

Global Disparities in P4P Programs for Diabetes Care: A Comprehensive Analysis



Vutova Y¹, Dacheva A¹, Slavchev G¹, Djambazov S¹

HPR90

¹HTA Ltd.

OBJECTIVE: This abstract aims to provide a comprehensive analysis of the global disparities in pay-for-performance (P4P) programs for diabetes care, examining the objectives, methods, results, and implications of these programs across different countries.

METHODS: A systematic review of the literature was conducted to identify studies on P4P programs for diabetes care in various countries, including high-income and low- and middle-income nations. The selected studies were analysed to evaluate the objectives and design of the programs, the metrics used for performance evaluation, the results achieved, and any reported disparities in program implementation and effectiveness.

RESULTS: The findings indicate significant disparities in the implementation and outcomes of P4P programs for diabetes care on a global scale. In high-income countries, such as the United States, the United Kingdom, and Germany, P4P programs are more prevalent and tend to focus on improving clinical outcomes, such as glycaemic control and adherence to treatment guidelines. These programs often result in improved patient outcomes and increased healthcare provider participation. Conversely, in low- and middle-income countries, including India, Nigeria, and Bangladesh, the implementation of P4P programs is limited and faces challenges related to infrastructure, funding, and provider capacity. Consequently, the effectiveness of these programs in improving diabetes care is often compromised, and disparities in access to quality care persist.

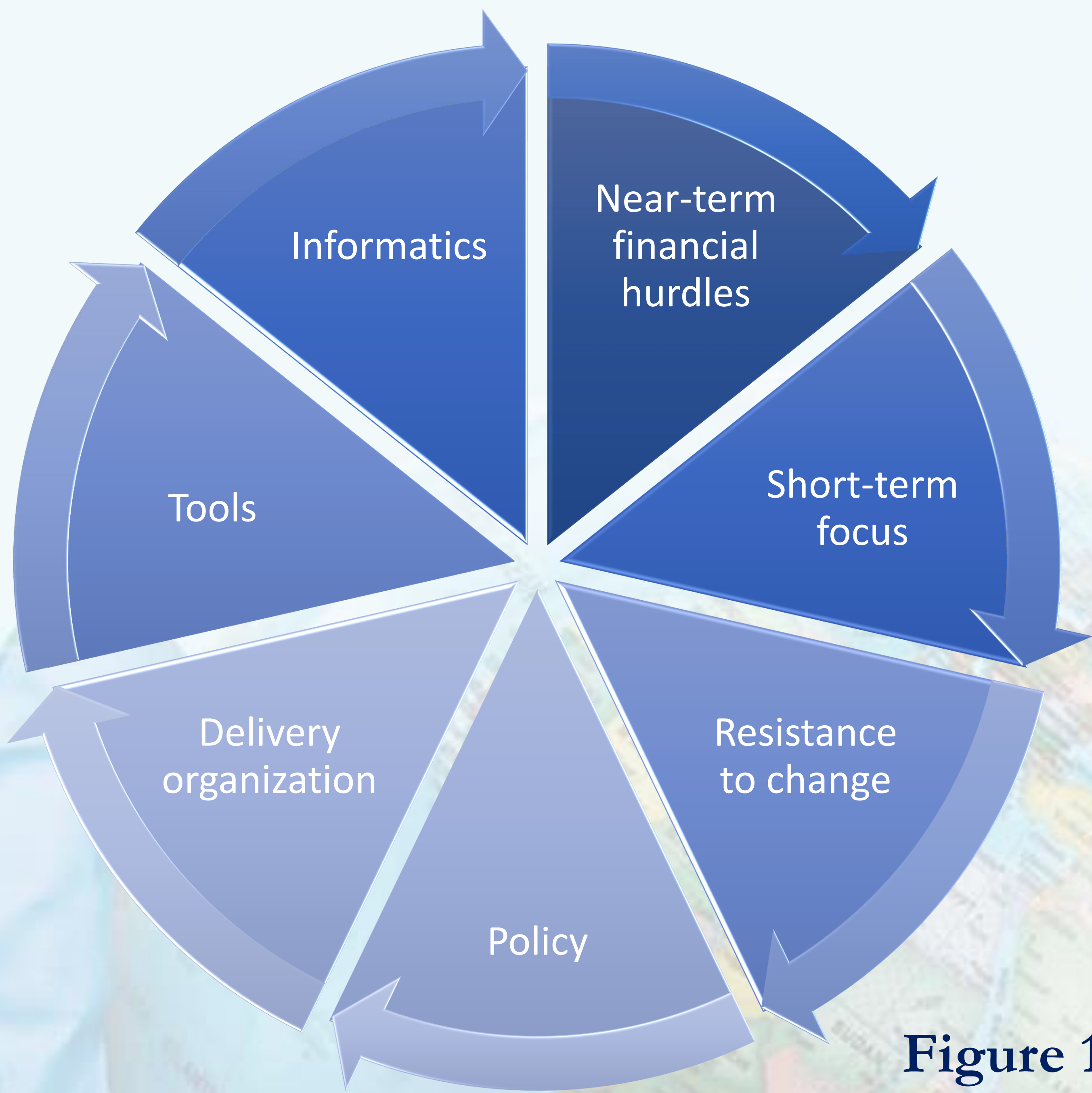


Figure 1. Summary of barriers of P4P implementation

CONCLUSION: Global disparities exist in the implementation and effectiveness of P4P programs for diabetes care, with high-income countries making significant strides compared to low- and middle-income nations. Addressing these disparities requires tailored approaches that consider the unique contexts of each country, such as investing in healthcare infrastructure, providing financial support, and building capacity among healthcare providers. Additionally, promoting knowledge exchange and collaboration between countries can facilitate the transfer of best practices and lessons learned.