



2021 Pre-Budget Submission

Submitted to
The Honourable Travis Toews, President of Treasury Board and Minister of Finance
Government of Alberta

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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 11.5 million Canadians living with diabetes or prediabetes.

To *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.

Introduction

Today, almost 25 per cent of Alberta's population, or 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 another 46 per cent increase in diabetes prevalence, again the largest among all provinces.¹

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.²

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 2021 diabetes will cost the Alberta health-care system \$475 million with 80 per cent of this cost attributed to treating diabetes-related complications.

Add to this the many people with diabetes at high-risk for COVID-19. As we are learning more about this virus, research is showing that while having diabetes doesn't make someone more likely to catch COVID-19, it makes the consequences more serious if they do. Early research shows that people with diabetes are approximately twice as likely to require hospitalization and intensive care as those without, and about three times as likely to die of COVID-19. Because of this, many Albertans are very worried about the pandemic.

To alleviate the burden of diabetes on Albertans and the healthcare system, Diabetes Canada recommends that the government adopt the following recommendations, and assign adequate resources, in its upcoming budget:

- **Publicly fund blood glucose test strips and advanced glucose monitoring devices so Albertans with diabetes can monitor their blood sugar to prevent life-threatening emergencies and reduce the risk of costly complications.**
- **Launch a provincial diabetes strategy that aligns with the Diabetes 360° strategy framework, and support a nation-wide D360° strategy.**
- **Publicly fund medical devices that assist in healing a diabetic foot ulcer and reduce the risk of amputations.**
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Issues and Recommendations for Alberta's 2021 Budget

Issue #1:

Many Albertans with diabetes are unable to access the blood glucose monitoring supplies and devices they need to self-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 sugar is necessary in order to know if blood sugar is being maintained within a target range. Blood sugar levels that run too high (hyperglycemia) can over time lead to the serious and costly complications, including heart attack, stroke, kidney failure, blindness and amputation.

Monitoring blood sugar is also the only way to immediately determine if an individual with diabetes is experiencing hypoglycemia (low blood sugar) which can be life-threatening if not promptly treated with fast-acting sugar. Some people with diabetes are not able to recognize the symptoms of hypoglycemia so must have a means of regularly knowing their blood sugar level.

Diabetes Canada's *2018 Clinical Practice Guidelines* recommend that the frequency of blood sugar monitoring be individualized to suit individual unique circumstances, based on type of diabetes, the treatment prescribed, the need for information about blood sugar levels (prompted by a tendency to have hypoglycemia, lack of awareness of hypoglycemia, inadequate glycemic control, occupational requirements and acute illness); and the individual's capacity to use the information from testing to modify behaviours or adjust medications.

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 self-manage their disease but do not use insulin have no coverage under these plans. 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 and is behind all other provinces in this regard.

Diabetes Canada completed an Alberta White Paper on self-monitoring of blood glucose test strip reimbursement options that was formally submitted to the government in 2018. 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 and Coverage for Seniors plans.

B. Advanced Glucose Monitoring Devices

❖ Continuous glucose monitoring (CGM) devices

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

❖ Flash glucose monitoring devices

Similarly, Health Quality Ontario recommends publicly funding Flash 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.

Savings to the healthcare system can help offset the cost of these devices

Costs to Alberta will depend on the specifics of what coverage is provided and to whom. Cost savings can be realized in both the short- and the longer-terms:

Short term:

- 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

Longer term:

- 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
- Health care utilization savings offset the cost of the device, in addition to the benefits in health, productivity and quality of life

Recommendation #1:

To enable Albertans to self-manage their diabetes, prevent emergencies and reduce their risk of diabetes-related complications, the Government of Alberta should

enhance access to supplies and devices for monitoring blood sugar as follows: 1) Enhance access to blood glucose test strips to align with Diabetes Canada’s recommendations for minimum quantities for public reimbursement. 2) Make CGM and Flash glucose monitoring devices available for Albertans who would benefit.

Issue #2

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, and it was not highly successful.

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 reach \$40 billion per year by 2030, 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 to develop **Diabetes 360°** – a measurable, outcome-focused national strategy for the prevention and management of diabetes. 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 #2

To address the diabetes epidemic in Alberta and its high personal and economic costs, the Government of Alberta should implement a provincial diabetes strategy that aligns with the Diabetes 360° strategy framework, as well as support a nation-wide D360° strategy.

Issue #3

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 and Diabetes Canada anticipates that this figure is higher as a result of the impact of COVID-19 on individuals and the healthcare system.

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

Devices, including total contact casts and removable cast walkers, that relieve pressure on foot ulcers to help them heal and reduce risk of amputation are available to Albertans, but they are expensive. A device to prevent amputation can cost up to \$2,500.

Diabetic foot ulcers directly cost Alberta's health-care system an estimated \$70-\$86 million a year, but the cost to provide offloading devices 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.**

Recommendation #3

To reduce the tremendous human and health-care costs associated with a lower limb amputation, the Government of Alberta should publicly fund the medical devices (off-loading devices) that help to heal diabetic foot ulcers and reduce the risk of amputations.

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.

¹ Canadian Diabetes Association. (2013). Canadian Diabetes Cost Model.

² 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