edition, which had as key outcomes the Copenhagen Roadmap and the Copenhagen Catalogue of Good Practices in Diabetes. Both documents proved to be crucial in the development of national diabetes plans and initiatives in various local and national settings.

The tone of the 2014 Forum’s debate was set by HRH Prince Joachim of Denmark who posed the question: “Isn’t it time to demonstrate that we have the courage to do what we all know is necessary?” The Forum had the ambition to understand what, beside courage, is needed to bring about change in diabetes. Three critical issues were raised at the beginning of the Forum:

- How can we bring about change at national and European level and ensure improved care for people living with diabetes?
- How can we overcome the barriers to implementation of good practices in different national and regional settings?
- How can working in partnership deliver improved health outcomes for people with diabetes?

During the Forum, speakers, panellists and attendees reflected on potential solutions to these issues. Diabetes places an unsustainable burden on an estimated 32 million adults in the EU – i.e. 8.1% of the adult population - as well as society as a whole. In this respect, it was unanimously recognised that significant efforts are needed to curb diabetes costs in the EU as, by 2035, this number is predicted to increase to 38 million diabetes patients.

SECONDARY PREVENTION

The role of secondary prevention in tackling diabetes complications and co-morbidities, the most onerous cost drivers in diabetes care, was reaffirmed during the Forum. Examples were presented of integrated diabetes care strategies focusing on secondary prevention led by multidisciplinary teams. A smarter use of patient data, timely intervention with treatments, telemedicine and the performance of basic routine interventions were identified as replicable cost-effective best practices to improve clinical outcomes.

PATIENT EMPOWERMENT AND EFFECTIVE DIABETES MANAGEMENT

Ensuring that people with diabetes are educated and engaged in the management of their condition through patient empowerment and effective diabetes management was also identified as a key step towards enhanced diabetes management.

The DAWN2 study shows that more needs to be done across the EU to ensure that people with diabetes are systematic partners in the development of diabetes treatment plans and programmes and are adequately trained in diabetes self-management.

Good practices highlighted during the Forum included the German and Danish systems as well as Slovakia as an example of how an Eastern European country is paving the way towards enhanced patient empowerment. It was noted that the opportunities offered by new technologies may well recast the relationship between patients and healthcare professionals, leading to closer patient involvement in the management of their condition.

IMPROVE DIABETES MANAGEMENT AT NATIONAL AND EUROPEAN LEVEL

It was recognised that a collaborative approach through public-private partnerships is essential to identifying practical solutions to improve diabetes management at national and European level. The Steno Diabetes Center, a partnership between the Capital Region of Denmark and Novo Nordisk, was presented as a best practice in this area. Its impressive results prove that combining scientific expertise and political leadership is the way to drive change.

Political leadership, backed by well-grounded data analysis and the identification of targets for diabetes care, were considered central to the successful implementation of diabetes-related policies. The EU can play a role in benchmarking member states’ diabetes policies and setting care targets, as exemplified by the Joint Action on Chronic Disease.

3. The Copenhagen Roadmap is a collection of priority areas and workable solutions in the fields of prevention, early detection as well as better management of diabetes.
5. The Catalogue provides a compilation of potentially replicable good practice examples for diabetes submitted by organisations, institutions or individuals during and after the 2012 Forum.
7. DAWN2 Study, International Alliance of Patient Organisations (IAPO), International Diabetes Federation (IDF), Steno Diabetes Center, European Association for the Study of Diabetes (EASD), Foundation of European Nurses in Diabetes (FEND), Novo Nordisk, 2014, http://www.dawnstudy.com/dawn2
To optimise patient outcomes, multi-factorial treatment strategies targeting all relevant risk factors for diabetes complications and co-morbidities should be considered. Multidisciplinarity teams should feature GPs, specialists, including cardiologists, and patients. Harmonised implementation of clinical guidelines should be encouraged. Patients should be educated to be proactive about undergoing full annual screenings.

The improvement of diabetes management is reliant on setting clear clinical targets, discussed with patients and monitored over time, and on the application of good practices. The Steno Diabetes Center, for example, assesses patients’ health outcomes against standards collectively agreed upon by the medical team and the patients over the years. eHealth, diabetes care apps and access to personal health data help diabetes management and monitoring.

Secondary prevention starts with primary care. Collaborative multidisciplinary teams should involve physician, nurses, specialists as well as people with diabetes. These teams are key to identifying multi-factorial risk levels and set therapeutic targets in order to prevent complications.

National diabetes plans should focus on enabling people with diabetes to actively manage their own condition, ensuring equal access to diabetes education and support. Psycho-social care and educational programmes should be part of national reimbursement schemes. Peer to peer support, eHealth and telemedicine are an additional source of information and advice for people with diabetes.

Awareness around diabetes self-management is important to improve outcomes. Patient-reported outcomes and the adoption of quality standards for diabetes self-management education can play a role to improve care and education.

People with diabetes should be actively involved in their health management. Moreover, patient associations should be part of the design and assessment of diabetes policies as well.

Public-private partnerships can relieve the financial burden on healthcare systems and bring technological and scientific expertise to the table. Public health authorities should realise the value of working together with private partners.

Local and national policies, such as diabetes action plans, ensure political focus and are more effective in tackling the diabetes burden from a holistic perspective. Performance related indicators, such as the number of people with diabetes treated, should be introduced to incentivise improved diabetes care.

Benchmarking diabetes care models in member state, monitoring and reporting on diabetes policies’ development and implementation and facilitating the sharing of good practice across Europe are activities where the EU can demonstrate its added value. Coordinated actions will prove to be a more effective approach to tackling the diabetes epidemic.