



2022 Pre-Budget Submission

Submitted to

The Honourable Travis Toews

President of Treasury Board and Minister of Finance

Government of Alberta

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Diabetes Canada
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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 implications, 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 Alberta health-care system \$494 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, Albertans 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 Alberta, 26 per cent of Alberta's population, or over 1.2 million, live with diabetes or prediabetes. While Alberta currently has the lowest diabetes rate among the provinces in Canada, it has experienced the largest increase in prevalence over the last ten years. Over the next ten years, Alberta is facing a 42 per cent increase in diabetes prevalence, again the largest among all provinces.²

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 Alberta, Diabetes Canada recommends the government commit to the following priority actions and apply ample resources in Budget 2022:

- **Build on the work lead by the Diabetes, Obesity and Nutrition Strategic Clinical Network (DON SCN) by implementing a comprehensive provincial diabetes strategy that aligns with the [Diabetes 360°](#) framework.**

- **Publicly fund 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 Alberta's 2022 Budget

Issue 1

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

With an aging population and exploding growth rates amongst at-risk populations, including South Asians and Indigenous Peoples, the prevalence and cost of diabetes in Alberta will continue to rise over the next decade. Treating diabetes will cost Alberta's healthcare system \$494 million this year and will reach \$692 million by 2032, unless we act with a sense of urgency.

Alberta needs a comprehensive strategy that expands on the work currently underway in the province. [Diabetes 360°](#) is a measurable, outcome-focused strategy framework for the prevention and management of diabetes.

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 timely results by focusing on the following key targets:

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

Over the past several years, Diabetes Canada has been advocating and urging governments to support a nationwide diabetes strategy for Canada that aligns with the Diabetes 360° framework. The diabetes community is thrilled that in July 2021 Bill C-237, *an act to establish a national framework for diabetes in Canada*, that is based on Diabetes 360°, was passed into law with unanimous all-party support within Parliament. The law requires the Federal Minister of Health to engage provinces and territories, as well as other

stakeholders and Indigenous groups, in a consultation process to develop the diabetes framework to table in Parliament by July 29, 2022.

At the same time, while efforts are already being made to address the diabetes epidemic in Alberta, it is not comprehensive enough to address the complex issues involved. Implementing Diabetes 360° would provide a clear focus for action, concentrate scarce human and financial resources, and improve the effectiveness of public health efforts. It sets out specific outcomes against which progress could be measured to ensure accountability of our healthcare system and to monitor the efficacy of our provincial approach to the disease.

Recommendation 1

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

Issue 2

Many Albertans with diabetes are unable to access the glucose monitoring systems they need to optimally manage their diabetes.

Self-management is a cornerstone of diabetes care so that individuals can work to prevent or delay the serious complications of the disease. Diabetes self-management includes balancing medications (e.g. insulin and/or pills) with eating and physical activity. Monitoring blood glucose (sugar) is necessary to know whether blood glucose is being maintained within an individual's target range. Elevated blood glucose levels (hyperglycemia) can over time lead to serious complications. Low blood glucose levels (hypoglycemia) can result in a life-threatening situation.

Glucose self-monitoring is necessary for all people with type 1 diabetes and in pregnancy and is recommended for many people with type 2 diabetes. 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")

Diabetes Canada is pleased that the Government of Alberta in 2021 increased access to diabetes supplies, including blood glucose test strips and lancets that are required for capillary blood glucose monitoring. The new policy now aligns with Diabetes Canada's minimum standards for coverage of blood glucose test strips.

The following continuous glucose monitoring systems are not covered in Alberta:

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”)

There has been an increased interest and uptake in isCGM and rtCGM use for diabetes management and a number of [provinces and territories](#) provide coverage for continuous glucose monitoring devices for eligible people with diabetes. 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:

- 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 glycemic trends, average daytime and nighttime glycemia, time in range and the glycemic response to specific interventions.
- Empower people living with diabetes by providing knowledge of current and trending glycemia to inform self-management decisions.

The positive impact isCGM and rtCGM devices 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

The Government of Alberta should publicly fund glucose monitoring devices (isCGM and rtCGM) without age restriction per Diabetes Canada's [reimbursement recommendations](#).

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 to visit the school daily.

In Alberta, there is no mandatory standard of care for students with diabetes. Currently, support is ad hoc and often insufficient. School boards require the government's guidance to develop and implement consistent diabetes policies across the province that include supports for daily management tasks as well as emergency protocols. 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 their resulting behaviours may be considered disruptive.

The [Guidelines for Supporting Students with Type 1 Diabetes at School](#) is available as a resource on the Government of Alberta's website, but it is neither mandatory or fully aligned with Diabetes Canada's [Guidelines for the Care of Students Living with Diabetes at School](#).

Recommendation 3

The Government of Alberta should 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](#).

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 Albertans 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 Alberta 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 Alberta. Alberta Diabetes Atlas 2009. Accessed from https://www.researchgate.net/profile/Doreen_Rabi/publication/265099105_Chapter_4_Diabetes_and_Health_Care_Utilization_in_Alberta/links/5458f3190cf2bccc4912afca.pdf

² Canadian Diabetes Association. (2013). Canadian Diabetes Cost Model.