# DIABETES HEALTH PROFESSIONALS ELECTION CAMPAIGN 2022

# Budget Estimate

The incidence of diabetes in Australians is increasing. Approximately 1.4 million Australians are living with diabetes. Diabetes treatment, diagnosis, and prevention require an initial investment. However, studies demonstrate the more money spent on prevention and treating diabetes, the larger the savings are to the health system and the economy. A *Deloitte Access Economics Productivity impacts of diabetes report* found that every $1 invested in diabetes education results in $16 downstream savings. This is particularly crucial in Australia, as the health system is taxed from treating COVID-19, as well as the complications resulting from delayed care and postponed health visits. Investment in diabetes will assist the recovery of the Australian health system from COVID-19 by reducing complications and hospitalisations, and lessening the costs to the health system.

**Total estimated initial investment:**

## $18 MILLION

about $13 per person living with diabetes annually


**Total estimated savings to the health system:**

## $1.2 BILLION

## Remuneration for diabetes health professionals to support optimal use of diabetes management technologies

58,000 Australians are currently eligible to access diabetes technology through the NDSS. In the past 12 months, 3744 people living with type 1 diabetes registered with NDSS.[1] If 100% of those under 21 and about 45% of those over the age of 21 use diabetes technology, then an estimated 1,911 people start using CGM each year. According to ADEA and ADS data, an initial visit to a CDE to support the initiation of diabetes technology and four additional hours of either clinic visits or out of clinic hours may reduce emergency department presentations and better managed glucose levels. The estimated remuneration cost for diabetes technology is $526,480 per year, assuming five CDE hours per year at the CDEs Medicare rate of $55.10.

A JDRF report estimates that access to diabetes technology results in a cost savings of $54,000 per person.[2] To achieve that impact, people must know how to use their technology appropriately. Moreover, the report also found that 2%, about $58 million annually, of the cost is attributed to diabetic ketoacidosis and hypoglycaemic emergencies. Access to support could substantially reduce that cost, in addition to reducing other hospital presentations and complications, potentially resulting in a savings of up to $37 million.

[1] https://www.ndss.com.au/wp-content/uploads/ndss-data-snapshot-202109-type1-diabetes.pdf
[2] https://jdrf.org.au/wp-content/uploads/2021/06/The-economic-cost-of-T1D.pdf

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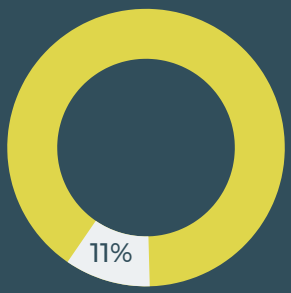
# Additional CDE visits for the high-risk population to reduce the risk of complications

Currently, CDMP/TCAs offer five MBS funded allied health visits per year. ADEA and ADS estimate that about 20% of the 1.4 million Australians living with diabetes are considered high-risk and would qualify for these additional five visits. This would result in a maximum cost of $66 million annually. Current data demonstrates that only about 10% of people with diabetes access a CDE through a GP referral, which demonstrates that the actual cost would likely be closer to $6.6 million.

It is important to note that 11% of all hospitalisations in Australia are a result of diabetes and that type 2 diabetes is the twelfth largest contributor to the disease burden in Australia.[3] These CDE visits may likely result in drastic savings to the health system. The investment in additional CDE visits could result in savings of between $106 million to over $1 billion.




11% of all hospitalisations in Australia are because of diabetes


# CDE visits for people with gestational diabetes to prevent complications and lessen the risk of type 2 diabetes

According to the NDSS data, nearly 48,000 people were diagnosed with gestational diabetes just last year,[4] the previous three years seeing closer to 40,000 people diagnosed annually. Using that data, the investment would be about **$11 million per year** for these people to receive five visits to a CDE: three during their pregnancy and two postpartum. This investment may result in significant cost savings as the risk of developing type 2 diabetes may be reduced, resulting in fewer people and their children being diagnosed with diabetes in their lifetime. The Deloitte Report estimates this investment could result in cost savings of $176 million.

[3] https://www.aihw.gov.au/reports-data/health-conditions-disability-deaths/diabetes/overview
[4] https://www.ndss.com.au/wp-content/uploads/ndss-data-snapshot-202109-gestational-diabetes.pdf

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