



The Honourable Scott Fielding, Minister of Finance

Government of Manitoba

c/o budget consultations 2020-2021

budget2020@gov.mb.ca

Submitted by:
Joan King, GR Director, West
Diabetes Canada
joan.king@diabetes.ca
January 27, 2020

About Diabetes

Type 1 diabetes is an auto-immune condition that causes the body's own immune system to attack and kill the insulin producing cells in the pancreas. Type 1 diabetes cannot be prevented and is often diagnosed in childhood, but adults can also be diagnosed. Individuals with type 1 diabetes produce very little or no insulin, causing too much sugar to accumulate in the blood.

Much like having syrup pushed through the body causing organs to work harder to keep it circulating, elevated blood sugar can over time result in serious complications, including heart attack, stroke, kidney failure, blindness and amputation. Individuals with type 1 diabetes require insulin to live and administer it several times a day by needle or insulin pump. They also need to monitor glucose levels regularly in order to make necessary adjustments to insulin, activity and food. It is imperative that individuals with diabetes try to keep blood sugar as close to target range as possible to reduce the risk of complications. Five to 10 per cent of people with diabetes have type 1 diabetes.

About 90 per cent of people with diabetes have type 2 diabetes. Although individuals who develop type 2 diabetes are also genetically susceptible to this condition, it is largely the result of poor nutrition and lack of physical activity driven by environmental and socio-economic factors. Type 2 diabetes occurs when blood sugar increases because the body does not make enough insulin or cannot properly use the insulin that is produced.

A third type of diabetes, gestational diabetes, is a temporary condition that occurs during pregnancy, but does increase risk of developing type 2 diabetes for both mother and child.

Prediabetes refers to blood glucose levels that are higher than normal, but not sufficiently high to constitute a diagnosis of type 2 diabetes. If left untreated, more than half of people with prediabetes will go on to develop type 2 diabetes within eight to 10 years.

About Diabetes Canada

Diabetes Canada is a registered charitable organization that leads the fight against diabetes by helping those affected to live healthy lives and preventing the onset and consequences of diabetes while we work to find a cure.

Making diabetes a priority in Manitoba's Health System Transformation

In Canada today, almost 11 million people live with prediabetes or diabetes. Every three minutes, someone new is diagnosed with this progressive, chronic disease. Manitoba faces unique challenges in preventing type 2 diabetes and meeting the needs of Manitobans living with diabetes:

- There are 223,310 Indigenous Peoples in Manitoba who face significantly higher rates of diabetes (up to 80 per cent and in some subgroups within this population, it is even higher) and adverse health consequences than the overall population.ⁱ
- 49 per cent of adults and 46 per cent of youth are physically inactive. Overweight and obesity affect about 36 per cent and 31 per cent of adults in Manitoba respectively.ⁱⁱ

And rates are expected to continue to rise over the next decade. Once thought to be a disease of older individuals, type 2 diabetes is now being diagnosed in young Canadians, impacting people in the prime of life. Canadians now 20 years old face a 50 per cent chance of developing the disease in their lifetime. The estimated prevalence and cost of diabetes in Manitoba 2020 – 2030 are as follows:

Estimated prevalence Manitoba	2020	2030
Diabetes (type 1 and type 2 diagnosed)	141,000 / 10%	189,000 / 12%
Diabetes (type 1)	5-10% of diabetes prevalence	
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed) and prediabetes combined	395,000 / 28%	480,000 / 31%
Increase in diabetes (type 1 and type 2 diagnosed), 2020-2030	34%	
Direct cost to the health care system	\$142 million	\$190 million

The estimated direct cost of diabetes and its complications to Manitoba’s health-care system in 2020 is \$142 million and if nothing is done it will grow to reach \$190 million by 2030. Treating the complications of the disease, including heart attacks, strokes, blindness, kidney failure and amputation account for 80 per cent of this cost. Regrettably, the current system is more focused on the treatment of poorly managed diabetes and its related conditions than on the prevention and better management of diabetes that would result in less cost to personal health and to the health system. It is critical that Manitoba make diabetes a priority in its health transformation journey so the goals of improving the quality, accessibility and efficiency of health-care services province-wide can be achieved.

Diabetes Canada’s Recommendations

As Manitoba Health, Seniors and Active Living makes transformative changes to achieve a health-system that delivers improved outcomes and services for all Manitobans, Diabetes

ⁱ Aboriginal Peoples Highlight Tables, 2016 Census [Internet]. Statistics Canada; 2017 Oct [cited 2019 Dec 17]. Available from: <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/hltfst/abo-aut/Table.cfm?Lang=Eng&S=99&O=A&RPP=25>

ⁱⁱ Health characteristics, annual estimates [Internet]. Statistics Canada; 2019 Dec [cited 2019 Dec 17]p. Ottawa. Available from <https://doi.org/10.25318/1310009601-eng>

Canada submits the following three recommendations for shaping the 2020 – 2021 Provincial Budget:

1. Develop a provincial diabetes strategy based on the [Diabetes 360°](#) strategy framework with key targets, actions, measures and outcomes.

Diabetes Canada partnered with representatives from more than 100 stakeholder organizations to develop [Diabetes 360°](#) – a measurable, outcome-focused strategy framework for the prevention and management of diabetes. It is based on the hugely successful 90-90-90 model implemented globally to combat HIV/AIDS and is the product of collaboration among 129 stakeholders including representation from nine provincial governments.

The Diabetes 360° framework includes specific evidence-based recommendations in the areas of prevention, screening, treatment and patient outcomes for diabetes by focusing on the following key targets:

- 90% of Canadians live in an environment that preserves wellness and prevents the development of diabetes
- 90% of Canadians are aware of their diabetes status
- 90% of Canadians living with diabetes are engaged in appropriate interventions to prevent diabetes and its complications
- 90% of Canadians engaged in interventions are achieving improved health outcomes

These targets are based on extensive consultation and rigorous analysis of research, and the actions required for their achievement are detailed in our [Diabetes 360°](#) report.

Few people fully realize the devastating consequences that diabetes can have on the health, mind, relationships and finances of those afflicted. Diabetes-related complications are serious and can often be life-threatening. At every age group, the death rates of Canadians with diabetes is at least double that of Canadians without. The life expectancy of a person with diabetes is shortened by an average of 13 years.

Bold action is needed to bring about necessary change in Manitoba that will help stem the tide of diabetes. Adopting and implementing Diabetes 360° can transform Manitoba's health-care system and achieve measurable health improvements for Manitobans living with the condition.

2. Eliminate the age-restriction on the provincial insulin pump program.

Type 1 diabetes is a chronic disease affecting the lives and livelihoods of 7,000 – 14,000 Manitobans. The disease is complex and can be complicated to manage. It places an enormous burden on individuals as well as their families, the health system and society as a whole. There

is no cure for type 1 diabetes; survival in this population hinges on intensive intervention, education and support, coupled with a strict regimen of insulin and lifestyle management.

Insulin pumps represent an alternative to multiple daily injections. The clinical effectiveness of insulin pumps is well documented. Diabetes Canada's Clinical Practice Guidelinesⁱⁱⁱ state:

- insulin pump therapy is a safe and effective method of intensive insulin therapy for people with type 1 diabetes, and has shown improvements in glucose control over NPH-based regimens and over long-acting analogue regimens
- insulin pump therapy may provide some advantages over other methods of intensive therapy, particularly in individuals with higher baseline A1C
- insulin pump therapy results in fewer episode of severe hypoglycemia compared to multiple daily injections

In addition to these outcomes, insulin pump therapy can offer people with diabetes greater independence, flexibility and a sense of normalcy as they work to be active and productive citizens.

These are very important considerations and should be weighed appropriately in a patient-centred healthcare system.

Diabetes Canada strongly believes that people with diabetes require choice in treating their condition and that consideration for eligibility for an insulin pump should not end at 17 years. Diabetes does not go away and an insulin pump can be a critical tool for some Manitobans 18 years and older living with type 1 diabetes.

Given the complexity and variability of diabetes management, people living with the disease need to be continuously educated in how best to manage the disease. Sustained self-management is the foundation of good health for those living with diabetes.

Currently, many Manitobans with diabetes pay out-of-pocket more than 3% of their income or over \$1,500 per year for prescribed medications, devices and supplies:

Out-of-pocket cost per year Manitoba 2020	
Type 1 diabetes on multiple daily insulin injections	\$800-\$3,100
Type 1 diabetes on insulin pump therapy	\$2,200-\$6,200
Type 2 diabetes on oral medication	\$1,900

Out-of-pocket costs that exceed 3% or \$1,500 of a person's annual income are defined as catastrophic drug costs by the Kirby and Romanow Commissions on healthcare. 25 per cent of

ⁱⁱⁱ Diabetes Canada's Clinical Practice Guidelines Expert Committee. (2018). Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. *Can J Diabetes*, 42 (1), S1-S325.

Canadians with diabetes report that these costs affect their adherence to their prescribed treatment regimens, which risks their short and long-term health.

Regrettably, some Manitobans whose prescriber has recommended an insulin pump as a preferred treatment option must either go without the benefit of a pump or incur a financial burden. Experience in other jurisdictions indicates that less than 40 per cent of adults with type 1 diabetes would choose an insulin pump over multiple daily injections if the cost of the pump was covered.

British Columbia, Alberta and Ontario do not impose an age restriction on their insulin pump programs. Manitoba should also provide a choice to adults living with type 1 diabetes so eligible individuals can benefit from the insulin pump therapy, if it satisfies their particular needs.

3. Publicly cover specialized devices (off-loading) that help heal diabetic foot ulcers and reduce the number of lower limb amputations in Manitoba.

Every 32 hours in Manitoba, someone has a lower limb amputated due to a diabetic foot ulcer. Diabetic foot ulcers are serious wounds that are common, debilitating and one of the most feared complications of diabetes. They are also the leading cause of non-traumatic amputations below the knee in Canada.

Up to 85 per cent of these amputations may be prevented if foot ulcers are properly treated. Off-loading devices are specialized products such as air casts, total contact cast or shoes and orthoses, that relieve pressure off foot ulcers to help them heal and reduce the risk of amputation, but they cost up to \$2,500 so are not widely used due to issues of affordability.

Foot complications, including infections, ulcerations and amputations, are a major cause of morbidity and mortality in people with diabetes. Diabetes-related foot wounds contributed to about one-third of all amputations performed in hospitals across Canada in 2011-12. The mortality rate for people experiencing diabetic foot complications is worse than rates of some forms of cancer; in fact, the five-year mortality rate for those with a diabetic foot ulcer is higher than that of Hodgkin's disease, breast cancer or prostate cancer.

Diabetic foot ulcers are treatable, and the satisfactory treatment can result in significant cost savings to the health-care system. For instance, our [report](#) demonstrates that when an ulcer does not heal and leads to an amputation, approximately **86 days** are spent by an individual in the hospital, ER and clinics. When an ulcer is treated with an off-loading device and subsequently healed, approximately **five days** in hospital, ER and clinics are spent.

In Manitoba, increased funding for specialized devices to treat diabetic foot ulcers, in addition to proper screening and foot care, can help prevent costly amputations and save

Manitoba's health-care system **up to \$9 million per year**, beginning the first year of public coverage.

Conclusion

Diabetes Canada would be pleased to work with the Government of Manitoba to implement the recommendations contained in this submission as an important component of the provincial health system transformation process. Manitobans living with diabetes or at risk of diabetes need appropriate support to achieve their full health potential while reducing their risk of costly complications. With concerted efforts and strong leadership from the government, in close collaboration with key stakeholders in the diabetes community, we can bend the impact curve of diabetes and significantly transform provincial health for the benefit of all Manitobans.

Kindly contact me for more information or with any questions on the issues contained in this submission: Joan.King@diabetes.ca or call 780 906-6161.