

Investing in primary care can improve diabetes outcomes and reduce costs

Health systems are failing to address the growing burden of diabetes



Diabetes is common and on the rise, increasingly affecting young adults and adolescents.¹



Diabetes is often diagnosed late and not effectively managed.^{2,3}



Poorly controlled diabetes leads to worse outcomes and lower quality of life.⁴



Diabetes incurs more costs to European countries than cancer⁵



Diabetes can lead to **serious complications**, such as cardiovascular disease and kidney failure.⁶

People with four or more complications incur **20x more costs** than those with no complications.⁷

Each diabetes complication can result in additional hospital costs of up to **€24,500 per person** per year in Finland.⁸

How can decision-makers enable cost-effective diabetes management in primary care?

Streamlining diabetes services

For example, structured care pathways with clear responsibilities for primary and specialist care.

IMPACT
Better outcomes – up to 70% reduction in the risk of premature death.⁹



Investing in the implementation of digital innovation

For example, digital decision-support systems, apps and remote consultations.

IMPACT
Better care, access and cost-effectiveness.¹⁰⁻¹²



Empowering people with diabetes in their own care

For example, self-care education programmes and digital tools.

IMPACT
Improved glucose control, treatment adherence and cost-effectiveness.^{13, 14}



Expanding primary care capacity in the community

For example, community pharmacist-led and nurse-led interventions.

IMPACT
Cost-effectiveness – up to USD \$5,000 of savings per person per year in Hong Kong.¹⁵



References

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