

SWOT Analysis

Diabetes Strategy in the National
Health System, Spain



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Participants

- Former coordinator of the Diabetes Strategy at the Ministry of Health
- Nurse involved in a health promotion – health education program
- Primary care physician/researcher in the area of diabetes prevention programs
- Public health officers from the Department of Primary Care, Planning and Evaluation of a Regional MoH
- Head of the Department of Programs and Healthcare Services of a Regional MoH
- Representative of a pharmaceutical company working in the field of diabetes treatment

Programs

- Diabetes Strategy in the National Health System. Updated 2012 (Estrategia en Diabetes del Sistema Nacional de Salud. Actualización 2012)
- DE-PLAN-CAT: Diabetes in Europe – Prevention using Lifestyle, Physical Activity and Nutritional Intervention – Catalonia
- Patient Competent in Diabetes (Paciente Competente en Diabetes) and Retinography Training: Technique and Interpretation/Fogar dixital - Galician Health Service
- Active Patient Program – Basque Public Health System

Strengths

National perspective

- **Standardization** of the contents and priorities in diabetic care
- **Greater cohesion** → **equality** → **homogenization of the quality**
- **Regional diabetes plans**
- **MoH: Authority** to summon all the constituents. **Facilitator** and **mediator**
- **Evidence-based / consensus**
- Global vision of the situation across Spain → **exchange of good practices**
- Coordination (other chronic disease strategies, activities of the other ministries)

Regional perspective

- **Integrated care**
- Communication technologies, shared EMR. **Training opportunities**
- **Proactive:** prevention, healthy lifestyles promotion, early detection, prevention of chronic complications
- Patient education programs → **patient empowerment.**
- **Possibility to measure** patient outcomes, quality, effectiveness and cost of the interventions

Weaknesses

National perspective

- The structure of the **Spanish National Health System** hinders the coordination
- The MoH does not have access to data from the Autonomous Communities for comparison and assessment of the progress made
- Changes in the health authorities' priorities may relegate the application of the Strategy
- **Budgetary limitations**

Regional perspective

- Project growth → ↑ staff requirements (funding, workload), ↓ efficiency.
- **Demotivation**
- **Patient compliance/adherence.**
- The Strategy is a basic framework, but the **treatment needs to be individualized, customized**
- Fragmented care

Opportunities

- Strengthening the **leadership**
- “Forum”
- **Coordination** on all levels
- Tools for the **evaluation**
- **Increasing awareness** about diabetes on different levels
- **Redefining** collaborations and traditional roles

Threats

- **Economic crisis.** The resources destined more towards the treatment than prevention. Demotivation by the socio-economic context.
- The **political priorities** shift too fast. Lack of continuity in the actions started. Overwhelming **confluence of numerous health priorities** at the same time.
- **Diffusion of the Strategy** among healthcare professionals. Fear that the Strategy implies a greater control over their work and may be resistant to change.
- Growing prevalence of diabetes and pre-diabetes. The **Spanish lifestyle.** No specific laws promoting healthy lifestyles and no culture of disease prevention in the society.
- **Social inequalities**
- Diabetes management is changing
- Gaps in our knowledge of diabetes

Successful strategies

- **DE-PLAN-CAT:** overall reduction of diabetes incidence by 36.5% in a 4-year follow-up. 3,243 €/QALY
- **E-services (Galicia):** 12% reduction in outpatient clinics attendance, decreased average response time, 78% consultations without transfer to a hospital. Estimated 373,560 €/year and hospital department saved. Satisfaction level above 90% (patients and HCWs)
- **Active Patient Program:** improves blood pressure control and food habits. Does not improve the glycemetic control of diabetes.

Lessons learnt

- Cost-effectiveness of prevention programs vs delaying the onset of the disease (individual AND society)
- Success depends on the motivation of the professionals (health administration merely provides means and resources)
- Work with all the risk factors at once. Peer education provides extra value to the patients; they feel accompanied in their disease. Truly patient-centered care. Increase empathy and be aware of the real needs of the patients.
- 98% of the daily decisions in relation to treatment are made by the patients at home
- Interventions must be coordinated and integrated across all levels of healthcare



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