

What is the best quality of diabetes care? The Global Diabetes Survey needs your participation

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Abstract

Adequate quality of diabetes care and the best concept for the implementation of national diabetes plans remains controversial. In September 2011, the United Nations Summit for Non-Communicable Diseases agreed that national plans for prevention and control of diabetes must be developed, implemented, and monitored. The Global Diabetes Survey (GDS) is a standardised, annual, global questionnaire that will be used to assess responses of representatives from 19 diabetes-related stakeholder groups. It was designed with the goal of generating an annual report on the quality of national diabetes care and to compare findings from different regions and countries. The findings will be freely available and will be used to inform politicians and stakeholders, with the goal of improving the quality of diabetes care. We encourage the public to participate. If you are interested, please go to www.globaldiabetessurvey.com.

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Worldwide, the number of people suffering from diabetes mellitus continues to increase.¹ This poses a growing health, social, and economic burden. This increase is mostly driven by type 2 diabetes (T2DM), which is increasingly diagnosed at younger ages and is leading to a rapidly growing group of elderly adults (65+) with diabetes.² The increasing average life expectancy also adds to the number of older people living with diabetes. Management of this group poses unique challenges, and current data indicate that outcomes remain far from optimal.³ Furthermore, to optimise the quality of diabetes care, more information about

healthcare structures and individualised patient management is needed.

To respond in a coordinated fashion to the burden of diabetes, the quality and structures of diabetes care need to be assessed in a standardised way. This information can be used to develop and implement national diabetes plans (NDPs), addressing that addressing the goals, processes, responsibilities, quality of care, availability, and accessibility of diabetes care.⁴

In September 2011, at the United Nations Summit for Non-Communicable Diseases, the Ministers of Health requested international cooperation and international policy decisions on diabetes. The consensus from this meeting was that national plans for the prevention and control of chronic diseases have to be developed and implemented, and that strategies to monitor the implementation progress need to be established. The recommendation called for standardised and annual monitoring of the quality of diabetes care in the member states. As these recommendations suggest, one of the critical factors to tackle the diabetes epidemic is the implementation of NDPs that incorporate not only diabetes care, but also public health aspects, diabetes prevention, rehabilitation, and care for associated non-communicable conditions. Several countries have developed NDPs with varying success.⁵ Successful NDPs are specific to the country, and successful investment has been built on extensive knowledge of the structure, process, and outcome quality of diabetes care, coupled with consensus between all relevant stakeholders about how to implement the NDP.³

The Global Diabetes Survey

The Global Diabetes Survey (GDS) is designed to provide data on the quality of diabetes care in

different countries worldwide, with the aim of comparing and providing a benchmark for the quality of diabetes care.

Objectives of the GDS

1. To annually assess the quality of national diabetes care in each participating country.
2. To identify gaps and barriers in diabetes management in the participating countries and combine inter- and intra-country comparisons of best practice, with the goal of providing targeted evidence to decision-makers for the planning, management, and organisation of NDPs.
3. To annually analyse the changes of the quality in diabetes care by using follow-up GDS data.

Methodology of the GDS

To achieve these objectives, two conditions must be met:

1. A standardised set of questions that adequately represents the quality of diabetes care in different countries must be developed.
2. These questions must be answered by GDS stakeholders representing all relevant areas and focus groups in diabetes care.

Development of the GDS questionnaire

The quality of diabetes care will be assessed using a standardised questionnaire. Appropriate items for the questionnaire will be identified by reviewing existing diabetes guidelines and NDPs. The relevance of the identified items will be weighed to select the questions to be included. The GDS questionnaire will then be translated into different languages and an appropriate online format will be developed. The GDS questionnaire will be a standardised and structured questionnaire that will assess the structure, process, and outcome quality of diabetes care in the participating countries and that can be answered by all different stakeholders. This questionnaire is currently undergoing a Delphi-like optimisation by the registered GDS volunteers (more than 1200 worldwide).

Participants in the GDS – diabetes stakeholders

To achieve representative data from each country, a sufficient number of representative stakeholders from 19 diabetes-related groups will be invited to participate in the survey. These stakeholders' groups include individuals involved in diabetes care and disease management:

- Patients or patient organisations
- General practitioners
- Diabetes specialists
- Diabetes educators
- Diabetes nurses
- Other diabetes professions
- Scientists and scientific organisations
- Diabetes prevention experts
- Politicians and policy makers
- Health insurance and payer representatives
- Participants from industry
- Pharmacists
- Indirectly affected persons
- Other interest groups.

The ultimate goal is to recruit one person in each group per 250 000 patients with diabetes per country. In countries where it is not possible to invite stakeholder groups, the different groups must be represented.

Participants will register and complete the survey online. Our initial experience indicates that this is possible in developing countries. To date, more than 1200 stakeholders from more than 100 countries have already registered in the GDS at www.globaldiabetessurvey.com.

Completion of the GDS

The GDS will be performed annually in September/October, with the goal of data analysis to be completed by World Diabetes Day on November 14.

Analysis of the GDS data

Data collected from the GDS will be analysed centrally at the University of Dresden, Germany. The analysis will examine similarities and dissimilarities, as well as stakeholders' views on national diabetes management. In addition, the prevalence, incidence, and diabetes-related healthcare budget will be compared between each country and will be depicted on a global map describing the quality of national diabetes care. The map will be used to identify target countries with the largest needs, with the goal of increasing the quality of diabetes care and providing guidance for disease management and support for the development of NDPs.

Communication of the GDS results

The results of the project will be made available in the scientific and lay press on World Diabetes Day (November 14) via international organisations. The goal is to invite other partners to make use of the experiences and results of the project, and to help improve diabetes care in their countries. The results will be condensed in a report that will

provide politicians with evidence to help them to prioritise chronic care management for people with diabetes mellitus.

Discussion

Concerted action and commitment is needed to fulfil the recommendations of the United Nations Declaration on Non-Communicable Diseases.^{6,7} The GDS is the first initiative that will provide benchmarks on the quality of diabetes care worldwide, including standardised information about structures, processes, and quality of diabetes care. The strategic methodology will provide holistic and realistic information about diabetes care in each participating country. The more volunteer stakeholders that participate, the more specific the country-based picture can be. Benchmarking diabetes care between different countries will – especially with the annual follow-up and communication of results – provide strong evidence to politicians on the gaps in diabetes care.

Adequate communication of the GDS results should empower national and regional decision-makers to plan, manage, and organise health systems by giving them an evidence base. The results will strengthen the ability to develop targeted diabetes policy that addresses the need for better diabetes care. This will help to develop NDPs for diabetes care. It will also help national and regional decision-makers to better translate knowledge, empirical data, and operational experience into policies and plans that improve the effectiveness, efficiency, and equitability of health systems and services.

This GDS will clarify the status quo of national diabetes care worldwide for the first time, and it

will allow progress towards the United Nations Declaration on NCD to be followed. The success of the GDS depends on the participation of enough volunteers. So we warmly invited you to participate in it, no matter where you live. Your participation will be particularly valuable if you belong to any of the named stakeholder focus groups. If you would like to participate, please go to www.globaldiabetessurvey.com.

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Author information

Prof Schwarz he has been certified as a specialist in Internal Medicine and has been the Professor for Prevention and Care of Diabetes at the Universitätsklinikum Carl Gustav Carus since 2008. He leads a number of European projects to translate the evidence in diabetes prevention into clinical and public health practice. Prof Schwarz coordinates the German Diabetes Prevention work group and is a member of the scientific advisory board of the Diabetes-Präventions-Forum (DPF) of the International Diabetes Association in the European Union. He has published many national and international papers.

The Global Diabetes Survey team is a team of medical specialists, health care researchers, psychologists, and IT

specialists who feel dedicated to activities to improve the quality of diabetes care worldwide. This includes Doreen Ebermann, Antje Lindner, Gregor Gallein, Ulrike Rothe, Gabriele Müller, Jaqueline Schwarz, Istvan Tibor Nebel, Peter Schwarz, and currently 1889 registered stakeholder volunteers from 127 countries worldwide.