

From: [Taryn Black](#)
To: [Committee, Health \(REPS\)](#)
Subject: Diabetes Australia Response to the Committee
Date: Wednesday, 18 October 2023 3:05:53 PM

Diabetes Australia was asked to provide the Committee with some further information. I have outlined the requests and our responses below:

1. On page 28 of the transcript Ms Stanley requested links to data regarding the comorbidities of people presenting to hospital. There are three relevant papers:
 - The Queensland Inpatient Diabetes Survey (QuIDS) 2019: the bedside audit of practice, which is available here <https://www.mja.com.au/journal/2021/215/3/queensland-inpatient-diabetes-survey-quids-2019-bedside-audit-practice#:~:text=The%20Queensland%20Inpatient%20Diabetes%20Survey%202019%20identified%20several%20deficits%20in,for%20patients%20treated%20with%20insulin.>

This paper found that 24% of hospitalised patients had diabetes, which was comparable with previous data from 2014.

- Inpatient HbA1c Testing: a prospective observational study (2015), which is available here <https://drc.bmj.com/content/3/1/e000113>

The main conclusion from this paper was that approximately one-third of all patients who were over the age of 54 years, and admitted to hospitals have diabetes. And that the prevalence of diabetes had been previously undiagnosed in about 1 in 6 of those patients.

- The high burden of inpatient diabetes mellitus: the Melbourne Public Hospitals Diabetes Inpatient Audit (2014), which is available online here <https://onlinelibrary.wiley.com/doi/full/10.5694/mja13.00104>

“The major finding of this study is that one in four inpatients in Melbourne hospitals had self-reported diabetes.”

2. On page 31 of the transcript Mrs McIntosh has requested recommendations from Diabetes Australia on what could happen to improve the NDSS in terms of technology.

- **Attached** is a paper “Diabetes Alliance submission to the Health Technology Assessments Policy and Methods Review” which addresses this issue.
3. Chair asked to be provided with recommendations on how people with type 2 diabetes should have access to CGM. (top of page 32). Diabetes Australia is currently developing a policy statement on this issue, including different modelling and costing options. A preliminary paper is expected to be completed by the end of the year. In the interim, we offer the following commentary:

- Diabetes Australia believes that people should be able to access and use technologies that help them manage their diabetes to the best of their ability. New glucose self-monitoring technologies should be affordable and accessible for Australians with type 2 diabetes.
- A 2017 position statement regarding glucose self-monitoring in adults with type 1 diabetes or type 2 diabetes can be found here - <https://www.diabetesaustralia.com.au/wp-content/uploads/Glucose-position-statement-2017.pdf>
- Also relevant is the 2020 position statement of Diabetes Australia on Gestational Diabetes in Australia, available here <https://www.diabetesaustralia.com.au/wp-content/uploads/Gestational-Diabetes-in-Australia-Position-Statement-2020.pdf>
- Relevantly, the recommendations already made by Diabetes Australia to the Committee include the following recommendations:

19. Extend subsidised access to Continuous Glucose Monitoring to all pregnant women with diabetes using insulin

25. A new Medicare Benefits Scheme item number for longer CDE appointments that can be utilised for key moments including initial appointments for diabetes education and care and key transition points such as the initiation of insulin and commencement of continuous glucose monitoring. These are all complex consultations requiring time to supply adequate education and respond to questions

Should you have any questions in relation to the above please do not hesitate to contact me.

Kind regards

Taryn



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diabetesaustralia.com.au



We acknowledge the Traditional Custodians of the lands on which we work and live, and we pay our respects to all Elders past and present.



Diabetes Australia is an ACNC registered charity.
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