THE BURDEN OF DIABETES MELLITUS AND OPPORTUNITIES FOR REFORM

Insights for the Greek Healthcare System

Diabetes mellitus is a rapidly growing global health crisis, causing significant health and economic burden worldwide. This chronic condition can lead to severe complications such as neuropathy, nephropathy and retinopathy. Diabetes is one of the major controllable risk factors for cardiovascular disease. Type 1 diabetes (T1DM) is primarily genetic, while type 2 diabetes (T2DM) is influenced by risk factors such as obesity, physical inactivity, and unhealthy diet.[1] People living with diabetes (PLWD) face unique challenges in managing their condition and preventing complications.

	Prevalence of diabetes among adults	***Number of deaths diabetes contributes to (2021)*** [2,4]	***Diabetes related health expenditure per person (2021)*** [2,4]
EUROPE	**9.2% (2021)**[2]	**147 per 100,000 population**[2] (1.1 million deaths)	**€2,623.1** per PLWD[2]
GREECE	**11.9% (2020)**[3] (Of which ~10% T1DM & ~90% are T2DM)[7]	**214 per 100,000 population**[4] (22,350 deaths)	**€1,484.9** per PLWD[4]

Prevalence of diabetic chronic kidney disease (DCKD) among Greek PLwD T2 (2020)[5] = ***45%*** (including mild, moderate and severe CKD)

DIABETES CARE DELIVERY

The Greek Healthcare System has made progress in diabetes care, improving access to therapies for PLwD and promoting primary prevention. However, significant challenges persist, primarily related to the coordination and delivery of care.

Positive Aspects of Greece's Diabetes Care:

- Universal Health Coverage
- Access to specialist doctors via diabetes centres
- Access to continuous glucose monitors (CGMs) and insulin pumps
- National Action Plan for Public Health (NAPPH)
- National e-prescription infrastructure
- Therapeutic protocol for treatment of diabetes

Issues in Greece's Diabetes Care:

- Inadequately established system for a designated HCP to guide PLWD care and coordinate services
- Lack of national diabetes strategy
- No clinical and cost-effectiveness prescribing guidance on the treatment of diabetes
- No health technology assessment (HTA) for medical devices and digital health technologies (DHTs)
- Limited data interoperability across geographies and providers
- WAIT survey indicates that new diabetes medications take longer to reach PLWD in Greece (761 days) compared to the European average (647 days)[6]

POLICY RECOMMENDATIONS

1. ADOPT A NATIONAL DIABETES STRATEGY

- Align political priorities, an essential first step towards meaningful policy change.
- Develop a national plan with programs for early diagnosis, screening, prevention and management of diabetes and its associated conditions that integrates with the National Action Plan for Public Health.
- Improve care coordination by establishing a clear system access framework for people living with diabetes.
- Adopt a robust health data strategy for the sustainable development of a registry for all people living with diabetes, mechanisms for tracking complications, and interoperability.
- Formalize stakeholder involvement to leverage expert feedback.
- Increase diabetes self-management education and preventative education, with a focus on youth and nutrition.
- Introduce policies to promote the uptake of and access to novel technologies through sustainable health system incentives.

2. STRENGTHEN PRIMARY CARE CAPACITY

- Increase the role of primary care in care coordination for the prevention and management of diabetes and associated conditions, reducing undue burden on specialists.

3. INVEST IN DATA INFRASTRUCTURE TO IMPROVE INTEROPERABILITY AND ANALYSIS

- Improve data interoperability across providers, regions and care levels.
- Establish a national sustainable and comprehensive diabetes registry for all people living with diabetes that tracks demographics, clinical outcomes, complications, and IDIKA-linked data to monitor trends, identify care gaps, and inform policy.
- Where feasible, consider financial support to facilitate digital transitions including reimbursement of telehealth services when appropriate.
- Leverage new insights for data-driven decision-making and value based negotiations.

4. ENABLE A SHIFT TOWARDS INTEGRATED CARE

- Remove existing barriers to delivering multi-disciplinary care coordination including prescribing rights for standard complication screenings for all doctor who treat diabetes.
- Implement prescribing guidance based on clinical and cost-effectiveness criteria and evidence.
- Expand care to include a wide range of holistic and patient-centered interventions on diabetes.

5. ADVANCE HTA CAPABILITIES

- Strengthen HTA capacity for pharmaceuticals and implement a pathway for assessment of medical devices and DHTs.

SEE MORE INFORMATION:

http://www.lse.ac.uk/business/consulting/reports/the-burden-of-diabetes-in-greece

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world diabetes day 14 November

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