

EASD Annual Meeting – Best Practice Session

October 4 | 14:00–16:00

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# From Concept to Coalition:

*national responses to the diabetes epidemic*

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European  
Diabetes Forum

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# From Concept to Coalition:

*national responses to the diabetes epidemic*

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Welcome and opening remarks, the potential of multi-stakeholder alignment in diabetes,  
*Stefano Del Prato, Chair EUDF*

# WE NEED TO RE-IMAGINE HOW DIABETES CARE IS DELIVERED AND WORK TOGETHER TO MAKE ITS DIAGNOSIS, TREATMENT AND MANAGEMENT BETTER

EUDF is a not-for-profit organization

Members:



Supporting Collaborators:



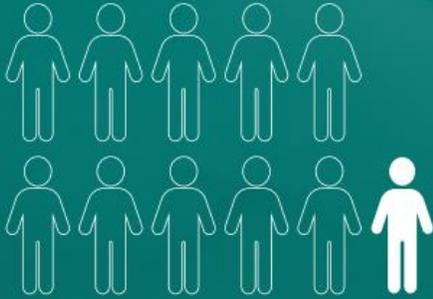
# | EUDF VISION, MISSION AND PRIORITIES

## VISION

Enable healthcare systems to cope with the diabetes pandemic, while achieving the best possible outcomes for people with diabetes.

## MISSION

Ensure the translation of research into policy actions towards better diabetes care at a national level.



1 in 11 adults  
with diabetes

# 61<sub>M</sub>

61m people living  
with diabetes

1

Integrated  
Care

2

Data &  
Registries

3

Digitisation



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# From Concept to Coalition:

*national responses to the diabetes epidemic*

## Best practice examples:

- ▶ *Italian Diabetes Forum – Agostino Consoli*
- ▶ *Diabetes cooperation in France – Jean-François Gautier*
- ▶ *Romanian Diabetes Forum – Cornelia Bala*
- ▶ *Belgian Diabetes Forum – Frank Nobels*
- ▶ *Diabetes cooperation in Germany – Baptist Gallwitz*

**Panel Q&A: Establishing National Cooperation**

**Closure** *Chantal Mathieu, President EASD, vice-chair EUDF*

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# From Concept to Coalition:

*national responses to the diabetes epidemic*

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**AGOSTINO CONSOLI**  
*ITALY*



European Diabetes  
Forum Italia

**EASD Annual Meeting – Best Practice Session**

**October 4 | 14:00–16:00**

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# Timeline

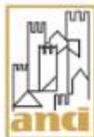
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## Main partners



## Institutional partners



*With the Endorsement of the Ministry of Health*

## EUDF Italia Partners

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Scientific  
Partners: 12

Social  
Partners: 9

Corporate  
Partners: 9

**50 EXPERTS INVOLVED**

# The italian scenario: NUMBERS

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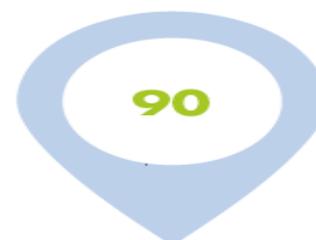
Diabetes /Endocrinology  
Specialists



Centers for Diabetes Care



Isolated Specialists



Centers for Pediatric  
Diabetes Care

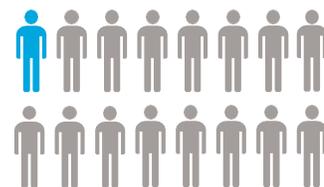
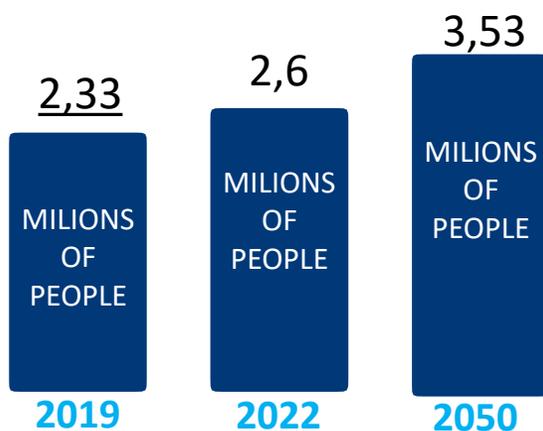


General Practitioners

# The impact of diabetes in Italy

In the **2022** there were about **3,9** milion citizens in Italy known to have diabetes, 6,6% of the population. In **2020** there were about **20** thousand more deaths than in **2019** with mention of diabetes as initial cause or as part of multiple causes, for a total of **97** thousand deaths, 11 every hour.

**2,6 MILIONS**  
NUMBER OF PEOPLE OVER 65'S WITH  
DIABETES  
THIS NUMBER COULD INCREASE UP TO  
**3,53 MILIONS**



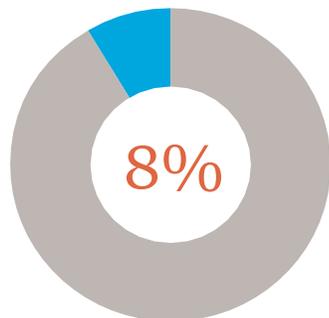
**1** PERSON EVERY  
**15** HAS DIABETES

## MANY OTHERS ARE AT RISK TO DEVELOP DIABETES

Every **3 people** with known diabetes there is **1 who does not know to have it**. Also, it is possible to estimate that for 1 person with known diabetes there is at least **1 person at high risk to develop it** (impaired glucose tolerance or high fasting blood sugar).

This means that 3.27 milion people are at high risk to develop diabetes.

## THE ECONOMIC IMPACT OF DIABETES



of the total health budget is invested in diabetes

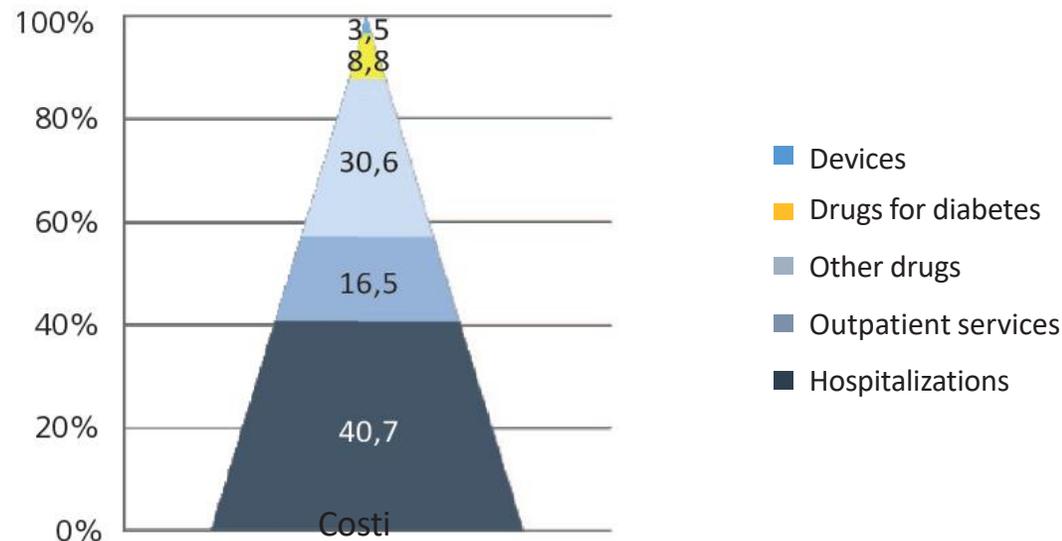
In Italy **8%** of the total health budget is invested in diabetes

The average annual cost for a person with diabetes is 2.800 euros

## FACTORS CONTRIBUTING TO THE DIRECT HEALTH COSTS OF DIABETES

(Osservatorio ARNO 2019)

- Most of the costs of diabetes are related to hospital treatment
- Diabetes drugs account for 8.8%, health centers 3.5%



## REIMBURSEMENT OF EXPENSES

- In Italy, patients have **free access** to reimbursement of expenses thanks to the national legislative framework
- in many regions there are **restrictions on the reimbursement** of stripes and glucometers for self-monitoring of patients with type 2 diabetes
- According to regional directives, some patients face costs related to new treatment techniques (for example, insulin pumps and accessories)

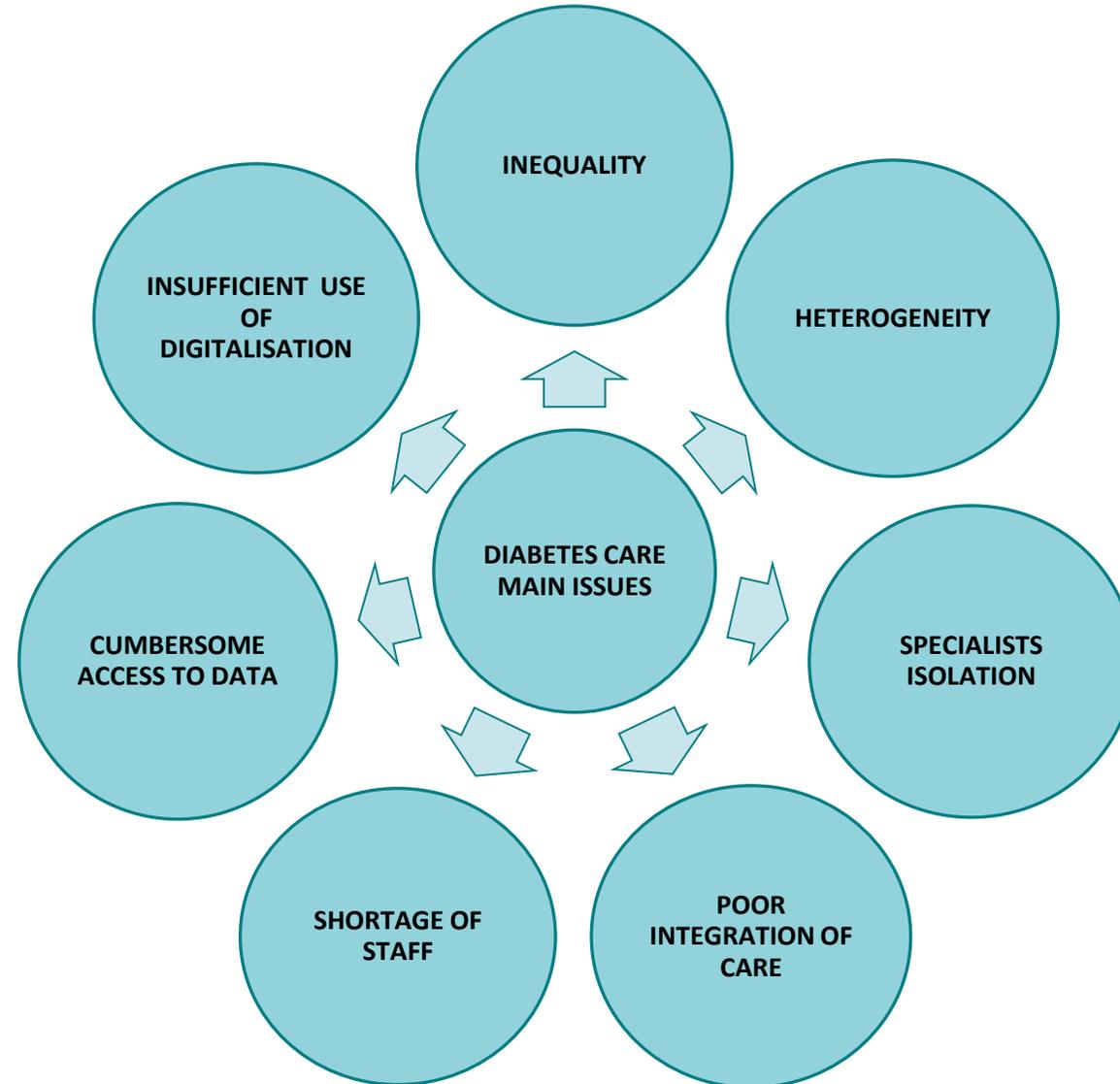
## THE BURDEN OF HOSPITALIZATION

- Diabetes increases the risk of hospitalization due to several factors
- People with diabetes are **2 times greater risk** to be hospitalized than people without diabetes
- **20-25%** of people with diabetes are hospitalized at least once during the year
- The duration of hospitalization increases by 20% in the presence of diabetes
- In Italy over 50 million euros are spent every year for hospitalizations caused by severe hypoglycemia



European Diabetes  
Forum Italia

# The Italian scenario: CRITICAL ISSUES



# PNRR MISSION 6: How to implement it to foster better diabetes care

- 1 Improve the diabetes care network and center it on multi-professional centers** 
- 2 Optimize the diabetes care network including in multi-professional centers specialist working in periferic clinics** 
- 3 Structure the diabetes care network in 350-400 multi-professional centers, each of which assisting about 15000 people** 
- 4 Allocate funds to expand recruitment and training of staff dedicated to diabetes assistance** (1 diabetologist and 1 nurse per 1,000 patients at least 4,000 Specialists vs the current 2,000 and at least 4,000 nurses vs the current 1,500, 1 dietician per 5,000 patients, at least 800 dieticians vs the current 400; at least 1 psychologist and 1 podiatrist per 10,000 patients, at least 400 psychologists and podiatrist vs the very few available today, increase by at least 50% the number of contracts for Graduate Schools of Endocrinology and Metabolic disease) 

- 5 Ensure synergy between Specialists Endocrinologists/ Diabetologists and General Practitioners by providing for the collaboration of members of the Diabetes Team at the Primary Health Care Facilities** 

- 6 Implement and improve digitalization** (teleconsultation, teleassistance, web-based therapeutic training, sharing of clinical data, etc.) 

- 7 Promote the diabetologist function as coordinator** of the integrated care 

# In Italy , laws and guidelines on diabetes do exist setting the criteria for diabetes care and prevention

## Law 115/87

### Provisions for the prevention and treatment of diabetes mellitus

GU General Series No.71 of 26.03.1987 on 6 December 2012

## National plan on diabetic disease

approved in State-Regions Conference

## Italian standards for the treatment of diabetes mellitus 2018



## National System Guidelines of the Supreme Institute of Health

- *"Guidelines for the treatment of Type 2 diabetes mellitus"*  
Published: 26/07/2021 - Last updated: 23/02/2023
- *"Management of adult patient with diabetes or hyperglycemia hospitalized in non-critical clinical setting"*  
Published 20/02/2023
- *"Therapy of diabetes mellitus Type 1"*  
Published: 16/03/2022

ddl n. 727 laying down provisions concerning the definition of a diagnostic program for the detection of type 1 diabetes and celiac disease in the paediatric population and ddl n. 801 Provisions relating to prevention strategies, optimisation of care and protection of the person in children with diabetes.

Unanimously approved by the Senate on 13 September 2023

# NEXT NATIONAL LEGISLATIVE MEASURES

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## **DDL 287 Sbrollini**

«Provisions for interventions aimed at introducing physical exercise as a means of prevention and therapy within the National Health Service.»

## **PDL 741 Pella**

«Provisions for the prevention and treatment of obesity»

## **PDL 1208 Loizzo**

«Provisions on digital therapies»



fondata nel 1964

**SID**

Società Italiana  
di Diabetologia



1974  
ANNO DI FONDAZIONE

ASSOCIAZIONE  
MEDICI  
DIABETOLOGI

# PARLIAMMENTARY PACT FOR DIABETES

- Boost** and rationalize the assistance to person with diabetes, encouraging the growth of large specialist facilities in dynamic networking with the territory;
- Increase** funds for research on diabetes and metabolic diseases;
- Increase** places for doctors in specialized training in endocrinology and metabolic diseases;
- Protect** the rights of the person with diabetes in working, school and sports activities;
- Promote** awareness campaigns about prevention of obesity and diabetes, education to healthy eating habits and physical activity;
- Ensure** full access to care and treatment in a uniform manner throughout the country; ensuring equal access to the use advanced technologies for the treatment of diabetes, especially in children

# Steering Committee

## Chair



AGOSTINO CONSOLI

## Executive Director & General Manager



FEDERICO SERRA



Stefano Balducci



Stefano Del Prato



Lina delle Monache



Paolo Di Bartolo



Tiziana Frittelli



Antonio Gaudio



Veronica Grembi



Massimo Massi Benedetti



Antonio Nicolucci



Walter Riccardi

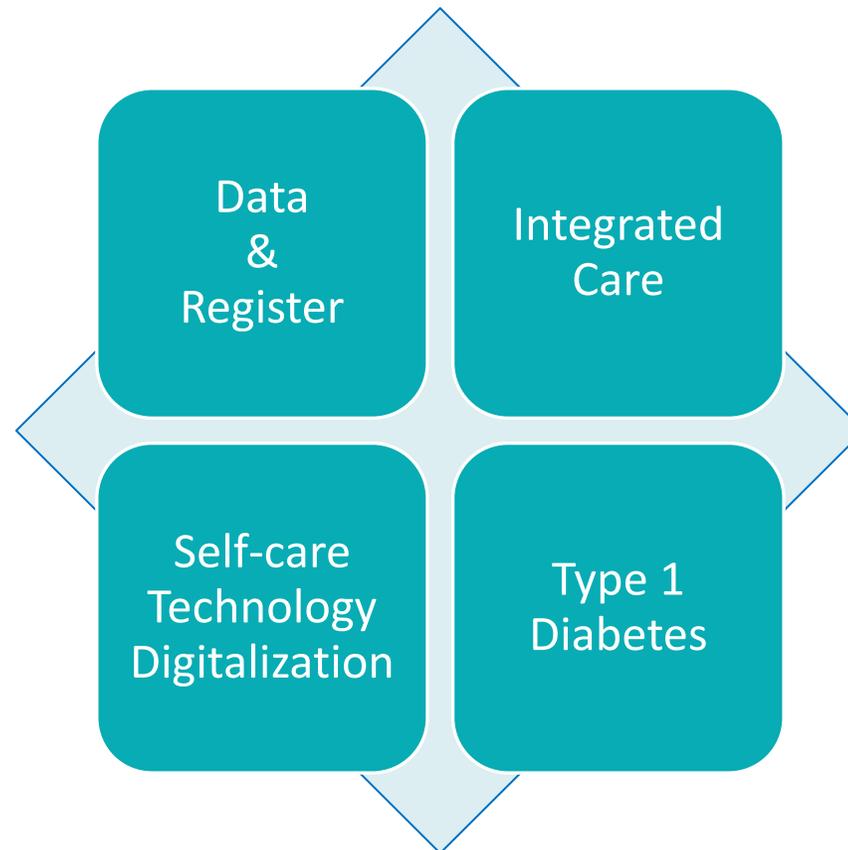


Chiara Spinato



Ketty Vaccaro

EUDF Italia established 4 Strategic Forums with experts to generate policy recommendations and ideas for implementation to allow discussions and engage on concrete projects with stakeholders and national policy makers





**Chair**  
**Antonio Nicolucci**

- Gianluca AIMARETTI
- Roberta CRIALESI
- Valentino CHERUBINI
- Gian Paolo FADINI
- Massimo FEDERICI
- Antonio GAUDIOSO
- Valeria MANICARDI
- Massimo MASSI BENEDETTI
- Gerardo MEDEA
- Pierluigi RUSSO
- Federico SPANDONARO
- Ketty VACCARO

**DATA & REGISTER**



**Chair**  
**Veronica Grembi**

- Stefano BALDUCCI
- Emilio BENINI
- Enzo BONORA
- Michelangelo CAIOFOLA
- Francesco ENRICHES
- Massimo FEDERICI
- Elena FRATTOLIN
- Giacomo GUAITA
- Stefano INGLESE
- Gerardo MEDEA
- Nicola PINELLI
- Basilio PINTAUDI
- Paola PISANTI
- Chiara SPINATO
- Elisabetta TOMMASI
- Sergio VENTURI

**INTEGRATED CARE**



**Chair**  
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- Serena BATTILOMO
- Alfonso BELLIA
- Ludovica BORSOI
- Franco BRUNO
- Lucio CORSARO
- Danila FAVA
- Massimo FEDERICI
- Annalisa GIANCATERINI
- Sebastiano FILETTI
- Francesco GABBRIELLI
- Mauro GRIGIONI
- Edoardo MANNUCCI
- Giuseppe RECCHIA

**SELF-CARE TECHNOLOGY DIGITALIZATION**



**Chair**  
**Francesco Dotta**

- Fabrizio BARBETTI
- Emanuele BOSI
- Riccardo BONFANTI
- Raffaella BUZZETTI
- Francesco CHIARELLI
- Massimo FEDERICI
- Giuliana LA PENNA
- Flavia PRICCI
- Monica PRIORE

**TYPE 1 DIABETES**

# **EUDF ITALIA2023**

**AFFRONTARE IN EUROPA  
LA SFIDA DEL DIABETE**

**Ruolo dei registri, dell'assistenza  
integrata e degli strumenti digitali  
nel migliorare la vita e gli esiti  
clinici delle persone con diabete**

**Media Contributions : 173**

**Readership: 7 millions !!**

**Clicca qui per la  
diretta streaming** 

Settembre

**19**

2023

14.30-18.00

SALA CONFERENZE  
ESPERIENZA EUROPA  
"DAVID SASSOLI"

PIAZZA VENEZIA 6C - ROMA

In collaborazione con:



**Esperienza Europa - David Sassoli**  
Europa Experience - David Sassoli



# Diabetes Cooperation in France

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Jean-François Gautier  
SFD President

October, 4 2023

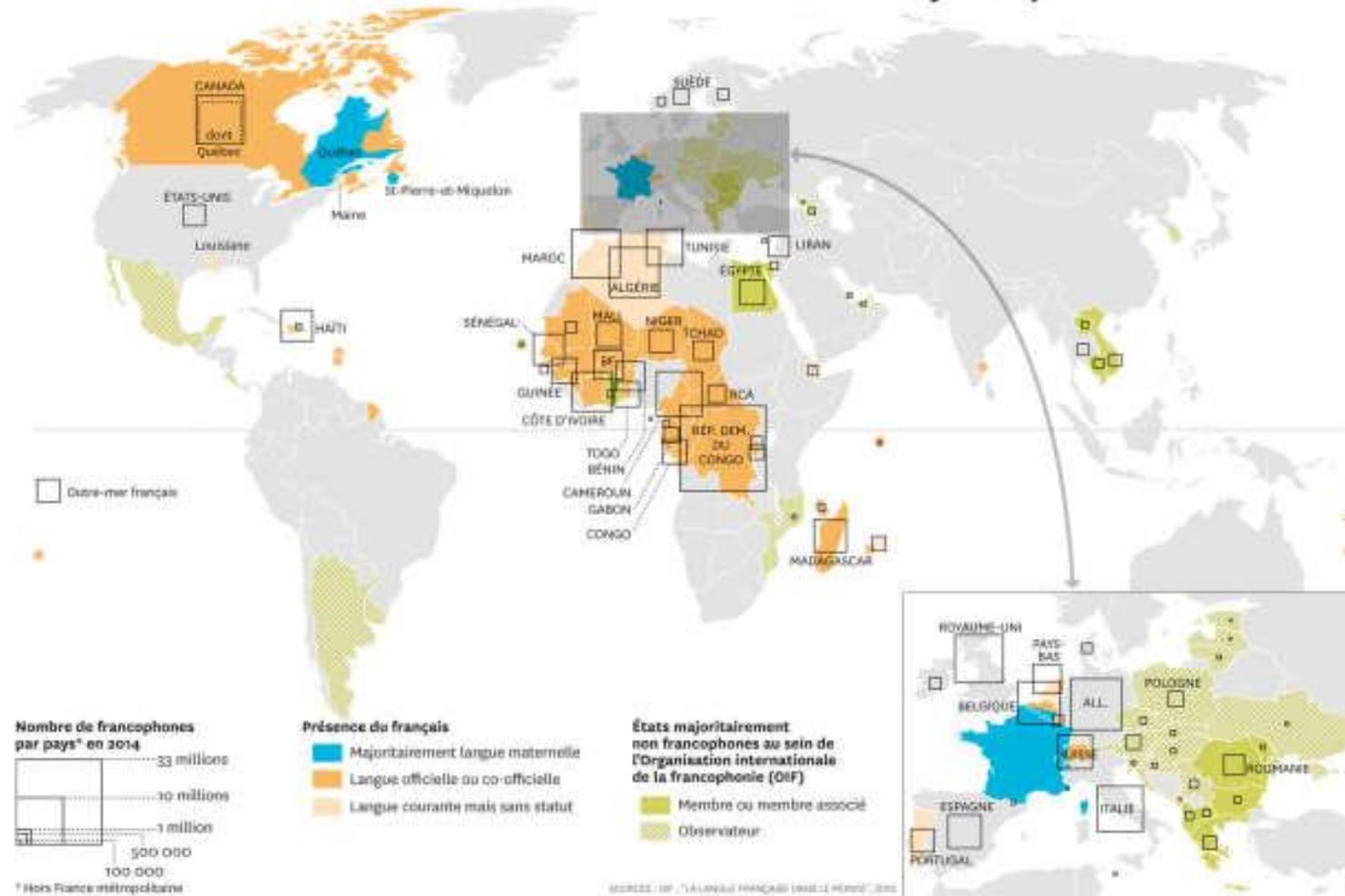


# SFD A FORUM FOR FRENCH SPEAKING COUNTRIES AND STAKEHOLDER IN EUDF

- The Société Francophone du Diabète (SFD) has historically inclusion in its mission, statutes, structure and governance
- The EUDF membership reinforces the European links

# | SFD PRESENT IN THE 5 CONTINENTS

## La francophonie dans le monde



## | EXECUTIVE BOARD

Société  
francophone  
f du diabète

Société  
francophone  
f du diabète  
Paramédical



Fédération Française  
des Diabétiques

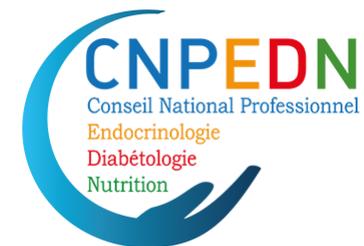


Société  
francophone  
f du diabète

# | BOARD OF DIRECTORS

Société  
francophone  
du  
diabète

Société  
francophone  
du  
diabète  
Paramédical



Société  
francophone  
du  
diabète

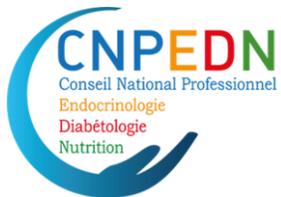
## | OTHER LINKS

- Through its **Foundation**, links are established with **the Private Sector** to run projects as CORONADO and currently SFDT1



- Through its link and role with the CNP, National Professional Council . It is a grouping of all the components of the specialty: Scientific Organizations, Academic Structures, Unions and University Structures

Role in defining the educational needs in the specialty, but **also unique experts and reference for the Health authorities** incl. MOH ,health agencies and National Health insurance , CNAM



## | CHALLENGES FOR PWD AND CLINICIANS IN FRANCE (1)

### Health Care Structure /organization

- **GP** : Relations with specialists  
Training on new technologies
- **Organization of Care** :  
initiation and follow-up of treatment,  
cost under evaluation with an observational study OB2F for new technologies,  
implementation of remote monitoring
- **Data** : no registry ( difficult with French data control CNIL),  
however cohort such as SFDT1 are possible

## | CHALLENGES FOR PWD AND CLINICIANS IN FRANCE (2)

### **Access to Care**

- Access to technology and new treatments
- Access to some specialists

### **Social aspects:**

- Access to jobs
- Driving license

## | PRIORITIES

- Access to European funds for the French centers
- Prevention of type 2 diabetes
- Screening Type 1 & type 2 Diabetes
- Implementation of remote monitoring
- Costs/efficacy analysis analysis with OB2F (close loop study)
- Access to jobs

## | SUCCESS STORIES

- Exchanges among the whole Diabetes Community twice a year during Board of Directors meetings
- Partnership on projects :  
CORONADO  
**SFDT1**  
OB2F
- Remote monitoring, implementation and reimbursement
- SFD-FFD lobbying Health Authorities together

# Follow-up of patients with type 1 diabetes in France

## The prospective SFDT1 cohort study

### Our ambition

- Better understand T1DM and its complications, especially cardiovascular
- Better understand the burden of the disease
- Advance medical knowledge about T1D

Some determinants are known, but we must go further!

- impact of quality of life?
- psychosocial factors?
- environmental factors?
- genetic predisposition?

### Our project

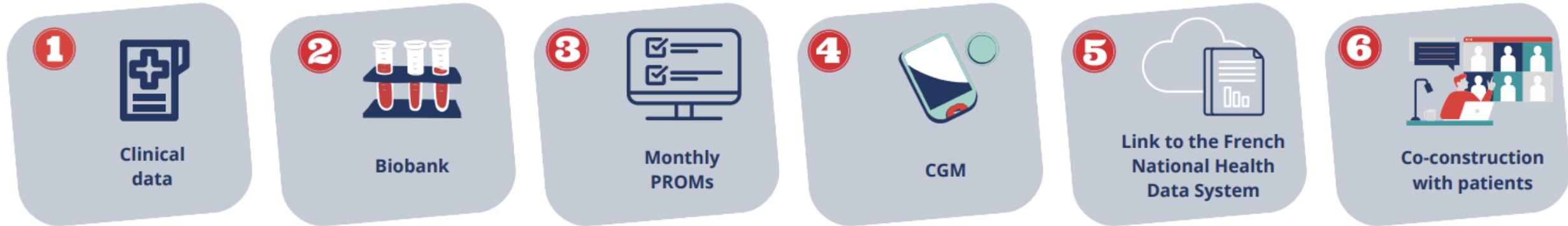
Create a national epidemiological cohort (Metropolitan France and overseas territories)

Build a community of patients and federate around T1D

Putting patients at the heart of their own health

To follow 15,000 participants, including 2,000 children over the long term for up to 30 years

# A unique cohort thanks to the amount and depth of collected data



September 2023

## 2510 participants (and counting!)

48

Recruiting sites

41

Average adult age

171

Children included

67%

average response rate to PROMs

JP. Riveline et al. - Diabetes & Metabolism, 2021



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www.sfdt1.fr



e-cohorte SFDT1



communauté SFDT1

# Case study The Romanian Diabetes Forum

4<sup>th</sup> of October 2023

Presenter

Cornelia Bala, MD, PhD, LL.B

[cbala@umfcluj.ro](mailto:cbala@umfcluj.ro)

# Content

## 01 The Romanian Diabetes Forum

Framework, objectives & key projects

- Zoom in: Diabetes Prevention Law
- Zoom in: Pilot projects

## 02 Connection with The European Diabetes Forum

## 03 Learnings & key take-aways

- Recommendations for developing a National Diabetes Forum



# The Romanian Diabetes Forum

## MEMBERS

- Medical societies (10)
- Patient associations (10)
- Professional colleges of doctors and pharmacists (2)
- Authorities
- ARPIM Diabetes working group (7 companies)

## 3 MAIN DIRECTIONS OF ACTIONS TO FOLLOW



Continue to engage members of the Forum in joint activities



Raise awareness on diabetes



Have an active contribution to policy shaping on prevention regarding diabetes

Romania, among the first European countries to develop a National Diabetes Forum

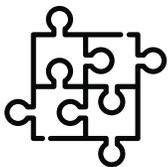
# The framework of The Romanian Diabetes Forum



The collaboration protocol with the Romanian Society of Diabetes, Nutrition and Metabolic Diseases was signed in 2018 and renewed in 2020.



The Romanian Federation of Diabetes, Nutrition and Metabolic Diseases joins our efforts on November 14, 2019 .



A Memorandum of cooperation with 10 patients' associations was signed in 2020.



Technical meetings with members on specific topics



Annual General Assembly meetings



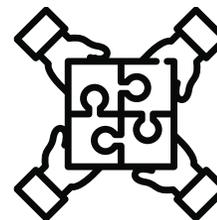
The Romanian Diabetes Forum conferences – public events that reunites representatives of public institutions and other STKs.



# Main objectives of the Romanian Diabetes Forum



Raising awareness  
regarding diabetes

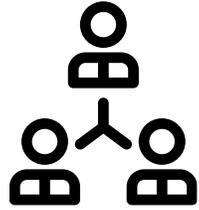


Development of a  
**collaboration**  
framework with all  
interested  
stakeholders



Policy shaping on  
prevention regarding  
diabetes

# Key projects of the Romanian Diabetes Forum



2019

1st collaboration  
framework  
that reunites patient  
associations, medical  
societies & drug  
manufacturers



2020

National awareness  
campaign  
[www.nutejoci.ro](http://www.nutejoci.ro)  
  
1° law at EU level  
regarding prevention &  
early detection of diabetes



2021

One VOICE regarding  
access of people with  
diabetes to health  
services



2022-2023

Screening & evaluation  
projects in in partnership  
with local public  
authorities & pharmacies  
  
Implementation of the  
Diabetes Prevention Law

ZOOM IN

## Diabetes Prevention Law – main highlights

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### 4 policy directions

- Education
- Prevention
- Early diagnosis
- Patient care

## A national legislative framework

Education and information dedicated programs

Healthy and responsible lifestyle

National Registry for patients

Patients with pre-diabetes and diabetes

Medical support

Screening, monitoring, treatment & counselling

# Pilot screening projects for diabetes

in partnership with local public authorities & pharmacies

## What is important to us:

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- To have best-practice cases that can be replicated on a larger scale, in the context of the Prevention Law
- To show that local STKs can and should contribute to prevention healthcare programs
- To identify undiagnosed & people at risk and to expose as many communities as possible to diabetes prevention messages
- To gather data on undiagnosed & people at risk

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# Connection with The European Diabetes Forum

## HIGHLIGHTS

- April 9, 2019 / EUDF participates in the launch of Romanian Diabetes Forum
- September 19, 2019 / Participation of The Romanian Diabetes Forum in EUDF symposium
- 1st semester of 2022/ Close collaboration on engaging institutional STKs regarding EU financing opportunities on diabetes
- September 2022/ Showcasing The Romanian Diabetes Forum in other countries interested in establishing a Diabetes Forum
- November 2022/ EUDF participates to The 3rd Edition of the Romanian Diabetes Forum



FORUMUL  
ROMÂN  
DE DIABET



**Role:** to support European and national stakeholders in driving a policy conversation, take concrete action to improve diabetes care, and provide a central point of contact for diabetes policy in Europe.

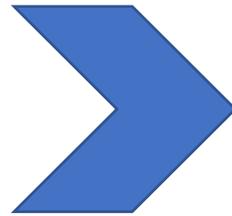


European  
Diabetes Forum

# Learnings & key takeaways

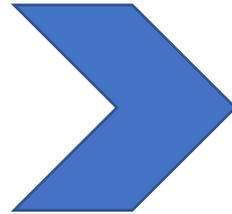
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**ONE STRONG VOICE**  
in diabetes via the Romanian  
Diabetes Forum



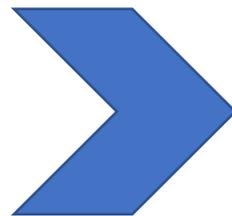
Continue  
on-going engagement  
with all stakeholders

**JOINT OBJECTIVES**  
lead to relevant outcomes



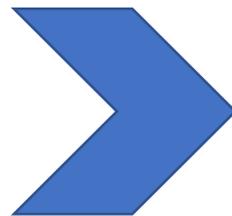
Focus on projects that meet  
patients' needs

**PIONEERING IN PROJECTS:**  
(I) Prevention law on a  
therapeutic area,  
(II) Engaging local authorities

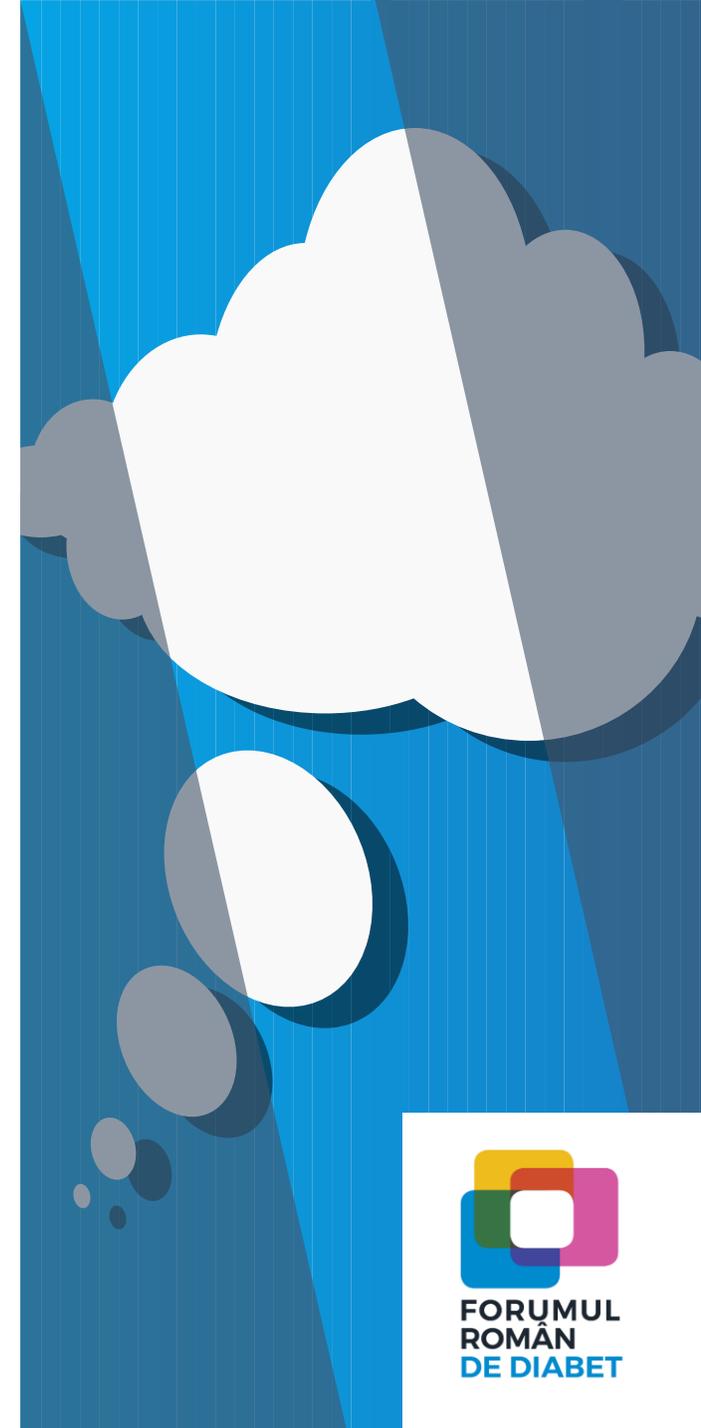


Use the results to showcase  
innovative approaches

**INCREASED AWARENESS**  
contributes to achieving  
objectives



Ongoing communication  
& PR are of significant  
importance



# Recommendations for developing a National Diabetes Forum

- **Set a clear vision & high objectives**  
that can be addressed by all member organizations
- **Pay attention to the framework and the decision making process** every member must understand it's role & contribution and must be involved in the decision making process
- **Maintain coalition vitality**  
By having regular status meetings & updates for members
- **Independent project management**  
public affairs agency contracted for project management, public affairs & public relations consultancy
- **Allocate the necessary financial resources**  
including for: project management & engagement of members, annual conference, consultancy, specific projects & campaigns
- **Engage all members in communication & PR activities**  
The synergy of the messages sent by all the members of the coalition is extremely important.





# BELGIAN DIABETES FORUM

**a new vision of integrated action and collaborative advocacy**

**Prof. Frank Nobels**  
chair BEDF

# Why did we need a BEDF?

## ‘voluntaristic advocacy’ has reached its limits

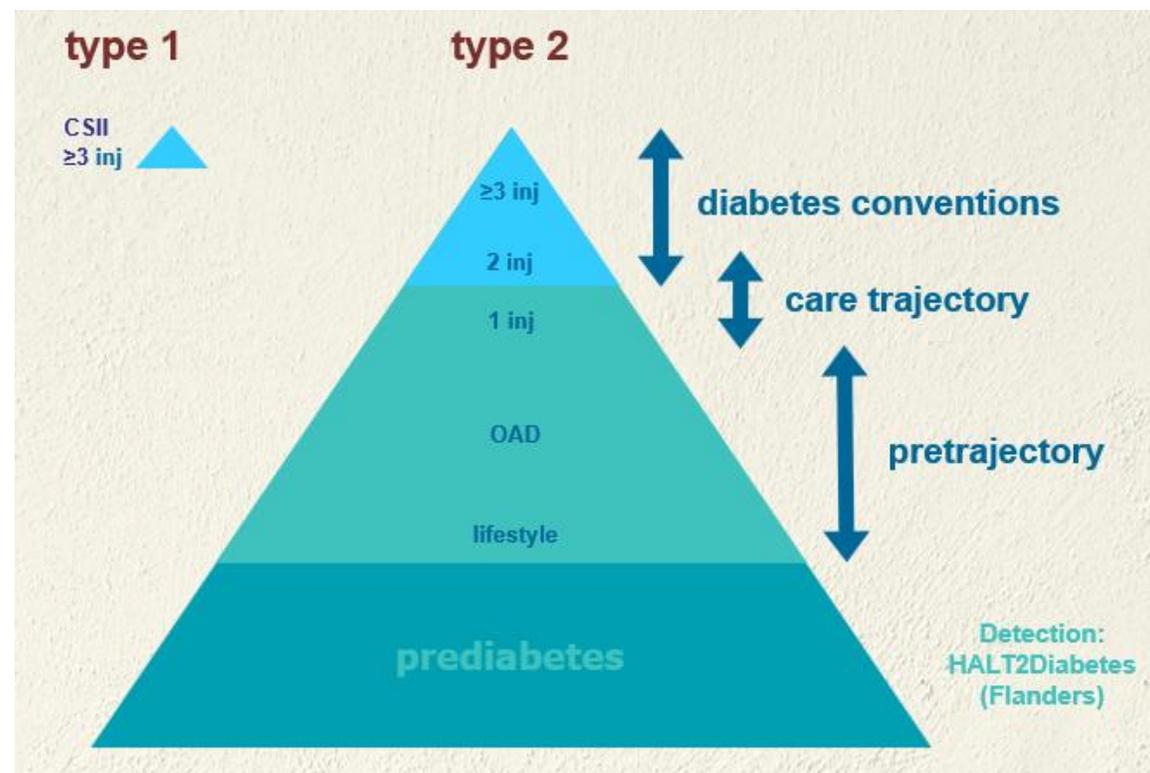
tradition of negotiations by patient associations  
and leading clinicians

achieved a lot, but last years difficult:

- no progress in certain key areas
- government no longer wants to focus on one disease, but wants to look at NCD in general

need for larger scale ‘professional’ advocacy

St Vincent Declaration learned that if Europe  
watches along, you can achieve more !



# Join forces (2019)



- Bring together all stakeholders
- Align on priorities and urgencies
- Speak with aligned voices

**Integrated, realistic view,  
also applicable in other NCD's**

## Funders

AstraZeneca | Bemedtech | Boehringer-Ingelheim | Eli Lilly | MSD | Novo Nordisk | Sanofi



# Mapping out what is going well, what is not

## White Paper



**Extensive field work** by interviewing a significant number of people concerned with the issue of diabetes



**List of recommendations** to help prioritize future policy actions and raise awareness among policy-makers



# 3 achievable priorities for the next years

1

Design an **integrated diabetes data strategy** and ensure its useful and efficient use.



2

**Empower** people with diabetes through **digital technologies**.



3

**Organize care as a true team effort**, in particular by focusing on primary and integrated care.



Fully in line with the priorities of EUDF



# alignment with the Belgian government policy goals

## Government healthcare policy goals

### **NCD**

Optimization of health data  
- through surveys and data linkage,  
- development of a healthcare data authority.

Implementation of the eHealth action plan, its planned update to include a telemedicine cluster.

Greater use of interdisciplinary collaboration, reinforcement of first line care.

## BEDF's priorities

### **diabetes**

Develop an **integrated diabetes data management strategy** and ensure its useful and efficient use.

**Make (more) care accessible to all**, including through the potential of digitalization (eHealth, applications, telemedicine).

**Organize care to make it a true team effort**, in particular by improving the integration of primary care.



# alignment with the Belgian government policy goals

**diabetes = use case for other NCD**

## Government healthcare policy goals

Optimization of health data  
- through surveys and data linkage,  
- development of a healthcare data authority.

Implementation of the eHealth action plan, its planned update to include a telemedicine cluster.

Greater use of interdisciplinary collaboration, reinforcement of first line care.

## BEDF's priorities

Develop an **integrated diabetes data management strategy** and ensure its useful and efficient use.

**Make (more) care accessible to all**, including through the potential of digitalization (eHealth, applications, telemedicine).

**Organize care to make it a true team effort**, in particular by improving the integration of primary care.

# in depth fora

diabetes data strategy

- open discussion with experts and all who are interested
- to endeeppen, refine
- to make concrete
- to connect

empower through technology

integrated care



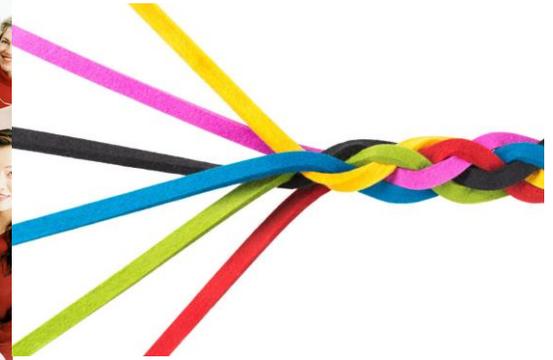
## Principles guiding our action

- Collecting data is not a goal in itself – purpose is to use data actively:
  - for policy-making: regular queries to identify needs, gaps in care
  - for improving the quality of care
  - for clinical use
  - for patient empowerment (e.g. dashboard for patients)
  - for research purposes
- Importance of privacy:
  - consent from the patient
  - safe people that handle the data (and are bound by professional secrecy)
  - safe processes
  - safe places to store the data
- Data should be created automatically - connect databases - get fused data into standardized format
- Technical assistance (setting up and keeping running) and scientific assistance (data interpretation and use)
- Be realistic: Rome was not built in one day
- Be generic: use the experience and enthusiasm of the diabetes field to pave the way for other diseases



# SPEAK: UP'22

**Make your voice  
heard to  
policy makers!**



## PROGRAM

### INSPIRE

**(9h30-10h10)**

Introduction & general presentation  
of the Belgian Diabetes Forum  
Inspiring projects

### INTERACT

**(10h20-11h20)**

Break-out rooms on  
specific topics

**(11h40-13h00)**

Panel discussion with  
policy makers and  
**Hanne Decoutere** as moderator  
Q&A with audience

### CONNECT

**(13h00-...)**

Networking

EXTRA

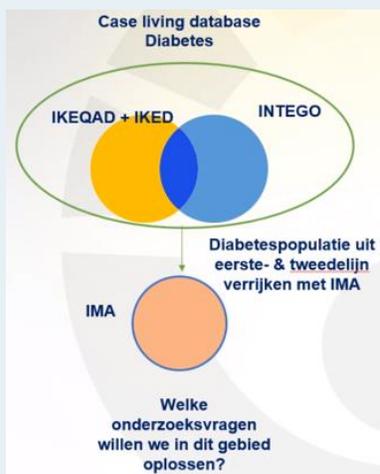
Lunch included

# work in progress and achievements

1

## diabetes data strategy

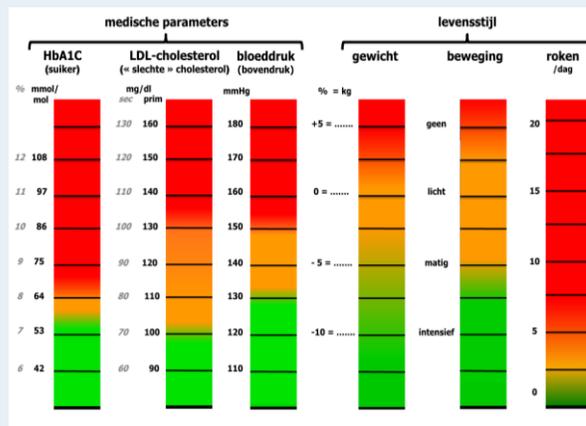
- creation of **Health Data Agency**
- diabetes accepted as use case: **'Diabetes Living Database'** project (pilot for other chronic diseases)
- **diabetes barometer** to identify diabetes in GP health records



2

## empower through technology

- survey of people with diabetes, as preparation for a **personal diabetes dashboard**
- aim: link to the diabetes barometer project

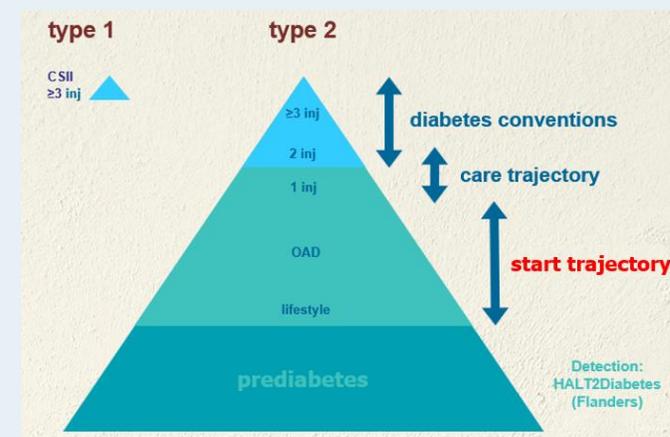


3

## integrated care

### creation of a start-trajectory:

- education (individual or group)
- coordinated by diabetes educator
- involvement of dietician
- involvement of podiatrist (if foot at risk)
- preventive dental care
- supervised by GP (fee)
- pop-up in EMR
- free of charge, with less administration



spin off

legislation  
skilfull helper



# take home key strategies

- involve all stakeholders,  
but give a prominent place to patient associations and clinician leaders
- start positive and thank: look what we allready achieved
- filter out problems on the basis of a broad survey
- allign propositions as much as possible with gouvernement policy goals
- let them feel you are serious (mobilize a large group, well prepared, connected with abroad, endorsed by EUDF)
- let them feel you are ready for using diabetes as pilot for NCD's



BELGIAN  
DIABETES  
FORUM

**Thank you**

Best practice examples:  
Diabetes cooperation in Germany

Prof. Baptist Gallwitz, Berlin  
Deutsche Diabetes Gesellschaft (DDG)

From concept to coalition:  
national responses to the diabetes epidemic

# Agenda

- Associations & who is involved
- What are the main issues ?
- Priorities and main goals
- Success stories

# Diabetes Organisations in Germany

- German Diabetes Association (DDG) 
  - Scientific medical Association with 9300 members (physicians, diabetes educators, psychologists, nutritionists...)
  - Promoting research (grants)
  - Certifies centres for diabetes in outpatient and hospital settings
  - Qualifies HCPs
  - Involved in health care (position statements, direct involvement with regulating institutions in health care)
- diabetesDE 
  - „Patient voice“, Aim: to avoid discrimination
  - Diabetes awareness & independent evidence based information on diabetes
  - Aim: to lower diabetes incidence
  - Aim: improvement of QoL for subjects with diabetes

# DDG: Our mission

## Diabetes

- Promote research
- Support next generation professionals
- Organize diabetes care
- Strengthen „speaking medicine“
- Organize prevention
- Sensitize politics, increase diabetes awareness
- Organize digital transformation

# Diabetes Organisations in Germany



**DZD**  
Deutsches Zentrum  
für Diabetesforschung

- German Center for Diabetes Research (DZD)
  - Translational diabetes research at 5 main centres (Potsdam, Düsseldorf, Dresden, Tübingen, Munich) and partner institutions
  - Mission: to discover and develop innovative, precise strategies for the prevention, early detection and treatment of individuals with prediabetes or diabetes.
  - Goal: improve quality of life and reduce diabetes-related comorbidities, complications and premature mortality.
  - 7 main research fields: Type-1-diabetes, prevention, complications, genetics & epigenetics, non-alcoholic fatty liver disease, brain, beta cells
  - Main funding through public funding, Helmholtz Society

# Professional Associations in diabetes healthcare Germany



- Professional Association of Diabetologists in outpatient setting (BVND)
  - Ensuring high quality medical care for people with diabetes
  - Standards for qualification for physicians in diabetology
  - Security & improvement for outpatient care centres for diabetes care
- Professional Association of Diabetes Educators (VDBD) 
  - Ensuring high quality medical care for people with diabetes
  - Standards for qualification for diabetes educators
  - Strong collaboration with DDG and BVND

## Best Practice Example: Diabetes Prevention



- 2010: The German Diabetes Association (DDG) and ca. 20 other scientific and medical organisations join activities in an alliance for the prevention of NCDs named DANK
- DANK has 4 central petitions for diabetes prevention:
  - One hour of physical activity in kindergraden and school daily
  - Higher taxes (VAT) on adipogenic food and softdrinks
  - Compulsory quality standards for meals in kindergraden and school
  - Ban on advertising of unhealthy food and drinks directed at children

# Main issues

- For patients

- Discrimination (diabetes self inflicted)
- Only few patients organized in patient organisations
- Therefore „lack of lobby“
- Local differences of access to diabetes care
- Separation of outpatient and hospital setting

- For Health Care Professionals

- Separation of outpatient and hospital setting
- Possibility for qualification
- Acute emergency medical care vs. „conservative“ medicine
- Reimbursement of diabetology, especially in hospitals
- Bureaucracy, documentation
- Low grade of digitalisation in health care

# Main goals

- Implementing a national diabetes strategy
- Overcoming the traditional „sectional“ diabetes care in outpatient and hospital sectors
- Implementing a valid diabetes registry (digitalization is a chance!)
- Regarding diabetes prevention: strengthen conditional prevention over behavioural prevention („the easier choice is the healthier choice“)

## Success stories

- Research: The implementation of translational research in the DZD (new discoveries, international prizes, publication)
- Increased and improved collaboration of the associations: more awareness, success in access to health care and treatment (example: access to novel therapies)
- Increased diabetes awareness: novel regulations for people with diabetes regarding occupational discrimination
- Food labelling (voluntary NutriScore-labelling as first step, ban on advertizing unhealthy food and drinks directed at children)

# Thank you !

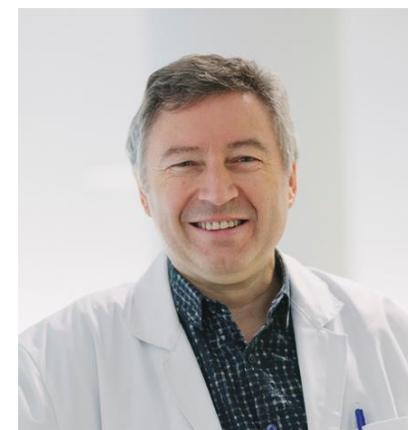
- Still plenty to do !

EASD Annual Meeting – Best Practice Session

October 4 | 14:00–16:00

# From Concept to Coalition:

*national responses to the diabetes epidemic*



## Panel Q&A: Establishing National Cooperation

EASD Annual Meeting – Best Practice Session

October 4 | 14:00–16:00

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# From Concept to Coalition:

*national responses to the diabetes epidemic*

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**Closure** *Chantal Mathieu, President EASD, vice-chair EUDF*



European  
Diabetes Forum

EASD Annual Meeting | Spotlight Session

October 6 | 10:45-11:15

# European Elections 2024:

*the role of EUDF and the diabetes community  
in raising diabetes on the policy agenda*



*Welcome and opening remarks: Raising diabetes on the European policy agenda*  
**Stefano Del Prato**



*What are we asking for? The Diabetes Community Pledge for the European elections*  
**Niti Pall**



*How can you support the diabetes election campaign? The National Advocacy Toolkit*  
**Bart Torbeyns**

Early Detection | Equitable Care | Empowering People | Embracing Science & Technology

# | FOLLOW THE ACTIVITIES OF EUDF AND VISIT THE EUDF BOOTH

Five Priorities  
for Advancing  
Integrated Care



Diabetes  
Registries

*Enabling high quality diabetes care*



The Promise  
of Digital Tools  
in Diabetes

*A roadmap for apps*

