

Date last modification of documentation sheet: 20-04-2012

Compared to previous version documentation sheet (30-01-2012) the following issues were adapted:

- New section on relevant policy areas added to the documentation sheet
- Remarks: information on EUBIROD project updated

Compared to previous version documentation sheet (13-01-2012) the following issue was adapted:

- Reference to EUPHIX removed (EUPHIX no longer on line)

<i>ECHIM Indicator name</i>	D) Health interventions: health services 84. Diabetes control
<i>Relevant policy areas</i>	<ul style="list-style-type: none"> - Healthy ageing, ageing population - Health inequalities (including accessibility of care) - Health system performance, Quality of care, Efficiency of care, patient safety - Non-Communicable diseases (NCD), chronic diseases - Preventable health risks
<i>Definition</i>	Proportion of adult diabetics receiving appropriate care, in terms of regular retinal exams.
<i>Key issues and problems</i>	<p>Topic needs further development. The keys issues are:</p> <p>1) The present operationalisation of ‘having an indicator on the quality of diabetes care’ was chosen after OECD experience. We thus have a process indicator. Earlier options like diabetics tested for HbA1c, diabetics with poor glucose control, (major) amputations in diabetics, and stroke or myocardial infarction in diabetic population were not selected by OECD.</p> <p>2) What is the most appropriate data source type? Population based surveys (self-reports of diabetes diagnosis and most recent eye exam) are likely to capture diabetics who might not be regularly seeing a physician. However, there may be recall bias as respondents may not accurately be able to remember their last exam. Surveys at clinical sites or a review of patient records exclude diabetics who do not regularly seek medical care. Not many countries routinely survey diabetics, or include such detailed questions in general population surveys. Obtaining data from patient records can be burdensome. (OECD Health Care Quality Indicators project note)</p> <p>3) There is no regular/sustainable data collection for this indicator topic.</p>
<i>Preferred data type and data source</i>	<p>Preferred data type: Surveys at clinical sites. Review of patient records. Population based surveys.</p> <p>Preferred data source: Not decided yet.</p>
<i>Data availability</i>	<ul style="list-style-type: none"> - Eurostat, WHO-HfA and OECD: No data available. - OECD Health Care Quality Indicators project: data on retinal exams in diabetics available in 7 MSs (FR, DE, IT, LV, SK, SE and UK) only for the years 1999 to 2005. Slightly different age ranges are used. In some countries no data by sex is available. Data sources differ (population surveys, patient records, clinical surveys). The first rounds of data collection have shown that the availability of comparable data on this indicator was very limited. Hence, it has now been excluded from the regular HCQI data collection.
<i>Rationale</i>	Indicator for the quality of diabetes care. Nearly all patients who have type 1 diabetes for about 20 years will have evidence of diabetic retinopathy. Timely treatment and appropriate follow-up care can delay progression and eventual blindness.
<i>Remarks</i>	<ul style="list-style-type: none"> - OECD set Health Care Quality Indicators (HCQI) has an indicator “Retinal exam in diabetics” defined as: proportion of diabetic patients (of all patients with type I or type II diabetes) aged 18-75 who received a dilated eye exam or evaluation of retinal photography by an ophthalmologist or optometrist in a given year out of all patients with diabetes (Type 1 and Type 2) aged 18-75 years. - Among a longer series of process as well as outcome indicators, this one (a process indicator) was selected by OECD as relatively feasible and reliable for international

	<p>comparisons. OECD Health Care Quality Indicators project originally considered four indicators: i) Diabetics tested for HbA1c, ii) Diabetics with poor glucose control, iii) Retinal exams in diabetics and iv) Major amputations in diabetics. Due to an inadequate number of countries that collect the needed data, retinal exams in diabetics was chosen as the recommended indicator.</p> <p>- EU-co-funded project “European Core Indicators in Diabetes” (EUCID) has among the secondary indicators (section "Ophthalmologic complications") an indicator “% with fundus inspection in last 12 months” which is defined as percentage of diabetic population that had their eye fundus inspected in last 12 months. Data around year 2005 is available by age at least for DK, FI, FR, IE, NL, Scotland and England. (Some additional data exists also for Austria, Belgium and Germany.) The project has collected data on many other diabetes-related indicators too.</p> <p>- EU-co-funded project “European Best Information through Regional Outcomes in Diabetes” (EUBIROD) aims to implement a sustainable European Diabetes Register through the coordination of existing national/regional frameworks and the systematic use of the BIRO technology. Since 2008, a total of 26 partners from 21 countries joined the Consortium. Finally, a pilot European Diabetes Report was automatically produced using the "BIRO system" to collect/analyse data for 2010 from nineteen countries (Italy, Austria, Scotland, Norway, Romania, Malta, Cyprus, Sweden, Hungary, Belgium, Ireland, Netherlands, Slovenia, Luxembourg, Poland, Germany, Croatia, Spain, Latvia). Results are quite detailed, including seventy-nine indicators stratified/risk-adjusted by major conditions type of diabetes, age, sex, duration of diabetes). Preliminary results show that almost all registries submitted data on the numbers of patients undergoing an eye exam in 2010. The current usability for ECHI is limited, however, as only for few of the participating countries the data can be considered nationally representative. Nevertheless, the aim of EUBIROD, which effectively was realized, was to deliver a tool that will enable the European Diabetes Register to operate and produce standardized national figures; when the system develops further in the future, usefulness for ECHI is expected to improve.</p>
<i>References</i>	<p>- OECD Health Care Quality Indicators project: http://www.oecd.org/health/hcqi</p> <p>- for OECD Health Care Quality Indicators project data, please see the report: “Health Care Quality Indicators Project 2006 Data Collection Update Report” at http://www.oecd.org/dataoecd/57/22/39447928.pdf</p> <p>- European Core Indicators in Diabetes, EUCID: www.eucid.eu (does not exist anymore?) and http://ec.europa.eu/health/ph_projects/2005/action1/action1_2005_11_en.htm</p> <p>- for EUCID data, please see: “Final report European Core Indicators in Diabetes project” at http://ec.europa.eu/health/ph_projects/2005/action1/docs/action1_2005_frep_11_en.pdf</p> <p>- European Best Information through Regional Outcomes in Diabetes, EUBIROD: http://www.eubirod.eu/</p> <p>- Description of the registers participating in the EUBIROD project can be found at: http://www.eubirod.eu/academy/special_meeting/special_meeting_lectures.html</p> <p>- European Union Health Surveys Information Database, EUHSID: https://hishes.iph.fgov.be/</p>
<i>Work to do</i>	<p>- Needs further development</p> <p>- Monitor OECD, EUCID and follow up EUBIROD with regards to indicator development and data availability/geographical coverage</p> <p>- Monitor also EHES developments with regards to data from health examination surveys.</p>