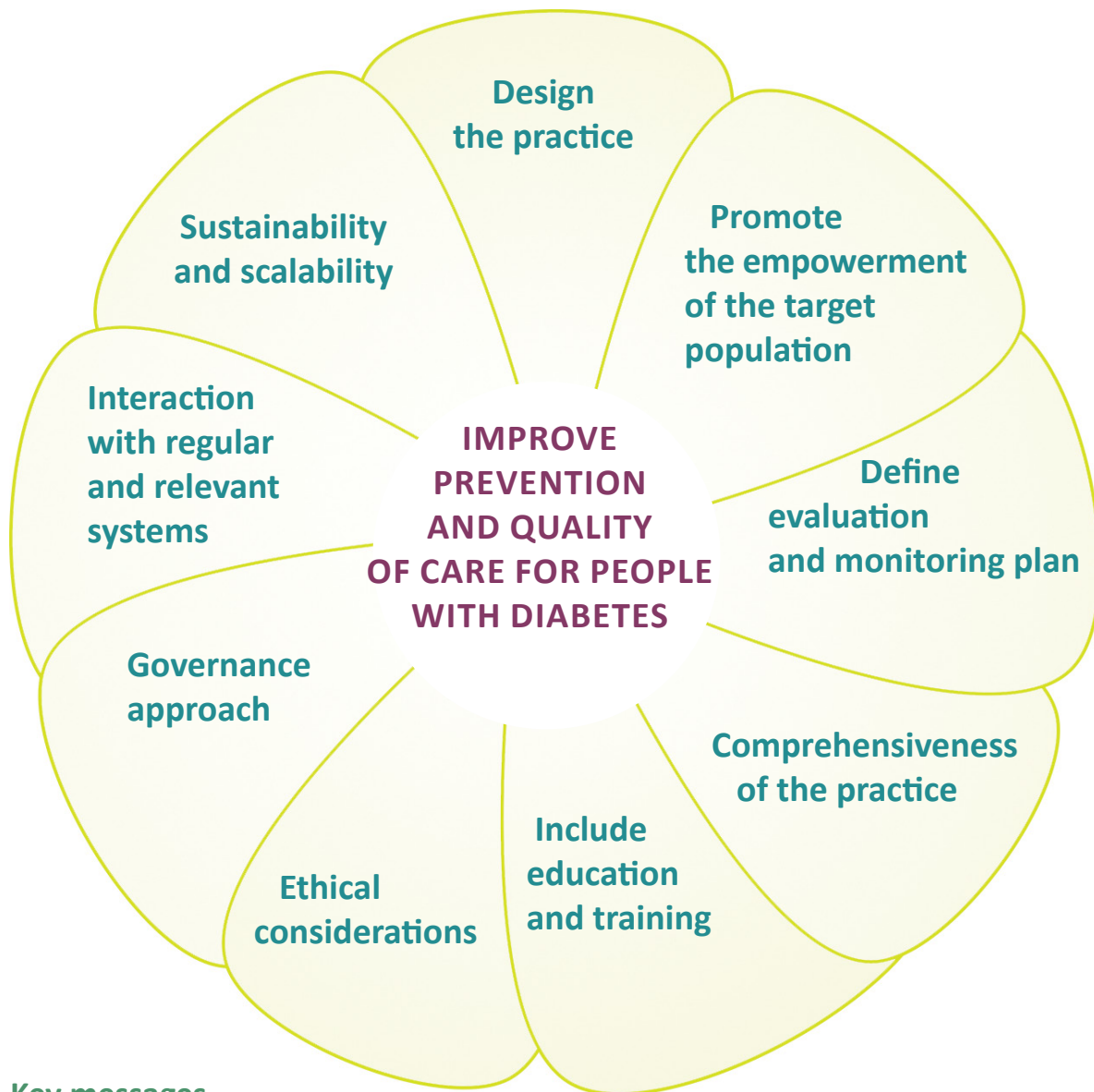


RECOMMENDATIONS

Recommendations were put forth to improve prevention and quality of care for people with diabetes. The process followed a structured methodology (RAND modified Delphi) involving the WP7 community, representative of patients and other experts from a wide number of organisations across Europe and from a variety of professional backgrounds.



Key messages

- The adoption of an agreed core set of quality criteria should help to decrease inequalities in health and to improve diabetes prevention and care within and across European countries.
- Use and implementation of quality criteria and recommendations will contribute to the cultural shift needed to redesign the care systems in order to ensure a seamless care coordinated with and around the needs of people with chronic diseases.
- The recommendations constitute a tool for decision makers, health care providers, patients and health care personnel to support implementation of good practices, and to improve, monitor, and evaluate the quality of diabetes prevention and care.
- The recommendations are general enough to be applied in countries with different political, administrative, social and health care organisation, and could potentially be used in other chronic diseases.

RECOMMENDATIONS

Design the practice

The design should clearly specify aims, objectives and methods, and rely upon, relevant data, theory, context, evidence, and previous practices including pilot studies. The structure, organization and content of the practice is defined, and established together with the target population, that is clearly described (i.e. exclusion and inclusion criteria and the estimated number of participants). Human and material resources should be adequately estimated in relation with committed tasks. Relevant dimensions of equity have to be adequately taken into consideration, and targeted.

Promote the empowerment of the target population

The practice should actively promote the empowerment of the target population by using appropriate mechanisms, such as self-management support, shared decision making, education-information or value clarification, active participation in the planning process and in professional training, and considering all stakeholders needs in terms of enhancing/acquiring the right skills, knowledge and behaviour.

Define an evaluation and monitoring plan

The evaluation outcomes should be linked to action to foster continuous learning and/or improvement and/or to reshape the practice. Evaluation and monitoring outcomes should be shared among relevant stakeholders, and linked to the stated goals and objectives, taking into account social and economic aspects from both the target population, and formal and informal caregiver perspectives.

Comprehensiveness of the practice

The practice should consider relevant evidence on effectiveness, cost-effectiveness, quality, safety, the main contextual indicators, as well as the underlying risks of the target population using validated tools to individual risk assessment.

Include education and training

The practice should include educational elements to promote the empowerment of the target population (e.g. strengthen their health literacy, self-management, stress management...). Relevant professionals and experts are trained to support target population empowerment, and trainers/educators are qualified in terms of knowledge, techniques and approaches.

Ethical considerations

The practice should be implemented equitably (i.e. proportional to needs). The objectives and strategy are transparent to the target population and stakeholders involved. Potential burdens (i.e. psychosocial, affordability, accessibility, etc.) should be addressed to achieve a balance between benefit and burden.

The rights of the target population to be informed, to decide about their care, participation and issues regarding confidentiality should be respected and enhanced.

Governance approach

The practice should include organizational elements, identifying the necessary actions to remove legal, managerial, financial or skill barriers, with the contribution of the target population, carers and professionals that is appropriately planned, supported and resourced. There is a defined strategy to align staff incentives and motivation with the practice objectives. The practice should offer a model of efficient leadership, and should create ownership among the target population and several stakeholders considering multidisciplinary, multi-/inter-sectoral, partnerships and alliances, if appropriate. The best evidence and documentation supporting the practice (guidelines, protocols, etc.) should be easily available for relevant stakeholders (e.g. professionals and target populations), which should support the multidisciplinary approach for practices. The practice should be supported by different information and communication technologies (e.g. medical record system, dedicated software supporting the implementation of screening, social media etc), defining a policy to ensure acceptability of information technologies among users (professionals and target population) to enable their involvement in the process of change.

Interaction with regular and relevant systems

The practice should be integrated or fully interacting with the regular health, care and/or further relevant systems, enabling effective linkages between all relevant decision makers and stakeholders, and enhancing and supporting the target populations ability to effectively interact with the regular, relevant systems.

Sustainability and scalability

The continuation of the practice should be ensured through institutional anchoring and/or ownership by the relevant stakeholders or communities, and supported by those who implemented it.



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