



**CHRODIS+**  
IMPLEMENTING GOOD PRACTICES FOR CHRONIC DISEASES



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## Planning the uptake of mHealth tools: enablers, barriers and key messages

### Experience from Bulgaria

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# Why did you start



## Problem description:

- Prevalence of diabetes - 8.3%; Mortality rate - 21.8 per 100 000
- About 75% of diagnosed diabetics have poor metabolic control, leading to complications
- No national diabetes plan
- Difficulties related to lack of specialists in small towns and lack of prevention resources -> untimely treatment plans and for further diabetic complications, which further contribute to budgetary burdens and expensive therapies both for the national health system and the diabetic patients alone.

## Available knowledge:

- Diabetes-related activities within the National Programme for Prevention of Noncommunicable Diseases 2014-2020
- Development of a registry of patients with diabetes
- Every individual can succeed in achieving good control over diabetes - requires a daily commitment, and perseverance to avoid severe complications and even premature death



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# Why did you start



## Rationale

- People with diabetes must be supported to self-manage their condition on a daily basis and adhere to the appropriate treatment
- TrackYourDiabetes application intends to improve control of the disease and distant diabetic complications by supporting people in daily practice
- Specific objectives:
  - to examine to what extent the TrackYourDiabetes mobile app, contributes in making the patients obtain more control over their condition in their daily life;
  - To investigate to what extent the personalized feedback offered by the health specialist contributes in making the patients obtain more control;
  - To investigate to what extent the health education module offered by the mobile app contributes in making the patients obtain more control;
  - To examine to what extent the health specialists are satisfied with the "performance" of their patients



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# Enablers



- Introduction of eHealth technology in the country with the collaboration between NCPHA (structure of MoH) and the Bulgarian Association Diabetes (the only national representative association of people with diabetes):
  - Information and collaboration infrastructure
  - Possibility for scalability and sustainability
- Information & Communication Technologies (ICTs)
  - Expert group discussions within the new ordinance for medical expertise (“The MH and the NHIF have to ensure the availability of modern technologies for treatment and self-control of diabetes, which will provide diabetes patients the opportunity to maintain good blood glucose control, to prevent development of complications, and as a consequence, to save money for the healthcare system”) -> ICTs for self-management and self-empowerment of patients



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# Barriers



- Digital knowledge of patients – aging barriers to mobile application use (type II diabetes vs type I diabetes), which may increase user errors and decrease motivation
- ICTs, BUT insufficient expertise in this direction for health specialists - providers must develop a working knowledge of the mHealth apps before proving feedback and learning takes time and energy away from patient care
- Implementation phase is going to happen within the summer period which may cause delay of the planned activities



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# Key messages and “personalized” conclusion

- Insight on patient-healthcare specialist communication (personalized feedback and monitoring)
- Insight on patient empowerment
- Mobile diabetes monitoring could be an effective tool to functionally address the clinical needs of rural communities and healthcare specialists by promoting self-control and self-discipline among diabetes patients
- Improvement in the efficiency and quality of patient care as well as reduction in healthcare costs especially when considering the lack of national plan



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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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