International Diabetes Federation Europe

INTEGRATING DIABETES EVIDENCE INTO PRACTICE:

CHALLENGES AND OPPORTUNITIES TO BRIDGE THE GAPS

Executive Summary

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This report, **"Integrating diabetes evidence into practice: challenges and opportunities to bridge the gaps"**, identifies the local and European-wide challenges of implementing diabetes evidence into practice and makes recommendations based on the findings. Diabetes presents a significant health and economic burden across Europe, affecting 60 million people and costing 145 billion euros per annum. There is an urgent need to identify ways in which implementation of evidence can be improved.

The findings of this report are presented from three distinct perspectives: healthcare system; healthcare professional; and person living with diabetes. The report draws on data from three sources: the published literature; a survey of 48 (83% response rate) International Diabetes Federation (IDF) Europe member organisations across 38 countries; and social media analytics developed with the support of IBM Europe. We have focused on current practice, challenges for implementing evidence into practice, and ways in which implementation may be facilitated.

Key findings

Healthcare systems

From a healthcare system perspective, IDF Europe member organisations reported that the most common barriers to implementing diabetes evidence into practice related to: problems with national diabetes programmes/ strategies (structure, implementation, monitoring, evaluation); problems with national diabetes registries (their use or structure); lack of effective involvement from healthcare professionals and persons with diabetes; and ineffective or uneven distribution of resources.

Despite the World Health Organization (WHO) and IDF recommending the development and implementation of national diabetes programmes since the 1990s, only 22 (58%) IDF European countries were implementing national diabetes programmes. Similarly, only 15 countries (39%) had national diabetes registers.

While all of the countries had national diabetes guidelines or diabetes clinical protocols, their implementation and monitoring was fragmented across the regions. Stakeholders were not always aware of the guidance and only a few countries had well-developed systems in place to develop clinical guidelines. IDF Europe member organisations considered that European countries had fair access to medication and healthcare services but perceived that access to medicine and medical devices was uneven and co-payments (from patients) contributed to increased non-adherence to recommended treatments. Cost, availability or lack of supplies were the most frequently cited problems from low-income country respondents.

Healthcare professionals

The most common barriers identified in the IDF Europe member organisation survey for healthcare professionals were poorly supported and implemented prevention programmes (primary, secondary or tertiary), limited consultation time, ineffective communication between healthcare professionals, and lack of integrated facilities and/or medical teams. Barriers reported in the literature included inappropriate formulation of diabetes guidelines and implementation strategies, therapeutic inertia and inadequate contextual support

Both the literature and IDF Europe survey suggested that healthcare professionals were not fully implementing existing clinical diabetes guidelines: 35% of respondents reported that implementation of the guidance was monitored and only 25% reported that the impact of the offered health service was evaluated. Only four countries in the IDF Europe member organisation questionnaire reported that patients and families were regularly offered diabetes education on important therapeutic factors, such as physical activity, diet, metabolic control, adherence and foot hygiene. Nearly 75% of countries did not recommend continuing education to patients or family members.

Persons living with diabetes

Responses from the IDF Europe survey indicated that the most common barriers to achieving optimal health for persons with diabetes were poor adherence to medication or lifestyle change, limited patient/family skills to properly manage diabetes, lack of/poor empowerment of person with diabetes and poor family education.

Adherence was the most important component of diabetes management identified. Review evidence generally showed low adherence to medication (less than 20% in some studies). Adherence to lifestyle change appeared to be somewhat higher. Around half (50%) of study participants reported that they made dietary changes, and between 17% and 70% of participants across studies reported that they adhered to physical activity recommendations.

Barriers reported in the literature included treatment costs, patient reluctance to use insulin, medication burden, and fear of complications The most frequently discussed themes on social media in relation to diabetes were support, education and access to care or medication ('accessibility'). The most common negative sentiments related to support, education and costs for both type 1 and type 2 diabetes. Education also featured highly (it was the second most common theme) in the open responses from IDF Europe organisations.

Conclusions

This report has demonstrated that there are substantial European-wide challenges in the implementation of evidence-based practice for healthcare systems, healthcare professionals and persons living with diabetes. Recommendations for overcoming these challenges are outlined below.

- Implementation of diabetes evidence should be tailored to local circumstances.
- Effective human, financial and material resource management strategies are needed to improve the delivery of healthcare systems and patient outcomes, and reduce clinical inertia.
- Prioritisation should be given to the education of healthcare professionals and persons living with diabetes to maximise the impact of government investment.
- Appropriate prevention strategies are vital to reduce the incidence of diabetes.
- More effective tools for managing behavioural change need to be developed.
- All stakeholders (policy makers, healthcare professionals, healthcare/commercial organisations and providers, and persons with diabetes) should be actively involved in policy initiatives targeted at addressing diabetes burden and improving quality of life.

The full publication is available in electronic copy at:
www.idf.org/europe/publications-and-resources

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About IDF Europe: IDF Europe is an inclusive and multicultural umbrella organization of 70 national diabetes associations in 47 countries across the European region, representing people living with diabetes and healthcare professionals. Through our activities we aim to influence policy, increase public awareness and encourage health improvement, as well as promote the exchange of best practice and high-quality information about diabetes throughout the European region. We provide essential expertise and up-to-date evidence on diabetes, support awareness campaigns through a wide network of partners and stakeholders, and work with European and international organizations towards the development, implementation and monitoring of effective public policies for diabetes.