

Interview with Professor Roger Mazze

Staged Diabetes Management Singapore

A National Kidney Foundation (NKF) Initiative

SMA News: What is Staged Diabetes Management?

Prof Mazze: This program was created at the International Diabetes Center, a WHO collaborating center, in response to the recognition that 95% of all diabetes management occurs in primary care settings.

Using its base of 10,000 patients with diabetes, the IDC identified a systematic approach to the detection and treatment of diabetes and its macro- and micro-vascular complications. Called Staged Diabetes Management or SDM, it was tested in the United States, Brazil, Japan, Mexico, Poland, Germany, France and Pakistan.

Once the testing was completed, the material that comprises SDM, which are a series of Decision Paths, guidelines, and educational materials, was customized by each region taking into account its available resources, practice patterns, health systems and other factors that contribute to state-of-the-art diabetes care. SDM continues to be refined to reflect the changing knowledge base concerning the detection and treatment of diabetes and its complications.

SMA-News: What makes this program unique?

Prof Mazze: The SDM program is not only evidence-based and systematic, but it is customized according to the needs of the local community. In so doing, the medical community feels ownership towards the entire program. Additionally, it is computer-based, making changes in clinical pathways instantaneous and allowing for rapid dissemination.

SMA-News: Where has SDM been implemented?

Prof Mazze: SDM is currently utilized in more than 400 clinics in the United States as well as in 22 other countries. In virtually all sites, SDM has shown measurable improvement in glycemic control, reduction in acute complications, as well as cost-effectiveness.

SMA-News: What will make the program unique in Singapore if

it has been implemented in over 20 countries?

Prof Mazze: Singapore represents a unique opportunity to test SDM as a public health model. Using advanced computer technologies combined with rapid identification and assessment of disease, SDM will allow for an integrated approach towards comprehensive diabetes management in three major ethnic groups within one system of care. This will enable us all to learn whether evidence-based medicine applied in an environment with minimal obstacles can achieve significant clinical outcomes.

Additionally, due to the geographic distribution of the Singapore population this will be the first time it may be possible to affect an entire nation. The principles that are learned from this initiative may be applicable to a substantially larger population residing in China, India and Malaysia.

SMA-News: How does SDM fit into the bigger Prevention Program of the NKF?

Prof Mazze: NKF has a screening program that is designed to detect renal disease and other chronic diseases at an early stage. Now, as part of its prevention program, it is launching a secondary prevention component.

A network of Prevention Clinics, with the ability to provide educational services, nutritional counseling, complications surveillance and assessment, will be built around Singapore. These will serve as the extension of the GP's own practice. Additionally, the NKF will develop a continuing medical education program, which includes sponsoring SDM, for the GP community.

SMA-News: What do you see as the role of the general practitioner in the management of diabetes and in the prevention program?

Prof Mazze: Primary care physicians (GPs), are the key to chronic disease management. Providing continuity of care, the GP assures that the person with diabetes is treated in a comprehensive manner in which follow-



Professor Roger Mazze, Co-director of WHO Collaborating Centre and the Senior Vice-President of the International Diabetes Centre (IDC) at the University of Minnesota gave a talk on "Latest Developments in the Treatment of Diabetes" and "Staged Diabetes Management Singapore" (SDMS) on 17th March 2001 at the National Kidney Foundation (NKF) auditorium.

up is assured so that all aspects of his care are addressed. By updating diabetes management concepts for GPs, they will be in a unique position to assure evidence-based practice for the myriad diabetes complications.

SMA-News: How will this program benefit the general practitioner community?

Prof Mazze: The GP has access to the support services that define high standards of diabetes care. These services include education, nutrition counseling, complications surveillance and assessment, and follow-up. The GP will also be kept up to date on the most recent advances in diabetes.

SMA-News: How will this program be funded?

Prof Mazze: First, is the funding of the continuing medical education program of the GPs. Second, is the funding of the Prevention Clinics. Third, is the funding of the recurrent clinics, i.e. the actual patient care that is delivered. The first and second aspects will be funded entirely by NKF through its numerous generous donors. As to the funding of the actual clinical services, the patient will be subjected to a means test. The charging for the clinical services will be based on the individual's ability to pay for the services.

Thus, the NKF is coming at a critical time in the medical community of Singapore. It is filling a gap of services that are necessary to both the patient and the GP community. ■

Editor's Note:

To learn more about SDMS, please contact e-mail: prevention@nkfs.org, or telephone: 351 5279 or 351 5855.