IDF Europe webinar

Delivering Value through INNOVATION in Diabetes Care Delivery

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Opening presentation by IDF Europe Chair Elect, Professor Nebojsa M. Lalic

Priorities of the diabetes community



International Diabetes Federation Europe

The burden of diabetes





Health burden

- Diabetes reduces life expectancy by up to 10 years
- Diabetes is the leading cause of blindness, lower limb amputation and kidney disease
- PwD are two to three times more likely to have CVD



Financial burden

- Diabetes-related health expenditure in the Europe region was €167.5bn in 2021, of which 75% resulted from often-preventable complications
- PwD account for the third largest number of potentially avoidable hospital bed days spent in Europe among chronic diseases



Psychological burden

- Depression is two to three times more common in PwD than the general population
- Diabetes requires lifelong, 24/7, self-management



Tackling the burden of diabetes

PRIMARY PREVENTION OF TYPE 2 DIABETES

SCREENING AND EARLY ACTION

IMPROVED DIABETES MANAGEMENT - SECONDARY PREVENTION

INTEGRATED, PATIENT-CENTRED CARE MODELS AND VALUE-BASED CARE

> REDUCING HEALTH OUTCOMES INEQUALITIES



SCREENING AND EARLY ACTION

IMPROVED DIABETES MANAGEMENT – SECONDARY PREVENTION

INTEGRATED, PATIENT-CENTRED CARE MODELS AND VALUE-BASED CARE

REDUCING HEALTH OUTCOMES INEQUALITIES **T2D** accounts for about **90%** of all diabetes cases in the EU.

36% of PwD in Europe are **undiagnosed**.

Undiagnosed diabetes leads to **costly complications**.

The risk of developing T2D can be lowered and disease progression can be delayed through **early interventions**.





National diabetes prevention plans /observatories



Raise awareness and tackle stigma and discrimination



SCREENING AND EARLY ACTION

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REDUCING HEALTH OUTCOMES INEQUALITIES **Delays** in diagnosis and effective treatment of PwD can lead to **severe complications**.

Screening of at-risk population and **immediate action** can reduce the number of undiagnosed people/lower the risk of complications.





Improve data collection and analysis

Improve targeted screening



SCREENING AND EARLY ACTION

IMPROVED DIABETES MANAGEMENT – SECONDARY PREVENTION

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REDUCING HEALTH OUTCOMES INEQUALITIES Appropriate **glycaemic control** and **management** can prevent/delay diabetes complications.

Diabetes-related complications account for the majority of **diabetes health expenditure**.





Provide adequate access to lifestyle interventions, medicines, technologies and care



Strengthen primary care



Ensure patient empowerment and improve self-management, health and digital literacy



SCREENING AND EARLY ACTION

IMPROVED DIABETES MANAGEMENT – SECONDARY PREVENTION

INTEGRATED, PATIENT-CENTRED CARE MODELS AND VALUE-BASED CARE

REDUCING HEALTH OUTCOMES INEQUALITIES The **complexity** of diabetes and its many **comorbidities** requires patient-centred care models to improve the **patient's experience**, **health outcomes**, **quality of life** and reduce the underuse and overuse of medical services.



Review and re-design of national models of care, ensuring integrated, multi-disciplinary action



Ensure that care is centred around the patient



Implement patient registries and electronic health records & integrate Patient-Reported Outcome Measures (PROMs) and Patient-Reported Experience Measures (PREMs)



SCREENING AND EARLY ACTION

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REDUCING HEALTH OUTCOMES INEQUALITIES Inequalities in access to care, medicines, technologies and education across Europe lead to significant **inequalities in health outcomes** for European citizens.





Implement a holistic and structured frame of action addressing the socio-economic determinants of health



Set up an EU-wide common digitalisation/data framework including transparency in medicines procurement



Use population-level data to ensure care and support for people with the greatest need



Improving the delivery of high-quality care and health outcomes for PwD through INNOVATION

