

# DIABETES HEALTH PROFESSIONALS ELECTION CAMPAIGN 2022

## Let's make a difference in diabetes care



This election year, we want Parliament to make a real difference to the **1.4 million Australians living with diabetes and their carers.**

In 2022, Parliament has the chance to drastically improve the lives of Australians living with diabetes, strengthen the health system, prevent and reduce disease burden and save money long-term by improving access to health care providers. In Australia, people living with diabetes shouldn't lack access to expert diabetes care.

There are three small changes that health providers agree would have a tremendous impact:



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

Diabetes technology is lifesaving and improves the lives of thousands of Australians living with diabetes. However, learning how to use this technology can be challenging. Endocrinologists and Credentialed Diabetes Educators (CDEs) equip their patients and clients with the education and advice they need to manage diabetes technology. To ensure their patients and clients receive the necessary care, they often work out of clinic hours and pro-bono, answering urgent calls or replying to text messages. In many cases, their intervention can prevent a late-night trip to the emergency department or even hospitalisation. **58,000 Australians** are eligible to access crucial and often lifesaving diabetes technology through NDSS funding. Let's ensure they understand how to use the technology optimally by supporting them with expert diabetes care. MBS funding for diabetes technology initiation and support will decrease inequity and increase access to the health system.



'Providing education and support to someone initiating diabetes technology is essential and can be life changing and lifesaving. The service provided is vital to a person's well-being and health. We need to be compensated for our time to continue to make a difference for people living with diabetes using this technology.'

Amanda Bartlett, CDE from Sydney and  
Vice President of the ADEA Board



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## Additional CDE visits for the population at increased risk of diabetes-related complications

The National Diabetes Services Scheme ([NDSS annual cycle of care](#)) recommends that a person living with diabetes receive between four and up to 17 allied health visits a year to maintain optimum health, manage diabetes, and lower the risk of diabetes-related complications which include heart attacks, stroke kidney failure, blindness, and foot amputations. Five visits a year for allied health and five reserved for CDE visits for the population at increased risk, at a GP's discretion, will help people living with diabetes access the care they require to manage their condition well and may reduce the risk of diabetes-related complications.

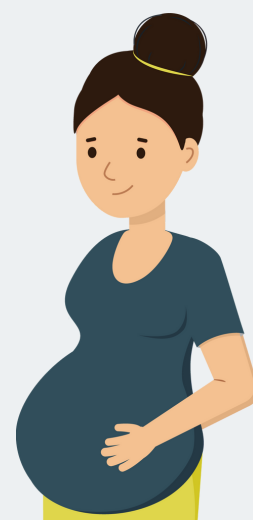
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## CDE visits for people with gestational diabetes to prevent diabetes-related complications and lessen the risk of type 2 diabetes

Data demonstrate that people who develop gestational diabetes in pregnancy have an increased risk of developing type 2 diabetes, so do children born to parents who had gestational diabetes. A 2018 study found that half of all people with gestational diabetes will develop type 2 diabetes.<sup>1</sup> To reduce risk and provide continuity of care, all people diagnosed with gestational diabetes should be provided with MBS-reimbursed referrals to a 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.



## Be part of the campaign: 3 ways you can help



1. personalise and send [this letter](#) to your Member of Parliament and Senator



2. share the official campaign graphics on social media (coming soon)



3. pass on the materials to others and ask them to join the campaign



<sup>1</sup> Lowe, et al. (2018) Association of Gestational Diabetes with Glucose Metabolism and Childhood Adiposity. *JAMA*, 320(10): 1005-1016. doi:10.1001/jama.2018.11628.