



European
Diabetes Forum

EUDF Symposium
23 September 2020, 14:00 - 16:00
Virtual EASD Annual Meeting 2020

Digital Health: hope for diabetes in an uncertain and changing world?

Introduction EUDF: a new vision of integrated action and collaborative advocacy

Chantal Mathieu

Increased digital diabetes services country best practices & hurdles

Chaired by Chantal Mathieu

- A vision for digitally enabled diabetes care
- Towards the future: diabetes care and digital services
- DiGA Fast Track: Germany's new, structured way to give access to digital healthcare solutions
- ÉTAPES: Experimentation of Telemedecine to Ameliorate the Health Care Paths in France
- Those with diabetes in the pandemic context: The Romanian experience

**Tanja Valentin
Maurizio Guidi
Julia Hagen**

Charles Thivolet

Bogdan Timar

Integration of digital services in chronic disease management during and after COVID

Chaired by David Matthews

- Living with diabetes in times of COVID
- The Impact of the COVID 19 Pandemic on Diabetes Nurses in Europe: A pan European Survey
- The management of COVID in those with T2DM, the elderly, those with complications
- Perspective from the European Parliament to implement digital services
- Discussion what is best practice and how do we promote this?

**Bastian Hauck
Rita Forde**

Xavier Cos

Cristian Busoi

All

Conclusion and launch of Strategic Forum on selfcare, technology and digitalization

Chantal Mathieu

Introduction

What role can digital technologies play in improving the quality of care for people with diabetes? How can European and national decision makers enable better care for people with diabetes through digital health? What are some of the hurdles that stand in the way of exploiting the full potential of digital health solutions? These were a few of the major questions up for discussion at the European Diabetes Forum (EUDF) Symposium, which was held as part of the annual EASD meeting on 23 September, 2020.

As the Chair of the EUDF **Chantal Mathieu** explained, the European Diabetes Forum's dual vision is to help European healthcare systems manage the diabetes epidemic, while achieving the best possible outcomes for people with diabetes.

Digital health is an important part of the solution for both of these mandates. The benefits of digitalisation for diabetes resides both in the promise that it will improve the outcomes and management of care, and also that it will help people with diabetes lead a better quality of life.



Overview of policy recommendations

1. Validate the experience of telemedicine during the COVID-19 pandemic
2. Transform the pilot projects into ordinary care solutions with adequate financial support for HCPs
3. Engage people with diabetes at the forefront of policymaking and service development
4. The European Commission should develop a policy framework promoting outcomes-based healthcare and actively encourage Member States to embrace outcomes-based diabetes care
5. The European Commission, in collaboration with Member States, should promote clear and sustainable funding & reimbursement pathways for innovative treatments and digital health
6. Call to standardize tools with interoperative platforms for glucose data, pens, pumps and additional information (nutrition, activity...) for optimal follow-up
7. Move to fully integrate all databases in order to obtain a fully integrated system for robust patient follow-up and stratification of high-risk patients who need most attention
8. Create more integrated electronic health records and access to data at all times
9. Work to make digital tools, solutions and remote access to electronic health records also available to all health care professionals, including diabetes specialist nurses
10. Engage with the European institutions to consult and partner with the EUDF and members and supporting collaborators to contribute together to better health for people with diabetes

The Role of Digital Solutions: Empowering the people with diabetes

The information revolution has caused a seismic shift in sectors like transport, communications, and travel; it is only logical to expect similar kinds of upheaval to spill over into the healthcare sector as well.

Tanja Valentin, Director External Affairs at MedTech Europe expressed optimism that the transformations wrought by digitalisation would lead to positive changes and better outcomes for people with diabetes. Ms. Valentin presented a paper from the Diabetes Group at Medtech, indicating the experts they interviewed had a high confidence that “digital tools will empower people with diabetes and improve their quality of life,” and these technologies will repivot the focus of care towards a more patient centric standpoint. She recommended going forward to engage people with diabetes at the forefront of policymaking and service development.

Ultimately, the purpose of digital technology in diabetes care is not technology for technology’s sake; rather, the degree it furthers the needs of people with diabetes. As **Maurizio Guidi**, Co-Chair of the EFPIA Diabetes Platform put, diabetes is a very complex disease, and – despite the best efforts of health professionals – largely a self-managed one. To this extent, diabetes is an area especially well positioned to benefit from digital advances which may provide more flexible care arrangements. He specifically recommended that the European Commission should develop a policy framework promoting outcomes-based healthcare and actively encourage Member States to embrace outcomes-based diabetes care.

Indeed, **Dr. Xavier Cos**, Chairman of Primary Care Diabetes Europe, made the point that primary care is too often paternalistic in its approach. We must empower people and give them the tools and capacities to live with a chronic condition like diabetes. In essence, whether it be expediting reimbursement or providing reminders about appointments, digitalisation is about improving the lives of people with diabetes, and reducing the burden of illness in daily life.

As easy as it is to conceive of data in abstract terms, **Bastian Hauck**, a Board Member at IDF Europe and himself a diabetes advocate, brought back the discussion to the human level, talking personally about his own experiences. Telehealth is not just a buzzword. For Mr. Hauck, during COVID-19 the flexibility to access care online, and the ability to draw on patient groups for information and peer groups for mental support, was a crucial lifeline. Even so, digital solutions are a supplement, not a replacement, for regular doctor visits and face-to-face contact. “We want digital, but we also want personal,” as Mr. Hauck explained.

Country comparisons and best practices



Key Learnings

1. Validate the experience of telemedicine during the Covid-19 pandemic and transform the pilots into ordinary care solutions with adequate financial support for HCPs
2. Collaboration and partnership is crucial with public & private partners and authorities
3. Reimbursement is a key mechanism for improving access to and uptake of digital health tools because “everything is guided by reimbursement and access to technologies”

What does the digitalisation of health look like in practice? Experiments at the local and national levels are often the biggest spurs to innovation. Speakers from three countries offered insights into some of the examples, best practices, and lessons learned in the sphere of digital health.

Julia Hagen, Director of Regulatory and Politics of the Health Innovation Hub, an in-house think tank at the Federal Ministry of Health in Germany, spoke of some of the criteria they use to establish digital health applications – or DIGAs as they have been called. The most important qualification is that these DIGAs – in addition to being reliable and safe – show positive care effects, either with respect to medical benefits, or to patient improvement in structures and procedures. It is possible for DIGAs to join the reimbursement framework for a trial period, until which they must prove evidence of positive care effects.

Professor Charles Thivolet, President of the French Diabetes Society, spoke about some of the lessons learned in France’s ETAPES program, a government initiative that experiments with telemedicine and telemonitoring for patients people with chronic diseases. Some of the objectives of the program – and indeed of the idea of telemedicine as a whole - is to reduce the number of recurrent hospitalisations, manage disease control, and improve the quality and efficiency of care as well as the quality of life for patientspeople with diabetes. Despite challenges in reimbursement practices and administrative holdups that have limited the impact and reach of the program, the future nonetheless looks promising. As Dr. Thivolet put it, “It is time to transform experimentations into ordinary care solutions.”

Meanwhile, **Dr. Bogdan Timar** highlighted successful efforts in Romania to develop digital tools to treat patients people with diabetes, which has been given added urgency by the COVID-19 pandemic. The next step is to develop a smartphone app dedicated to telemedicine to make these platforms as user friendly as possible. Dr. Timar stressed that the key element is the strong cooperation and participation of all stakeholders, and using the media to disseminate key messages.

The impact of COVID-19:

As in nearly every area of life, the ongoing effects of COVID-19 loomed over the discussion. The impact of the pandemic is being felt not only on the treatment and health of people with diabetes, but also in the ways the situation has accelerated the move to digital solutions.

That does not mean that every aspect of the transition has gone smoothly. **Dr. Rita Forde**, a FEND Research Fellow, Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care at King's College London, shared data from a recent survey distributed to diabetes nurses about the impact of the pandemic on diabetes care. Nearly half of respondents indicated the provision of diabetes services was severely or extremely disrupted. Many nurses reported difficulties remotely accessing data and utilising video tools for consultations. Perhaps most alarming of all, about half of respondents indicated a significant increase in depression among people with diabetes.

The real question is how societies respond and adapt when the pandemic recedes. After so much progress on the digital front, there is a high risk of reversion. In a way, the second wave of the virus helped forestall any regression by demonstrating that the coronavirus is here to stay. The speakers expressed hopes the digital health solutions that were implemented in the COVID-19 emergency are solidified in place over the long term. As **Dr. Cos** emphasised, "This is an opportunity for how we are delivering care; this is an opportunity to transform."

Future Challenges and Opportunities:

Europe has been falling behind on diabetes. Despite significant scientific progress in diagnosis and treatments, the outcomes for patients people with diabetes remain unacceptably poor overall. Nonetheless, as the discussion at this event showed, digital tools have the potential not just to help fill in the gaps of diabetes care, but to improve the quality of life for people with diabetespatients in ways that eases the burden of living with diabetes.

There are still a lot of challenges to be worked out in the digital spherespace. There is the question of data security and compliance with GDPR. There are shortcomings in communication and barriers to getting the message across to doctors and people with diabetespatients.

Then there is the issue of how to motivate political action and generate movement among policymakers. Fortunately, **MEP Christian Busoi**, the rapporteur of the EU4Health legislation, was on hand to discuss the synergy between the digitalisation agenda in the EU and digital solutions for health. Ensuring continuity of access to healthcare in times of crisis is a crucial question of resilience. As MEP Busoi noted, there are encouraging efforts in the EU currently to take a more active and expansive role in the area of health, which will lead to positive knock over effects in the diabetes landscape.

COVID-19, of course, is radically altering the ways we conceive of digitalisation. Pandemics are a constant throughout human history. While they are hugely disruptive, the foment that they produce can also lead to outpourings of creativity and change. In the wake of COVID-19, the speakers at the EUDF Symposium expressed hopes our diabetes care systems can harness this creativity and change to produce better outcomes and better life experiences for people with diabetes patients. As Chantal Mathieu put it in her closing remarks, people with diabetes patients want, and deserve, a "longer life, a life with less complications, but also a better life". She concluded that the EUDF and all the members and supporting collaborators can be the partners of the European institutions to contribute to a better health for people with diabetes. and better outcomes in diabetes care.