

Outcomes of the European Diabetes Leadership Forum

4 March 2014



TODAY, WE CAN CHANGE TOMORROW
EUROPEAN DIABETES LEADERSHIP FORUM
BRUSSELS 2014

The 2014 European Diabetes Leadership Forum, held on 4 March in Brussels, provided an opportunity to [reflect on the transferability of good practices across member states in diabetes management](#). Demonstrating leadership in moving from theory to action and the need to focus on the daily management of this complex condition were the salient messages of a lively discussion. Hosted by the Danish Diabetes Association and supported by Novo Nordisk, the Forum was endorsed by a wide range of European and national organisations committed to improving how we manage diabetes in Europe.

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 edition¹, which had as key outcomes the Copenhagen Roadmap² and the Copenhagen Catalogue of Good Practices in Diabetes³. 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, besides 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 population⁴ - 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 DAWN2TM study⁵ 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 Disease⁶.

1. 2012 European Diabetes Leadership Forum, 25-26 April 2012, Copenhagen, <http://diabetesleadershipforum.eu/copenhagen-2012-2/>
2. Copenhagen Roadmap, European Diabetes Leadership Forum 2012, Copenhagen, <http://www.oecd.org/els/health-systems/50526782.pdf>.
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.
3. Copenhagen Catalogue of Good Practices in Diabetes, European Diabetes Leadership Forum 2012, Copenhagen, <http://www.idf.org/sites/default/files/Copenhagen%20Catalogue.pdf>.
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.
4. International Diabetes Federation Diabetes Atlas 6th edn, International Diabetes Federation (IDF) 2013, Brussels, http://www.idf.org/sites/default/files/EN_6E_Atlas_Full_0.pdf
5. DAWN2TM Study, International Alliance of Patient Organisations (IAPPO), 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>
6. Joint Action addressing chronic diseases and promoting healthy ageing across the life cycle (CHRODIS-JA), project funded by the Health Programme (2008-2013), <http://www.chrodis.eu>.



How we change tomorrow

... THROUGH SECONDARY PREVENTION

Secondary prevention is a cost-effective means to improve health outcomes, reduce the risks of hospitalisation and control diabetes-related costs.

To optimise patient outcomes, multi-factorial treatment strategies targeting all relevant risk factors for diabetes complications and co-morbidities should be considered. Multidisciplinary 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.

Many patients are struggling to reach treatment targets for good glycaemic control as specified by the European Association for the Study of Diabetes (EASD).

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.

Healthcare systems should shift to a primary care patient-centred model, focusing on secondary prevention, complications and co-morbidities.

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.

... THROUGH PATIENT EMPOWERMENT AND EFFECTIVE DIABETES MANAGEMENT

Patient education and empowerment is vital to ensure that patients remain engaged in the management of their condition.

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.

Adherence to treatment can be compromised by the lack of flexibility in diabetes management.

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.

Improvements in diabetes care and policies should be continuously guided by input from people with diabetes.

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.

... AT NATIONAL AND EUROPEAN LEVEL

A collaborative approach through public-private partnerships is paramount to find practical solutions to improve diabetes management.

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.

There is general political consensus on the importance of tackling diabetes, but policy action and implementation at national and local level are often insufficient.

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.

The EU can play a role in supporting national and local efforts towards improved national and local diabetes-related policies.

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.