



**CHRODIS+**  
IMPLEMENTING GOOD PRACTICES FOR CHRONIC DISEASES



Co-funded  
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WP7 Workshop

Budapest, May 13th 2019

Use of the JA CHRODIS Quality Criteria and  
recommendations: enablers, barriers and key messages

Experience from *Croatia*

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chrodis.eu

# Pilot CROATIA

# *Problem Description*



*304.408 diabetic persons*

*2300 general practitioners*

*7 diabetes centres*

*not all the patients with diabetes are being treated equally, by the same clinical standards and led through clinical pathways providing similar outcomes*

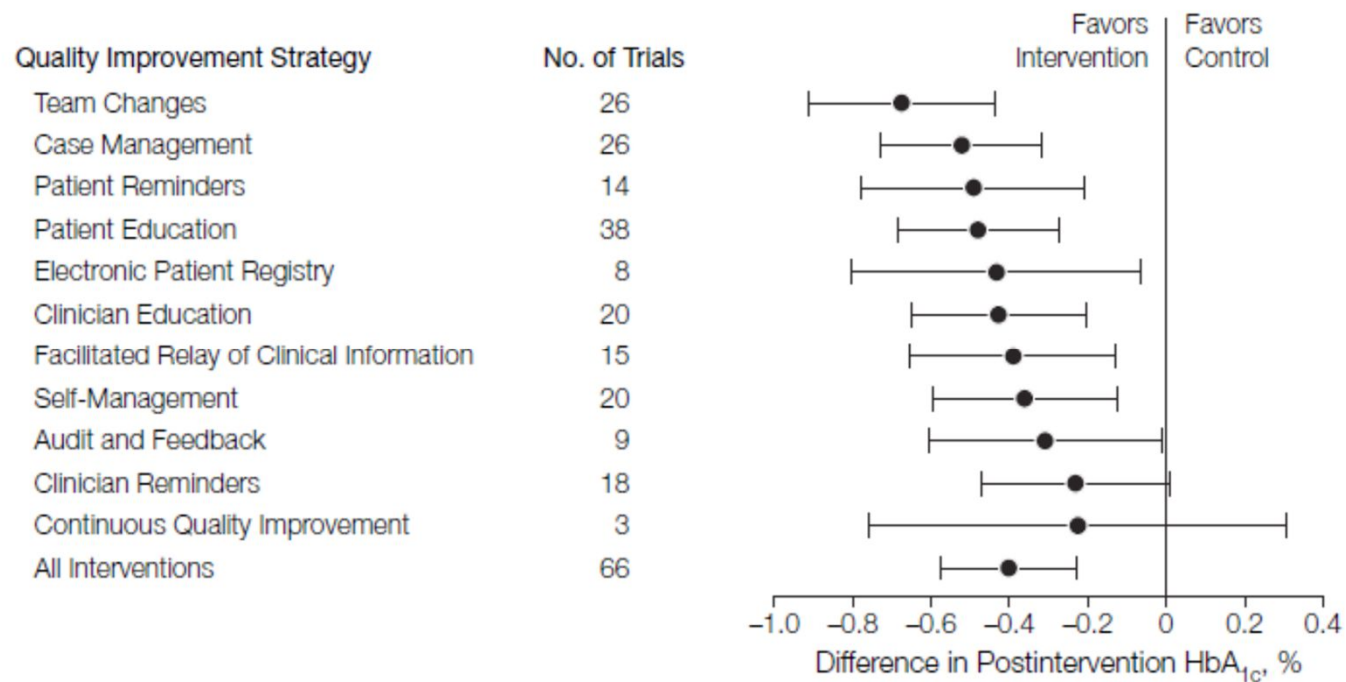


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# Available knowledge

*There is strong evidence that well established electronic patient registries improve quality indicators of diabetes control at population level.*



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# MDS - minimum data

Croatian diabetes registry (CroDiab)

& „c

minimum common data set, b

non-consistent

quality (coverage, reliability, accuracy)

MDS should be collected at least once  
source for diabetes registry.



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Panel: ŠEĆERNA BOLEST

MKB 10  Godina postavljanja dijagnoze bolesti:  Pušenje: DA  NE   
Bivši pušač: DA  NE   
Tjelesna visina:  cm ITM: \*  kg/m<sup>2</sup> 12.06.2014  Konzumiranje alkohola: DA  NE   
Tjelesna masa:  kg Redovita tjelesna aktivnost: DA  NE   
Opseg struka:  cm Pridržavanje dijabetičke dijeta: DA  DJELOMIČNO  NE   
Suradljivost bolesnika: DA  DJELOMIČNO  NE

GLUKEMIJA

Samokontrola: DA  NE  Broj mjerenja GUP/tjedan:  GUP (sr. vrijednost)  mmol/L 12.06.2014   
GUP-nt  mmol/L 12.06.2014  Pregled dijabetologa u proteklih 12 mjeseci: DA  NE   
GUP-pp  mmol/L 12.06.2014  Hospitalizacija u proteklih 12 mjeseci: DA  NE   
HbA1c:  %  mmol/mol 12.06.2014

TERAPIJA:

naziv lijeka	dnevna doza	12.06.2014	<input type="text"/>
naziv lijeka	dnevna doza	12.06.2014	<input type="text"/>
naziv lijeka	dnevna doza	12.06.2014	<input type="text"/>

Broj hipoglikemija / 3 mjeseca:   
Broj teških hipoglikemija / 3 mjeseca:   
Broj noćnih hipoglikemija / 3 mjeseca:   
Broj asimptomatskih hipoglikemija / 3 mjeseca:

ARTERIJSKI TLAK

SISTOLIČKI  mmHg DIJASTOLIČKI  mmHg 12.06.2014

TERAPIJA:

naziv lijeka	dnevna doza	12.06.2014	<input type="text"/>
naziv lijeka	dnevna doza	12.06.2014	<input type="text"/>
naziv lijeka	dnevna doza	12.06.2014	<input type="text"/>

IM u proteklih 12 mjeseci: DA  NE   
CVI u proteklih 12 mjeseci: DA  NE

LIPIDOGRAM

ukupni kolesterol  mmol/L HDL kolesterol  mmol/L 12.06.2014   
trigliceridi  mmol/L LDL kolesterol  mmol/L

TERAPIJA: naziv lijeka  dnevna doza  12.06.2014   
naziv lijeka  dnevna doza  12.06.2014

BUBREŽNA FUNKCIJA

albumin (urin)  mg/L omjer albumin/kreatinin (urin)  12.06.2014   
proteini (urin)  mg/dan  
kreatinin (serum)  μmol/L \*proc. glomerularna filtracija  (ml/min/1.73 m<sup>2</sup>) 12.06.2014

PREGLED OČIJU

Oftalmoskopija: DA  NE  12.06.2014  Nema znakova dijabetičke retinopatije   
Neproliferativna retinopatija   
Proliferativna retinopatija   
Druga bolest oka  MKB 10  Makulopatija

PREGLED STOPALA

12.06.2014  u proteklih 12 mjeseci:

Pregled stopala: DA  NE   
Normalan osjet vibracije: DA  NE   
Normalan osjet monofilamenta: DA  NE   
Arterijske pulzacije prisutne: DA  NE

dijab. polineuropatija:   
Zacijeljeni vrijed   
Akutni vrijed/ gangrena   
Premoštenje/ angioplastika   
Amputacija udova   
dio stopala/stopalo   
potkoljencična  natkoljencična

\*izračun temeljem upisanih podataka

# Background



- comprehensive medical evaluation - **follow-up visit** performed by GP in about **50%** of patients
- **HbA1c** laboratory test results performed within the past year in less than **50%** of patients
- **Referrals** for care management evaluation - **follow-up evaluation** performed by diabetologist/ internal medicine spec. in less than **40%** of patients
- **SMBG** - routine glucose monitoring in about **18%** of patients
- laboratory evaluation to **assess complication risk** in less than **40%** of patients
- **Referrals** for care management evaluation – **complication evaluation** in less than **40%** of patients

Sarić T. Diabetes survey 2018. Analysis of indicators on the quality of care for people with diabetes in Croatia



# Checklist Manifesto or How to Get Things Right

## GROUP 1

5 urban and 5 rural-area teams

## GROUP 2

5 urban and 5 rural-area teams

## GROUP 3

5 urban and 5 rural-area teams

## PILOT DESCRIPTION

*analysis of indicators (HbA1C, lipids, albumin/creatinine ratio, systolic and diastolic blood pressure and fundoscopic examination)*

*-interview  
- education on project and MDS/registry and feedback on their MDS performance*

*-letter with information about project and their monitoring*

*no information*

- to increase the use of diabetes control check-list within diabetes registry*
- identify barriers for full implementation in primary health care settings*
- quantification of availability and quality of diabetes care indicators*
- impact of structured education and performance feedback on indicators quality*

*analysis of indicators (after 6 months)*

*-interview*

*As a part of the intervention on governance, education and training level, LIWG platform will be used to enable influence on the stakeholders' processes and activities. These would include changes in diabetes panel that enable higher (or complete) level of agreement with MDS and improving awareness of GPs and patients on potential benefits from MDS.*



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# EUBIROD



"**EUropean Best Information through Regional Outcomes in Diabetes**" (EUBIROD) - three years public health project in the field of diabetes started on the 1st September 2008, sponsored by the European Union under the Health Information Strand of the Public Health Program (DG-SANCO)

EUBIROD mission was **to implement a sustainable European Diabetes Register through the coordination of existing national/regional frameworks and the systematic use of the BIRO technology.**

Participants were connected through a system that **automatically generates local statistical reports and safely collects aggregate data to produce international reports of diabetes indicators.**

## Barriers

- major - bench marketing is not successfully introduced in Croatia
- minor - over comprehensive reports





# QCR Tool

# Enablers - QCR Tool



1. The quality criteria recommendations are very concise and therefore very useful guide in planning phase
2. Study visit helped us to see QCR tool as not only the tool which is used in the planning phase and final evaluation of the Pilot, but also in intermediate phases as a checklist to keep all the important things in mind



# Barriers - QCR Tool



1. In the evaluation phase wording of the tool may be confusing since it implies the evaluation of already finished project
2. QCR tool implies that the patients are target population



# Key messages - QCR Tool

1. The quality criteria very useful guide in planning phase, and the QCR tool is a useful checklist for intermediate phases
2. In the evaluation phase wording of the tool may be confusing since it implies the evaluation of already finished project



# Key messages



Diabetes registries can serve to interventional purposes and are proven to be efficient in quality improvement through implementation of standardised MDS.

The QCR Tool provides a useful framework for designing practices to improve the quality of care for people with diabetes and other chronic diseases





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## The Joint Action on Implementing good practices for chronic diseases (CHRODIS PLUS)

This presentation arises from the Joint Action CHRODIS PLUS. This Joint Action is addressing chronic diseases through cross-national initiatives identified in JA-CHRODIS to reduce the burden of chronic diseases while assuring health system sustainability and responsiveness, under the framework of the Third Health Programme (2014-2020). Sole responsibility lies with the author and the Consumers, Health, Agriculture and Food Executive Agency is not responsible for any use that may be made of in the information contained therein.



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