diabetes queensland

,

21 December 2021

Committee Secretary
Health and Environment Committee
Parliament House
George Street
Brisbane Qld 4000

By email: hec@parliament.qld.gov.au

Dear Sir/Madam

Thank you for the opportunity to make a submission to the Inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland Public Health system.

Diabetes is a complicated condition that is generally comorbid with, or underlying other conditions. Accounting for around 4,700 deaths as an underlying cause in 2018 in Australia, it was a contributing cause to 16,700 deaths (10.5% of total deaths). Hospitalisations also show the higher impact of diabetes as a comorbidity: for admissions of patients with diabetes, just 4.5 per cent listed diabetes as a principal diagnosis, and 95.5 per cent as an additional diagnosis. (AIHW, Diabetes Snapshot 2020). However, the length of hospital admissions increase for patients with diabetes, and the 30 day re-admission rates increase when diabetes is a comorbidity, especially among older patients.

This means its impact is felt by all levels of health care, particularly in older populations, Indigenous populations and remote areas. The optimal management of diabetes in all levels of health care significantly reduces the risk of complications, thereby reducing the impost on other levels of health care. In Queensland, approximately 25 per cent of potentially preventable hospitalisations are diabetes related (Chief Health Officer's report, 2018). About 50,000 hospital bed days are attributable to these potentially preventable complications.

Diabetes Queensland believes there are a number of factors that increase the burden of diabetes on the hospital system, across the prevention, diagnosis, and management of the condition.

The main areas for the purposes of this inquiry include general prevention programs, early diagnosis of type 1 diabetes, the inclusion or exclusion of items under Medicare, Private Health insurance coverage of technologies, the role of GPs particularly in prevention and diagnosis, and through all of these the need to target Aboriginal and Torres Strait Islander people and people living in regional and rural Queensland.

Aboriginal and Torres Strait Islander people experience significantly greater rates of diagnosis of diabetes, and deaths from the condition, at a 2.9 increased rate and 2.1 increased rate to non-Indigenous populations respectively (AIHW, Diabetes Snapshot 2020)

Prevention

The role of prevention in alleviating pressure on hospitals cannot be understated with approximately 10% of public hospital costs attributable to diabetes. The AIHW has estimated that approximately 38 per cent of the disease burden in Australia is preventable through modifiable risk factors. Diabetes Queensland is leading a program to tackle these factors. The Health and Wellbeing Queensland funding of the *My health for life* program has seen tens of thousands of Queenslanders engage with their health, and have the opportunity to change lifestyle factors that are associated with chronic disease. Led by Diabetes Queensland through the Healthier Queensland Alliance, the program provides structured sessions encouraging lifestyle behavioural change, including food and nutrition, physical activity, weight, and stress management.

The program also delivers culturally appropriate and tailored programs for Aboriginal and Torres Strait Islander people, Pacific Islanders, and CALD communities including Mandarin, Cantonese, Vietnamese and Arabic speaking communities.

The success of the program is reflected in evaluation statistics, including a 96 per cent participant rating of the program support as 'excellent', 70 per cent of participants reducing their waistline measurement and 60 per cent of participants eating better following the program. The program works in partnership with general practice.

Diabetes Queensland is urging all levels of Government to increase the concentration and funding of prevention programs as the most effective way of long-term reducing the pressure on our health system. The National Preventive Health Strategy was released recently by the Commonwealth Government, and offers a good opportunity for cooperation and collaboration between levels of Government on this vital focus.

Diabetic Ketoacidosis (DKA) and Early Diagnosis

Early detection of diabetes is essential to minimise the risk of complications and the reduce the long-term incidence of hospitalisation.

For type 1 diabetes, failure to diagnose the condition can be life-threatening because of Diabetic Ketoacidosis (DKA). With regional areas experiencing DKA rates 1.5 times higher than major cities, this is an issue that needs to be improved across the State. It is also markedly higher among people in lower socioeconomic demographics.

More than half of DKA hospitalisation are in children and young people aged under 25.

Education campaigns, both in the general community and among health staff, are effective in alerting people to the symptoms. The 4 Ts campaign – Toilet, Thirsty, Tired and Thinner, is a simple campaign that can speed up the diagnosis of type 1 diabetes before the onset of DKA.

For type 2 diabetes, people can be living with the condition for seven years before diagnosis and the diagnosis of often made as a result of diabetes related complications already occurring. Earlier diagnosis can be achieved through a number of measures including better utilising GP practices and prevention programs, as well as adding a HbA1c test in Emergency Departments to any panel of bold tests. This addition to the testing regimen in Emergency Departments has operated in Western Sydney with phenomenal results, highlighting the level of undiagnosed type 2 diabetes and prediabetes.

Medicare

The role of the Federal Medicare scheme in increasing access to allied health and telehealth is an important consideration. Diabetes Queensland advocates for the significant increase in the current total of five Medicare-funded allied health consultations for Chronic Disease Self-Management plans. Effective diabetes self-management is associated with notable improvement in blood glucose levels (approximately 60 per cent improvement in a 2016 study), which reduces the risk of complications and pressure on tertiary care. Similarly, the length of consultation with Allied Health Professionals differs from GP consultations, and it is recommended that the bulk billing rates reflect this.

The availability of telehealth services, brought about as a response to the COVID-19 pandemic, has provided demonstrable benefits to people living with diabetes, particularly those in regional and remote areas who do not have easy access to specialist and allied health care.

Private Health Insurance

Many people living with diabetes are not able to afford the premiums of Private Health Insurance. For those people who do have Private Health Insurance, there are several technological advances that are now covered under the tiered system, notably insulin pumps. A stark omission however is the exclusion of Continuous Glucose Monitoring devices from coverage. These technologies are often used in conjunction, and both are expensive both in initial outlay and consumables. Diabetes Queensland advocates for the coverage of Glucose Monitors through Health Insurance.

As discussed in the Medicare points above, the consultation timing of Allied Health is not comparable to GP consultations, and Private Health Insurance could consider covering the difference between Allied Health consultation and Medicare refunds to encourage use of Allied Health care.

GPs

General Practitioners are the front line of prevention and diagnosis of diabetes. However, the discussion of prevention is neither standard nor commonplace in daily consultations. Time pressures, fear of adverse reactions, or dismissive attitudes towards weight loss are mentioned as common reasons that GPs do not enter into discussions when at-risk patients are in consultations.

For people living with type 2 diabetes, experiences include just being told to lose weight, patient-blaming, and negative comments. This is not patient centred care.

Regional and Remote Areas

Diabetes Queensland is engaged in the Western Queensland Visiting Credentialled Diabetes Educator (CDE) Program with the Western Queensland PHN.

This program is delivering multiple benefits for local populations:

- Provides people in regional and remote communities access to face to face diabetes education and telehealth diabetes education.
- Diabetes education services would otherwise not be available for people to access in their region/town and could mean people having to travel up to 2-8hrs from home to access specialist clinicians/CDE's.

- The person is able to access care close to home and in their local primary health care centre (GP practice or HHS primary health clinic).
- The program improves collaboration and team care for people living with a chronic condition (diabetes). Having the diabetes educator as part of the primary care team allows for continuity of care and timely communication which can help prevent problems and complications that could lead to hospital admissions or presentations.
- The program is unique in that the diabetes educator is able to work with all stakeholders in the primary and tertiary care settings to improve care for the clients.
- Program allows access to group education and offerings through the delivery of NDSS programs in regional and remote areas.

For remote and regional Queensland, where health care is not easily accessible, collaborations such as these can literally be life saving.

Diabetes as a Priority

One of the most important initiatives that can be undertaken to reduce the burden of diabetes on hospitals is to ensure diabetes is treated as a priority in addition to their reason for admission.

When people seek health assistance or are hospitalised for other conditions, failing to treat diabetes as a priority generally worsens their diabetes management and impacts their primary treatment and often extends their hospital stay.

Nearly 50,000 hospital bed days annually in Queensland are a result of potentially preventable hospitalisations. Some of this is because of the in-hospital omission of diabetes needs. People living with diabetes have shared numerous stories with us of where their diabetes was not appropriately considered with respect to anaesthetics and food intake; when insulin administration was changed against their normal practice and wishes, and other issues which have compromised their care.

Please do not hesitate to contact me should you require any further information on any of these issues.

Yours sincerely

Sturt Eastwood
Chief Executive Officer