



***Croatian National Programme of  
Healthcare for People with Diabetes***

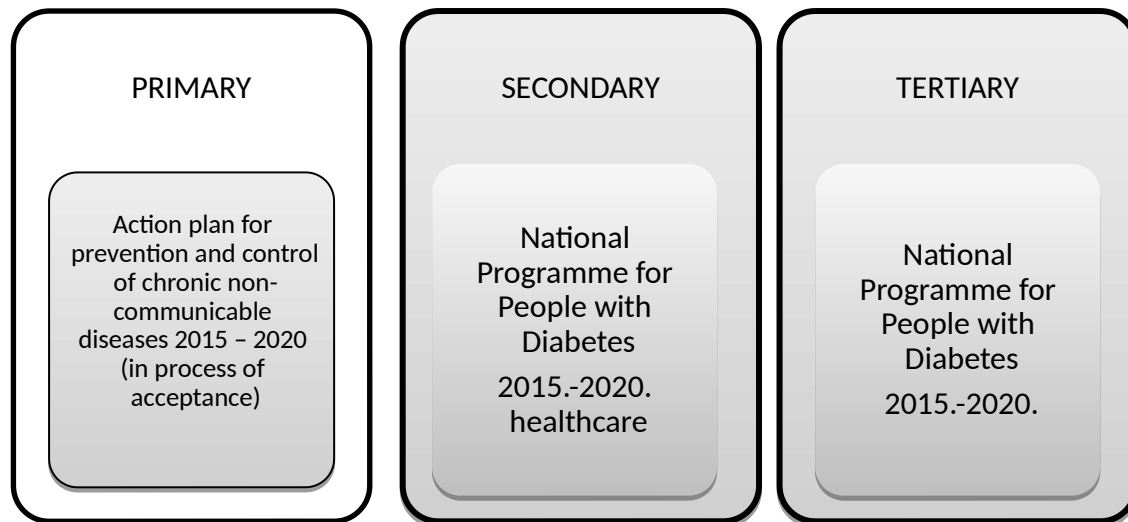
**2015 - 2020**



## ■ Strategy framework

- National Programme for People with Diabetes 2007 – 2012
- Resolution on Diabetes 2011
- Public Health Development Strategy 2013 – 2016
- National Healthcare Development Strategy of 2012 – 2020
  
- Action Plan for Prevention and Control of Chronic Non-communicable Diseases 2015 – 2020 (in process of acceptance)

### PREVENTION OF DIABETES





## ■ National programme 2015 - 2020

- **MISSION** – to improve health of patients with diabetes, efficient early detection of diabetes, **follow-up**, treatment and prevention of diabetes-related complications
  
- **VISION** – to enable the highest quality of life (QoL) to people with diabetes with minimization of negative aspects on life expectancy
  
- **GOALS**
  - to raise consciousness about risk behaviour for diabetes development and affect their change
  - to discover as more diabetics and offer them appropriate healthcare and to delay and/or prevent diabetes-related complications
  - improve QoL of diabetics



## ■ GENERAL GOALS

- to raise the number of newly discovered diabetics in early phase of the disease, with action of early detection of diabetes in primary healthcare for 80% five years after the onset of National programme using „preventive panels”
- decrease of complications of diabetes for 20% five years after the onset of National programme, especially regarding:
  - lower extremity amputations
  - blindness
  - chronic renal failure
  - cardiovascular diseases
- **follow-up through CroDiab registry**
- approaching pregnancy outcomes in women with diabetes to outcomes in healthy women, with establishment of **appropriate follow-up system and surveillance of pregnancy outcomes** in women with diabetes - follow-up through CroDiab registry



## ■ **SPECIFIC GOALS**

- to provide guidelines for healthcare organization; to define levels and authorities of healthcare for diabetics; to encourage „diabetes friendly” GPs inside the GP group praxis
- **to improve interoperability (acceptance of data from primary healthcare panels in appropriate number) targeting improvement of diabetes healthcare surveillance** – goal is to achieve 80% of filled-in panels for diabetics, with 80% of filled-in data
- to control HbA1c in all diabetics minimally once a year; control of lipids, blood pressure, weight – goal: 50% of people registered in CroDiab – follow-up through CroDiab



## ■ National Diabetes Registry - CroDiab

- established in 2000
- assessing the prevalence and incidence, acute and chronic complications, monitoring morbidity, mortality and other clinical care quality indicators at national level
- since 2004 mandatory registration
- international basic information sheet data structure
- CroDiab NET and CroDiab Web
- regular linkage with national mortality database, national physician registry, PHC routine data from central information system, drug registry
- EHR functionalities, between primary physician, secondary practitioners and registry personell communication, clinical practice support, analytical tools



## ■ Registration outputs

- in 2012 overall number of patients registered in the CroDiab through basic information sheet 115,149
- ~ 32,600 registrations through basic information sheet (estimated coverage around 14%) around 234,500 persons with diabetes recorded in general practice - Central health information system (CEZIH)
  - 6% type 1,
  - 93% type 2,
  - 0.1% gestational diabetes,
  - 0.9% other specific types
- 2012->2014 absolute measures increased around 1%