DIABETES TYPE 2
LEADING QUESTIONS FOR INDEPTH INTERVIEWS

GENERAL INSTRUCTIONS:

Background: Now that we have the organigraphs and their descriptions, we wish to go further into detail analysing the health management systems by obtaining more background information not included in the organigraphs. Thus we will be able to compare modules of the health management systems with each other.

Interviews: The information we ask for refers to the actual regional situation (beginning of 2006). However, of course some of the activities/regulations are governed or conducted on the national level and are as such also relevant to the regional level. Please also consider these. Some of the information we ask for might already be mentioned in your Organigraph descriptions. However, because that is not the case for all regions we took these questions up again and kindly ask you to answer them here again.

You might be able to answer some of the questions yourself. The aim is not to undertake qualitative research among representatives of your regions but to get the information in the most objective way.

However, if you cannot answer yourself, please interview someone else – e.g. key contact persons from central institutions of your health management whom you have already named in the "short questionnaire" – and typewrite the answers down in this WORD-document. We ask you to choose the partners for the interviews according to their knowledge/competence regarding the respective module.

You may wish to choose the method of conducting the interview according what is most convenient to you (e.g. conduct an interview and record the interview and type the relevant information in the WORD document or directly type in the answers during the interview; maybe you also wish to send partners the questionnaire and have them typed in the answers without a face to face situation.)

Interview-Partners Information: At the end of the questionnaire, please give the name, affiliation, address, telephone and e-mail address of the persons interviewed.

We kindly ask you to return the filled-in questionnaires by April 15th 2006.

Thank you very much!!!
**Module I: Information and Education of the Public**
(Module Instructions: In this module, the interviewed should be asked about the strategies to motivate and assist people to maintain and improve their health, enabling them to develop the skills and attitudes necessary for health-related problem solving and informed decision-making).

1. Are there any special education campaigns/programmes to prevent diabetes? If not, please continue with the next module.

2. Are there education campaigns/programmes to prevent diabetes risk factors, such as obesity, addiction etc.?

3. Who is the target population of these campaigns/programmes?

4. Who implements the education campaigns/programmes?

5. Who has developed the education campaigns/programmes?

6. What are the main activities of the campaigns/programmes?

7. How do you reach socio-economic subgroups by the campaigns/programmes? What subgroups do you especially wish to reach and why?

**Module II: Detection Examination & Screening**
(Module Instructions: This module consists of information related to physical examination and exams (e.g. FPG\(^1\) and OGTT\(^2\)) carried out to make a diabetes diagnosis. In addition, the interviewed should provide information about the aspects of temporary screening programmes/campaigns).

1. Is diabetes detection examination habitually carried out in your region? If not, please continue with the question 8.

2. Under which circumstances is a diabetes detection examination carried out:
   a. By a doctor visit (even when the visit was made because another reasons);
   b. During a preventive check-up\(^3\); or
   c. Under other circumstances? Please describe briefly:

3. How is this detection examination financed?

4. What are the criteria used by selecting individuals for a detection examination (Age, BMI≥25 kg/m2, etc.)?

5. What are the main components of the examination (detection questionnaires, FPG, OGTT, etc.)?

6. Are there examination intervals? What are the intervals (2-year intervals, 3-year intervals, etc.)?

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\(^1\) FGP = Fasting Plasma Glucose test.

\(^2\) OGTT = Oral Glucose Tolerance Test

\(^3\) “Preventive check-ups” are examinations designed for the early detection of chronic diseases.
7. Are pregnant and/or pregnant overweight women screened for diabetes through a detection examination?

8. Is/are there a specially set up diabetes screening programme(s) in your region? If you do not have any, please continue with the next module.

9. Are screening programmes founded in national or regional legislation?

10. Are screening programmes part of the current political agenda (national and/or regional)?

11. Are there legal regulations for the conduction of the programmes? What are they? Who issues them?

12. What is the target group of the screening programmes (age group, population size, geographical size)?

13. Do you have specific invitation strategies (e.g. invitation systems by direct letter or notification)? What are they? Who is responsible for that? Please explain briefly.

14. What kind of screening is carried out by the programme:
   a. Screening in health institutions (please, detail type of institution/s);
   b. Community screening, outside the health care setting;
   c. Other kind? Please, give details.

15. What organisation(s) is/are responsible for planning or implementation of diabetes screening programmes?

16. Are there clearly defined targets for screening programmes? If yes, what are they?

17. Is there a single organisation or department which co-ordinates the screening programmes at: (a) national level and/or (b) regional level?

18. Are there any special undertakings to improve diabetes screening programme(s) or parts of it (e.g. quality management, evaluations)? If yes, please give brief details.

Module III: Diabetes Surveillance
(Module Instructions: In this module, the interviewed should be asked about the surveillance aspects to identify the data elements that are necessary to evaluate the disease occurrence in the region).

1. Do you have a national and/or regional surveillance system regarding diabetes? If not, please continue with the next module.

2. Which institution is responsible for that at national and/or regional level?

3. Is surveillance mandatory? Is it founded in national or regional legislation?

4. What data are collected?

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4 Surveillance is the systematic collection, analysis, interpretation, and dissemination of health data on an ongoing basis, to gain knowledge of the pattern of disease occurrence and potential in a community, in order to control and prevent disease in the community.
5. How does the surveillance system work? Please explain briefly.
   a. Which organisations/institutes are collecting data at the local, regional and national level and from whom is the data collected at these different levels?
   b. Which data gathering methods are used to collect this data (surveys, sentinels, continuous/ systematic reporting, etc.)?
   c. Are data of privately insured patients included?
   d. Who/ which organisation analyses the data?
   e. Which forms of documentation do you have? Who is responsible for the documentation?
   f. Will the data be published (e.g. in Health Report)? If yes, who publishes the data? Who is/are the addressee/s of the data/reports?

Module IV: Treatment and Care
(Module Instructions: In this module, the interviewed should be asked about the procedures followed after detecting diabetes and the offer of treatments).

1. If someone is diagnosed with diabetes, who is the first contact point? What procedure follows?

2. What tests and therapies are covered by the health insurance/health system?

3. Are annual eye exams promoted and/or reimbursed?

4. Are annual foot exams promoted and/or reimbursed?

5. Are there any special projects relating to improving the quality of and access to treatment and care? If yes, please give brief details including who implements and finances them?

6. How do you assure the quality and provision of diabetics’ medicaments (including insulin)? Who is responsible for that?

7. How do you assure the use of different types of insulin? Who is responsible for that?

8. How do you assure the provision of test strips? Who is responsible for that?

9. Concerning diabetes, do you monitor patient satisfaction regarding care provision? If so, who is responsible for that?

10. Are there strategies/mechanisms to involve patients in their care and treatment?

11. What kinds of strategies/mechanisms are being developed to motivate patients to look for sufficient information to fully understand their health conditions and the intended procedure of treatment?

12. What strategies/mechanisms are being used to improve and strengthen the communication between patients and health professionals?

13. How are patients encouraged to learn and to claim their rights?
14. What kinds of strategies/mechanisms are being developed to encourage patients to take responsibility for managing their illnesses?

15. What kinds of strategies/mechanisms are being developed to increase patient empowerment and coping skills among patients?

16. How do you inform and educate patients about diabetes complications and related preventive measures?

17. Are there any integrated care programmes for diabetes in your region (e.g. disease management programmes)\(^5\)? If not, please continue with next module.


19. Who develops them? Who implements them? Who certifies them (e.g. GPs, nurses, diabetologists, specialists, health institutions)?

20. What patients are allowed to participate in integrated care programmes? What are the enrolment criteria?

21. Do you collect any data relating to these programmes? If so, which data?

22. Who conducts quality assurance of the programmes?

23. Within the integrated care programmes, how are complications associated with diabetes managed (prevented, diagnosed and treated)?

24. How is the patient documentation organised? Is there a shared medical record?

25. Do you monitor patient satisfaction regarding the integrated care programmes?

**Module V: Self-Care & Patient Education**

(Module Instructions: In this module, the interviewed should be asked about the self-care skills needed by diabetics in order to control their diabetes and reduce the risk of complications. Self-care topics include the basics of diabetes, healthy meal plans, carbohydrate counting, exercise, medications, glucose control, glucose testing, preventing complications and coping with chronic illness).

1. Do you have campaigns/programmes to promote self-testing? If yes, please give brief details. Who is responsible for these campaigns/programmes?

2. Do you have campaigns/programmes to promote the glucose self-monitoring? If yes, please give brief details. Who is responsible for these campaigns/programmes?

3. Do you have diabetes education campaigns/programmes to promote the self-care culture (e.g. dietetics, lifestyle, coping)? What are they? Who is responsible for the campaigns/programmes?

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\(^5\) Disease Management Programmes (DMP) aim at coordinated care for patients suffering from chronic diseases. Important cornerstones of these programmes are evidence based guidelines for care, collaboration of care providers at primary, secondary and tertiary levels, promotion of patient self-management and education. The processes and outcomes of care will be measured and evaluated.
Module VI: Self-help Groups
(Module Instructions: In this module, the interviewed should be asked about the possibilities of getting support and orientation from specialized groups offered to diabetics and their families).

1. Are/is there self-help group(s) of diabetics supported by official institutions/programmes? If yes, how are they supported?

2. Is the promotion of self-help diabetics’ groups part of the current political agenda (national and/or regional)?

3. Are/is there health education campaign(s)/programme(s) specially designed for self-help groups?

4. Are self-help groups integrated in policy making and/or counselling bodies of the region? If yes, how?

Expert opinion: Remarks and Intranational Variability
(In this section, the interviewed should be asked about the main regional variations in the health management of a country. In addition, the interviewed could provide supplementary information relevant to the health management evaluation).

1. The health management programmes of different regions within one country might differ substantially if a common national approach does not exist. Regarding the health management of the other regions in your country, are there substantial differences compared to the studied region? If yes, what are these main differences? What are the reasons for such differences? Please explain briefly.

2. In your opinion, is there some information not asked for in this questionnaire that should also be considered for the purpose to assess the health management in the region? Please explain briefly.
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