Comparing national policy and programme strategies for managing the psychosocial aspects of diabetes

Introduction
The DAWN2 study explored the perceptions of PWD, HCPs and 51 FMs in 17 countries, focusing primarily on the psychosocial aspects of diabetes, and the need for evidence, support, and funding in areas of care and support.1

The findings are consistent with psychosocial indicators related to the impact, burden, distress, and depression experienced by PWD, HCPs, and for diabetes management and education particularly identified by HCPs.1

In the care and supports to help PWD manage their diabetes, and in particular those that included the psychosocial aspects, were identified: Improved access and availability to psychosocial and mental health care and resources were considered important by HCPs identified by ICF.2

A scoping review of DAWN2 was a situation analysis conducted in 2012 on existing policies in each of the 17 countries, focusing on the psychosocial aspects of diabetes, supports, and diabetes treatment and reimbursement.3

Aim
The aim of this poster is to present the situation analysis of existing diabetes-related policies and strategies in the 17 countries specifically relevant to the management and care of the psychosocial aspects of diabetes.

Methods
Study design
The full study design for the DAWN2 study has previously been described.2

Briefly, DAWN2 was an international, interdisciplinary, multi-stakeholder study conducted in 17 countries across South East Asia, Europe, Africa, and the Americas.4

DAWN2 was conducted in accordance with relevant ethical requirements in each country.

The scoping review methodology regarding PWD, HCPs and FM’s participation and needs regarding diabetes education and psychosocial aspects of diabetes includes the scoping of PWD, HCPs and FMs across the 17 countries, and the use of a documentary analysis, questionnaires specific to diabetes education participation. Global QoL surveys and other tools were the primary data collection methods.

Country data were expressed as minimum to maximum mean range.

The country policy/situational assessments were undertaken in the following ways:

- scoping review process: document searches on electronic databases, websites and literature, and key informants;
- desk research through literature review and information provided by key informants, stakeholders, and interviewees;
- in-depth questionnaire-based interviews in each participating country;
- telephone interviews with selected national country policy/nutritional experts who were selected with the support of the national DAWN2 expert network and represented by national stakeholder groups (patient organisation, diabetes expert/advisor to government, policymakers);
- ranking of performance on each indicator in each country scored out of 100, experts ranked 28 identified indicators across countries using a ranking scale between 2 to 10, and categorized it in 1 (no information available), 2–4 (no policies or strategies in place), 5–7 (poor policies or strategies in place and only partially endorsed or implemented), and 8–10 (full policies or strategies in place and fully endorsed and in practice);
- validating research by means of discussions with interview data and expert committee.

Results
The responses of HCPs and PWD across the 17 countries, three-quarters of whom are patients, indicate that the psychosocial aspects of diabetes are of significant importance.

Twelve policy and strategy indicators from the situational analysis were defined across all 17 countries, three-quarters of whom are patients, largely in the areas of diabetes care and education (see Table 1).

Table 1: Summary of country policy strategy and situational indicators across the 17 countries.

<table>
<thead>
<tr>
<th>Country</th>
<th>Indicators for country diabetes-related policies and strategies</th>
<th>Scores of 0–10</th>
<th>Percent responses of HCPs by country, regarding lack of reimbursement for PWD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. 12% of PWD (range 6–29) did not have access to care providers who had not reimbursed them (Figure 1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. 49.2% of HCPs (range 13.3–80.0) said that the healthcare system reimbursed psychological care for PWD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3. 71% of PWD (range 35.3–100) said that they had asked their health care provider whether diabetes affected their lives</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4. 29% of people with diabetes in the US did not have access to any form of mental health care services</td>
</tr>
</tbody>
</table>

Conclusions
The DAWN2 study emphasizes the importance of having national/continental diabetes care policies supporting clinical guidelines or standards of care that are evidence-based and reimbursing psychological care as part of routine diabetes care.

The responses of HCPs and PWD across the 17 countries confirm the need for policies, diabetes care standards and reimbursement for psychological aspects of diabetes.

References
5. Comaschi, M. and authors. DAWN and DAWN2 are registered trademarks of Novo Nordisk.

Abbreviations
DAWN, Diabetes Attitudes, Wishes and Needs study; DAWN2, second Diabetes Attitudes, Wishes and Needs study; FM, family member; ICF, International Classification of Functioning, Disability and Health; WHO, World Health Organization; IHI, International Diabetes Federation; JHI, International Diabetes Center; ADA, American Diabetes Association; EMA, European Medicines Agency; DMC, Data Monitoring Committee; MRC, Medical Research Council; CDE, Canadian Diabetes Education; NCI, National Cancer Institute; NHLBI, National Heart, Lung, and Blood Institute; JNC, Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure; 1. 12% of PWD (range 6–29) did not have access to care providers who had not reimbursed them (Figure 1) |

Figure 1: Country scores for the three indicators for psychosocial aspects of diabetes.

Figure 2: Percent of HCPs in each of the four score clusters (i.e., 1 = no information available; 2–4 = psychological care standard but not in practice; 5 = fully implemented; 6 = not implemented by time of survey). Only one country has implemented this.

Figure 3: Percent of countries in each of the four score clusters: 1 = no information available; 2–4 = psychological care standard in place but not in practice; 5 = fully implemented; 6 = not implemented by time of survey. Only one country has implemented this.

Figure 4: Percent of countries at each of the four score clusters: 1 = no information available; 2–4 = psychological care standard in place but not in practice; 5 = fully implemented; 6 = not implemented by time of survey. Only one country has implemented this.

Figure 5: Percent responses of HCP by country regarding lack of need for psychological resources to offer PWD as well as healthcare reimbursement was apparent to diabetes management.