

Improvement and sustainability of diabetes care in each Serbian municipalities

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Abstract

Problem description

Data from National Health Survey show that 8.1% of Serbian population has diabetes.

One third of them has one or more late complications at the time of diagnosis.

In 2005, Diabetes care units (DCU) in Primary Health care centers (PHC) were cancelled.

Available knowledge

Lifestyle modification are effective in prevention of type 2 diabetes (T2D).

Managing chronic diseases requires improvement of health care service.

Rationale

Based on the data regarding growing incidence of T2D, there is a need for improvement and promotion of quality of diabetes care at PHC level.

Specific aims

- Implementation of stepwise screening procedure and preventive intervention in high-risk individuals for T2D at PHCC in each DCU.
- Additional diabetes care for people with T2D provided by DCU.
- Training and education of physicians working in DCUs

Key performance indicators

For each improvement area 3-5 key performance indicators were defined.



Enablers

Stakeholders support

- Ministry of Health Republic of Serbia
- Faculty of Medicine, University of Belgrade
- Clinic for Endocrinology, Clinical center of Serbia
- PHCC
- Republic Institute of Public Health
- Patient Association

Barriers

Human resources
Financial resources
Legislative barriers

Key messages

Diabetes care at primary level needs to be improved

Due to high prevalence of diabetes, there is a need for increase in quality of diabetes care.

Due to high prevalence of late complications there is a need for systematic approach and preventive programme.

Regular education of HCP enables establishment of sustainable diabetes care.

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