



2022 Pre-Budget Submission

Submitted to:

The Honourable Cameron Friesen, Minister of Finance
Government of Manitoba

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Introduction

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 complications, which are often misunderstood, and is the national voice for 11.5 million Canadians living with diabetes and prediabetes.

To *End Diabetes* is our rallying cry to end the serious health impacts of diabetes. In Canada, diabetes is associated with 30 per cent of strokes, 40 per cent of heart attacks, 50 per cent of dialysis due to kidney failure, and 70 per cent of non-traumatic amputations every year. We estimate that in 2022 diabetes will cost the Manitoba health-care system \$152 million with 80 per cent of this cost attributed to treating diabetes-related complications in acute care settings.

Diabetes is the leading cause of blindness, kidney failure and non-traumatic amputation. Compared to those without diabetes, Manitobans living with diabetes are 2 to 4 times more likely to be hospitalized for cardiovascular or kidney disease, and over 14 times more likely for lower limb amputations. Adults with diabetes spend over 2.5 times the number of days in hospital each year than people without diabetes; and children and adolescents spend over 7 times the number of days in hospital than those without diabetes.¹

Today in Manitoba, 28 per cent of the population, or over 412,000, live with diabetes or prediabetes. The province is facing a 31 per cent increase in diagnosed cases of diabetes over the next 10 years, which does not include the number of Manitobans undiagnosed with type 2 diabetes.

Added to the risk of complications, people with diabetes are at greater risk of the consequences of COVID-19 and have been nearly twice as likely to require hospitalization and intensive care as those without and nearly three times as likely to die of COVID-19. For some people, surviving COVID-19 has led to lasting medical concerns. The already growing burden of diabetes was heightened through the pandemic.

To alleviate the burden of diabetes in Manitoba, Diabetes Canada recommends the government commit to the following priority actions and apply ample resources in Budget 2022:

- **Implement a comprehensive provincial diabetes strategy that aligns with the [Diabetes 360°](#) framework, including targets for prevention, screening, management, and improved health outcomes.**

- **Publicly fund diabetes devices, including insulin pumps and glucose monitoring devices (isCGM and rtCGM), without age restriction per Diabetes Canada’s [reimbursement recommendations](#).**
- **Implement a provincial mandatory standard of care for students with diabetes that aligns with Diabetes Canada’s [Guidelines for the Care of Students Living with Diabetes in School](#).**

Issues and Recommendations for Manitoba’s 2022 Budget

Issue 1

Manitoba needs a comprehensive diabetes strategy that aligns with the Diabetes 360° framework to address the growing burden of diabetes in the province.

In July 2021 the Government of Canada passed into law with unanimous all-party support Bill C-237, ***An Act to Establish a National Framework for Diabetes in Canada***, that is based on Diabetes 360°. The law requires the Federal Minister of Health to develop the diabetes framework to table in Parliament by July 29, 2022. Federal Budget 2021 also includes a funding commitment to create a nationwide diabetes strategy.

At the same time, provinces and territories need to make a commitment to reduce the human and economic costs of diabetes and its serious complications. With an aging population and exploding growth rates amongst at-risk populations, including Indigenous peoples, the prevalence and cost of diabetes in Manitoba will continue to rise over the next decade. Treating diabetes will cost Manitoba’s healthcare system \$152 million this year and will reach \$198 million by 2032, unless we act with a sense of urgency.

Diabetes is a disease that brings with it many serious health challenges and disproportionately affects certain Canadian subpopulations, many of whom are already vulnerable economically or physically. Inequities in diabetes risk are driven by social determinants such as income, education level, employment and working conditions, food security, early childhood development, social support and connectedness, the built environment, and access to prevention and care services.

To blame, shame or stigmatize those living with type 2 diabetes for their disease is a vast oversimplification. Type 2 diabetes is caused by an array of factors including genetics, lifestyle, and environmental factors such as poverty and food insecurity.

Diabetes in Indigenous populations is complex and socially mediated, with the common thread being a shared history of colonization. For First Nations peoples living on reserve, diabetes prevalence is 3-5 times greater than in the general population, and the rates of complications are higher than in non-First Nations Canadians. Indigenous Peoples are

diagnosed at an increasingly younger age, have greater severity at diagnosis, and experience poorer treatment outcomes.

A comprehensive provincial diabetes strategy that aligns with [Diabetes 360°](#) can stem the tide of diabetes in Manitoba by helping people know their risks of diabetes, reduce individual risk factors for diabetes and its complications, promote healthier environments and create measurable and attainable health outcomes.

Recommendation 1

The Government of Manitoba should adequately fund the implementation of a comprehensive provincial diabetes strategy that aligns with the [Diabetes 360° framework](#) to address the tremendous burden of diabetes in Manitoba.

Issue 2

Manitobans with diabetes over age 25 are unable to access a glucose monitoring device or an insulin pump to optimally manage their diabetes.

Glucose monitoring devices

Glucose self-monitoring is necessary for all people with type 1 diabetes and in pregnancy (for those with type 1, type 2 and gestational diabetes), and is recommended for many people with type 2 diabetes. Diabetes Canada believes that the selection of a glucose monitoring method and system is dependent on individual patient characteristics, obstacles to living well with diabetes and short- and long-term health-related goals. People living with diabetes should work with their health-care team to determine the type of device that best suits their needs.

There are three different glucose self-monitoring modalities, including:

1. **Capillary blood glucose** monitoring (CBG; previously referred to as “self-monitored blood glucose” or “SMBG”)
2. **Intermittently-scanned continuous glucose monitoring** (isCGM; previously referred to as “flash glucose monitoring” or “FGM”)
3. **Real-time continuous glucose monitoring** (rtCGM; previously referred to as “continuous glucose monitoring” or “CGM”)

According to Diabetes Canada’s [Policy Statement, Reimbursement of Intermittently-scanned and Real-Time Continuous Glucose Monitoring Systems](#), these newer technologies can provide many benefits, including:

- Support healthy behaviours and behaviour change and guide diabetes management strategies by providing data on the impact of things like food choices and exercise on glycemia.
- Inform treatment decisions, including medication choice and dose adjustment.

- Promote safety from acute complications, such as diabetic ketoacidosis and hypoglycemia, by allowing for identification of patterns and trajectories of glycemia, and protection from long-term complications of diabetes by providing overall averages of glycemia and proportion and timing of glycemia in or out of target range.
- Enhance virtual care by allowing health-care providers to access uploaded data about daily glycaemic trends, average daytime and nighttime glycemia, time in range and the glycaemic response to specific interventions.
- Empower people living with diabetes by providing knowledge of current and trending glycemia to inform self-management decisions.

Insulin pumps

Insulin pumps represent an alternative to multiple daily injections. Their clinical effectiveness is well documented. Diabetes Canada’s Clinical Practice Guidelines state that insulin pump therapy can be beneficial and considered for people with type 1 diabetes who:

- Do not reach glycaemic targets despite optimized basal-bolus injection therapy;
- Have significant glucose variability;
- Experience frequent severe hypoglycemia and/or hypoglycemia unawareness;
- Have significant “dawn phenomenon” with rise of blood glucose early in the morning;
- Have very low insulin requirements;
- Experience adequate glycaemic management but suboptimal treatment satisfaction and quality of life; and
- Are contemplating pregnancy.

The positive impact isCGM and rtCGM devices and insulin pumps have on disease management and quality of life attest to their value. Cost savings to the healthcare system may be realized in both the short- and long-terms, such as:

- Fewer calls to EMS and fewer visits to ER for treatment of severe low or high blood sugars
- Fewer hospitalizations for emergencies related to extreme blood sugars (e.g. DKA)
- Fewer visits to clinicians due to more stable blood sugars
- Fewer complications due to better blood sugar management
- Fewer amputations, reducing months of hospital and clinic care
- Fewer people with kidney disease, reducing dialysis treatments
- Less demand for medications, treatments and surgeries to deal with nerve damage and vision loss

Recommendation 2

Diabetes Canada recommends the Government of Manitoba eliminate discrimination based on age and make glucose monitoring devices and insulin pumps an option for all clinically-eligible people living with diabetes.

Issue 3

Many children with diabetes do not have adequate support with their daily diabetes management tasks at school. This may place them at greater risk for emergency situations, long-term complications, and at a disadvantage to learn and participate in the classroom.

Type 1 diabetes requires treatment with insulin, close monitoring of blood glucose levels, and careful balance of diet and physical activity every day. Ongoing effective self-management helps to avoid serious health problems from occurring, from emergency situations such as severe hypoglycemia (low blood sugar) to long-term complications such as heart disease, blindness, amputation and kidney failure.

Given 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 glucose monitoring and/or insulin administration. Pushing this responsibility to family members is unreasonable when employment, transportation or other caregiving responsibilities at home may make it impossible for a family member to visit the school daily. Children with diabetes whose elevated blood glucose is not corrected with insulin throughout the school day may be unable to concentrate or participate fully in the classroom and the signs of high blood sugar may be mistaken as poor or disruptive behaviour.

In Manitoba, there is no mandatory standard of care for students with diabetes. Currently, support is available through the Unified Referral and Intake System (URIS) but it is often insufficient. Students with diabetes must be provided the same opportunities to learn and participate in the classroom and students without diabetes.

Recommendation 3

The Government of Manitoba should adopt a provincial mandatory standard of care for students with diabetes that aligns with Diabetes [Canada's Guidelines for the Care of Students Living with Diabetes in School.](#)

Conclusion

The recommendations contained in Diabetes Canada's pre-budget submission represent our priorities for government investments. By adopting these recommendations, the government will meaningfully improve the lives of Manitobans living with diabetes, reduce the health-care costs associated with diabetes and increase productivity of the workforce. Diabetes Canada will continue working with the government and other stakeholders towards achieving optimal health outcomes for people with diabetes and those at risk of diabetes. We thank the Manitoba government for the opportunity to provide these recommendations and look forward to working together in 2022.

¹ Johnson, J.A., Rabi, D.M., Edwards, A.L. ... & Balko, S.U. (2009). Diabetes and health care utilization in Manitoba. Manitoba Diabetes Atlas 2009. Accessed from https://www.researchgate.net/profile/Doreen_Rabi/publication/265099105_Chapter_4_Diabetes_and_Health_Care_Utilization_in_Manitoba/links/5458f3190cf2bccc4912afca.pdf