2024–25 PRE-BUDGET SUBMISSION

Optimal care – increasing access to the Diabetes Workforce

JANUARY 2024

diabetes australia

ads Australian Diabetes Society

ADEA Your trusted partner in diabetes care

About Us

Diabetes Australia, the Australian Diabetes Educators Association (ADEA) and the Australian Diabetes Society (ADS) represent 1.5 million Australians living with known, diagnosed diabetes; approximately 500,000 Australians living with silent, undiagnosed type 2 diabetes; and around 2 million Australians living with prediabetes; as well as their families and carers, diabetes healthcare professionals and researchers.

We are dedicated to reducing the incidence and impact of diabetes on people, health systems and society. We work with people living with, or at risk of diabetes, their families and carers, health professionals, researchers, funders, other diabetes organisations and the community to positively change people's lives.

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Diabetes Australia, Australian Diabetes Society and Australian Diabetes Educators Association acknowledges the Traditional Owners of the lands on which we live and work. We recognise their connection to land, waters and culture. We pay the utmost respect to them, their cultures and to their Elders past and present. We recognise that Australia is made up of hundreds of different Aboriginal and Torres Strait Islander peoples, each with their own culture, language and belief systems. Their relationship with country remains of utmost importance as it is the foundation for culture, family and kinships, song lines and languages.

Diabetes in Australia: The case for change

Over 1.4 million people with all types of diabetes are registered with the National Diabetes Services Scheme (as at 31 December 2023) including:

Type 1 diabetes:
136,771 (9%)

Type 2 diabetes:
1,270,865 (87%)

Gestational diabetes:
44,213 (3%)

Other diabetes:
11,923 (1%)

The diabetes epidemic is one of the largest and most complex health challenges Australia is facing.

In the 12 months to December 2023 114,811 people with diabetes were newly registered with the NDSS – equivalent to 315 new registrants every day.

These rates are likely to underestimate the number of Australians living with diabetes due to a range of factors, including that NDSS registration is voluntary and that there are an estimated 500,000 Australians living with undiagnosed type 2 diabetes[1].

The total number of people with diabetes in Australia could therefore be 2 million (or 7.5% of the total population).

In 2022, it was estimated that over 1.3 million hospitalisations were attributed to diabetes (accounting for 11% of total hospitalisations in Australia)[2]. Diabetes costs the Australian health care system $3.4 billion per annum[3].

DIABETES IMPACT IN AUSTRALIA

diabetes australia

1,463,772 people in **Australia** live with diabetes, that's **5.6%** of the population.

Impact on people

136,771
with type 1 diabetes

1,270,865
with type 2 diabetes

44,213
with gestational diabetes

960,383
with diabetes aged 60+

Impact on health

4,400
amputations in **Australia** per annum

111,247
are living with diabetes-related vision loss

966,090
are living with diabetes and heart disease

278,117
are living with diabetes and kidney disease

Impact on communities

731,886
will experience a mental health challenge per annum

585,509
living with silent, undiagnosed type 2 diabetes

161,015
hospitalisations resulting from diabetes per annum

3.4B
cost of diabetes in **Australia** per annum

Scan the QR code or visit **diabetesaustralia.com.au/wp-content/uploads/2023-Snapshot-Diabetes-in-Australia.pdf** to read the latest Snapshot Report about Diabetes in Australia.

Our 2024-25 budget proposals

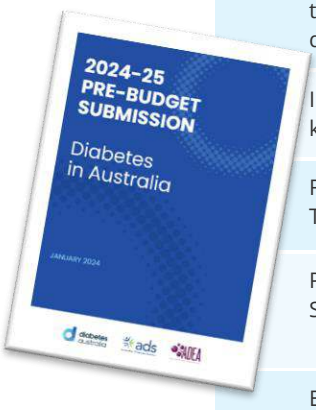
This document is one of a series of three pre-budget submissions made by Diabetes Australia, the Australian Diabetes Educators Association and the Australian Diabetes Society. which call for:

Optimal care – increasing access to the Diabetes Workforce

Priority Area	Key Action	Investment
Supporting people with diabetes to effectively use diabetes management technology	MBS funding for the initiation and support of diabetes technology from a Credentialled Diabetes Educator	**$1.1m per annum**
Supporting people at increased risk of diabetes-related complications by providing greater access to CDEs and the multi-disciplinary care team	5 CDE visits for those most at risk of diabetes-related complications	**$30m over three years**
Supporting women with gestational diabetes, to prevent complications and lessen the risk of type 2 diabetes for parent and child	3 CDE visits during pregnancy, and two visits during the postpartum period.	**$14 million per annum**

Diabetes Research

Priority Area	Key Action	Investment
Emergency funding for diabetes research	$10 million for 10 diabetes research laboratories	**$10m in 2024-25**
Medical Research Future Fund	Establish a Diabetes and Obesity Health Mission under the MRFF	**$270m over 10 years**



Diabetes in Australia

Priority Area	Key Action	Investment
Expand and improve access to life saving technology for people living with all types of diabetes	Pilot programs expanding access to continuous glucose monitoring for high-risk people with type 2 diabetes who use insulin	**$4.5m over two years**
Intervene early to detect diabetes-related kidney disease	Establish a National Diabetes Kidney Disease Screening Program	**$1.8m over two years**
Reduce the number of Australians developing Type 2 diabetes	Develop a national diabetes prevention phone line	**$4m over three years**
Provide more support for Aboriginal and Torres Strait Islander children with type 2 diabetes	Expand and adapt *Diabetes in Schools* to support Aboriginal and Torres Strait Islander children living with type 2 diabetes	**$1.2m over two years**
Ensure the National Diabetes Strategy improves prevention, treatment and support for all people living with diabetes	Release a funded implementation plan	

2024-25 Budget Proposals

Supporting people with diabetes to effectively use diabetes technology

PROPOSAL 1

$1.1 million per annum in MBS funding for the initiation and support of diabetes technology from a Credentialled Diabetes Educator or Endocrinologist.

Budget saving created through this investment: $75 million >>

Thousands of Australians living with diabetes rely on life-saving diabetes technology, including every person with type 1 diabetes able to access Continuous Glucose Monitors (CGM) through the National Diabetes Services Scheme (NDSS). Not only does diabetes technology enhance wellbeing and improve quality of life, in many cases, it saves lives. However, learning how to use this technology can be challenging and the incorrect use or interpretation of data can have serious health consequences.

Endocrinologists and Credentialled Diabetes Educators (CDEs) are at the forefront of ensuring optimal use of diabetes technology and health outcomes for people living with diabetes. They work closely with patients to equip them to choose the appropriate technology for their individual circumstances, to initiate onto it and to use it well. To do well, diabetes technology requires in-clinic support as well as support outside of clinic hours from a CDE or Endocrinologist, including answering urgent calls or replying to emails and text messages from clients as they learn to use their technology.

The in-clinic and out-of-hours support required to initiate diabetes technologies is not currently covered by Medicare, and must be privately funded or, in most occasions, is provided pro bono to those who can't afford to pay for it. In many cases, the intervention and support of an Endocrinologist or CDE prevents a trip to the Emergency Department and/or hospitalisation. **Introducing MBS funding for diabetes technology initiation and support outside of clinic hours is a critical step to reducing healthcare disparities and increasing access to necessary healthcare.** Ensuring that people are using the technology correctly will also ensure the investment of the government in subsidised technologies is maximised and reduce hospital presentations and complications. This is a necessary step to strengthening primary care.

According to ADEA and ADS data, five hours of diabetes technology support is necessary to optimise technology use[4]. One visit to a CDE to support the initiation of diabetes technology and four additional hours of either office visits or out of office hours communications may reduce emergency department presentations and hospitalisations. It will help people living with diabetes to better manage glucose levels, reducing the risk of diabetes-related complications in both the long and short term.

As at 31 December 2023 136,771 Australians with type 1 diabetes were registered with the NDSS. **To optimise the crucial investment the Australian government has already made in subsidised technologies, and to protect people living with diabetes, they must be supported to use the technology appropriately**.

The investment should focus on the first year, a critical time in learning to appropriately use diabetes technology. In the past twelve months, 3,929 people with type 1 diabetes registered with NDSS[5]. If 100% of those people use diabetes technology then the total estimated remuneration cost for diabetes technology is $1.1 million per year, assuming five CDE hours per year at the CDE Medicare reimbursement rate of $58.30, and 100% take up of CGM.

The recognition of the necessity to modernise and strengthen access to a multidisciplinary care team by the Strengthening Medicare Taskforce and the ongoing Parliamentary Inquiry into Diabetes, highlights the crucial role that CDEs and Endocrinologists fulfill. We must support people living with diabetes, and modernise the Medicare system, to recognise new technologies and the supports required to ensure their safe and effective use.

Supporting people at increased risk of diabetes-related complications

PROPOSAL 2

$30 million over three years for greater access to CDEs and the multi-disciplinary care team for people at increased risk of diabetes-related complications.

Budget saving created through this investment: $1 billion >>

The NDSS annual cycle of care recommends that a person living with diabetes receives between 4 (for people at low risk of complications) and up to 17 (for people at high risk of complications) allied health visits per year. These visits play a pivotal role in maintaining optimum health, effectively managing diabetes, and reducing the risk of severe complications, including heart attacks, strokes, kidney failure, blindness, and amputations.

Currently, Chronic Disease Management Plan/Team Care Arrangements offer five MBS funded allied health visits. While 1.5 million Australians live with diabetes, we know that less than 10% of those people access a CDE through a GP referral. ADEA and ADS estimate that about 20% of the population living with diabetes would qualify for these additional five visits as they are identified as being at high risk of developing serious complications. **Providing an additional five visits reserved for a CDE will provide holistic person-centred care, that will reduce the risk of complications.** CDEs can work with their clients to ensure that their other visits are directed to the allied health professionals treating the complications for which they are most at risk. **The funding allocation could be tiered over three years:**

- **$5 million in 2024-25**
- **$10 million 2025-26**
- **$15 million 2026-27**

It is alarming that diabetes-related issues are responsible for a significant portion of hospitalisations in Australia, constituting a staggering 11% of all hospital admissions in 2019-2020. Additionally, type 2 diabetes ranks as the twelfth largest contributor to the overall disease burden in the country.[7]

Providing up to five additional CDE visits, could achieve substantial cost savings for the healthcare system, alleviating pressure on both Commonwealth and state/territory government hospital funding. If the program continues to be expanded to cover all those at risk of

complications, the potential savings could amount to as much as $1 billion.

Implementing this proposal isn't just about cost savings. It has the potential to significantly reduce hospitalisations, prevent avoidable diabetes-related complications, and aligns with the recommendations of the Strengthening Medicare Taskforce. Encouraging individuals to access and rely on their multi-disciplinary healthcare teams for chronic condition management is a crucial step towards fostering a healthier Australia and building a sustainable, effective healthcare system.

Supporting people with gestational diabetes

PROPOSAL 3

$14 million per annum for CDE visits for people with gestational diabetes to reduce complications and the risk of developing preventable type 2 diabetes.

Budget saving created through this investment: $176 million >>

Over 44,000 people with gestational diabetes registered with the National Diabetes Services Scheme (NDSS) in the 12 months to December 2023. That's more than 121 people every day.[6]

Almost 400,000 people have been diagnosed with gestational diabetes between 2009-2019, with up to 500,000 additional diagnoses expected over the coming decade.[7] This could lead to more than half-a million new diagnoses of type 2 diabetes by 2050.

People diagnosed with gestational diabetes are at risk of complications which can include hypertension, pre-eclampsia and birth that requires caesarean section.

Babies born to people diagnosed with gestational diabetes are at increased risk of premature birth, macrosomia, stillbirth, respiratory distress, hypoglycaemia and jaundice.

A 2018 study found that half of all people with gestational diabetes will develop type 2 diabetes.[8] People with a history of gestational diabetes are also at twice the risk of major cardiovascular events, even if they do not develop type 2 diabetes.[9] In addition, children born to parents who had gestational diabetes during pregnancy are at higher risk for developing type 2 diabetes and obesity.[10]

The risk of many of these complications is higher in Aboriginal and Torres Strait Islander people and people living in rural and remote communities.

People diagnosed with gestational diabetes require specialised health care during pregnancy including access to a multidisciplinary team that includes a credentialled diabetes educator (CDE) and other health professionals as appropriate, including an Endocrinologist. However, evidence suggests gestational diabetes care is often inconsistent or lacking.[11]

There is a clear need for programs assisting women diagnosed with gestational diabetes in reducing their risk of developing the condition in subsequent pregnancies and developing type 2 diabetes in the future.

To reduce the risks and complications associated with gestational diabetes, all people diagnosed with gestational diabetes should be provided with MBS-reimbursed referrals to visit a CDE:

- **three visits during pregnancy, and**
- **two visits during the postpartum period.**

This is in addition to the existing MBS referral to an Endocrinologist.
This $14 million investment will result in significant cost savings as the risk of developing type 2 diabetes can be mitigated, resulting in fewer people and their children being diagnosed with diabetes in their lifetime. **ADEA, ADS and Diabetes Australia estimate that this investment could result in cost savings of $176 million.**

The **Australian National Diabetes Strategy 2021-2030** recognises the need for a focus on type 2 diabetes prevention in women with gestational diabetes. Under the heading: *Identify high-risk individuals and consider effective, evidence-based intervention*, the Strategy includes an action to "promote, encourage and embed evidence-based type 2 diabetes prevention programs for all people with prediabetes (particularly impaired glucose tolerance) **and for women who have previously had gestational diabetes**."[12]

In order for the Australian Government to promote evidence-based interventions, investment is needed in the provision of MBS-reimbursed CDE appointments for people with gestational diabetes.

An investment of $14 million per annum would increase the availability of the necessary support and deliver significant outcomes by way of reduced complications and a lower likelihood of this cohort going on to develop type 2 diabetes.

Research shows that having access to a specialised health professional delivers measurable outcomes for a patient with gestational diabetes. One study found that patients with gestational diabetes who participated in an educational intervention had a 34% higher screening rate for type 2 diabetes postpartum. More women who had participated in the education intervention also met recommended gestational weight gain levels, compared to those without additional education[13].

Budget Savings

Budget savings from these proposals would total $1.25 billion.

When it comes to gestational diabetes and subsequent type 2 diabetes, preventing the condition from developing, and then preventing complications when it has developed, are the most effective investments and yield substantial savings to the healthcare system and to the country at large.

According to the Australian Institute of Health and Welfare (AIHW), diabetes costs the health system around $3.4 billion which is more than 2 percent of total disease expenditure[14] including:

- $827 million via the Pharmaceutical Benefits Scheme (PBS)
- $374 million for public hospital outpatient care
- $758 million for public hospital admitted patients
- $290 million for GP services

Cost savings from technology education by a CDE or Endocrinologist - $75 million

A recent JDRF report estimates that access to diabetes technology for people with type 1 diabetes results in cost savings of $54,000 per person.[15]

To achieve that impact, people must know how to use their technology appropriately. Moreover, the report also found that 2% (or about $58 million annually) of the cost is attributed to diabetic ketoacidosis and hypoglycaemic emergencies.

Access to support could substantially reduce that cost, potentially resulting in **savings of up to $75 million** according to Deloitte Access Economics.[16] That equates to over $16 in saved health system costs for every dollar spent on diabetes education.

Cost savings from CDE visits that reduce diabetes complications - $1 billion

Expanding this investment into the future to ensure up to five additional CDE visits for all those at risk of complications, could result in **savings of up to $1 billion**.

The 2014 Deloitte Access Economics Report described a 2009 US Study that found people with diabetes with private health insurance who access diabetes education cost, on average, 5.7% less than members who do not participate in diabetes education. The cost was even less (14%) for those without private health insurance who receive education. Access to ongoing professional support is a vital investment in preventing complications.

Cost savings from CDE visits for people with gestational diabetes - $176 million

Reimbursement for CDE visits would reduce the risk of GDM complications and lessen the risk of type 2 diabetes, which is an effective investment in prevention. The cost savings would be significant as the risk of developing type 2 diabetes could be mitigated, resulting in fewer people and their children being diagnosed with diabetes in their lifetime. This would then go on to reduce the cost of care and complications across the lifespan of thousands of people. ADEA and ADS estimate that this effective investment could result in cost **savings of $176 million**.

Here's why

Ultimately, access to a properly trained health professional is imperative for the management of diabetes. Preventing complications and supporting day-to-day diabetes management is the key to supporting people who are living with this condition. It is also the most significant action that can be taken to reduce diabetes-related costs in the health care system and deliver budget savings.

In the years ahead, Australia will see a growing number of people developing diabetes, as well as increases in the impact of diabetes-related complications and the costs associated with supporting people with diabetes.

Now is the time to act decisively to reduce the impact of the diabetes epidemic, save lives and safeguard the sustainability of Australia's health system.

Alignment with existing national health strategies

The policies proposed in this document align with a number of existing Federal Government strategies including:

National Diabetes Strategy 2021-20300

Goal 1	Prevent people from developing type 2 diabetes	*Proposal 3*
Goal 2	Promote awareness and earlier detection of type 1 and type 2 diabetes	*Proposal 3*
Goal 3	Reduce the burden of diabetes and its complications and improve quality of life	*Proposal 1 and 2*
Goal 4	Reduce the impact of pre-existing diabetes and gestational diabetes in pregnancy	*Proposal 3*
Goal 5	Reduce the impact of diabetes among Aboriginal and Torres Strait Islander peoples	*Proposal 2*
Goal 6	Reduce the impact of diabetes among other priority groups	*Proposal 2*

National Preventive Health Strategy 2021-30

Aim 1	All Australians have the best start in life	*Proposal 3*
Aim 2	All Australians live in good health and wellbeing for as long as possible	*Proposal 2*
Aim 3	Health equity is achieved for priority populations	*Proposal 3*
Aim 4	Investment in prevention is increased	*Proposal 3*

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