

NURSING POLICY PAPER

Nurse-Led Diabetes Clinic (NLDC) for a Comprehensive Diabetes Care Management

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Abstract

Chronic disease is rapidly becoming a greater burden in the world and the leading cause of mortality because of epidemiological transformation. Diabetes is one; with 6.7 million deaths registered in 2021. In the Philippines, a report by the International Diabetes Foundation (IDF) projects the number of patients with Diabetes in 2030 to reach 5.4 million and 7.5 million by 2045. Diabetes treatment in the Philippines is poor and challenging in terms of resources, government support, and economy. The national health insurance system does not have comprehensive diabetes care coverage and private insurance companies offer limited diabetes coverage. As a result, patients rely on "out-of-pocket" expenses for their laboratory testing and medications, and consequently, non-adherence to therapy. There is a need for an intervention in diabetes care management as Diabetes Mellitus (DM) prevalence posts an upward trend. This paper recommends the following policy statements to strengthen DM care management in a comprehensive, integrated, and coordinated nurse-led care system through "3Rs": "Reactivating" the health promotion activities; "Rephrasing" the existing care provisions; and "Re-establishing" care models that will boost the DM management care among the Filipinos.

Keywords: *Nurse-led clinic; Diabetes clinic; Diabetes care management; Advance Diabetes nurse; Advance Nursing Practice; Nurse Entrepreneurs*

Introduction

The World Health Assembly (2000) indicated that low- and middle-income countries (LMICs) suffer the greatest impact from non-communicable diseases with nearly 80% of non-communicable diseases occurring in developing countries.

According to the International Diabetes Foundation (IDF), every five seconds someone is estimated to die from diabetes or its complications, with nearly 50% of those deaths (6.7 million in total in 2021) occurring under the age of 60 years. Furthermore, there are approximately 537 million adults (20-79 years) are living with diabetes, while three in four adults with diabetes live in LMICs. Almost one in two (240 million) adults living with diabetes are undiagnosed. This has caused at least US\$ 966 billion in health expenditure – 9% of total spending on adults. In fact, the World Health Organization (WHO) recognizes diabetes as a global concern that needs more attention as data may rise to 643 million by 2030 and 783 million by 2045 (IDF Diabetes Atlas, 2021).

In the Philippines, diabetes is ranked the 5th leading cause of mortality and had an increase of 22.4% mortality last 2021 (PSA, 2022). IDF (2021) data showed an increase of 6.3% prevalence of diabetes in adults. Unfortunately, one in 14 Filipino adults lives with diabetes.

With the rising trend of diabetes, Republic Act (RA) 8191 or the "National Diabetes Act of 1996" was amended to prescribe measures for the prevention and control of Diabetes Mellitus (DM) in the Philippines (Dayrit et al., 2018). Several initiatives from the government followed, such as the PhilHealth Circular No. 17, series of 2014, which published new guidelines for outpatient treatment of drugs including diabetes. The Primary Care Benefit 2 Package (PCB2) was highlighted. However, the drugs used were limited causing financial constraints to patients (Tan, 2015). The Universal Health Care Bill (RA 11223) featured massive reforms in the Philippine health sector. The core and center of all health reforms under the UHC

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is the paradigm shift to primary care ensuring equal access to quality and affordable healthcare products for all Filipinos (Dayrit et al., 2018). However, despite the initiatives, the Department of Health (DOH) (2019) recognized barriers, such as high prices of medication and laboratory tests for the diagnosis and management of the disease.

Nurse-Led Clinic

The model of nurse-led Clinics or advanced nurse practitioners has been established in Western countries for decades and has empirically shown to be effective in managing chronic diseases, including diabetes (Sharma et al., 2020). If doctors were not emphasizing disease prevention (Kaplan et al., 1995) diabetic people will miss facts and strategies to avoid further complications. The need for nurse educators and diabetes nurses is important to fill the gaps, especially in low- and LMICs (Joshi & Ukande, 2016; Sharma et al., 2020). The nurse will play a central role in the prevention, promotion, and control of diabetes, which focuses and strengthens primary care units of healthcare to be made universally accessible to individuals and families in the community that has been anchored in the existing laws and regulations such as the Ottawa charter, Alma Ata meeting, Berlin Declaration, and the Universal Health Care Act of the Phils. (RA 11223, n.d.; Eala et al., 2021; Alma-Ata Declaration 1978; WHO, 2022).

Policy statement

The following recommendations are made to improve Diabetes Care management in the Philippines. The policy statements are categorized into three approaches: Reactivate, Rephrase and Re-establish.

Position statement 1. **“Reactivate”** the health promotion activities regarding DM management. The widened promotional need to strengthen awareness for a healthy lifestyle among the population with diabetes and the fragile/high-risk group individuals especially those diagnosed with obesity. Diabetes clubs should be utilized and strengthened to promote regular care.

Position statement 2. **“Rephrase”** the existing care provisions regarding DM management. The Local government Unit (LGU) participation in the indigent program -health services on medicines and laboratories provided by municipalities in local health centers needs reinforcement of the PhilHealth program coverage leading to wider coverage of out-patient care services, such as laboratory tests and consultation. Hence, the implementation of a comprehensive set of

outpatient personal care services in accordance to the Philippine Universal Health Care Law.

This too will pave way for Advanced Nursing Practice as diabetes nurses are recognized by the PRC for career progression and specialization programs in line with the Comprehensive Nursing Law 2021 (under Senate Bill 2446). In addition, the utilization of the prospective character of the Mandanas – Garcia Ruling and in keeping with Section 284 of RA 7160 or the “Local Government Code of 1991”, wherein LGUs will partake a larger share of taxes from the national government, will empower the LGUs in providing basic services and facilities to their constituents, and aid them in the effective discharge of other duties and functions devolved to them under Section 17 of RA No. 7160 (Official Gazette, 2021). This will augment the inadequacy of financial resources in lower units of government to cater services in communities especially those far from economic centers. Further, this decentralization will empower the LGUs to lead and drive the health promotion and prevention activities for the diabetes population.

Position statement 3. **“Re-establish”** a care model that will boost the DM management care among the Filipinos:

3.1 Design and recommend the “Nurse-led Diabetes clinic (NLDC) care model” as a framework of care.

This model reinforces the implementation of the UHC bill in providing proactive, effective, and evidence-based promotional activities and campaigns for all Filipinos to *“access a comprehensive set of quality and cost-effective, promotive, preventive, curative, rehabilitative, and palliative health services without causing financial hardship, and prioritizes the needs of the population who cannot afford such services”* (RA 11223, n.d.).

The Association of Diabetes Nurse Educators of the Philippines, Inc (ADNEP) was able to establish a Nurse-led clinic in Bukidnon, Mindanao, in partnership with the ADNEP's chapter in the locality. In addition, another nurse-led clinic was formed by Philippine Nurses Association (PNA), in partnership with ADNEP for diabetes care and management. However, due to the impact of the pandemic, all these initiatives have been put on hold. The foreseen goal in operating a Nurse-led clinic is to sustain and strengthen it. This paper will give rise to the re-establishment of the Nurse-Led Diabetes Clinic as a primary healthcare provider network, which aims to empower nurses to lead the diabetes clinic by taking full

responsibility for the screening, management, and continuity of care of a certain treatment and intervention and overall coordination along with diabetologists, consultants, and nutritionist.

The Nurse-led Diabetes clinic (NLDC) care model has 5 pillars: health promotion, disease prevention, early detection, timely referral, and follow-up care. The core of all these is patient management, and the advanced collaboration and partnership of diabetes nurses. Encapsulated in the model are referrals required that advanced diabetes nurses can facilitate, which include primary care, secondary care of a specialist, tertiary care for a higher level of specialty, and support groups for patient and family. This model will emphasize the

principles of patient empowerment, and shared decision-making and build strong family support vital in achieving comprehensive, coordinated, integrated, and holistic care (Figure 1).

3.2 Advocate for Scope of practice for the Advance diabetes nurse practitioners

The new Philippine Nursing Act of 2021 states that Advanced Practice Nursing Program involves certification of nurses with a higher degree of qualifications by the Professional Regulatory Board of Nursing and the Philippine Regulations Commission (PRC), thereby providing opportunities for role recognition within the human resource for health framework and expanded the professional scope of practice then be recognized with the appropriate title “Advanced Practice Registered Nurse”. Linking this to “The Universal Health Care Act”, APRN’s scope of practice is moving toward individual-based and population-based health services that maximize the use of graduate education in nursing and the nurse’s expertise to ensure safe, holistic, and quality care for all Filipinos (Senate Bill 2446, 2021; Figure 2).

3.3 Reinforce Specialized training for Diabetes Nurses

In line with this, the ADNEP launched flagship programs to empower diabetes nurse educators to move people toward the promotion of health and prevention and control of diabetes through education, research, and multi-sectoral collaboration. The Diabetes Education Update and the Diabetes Education Training Program is a 14-day intensive training program that aims to train nurses with basic knowledge about diabetes and its management. These programs focus on nursing and leadership skills by strengthening the philosophy of

Figure 1. Nurse-led Diabetes clinic (NLDC) care model.

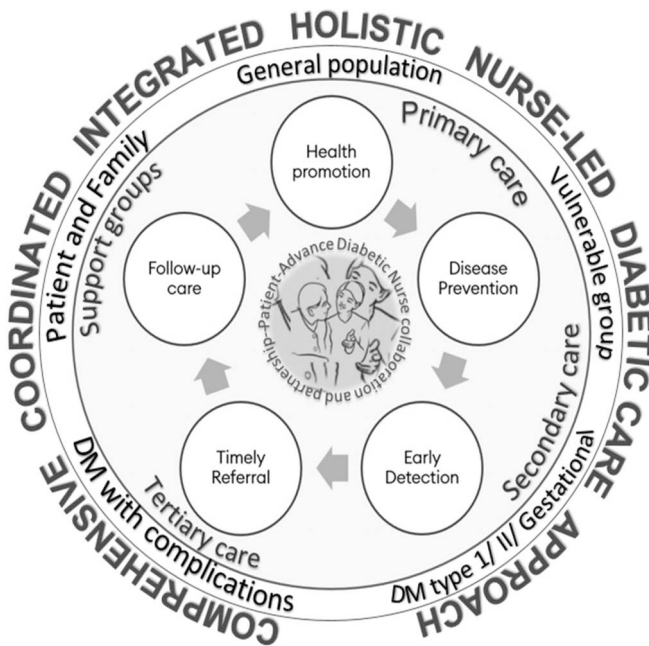
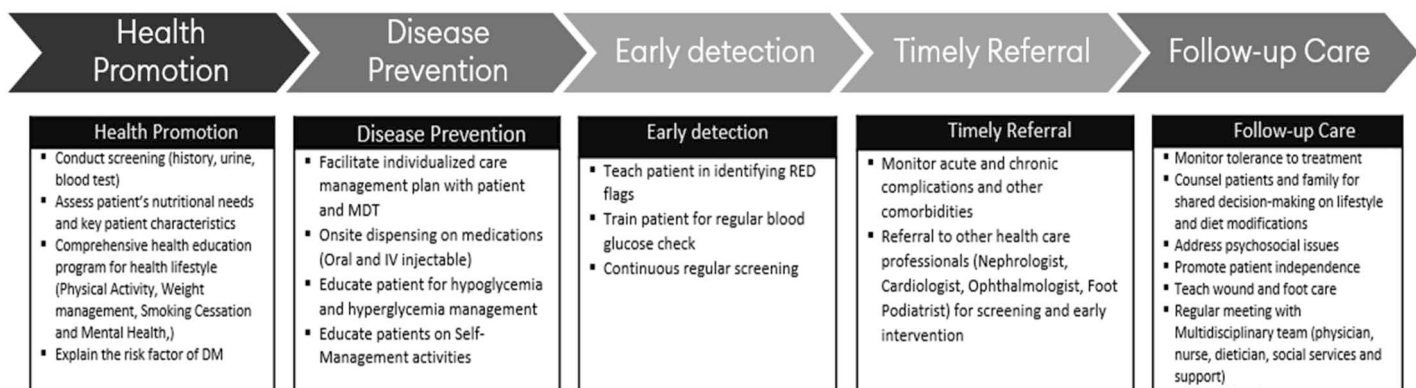


Figure 2. Scope of Advance Diabetes Nurse Practitioners



important systematic research, professional and personal development, and information and resource management will further equip the nurses to lead NLDC.

3.4 Create Standard Referral guidelines that support comprehensive, integrated, and coordinated care.

To address the fragmentation of service delivery and move toward providing comprehensive and integrated care under the Universal Health Care Law, providers are encouraged to form province- and city-wide health care provider networks (HCPN). HCPNs will prioritize a strong primary care unit imperative to create a robust infrastructure for diabetes care delivery (Eala et al., 2021).

3.5 Monitor and evaluate the NLDC model and its strategy to support care coordination.

3.6 Support and advocate for testing of innovative NLDC model to accelerate the design and boost its potential for the Domains of Entrepreneurship.

Nursing entrepreneurs have used their independent freedom of practice to explore innovative approaches to healthcare using varying degrees of promotion and prevention techniques and treatment skills (Sanders & Kingma, 2012). Supporting the development of needed products and services, improved technologies, software, and security systems can bridge the gaps in today's healthcare systems. Furthermore, Nurse entrepreneurs are encouraged to focus on alternative models of care with more affordable, faster access, and higher quality of life for patients and clients due to the current trend of health care delivery as presented in a research forum in the U.S.A (Vannucci & Weinstein, 2017).

A nurse-owned business that provides wellness services can be a mechanism to educate the public about their unique contributions to health while improving their health outcomes (Sanders & Kingma, 2012), hence supporting the policy on Advanced NLDC. This can pave the way not only for the government sector but also for privately owned businesses to prosper. However, proper branding for this nurse-led care model needs further analysis and study in the future.

Conclusion

With the existing information on the diabetes burden, this policy will foster and sustain improvements by creating new policies and reforms focusing particularly on the low and

middle-income class in the society. The overall outcome of this proposal will brace and heighten Universal Health Care Law provisions for access of every Filipino citizen to an equitable, affordable, comprehensive, and quality provision of diabetes treatment and care, in accordance with the World Health Organization (2021) resolutions on strengthening the prevention and control of diabetes. The ongoing global and national battle to control and delay diabetes' occurrences and prevent its complications through a nurse-led diabetes clinic management will then serve as an investment rather than another expense. The substantial effect on the improved health of every Filipino will significantly contribute to economic growth and development in our society.

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