



CHRODIS+
IMPLEMENTING GOOD PRACTICES FOR CHRONIC DISEASES



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Use of the JA CHRODIS Quality Criteria and
recommendations: enablers, barriers and key messages

Experience from *Serbia*

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Pilot Site Overview

Pilot Site	<i>Faculty of Medicine University of Belgrade, Republic of Serbia General purpose of the Pilot action is improvement of prevention and high quality care of NCDs using diabetes as a model</i>
Target Population	<i>Population aged 45 years or more at risk for diabetes and CVD and adult diabetes patients.</i>
Other stakeholders involved	<i>Ministry of Health Republic of Serbia, Faculty of Medicine University of Belgrade, Clinic for Endocrinology, Diabetes and Metabolic Diseases, Clinical Center of Serbia Faculty of Medicine University of Belgrade, Institute of Social Medicine, Institute of Public Health of Serbia “Dr Milan Jovanovic Batut” , Primary Health Care Centers, Patient Association</i>



Attractive title of your pilot action

Improvement and sustainability of diabetes care in each municipality



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One key sentence that explains, that what you do is important

- Based on the data regarding growing incidence of type 2 diabetes, there is a need for improvement and promotion of quality of diabetes care at primary health care level.



Enablers

1. *Existence of National guidelines for diabetes care*
2. *Existence of National programme for prevention and early detection of type 2 diabetes*
3. *Well defined practice design*
4. *Clear description of target population*
5. *Defined indicators for evaluation quality of diabetes care*
6. *Definition of necessary amendments and supplements in the diabetes care legislation*

Barriers

- 1. Absence of coordination center for improvement of diabetes care on national level, definition and management the priority activities and costs analysis of diabetes care (capitation);*
- 2. Lack of use toolkit for prevention of type 2 diabetes for healthcare professionals with algorithm for preventive intervention, continuous evaluation of preventive intervention and translation the results of the intervention into the real life;*
- 3. Lack of Manual for health workers in DCU, with defined roles, referral system and communication between services;*
- 4. Legal restrictions for renewal of DCU state wide;*
- 5. Lack of continuous, equally distributed specific training and education of primary healthcare professionals (GPs, nurses etc.) involved in diabetes care;*
- 6. Absence of data for evaluation the quality of diabetes care, including preventive measures and lack of human resources and financial support.*



Key messages



- **Target population empowerment:** regular education for HCP at the National Diabetes Centre
- **Interaction with regular and relevant systems:** Republic Institute of Public Health and the professionals from the Medical Faculty and the Ministry of Health.
- **Sustainability:** all levels of health care system are included in the action



„Personalised“ conclusion or message

• Diabetes care at primary level needs to be improved

- ❖ Due to high prevalence of diabetes, there is a need for increase of availability in quality of diabetes care
- ❖ Due to high prevalence of late complications there is a need for systematic approach and preventive programs

• Regular education of HCP enables establishment of sustainable diabetes care



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The Joint Action on Implementing good practices for chronic diseases (CHRODIS PLUS)

This presentation arises from the Joint Action CHRODIS PLUS. This Joint Action is addressing chronic diseases through cross-national initiatives identified in JA-CHRODIS to reduce the burden of chronic diseases while assuring health system sustainability and responsiveness, under the framework of the Third Health Programme (2014-2020). Sole responsibility lies with the author and the Consumers, Health, Agriculture and Food Executive Agency is not responsible for any use that may be made of in the information contained therein.



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