

**Diabetes Canada**  
**2021 Pre-Budget Submission**

**Government of Ontario**

**February 10, 2021**

## Overview:

Even before the COVID-19 pandemic, diabetes was a huge and growing burden for Canadians. A third of Ontarians (4.6 million people) now live with diabetes or prediabetes and by 2031 that figure is expected to rise to 5.6 million people. Today in Ontario, approximately 30 per cent of people living with type 2 diabetes are undiagnosed. Every day on average 247 Ontarians receive a diagnosis of diabetes. Treating the disease costs Ontario's health care system \$1.7 billion per year. This burden on Ontario is not sustainable.

COVID-19 has increased the urgency to reduce the burden of diabetes on people living in Ontario. That's because diabetes increases the risk of adverse effects associated with COVID-19 infection: people with diabetes are significantly more likely to require hospitalization and more than three times as likely to die of COVID-19 compared with those who do not have diabetes. COVID-19 appears to be triggering new-onset diabetes in some people. Furthermore, added economic stress, food insecurity, income insecurity and physical inactivity caused by the pandemic may cause an increase in the number of people living in Canada who develop type 2 diabetes in the coming months and years. Not only is diabetes an even larger problem because of COVID-19, but COVID-19 may also be increasing the risk of poor health outcomes, including amputations, for those who have experienced delays or interruptions to health care service delivery.

Perhaps a positive consequence of the COVID-19 pandemic has been the ability for people living in Ontario to access their medical practitioners and some care providers virtually. A survey Diabetes Canada conducted of people living with diabetes in June 2020 showed that nearly three quarters of respondents had experienced virtual medical appointments and overwhelmingly favoured them being permanently incorporated into the health care system.

The increasing prevalence of diabetes and its complications pose a serious and growing burden on Ontarians, our health-care system and economy. Diabetes reduces quality and length of life and contributes to 30 per cent of strokes, 40 per cent of heart attacks, 50 per cent of kidney failure requiring dialysis and 70 per cent of non-traumatic limb amputations.

Each year there are tens of thousands of preventable diabetes-related hospitalizations and treating the disease and its complications will cost our provincial health-care system a staggering **\$1.7 billion** this year alone. By 2031, that cost is expected to soar to \$2.1 billion.

Effective management of diabetes reduces the risk of complications and, in turn, reduces the number of hospitalizations, emergency room visits and need for costly treatments. However, financial constraints and the high out-of-pocket costs associated with managing diabetes -- including expenses for medications, supplies, devices and health-care services (e.g. foot care) -- limit people's ability to properly manage their disease.

Neither the human nor financial costs associated with diabetes are sustainable – it is time to act. With the health system transformation currently underway, Ontario has an unprecedented opportunity to take bold action to address this public health crisis and deliver results.

## Summary of Recommendations:

1. Implement a comprehensive provincial diabetes strategy based on the [Diabetes 360°](#) framework to address the diabetes epidemic in Ontario, ease the burden on our publicly funded health-care system and improve health outcomes for Ontarians with diabetes.
2. Enhance access to essential diabetes medications, supplies and devices to help Ontarians optimally manage their disease and avoid complications, with priority focus on the following:
  - a. Publicly fund Continuous Glucose Monitoring systems for Ontarians with type 1 diabetes who experience severe hypoglycemia (low blood sugar) or hypoglycemia unawareness, as recommended by Ontario Health.
  - b. Reduce Trillium Drug Program deductibles to help working-age Ontarians better afford their diabetes medications, supplies and devices and manage their disease.
3. Improve screening and foot care, as well as access to interdisciplinary teams for treatment, to help prevent and treat diabetic foot ulcers and reduce the risk of amputation.

## Issues and Recommendations:

### **1. Implement a comprehensive provincial diabetes strategy based on the Diabetes 360° framework to address the diabetes epidemic in Ontario, ease the burden on our publicly funded health-care system and improve health outcomes for Ontarians with diabetes**

The increasing prevalence of diabetes and its complications pose a serious burden on Ontarians, our health-care system and economy. Direct costs of diabetes are led by hospitalization, but also include doctor and emergency room visits, other health-care services, prescription medications, and diabetes supplies/devices. Indirect costs include short and long-term disability and lost productivity due to illness or premature death.

Over the last number of years, Ontario has implemented several different approaches to tackling the diabetes epidemic. Despite these investments, the rates of diabetes and prediabetes continue to rise and the number of people properly managing their disease is not improving. A comprehensive provincial strategy based on the Diabetes 360° framework – with aggressive measurable targets – is urgently needed to bring the necessary change that will help address the burden of diabetes in Ontario and increase our province’s competitiveness.

Diabetes 360° is an adaptable strategic framework developed by Diabetes Canada in partnership with more than 100 stakeholder organizations, to help all levels of government build or enhance strategies to tackle the diabetes epidemic and deliver results. It is modelled on a proven, ambitious approach implemented globally and includes specific evidence-based recommendations aimed at enhancing prevention, screening, treatment and outcomes.

In Ontario, Diabetes 360° can serve as a strategic framework for coordinating action on diabetes across the province, while allowing for flexibility in design and implementation at the local level based on the unique

needs, resources and priorities of each region. It offers the benefits of a common framework with custom implementation that fully aligns with the new Ontario Health Team model of care in Ontario.

Overall, an Ontario Diabetes 360° Strategy would allow for standardization and better coordination of programs and policies across the province; promote sharing of knowledge, data and best practices; and measure impact on patient outcomes, to ensure accountability and monitor the strategy's effectiveness. It would also provide a framework for the creation of Indigenous-specific strategic approaches to diabetes prevention and management in Indigenous communities, led and owned by Indigenous peoples across the province.

**The result:** fewer cases of type 2 diabetes, lower rates of diabetes-related complications, fewer hospitalizations, and significant savings to the health-care system.

**2. Enhance access to essential diabetes medications, supplies and devices to help Ontarians optimally manage their diabetes and avoid serious and costly complications**, with priority focus on the following two recommendations:

**a) Publicly fund Continuous Glucose Monitoring systems for Ontarians with type 1 diabetes who experience severe hypoglycemia (low blood sugar) or hypoglycemia unawareness, as recommended by Health Quality Ontario (now Ontario Health)**

In September 2019, the Government of Ontario announced funding for flash glucose monitoring systems for Ontario Drug Benefit clients who use insulin. This was an important step forward in enhancing access to advanced glucose monitoring systems that can help Ontarians better manage their glucose (blood sugar) levels and avoid diabetes-related complications.

However, the lack of funding for Continuous Glucose Monitoring (CGM) systems continues to be a significant concern in Ontario – two years after Health Quality Ontario (now Ontario Health) recommended publicly funding the device for Ontarians with type 1 diabetes who experience severe hypoglycemia (low blood sugar) or have hypoglycemia unawareness. These recommendations are in-line with Diabetes Canada's own clinical practice guidelines which state that individuals with type 1 diabetes who have not achieved their glycemic (blood sugar) target, or who experience severe hypoglycemia or have hypoglycemia unawareness, should have access to CGM to improve their glycemic control.

A continuous glucose monitor (CGM) is a wearable device that automatically measures glucose levels every few minutes, day and night, using a sensor inserted under the skin. The readings are relayed in real time to a compatible device (e.g. smart phone), which can be read by the patient or caregiver, even remotely.

CGM gives people living with diabetes a more complete picture of their blood sugar control -- as opposed to the moment-in-time snapshot that comes from intermittent finger prick testing -- and can lead to better short and long-term treatment decisions. It can help identify when glucose is trending up (rising) or down (falling) and offers additional safety features such as alarms to alert for hypoglycemia to allow the user to take immediate action to treat. This is especially important for children and adults with type 1 diabetes who have hypoglycemia unawareness -- a complication of diabetes in which the person cannot feel their blood sugar dropping, leaving them at risk for severe lows that can be life-threatening.

CGM also has been shown to reduce A1C (a measure of average blood sugar over a 3-month period) and increase the percentage of time spent in target blood sugar range, which can help prevent or reduce the risk of diabetes-related complications such as heart attack, stroke, blindness, kidney failure and amputation.

Despite these many benefits, lack of public funding for CGM means that the technology remains out of reach for many Ontarians with type 1 diabetes.

### **b) Reduce Trillium Drug Program deductibles to help working-age Ontarians better afford their diabetes medications, supplies and devices and manage their disease**

Financial constraints and high out-of-pocket costs limit people's ability to effectively manage their disease and put them at increased risk for serious and costly diabetes-related complications. For many Canadians with diabetes, adherence to treatment is affected by cost. The majority of Canadians with diabetes pay more than 3% of their income or over \$1500 per year for prescribed medications, devices and supplies out-of-pocket.

In recent years, Ontario has taken important steps to improve access to needed diabetes medications, supplies and devices, including introduction of OHIP+ for children and youth 24 years of age and under who are not covered by private insurance. Despite this, many individuals and families still struggle with the high out-of-pocket costs associated with managing diabetes.

Working-age Ontarians are often the hardest hit due to high deductibles through the Trillium Drug Program, which provides coverage for Ontarians 25-64 years of age who have high prescription drug costs in relation to income. The deductible for Trillium equals approximately 3 to 4 per cent of household income after taxes. This means, for example, that a family of four with a net income of \$40,000 will have an annual deductible of \$1200 (divided into quarterly installments). In addition to this, they will have to pay out-of-pocket for any needed diabetes medications, supplies and devices not covered by the program.

To mitigate the financial burden of diabetes on working-age Ontarians, and to help them stay healthy and productive, Diabetes Canada urges the Government of Ontario to enhance access to needed diabetes medications, supplies and devices by reducing the deductibles associated with the Trillium Drug Program.

### **3. Improve screening and foot care, as well as access to interdisciplinary teams for treatment, to help prevent and treat diabetic foot ulcers and reduce the risk of amputation**

Every four hours in Ontario, someone has a lower limb amputated due to a diabetic foot ulcer. These ulcers are serious wounds that are common, debilitating, and one of the most feared consequences of diabetes. They are also the leading cause of all non-traumatic amputations below the knee in Canada, and cost Ontario's health-care system an estimated \$320-420 million per year in direct costs and \$35-60 million per year in indirect costs.

In 2017, Ontario became the first province to announce funding for offloading devices (specialty medical devices that take pressure off the foot to help diabetic foot ulcers heal), providing \$8 million for these devices over three years. Additional money is being allocated to support the training and education of health care specialists as part of a broader wound care strategy.

However, improvements to screening and access to foot care services, as well as access to multidisciplinary teams for treatment, are also urgently needed to help prevent and properly treat diabetic foot ulcers and other diabetes-related foot complications. Recommendations to the Government of Ontario to improve diabetes foot care in Ontario include:

- Ensure affordable and timely access to the medications, devices, education and care necessary for achieving optimal diabetes control and preventing serious complications such as amputation.
- Enhance access to publicly funded services and devices to prevent and treat foot ulcers and avoid amputation, including foot care education, professionally fitted footwear and devices, and timely referrals to a multidisciplinary team.
- Help prevent and manage foot complications by coordinating care and communication between health-care providers who support people with diabetes as part of a multidisciplinary team. A well-defined referral pattern and care pathway is needed to ensure patients are supported appropriately based on their risk level.
- Ensure health-care providers screen for diabetic nerve damage (neuropathy) and peripheral vascular disease, perform annual examinations for foot complications (more frequent for those at high risk) and educate people with diabetes about proper foot care as an integral component of diabetes management (as outlined in the Diabetes Canada's 2018 Clinical Practice Guidelines).
- Encourage people with diabetes to check their feet daily for cuts, cracks, bruises, blisters, sores, infection and unusual markings, and have regular conversations with their health-care providers about caring for their feet.

## Conclusion

Diabetes Canada urges the Government of Ontario to implement the recommendations highlighted in this submission to ensure people living with diabetes in this province have the support to achieve their full health potential. With a provincial diabetes strategy based on the Diabetes 360° framework and strong leadership from government, and 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 living with the disease and all Ontarians.