



# Political Leadership Essential for Success of Digitally Enabled Integrated Personalised Diabetes Management

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## DESCRIPTION

Diabetes Mellitus (DM) poses a significant burden on health systems globally, often leading to a series of complications including heart disease, stroke, blindness, amputation and kidney failure. While DM has a major impact on the quality of life of those afflicted and their families. This cumulative effect adds to the burden on healthcare system spending and economies already struggling with the cost of managing DM [1]. Despite its growing prevalence, it has not been prioritized within global health policies. Given these challenges, there is a pressing need for the implementation of digitally enabled Integrated Personalised Diabetes Management (IPDM) to address the multifaceted nature of DM.

Implementing integrated care models such as IPDM, requires a comprehensive implementation strategy that encompasses the entire health system. A health system-wide approach ensures that all components of the healthcare system, including primary care, specialized care, community services, prevention and patient self-management, are aligned and work together effectively to deliver optimal care for patients with chronic conditions like DM [2]. The implication is that successful integrated care implementation and system-wide changes are inherently linked.

Countries often encounter difficulties with system-wide health reforms and the implementation of integrated health services. These include both operational and policy related challenges i.e. lack coordination and collaboration between responsible parties, unclarity of operational guidelines, roles and responsibilities, disagreement among key stakeholders as well as inadequate human and financial resources, misalignment and conflicts with existing policies and the lack of political will.

Fragmentation within health systems is a major cause of failure in the realization of person-centered care. Fragmentation exists in many aspects of health systems i.e. service provision, inter- and intra- organizational collaboration, infrastructure, data and applications, management and governance, legislation,

regulation and policies as well as finances and funding mechanisms. Better alignment of aforementioned aspects at all levels (from policy to the operational level) is required for a more integrated and coordinated health system. And this applies to any other disease area where an integrated care approach is imperative for better outcomes.

Political leadership is important for establishing a coherent national vision and a strategy for transformation [3]. Political leadership will provide guidance for creating an implementation framework and region-specific actions tailored to meet the needs of local populations. Involving patients and all relevant stakeholders through co-creation should ensure the development of concrete action plans that consider local needs and context which, in turn, will increase the support for adaptation.

Execution of national healthcare action plans require meticulous project coordination with a proper balance between central and decentralized distributed responsibilities. Collaborative action is needed that unites researchers, professionals, patients and providers to collectively address the problem of non-person-centered and fragmented care. While service redesign should improve the process of care for patients by aligning actions and eliminating barriers that lead to system fragmentation. Local leaders with political skills are essential for implementing change, supporting team performance and managing interorganisational disagreements [4]. Successful healthcare transformation requires resources allocated across various domains:

- Committed and courageous leadership at all levels to drive change and overcome resistance,
- Clear governance structures to ensure accountability and oversight of transformation efforts,
- Adequate funding to support local transformation initiatives and technology adoption,
- Motivation and engagement of the health and social care workforce to adopt new practices and technologies,

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- An interoperable IT architecture to support digital systems and workflows,
- Leveraging data for insights into care delivery and outcomes to support multi-disciplinary collaboration, care coordination and shared decision-making,
- Support for improving health literacy and self-care skills among patients and carers,
- Education and along with on-the-job training to provide professionals with the necessary skills for using appropriately the potential benefits of AI, data science and digital health. And last be not least.
- Lean project management with appropriate expertise to support and guide local initiatives in their transition efforts. These resources are significant at every level, from policy formulation to local provider implementation, ensuring a cohesive transition towards IPDM and an improved healthcare delivery.

### Future prospective

The significant increase in the global prevalence and related complication rate of diabetes over the past thirty years, coupled with a declining number of healthcare professionals, underlines the urgent need for comprehensive policy actions to address this growing public health crisis.

Despite many good practices across the globe, the upscaling of the digitally enabled IPDM approach is too little and too slow to anticipate the growing diabetes epidemic. There are no reasons for policymakers and decision-makers to refrain from taking action to enhance the integration and person-centeredness of health systems. Numerous good practices and lessons learned are available to use. There is a body of evidence which shows the proof of better outcomes and return on investment for society and economies as a whole [5].

Therefore, the moment to scale up digitally enabled IPDM globally to address the increasing prevalence of diabetes and

ensure better healthcare sustainability is now., policymakers and decision-makers should take a joint action to better align efforts with international organizations and international agencies like the World Health Organization as well as initiate effective national strategies to transform health systems by leveraging multisectoral partnerships and resources to collectively implement the IPDM at each appropriate level. Success in IPDM means achieving better health results for patients with DM and ultimately enhancing the overall quality and efficiency of health systems.

### AUTHOR CONTRIBUTION

N.A. Guldemonnd-Conceptual outline

M.E. Guldemonnd-Desk research and policy analysis

### CONFLICT OF INTEREST

None declared

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