

Diabetes information in Europe

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Why do we need diabetes information in Europe?

- To make policy makers accountable for the results obtained by the EU legislation and National policies
- To evaluate adherence to evidence-based guidelines and set achievable targets for quality of care and outcomes
- To share best practices and avoid common mistakes
- To benchmark the effect of local policies and health services organization against different alternatives, using standardized criteria
- To avoid drawing conclusions from random variation, which is more critical in countries that have a smaller population and a limited number of cases for any problem investigated

What do we actually know routinely?

- Not much
- Certainly not enough to monitor action and planning of prevention measures and health care for people with diabetes in Europe
- General data on diabetes prevalence (total number of people in diabetes at a specific point in time), poor data on incidence (how many new cases per year)
- Few indicators calculated from administrative data sources (e.g. hospital data), prone to bias due to financing mechanisms (e.g. DRGs)
- No indicators on intermediate and terminal outcomes (those that really matter for people with diabetes)



Original Articles

Core Standards of the EUBIROD Project*

Defining a European Diabetes Data Dictionary for Clinical Audit and Healthcare Delivery

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1 DEMOGRAPHIC CHARACTERISTICS	1.1 Basic demographics							
	2.1 Diabetes status							
	2.2	2.2.1 Obesity and Growth (most recent value in the last 12 months)						
CLINICAL CHARACTERISTICS	Risk factors for diabetes complicat ons	2.2.2 Lifestyle						
	complications	2.2.3 Clinical measurements (most recent value in the last 12 months)						
	2.3 Diabetes complicat ons							
	3.1 Structure (provider level)							
	3.2 Structural quality							
	3.3 Processes	3.3.1 Foot examinat on						
		3.3.2 Eye examinat on						
		3.3.3 Measurement done (in the last 12 months)						
		3.3.4 Treatment (at least one prescript on in the last 12 months)						
		3.3.5 Management						
4 POPULATION	4.1 Area level							
5 RISK ADJUSTED INDICATORS	5.1 Epidemiology							
	5.2 Process quality (in adults with diabetes in the last 12 months)							
	5.3 Outcome Quality: Intermediate outcomes (in adults with diabetes in the last 12 months)							
	5.4 Outcome Quality: Terminal outcomes (in the last 12 months)							

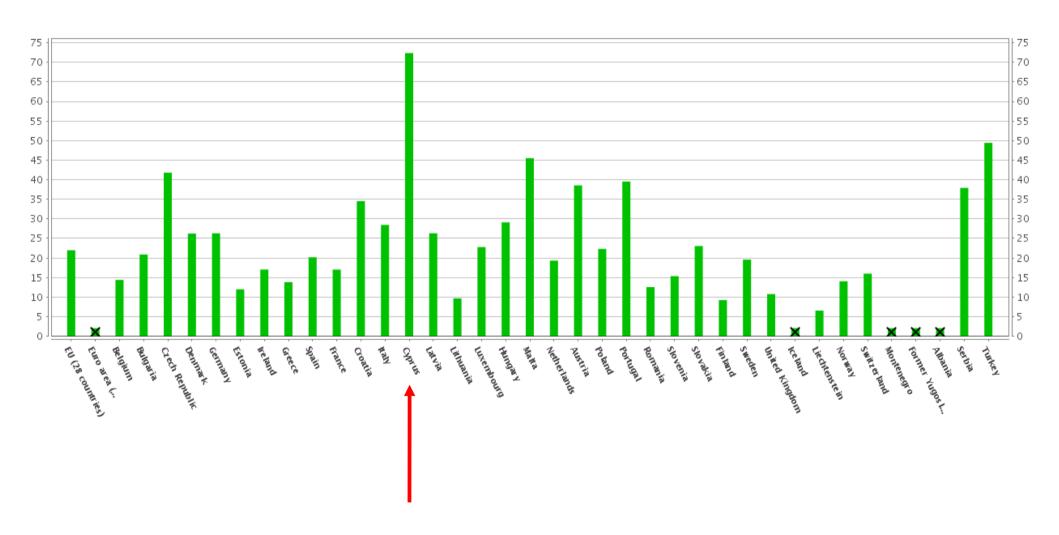
....but the data available are already enough to seriously worry...

...and urge countries to deliver <u>and use</u> more information on diabetes!

Deaths due to diabetes mellitus

Standardized death rate by 100 000 inhabitants, Year 2014

Source: Eurostat

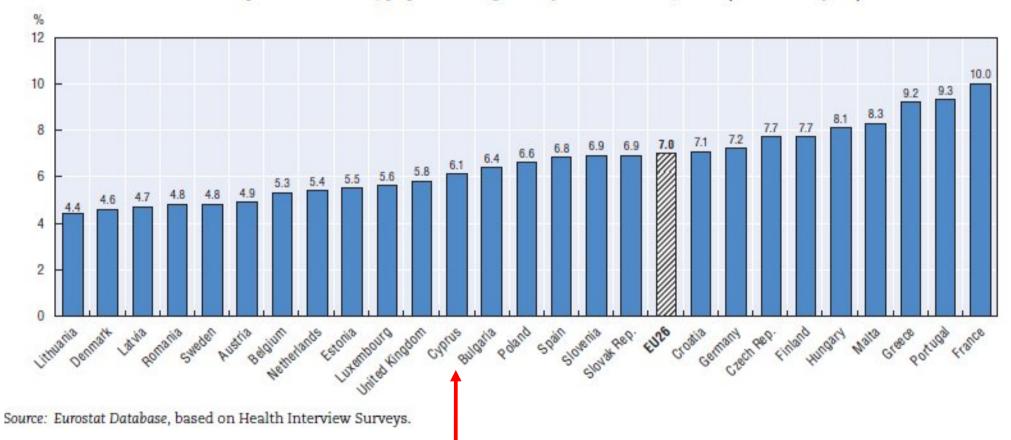


Diabetes Prevalence

Self-reported, Year 2014

Source: Eurostat (revised in "OECD Health at a Glance: Europe 2016")

3.34. Self-reported diabetes, population aged 15 years and over, 2014 (or nearest year)

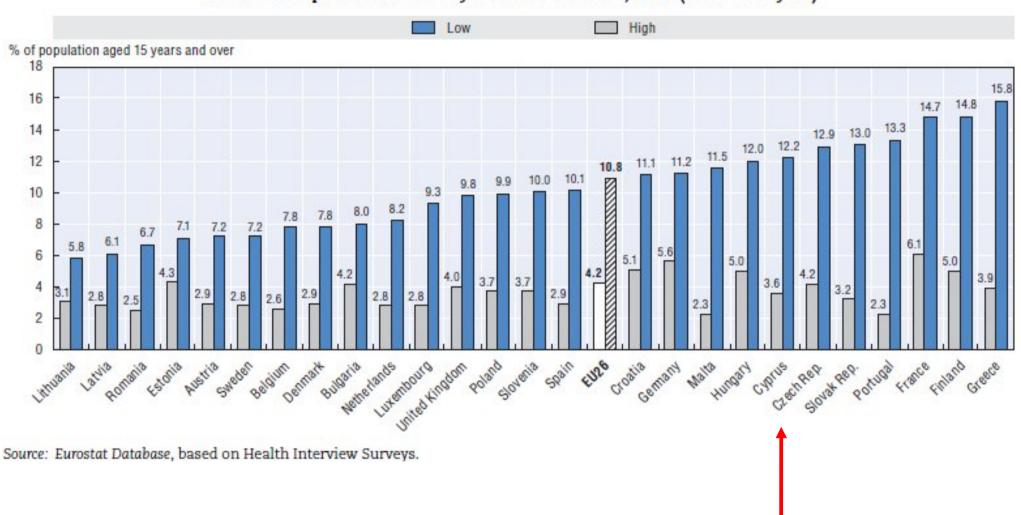


Diabetes Prevalence by level of education

Self-reported, Year 2014

Source: Eurostat (revised in "OECD Health at a Glance: Europe 2016")

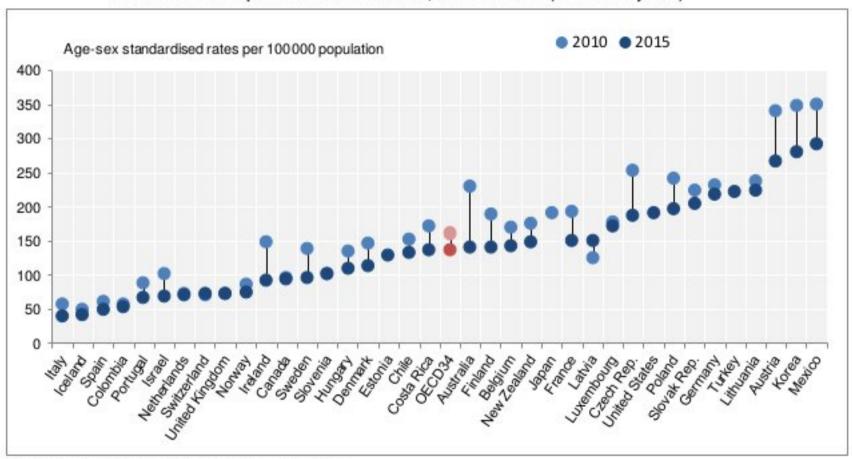
3.35. Self-reported diabetes by level of education, 2014 (or nearest year)



Diabetes Hospital Admissions, 2015

Source: OECD Health at a Glance 2017

6.11. Diabetes hospital admission in adults, 2010 and 2015 (or nearest years)



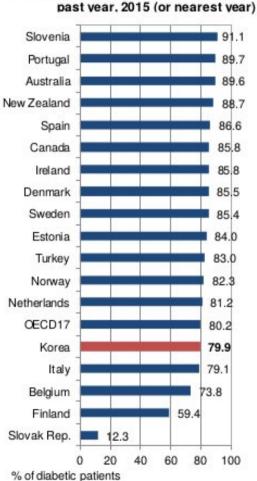
Note: Three-year average for Iceland and Luxembourg.

Source: OECD Health Statistics 2017.

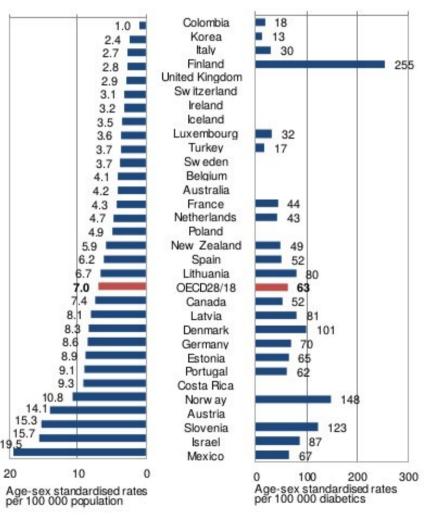
Prescription of hypertensive and Lower extremity amputations in diabetes, 2015

Source: OECD Health at a Glance 2017

6.12 People with diabetes with a prescription of recommended antihypertensive medication in the



6.13. Major lower extremity amputation in adults with diabetes, 2015 (or nearest year)

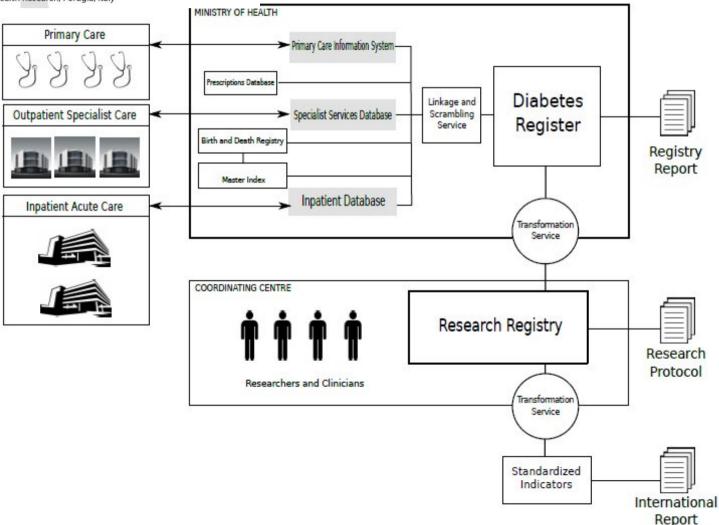


Note: Three-year average for Iceland and Luxembourg. Source: OECD Health Statistics 2017.

Standardized Information Exchange in Diabetes: Integrated Registries for Governance, Research, and Clinical Practice

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General characteristics and number of indicators delivered by Diabetes Registers contributing to the EUBIROD Report 2012

Diabetes Register	ID	Site type	No. Indicators Delivered
Healthgate, Styria, Austria	AT	Regional Shared-data Register	67
IPH Survey, Belgium	BE	National Data – Complete	64
Larnaca Region, Cyprus	CY	Regional Shared-data Register	73
Rheinland-Pfalz, Germany	DE	Regional Shared-data Register	73
IDIBAPS Diabetes Clinical Data Collection, Spain	ES	Sample Regional Data	21
National Diabetes Register, Croatia	HR	National Data – Complete	75
GPMSSP Database, Hungary	HU	GP	51
Tallaght, Ireland	IE	Hospital Clinic (Diabetes)	57
Umbria Region and SID National Network, Italy	IT	Hospital Clinics (Diabetes, Internal Medicine)	78
Pediatric Registry, Luxembourg	LU	Hospital Clinic (Diabetes)	21
National Diabetes Registry Database, Latvia	LV	National Data – Complete	58
Mater Dei Hospital, Malta	MT	Disease Management Programme	30
West Friesland Region, Netherlands	NL	Regional Shared-data Register	52
National Diabetes Register, Norway	NO	National Data – Sample	57
Paediatric Diabetes Register of Silesia, Poland	PL	Regional Shared-data Register	70
Bucharest Diabetes Database, Romania	RO	Hospital Clinic (Diabetes)	41
Skaraborg Primary Care Diabetes Database, Sweden	SE	Regional Primary Care Project	63
Type 1 Childhood Diabetes Register, Slovenia	SI	National Data – Complete	38
DARTS, Tayside, Scotland, United Kingdom	UK	Regional Shared-data Register	68

General characteristics and number of indicators delivered by Diabetes Registers contributing to the EUBIROD Report 2012

elect whole table								Type 2									Other Type		
ID	Males %	Age			Duration of Diabetes		N	Males	Age %				Duration of Diabetes			N	N		
		<15	15-25	25-65	≥65	<10	10-20	≥20		%	<50	50- 65	65-80	≥80	<10	10-20	≥20	, N	14
AT	49.2	-	8.6	46.5	44.9	17.8	37.8	44.3	185	48.4	8.4	25.1	43.6	22.9	56.4	29.1	14.5	1,191	-
BE	57.7	-	8.0	50.1	41.9	28.6	30.2	41.2	3,359	48.9	6.6	31.2	46.1	16.0	30.8	41.8	27.4	7,304	-
CY	56.6	-	17.0	60.4	22.6	28.3	30.2	41.5	53	54.2	6.7	40.1	46.7	6.4	55.2	29.8	15.0	745	-
DE	56.9	4.8	12.1	38.4	44.7	34.6	30.1	35.3	1,800	49.2	8.7	26.8	47.5	16.9	54.0	32.0	14.0	12,569	354
ES	42.1	-	14.0	64.0	21.9	16.7	35.1	48.2	114	40.7	18.5	50.9	26.9	3.7	51.9	25.9	22.2	108	-
HR	50.3	0.7	8.6	55.9	34.8	32.1	30.5	37.4	1,818	52.1	8.6	40.3	44.4	6.7	51.2	33.1	15.7	22,810	427
HU	-	-	-	-	-	-	-	-	-	48.7	7.2	38.9	45.3	8.6	66.1	28.7	5.2	1,306	-
IE	54.6	17.7	24.0	39.9	18.3	80.1	8.8	11.1	879	59.4	13.9	41.5	35.0	9.5	91.7	6.9	1.3	3,782	388
IT	51.6	1.4	13.5	56.3	28.8	25.6	30.5	43.9	4,391	55.1	5.9	30.7	49.4	14.0	47.7	29.9	22.3	37,068	1,500
LU	42.5	46.2	47.5	6.2	0.0	83.1	15.0	1.9	160	-	-	-	-	-	-	-	-	-	-
LV	55.3	7.1	13.6	44.7	34.6	40.4	26.7	32.9	2,831	32.8	6.4	33.6	47.8	12.2	75.6	18.1	6.3	50,933	300
MT	58.6	2.9	30.0	48.6	18.6	50.0	24.3	25.7	70	56.7	10.4	40.7	40.0	8.9	77.4	16.0	6.6	2,712	55
NL	-	-	-	-	-	-	-	-	-	53.0	8.9	36.3	43.5	11.2	68.6	26.0	5.5	4,884	-
ИО	53.5	-	13.9	54.9	31.2	23.0	27.5	49.5	2,049	56.8	13.5	34.3	39.2	12.9	61.4	30.1	8.5	2,860	-
PL	53.1	68.7	31.3	0.0	0.0	95.3	4.7	-	467	-	-	-	-	-	-	-	-	-	-
RO	-	-	-	-	-	-	-	-	-	49.7	19.3	51.0	27.2	2.5	100.0	0.0	0.0	1,767	-
SE	59.7	-	0.8	23.9	75.3	42.0	58.0	-	243	55.4	5.6	27.3	49.4	17.7	73.3	26.7	0.0	7,475	749
SI	52.3	34.3	60.2	5.5	0.0	68.4	28.2	3.4	440	-	-	-	-	-	-	-	-	-	-
UK	54.4	6.8	15.9	45.1	32.2	32.5	26.1	41.4	1,803	54.4	9.0	30.9	42.5	17.6	70.3	23.7	6.0	17,832	-
Overall	54.0	5.7	14.3	47.1	32.8	35.2	27.9	36.9	20,662	47.4	7.6	33.3	46.2	12.9	62.4	25.6	12.0	175,346	3,773

Objectives of the Cyprus meeting



- To share best practices on the management and use of diabetes information in support of national strategies in Cyprus
- To review adherence to privacy and ethics principles in complex health databases, in the framework of new EU regulations and OECD recommendations
- To report on the state of the art of diabetes data sources in Europe
- To review and finalize blueprints and new software for secure international data collection of diabetes indicators from the existing databases
- To revise our future collective strategies and plan the EUBIROD data collection 2017

EUBIROD in Cyprus: growing together

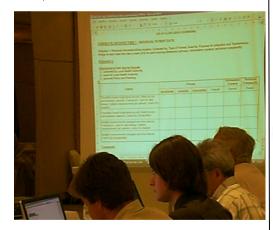


23-26th May 2007, Larnaca

Law, ethics and medicine

Privacy impact assessment in the design of transnational public health information systems: the BIRO project

C T Di Iorio, ¹ F Carinci, ⁷ J Azzopardi, ² V Baglioni, ³ P Beck, ⁴ S Cunningham, ⁵ A Evripidou, ⁶ G Leese, ⁷ K F Loevaas, ⁸ G Olympios, ⁶ M Orsini Federici, ³ S Pruna, ⁹ P Palladino, ¹⁰ S Skeie, ⁸ P Taverner, ⁸ V Traynor, ⁶ M Massi Benedetti³







Nicosia, 20-23rd September 2017

