

From: [David Adams](#)
To: [Committee, Health \(REPS\)](#)
Subject: Inquiry into Diabetes
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I'm grateful to hear that an inquiry into diabetes is being undertaken. I'd like to offer one suggestion related to the second term of reference:

> 2. New evidence-based advances in the prevention, diagnosis and management of diabetes, in Australia and internationally

I'm 61 years old now, and developed Type 1 diabetes when I was 14. Therefore, I've lived through a lot of changes in diabetes management down the years.

Modern insulin pumps and CGM systems are **fantastic**, and even better when they can communicate and work together. Several vendors, such as Medtronic Minimed, have wireless data exchanges to guide these self-adjusting systems. However, there is no way to mix and match equipment from different vendors.

There should be a legal mandate for device manufacturers to support a common data interchange format so that diabetics can mix and match pumps and CGM gear from different vendors.

The issue isn't technical, it's competitive. This is the sort of problem where only a government can help. Commercial interests promote vendor lock-in, even if it's not in the best interest in patients. I, for example, have tried the Medtronic Minimed CGM system twice, once with each of my last two pumps. I find it unbearable and can't use it. However, I'm quite happy with the Abbott Freestyle Libre system, and the Dexcom sound great too. They don't interconnect with the Minimed pump.

If a vendor claims that there is some insurmountable technical challenge involved here, that's a bad faith argument. I've been a programmer for over 30 years, these devices use relatively simple (and insecure) wireless protocols. There is **no** reason that a working group could not define a common data format for the CGM and pump data needed to guide the various vendors' automated control software. The vendors can still differentiate their offerings on their merits, including the merits of their control software.

On a practical note, I've kept my HbA1c levels in the 6.5-7.5 range for decades, and am now struggling to keep them under 8.0. A pump + CGM combo with direct communication could do that for me. (Or so the studies show.) HbA1c of 8+ is a terrifying number as it's a cliff-edge for expensive and consequential harms such as kidney failure, blindness, and diabetic neuropathy.

Thank you, and thanks to the committee for their work,

David Adams