



## Strategies to balance Alberta's budget

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Today, nearly one in three Albertans lives with diabetes or prediabetes. If nothing is done, we estimate the cost of diabetes to Alberta's health-care system will increase from \$455 million this year to \$653 million in 2030. Approximately 80 per cent of these costs are related to treating the complications of diabetes, including heart attack, stroke, kidney failure, blindness and amputation. Diabetes Canada recommends that in order to reduce the cost of treating the complications of diabetes, the Government of Alberta should invest in diabetes prevention and management.

Diabetes is a disease characterized by an elevation of blood sugar levels resulting in a syrup-like consistency of blood circulating through the body which over time will damage organs. People with diabetes need to manage their blood sugar in an effort to stay within a target range to reduce the risk of complications.

There are three common types of diabetes. Type 1 occurs in people when their beta cells, located in the pancreas, no longer function. Type 1 is an autoimmune disease with the cause still unknown. Type 2 diabetes occurs when the body cannot properly use the insulin that is being released or does not make enough insulin. There are several [risk factors](#) for type 2 diabetes. Over 90 per cent of people with diabetes have type 2 diabetes. Type 2 diabetes develops in adulthood most commonly, but children can be affected. A third type of diabetes, gestational diabetes, is a temporary condition that occurs during pregnancy.

### **Diabetes Canada's recommended strategy #1:**

**Enhance access to the supplies and devices needed to monitor blood sugar so that Albertans can work to prevent the costly complications of diabetes.**

To reduce the cost of treating heart attack, stroke, kidney failure, blindness, amputation, Albertans with diabetes require access to the tools necessary to monitor their blood sugar:

#### **a) Blood glucose test strips**

Currently, Albertans who require insulin to manage their diabetes have access to only \$600 per year for all their diabetes supplies through the Alberta Blue Cross Non-Group Coverage and Coverage for Seniors plans. Albertans with type 2 diabetes who must also self-manage their

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disease but do not use insulin have no coverage under these plans. (Alberta Health programs for low income Albertans and for Albertans who are eligible for the insulin pump program provide better access to blood glucose test strips.) For working and retired Albertans with no other coverage, Alberta falls short of meeting Diabetes Canada's recommendations for minimum quantities of test strips for public reimbursement.

Diabetes Canada submitted to Alberta Health in 2018 an Alberta White Paper on self-monitoring of blood glucose test strip reimbursement options. The paper analyzes utilization and expenditures under Alberta public programs and projects that Alberta could reduce expenditures in the low-income programs by introducing utilization limits in line with other provinces. In turn, this would help to offset higher expenditures in the Non-Group Coverage and Coverage for Seniors plans by enhancing quantity limits of blood glucose test strips.

## **b) Continuous glucose monitors**

Alberta and other provinces do not provide public coverage for devices that help people with specific needs to optimally monitor and manage their blood sugar levels. The most recent recommendations for use were released by Health Quality Ontario (HQO). HQO recommends publicly funding continuous glucose monitoring (CGM) for patients with type 1 diabetes who are willing to use CGM for the vast majority of the time and who meet one or more of the following criteria:

- Severe hypoglycemia without an obvious precipitant, despite optimized use of insulin therapy and conventional blood glucose monitoring, and/or
- Inability to recognize, or communicate about, symptoms of hypoglycemia.

## **c) Flash glucose monitors:**

Similarly, Health Quality Ontario recommends publicly funding flash glucose monitoring systems for:

- People with type 1 diabetes who experience recurrent hypoglycemia despite frequent self-monitoring of blood glucose and efforts to optimize insulin management, and
- People with type 2 diabetes requiring intensive insulin therapy (multiple daily injections or use of insulin pump) who experience recurrent hypoglycemia despite frequent self-monitoring for blood glucose and efforts to optimize insulin management.

## **Diabetes Canada's recommended strategy #2:**

**Publicly fund specialized devices (offloading devices) for Albertans with a diabetic foot ulcer (a complication of diabetes) and save \$9.9-\$15.9 million annually, beginning the first year, by reducing the number of amputations in the province.**

Every 22 hours in Alberta, 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 consequences of diabetes. They are the leading cause of all non-traumatic amputations below the knee in Canada. Each year, close to 400 Albertans with diabetes have a lower-limb amputation.

Up to 85 per cent of these amputations may be prevented if foot ulcers are properly treated. When a diabetic foot ulcer heals properly, a person spends approximately five days in the hospital, ER and clinics. Alternatively, with lower limb amputations, a person spends

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approximately 86 days in the hospital, ER and clinics – dramatically increasing the burden on people with diabetes and our health-care system.

Diabetic foot ulcers directly cost Alberta's health-care system an estimated \$70-\$86 million a year, but the cost to provide offloading devices such as total contact casts and removable cast walkers, plus orthotist visits would be \$4.4-\$7.4 million a year. Therefore, with public funding the direct costs related to diabetic foot ulcers would fall by an estimated \$17.3-\$20.4 million a

year, creating a net savings of \$9.9-\$15.9 million annually. The full economic report is located at <https://diabetes.ca/advocacy---policies/advocacy-reports/amputation-prevention-reports>

### **Diabetes Canada's recommended strategy #3:**

**Introduce a levy on sugar sweetened beverages and use the revenues generated to promote the health of Albertans.**

Reducing the intake of sugars is a healthy choice for Albertans from many perspectives. From a societal perspective, it would have many health benefits, including preventing and reducing dental cavities, reducing obesity, and preventing weight gain, with a favourable impact on other illnesses, such as diabetes, heart disease and stroke. From a diabetes perspective alone, reduction of added sugars, specifically sugar-sweetened beverages, may have an independent influence on type 2 diabetes risk and gestational diabetes risk.

Some governments have used policy levers to influence sugar-sweetened beverage consumption. Mexico, Denmark, regions in the U.S. and Europe, have applied taxes on sugar sweetened beverages as a means to deter consumption and redirect revenues toward health promoting initiatives. Preliminary results from the Mexico experience, which added a 10 per cent tax to non-dairy and non-alcoholic drinks with added sugar, demonstrated a 6 per cent decline in purchases in 2014 in tandem with an increase in water consumption.

### **Diabetes Canada's recommended strategy #4:**

**Encourage the Federal Government to implement a nation-wide diabetes strategy based on Diabetes Canada's [Diabetes 360°](#) strategy framework.**

The World Health Organization recommends that every country implement a national diabetes strategy, yet despite higher prevalence and per capita costs of diabetes than most of the world's developed nations, Canada has been without one since 2013.

With an aging population and exploding growth rates amongst at-risk populations – from South Asians to Indigenous Canadians – Canada's diabetes burden will continue its rise over the next decade. Both prevalence and direct costs for treating the disease in Canada have been rising at a rate of 4 per cent and 10 per cent respectively per year and show no signs of slowing down. Treating diabetes costs Canada's health care system \$28 billion per year and will approach \$40 billion per year by 2028, unless we act with a sense of urgency.

Canada needs a strategy to coordinate the efforts underway in all provinces and territories to combat this epidemic, one which would bring Canada in line with global best practice, reduce the human burden of this disease significantly in a very short period and achieve savings in

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health care costs. If implemented, the strategy could achieve \$9 billion in health care cost savings across Canada from diabetes prevention alone over seven years.

The [Diabetes 360°](#) framework includes specific evidence-based recommendations in the areas of prevention, screening, treatment and patient outcomes for diabetes, and is set up to deliver results in just seven years by focusing on key targets.

Diabetes Canada has submitted its recommendations for a nationwide diabetes strategy to the Government of Canada and requests the establishment of a seven-year national partnership with the federal government's strategic investment of \$150 million over the seven years. The partnership would collaborate with provinces and territories, civil society and private sector to prioritize and implement programs to achieve the Diabetes 360° targets.

On behalf of Diabetes Canada, thank you for the opportunity to submit our strategy recommendations to help to balance Alberta's budget by 2022-23.