Evaluation implementation NAD products in five pilot regions

The Netherlands Diabetes Federation (NDF) started the National Action program Diabetes (NAD) (2009-2013, with the systematic nationwide implementation of the Care Standard for diabetes as main objective. The NAD was conducted with funding of the Dutch Ministry of Health, Welfare and Sport. During this period, activities were implemented to tackle perceived barriers in relation to the implementation of the CS for diabetes in practice and develop adequate supporting products and facilities for health care professionals and patients. In 2012, some of the developed NAD products were implemented in five pilot regions. The current study evaluated the implementation process of these products in the specific pilot regions through focus group interviews and questionnaires among health care professionals. In each pilot region, a focus group interview was conducted with health care professionals and the region coordinator involved in the implementation of several NAD products. In addition, an interview was conducted with the NAD implementation team to assess success and failure factors in relation to the implementation of the NAD products.

The current study showed that good implementation possibilities were available for the NAD products in the regions. Furthermore, the NAD seems to have provided momentum for the realization of various processes relating to the wider implementation of standards to improve the care for people with a chronic disease in the Netherlands. Moreover, processes in the pilot regions occurred faster and primary and secondary care have been brought together. Additionally, the NAD has resulted in a set of well-developed products. In relation to the implementation of these products the following results were found:

- possession and implementation of the CS and specific products has increased in the pilot regions;
- the provision of an annual and quarterly check-up has decreased. This is probably due to the application of the Transmural Appointment (LTA) in several regions, which resulted in better appointments between different disciplines and health care sectors. As a consequence some disciplines have to conduct less controls;
- the provision of information and education has increased;
- health care professionals perceive less barriers, and
- perceived quality of care has improved.

By means of focus group interviews insight has been provided in a number of success and failure factors. The interviews revealed that the implementation was more successful in regions were close collaboration with health care professionals occurred and multidisciplinary collaboration was already established. Furthermore, the involvement of a firm and well organized region coordinator stimulated the implementation process in a positive way. An important barrier in relation to the implementation was that attention for the implementation of the NAD products emerged too late in the process. In addition, respondents indicated that the NAD implementation team was remote from the realities of daily practice. The interviews revealed that people in the field should have been involved earlier in the process. Furthermore, the time needed to implement the products was (too) short. Since the implementation concerned a large number of products, it is recommended to use a stepwise approach.

For future implementation of the products it is important to take the lessons learned in the pilot regions into account. One of these lessons is that it is important to invest in creating support on the administrative level as well as on the level of health care professionals. Furthermore, attention for regional characteristics is needed for the implementation to succeed. The organization of care differs significantly in each region. Therefore, it is important to provide room to tailor the implementation of the products to the region in question. Other lessons learned are that a (national) leader is needed to actively approach care groups and provide impulses. To guarantee the continuous implementation of the NAD products it is advised to assign a problem owner for each product, involve health insurers and bring out a manual implementation kit.

Every change or innovation that is implemented, in this case the NAD products, needs time to become part of the routine of its adopters in practice. The NDF got the implementation of the NAD products going and this needs to be pursued to make the transition to continuation and institutionalization. It is therefore recommend that the NDF keeps acting as booster and supporter in practice. When this is not being organized, it will have an impeding effect on the further implementation and eventual use of the NAD products in the future.