

WP7 - Diabetes: a case study on strengthening  
health care for people with chronic diseases

# The Recommendations



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**Recommendations** to improve early detection, preventive interventions,  
and to improve the quality of care for people with diabetes.

Definition and agreement on a common minimum set of indicators



# Recommendations

- Not clinical guidelines but scientific advice on diabetes
- A high quality report which may be effectively used in policy making

*"Scientific advice on health is defined as the solicited or unsolicited analysis of a defined public health, health care or health policy problem, based on updated scientific knowledge, considering also relevant expert judgement, practical experience, and ethical, cultural and societal values and implications, with conclusions and recommendations for health policy." (EuSANH-ISA)*

# Quality criteria and Recommendations

The objective was to define a core set of quality criteria that:

- may be applied to various domains (prevention, care, health promotion, education, and training),
- are general enough to be applied in countries with different political, administrative, social and health care organization,
- could also be used in other chronic diseases.

These criteria have been the basis to formulate recommendations to implement practices to improve prevention and quality of care for people with diabetes.

# The process

- ✓ literature reviews to identify quality criteria/indicators for practices/interventions on: prevention focused high risk people, health promotion, management, education, training for professionals
- ✓ cooperation among the work package- and task leaders, and all the associated and collaborating partners toward the revision of criteria and the definition of a preliminary lists of quality criteria
- ✓ collaboration with WP4 and EPF to define a list of universal quality criteria based on the indicators defined in WP7 and categories from Delphi 1-3
- ✓ selection of a panel of experts for the Delphi
- ✓ definition of the on-line questionnaire
- ✓ criteria reviewed and weighted by the panel of experts through a Delphi process

# The panel of experts

Expert	Partner	Professional Profile	Country
Eva-Maria Kernstock	Gesundheit Österreich GmbH	expert in health policy analysis and mapping, public health expert	Austria
Filippo Graziani	EFP	Professor of Periodontology	Belgium
Agnieszka Daval-Cichon	EHFF	Project manager and policy officer in the area of public health	Belgium
Alberto Piaggese	EWMA	Endocrinologist, expert on diabetic foot care	Denmark
Dimitri Varsamis	NHS England	National clinical policy and strategy programme manager	England
Tiina Laatikainen	THL	professor of health promotion (UEF)	Finland
Michel Varroud-Vial	Ministry of healthth	diabetologist, medical adviser to the general director for health care organisation	France
Karen Budewig	Federal Ministry of Health	Specialist in Public Health Medicine	Germany
Silke Kuske	HHU	research associate	Germany
Andreas Birkenfeld	TUD	Prof. for Metabolic Vascular Diseases, Diabetogist	Germany
Andreas L. Birkenfeld	TUD	Professor of Metabolic Vascular Medicine	Germany
Jan Schulze	TUD /SLÄK	Diabetologist, Past-President of the Chamber of Physicians	Germany
Evi Diamanti Kandarakis	YPE	Prof. of Endocrinology, specialized In Diabetes management	Greece
Peggy	EIWH		Ireland
Gerardo Medea	ISS	General Practioner, member of Italian GP Society	Italy
Stefano Nervo	ISS	Representative of Patient association, Diabete Forum	Italy
Roberto D'Elia	Ministry of Health	Specialist in Public Health Medicine	Italy
Ingvild Felling Meyer	The Norwegian Directorate of Health	MD	Norway
Monica Sørensen	The Norwegian Directorate of Health	Senior Advisor Diabetes	Norway
Lurdes Serrabulho	APDP	Nurse, specialized in Public Health	Portugal
Manuel Teixeira Verissimo	Gabinete de Gestão de Projetos	President of the Portuguese Society of Internal Medicine	Portugal
João Malva	Gabinete de Gestão de Projetos	Researcher Coordinator at the Faculty of Medicine, University of Coimbra	Portugal
Cristian Andriciu	EPF	expert at Romanian Diabetes Federation	Romania
Milivoj PiletiÄ	NIJZ	Diabetologist - Researcher	Slovenia
Jana Klavs	NIJZ	president of national association of nurses in endocrinology	Slovenia
Xavier Cos Claramunt	ISCIII	General Practitioner	Spain
Eduard Montanya Mias	ISCIII	scientific director of the Spanish Diabetes research network	Spain
Anne-Marie Felton	FEND	Diabetes Specialist Nurse & Global Advocacy	UK

28 experts  
16 countries

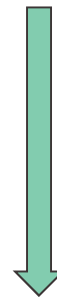
# Delphi on diabetes

first online questionnaire

10 thematic drivers including a total of 71 items clustered

second online questionnaire

face-to-face meeting



**9 criteria made up of 39 categories ranked and weighted**

# Criteria

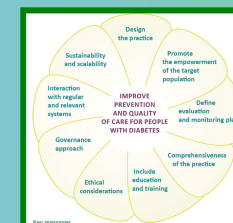
- Practice design
- Target population empowerment
- Evaluation
- Comprehensiveness of the practice
- Education and training
- Ethical considerations
- Governance
- Interaction with regular and relevant systems
- Sustainability and scalability



# Weighted criteria and categories, an example

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

# Recommendations



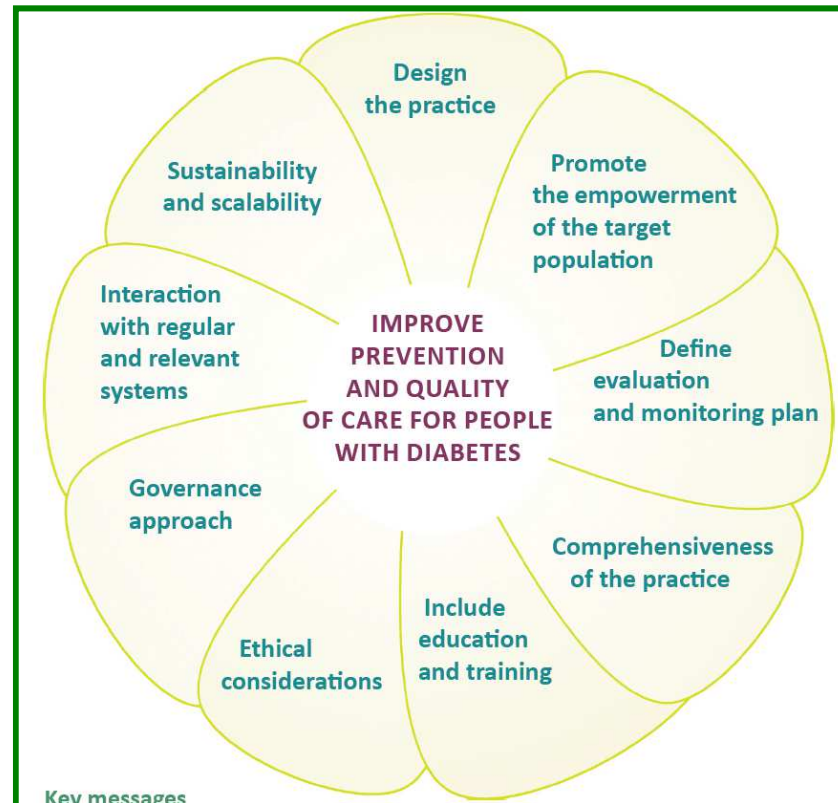
The criteria have been the basis to formulate recommendations to implement practices on prevention, health promotion, care management, education, and training, and ultimately to improve prevention and quality of care for people with diabetes.

## **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.

# Recommendations



# Key messages

- The quality criteria/indicators and the recommendations may constitute a tool for decision makers, health care providers, patients and health care personnel to implement good practices, and to improve, monitor, and evaluate the quality of diabetes prevention and care
- They may be applied to various domains (prevention, care, health promotion, education, and training), are general enough to be applied in countries with different political, administrative, social and health care organization, and could potentially be used in other chronic diseases
- The adoption of an agreed core set of quality criteria/indicators might help to decrease inequalities in health and to improve diabetes prevention and care within and between European countries.

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