

Designing a national diabetes plan in Slovenia

Overview

Throughout the 2000s, the burden of diabetes in Slovenia was on the rise; approximately 6% of the population were diagnosed with diabetes in 2007 and further increases were expected by 2025.¹ Prompted by international recommendations and national advocacy efforts, in 2006, the Ministry of Health convened a multidisciplinary working group to develop a national diabetes strategy. In 2009, after several years of planning, a patient-centred, transparent working document for diabetes was proposed. Later that same year, the National Health Insurance Institute joined the working group in support of the proposed document in what was termed “the winning moment” for the initiative and the Ministry of Health formally approved the proposed strategy in 2010. The strategy works in parallel to several independent health care reforms that occurred during the late 2000s, aiming to strengthen diabetes prevention and care services already in place. A coordinating committee has been created by the Ministry of Health to guide implementation of the strategy and progress towards established goals.

Problem definition

In 2007, approximately 125 000 patients (6% of the total population) in Slovenia were living with diabetes.¹ Type 2 diabetes accounted for 95% of all diabetes cases, many of which could have been prevented and treated through dietary and lifestyle changes.¹ With prevalence projected to rise to 8% by 2025, diabetes was a growing public health concern for Slovenia (Box 1).¹

Health services delivery transformations

Timeline of transformations

In 1989, the St Vincent Declaration signalled widespread recognition of the growing burden of type 2 diabetes, highlighting the need for

Box 1

What problems did the initiative seek to address?

- Rising prevalence of type 2 diabetes and associated health care costs.
- Limited availability of diabetes-related health promotion and disease prevention services.

a national diabetes plan in Slovenia (Table 1). When type 2 diabetes came to the forefront of the European Union (EU) health agenda in 2006, the Ministry of Health for Slovenia convened a working group to develop a national diabetes strategy in response to mounting pressure for action. In 2009, after several years of

deliberation among members of the working group, the National Diabetes Strategy was completed and was approved by the Ministry of Health in 2010. Two-year action plans guide achievement of long-term goals and the Strategy is currently midway through implementation set to run until 2020.

Description of transformations

Selecting services. Every five years people aged 40 to 65 in Slovenia are invited to participate in health checks which screen for a number of conditions, including diabetes. The National Diabetes Strategy has strengthened the provision of health promotion and disease prevention services, integrating disease prevention with current national screenings. In about half of all primary care centres an additional preventive programme has been developed whereby everyone above the age of 30 receives a diabetes risk assessment – measuring indicators including body weight, eating habits, physical activity and blood glucose levels – and tailored health education and follow-up care based on assessment findings.

Designing care. New guidelines for providing diabetes care have been developed with input from a variety of actors including physicians, diabetologists, nurses and representatives from patient associations.

Organizing providers. General practitioners provide the majority of diabetes care and are responsible for making necessary referrals. Recent reforms have added registered nurses to primary care practices, forming so-called model practices. Approximately half of all primary care practices now employ a registered nurse to assist with the management of patients with chronic but controlled conditions, such as diabetes. Some responsibilities for diabetes-related care are delegated to registered nurses, helping increase the level of care

Table 1

What were the chronological milestones for the initiative?

1989	St Vincent Declaration on diabetes recommends WHO European Region member states adopt a national diabetes plan.
1995	National diabetes plan drafted in Slovenia but a lack of momentum prevents formal adoption by the Ministry of Health.
2006	EU declares prevention of type 2 diabetes a priority health care topic; Ministry of Health in Slovenia convenes a working group to prepare a national diabetes strategy.
2008	Extensive deliberation among working group stakeholders leads the initiative in a new direction towards a more collaborative, people-centred approach.
July 2008	Resolution on the National Health Care Plan 2008–2013 adopted to require regular screening for certain conditions, including diabetes.
June 2009	Draft for the National Diabetes Strategy finalized.
September 2009	National Health Insurance Institute joins the working group in support of the proposed National Diabetes Strategy.
March 2010	National Diabetes Prevention and Care Development Programme Development Strategy 2010–2020 adopted by the government; Ministry of Health establishes a coordinating group to oversee implementation of the Strategy.
Present	Strategy is currently halfway through the set implementation period and continues to be developed according to planned actions.

patients receive and supporting greater attention to preventing and monitoring the condition. Registered nurses also play a key role in coordinating necessary care with other providers and ensuring patients attend diabetes check-ups.

Managing services. The initiative is described as being an “almost zero cost project” and generally resource investments in addition to those already in place have not been required. The National Diabetes Strategy is guided by a multidisciplinary coordinating committee who reports to the

Ministry of Health. This group is responsible for the development of two-year action plans detailing incremental goals to help ensure the initiative stays on track to meet its long-term objectives.

Improving performance. Trainings have been provided for physicians and nurses which focus on counselling for diet, physical activity, weight loss and other related topics. Additionally, specific trainings were developed to prepare registered nurses to work in model practices. Annual reporting for the National Diabetes Strategy on what activities

have been undertaken that year and any success or challenges the initiative has faced is performed by the coordinating group and submitted to the Ministry of Health.

Engaging and empowering people, families and communities

Leaders of the initiative described patients as the “unifying focus” for all proposed actions in the National Diabetes Strategy. At the centre of the initiative is an empowered patient who is able to actively participate in the care process, assume responsibility for their own health and lead a high quality life free from diabetes-related complications. The national patients’ association for diabetes was instrumental in helping to construct the National Diabetes Strategy via participation in the working group. One in every five people diagnosed with diabetes within Slovenia belong to the association and this group was important for making sure “patients have their say and are heard”.

Recent health system reforms have strengthened the rights and involvement of patients in health care, namely the Patients’ Rights Act of 2008, which supported the National Diabetes Strategy in furthering patient engagement in diabetes-related care. Providers are tasked with ensuring patients receive clear and credible information about diabetes to enable patients to take the central role in care planning. Training for primary care providers fostered improvements in diabetes-related patient education and providers now offer prevention programmes focusing on diet, physical activity, weight loss and other topics to help increase patients’ health literacy surrounding their condition and empower them to prevent or self-manage their diabetes. Leaders of the initiative described patient engagement as “the most important focus” of type 2 diabetes prevention efforts.

Table 2

How was the delivery of health services transformed through the initiative?

Before	After
Selecting services	
Screening in place for population aged 40 to 65 for variety of conditions, including diabetes; standard care for diabetes available.	Strengthened provision of health education, health promotion and disease prevention services; diabetes risk assessments introduced for population above age 30 in some practices.
Designing care	
Standard guidelines and protocols for diabetes care in place.	New diabetes guidelines and protocols developed via multistakeholder collaboration.
Organizing providers	
Strengthened role of primary care; general practitioners lead management of care for patients with diabetes.	General practitioners continue to lead management of care for patients with diabetes; registered nursing positions added to primary care practices, expanding nursing responsibilities in diabetes prevention and care.
Managing services	
National Health Insurance Institute reimburses diabetes-related care under statutory health insurance.	Initiative makes use of resources already in place; coordinating group oversees activities.
Improving performance	
Limited education for providers on patient counselling for diabetes.	Trainings provided for primary care providers on delivering health education to patients; additional training offered to registered nurses in model practices; annual progress reports prepared by the coordinating group.

Health system enabling factors

Several laws passed during the planning phase of the National Diabetes Strategy have supported the initiative. The resolution on the National Health Care Plan 2008–2013 strengthened the role of primary care and required screening for diabetes to be offered to the population aged between 40 to 65 years. Additionally, the Patients’ Rights Act formalized the right of patients to be involved in their care, promoting patient empowerment and engagement with diabetes-related care.

Outcomes

The main goals of the initiative are to prevent or delay type 2 diabetes in at-risk individuals, increase early detection of diabetes and decrease

diabetes-related complications. However, a system to monitor and evaluate the impact of the initiative is not currently in effect and no formal data on outcomes are available. A study on the burden of diabetes has been carried out to serve as a benchmark for improvements and a national clinical register for diabetes is currently being developed.

Change management

Key actors

A number of actors came together to realize the National Diabetes Strategy (Box 2). Strong advocacy efforts by the national Diabetes Association succeeded in securing the necessary government-level support behind the initiative and a multidisciplinary working group was formed by the Ministry of Health to

design the Strategy. As participation in the working group was unpaid and entirely voluntary, it was composed of individuals who were highly motivated to address the problem of diabetes. “If you have zero-cost activities then you get different types of people who get involved. When money is the driver, you get completely different types of people. Because of zero-cost we did a better job than we would have done with money.”

Later support from the National Health Insurance Institute was seen as the “winning moment for the national diabetes plan”. The Ministry of Health formally adopted the Strategy and set up a coordinating committee to oversee implementation efforts. The coordinating committee is currently

responsible for ensuring progress towards Strategy objectives under continued Ministry oversight.

Box 2

Who were the key actors and what were their defining roles?

- **Ministry of Health.** Convened a working group (to design the initiative) and coordinating group (to oversee implementation of the initiative); approved proposed National Diabetes Strategy and oversees activities; co-organizer of National Diabetes Day.
- **Slovenian Diabetes Association.** Strong and active patient association for diabetes; advocated for the development of a national diabetes plan; participated in the working group and continues to represent patients on the coordinating committee for the National Diabetes Strategy.
- **Working group.** Composed of representatives from the Ministry of Health, universities, diabetes care providers, the National Public Health Institute and, later, the National Health Insurance Institute; worked together to develop the National Diabetes Strategy.
- **Coordinating committee.** Oversees implementation of the National Diabetes Strategy; submits regular evaluation reports to the Ministry of Health.

Initiating change

The first trigger for the initiative was the St Vincent Declaration which inspired senior diabetologists in Slovenia to draft a national diabetes plan; however, insufficient support at the time meant the plan was never realized. The discussion on diabetes in Slovenia was rejuvenated in 2006

when type 2 diabetes became a health care priority for the EU, which Slovenia had recently joined. At this time, the Slovenian Diabetes Association increased advocacy efforts calling for government action on diabetes. Combined, these driving factors pushed the Ministry of Health to establish a working group to develop a national diabetes strategy. Examples of diabetes plans in other countries served as inspiration, namely that of Finland. Initially, having never worked together, the working group faced challenges in establishing trust as “it was not very common to speak at the same table with different kinds of people who had very different feelings about what is important in diabetes.” After two years of discussion without sufficient progress, the working group found a “unifying focus” by asking the question “what can I – as a diabetologist, nurse, general practitioner or civil servant – do for my patient”. With a common platform in place, the working group “started to build trust and common understanding” allowing them to “join to work better, more efficiently, to know each other and to start producing the project together in a coordinated way”. Orientation trainings for working group members helped to build leadership skills among individuals. With increased

trust established within the group, there was enough transparency to draft a document. The working group completed this document in 2009 after a three-month review by all stakeholders. In 2010, four years after the working group first formed, the Ministry of Health formally approved the National Diabetes Strategy.

Implementation

A coordinating committee was established to oversee implementation of the initiative. Two-year action plans were set to divide the 10-year National Diabetes Strategy into more tangible goals. The coordinating committee convenes annually to review progress in relation to the two-year action plans, strategize improvements and resolve any issues.

Moving forward

Leaders continue to phase in the National Diabetes Strategy in two-year incremental stages. Standardizing quality of prevention and treatment, better integrating care and taking into account the needs of vulnerable populations are the main challenges for the future. Strengthening primary care, further involving patients, implementing monitoring systems and introducing e-health are priorities recognized by the coordinating committee moving forward.

Highlights

- An active patient association supported patient engagement and involvement throughout the initiative’s planning and implementation process.
- Meaningful stakeholder engagement across professions and institutions helped develop a common vision for the initiative.
- Building trust between stakeholders took time but was necessary to allow functional teamwork and effective plan development.
- Oversight from the Ministry of Health fostered important linkages across activities, ensuring that changes to services delivery under the initiative aligned and complemented other parallel reforms.

1 Ministry of Health of the Republic of Slovenia. (2010). *Diabetes prevention and care development programme 2010-2020*. Ljubljana: Author. Retrieved from http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/mz_dokumenti/delovna_podrocja/javno_zdravje/diabetes/National_Diabetes_Prevention_and_Care_Development_Programme.pdf