

### CURRENT PROBLEMS

Steady increase of new cases of DM

Insufficient and not sustainable investments in preventative activities

Suboptimal involvement of primary care team in risk assessment, diagnostic and treatment of at risk for diabetes / diabetic patients

Curative care centered around diabetologists / endocrinologists

Fragmented care pathway for diabetic patients / lack of coordinated care

Insufficient active involvement of DM patients in disease management

High rate of DM complications and DALYs despite availability of several therapies / medical devices

### POSSIBLE CAUSES

"Perpetual" transition of health systems in the region

Subjective prioritization and allocation of resources

Concentration of DM services in big cities / around clinical hospitals

Chronic underfinancing and inefficient spending of health resources

Suboptimal planning capacity

Unclear / unfinished decentralization of health services

Not enough institutional capacity for HTA

Low capacity for monitoring implementation of clinical protocols and care pathways

Lack of up-to-date health management information systems (diabetes registries)

# SOME OF THE CHALLENGES

Increased life expectancy

Multimorbidity

Higher / different expectancies regarding outcomes

Steady increase of costs of technologies

Integration of fast speed innovation in our health systems

Networks of care

Added value of services

Emerging threats



### POTENTIAL SOLUTIONS

Re-design of healthcare systems incl. strengthening of primary care

Health promotion and prevention policies

Patientcentred/integrated care

Expanding availability of medicines/medical devices

#### HEALTH SYSTEM RE-DESIGN

Objectivize and prioritize DM as a major public health problem *(burden of diseases, cost & consequences)* 

Ensure sustainable financing for the entire DM care pathway (adequate and mix types of payments for the entire process of care)

Pay for added value (performance indicators, benchmarking, bonuses for keeping citizens healthy, DM patients without / with less complications)

Invest in health promotion and preventative interventions (health literacy from early years and for the entire life course, risk assessment and behavior change interventions)

Delegate and involve primary care professionals in early detection, diagnostic and management of DM patients (increased involvement of community nurses, allied health professionals and family doctors in management of DM patients)

Keep as much as possible DM patients out of hospitals (expand home-care, self-monitoring, outpatient and day hospital services for DM patients)

Re-organize DM network of care around patients (involvement of navigators, care managers, essential specialists beside diabetologist and ensure interoperability of operation and easy access)

Involve actively DM patient in decision choices, providing feedback, reporting outcomes

PROMOTING
HEALTH,
PREVENTING
DIABETES
MELITUS

- Strong commitment of government for sustainable investment in health promotion & prevention of diseases (e.g. law on prevention and early detection of diabetes-ROM, taxation of unhealthy products)
- Health in all policy approach & intersectoral collaboration
- Healthy start in life (tailored programs for learning health habits for young children)
- Health education thorough life
- Expand the use of health promotion, prevention, self monitoring digital apps
- Redefine the role of primary care team in provision of preventative services at community level



# DM CENTERED / INTEGRATED CARE

- Provision of care pathway for DM patients
- Functional DM network of care
- Interoperability of information for the entire network
- Wide usage of electronic health records / DM registry
- Availability of health specialists / allied health professionals inclusive via telemedicine
- Easy access especially to outpatient / post acute hospital services
- Medicine management and treatment reconcilliation

# INNOVATION AND HEALTH TECHNOLOGIES



Expand the adequate use of HTA to other health technologies beside pharmaceuticals



Take into consideration other important aspects along with clinical benefit and costeffectiveness / budget impact



Expand the use of clinical trials



Promote the collection, analysis and reporting of real-world evidence



Develop and expand shared risk / managed entry agreements for medical devices / pharmaceuticals



Pilot effective interventions that address preponderantly risks to develop DM or DM complications



TODAY IS THE TIME TO FIGHT DM PANDEMIC