Sladkorna bolezen s perspektive integrirane oskrbe: koncepti in dobre prakse

Joao Filipe Raposo

APDP – Diabetes Portugalska

SPD – Portugalska zveza diabetologije

“Nova” Medicinska šola (Javno zdravje) – “Nova” Univerza Lizbona Portugalska

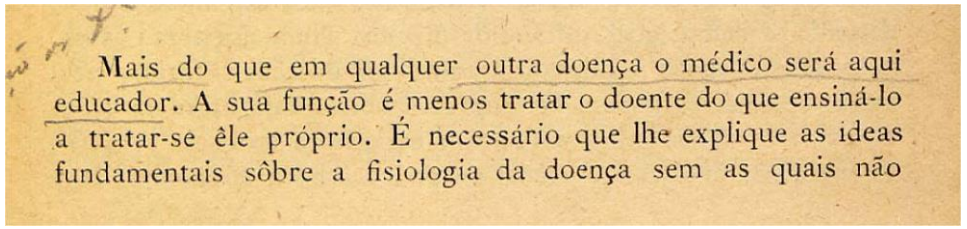
apdp Associação Protectora dos Diabéticos de Portugal

NOVA MEDICAL SCHOOL FACULDADE DE CIÊNCIAS MÉDICAS

Kdo sem?

1926 - Rojstvo Zveze

- **“Diabetes zveza za revne”**
  - **Dejstvo:** umrljivost revnih bolnikov z diabetesom (brez državne pomoči; visoka cena insulina)
  - **Financiranje:** Podpora s strani bolnikov s sladkorno boleznijo in njihovih prijateljev
  - **Cilj:** “Premagati sladkorno bolezen in njene posledice na vse možne načine”
  - **Etika:** Upoštevanje in spoštovanje

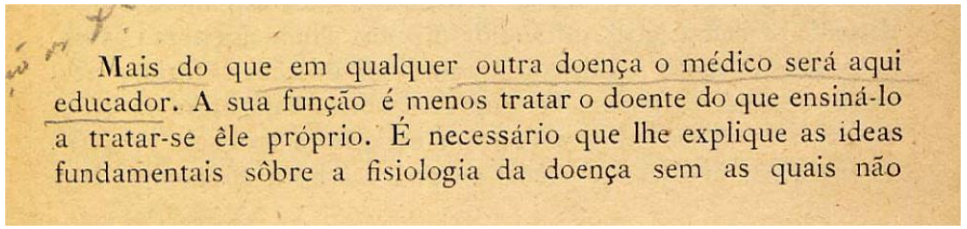

Mais do que em qualquer outra doença o médico será aqui educador. A sua função é menos tratar o doente do que ensiná-lo a tratar-se êle próprio. É necessário que lhe explique as ideas fundamentais sôbre a fisiologia da doença sem as quais não

Konceptualni okvir

- “Pri tej bolezni mora biti zdravnik bolj učitelj kot pri katerikoli drugi bolezni.

Njegovo delo ni toliko, da zdravi bolnika, temveč da bolnika nauči, kako zdraviti bolezen

Pojasniti mora osnove fiziologije bolezni , tako da bolnik lahko razume zdravljenje …” (1925)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Konceptualni okvir

Vloga zdravstvenega strokovnjaka

- "In this illness the doctor must be a teacher more than in any other illness".

Edukator

His job is not so much to treat the patient but to teach him how to treat kator

Strukturirana edukacija

He has to explain the basic ideas about the physiology of the illness sufficient to the patient can understand the therapy …" (1925)

Nov pristop k sladkorni bolezni

- “Običajni odnos med zdravnikom in bolnikom se mora spremeniti”
  - Bolnik s sladkorno boleznijo mora razumeti bolezen, da lahko razume, kakšne težave se lahko pojavijo in da se nauči samostojnega zdravljenja in samokontrole…”

- Le bolnik sam, po ustreznem učenju, si lahko daje zdravila in nadzira učinek

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Premik paradigme

Opolnomočenje

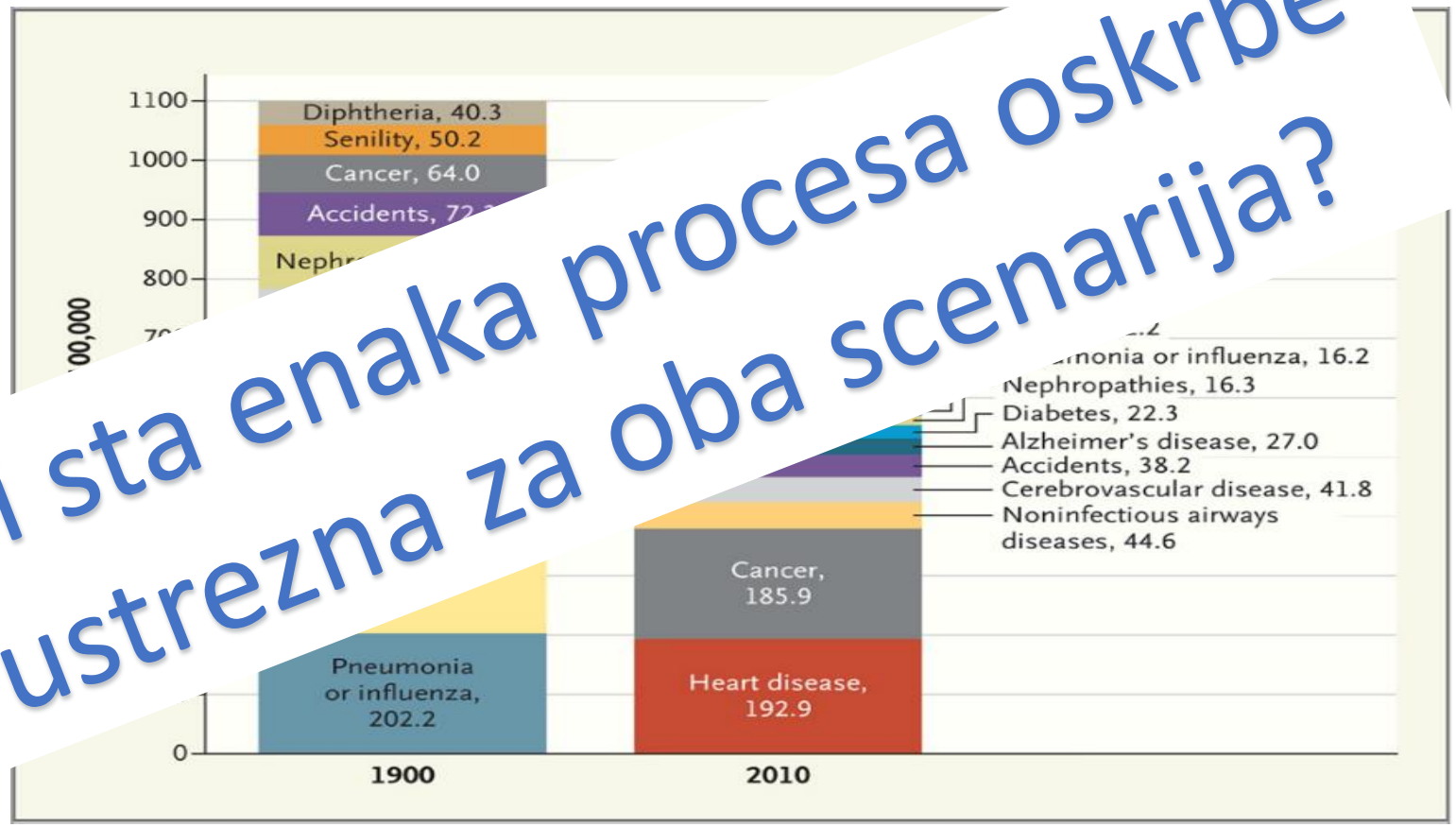
Ključne točke

- Integrirana oskrba v primerjavi z multidisciplinarnim pristopom
- Perspektiva bolnika
- Oskrba sladkorne bolezni – ali bo boljša?

- Vprašanja in odgovori

Epidemiološka tranzicija

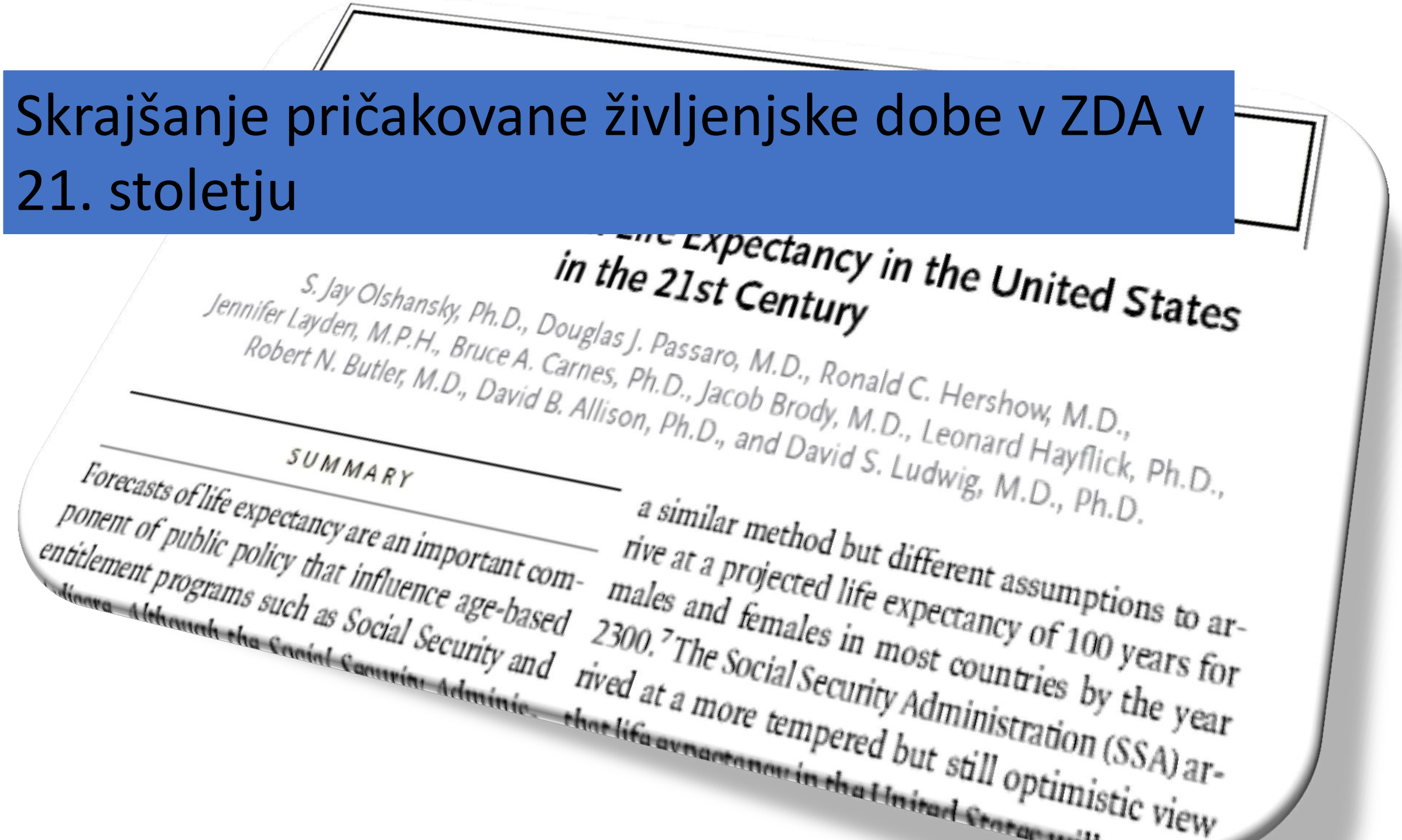
USA – causes of death - 1900 and 2010



Ali sta enaka procesa oskrbe ustrezna za oba scenarija?

New England Journal of Medicine, 2012

Skrajšanje pričakovane življenjske dobe v ZDA v 21. stoletju



Life Expectancy in the United States in the 21st Century

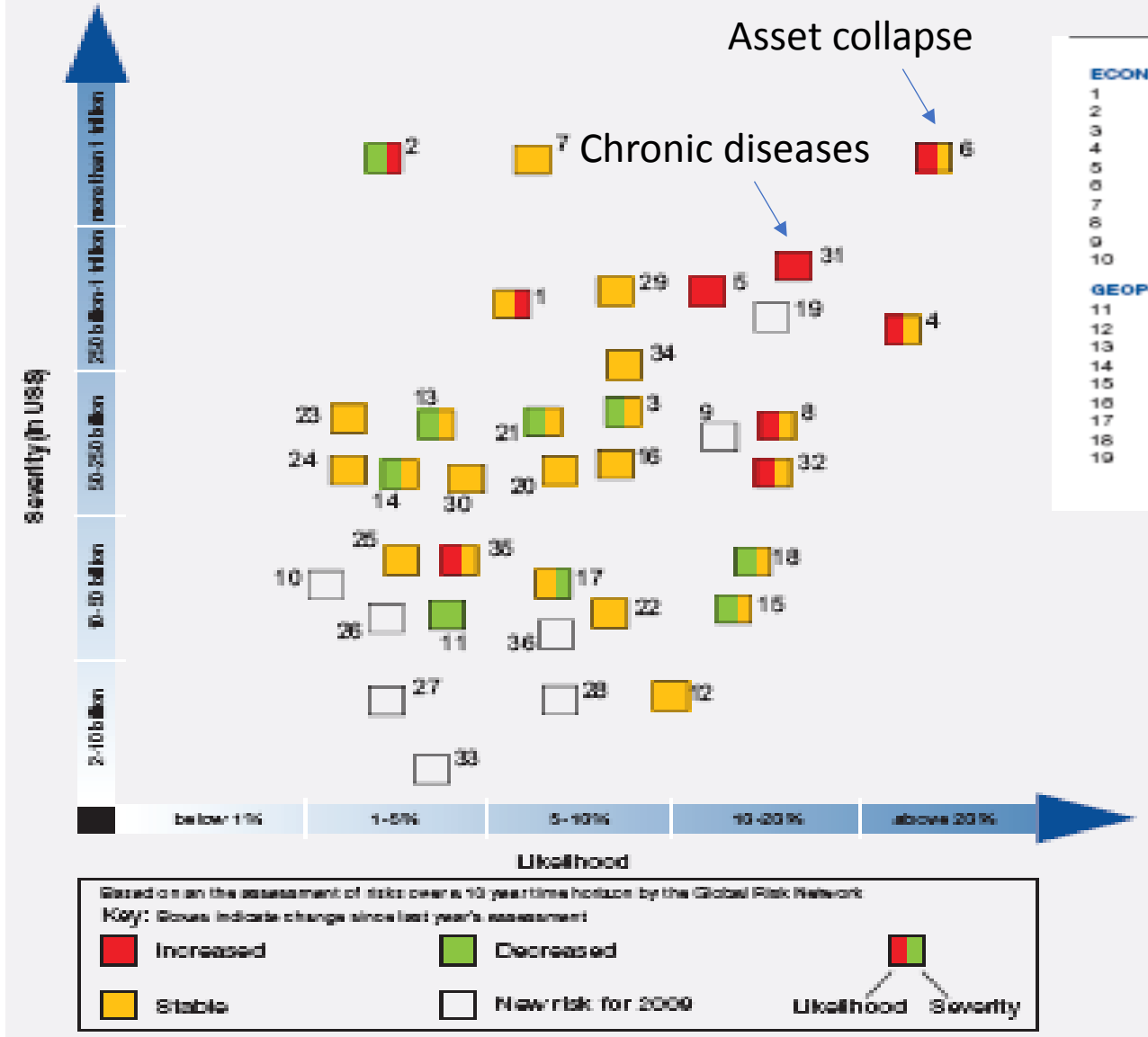
S. Jay Olshansky, Ph.D., Douglas J. Passaro, M.D., Ronald C. Hershow, M.D., Jennifer Layden, M.P.H., Bruce A. Carnes, Ph.D., Jacob Brody, M.D., Leonard Hayflick, Ph.D., Robert N. Butler, M.D., David B. Allison, Ph.D., and David S. Ludwig, M.D., Ph.D.

SUMMARY

Forecasts of life expectancy are an important component of public policy that influence age-based entitlement programs such as Social Security and

a similar method but different assumptions to arrive at a projected life expectancy of 100 years for males and females in most countries by the year 2300.[7] The Social Security Administration (SSA) arrived at a more tempered but still optimistic view

Global Risks Landscape 2009: Likelihood with Severity by Economic Loss



ECONOMIC

1 Food price volatility
2 Oil and gas price spike
3 Major fall in US$
4 Slowing Chinese economy (6%)
5 Fiscal crises
6 Asset price collapse
7 Retrenchment from globalization (developed)
8 Retrenchment from globalization (emerging)
9 Regulation cost
10 Underinvestment in infrastructure

GEOPOLITICAL

11 International terrorism
12 Collapse of NPT
13 US/Iran conflict
14 US/DPRK conflict
15 Afghanistan instability
16 Transnational crime and corruption
17 Israel-Palestine conflict
18 Violence in Iraq
19 Global governance gaps

ENVIRONMENTAL

20 Extreme climate change related weather
21 Droughts and desertification
22 Loss of freshwater
23 NatCat: Cyclone
24 NatCat: Earthquake
25 NatCat: Inland flooding
26 NatCat: Coastal flooding
27 Air pollution
28 Biodiversity loss

SOCIETAL

29 Pandemic
30 Infectious disease
31 Chronic disease
32 Liability regimes
33 Migration

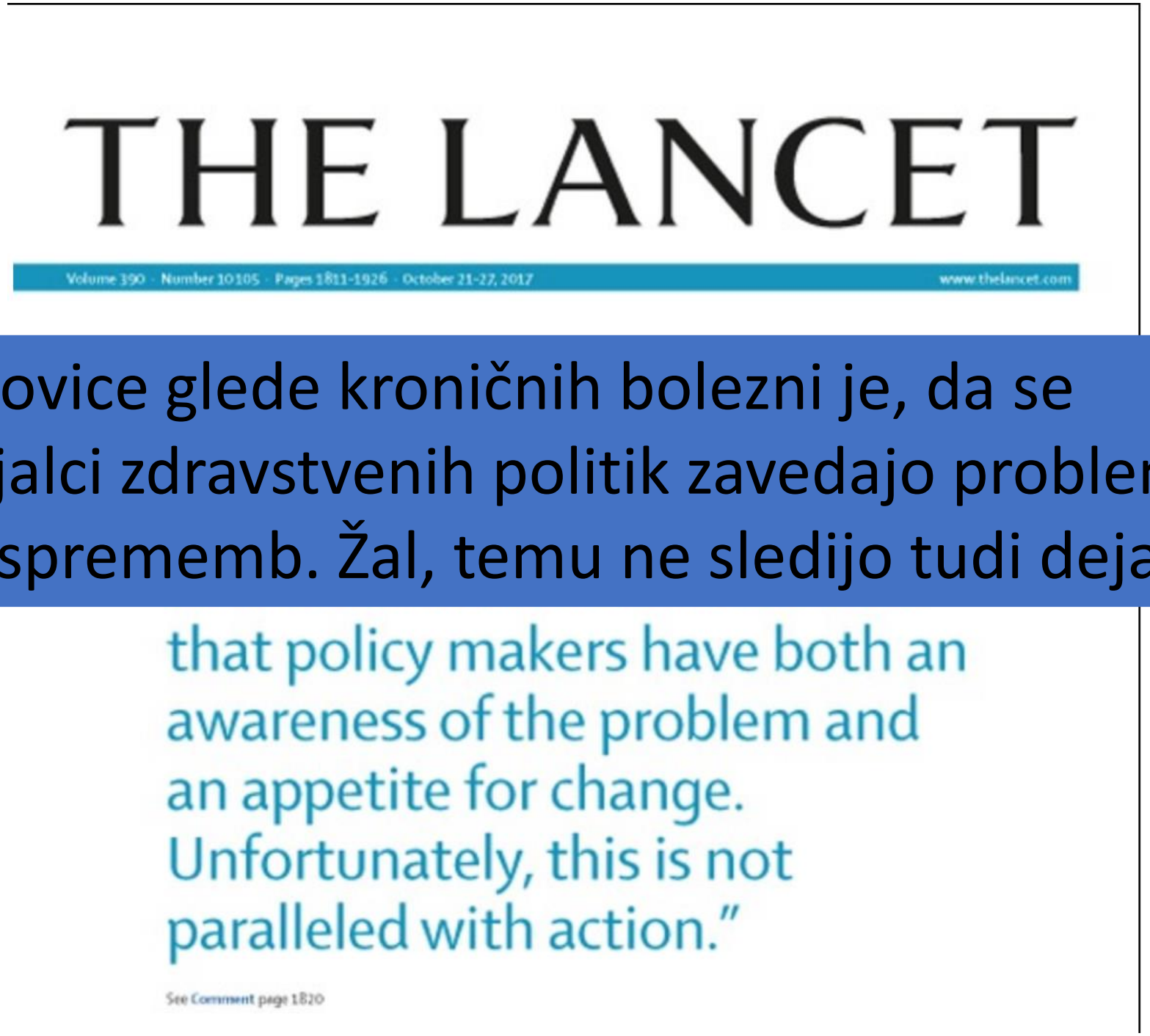
TECHNOLOGICAL

34 Oil breakdown
35 Emergence of nanotechnology risks
36 Data fraud/loss

Source: World Economic Forum 2009

WORLD ECONOMIC FORUM

COMMITTED TO IMPROVING THE STATE OF THE WORLD



Dobra novice glede kroničnih bolezni je, da se pripravljalci zdravstvenih politik zavedajo problema in da si želijo sprememb. Žal, temu ne sledijo tudi dejanja.

World Health Organization

REGIONAL OFFICE FOR Europe

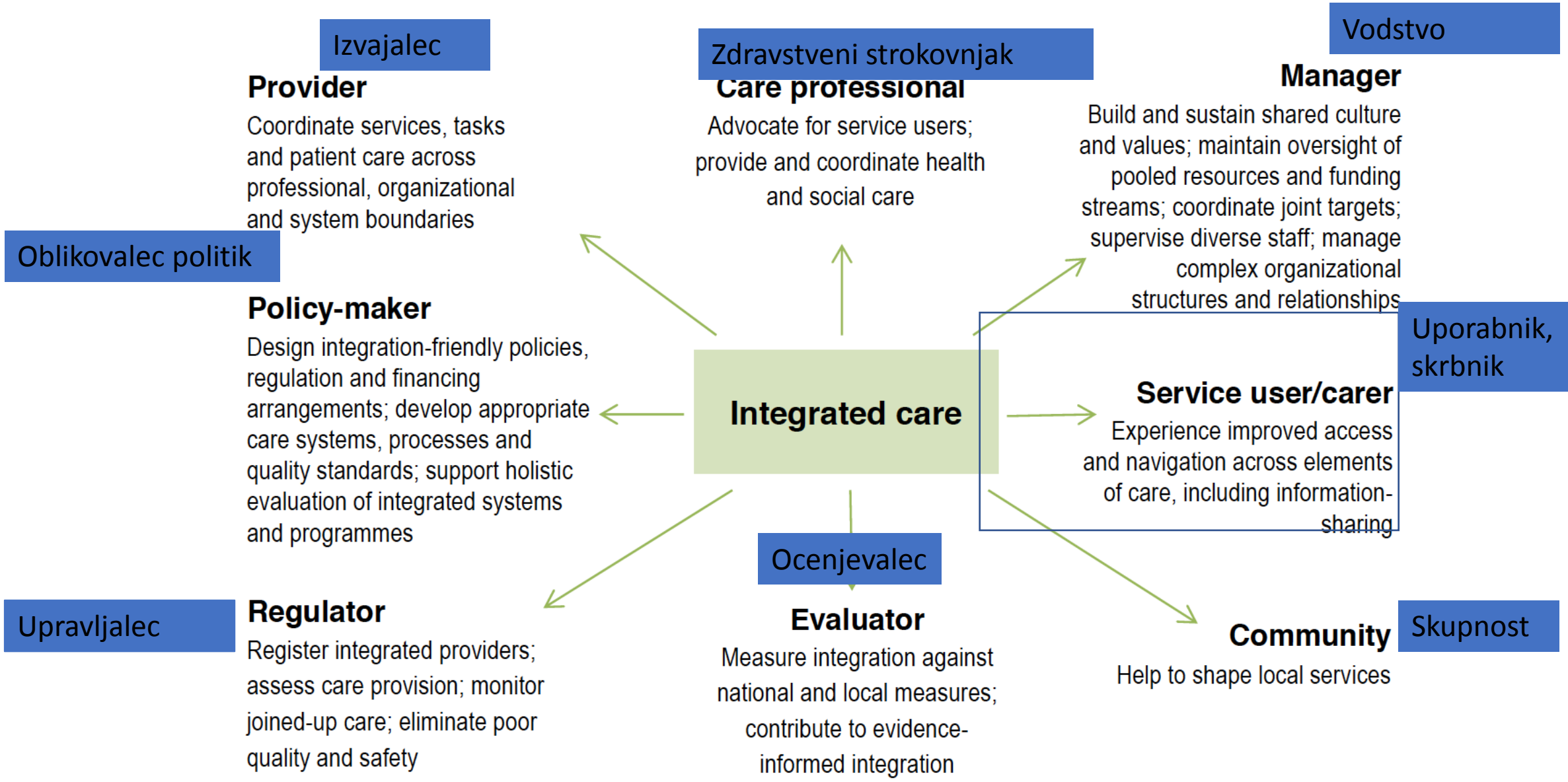
Modeli integrirane oskrbe: pregled

Integrated care models: an overview

October 2016

Health Services Delivery Programme
Division of Health Systems and Public Health

Pogledi, ki oblikujejo integrirano oskrbo



Shaw S, Rosen R, Rumbold B. What is integrated care? An overview of integrated care in NHS. Nuffield Trust; 2011 (http://www.nuffieldtrust.org.uk/sites/files/nuffield/ publication / what_is_integrated_care_research_report_june11_0.pdf)

Mehanicistična definicija

- Integracija je koherenten set metod in modelov plačevanja, upravljanja, organizacije, izvajanja oskrbe in nivojev zdravstvene oskrbe
- Ki ustvarja **povezovanje, usklajevanje in sodelovanje** znotraj zdravstva in povezovanje s socialnim sektorjem
- Cilj teh metod in modelov je **izboljšati kakovost oskrbe in kakovost življenja, zadovoljstvo uporabnika in učinkovitost sistema** za ljudi in sicer med različnimi zdravstvenimi dejavnostmi, izvajalci in okolji
- Če rezultat vseh teh ukrepov **vodi v izboljšanje za ljudi, se doseženo lahko imenuje integrirana oskrba.**

Kodner DL, Spreeuwenberg C. Integrated care: meaning, logic, applications, and implications – a discussion paper. Int J Integr Care. 2002 Nov 14;2(4)

Definicija s pripovedjo bolnika

Moja oskrba je **načrtovana** z **ljudmi, ki delajo skupaj ,** da bi **razumeli mene in moje bližnje, ki meni prepustijo nadzor, ki so usklajeni in ki izvajajo zdravstveno oskrbo,** da bi dosegli **zame najboljše izide.**

National Voices. A narrative for person-centred coordinated care. 2013

Definicija, ki temelji na zdravstvenem sistemu (SZO-Evropa)

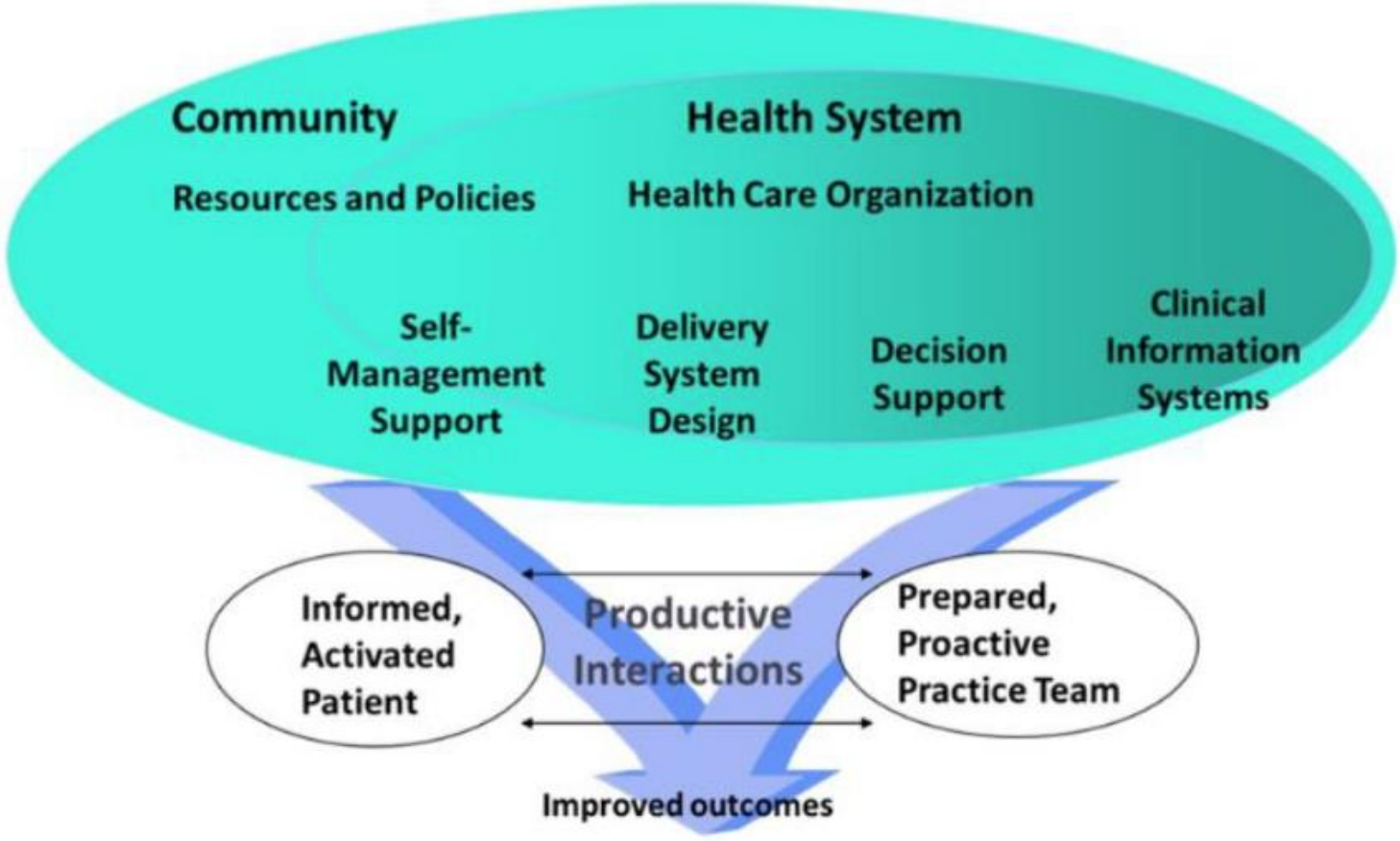
- **Integrirana zdravstvena oskrba:**
  - Pristop za krepitev **na osebo osredotočenih zdravstvenih sistemov** preko
  - Promocije **kompleksne in kakovostne oskrbe** v vseh življenjskih obdobjih ,
  - Ki je prilagojena glede na **večdimenzionalne potrebe populacije in posameznika**
  - Ki jo izvaja **med seboj usklajen multidisciplinarni tim izvajalcev**, ki delujejo **v različnih okoljih in nivojih oskrbe**
- Potrebno je **učinkovito upravljanje**, da:
  - zagotavlja **optimalne izide** in
  - **ustrezno uporabo virov**, ki je osnovana na **najboljših možnih dokazih**, z vzpostavljenimi **povratnimi zankami** za **stalno izboljševanje učinkovitosti**, ter nagovarjanje izvornih vzrokov za slabo zdravje in ter krepiti promocijo dobrega počutja
  - **skozi znotrajsektorske in večsektorske dejavnosti.**

Modeli integrirane oskrbe

Modeli integrirane oskrbe

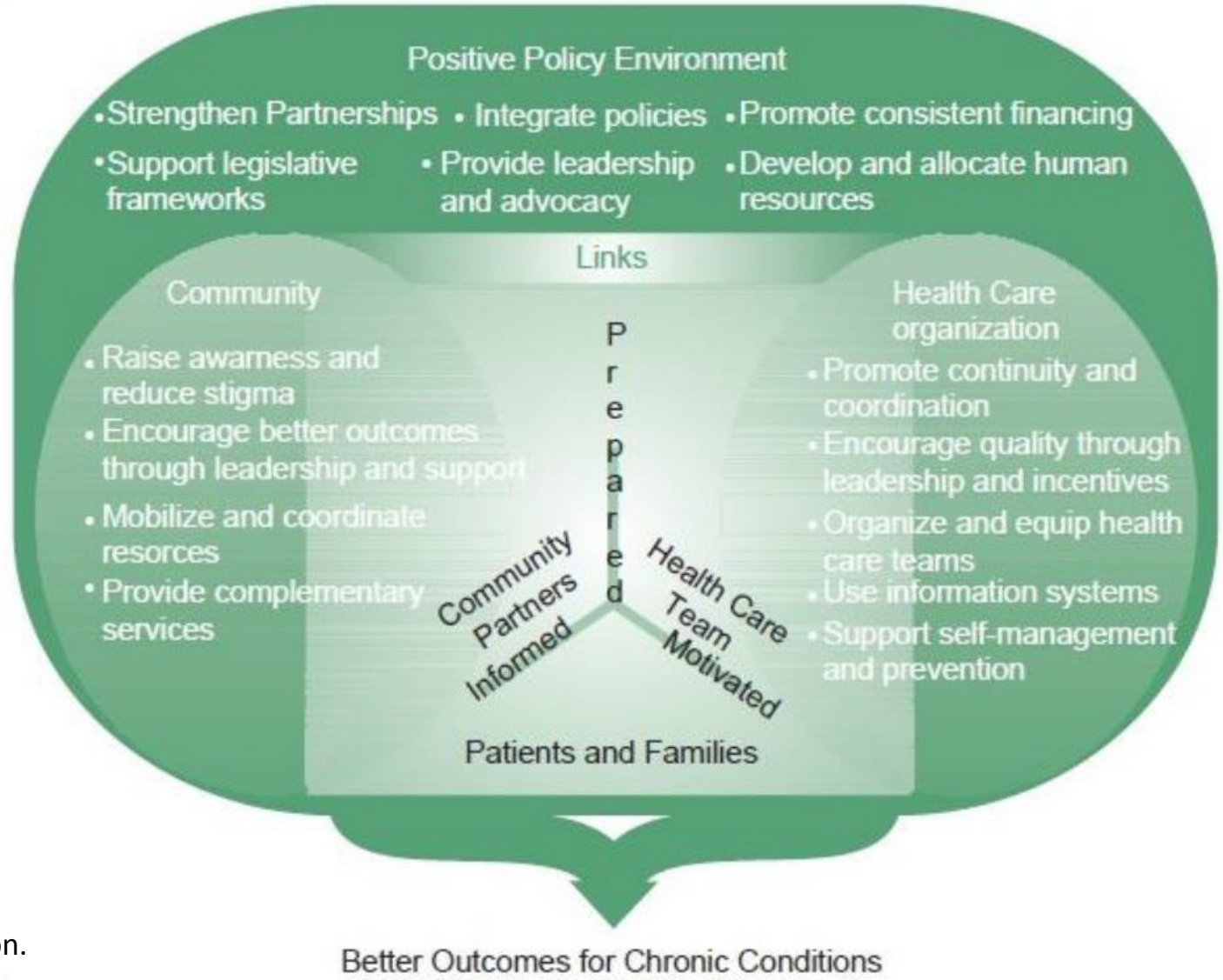
- Za posameznike
  - “Case-management” – oskrba primera
  - Individualni načrti oskrbe
  - Na bolnika osredotočeni zdravstveni domovi
  - Osebni zdravstveni računi
- Skupinski (starejši, krhki) in za bolezen specifični modeli (sladkorna bolezen, astma)
  - Skupnost
  - Zdravstveni sistem
  - Organizacija oskrbe
  - Podpora samooskrbi
  - Podpora odločanju
  - Klinični informacijski sistemi
- Population based models
  - Kaiser, VA, Basque

“Chronic care model” – model za kronične bolezni



Wagner EH. Care of older people with chronic illness. Older People Build Syst Ased Evid. 1999;39–64

Model inovativne oskrbe za kronične bolezni

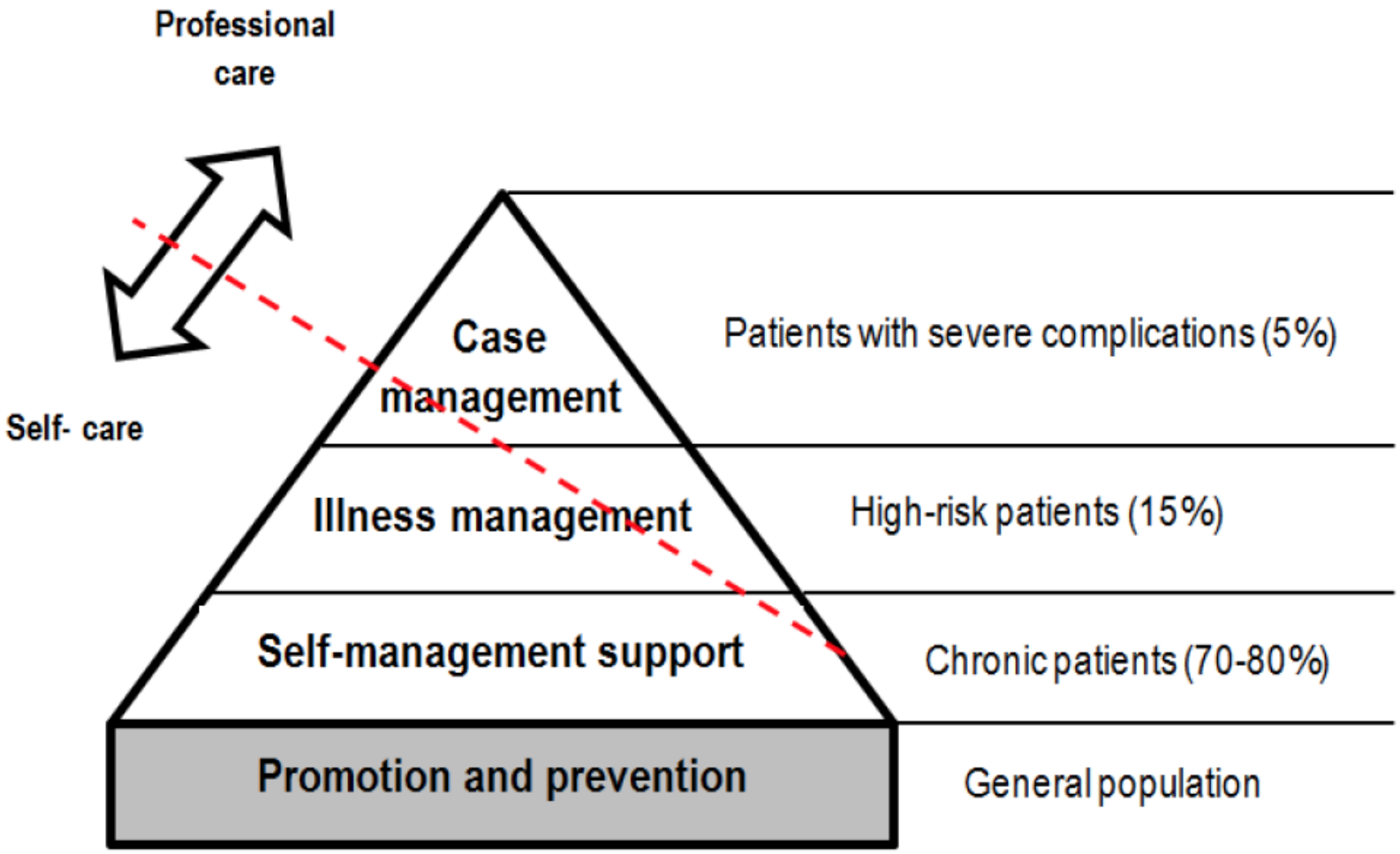


WHO. Innovative Care for Chronic Conditions: Building Blocks for Action. 2002

Modeli integrirane oskrbe

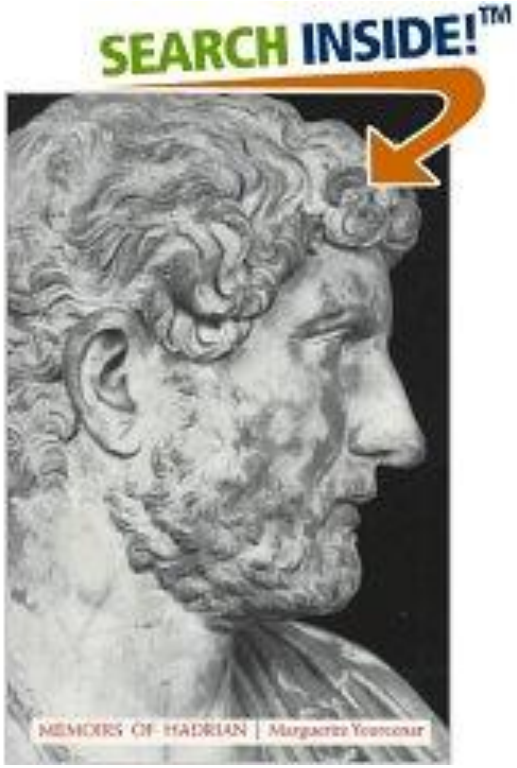
- Za posameznike
  - “Case-management” – oskrba primera
  - Individualni načrti oskrbe
  - Na bolnika osredotočeni zdravstveni domovi
  - Osebni zdravstveni računi
- Skupinski (starejši, krhki) in za bolezen sprecifični modeli (diabetes, astma)
  - Skupnost
  - Zdravstveni sistem
  - Organizacija oskrbe
  - Podpora samooskrbi
  - Podpora odločanju
  - Klinični informacijski sistemi
- Za populacijo
  - Kaiser, VA, Basqueodels
  - Kaiser, VA, Basque

Modeli za populacijo



Osakidetza. Chronicity in Basque country. 2010

Problem – s strani bolnika



“Težko je ostati cesar v prisotnosti zdravnika, težko je celo ohraniti osnovne človeške kvalitete.”

“Oko strokovnjaka me je videlo le kot zmes tekočin, mešanico krvi in limfe.”

Bolnik strokovnjak

- “Osebe, ki zaupajo vase in imajo veščine, informacije in znanje, da igrajo osrednjo vlogo v vodenju življenja s kroničnimi boleznimi”

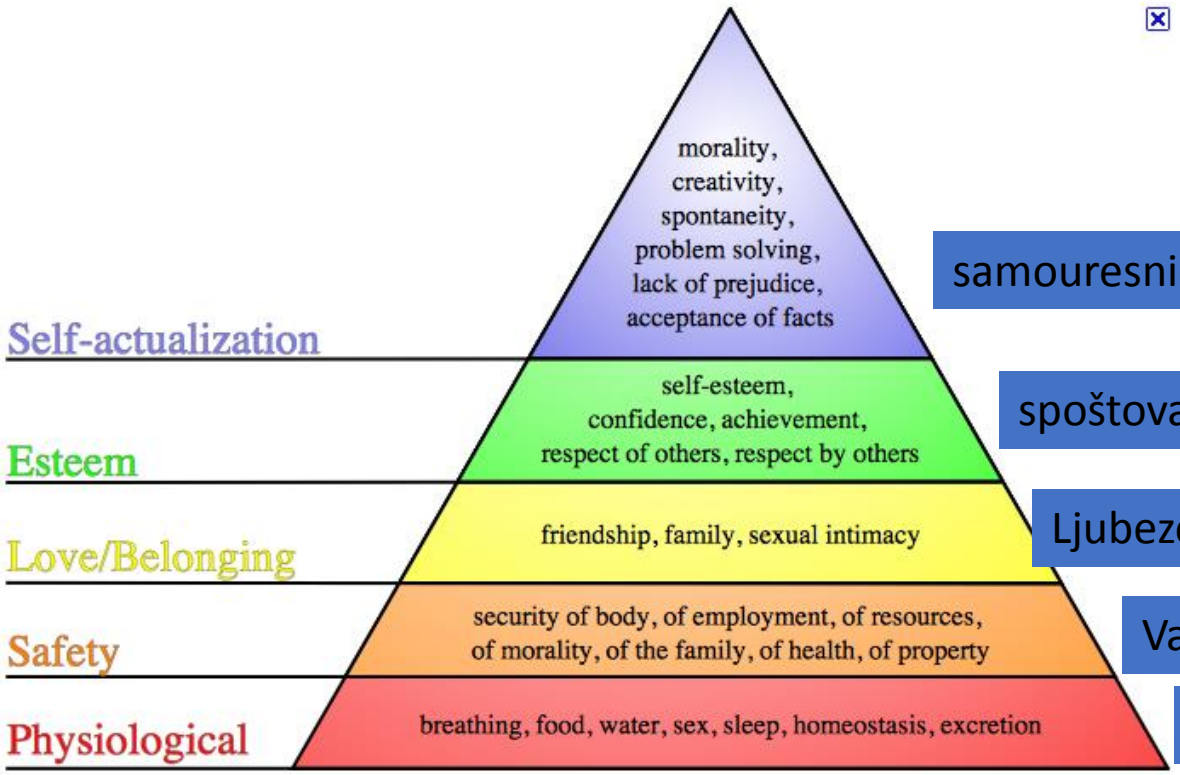
BMJ 2004;328:723-724 (27 March),
doi:10.1136/bmj.328.7442.723

Terapevtska edukacija bolnikov

- *Edukacijske dejavnosti,* ki so nujne za obvladovanje bolezenskih stanj, ki jih izvaja zdravstveni strokovnjak, ki je temeljito usposobljen na področju edukacije, z namenom da
  - *Pomaga bolnikom (ali skupini bolnikov in njihovim družinam) da vodjo zdravljenje in*
  - *Preprečuje zaplete, ki se jim je možno izogniti,*
  - *Pri čemer ohranja ali izboljšuje kakovost njihovega življenja.*
- *Rezultat je terapevtski učinek, ki je prisoten hkrati z učinkom vseh drugih ukrepov.*

Therapeutic Patient Education, Report of a WHO Working Group / WHO-Europe 1998

Potrebe oseb kot prioritete



samouresničenje

spoštovanje

Ljubezen in pripadnost

Varnost

Fiziološke potrebe

Patient Centered Outcomes Research (PCOR, raziskovanje na bolnika osredotočenih izidov) pomaga ljudem, da se glede zdravstvene oskrbe odločajo na podlagi informacij in dovoljuje, da se njihov glas sliši med izbiranjem različnih možnosti zdravstvene oskrbe. To raziskovanje išče odgovore na vprašanja, ki so osredotočena na osebo:

1. “Glede na moje osebne značilnosti, stanje in izbire, kaj lahko pričakujem, da se mi bo zgodilo?”
2. “Kakšne so moje možnosti in kakšni so ugodni in škodljivi učinki teh možnosti?”
3. “Kaj lahko naredim jaz, da bi izboljšal tiste izide, ki so zame najbolj pomembni?”
4. “Kako lahko zdravstvena oskrba izboljša moje možnosti, da pridem do tistih izidov, ki jim jaz dajem prednost?”

PCOR Delovna definicija

Patient Centered Outcomes Research (PCOR, raziskovanje na bolnika osredotočenih izidov) pomaga ljudem, da se glede zdravstvene oskrbe odločajo na podlagi informacij in dovoljuje, da se njihov glas sliši med izbiranjem različnih možnosti zdravstvene oskrbe. To razi[illegible]e išče odgovore na vprašanja, ki so osredotčena na osebo:

1. "Glede na moje osebne značilnosti, stani[illegible] pričakujem, da se mi bo zgodilo?"
2. "Kakšne so moje možnosti i[illegible] skodljivi učinki teh možnosti?"
3. "Kaj lahko na[illegible]ljsal tiste izide, ki so zame najbolj pomem[illegible]
4. "Ka[illegible]vena oskrba izboljša moje možnosti, da pridem do t[illegible]ov, ki jim jaz dajem prednost?"

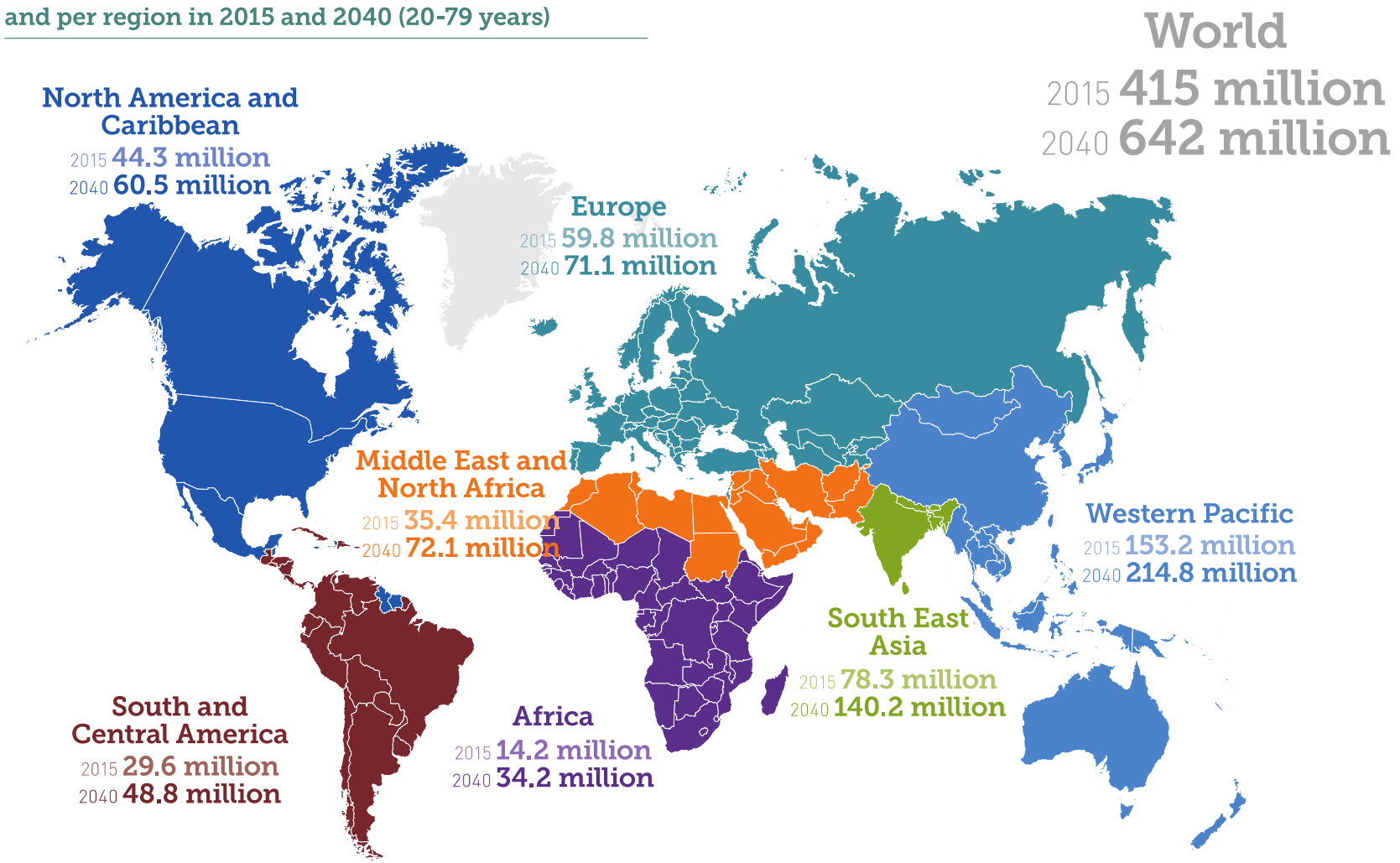
Ali smo pripravljeni na to?

PCOR Delovna definicija

Diabetes: Globalno izredno stanje

International Diabetes Federation

Estimated number of people with diabetes worldwide and per region in 2015 and 2040 (20-79 years)



GLOBAL REPORT ON DIABETES

World Health Organization

BOX 1. VOLUNTARY GLOBAL TARGETS FOR PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES TO BE ATTAINED BY 2025

(1) A 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases

(2) At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context

(3) A 10% relative reduction in prevalence of insufficient physical activity

(4) A 30% relative reduction in mean population intake of salt/sodium

(5) A 30% relative reduction in prevalence of current tobacco use

(6) A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances

(7) Halt the rise in diabetes and obesity

(8) At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes

(9) An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities

Diabetes po svetu

International Diabetes Federation

Adults who died from diabetes, HIV/AIDS, tuberculosis, and malaria

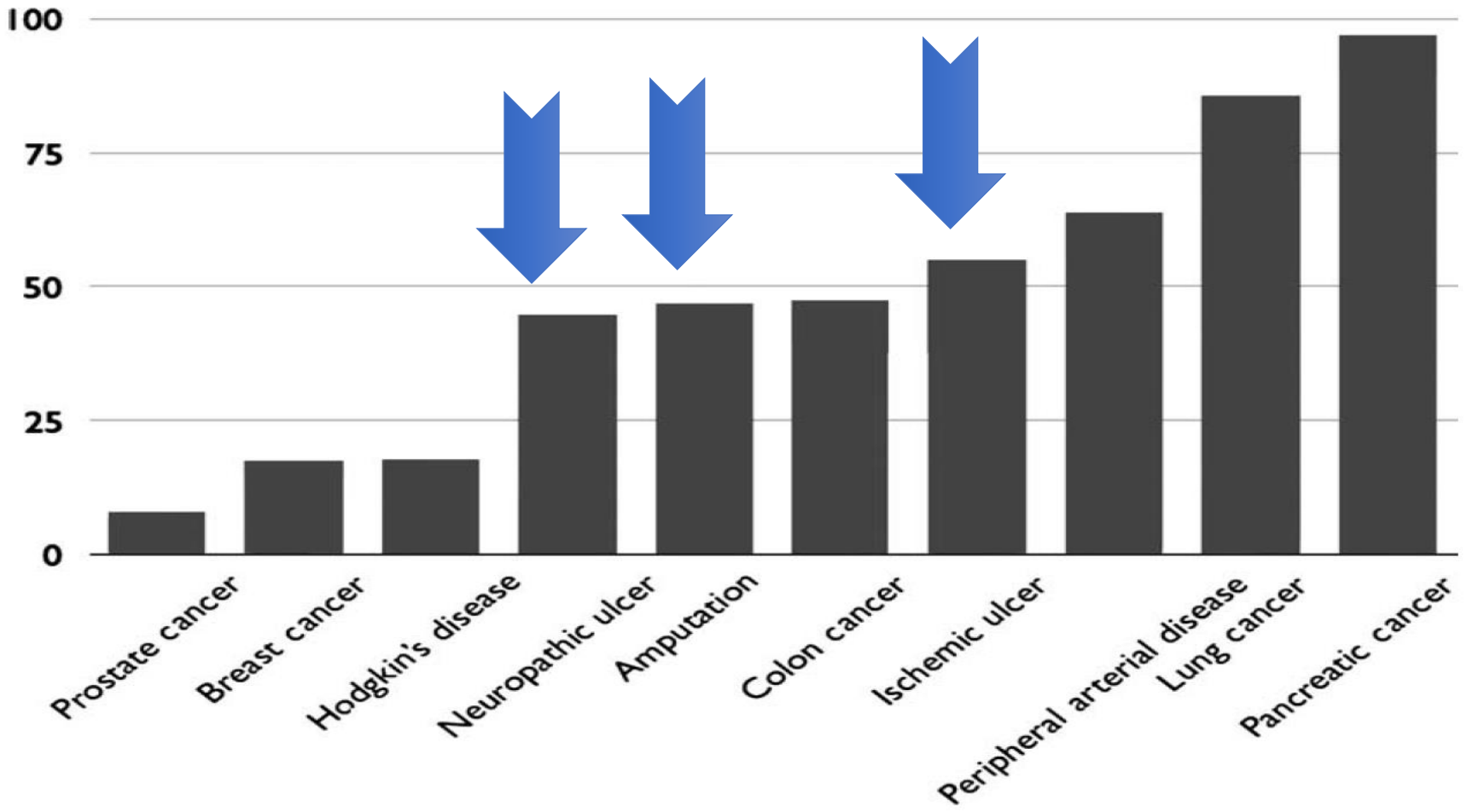
5.0 million
from diabetes
2015
IDF

1.5 million
from HIV/AIDS
2013
WHO Global Health Observatory Data Repository 2013

1.5 million
from tuberculosis
2013
WHO Global Health Observatory Data Repository 2013

0.6 million
from malaria
2013
WHO Global Health Observatory Data Repository 2013

Relativno tveganje za smrt(5 let)



Armstrong DG, Wrobel J, Robbins JM. Guest editorial: are diabetes-related wounds and amputations worse than cancer? Int Wound J 2007;4: 286-287

NIH U.S. National Library of Medicine

ClinicalTrials.gov

Find Studies | About Studies | Submit Studies | Resources | About Site

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Saved Studies (0)

Search (all fields optional)

NIH U.S. National Library of Medicine

ClinicalTrials.gov

Find Studies | About Studies | Submit Studies | Resources | About Site

Home > Search Results

Saved Studies (0)

Search (all fields optional)

Condition / Disease: Diabetes Mellitus, Type 2 [x]

Other Terms: [x]

Country: [x]

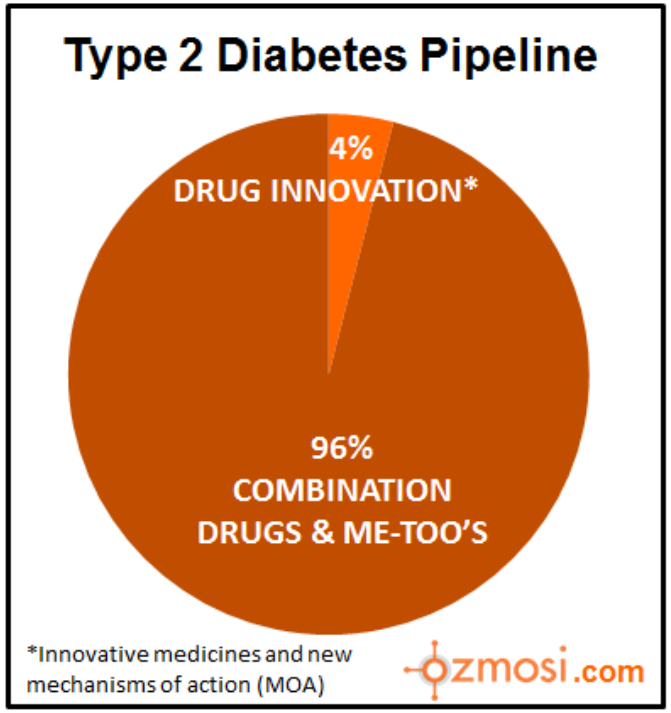
Search | Advanced Search

Help | How to Use Search Results | Glossary

6323 Studies found for:

Diabetes Mellitus, Type 2

Also searched for **Type 2 diabetes**, **Diabetes**, and **Type II**. See Search Details



Uspeh ?

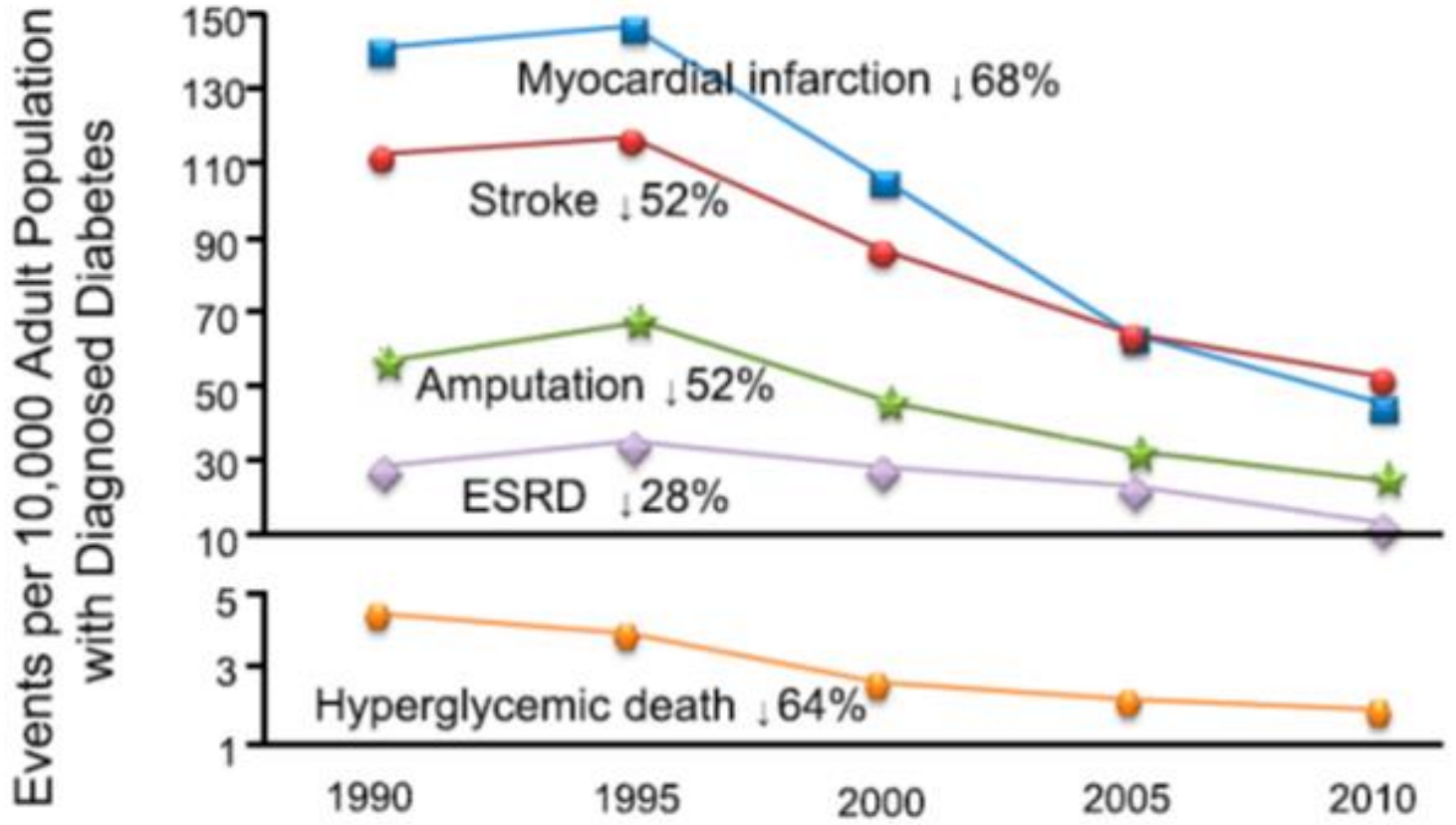


Figure 5—Trends in the occurrence of diabetes-related complications from 1990 to 2010 among adult population with diagnosed diabetes (13). ESRD, end-stage renal disease.

— A good recipe for putting the "thumbscrews" on someone is to let a family member, preferably a child, develop a chronic disease.

— The disease should have an unclear cause but with a hereditary component so that family members are forced to check the family tree to find a "scapegoat", Robert Tattersall continues. The treatment should be an important part of the disease, time consuming and preferably painful.

— To put further pressure on the family, the management of the disease should affect the life of all other family members. Self control and self management should be important components.

— The future outlook completes the picture. Terrible results of an unwise life style can be indicated perhaps by sitting the family members in a waiting room together with other sufferers from the same disease who are showing obvious and drastic consequences such as amputations. Better still, if health professionals are uncertain about treatment goals and regimes, they will give contradictory information which of course will make the situation even worse. Don't forget, says Professor Tattersall, that a family where someone has developed diabetes will be in exactly this situation.

Kaj povzroča psihološke težave?

- Diagnoza kronične bolezni
- Nejasen vzrok, prisotna komponenta dednosti
- Zdravljenje je pomembno
  - Časovno zahtevno in boleče
- Zdravljenje vpliva na družinsko življenje
- Samokontrola in samooskrba sta pomembni
- Resen rezultat nespametnega življenjskega sloga
- **Zdravstveni strokovnjaki so negotovi glede načinov in ciljev zdravljenja**
- **Zdravstveni strokovnjaki dajejo med seboj nasprotujoče si informacije**

Robert Tattersall, 1995

Social Media and Diabetes: Can Facebook and Skype Improve Glucose Control in Patients With Type 1 Diabetes on Pump Therapy? One-Year Experience

Goran Petrovski, Marija Zivkovic, and Slavica Subeska Stratrova

Diabetes Care 2015;38:e51–e52 | DOI: 10.2337/dc14-2487

Diabetes Care Volume 38, April 2015

V našem preglednem članku prikazujemo nekaj glavnih področij za raziskovanje na področju zdravstvenih socialnih medijev:
a) analitika podatkov socialnih omrežij,
b) mZdravje in diabetes,
c) gamifikacija za diabetes,
c) Nosljivost, in
d) MOOCs (Massive Open Online Courses) – množični odprti spletni tečaji.

.

Engineering in Medicine and Biology Society (EMBC), 2015 37th Annual International Conference of the IEEE

Adherenca

“Network for Excellence Health Innovation “ ocenjuje, da bil lahko bil celoten znesek potencialnega prihranka v povezavi z adherenco pri zdravljenju kroničnih bolezni $290 milijard letno — 13% sredstev, porabljenih za zdravstvo.

Josh Stein, Co-Founder &CEO, AdhereTech

Image credit: AdhereTech

2) Josh Stein: Co-Founder and CEO, AdhereTech
Founded: 2012
Vital signs show: Walter Reed National military Medical Center, Weill Cornell Medical College and Boehringer Ingelheim are currently testing AdhereTech’s patented smart pill bottle.

Kaj potrebujejo bolniki?

Diabetes breakthrough increases insulin producing cells

April 20, 2017 Will Sansom

Bruno Doiron, Ph.D., (left), and Ralph DeFronzo, M.D., of UT Health San Antonio co-invented a patented technique that has cured diabetes in mice for one year without side effects.

Zdravilo za sladkorno bolezen!

Diabetes 2030:
Insights from Yesterday, Today, and Future Trends

William R. Rowley, MD,[1] Clement Bezold, PhD,[1] Yasemin Arikan, BA,[1]
Erin Byrne, MPH,[2] and Shannon Krohe, MPH[3]

TABLE 1. US DIABETES FORECASTS, 2015 TO 2030

	2015	*2020*	*2025*	*2030*	
Total United States					
Population	321,363,000	333,896,000	346,407,000	358,471,000	11,5%
Prediabetes	90,644,000	97,284,000	103,950,000	107,713,000	18,8%
Diagnosed diabetes	26,019,000	32,021,000	37,349,000	41,733,000	60,4 %
Undiagnosed diabetes	9,625,000	11,250,000	12,450,000	13,180,000	60,4 %
Total with diabetes	35,644,000	43,271,000	49,799,000	54,913,000	36,9 %
Complications:					
Visual impairment	4,267,000	5,098,000	5,770,000	6,260,000	
Renal failure	62,020	73,650	82,900	89,390	
Leg amputation	53,860	60,840	65,360	67,190	
Annual deaths attributable to DM	280,210	329,260	364,650	385,840	
Total annual cost (2015 dollars)	$407.6B	$490.2B	$564.2B	$622.3B	
Annual medical costs	$312.2B	$374.2B	$428.9B	$472.0B	51,2 %
Annual nonmedical costs	$95.4B	$116.7B	$135.3B	$150.3B	57,5 %

POPULATION HEALTH MANAGEMENT,Volume 20, Number 1, 2017, Mary Ann Liebert, Inc.,DOI: 10.1089/pop.2015.0181

Ljudje s sladkorno boleznijo

DIABETES, OBESITY AND METABOLISM
A JOURNAL OF PHARMACOLOGY AND THERAPEUTICS

Explore this journal >

ORIGINAL ARTICLE

Patient Empowerment Programme in primary care reduced all-cause mortality and cardiovascular diseases in patients with type 2 diabetes mellitus: a population-based propensity-matched cohort study

C. K. H. Wong ✉, W. C. W. Wong, Y. F. Wan, A. K. C. Chan, K. L. Chung, F. W. K. Chan, C. L. K. Lam

First published: 20 October 2014 Full publication history

Public health quintet

US public health and the 21st century: diabetes mellitus

John McKinlay, Lisa Marceau

No one can question the remarkable contribution of US public health to understanding the causes and consequences of illness, disability, and death. However, some commentators question the agenda: the endless pursuit of individual risk factors and the cursory attention to social determinants of disease. We attempt to illustrate some limitations of US public health by focusing on type-2 diabetes (adult-onset non-insulin-dependent diabetes)—an increasingly prevalent but still poorly understood medical condition with devastating complications and implications for quality of life. A more theoretically based multilevel approach to diabetes, outlined for the 21st century, has an almost exclusive downstream curative focus, that ranges from midstream preventive programmes to upstream healthy public policy.

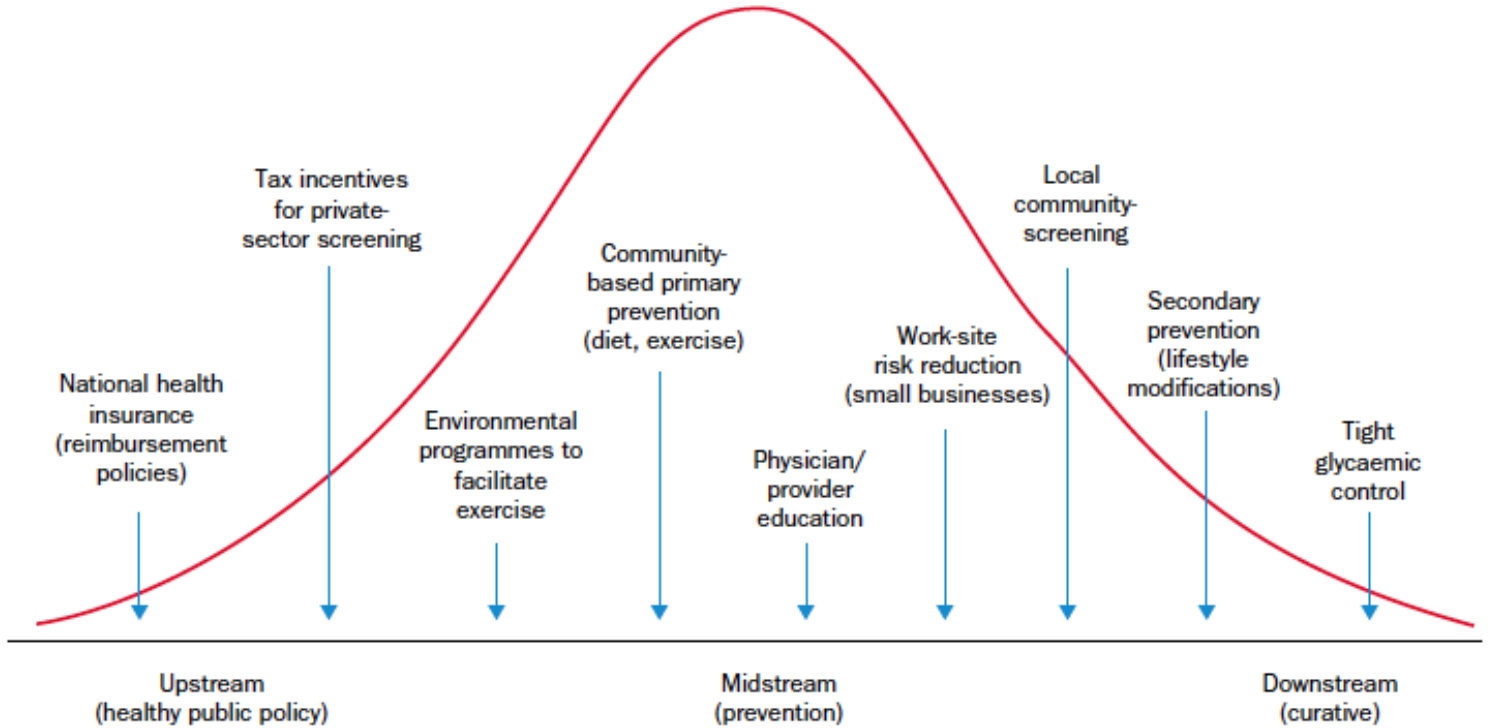


Figure 5: **Some possible points of intervention for a new public-health approach to diabetes given the distribution of risk.**

HBR.ORG
Harvard Business Review
OCTOBER 2013
REPRINT R1310B

THE BIG IDEA

The Strategy That Will Fix Health Care

Providers must lead the way in making value the overarching goal *by Michael E. Porter and Thomas H. Lee*

Idea in Brief

THE PROBLEM

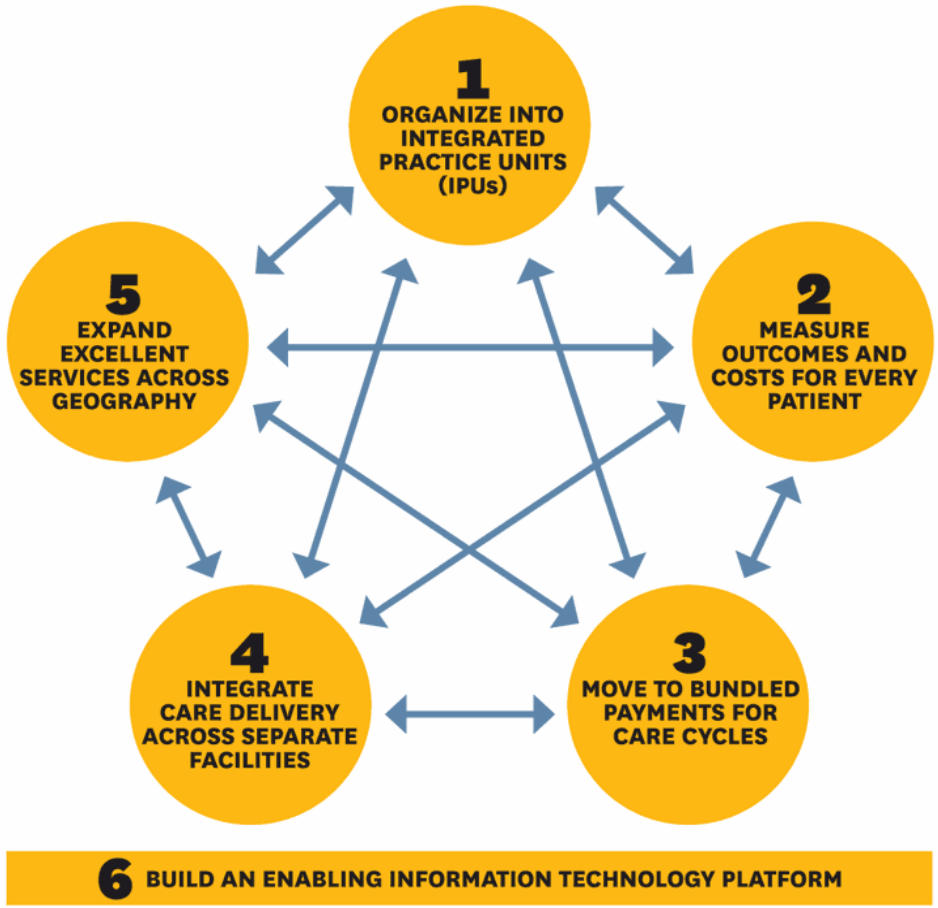
Health care worldwide is struggling with rising costs and unsatisfactory quality. No "silver bullet" approaches or incremental fixes address those problems. Without a true solution, physicians will face lower incomes, patients will pay more, and services will be restricted.

THE APPROACH

If we can agree on the overarching goal of value for health care systems—improving outcomes that matter to patients relative to the cost of achieving those outcomes—then we can begin to make progress.

A MODEL FOR CHANGE

The strategic agenda for moving to a high-value health care delivery system comprises six interdependent components: organizing around patients' medical condition rather than physicians' medical specialty, measuring costs and outcomes for each patient, developing bundled prices for the full care cycle, integrating care across separate facilities, expanding geographic reach, and building an enabling IT platform.



What Is an Integrated Practice Unit?

1) An IPU is organized around a medical condition or a set of closely related conditions (or around defined patient segments for primary care).

2) Care is delivered by a dedicated, multidisciplinary team of clinicians who devote a significant portion of their time to the medical condition.

3) Providers see themselves as part of a common organizational unit.

4) The team takes responsibility for the full cycle of care for the condition, encompassing outpatient, inpatient, and rehabilitative care, and supporting services (such as nutrition, social work, and behavioral health).

5) Patient education, engagement, and follow-up are integrated into care.

6) The unit has a single administrative and scheduling structure.

7) To a large extent, care is co-located in dedicated facilities.

8) A physician team captain or a clinical care manager (or both) oversees each patient's care process.

9) The team measures outcomes, costs, and processes for each patient using a common measurement platform.

10) The providers on the team meet formally and informally on a regular basis to discuss patients, processes, and results.

11) Joint accountability is accepted for outcomes and costs.

JOINT ACTION CHRODIS WORK PACKAGE 5

HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION: OVERVIEW, DEFINITION OF CRITERIA, AND TRANSFERABILITY OF GOOD PRACTICES - OUTCOMES AT A GLANCE

CHRODIS

ADDRESSING CHRONIC DISEASES & HEALTHY AGEING ACROSS THE LIFE CYCLE

CHRODIS PLUS JOINT ACTION KICK-OFF MEETING

GOOD PRACTICE EXAMPLES IN HEALTH PROMOTION & PRIMARY PREVENTION IN CHRONIC DISEASE PREVENTION

CHRODIS+ Work Package 7

CHRODIS+ Kick-off event

Marina Maggini
National Institute of Health, Italy
Jelka Zaletel
National Institute of Public Health, Slovenia

Main objective

- to improve the qualit
diseases through the
CHRODIS Quality C
- evaluation of the app
QCR across countries.

Ključna cilja:
-Izboljšati kakovost oskrbe za osebe s kroničnimi boleznimi z implementacijo QCR orodja (JA CHRODIS kriteriji kakovosti in priporočila)
-Evaluacija uporabnosti in prenosa uporabe tega orodja med državami

Task 7.2 Piloting of QCR Tool through pilot actions

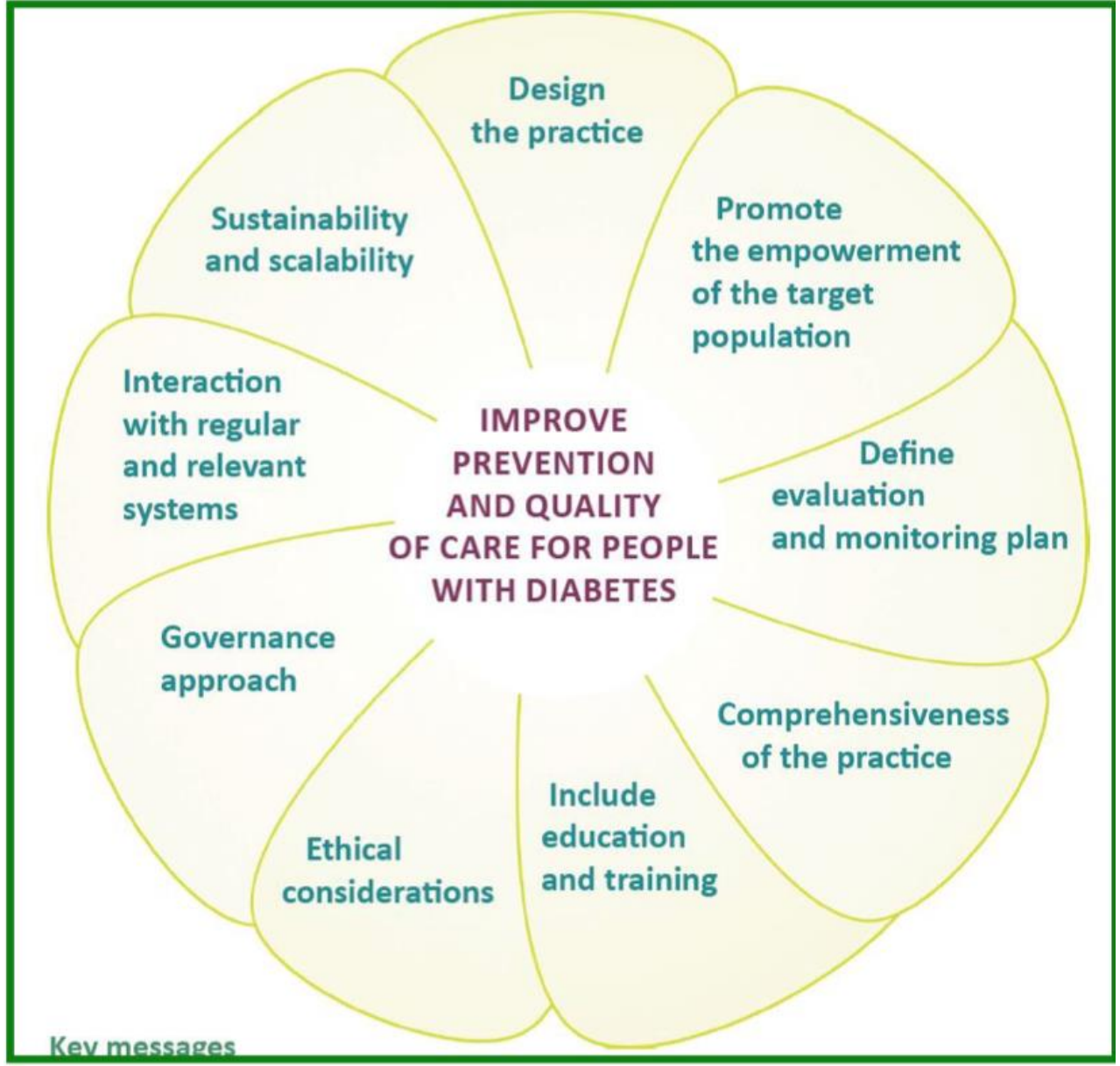
Slovenia (Leader NIJZ) - General Hospital Novo Mesto, and at the Primary Healthcare Centre Novo Mesto

Serbia (Leader UBEO) - Primary Care Units with close cooperation with Institute of Public Health of Serbia and Ministry of Health Republic of Serbia

Croatia (Leader CIPH) - Primary Health Care Centers (PHCC) in collaboration with the Croatian Institute of Public Health

Finland (Leader THL) - Primary health care and Family Federation of Finland to accommodate the specific needs of immigrant population group;

Greece (Leader AUTH) - Specialised Care management and Integrated Care Call Centre that are also equipped with ICT tools



CHRODIS
ADDRESSING CHRONIC DISEASES & HEALTHY AGEING ACROSS THE LIFE CYCLE

Stroškova učinkovitost strategij za preprečevanje sladkorne bolezni , ki vključujejo celo populacijo, skupnost, delovna okolja , oziroma intervencije pri osebah z visokim tveganjem za sladkorno bolezen , v VB

	Soft drinks tax	Retail policy	Workplace health promotion	Community dietary advice	Intervention for individuals at high risk
Events per 5 000 000 simulated individuals from the general population					
Diabetes diagnosis	−18	−268	−16	−24	2102
Cardiovascular disease	−30	−37	−23	−19	−663
Congestive heart failure	−13	−35	−7	−25	−64
Cardiovascular death	−8	−13	−13	−13	−326
Foot ulcer	3	2	3	1	−551
Amputation	−18	−40	−17	−10	−667
Blindness	−2	−42	6	−5	−1159
Renal failure	−2	−12	−1	−2	−23
Osteoarthritis	−280	−68	−7	−92	−87
Depression	1	0	1	−9	505
Cancer death	17	6	2	7	7
Life years	324	2869	565	167	5571
QALYs*	1495	1828	531	372	3301
Mean difference per individual in the general population					
QALYs*	0.0003	0.0004	0.0001	0.0001	0.0007
Healthcare costs (lifetime)*	−£4.80	−£3.35	−£0.56	£0.00	−£23.85
Net benefit (5 years)*	£1.96	£2.18	−£0.10	−£0.67	−£5.09
Net benefit (10 years)*	£4.16	£5.55	£0.68	£0.05	−£1.87
Net benefit (lifetime)*	£10.78	£10.66	£2.68	£1.48	£37.05

QALY, quality-adjusted life-year.
*Discounted at 1.5%.
QALYs valued at £20,000 per QALY for net benefit calculations.

Source: Diabetic Medicine published by John Wiley & Sons Ltd on behalf of Diabetes UK

Izziv Gulbenkian “Ne sladkorni bolezni!”

Cilji

Program “Ne sladkorni bolezni!” je naš odziv javnozdravstvenemu izzivu:

Rastoča epidemija sladkorne bolezni na Portugalskem!

Cilj programa je ustaviti rastočo pojavnost sladkorne bolezni in preprečiti 50.000 novih primerov sladkorne bolezni v petih letih.

Letna incidenca – 800 oseb/100.000

Stakeholders

Izziv Gulbenkian “Ne sladkorni bolezni!”

Strategije

- **Implementacija preventivnih ukrepov v skupnostih;**
- **Stratifikacija tveganja tarčne populacije;**
- **Programm“Gosto” (”Všeč mi je!”) – Edukacijski program za preprečevanje sladkorne bolezni**
  - **Motivacijsko orodje za bolj zdrav življenjski slog za zmanjševanje tveganje in preprečevanja sladkorne bolezni**

Program “Ne sladkorni bolezni!” ima tudi druge cilje, npr:

- Boljši klinični izidi
- Več podatkov za vodstva in politike
- Več pobud v skupnostih
- Bolje izobraženi zdravstveni strokovnjaki

Stakeholders

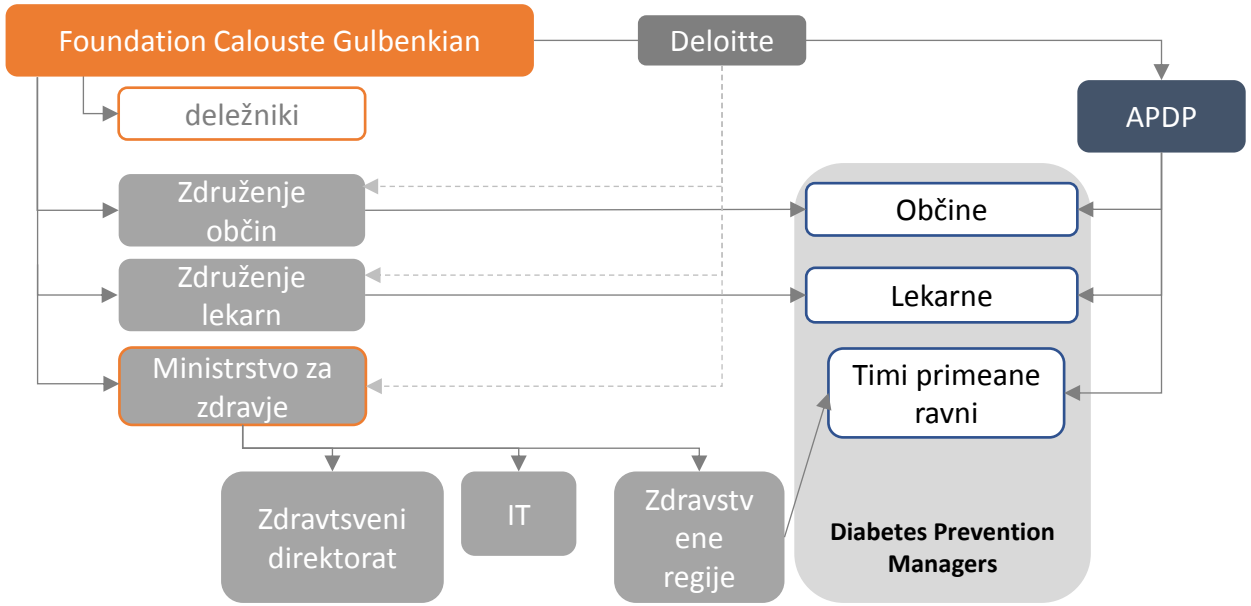
Izziv Gulbenkian “Ne sladkorni bolezni!

Glavni deležniki

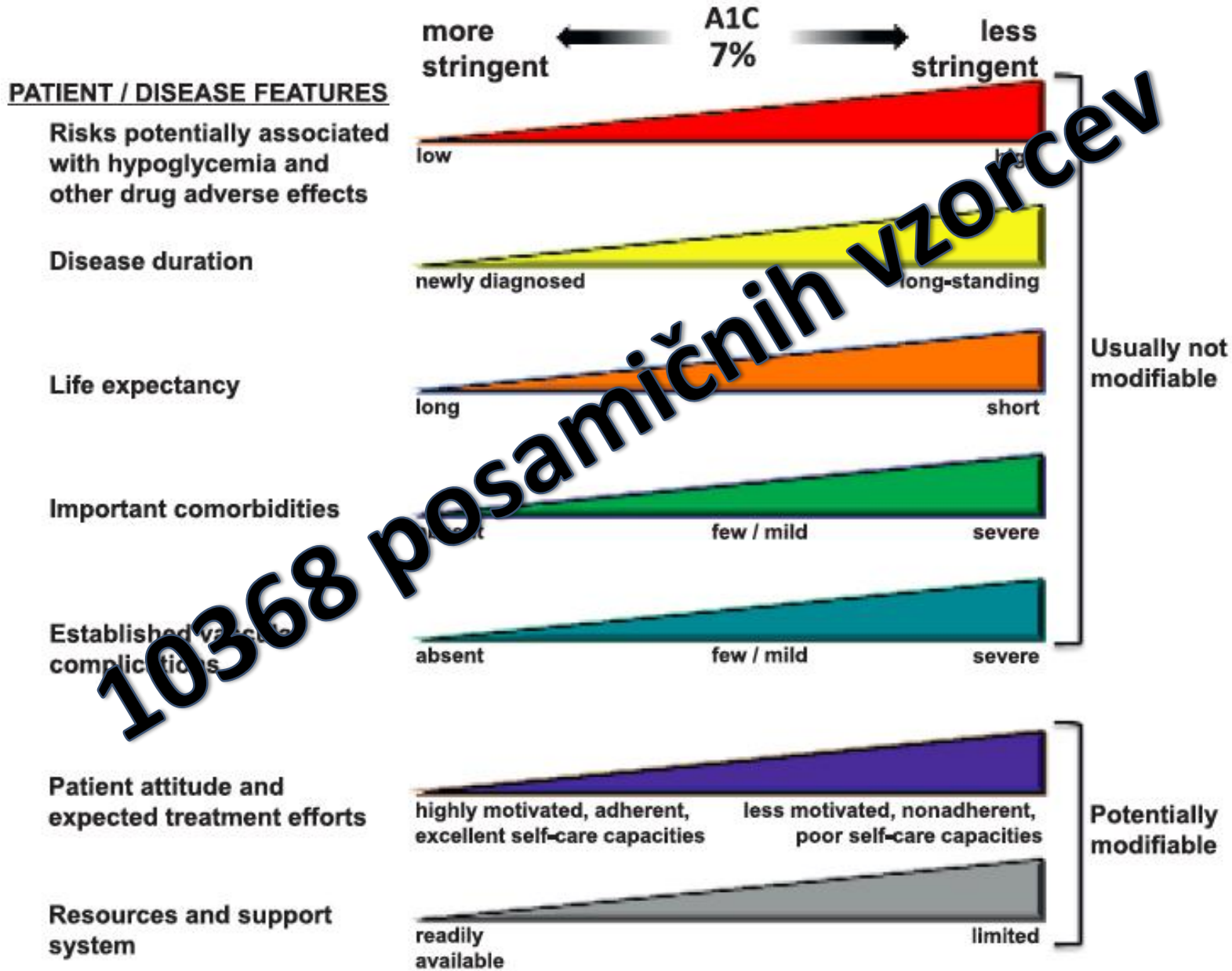
Task assignment

- Promocija in finančna podpora
- Spremljanje
- Operativno vodenje
- Facilitatorji
- Lokalna implementacija

Governance Model



Approach to the management of hyperglycemia



Definicija, ki temelji na zdravstvenem sistemu (SZO-Evropa)

- **Integrirana zdravstvena oskrba:**
  - Pristop za krepitev **na osebo osredotočenih zdravstvenih sistemov** preko
  - Promocije **kompleksne in kakovostne oskrbe** v vseh življenjskih obdobjih ,
  - Ki je prilagojena glede na **večdimenzionalne potrebe populacije in posameznika**
  - Ki jo izvaja **med seboj usklajen multidisciplinarni tim izvajalcev**, ki delujejo **v različnih okoljih in nivojih oskrbe**
- Potrebno je **učinkovito upravljanje**, da:
  - zagotavlja **optimalne izide** in
  - **ustrezno uporabo virov**, ki je osnovana na **najboljših možnih dokazih**, z vzpostavljenimi **povratnimi zankami** za **stalno izboljševanje učinkovitosti**, ter nagovoriti izvorne vzroke za slabo zdravje in ter krepiti promocijo dobrega počutja
  - **skozi znotrajsektorske in večsektorske dejavnosti.**

Sladkorna bolezen bo imela

BOLJŠE

SLABŠE

lajene time, ki bodo vključevali bolnike in družine

Neusklajene, ukazujoče time

Presejanje celotne populacije

Priložnostno presejanje

Prepoznavanje pred-diabetesa

Brez strategije za pred-diabetes

Strategije za socialne determinante

Strategije za osebno odgovornost

Jasno politično podporo

Izolirane ukrepe

Dovolj virov

Premalo virov za strategijo

Sisteme integrirane oskrbe– vzpodbude na osnovi izidov

Oskrba v ločenih razdelkih – vzpodbude na osnovi procesov ali komplikacij

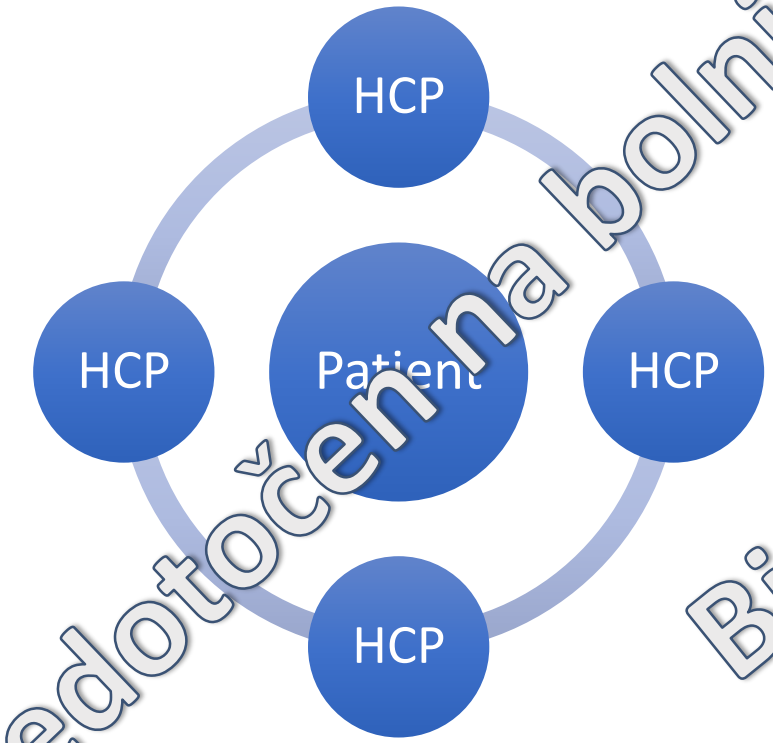
Integracija inovacije- novi modeli financiranja

Integracija inovacij- grožnja

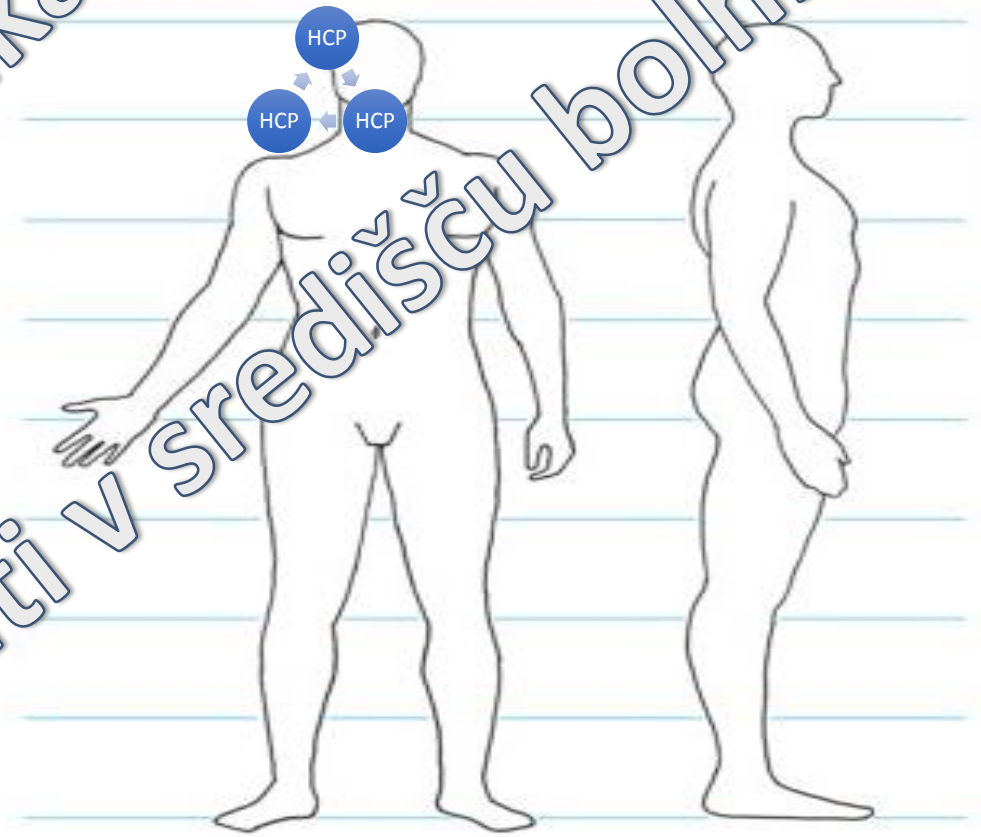
Za odgovorno državljanstvo
(Assal J et al / adapt. Boavida J and Rosário F, 2012)

- Vsi smo odgovorni, da naredimo vse po najboljših močeh, da ostanemo zdravi
- Vemo, da so zdrava prehrana, redno gibanje in prenehanje kajenja naša najboljša investicija v zdravje
- Imamo pravico pričakovati, da nam naš zdravstveni sistem pomaga ohraniti naše zdravje in ponudi primerno oskrbo, če zbolimo
- Odgovorni smo, da naredimo vse, da bo naš zdravstveni sistem deloval za nas.

Spreminjanje paradige…



Osredotočenost na bolnika



Biti v središču bolnika

Ključne točke

- Integrirana oskrba v primerjavi z multidisciplinarnim pristopom
- Perspektiva bolnika
- Oskrba sladkorne bolezni – ali bo boljša?

- Vprašanja in odgovori

hvala!!!

filipe.raposo@apdp.pt

Izziv Gulbenkian “Ne sladkorni bolezni”!”

Programme Chronogram