Diabetes & NCDs framework
Key elements for a regional proposal

09 May 2019 | Global Health Conference
Diabetes & NCDs Framework for a Regional Project Proposal

**Regulatory Policy**
Labeling, advertising and fiscal policy

**Multidisciplinary human capital strengthening**
Development of competences through innovative platforms

**Translational Research**
From science to daily practice

**Promotion of a healthy city**
Secure public spaces, parks, cycling, sports, mobility

**Continuum of care (space)**
Multi-platforms: Population, community, primary care clinic, general hospital, specialized hospital

**Continuum of care (time)**
Proactive prevention, early detection, disease management, timely referral and rehabilitation

**Patient-Centered**
Enhancement of co-responsibility towards a healthy lifestyle with family and peer support

**Leverage on Digital Health**
Reengineering of healthcare with robust digital platforms

**Use of information to improve healthcare delivery and quality of care**
Decision making at primary care clinics and hospitals

**Big Data & Artificial Intelligence**
Innovative analytic methods to predict and optimize healthcare services

**Learning Health Systems**
Evaluation and continuous improvement through evidence-based decision making
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Vertical interventions

Regulatory policy
- Labeling of food and beverages (e.g. Chilean labeling system)
- Regulation of advertising in TV programs targeted to children
- Tax to sugar sweetened beverages (e.g. Mexican taxes on sodas)

Promotion of a healthy city
Robust public infrastructure for the promotion of physical activity such as bike paths, parks and sports courts

Multidisciplinary human capital strengthening
- Use of digital platforms with asynchronous courses and performance tracking
- Integrated approach with CME credits and certification of clinical competences
- Open access MOOCs with the most common public health procedures
- Case-based knowledge sharing | The ECHO Experience

Translational Research
- National policies to promote rapid incorporation of innovations
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Patient-centered

**GOALS OF CARE**
- Prevent complications
- Optimize quality of life

**REVIEW AND AGREE ON MANAGEMENT PLAN**
- Review management plan
- Mutual agreement on changes
- Ensure agreed modification of therapy is implemented in a timely fashion to avoid clinical inertia
- Decision cycle undertaken regularly (at least once/twice a year)

**ONGOING MONITORING AND SUPPORT INCLUDING:**
- Emotional well-being
- Check tolerability of medication
- Monitor glycemic status
- Biofeedback including SMBG, weight, step count, HbA1c, blood pressure, lipids

**IMPLEMENT MANAGEMENT PLAN**
- Patients not meeting goals generally should be seen at least every 3 months as long as progress is being made; more frequent contact initially is often desirable for DSMES

**ASSESS KEY PATIENT CHARACTERISTICS**
- Current lifestyle
- Comorbidities, i.e., ASCVD, CKD, HF
- Clinical characteristics, i.e., age, HbA1c, weight
- Issues such as motivation and depression
- Cultural and socioeconomic context

**CONSIDER SPECIFIC FACTORS THAT IMPACT CHOICE OF TREATMENT**
- Individualized HbA1c target
- Impact on weight and hypoglycemia
- Side effect profile of medication
- Complexity of regimen, i.e., frequency, mode of administration
- Choose regimen to optimize adherence and persistence
- Access, cost, and availability of medication

**SHARE DECISION MAKING TO CREATE A MANAGEMENT PLAN**
- Involves an educated and informed patient (and their family/caregiver)
- Seeks patient preferences
- Effective consultation includes motivational interviewing, goal setting, and shared decision making
- Empowers the patient
- Ensures access to DSMES

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ASCDV = Atherosclerotic Cardiovascular Disease
CKD = Chronic Kidney Disease
HF = Heart Failure
DSMES = Diabetes Self-Management Education and Support
SMBG = Self-Monitored Blood Glucose

Source: Melanie J. Davies et al. Dia Care 2018;41:2669-2701
Continuum of care (time and space)

**Continuum spaces where services can be provided**

- Population-based interventions
- Community
- Primary care
- General Hospital
- Specialized hospital

**Identification of population**

- Systematic assessment of risk factors
- Personalized profiling
- Confirmation of diagnosis

**Incorporation into treatment**

**Integrated management of NCDs**

**Timely referral**

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- **Regulatory Policy**
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- **Multidisciplinary human capital strengthening**
  - Development of competences through innovative platforms
- **Translational Research**
  - From science to daily practice
  - Enhance the translational research from lab to practice
- **Patient-Centered**
  - Enhancement of co-responsibility towards a healthy lifestyle with family and peer support
  - Continuum of care (time)
    - Proactive prevention, early detection, disease management, timely referral and rehabilitation
  - Continuum of platforms (spatial)
    - Community, primary care clinic, general hospital, specialized hospital
- **Leverage on Digital Health**
  - Reengineering of healthcare with robust platforms and IoT
  - Innovative analytic methods to predict and optimize healthcare services
  - Big Data & Artificial Intelligence
  - Learning Health Systems
  - Evaluation and continuous improvement through evidence-based decision making
  - Use of information to improve healthcare delivery and quality of care
    - Decision making at primary care clinics and hospitals

- **Promotion of a healthy city**
  - Secure public spaces: parks, cycling, sports, mobility
  - Continuum of care (time)
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