WP7

Diabetes: a case study on strengthening health care for people with chronic diseases

Quality criteria and indicators for diabetes prevention programs - focus on people at high risk



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Task 1: The aims

 To map good practises for identification of high-risk people and primary prevention of type 2 diabetes

 To demonstrate how successful intervention strategies could be transferred and implemented elsewhere

 To develop cross-national recommendations to improve the identification of high-risk people, early detection of diabetes and preventive interventions.



Guidelines, Practices and Good Practices in CHRODIS-JA

 Guidelines. These are documents containing the essential criteria and elements needed for a practice to be effective and efficient.

- A Practice. The way someone is applying the guideline or best available evidence in a specific situation and context, mediated by available resources, organizations, institutions, or local culture. The guideline provides the practice with roots in science and evidence.
- A Good Practice. It is that is worth disseminating because it is based on best available evidences, is associated with good outcomes and may inspire practices in different contexts.

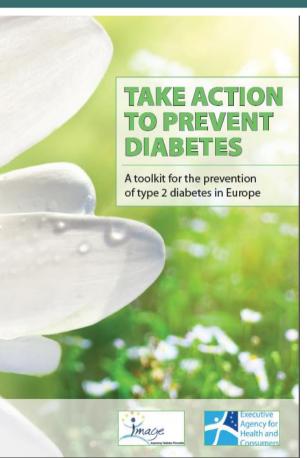


Background for Task 1



Development and Implementation of a European Guideline and Training Standards for Diabetes Prevention





WP7

IMAGE Quality indicators

- The quality indicators are aimed to provide European decision makers, health care providers and health care personnel with the tools to monitor, evaluate and improve the quality of diabetes prevention.
- The quality indicators were developed for different prevention strategies: population-level prevention strategies, screening for high risk and high-risk prevention strategies.
- They constitute the minimum level of quality assurance recommended for diabetes prevention programmes.



Classification of criteria and indicators by operational level*

Macro level:

- National-level decision makers
- Role: To generate the prerequisites for diabetes prevention.

Meso level:

- Operative primary health care level
- Role: Responsibility for activities on diabetes prevention in municipalities, health districts, health care centers, occupational care, private sector, local level nongovernmental organizations.

Micro level:

- Individual-level prevention work
- Role: Actual preventive work in different sectors (public, private and occupational health).

Classification of criteria and indicators: SPO-model*

• Structure indicators:

Material and human resources, organizational structure

Process indicators:

Activities undertaken to implement intervention

Outcome indicators:

Effects of interventions and activities related to prevention

"Good structure → good process → good outcome"



Examples of quality criteria and indicators

	Macro	Meso	Micro
System	Policies and legislation support environment favouring diabetes prevention	Information technology systems supporting the implementation of screening are available at health care provider level.	Structure and content of the interventions have been defined.
Process	National health monitoring systems provide sufficient information for the surveillance of diabetes.	Defined clinical pathways exist for the health care provider to deal with individuals at risk for diabetes.	Individualized targets for interventions have been established.
Outcome	Prevalence/incidence of diabetes in the population.	The percentage of identified high-risk individuals remitted to lifestyle interventions.	Weight change over 1 year.

The quality criteria and indicators...

Provide decision makers, health care providers and health care personnel with the tools to monitor, evaluate and improve the quality of diabetes prevention

Constitute the minimum level of quality assurance recommended for diabetes prevention programmes

Can be used to identify good practices in diabetes prevention



The Joint Action on Chronic Diseases and promoting healthy ageing across the life cycle (JA CHRODIS)*

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