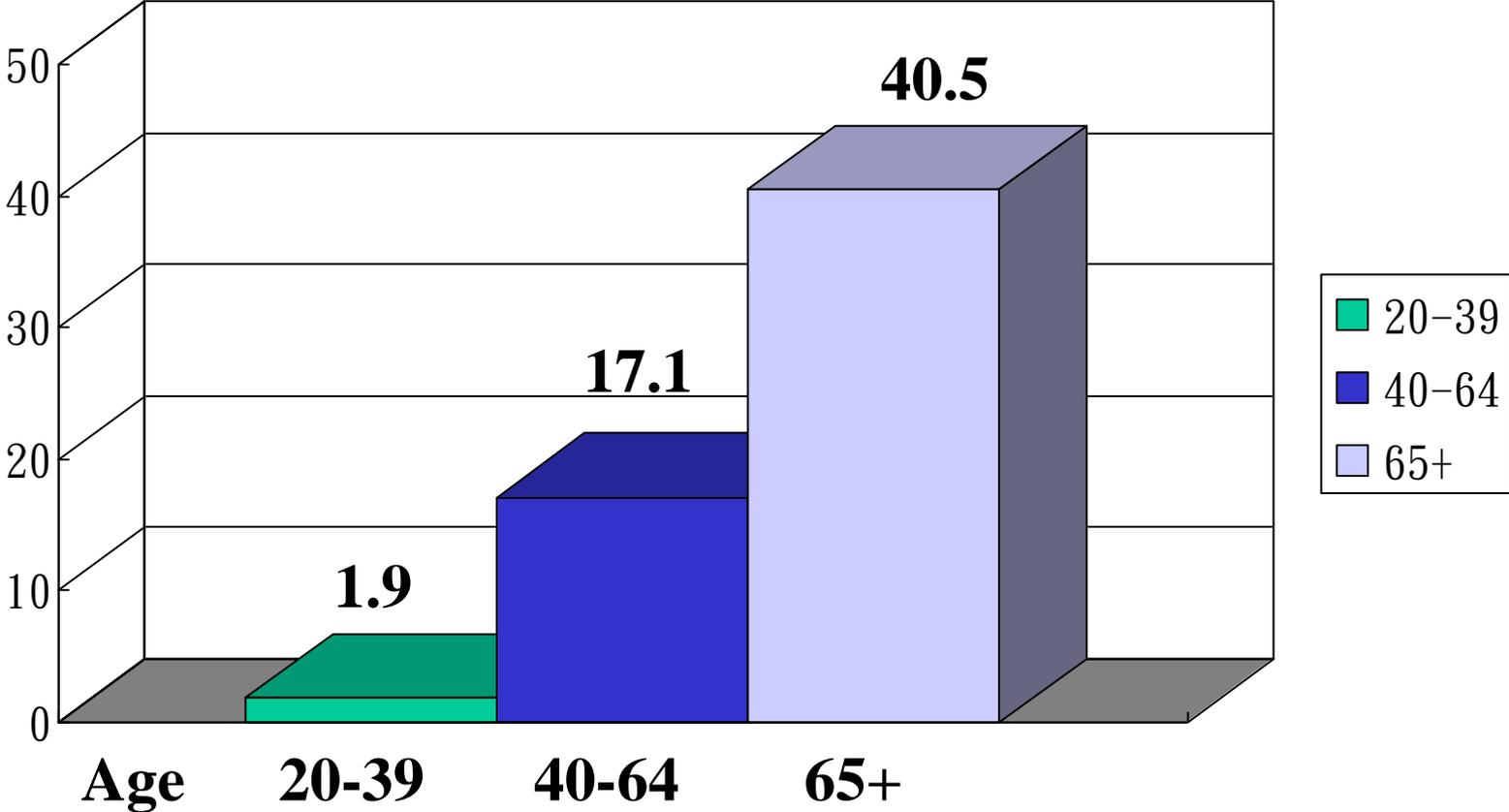


Diabetes

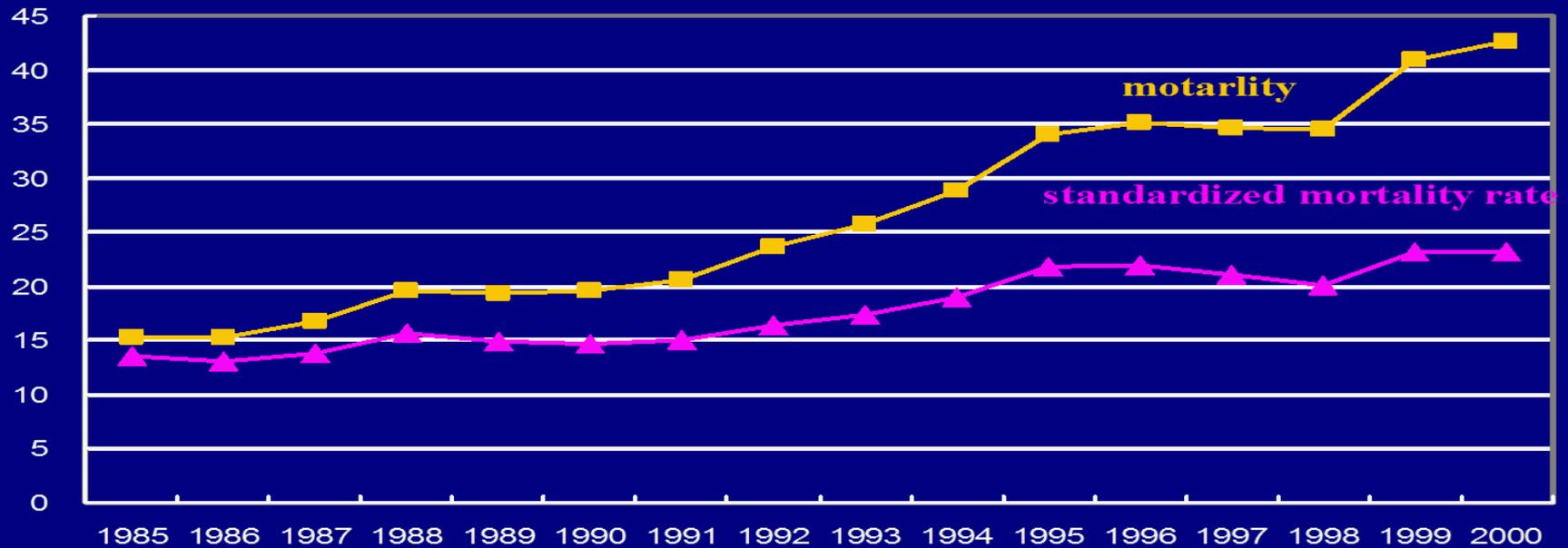
- ❖ The fifth of the leading causes of death
- ❖ The life lost of age-specific mortality of above 65 is much more than other disease.
- ❖ The results of diabetes control would delay the inducement of hypertension, cerebral-vascular, heart and kidney disease, blind..etc.
- ❖ Diabetes care fee was 11.5% of the total medical care fee of National Health Insurance (NHI) (1998)

Prevalence of diabetes Mellitus





Mortality of Diabetes Mellitus



Risk Factors

- ❖ Family history with diabetes
- ❖ Obesity
- ❖ insufficient physical activities and stress
- ❖ diagnosed of glucose of tolerance barrier

Diabetes Control Plan

- ❖ A. Establishing a health promotion system
- ❖ B. Early Diabetes detection
- ❖ C. Enhanced the quality of medical care of diabetes
- ❖ D. Plan of insurance payment to diabetes



A. health promotion : practice healthy diet

A. Establishing a health promotion system

- A-1 Integrating government, medical care facilities, and community resources to collaborate in prevention program.
- A-2 Educational activities are carried out through multi-channel, on multi-sites to improve awareness of the major risk factors and promote healthy lifestyles
- A-3 Producing educational materials such as: booklet, pamphlets, posters, video tapes, etc.
- A-4 Setting November as the strengthening health promotion activities and control diabetes with the World Diabetes Day campaign.



A-2 health promotion : practice healthy gymnastics



World Diabetes Day campaign

B. Early Diabetes detection

- B-1 Offer “health examination” to our senior citizens, age between 40 and 65 would have check up every three year, people over 65 would have healthy examination once a year.
- B-2 To the remote areas, we have a service team that could visit there and give the screening services including blood pressure, blood sugar and cholesterol.



Early Diabetes detection

C. Enhanced the quality of medical care of diabetes

- C-1. Design the “diabetes passport” for every diabetes patients, help patient self care and communication with his doctor 、 nurse..etc.
- C-2. 82 Diabetes care centers have been encouraged to set up .
- C-3. All counties and cities have been supervised to consolidate their local resources to shared care network for diabetes, and strengthen all together the ability of self care of patients.
- C-4. NHI provides fee for outcome quality of medical care, teaching patient self care by certified diabetes education (CDE) of registered nurse (RN) and registered dietician (RD) .

C-1 The Contents of diabetes passport

- ❖ the right and duty of diabetes
- ❖ diabetes history
- ❖ guideline of control diabetes
- ❖ clinic records & complications records
- ❖ medications

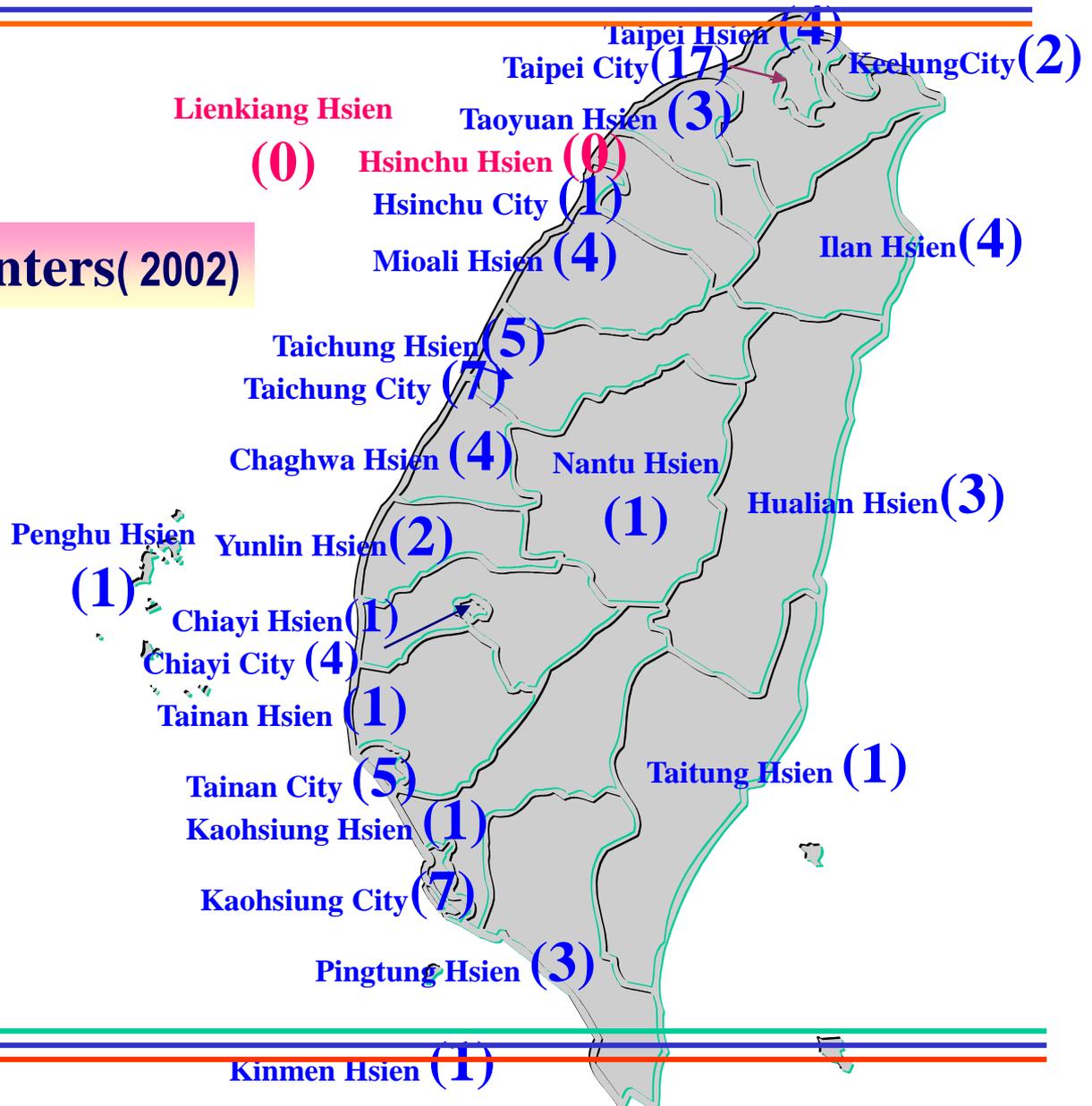
糖尿病合併症檢查記錄(一)

項目	檢查 年/月/日	檢查結果	
 <p>視力</p>		左眼	右眼
 <p><input type="checkbox"/> 視網膜病變 <input type="checkbox"/> 黃斑部病變</p>		左眼 <input type="checkbox"/> 有病變 <input type="checkbox"/> 沒病變	右眼 <input type="checkbox"/> 有病變 <input type="checkbox"/> 沒病變 備註 _____
 <p>牙周病變</p>		<input type="checkbox"/> 有異常 <input type="checkbox"/> 沒異常 備註 _____	
 <p>缺血性心臟病</p>		<input type="checkbox"/> 有異常 <input type="checkbox"/> 沒異常 備註 _____	



C-2 Diabetes care centers(2002)

Cities and counties	Institutions
Taipei Hsien	4
Ilan Hsien	4
Taoyuan Hsien	3
Hsinchu Hsien	0
Mioali Hsien	4
Taichung Hsien	5
Chaghwa Hsien	4
Nantu Hsien	1
Yunlin Hsien	2
Chiayi Hsien	1
Tainan Hsien	1
Kaohsiung Hsien	1
Pingtung Hsien	3
Taitung Hsien	1
Hualian Hsien	3
Penghu Hsien	1
Keelung City	2
Hsinchu City	1
Taichung City	7
Chiayi City	4
Tainan City	5
Taipei City	17
Kaohsiung City	7
Kinmen Hsien	1
Lienkiang Hsien	0
Total	82



C-2 Diabetes care centers

❖ Manpower

- **Team of doctor 、 nurse 、 dietician 、 pharmacist 、 social worker..etc.**

❖ Mission

- **To demonstrate of diabetes care**
- **To help or to implement the training program**
- **To take part local diabetes shared care**
- **To carry out and advocacy policy of government**

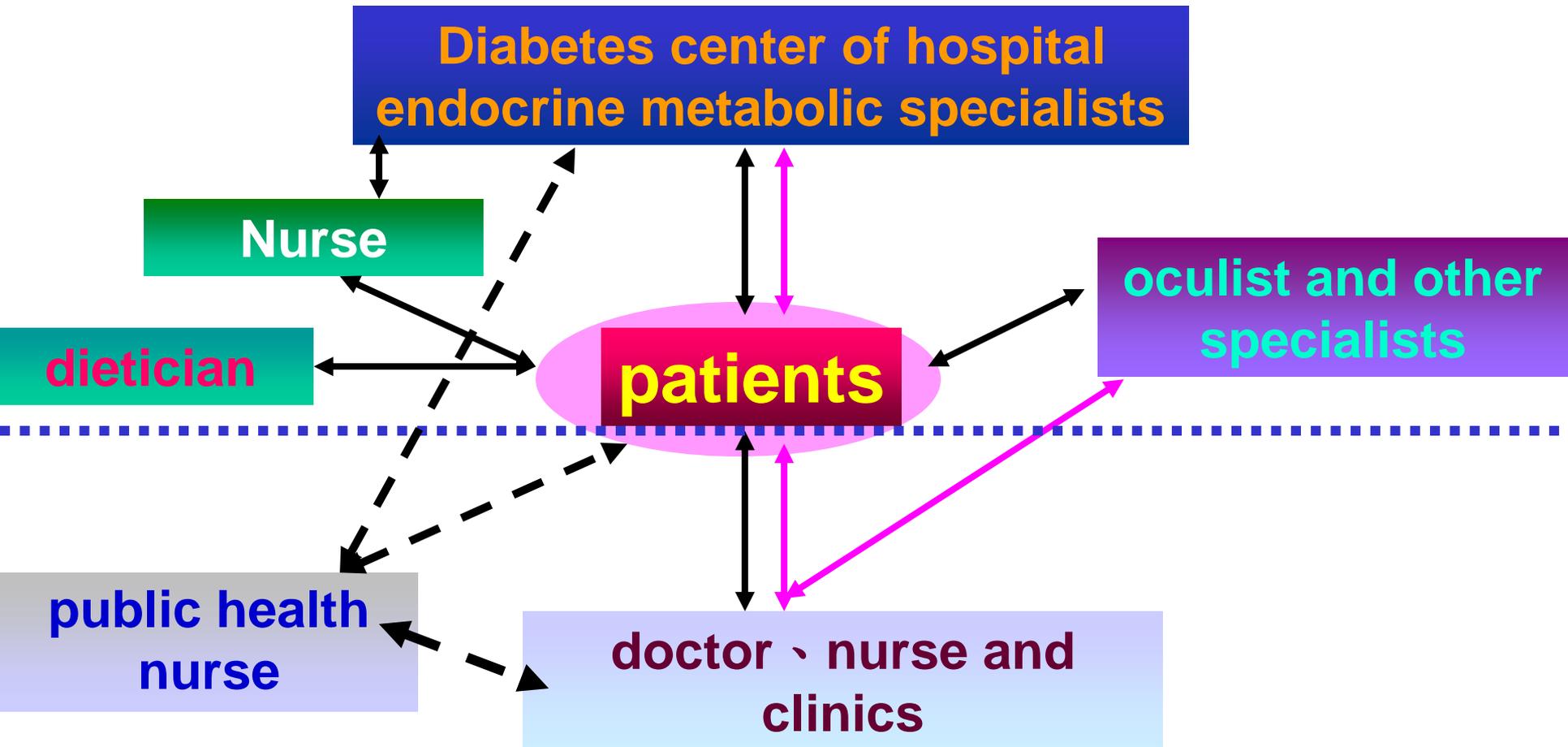
❖ Final analysis audit and continue quality improvement

C-3 Definition : diabetes shared care

The joint participation of hospital consultants and general practitioners in the planned delivery of care for patients with a chronic condition, informed by an enhanced information exchange over and above routine discharge and referral notes (Hickman,1994)

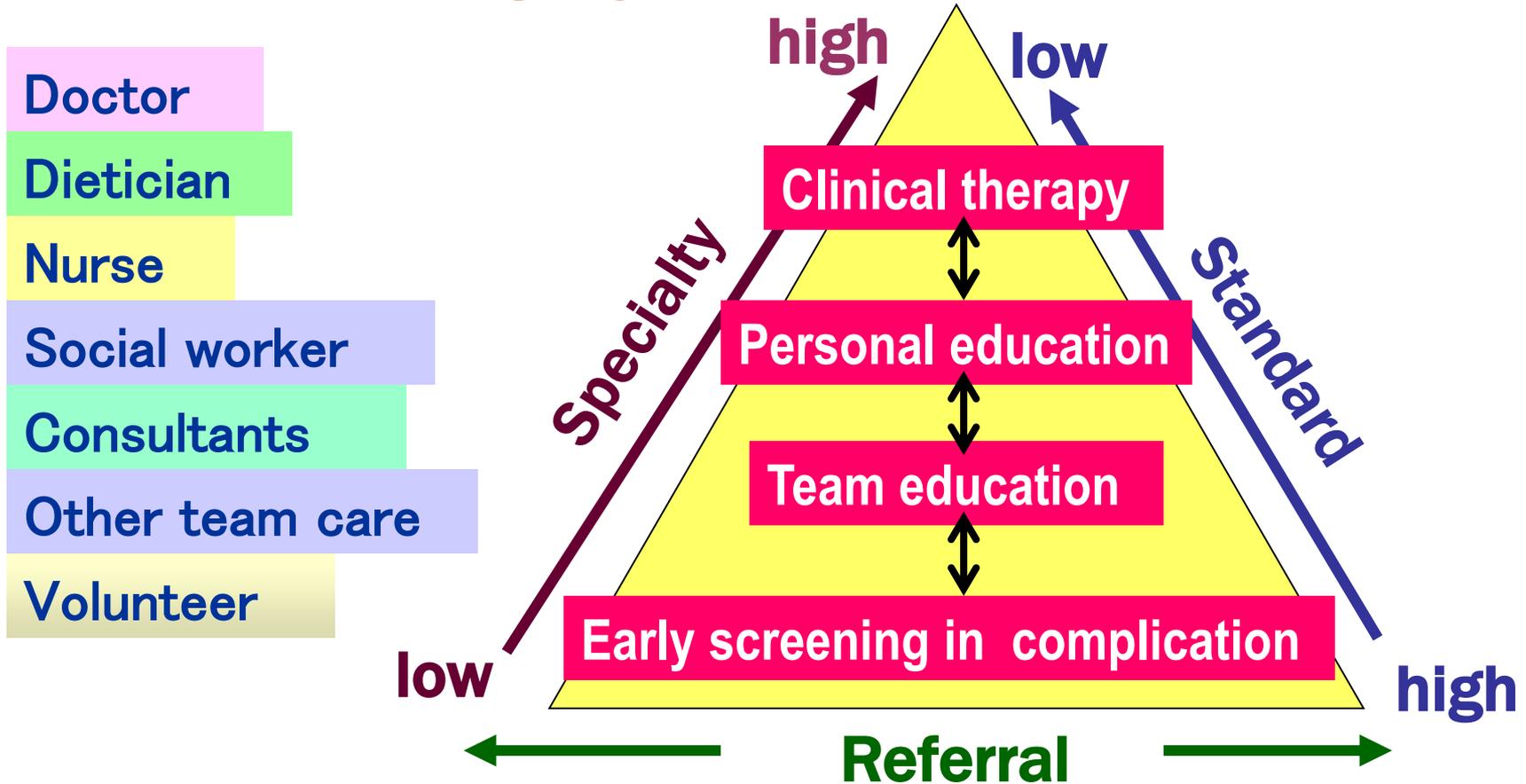


C-3 Framework of diabetes shared care





C-4 Care category of diabetes shared care

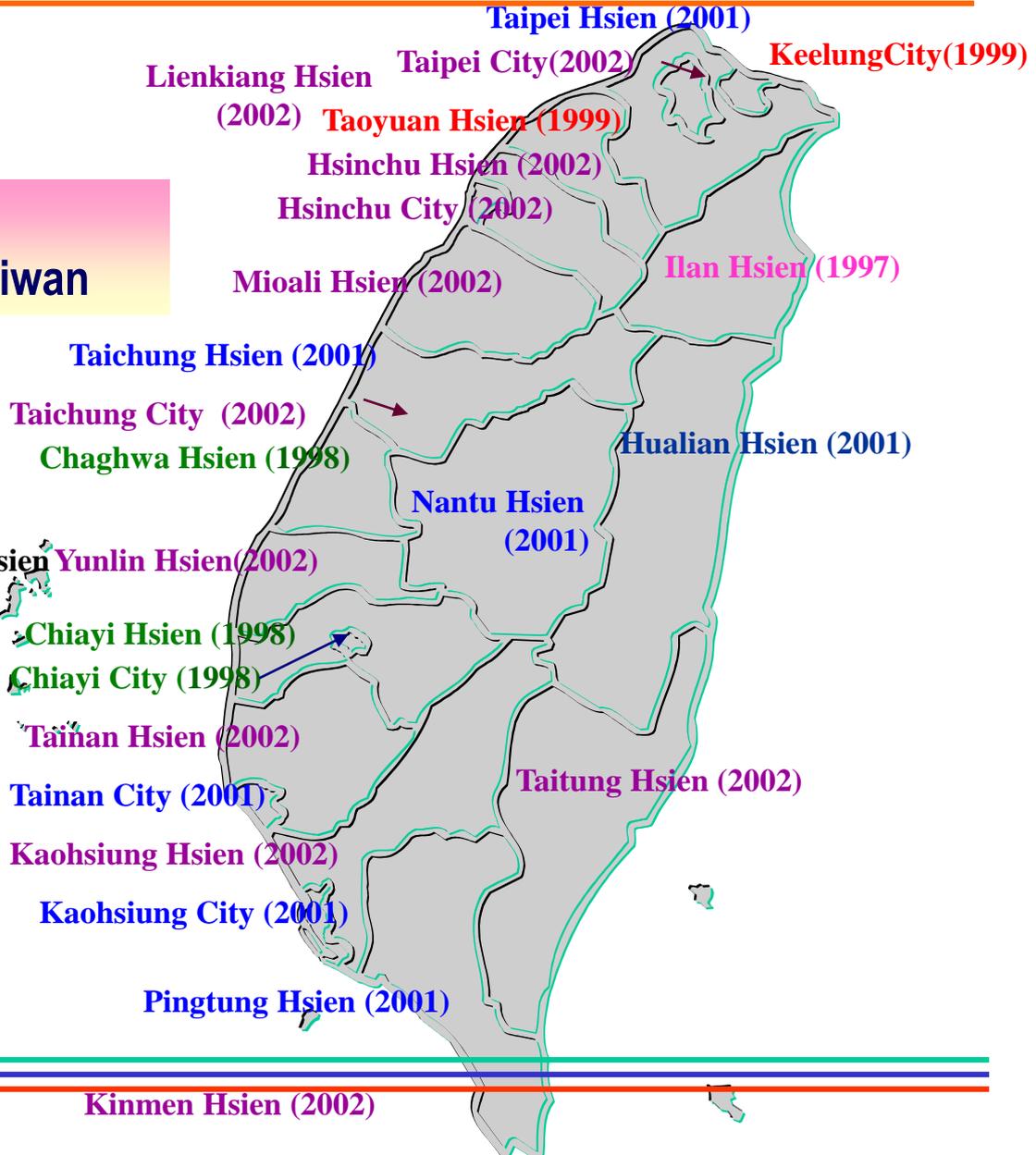




Bureau of Health Promotion

C-3 : Current status of diabetes Shared Care in Taiwan

Set up (year)	Cities and counties number
1997	1
1998	3
1999	2
2000	1
2001	7
2002	11
Total	25



Kinmen Hsien (2002)

C-3 Outcomes of diabetes shared care (date to 2002.08)

National:

- ◎ **Town numbers : 198 (coverage:54%)**

- ◎ **Medical care institutions numbers of join shared care : 562**
 - **medical care institutions numbers of join NHI : 203**
 - **18,532 patients were recorded with computer among these 203 institutions about cared data**

- ◎ **Took CDEs (Certified Diabetes Educators): total 884**
 - **doctor:194; nurse:383; dietcian: 297; other specialist:10**
 - **increase 208 persons than 2001 (doctor:32; nurse:121; dietcian: 55)**

- ◎ **Diabetic patient self-help groups was set up:**
86 (over 21counties and cities)



C-3 The workshop of diabetes shared care

C-3 Outcomes of diabetes shared care (date to 2002.08)

Changhwa Hsien ,Yuanglin town

- ◎ **Diabetic patient self-help groups : 1,130 patients**
- ◎ **Retinopathy screening ratio is raise from 13.5% (before join organization) to 40.9%**
- ◎ **HbA1C ↑7.5 (260 DM patients) :**
before cared :27.3% after cared : 13.0%
- ◎ **Nephropathy screening : 40 persons were found the nephropathy disease in 333 screening DM patients**

C-3 Outcomes of diabetes shared care (date to 2002.08)

Chiayi area

- ◎ **The situations of Chiayi city and county are close , that were be incorporated an area to discuss**
- ◎ **Qualified Medical care institution numbers : 21
doctor: 28; educator :34**
- ◎ **Examination ratios of HbA1C 、 creatinine and urine protein are all raise significant among 463 diabetic patients**

C-3 Conducting relevant research and surveys

- ❖ National nutrition survey, national health survey, and diabetes prevalence survey are ongoing.
- ❖ Establishing a diabetes care quality monitor system.