Ministero della Salute

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The challenge of diabetes: how do we respond

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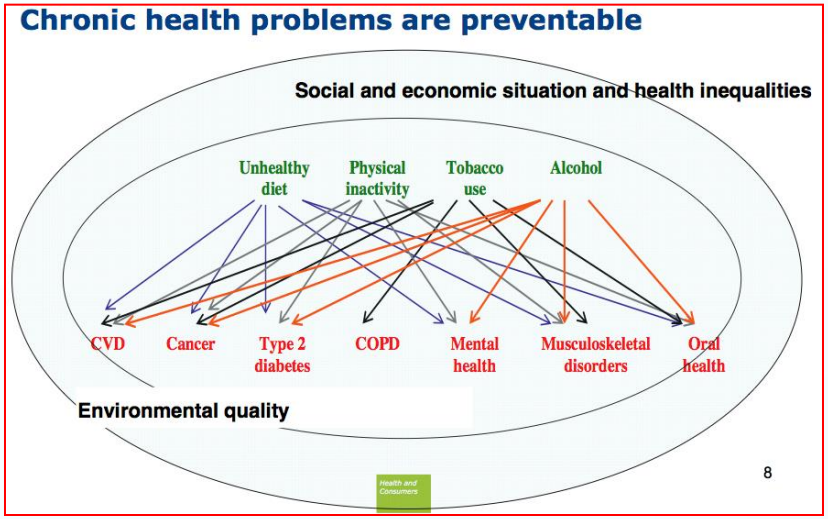
The challenge facing health policy-makers today is how to put in place a response that better meets the needs of people with complex chronic health problems as diabetes.

Many health systems are still largely built around an acute, episodic model of care.

Chronic diseases can be prevented and controlled using available knowledge



Taking care of lessons learnt trough experiences and suggestions by Member States, international organizations,…, and WHO

Diabetes is considered a paradigm of chronic disease, and is often the first focus of many changes in disease management

Diabetes

is a common disease: 382 million people have diabetes in 2013
by 2035 this will rise to 592 million
prevalence in Europe: 2.44-14.85

is a serious disease: diabetes increases the risk for many serious health problems (hypertension, CVD, eye problems, neuropathy, foot complications, nephropathy,…)

its complications can be prevented and controlled using available knowledge

Diabetes can be prevented and controlled using available knowledge

Responding to the challenges of a changing world

On the whole, people are healthier, wealthier and live longer today than 30 years ago, but

the nature of health problems is changing

the burden of chronic diseases increases

individuals present with complex symptoms and multiple illnesses

and the substantial progress in health has been deeply unequal

The World Health Report **2008**

Organization of health-care delivery to improve the quality of care for people with chronic diseases

Putting people first

- Person-centredness
- Comprehensiveness and integration
- Continuity of care
- Regular point of entry into the health system
- Enduring relationship

Four interacting components are considered key to providing high-quality care for people with chronic health problems:

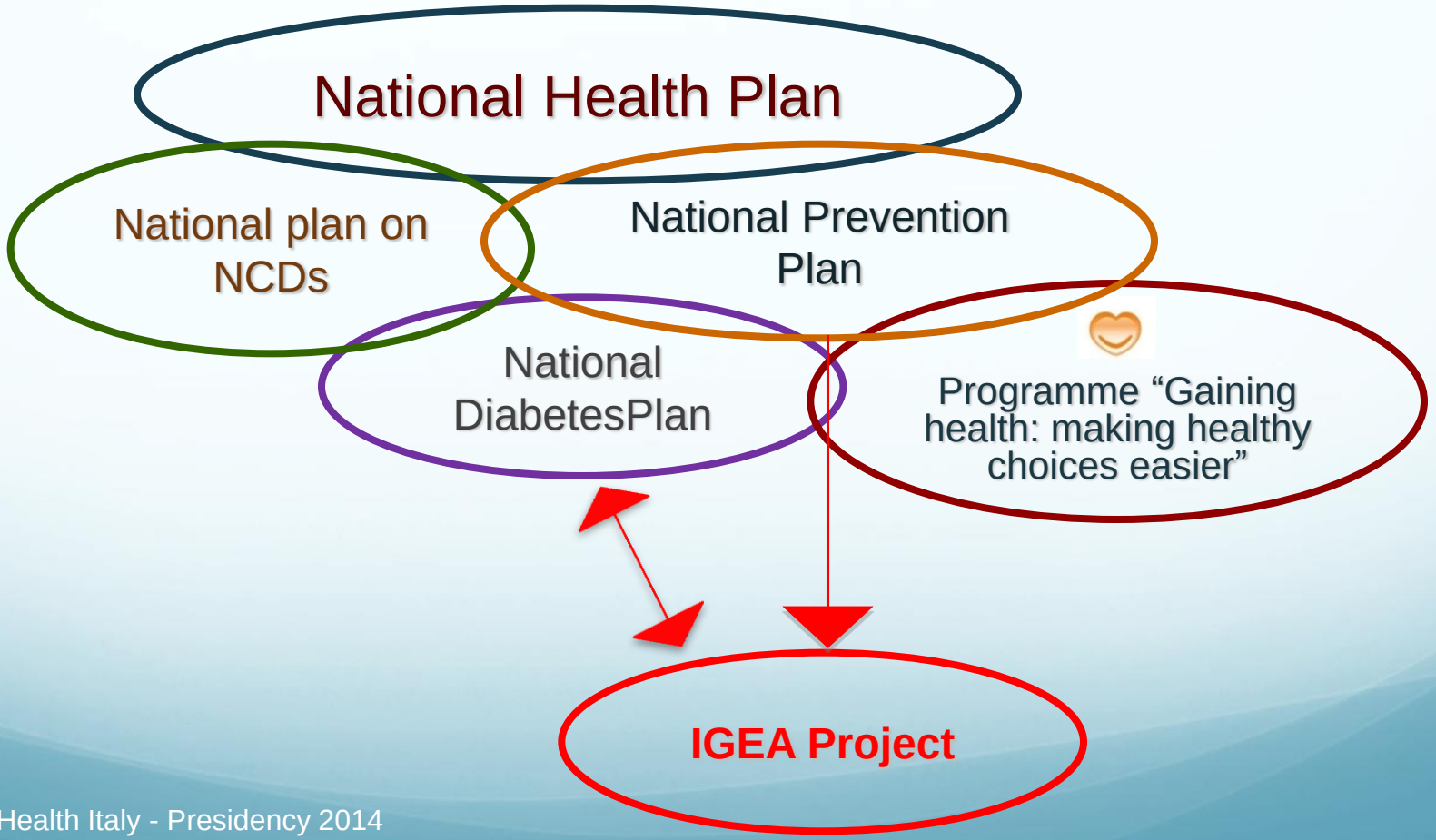
- self-management support
- delivery system design
- decision support
- clinical information system

Some common weaknesses

European Observatory on Health Systems and Policies

- ✓ Care for people with chronic conditions not considered prestigious among health care professionals
- ✓ Fragmentation of care
- ✓ Staff shortages
- ✓ Lack of educational programmes and structures and of community resources
- ✓ GPs' reluctance to be involved in interdisciplinary teams
- ✓ Policy is greatly influenced by electoral cycles

Counteracting NCDs and diabetes the Italian strategy



IGEA Project

National diabetes disease management

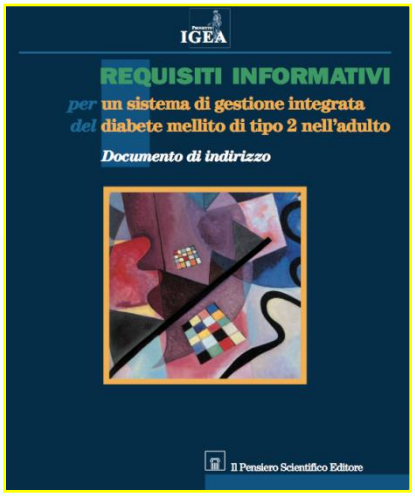
PROGETTO IGEA

The overall objective of IGEA is to improve the quality of care, placing the person at the centre of the organisation of care, through the development of an organizational model that:

- ✓ guarantees effective interventions for all persons with diabetes;
- ✓ implements evidence-based interventions;
- ✓ ensures that both the quality of care and improvements in outcome can be measured;
- ✓ promotes the partnership between primary and secondary care in multidisciplinary health-care teams

IGEA Project

Guideline to improve the quality of care



The information system, and the indicators

Training of professionals

Care pathways

National Diabetes Plan

MoH and Regions will concur to:

- ✓improve the **assistance**
- ✓optimise the **resources**
- ✓reduce the **impact** of the disease
- ✓increase **efficiency and effectiveness** of health services in terms of prevention and assistance
- ✓ensure **equality** in access and decrease social inequalities
- ✓homogenize the **diagnostic-therapeutic process**
- ✓move the system towards the **integrated management** of the disease

How do health systems respond to the challenge of diabetes?

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CHRODIS — Joint Action on chronic diseases

ADDRESSING CHRONIC DISEASES & HEALTHY AGEING ACROSS THE LIFE CYCLE

to promote and facilitate a process of exchange and transfer of good practices between European countries, addressing chronic conditions, with a specific focus on

- ✓ health promotion and prevention of chronic conditions -WP Leader T. Kunkel, DE
- ✓ multi-morbidity - WP Leader G. Onder, Italy
- ✓ **Diabetes -** WP Leader M. Maggini, ISS, Italy

WP7 – Diabetes: a case study on strengthening health care for people with chronic diseases

Objectives

- ✓ To improve coordination and cooperation of Member States
- ✓ To focus on aspects of primary prevention, identification of people at high risk, early diagnosis, secondary prevention, and comprehensive multifactorial care, with attention to equity, and how social determinants may affect people's access to care
- ✓ To explore the significance of health literacy and patient empowerment
- ✓ To support the development and implementation of Member States' National diabetes plans

Integrated care is one of those concepts that's hard to argue against.

Who among us would not want hospital staff to work closely with primary, community, and social care services?

If, by integrated care, we mean seamless, high quality care, it's obviously desirable.

So why is it so hard to achieve? And why do we struggle to deliver it?

Sceptical, suspicious, unwilling, and obstructive clinical colleagues seem to have been the main opposition.

Integrated care is what we all want

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Thank you for your attention