

BIOG

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Robert J. Heine joined Lilly Diabetes in January of 2008. He was the Vice President Global Medical Affairs for Lilly Diabetes until 2014. His main responsibilities include medical & scientific strategy development, in close collaboration with Lilly Research Lab, and establishing external research collaborations.

Before joining Lilly he was professor of Diabetology in the Department of Endocrinology and director of the Diabetes Centre at the VU University Medical Center in Amsterdam. His main areas of research included diabetes epidemiology, pathophysiology and novel therapies.

Dr Heine has held several key positions within the EASD, including Honorary Treasurer and member of the Executive Committee, and was President of the Organizing Committee for the 2007 Meeting of the EASD, Amsterdam.

Dr Heine has served as Associate Editor of *Diabetic Medicine*, and has been a member of the editorial boards of several diabetes journals. To date, he has (co)authored more than 450 peer-reviewed papers and reviews. His H-Index is 123.

SUMMARY

EUDF Data and Registries Strategic Forum: Using data to raise awareness and initiate action to improve diabetes care

The way things stand, diabetes care in Europe unfortunately doesn't get the attention it deserves. It is sad to see that the devastating impact of diabetes on morbidity, mortality and quality of life remains severely underestimated.

We as major stakeholders must generate data that will raise awareness and initiate action to improve diabetes care.

The Data & Registry Strategic Forum of the EUDF is working on recommendations for the implementation of registries that will inform and drive better outcomes in diabetes care. The members, most of them very experienced researchers and clinicians, contribute with their specific expertise to the

development and writing of the recommendations. The key tasks are to learn from successful registries in Europe, or elsewhere; to identify the key success factors leading to improvement of diabetes care and to write concise and compelling recommendations.

We know that a registry alone is not enough to move the needle.

First, we need the recognition by healthcare decision makers that changes are needed. Second, the authority to initiate the development of a local/regional data registry led and managed by a dedicated team with the mandate to drive change where needed to improve the well-defined and agreed upon outcomes of care. Third, following a successful regional effort, the roll-out of a broader European registry.

One of the key learnings for us, thus far, is that it takes more than just a registry to improve care. It requires a well-organized and dedicated team, embedded in the healthcare system, to build a registry that informs, monitors, and drives quality improvement efforts in diabetes care.

As a diabetes community it's our responsibility to close the gap between the scientific advances that have been made over the years and the quality of delivered care.

The time to act is now.