



**Ensuring people-centred
diabetes care during the
COVID-19 pandemic**
Experiences from Portugal



World Health
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In anticipation of nationwide closures and movement restrictions even as the COVID-19 pandemic was in its early stages, Portugal rapidly rearranged services to ensure seamless diabetes care during the outbreak. The central government, among other measures, expedited the authorization of changes in clinical practice to allow teleconsultation and prescription medications to be distributed to patients' homes. As of 29 May 2020, a total of 31 596 cases have been reported in Portugal.

Actions to adapt health services delivery platforms in the midst of movement restrictions and physical distancing were multipronged and targeted the specific needs of people living with diabetes. The Portuguese Diabetes Association is the oldest and largest non-profit organization in Portugal for people living with diabetes. Its clinic provides preventive, curative and rehabilitative care, including endocrinology, nephrology, urology, cardiology, podiatry and ophthalmology services, to more than 18 000 beneficiaries from the National Health Service. The Portuguese Diabetes Association clinic rearranged all scheduled appointments to teleconsultation, either by telephone or videoconference. Physicians and nurses received equipment, remote access to electronic medical records and other resources to work from home. Patients were contacted in advance to enquire about the preferred format for teleconsultation and about whether they would consent to share photos or videos, such as for assessing potential retinopathy or foot ulcers, or to download information, such as prescriptions. For the patients who did not have access or knowledge to connect via email, mobile devices were used for sharing information.

Non-health service providers proactively reached out to patients with no upcoming appointments. Patients received information over the phone on the available services or care pathways in case of emergencies. They were offered a referral to their physician or to a nurse or a dietitian and the possibility of refilling prescriptions. Arrangements were made to deliver medications when needed.

The clinic remained open for haemodialysis and for attending people newly diagnosed with type 1 diabetes who needed insulin pumps. Physical infrastructure and schedules were rearranged to ensure physical distancing, and all staff received training on infection prevention and control including rational use of personnel protective

equipment in accordance with national recommendations. Urgent care for foot ulcers, retinopathy and other emergencies was also available, although the clinic has recorded a notable decrease in consultations for these types of situations, both remotely and on site.

The clinic arranged webinars that were open to patients and to the public. Priority was given to areas for which patients could have doubts while self-managing, such as common questions on the use of insulin pumps, caring for children living with diabetes and preventing COVID-19 infection. Attendance has ranged between 200 and 300 people per webinar.

The clinic website and social media have been instrumental for disseminating information. The clinic has summarized recommendations from the Ministry of Health and international organizations on preventing or treating COVID-19 when living with diabetes. The clinic also enabled a dedicated hotline for people living with diabetes who are not patients in the clinic (the Portuguese Diabetes Association provides services in Lisbon only) and who were unable to communicate with their regular providers.

Reorienting the health care services delivery platform required unhindered support from all stakeholders involved. Health authorities expedited permits for teleconsultation and updated protocols for obtaining patient consent forms. Managers were allowed flexibility to rearrange budgets and fund the proposed measures. All clinic personnel were invited to participate in designing and assessing new care pathways, which ensured buy-in and engagement of staff. People living with diabetes, conscious of their risk of COVID-19 infection, readily accommodated to teleconsultation. They especially appreciated mental health consultations and reported feeling more comfortable communicating with their psychiatrist or psychologist this way than face to face.

The support of clinic personnel cannot be overstated. They have worked extended hours, even on weekends, and have already expressed their commitment to take on additional workload in the upcoming weeks. Given the decrease in emergency consultations, such as for foot ulcers or eye problems, the clinic expects a surge in patient consultations once the movement restrictions are eased. The challenge of adapting care provision as the COVID-19 pandemic unfolds is far from over. The clinic is

When being sent to work from home, I never imagined that, apart from the routine work of confirming appointments, calling all the other patients from the clinic was so important. Almost all were positively surprised, and during the pandemic it is good to have a positive surprise.

– An administrative assistant

I was quite surprised to see how well it worked from the start. It was possible to have effective phone consultations and plan the intervention of the nurse and dietitian. I hope we can apply part of this for the future.

– A physician

gearing up to resume regular face-to-face consultations, and providers are giving priority to patients who need more care. Non-urgent visits and ophthalmic surgery that had been postponed are being rescheduled. Staff burnout needs to be prevented as the demands at home increase and few, if any, have enjoyed time off.

The clinic has taken extensive measures to ensure that patients and providers are protected when the clinic reopens. Supplies for preventing and controlling infections such as medical masks, gloves, face shields and hand sanitizer have been purchased in bulk, and staff were trained on their rational use. Acrylic barriers have been installed in common areas. Patients are required to wear medical masks (if needed, the clinic will provide them for patients who do not have one) and, when possible, to come alone to the clinic. Waiting and common areas have been rearranged to ensure at least 1 metre distance between

patients. Few patients have been scheduled after reopening to pilot these and other measures, such as temperature checks with infrared thermometers. There is concern about the effects of restricted movement and delayed consultations on patients, especially regarding undiagnosed complications. All screening programmes for diabetic retinopathy in the country were interrupted. Some patients are unable to perform foot checks. Nationwide evidence indicates that visits to emergency departments have drastically decreased. If movement restrictions are extended or re-enacted in the fall, people with diabetes may be at risk of developing severe diabetes.

Nevertheless, it is expected that the lessons learned from maintaining health services during the COVID-19 pandemic have created new ways of providing quality care and met the needs of people living with diabetes. Patients and providers acknowledge the benefits of maintaining some forms of teleconsultation, especially for mental health and refilling prescriptions. Proactive contact with patients, while resource intensive, has had very good acceptability. New channels for communicating with patients and the public can be sustained in the long term. As uncertainty remains about the “new normal”, the country is committed to continue adapting care for people living with diabetes.

These are extraordinary moments! It feels really good to continue to help our patients in different innovative ways. It feels even better when they really seem to appreciate and recognize our effort.

– A nurse

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