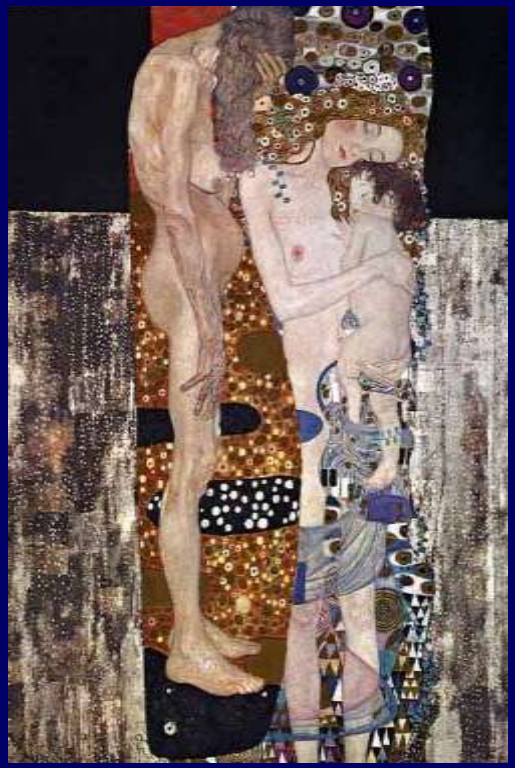
DIABETES IN EUROPE -
role and contribution of primary care

Manfred Maier, M.D.
Chairman
Department of General Practice
& Family Medicine
Head of the Center for Public Health
Medical University of Vienna



OUTLINE

- background
- problem
- aim of position paper
- Experiences and practices
- lessons learned
- recommendations

DIABETES MELLITUS TYPE 2

- chronic condition
- multiple late complications
- reduced life expectancy
- limitations in the quality of life

DIABETES: ESTIMATIONS

- 48 million people suffer in Europe
- high proportion of undiagnosed diabetes
- prevalence is expected to rise to 9,1% by 2025
- costs: 7-13% of total health expenditure

REASON FOR CONCERN

→ wide variation in the care of diabetes

- prevention ?
- quality of care ?
- access to care ?
- proportion of undiagnosed diabetes ?

CENTRAL QUESTIONS

- reasons for that variation in care ?
- lessons to learn ?
- recommendations to improve diabetes care ?

STARTING POINT AND PROCESS

- position paper 2006
- survey, 15 countries participated
- workshop
- circulation of draft paper
- discussion with approx. 30 colleagues

CARE PROVIDERS

- primary care physicians AND specialists
- responsibilities not clearly defined
- interdisciplinary care underdeveloped
- specific training of GPs differs in content and form

QUALITY OF CARE

- data from the PC – level are scarce
- improved by pay for performance ?
- guidelines have been implemented
- adherence varies widely

MONITORING AND RESEARCH

- quality monitoring at PC - level in only 3 countries
- strong research at the PC - level in only 3 countries

LESSONS LEARNED

- care is differently organized
- sources and collection of data are different
- prevalence of DM2 is believed to be underestimated
- adherence to guidelines is not known
- quality of care is unknown / unsatisfactory in most countries
- structured screening or prevention programmes are scarce

UNSATISFACTORY CARE

associated with

- lack of reliable epidemiological data
- lack of data for outcome measures or of data on the quality of care
- lack of research at the level of Primary Care

BETTER CARE

associated with

- coordination of care at community level
- well trained Primary Care physicians
- monitoring system and registering patients
- research in PC - provides data, evidence and valuable information

RECOMMENDATIONS 1

- An interdisciplinary team of professionals should agree on common goals and on a national strategy for the care of patients with diabetes.
- Initiatives aiming to improve the quality of care must be evidence based and should be developed by an interdisciplinary team including all parties involved in order to facilitate implementation and adherence.
- Programs should be implemented, conducted, coordinated, adapted to individual patients and evaluated at the community level by trained Primary Care physicians (and their teams).

RECOMMENDATIONS 2

- Systematic education or training should be offered to care providers and patients.
- Comprehensive registers for patients with diabetes should be established and maintained as standardized source of reliable information.
- Implementation of initiatives to improve the quality of care and outcome should be supported by incentives for providers and patients.

CENTRAL RECOMMENDATIONS

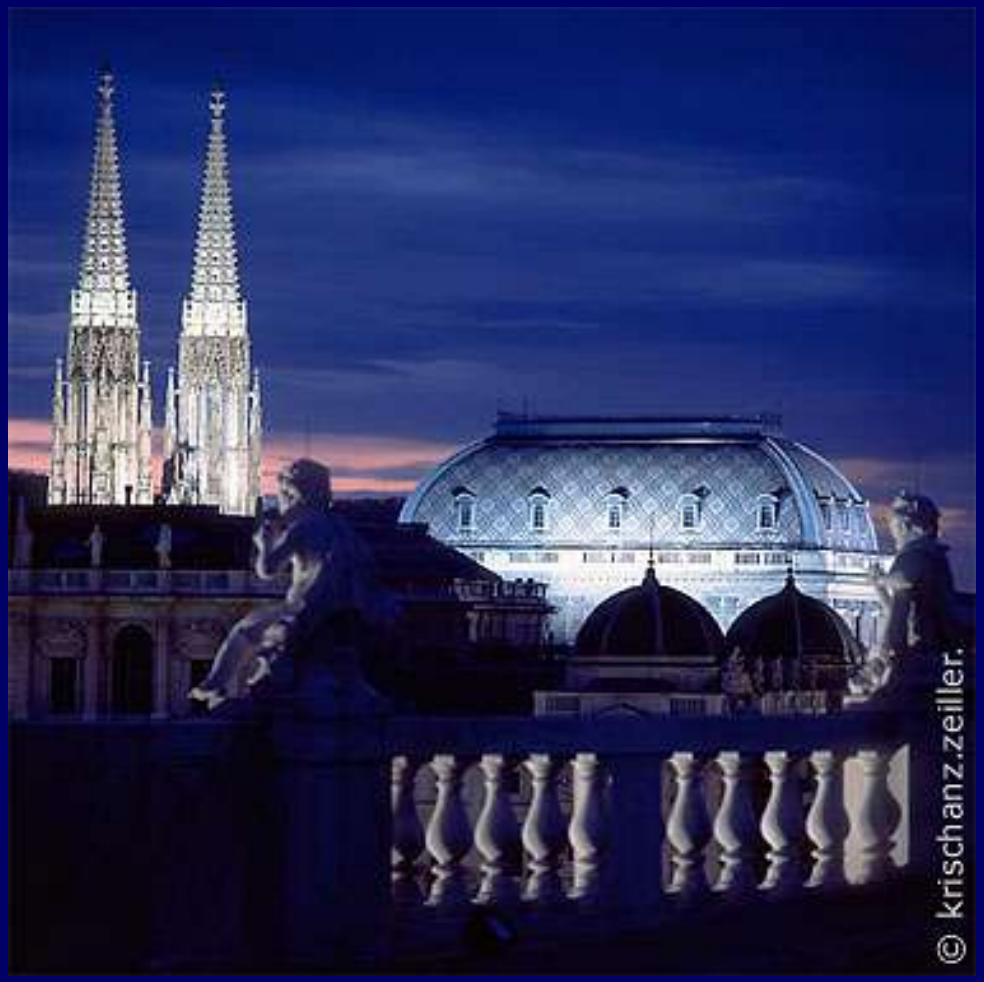
- Diabetes care should be managed in PC
- PC workforce should be well developed
- PC should be promoted and strenghtened

TEAM

- COAUTHORS:

  Astrid Knopp, Susanne Pusarnig, Imre Rurik, Domingo Orozco, Hakan Yaman and Luk van Eygen
- CONTRIBUTING AUTHORS
- PEER GROUP

Thank you for your attention!



Department of General Practice/CPH
Medical University of Vienna

DIABETES: FACTS

- risk to die from CVD: 3-4 x higher
- most common cause of blindness
- among most common causes of kidney failure
- most common cause of leg amputation

NATIONAL STRATEGY

- only six countries
- disease registry in only 5 countries
- some screening in only 8 countries