

Diabetes Report



The Serious Face of Diabetes in Canada

Know who to turn to



Diabetes Report 2005: The Serious Face of Diabetes in Canada *Manitoba Background*

The Canadian Diabetes Association asks the Manitoba government to provide timely and affordable access to those medications, therapies and devices that allow all Manitobans living with diabetes to achieve effective diabetes management.

Diabetes in Manitoba: A snapshot

- Today, more than 67,000 Manitobans, or 6 per cent of the population, are known to be living with diabetes.
 - ~ The risk of type 2 diabetes is three to five times higher amongst First Nations people living in Manitoba.
- The complications of diabetes include heart disease and stroke, kidney disease, amputation and blindness. In 1999, in Manitoba, there were:
 - ~ 346 diabetes-related lower limb amputations
 - ~ 1,080 persons hospitalized for renal failure due to diabetes complications
 - ~ 15,270 hospitalizations for diabetes related cardiovascular disease
- It is estimated that the cost of services for adults with diabetes is at least \$200 million per year.

<u>Estimated Direct Costs of Treating Diabetes in Manitoba¹</u>			
<u>2000</u>	<u>2005</u>	<u>2010</u>	<u>2016</u>
\$189,600,000	\$214,900,000	\$247,900,000	\$295,300,000

- Of the 17 diabetes medications approved as safe and effective for Canadians, Manitobans can only fully access 10 of them under the Manitoba Pharmacare Program (MPP). The MPP does not list three of the approved diabetes medications at all, and restricts access to four of them.

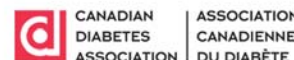
¹The Projection of Prevalence and Cost of Diabetes in Canada: 2000 to 2016, Canadian Journal of Diabetes, June 2004

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<i>Jurisdiction</i>	<i>Listed diabetes medications</i>	<i>Restricted diabetes medications</i>	<i>Not listed diabetes medications</i>
British Columbia	7	5	5
Alberta	12	0	5
Saskatchewan	7	7	3
Manitoba	10	4	3
Ontario	6	3	8
Quebec	10	5	2
New Brunswick	6	6	5
Nova Scotia	6	4	7
PEI	7	1	9
Newfoundland	6	6	5
NIHB/Territories	12	2	3

Manitoba -Best Practices:

Diabetes Report 2005 highlights a number of best practices in diabetes strategies, programs and services across Canada. Among the best practices in Manitoba:

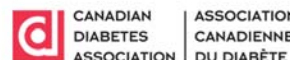
- Manitoba appointed a Minister of Healthy Living in November 2003 to create conditions and support behaviours that promote healthier choices to help reduce the risk of type 2 diabetes.
- The Manitoba Diabetes Care Project used provincial administrative data sets to evaluate the impact of the *Manitoba Diabetes Care Recommendations* on the practice patterns of primary care physicians.
- Manitoba has established multi-sectoral, comprehensive diabetes strategies. The province has stated objectives for diabetes prevention, care, education and surveillance, and most include a specific Aboriginal component.
- Manitoba has dedicated staff positions to coordinate diabetes policy and programs and established a Diabetes Task Force in 2003 to advise on evidence-based priority actions to address the prevention of type 2 diabetes, as well as the management and care of diabetes to minimize complications.
- Manitoba introduced a Regional Diabetes Program that includes Risk Factor and Complication Assessment and a Multi-Level Diabetes Education Program. As well, the province started Chronic Disease Prevention initiatives which reports strategies for diabetes or chronic disease management that are in development.

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Manitoba -Best Practices: (cont'd)

- Manitoba supports the Canadian Diabetes Association 2003 *Clinical Practice Guidelines* in the enhanced Manitoba Diabetes Care Recommendations, a practical translation of the guidelines. Copies are distributed to primary care physicians, diabetes educators, health professionals and providers to support quality diabetes care. The Diabetes Education Network workshop is another example of evidence-based continuing education for health providers and professionals in Manitoba.
- Manitoba's Risk Factor and Complication Assessment training support includes a train-the-trainer program and tool kit for diabetes healthcare teams. The province supports the Diabetes Education Network (DEN) workshop, a continuing education and networking opportunity for all levels of diabetes educators.
- Manitoba developed a Chronic Disease Prevention Program which includes an option for specialized content related to diabetes. Red River College established a Steering Committee to advise on the planning, developing, implementing and evaluating the curriculum for the basic level diabetes educator/chronic disease prevention program.

For a detailed chart showing financial coverage and access provision for diabetes medications and supplies in Manitoba go to http://www.diabetes.ca/Section_Advocacy/advCoverageComp.asp.

Out of Pocket – it costs a lot!

Statistics Canada reports that Canadians over age 35 and living with diabetes are more likely than those without diabetes to have lower levels of income. A Canadian living with diabetes is likely to be a senior on fixed income and have medical costs two to five times higher than a Canadian without diabetes.

A June 2005 online survey of Canadian Diabetes Association and Diabète Québec members revealed:

- Over one in two Association members with diabetes (52%) reported that they pay personally for diabetes medications and supplies. More than seven in 10 (72%) of Diabète Québec members pay out-of-pocket for medication and supplies.
- Almost one in two (46%) of Association members reported paying out-of-pocket expenses between \$50 and \$200 per month; one in four (25%) spent less than \$50 a month.
- Among Diabète Québec members, 47 per cent said they paid more than \$50 a month but less than \$200, while 36 per cent paid less than \$50 a month.

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Out of Pocket – it costs a lot! (*cont'd*)

- Almost one in four (24%) of Association members reported there were diabetes drugs, supplies or devices that their doctor recommended, but that they could not afford to purchase and could not access through their insurance plan. One in 10 Diabète Québec members reported that there were prescribed drugs, supplies or devices they could not afford.
- Those under age 40 with type 1 diabetes were more likely to be unable to afford medications and supplies recommended by their doctors.

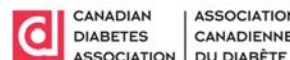
Diabetes Report 2005 highlights the progress, best practices and regional disparities facing Canadians with diabetes. The goal of *Diabetes Report 2005* is to assess diabetes policies or strategies, standards and guidelines, diabetes data collection (surveillance) as well as to gauge the financial support and access available to Canadians for diabetes medications and supplies. By 2011, the Canadian Diabetes Association will have amassed a 10-year comprehensive database of all government efforts to support Canadians with diabetes.

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REALITY CHECK: Canadians with Diabetes Speak Out

Diabetes Report 2005 profiles 28 Canadians, including two Manitobans, about the reality of living with diabetes.

Carissa Nikkel, 21

Winnipeg, Manitoba

“When I was diagnosed with diabetes, it presented me with a lot of new obstacles and challenges to overcome,” says Carissa, a student who has had type 1 diabetes since age seven. “But it was put into perspective for me when I was told that it was a disease, unlike others, that you can manage and control.”

Gaining control of her diabetes has been a challenge for Carissa. In addition to having diabetes, Carissa has celiac disease. She had her pancreas removed after years of chronic pancreatitis. She earns \$15,000 annually. She uses a lot of medications and supplies and worries about her ability to afford them when she is no longer a student. Carissa currently pays the first \$300 of her prescription drugs and diabetes supplies, and Manitoba Pharmacare covers the rest.

“Because my income is so low and the provincial program covers most of my costs. I’m okay right now,” she says. “I’m worried about what will happen when I’m making just enough money that I won’t qualify for as much help from the government plan.”

Harlene McPherson, 67

Brandon, Manitoba

Harlene, who was diagnosed with type 2 diabetes in 1996, strives to balance her activity level with her insulin requirements and keep her blood glucose tightly controlled. In the first year, Harlene maintained good control of her diabetes with diet and exercise. Then, in 1997, she was diagnosed with breast cancer. Her blood glucose levels went very high and stayed high. Ever since, Harlene has been on multiple injections of insulin.

While private insurance covers 80 per cent of the cost for all her diabetes supplies, Harlene pays the remaining 20 per cent until she reaches her deductible under Manitoba’s Pharmacare program. That usually happens by the last month of the year so she receives very little support from the government.

“In addition to my drugs and diabetes supplies, I need to eat healthy food and that costs a lot more,” she says. “But I pay more because I want to stay healthy. I don’t think the government understands that this is an additional cost of managing diabetes.”