



**Submission to  
the Honourable Donna Harpauer, Minister of Finance  
Saskatchewan Budget 2019-2020**

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## About Diabetes Canada

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

Diabetes Canada is the driving force to build awareness of the disease and its implications, which are often misunderstood and is the national voice for millions of Canadians living with diabetes or prediabetes.

End Diabetes is our rallying cry to end the terrible health impacts of diabetes, including heart attacks, strokes, kidney failure, blindness and amputation, as well as its shame, blame, stigma and misinformation. It's also time to End Diabetes altogether with a cure.

## Executive Summary

Today, approximately 314,000 Saskatchewanians are living with diabetes or prediabetes, which represents over one quarter of the provincial population. The increasing rate of diabetes and its serious and costly complications continue to place a serious burden on Saskatchewanians living with the disease and their families and on the province's health-care system.

To alleviate cost pressures on both individuals living with diabetes and the health-care system, Diabetes Canada urges the government to adopt the following recommendations and assign adequate resources in its upcoming budget:

- **Expand the insulin pump program.**
- **Establish a mandatory standard of care for children with type 1 diabetes in school.**
- **Establish a provincial diabetes care pathway.**
- **Support Diabetes 360° framework for a nation-wide diabetes strategy.**

## Diabetes in Saskatchewan

About 103,000 Saskatchewanians or 8.4 per cent of the population has been diagnosed with diabetes (type 1 or type 2). Between 2009 and 2019, the number of people diagnosed with diabetes has increased by about 43 per cent.

The fact that 8.4 per cent of the population has diabetes is alarming, but this does not represent the full burden of the disease. About one-third of people with diabetes are, in fact, undiagnosed. There are also an estimated 167,000 people living with prediabetes, a precursor to type 2 diabetes. With undiagnosed diabetes and prediabetes factored in, an estimated 320,000 people live with diabetes or prediabetes, representing 26 per cent of Saskatchewan's population. The increasing rate of diabetes and its complications, including heart attack, stroke, blindness, amputation and kidney failure poses a serious burden on the quality of life of Saskatchewanians and is estimated to cost the government \$101 million in direct costs, 80 per cent of which are related to treating its complications.

Clearly, something must be done.

## Issues and Diabetes Canada Recommendations

### **Issue #1:**

Saskatchewanians with type 1 diabetes over age 25 are excluded from the provincial insulin pump program.

Type 1 diabetes is a chronic disease affecting the lives and livelihoods of up to 10,300 Saskatchewanians. 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 Guidelines* 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. It is also important to realize that only about 30 per cent of adults with type 1 diabetes will choose to use an insulin pump when public funding is available. These are very important considerations and should be weighed appropriately in a patient-centered health-care system.

Diabetes Canada strongly believes that people with diabetes require choice in treating their condition. In Saskatchewan, only those who are age 25 or younger are eligible for coverage, but diabetes does not end in young adulthood. Regrettably, many who are over age 25 who have been recommended by their specialist for pump therapy must either pay out-of-pocket for their insulin pump or go without, thereby compromising their diabetes management.

### **Recommendation #1:**

The Government of Saskatchewan should eliminate the age restriction on the insulin pump program so clinically eligible individuals with type 1 diabetes can benefit from insulin pump therapy.

## **Issue #2:**

Children with diabetes in Saskatchewan do not have consistent and adequate support with their daily diabetes management tasks and are at risk of emergency situations while attending schools in Saskatchewan.

Type 1 diabetes is an autoimmune disease that is neither preventable, nor curable. The only treatment is daily injections/infusions of insulin, combined with multiple blood sugar checks and maintaining a careful balance between insulin, food and activity.

Given that children spend 30 to 35 hours in school per week, these children and their families need support to effectively manage diabetes at school. While most students can manage their diabetes independently, some may need help with blood sugar testing or insulin administration, such as very young children.

Proper diabetes management reduces the risk of life-threatening emergencies and prevents or reduces the risk of serious long-term complications, such as heart attack, stroke, amputations, blindness and kidney failure. It also ensures that students with diabetes are able to learn and participate fully in all school activities.

Saskatchewan is the only province in Canada without a standard of care for students with type 1 diabetes. As a result, parents are often left struggling to find in-school supports that their children need. Oftentimes a parent must leave their job in order to be at school throughout the day or their children pay the price with ongoing uncontrolled blood sugar levels while at school, thereby compromising their safety, long-term health and ability to participate in school activities.

Most schools in Saskatchewan will not:

- permit training for school staff to help monitor blood sugar or administer insulin for students who are newly diagnosed or too young to independently self-manage;
- train staff to administer glucagon to a student with diabetes in the event of a life-threatening emergency (e.g. severe low blood sugar);
- permit students with type 1 diabetes to perform blood sugar checks or administer insulin wherever and whenever required;
- include students with diabetes in fieldtrips and will expect full participation in the classroom despite low or high blood sugar levels.

### **Recommendation #2:**

The Government of Saskatchewan establish a mandatory standard of care for students with diabetes that is in-line with Diabetes Canada's [Guidelines for the Care of Students Living with Diabetes in School](#).

### **Issue #3:**

Despite their demonstrated success in other areas of the health-care system, Saskatchewan has not established a provincial care pathway for diabetes.

A care pathway is defined as “a multidisciplinary management tool-based healthcare plan for a specific group of patients with a predictable clinical course, in which the different tasks by the professionals involved in the patient care are defined, optimized and sequenced.”<sup>iii</sup>

Pathways are intended to promote standardized care and reduce inappropriate clinical variation. They help achieve consistency in assessment and treatment approaches, may reduce wait times for access to key services, increase efficiencies in processes, and can improve patient experience and health outcomes. Saskatchewan has already demonstrated several different clinical pathways to help patients access timely and appropriate services. To date, these include hip and knee, spine, prostate assessment, bariatric surgery, pelvic floor, acute stroke, lower extremity wound, and fertility care pathways.<sup>iii</sup> Similarly, the Government of Alberta has a diabetes foot care clinical pathway in place that is used by provincial health authorities to guide providers in the early detection of foot problems, the selection of effective treatment options and the offer of appropriate support services.<sup>iv</sup> These pathways help to put the patient at the centre of care and guide health care providers’ management of disease.

### **Recommendation #3:**

The Government of Saskatchewan work with Diabetes Canada to articulate a diabetes pathway for people at risk of and living with diabetes in the province.

### **Issue #4:**

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 health care costs.

Diabetes Canada partnered with representatives from more than 100 stakeholder organizations over the past year to develop Diabetes 360° – a measurable, outcome-focused national strategy 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. 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 the following key targets:

- 90 per cent of Canadians live in an environment that preserves wellness and prevents the development of diabetes
- 90 per cent of Canadians are aware of their diabetes status
- 90 per cent of Canadians living with diabetes are engaged in appropriate interventions to prevent diabetes and its complications
- 90 per cent 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.

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 and then sunset.

**Recommendation #4:**  
The Government of Saskatchewan express its support to the Federal Government for a nationwide diabetes strategy and commit to partnering with federal, provincial and territorial governments to implement the Diabetes 360° strategy framework.

## Conclusion

We urge the Government to implement the recommendations presented in this submission, to ensure people living with diabetes in Saskatchewan have the support to achieve their health potential. 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 improve the lives of those at risk or living with diabetes.

## References

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- <sup>i</sup> 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.
- <sup>ii</sup> European Pathway Association. (no date). Care Pathways. Belgium: EPA. Retrieved from <http://e-p-a.org/care-pathways/>.
- <sup>iii</sup> Government of Saskatchewan. (no date). Using Patient Pathways. Saskatchewan: Government of Saskatchewan. Retrieved from <http://www.sasksurgery.ca/provider/patientpathways.html>
- <sup>iv</sup> Alberta Health Services. (2017). Diabetes Foot Care Clinical Pathway. Alberta: Alberta Health Services. Retrieved from <http://www.albertahealthservices.ca/scns/Page10321.aspx>.