DIABETES CANADA

SUSTAINING MOMENTUM TO IMPLEMENT THE DIABETES FRAMEWORK (SMIDF):

NEWFOUNDLAND AND LABRADOR ROUNDTABLE

DECEMBER 2023

Summary

This grey paper provides key findings about the Sustaining Momentum to Implement the Diabetes Framework: Newfoundland and Labrador Roundtable 2023.

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About Diabetes Canada

Diabetes Canada is a national health charity representing more than 4 million people in Canada living with diabetes. Diabetes Canada leads the fight against diabetes by helping those affected by diabetes live healthy lives, preventing the onset and consequences of diabetes, and discovering a cure. It has a heritage of excellence and leadership, and its co-founder, Dr. Charles Best, along with Dr. Frederick Banting, is credited with the co-discovery of insulin. Diabetes Canada is supported in its efforts by a community-based network of volunteers, employees, health care professionals, researchers, and partners. By providing education and services, advocating on behalf of people living with diabetes, supporting research, and translating research into practical applications, Diabetes Canada is delivering on its mission. Diabetes Canada will continue to change the world for those affected by diabetes through healthier communities, exceptional care, and high-impact research.

For more information, please visit: www.diabetes.ca.

Contact

framework@diabetes.ca with inquiries about this Diabetes Canada report.

Title: Sustaining Momentum to Implement the Diabetes Framework: Newfoundland and Labrador Roundtable 2023

Project Overview: Through the Framework for Diabetes in Canada (the Framework) project, supported by PHAC, Diabetes Canada continues to bring together key stakeholders to help identify and share best practices. This project began in 2023, and the result of this 3-year project will be an inventory of successful diabetes programs/interventions/projects and the dissemination of findings for adoption and scaling in order to identify and share best practices for addressing diabetes, including the identification of barriers in health-equity-seeking communities.

Newfoundland and Labrador Roundtable

The second roundtable of this project was held in Newfoundland and Labrador, Canada, in December of 2023. Participants were invited from all over the province to share, listen, and brainstorm regarding the Framework. The 4-hour meeting was a combination of presentations, group discussion, and breakout work.

Location and Date: The Alt Hotel in St. John's, NL hosted the event on December 7, 2023, from 11:30am to 4 pm NST.

Meeting Objectives:

- Engage with the Framework for Diabetes in Canada
- Identify provincial opportunities and enablers to optimize prevention and patient care efforts for those living with Diabetes
- Operationalize the National Diabetes Framework in Newfoundland and Labrador and build on the collaborative work done with strategic partners
- Identify opportunities to reflect on and to increase the demonstrated impact of Digital Health solutions across the province

Framework Overview: The Government of Canada introduced the Framework for Diabetes in Canada on October 5, 2022. The Framework aims to support prevention and treatment for all types of diabetes and provide a common policy direction to address diabetes in Canada. The Framework seeks to support the identification of gaps in current approaches, avoid duplication of effort, and provide the federal government an opportunity to monitor and report on progress. In doing so, it strongly promotes the foundation for collaboration across sectors to reduce the impact of diabetes.

The Framework is comprised of six interdependent and interconnected components that represent the range of areas where opportunities to advance efforts on diabetes could be beneficial. The principles and the components (below) form a dynamic environment within which to create change in Canada. These were derived from and built on contributions from diverse groups within Canada throughout the multi-year engagement process.

Cross-cutting principles:

- Addressing health equity
- Applying a person-centered approach
- Differentiating between types of diabetes
- Supporting innovation
- Promoting leadership, collaboration, and information exchange

Framework components:

- Prevention
- Management, treatment, and care
- Research
- Surveillance and data collection
- Learning and knowledge sharing
- Access to diabetes devices, medicines, and financial supports

The Framework summary below outlines the process, purpose, scope, and overall desired outcomes.

Summary of the Framework[1]

STAKEHOLDER ENGAGEMENT SUMMARY

The Public Health Agency of Canada, with the Morris J. Wosk Centre for Dialogue based at Simon Fraser University, undertook a virtual engagement process to help identify gaps and priorities for advancing efforts on diabetes in Canada, and inform the development of the Framework.

PART 1

32 key informant interviews with **50 individuals**

PART 2

Two dialogues in two languages with **89 participants**

PART 3

884 respondents and **2,000 comments** on online survey

PURPOSE

- Provide a common policy direction for multi-sectoral stakeholders
- Identify gaps in current approaches, avoid duplication of effort, and provide an opportunity to monitor and report on progress

SCOPE

- Lay the foundation for collaborative and complementary action to be taken by all sectors to reduce the impact of diabetes in Canada

DESIRED OUTCOME

- Improve access to diabetes prevention and treatment to ensure better health outcomes for Canadians

CROSS CUTTING PRINCIPLES

- Addressing health equity
- Applying a person-centred approach
- Differentiating between types of diabetes
- Supporting innovation
- Promoting leadership, collaboration, and information exchange

FRAMEWORK COMPONENTS

- Prevention
- Management, treatment and care
- Research
- Surveillance and data collection
- Learning and knowledge sharing
- Access to diabetes devices, medicines and financial supports

Indigenous Engagement and a National Diabetes Framework: In respect to Reconciliation and in recognition of Indigenous autonomy, self-determination, and sovereignty, the Public Health Agency of Canada has provided independent funding to the National Indigenous Diabetes Association (NIDA). NIDA is engaging with various Indigenous peoples, nations and organizations across Canada to develop an Indigenous Diabetes Framework. Through supporting open dialogue, NIDA sits on the Diabetes Canada/SMIDF's Pan-Canadian Action for Diabetes committee to promote mutual knowledge exchange and collaboration. For more information about NIDA, please visit their website (nada.ca).

Relating to the particular arrangements in NL, though there is independent Indigenous governments within NL, some have laws to draw on services from the province, and they collaborate with Labrador-Grenfell Health, with an established formal MOU (memorandum of understanding) with the province for health services.

NL Roundtable Description: The half day event featured various topics, including digital health and innovation, research, surveillance and data collection, illness burdens, primary care challenges and opportunities, and perspectives from allied healthcare. Patient journeys with diabetes and practical experiences in implementing the Framework were also shared and discussed, drawing insights from different regions within Newfoundland and Labrador.

Speakers:

- Dr. Zaina Albalawi (Roundtable co-chair) - Endocrinologist and Clinical Epidemiologist
- Dr. Fred Melindy (Roundtable co-chair) - Director, eDOCSNL, NLHS
- Adria Cehovin - Project Manager, Diabetes Canada
- Dr. Renee Crossman - Assistant Professor, Memorial University of Newfoundland Faculty of Nursing
- Steve Allain - President, Novagen Consulting Inc.
- Mary Slade - Director, Primary Health Care, Government of Newfoundland, Health and Community Service
- Annie Jones-Connors - Remote Patient Monitoring Clinical Lead, NLHS

Themes: Themes discussed in the sessions covered aspects such as communication (literacy and language), data management, the role of allied health professionals, integrated care, social prescribing, administrative challenges, technology support, financial assistance, access, and fostering provincial collaborations.

Diabetes in Newfoundland and Labrador, 2023[2]

Estimate Prevalence and Cost of Diabetes

Prevalence (1)	2023	2033
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed)	104,000 / 19%	124,000 / 22%
Diabetes (type 1 and type 2 diagnosed)	73,000 / 14%	87,000 / 15%
Diabetes (type 1)	5-10% of diabetes prevalence	
Increase in diabetes (type 1 and type 2 diagnosed), 2023-2033	19%	
Direct cost to the health care system	$72 Million	$81 Million
Out-of-pocket cost per year (2)		
Type 1 diabetes costs, % of family income	$520-$9,169 / 2%-12%	
Type 2 diabetes costs, % of family income	$401-$6,394 / 1%-9%	

Digital Innovation

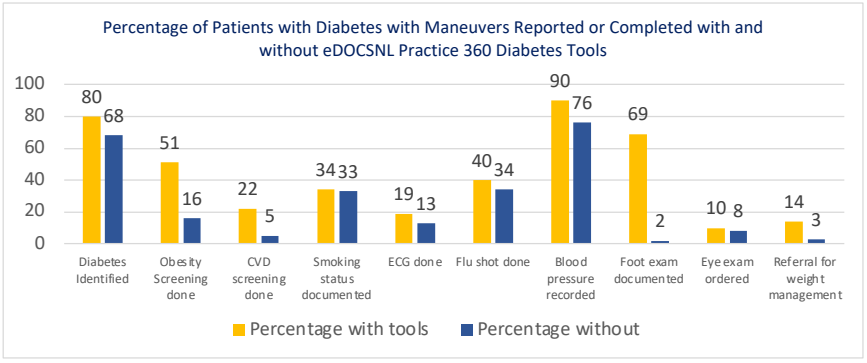
As one of the six key components of the Framework, Surveillance and Data Collection was a focus of the Roundtable. The Framework describes below, how:

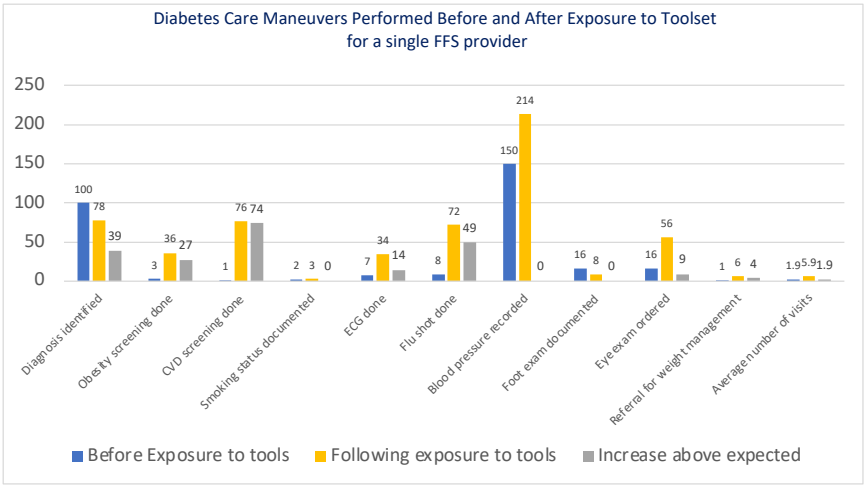
[i]nnovation in surveillance systems is required to reduce fragmentation, streamline data collection and improve its timeliness. Evidence is needed to support people living with diabetes and their caregivers, including monitoring varying costs, access to care, treatments and medical devices, while respecting privacy of information.

Dr. Melindy spoke about the Practice 360 project in NL - an implementation of clinical decision support tools in the NL EMR system to support guidelines-based care based on a practical translation of the **ABCDESSS** of diabetes care in the electronic solution.[3] In addition to direct care applications, the project provides population level health data for both system planning and reflection by providers on a local level, including identifying gaps in guidelines-based care on their panel metrics.

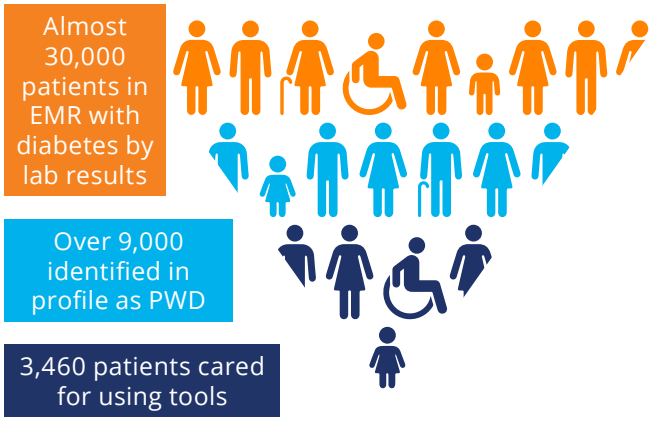
Digital Health Solutions in Diabetes Care[3]

Preliminary Results[4]





Important to note, that awareness and implementation has been a focus of this program's roll out. This is early phase 2 in the evaluation of the initiatives looking at changes in the behaviour of providers in response to the introduction of the tools. Of the patient population that was studied and the 66 providers, these are a portion of the results. **The total number of patients with Diabetes in EMRs in NL is unknown at this time, the information discerned came from the preliminary analysis presented.** In addition, the evaluation of the initiative with respect to both implementation and patient outcomes will point towards effective future directions for the project.



It is fully understood that the initial project, which has now been engaged province-wide and is already supporting key surveillance and data collection, will take many years to understand the long term and broader understanding of its impact on patient health. Regardless, key lessons and data outputs have already been learned and are encouraging, with reinforced learnings that expectation of "build it and they will come" is false, and one size fits no one. Build it and take time to teach people about it, then change will follow.

Diabetes in NL

Dr. Zaina Albalawi guided the group through a discussion on the rising incidence of Type 1 incidence in NL and worldwide and the importance of engaging people living with diabetes in diabetes care planning. She highlighted the "Living with Type 2 Diabetes" report by the Canadian Agency for Drugs and Technologies for Health that was developed in collaboration with Diabetes Canada. The report highlighted the demands of diabetes and the intensive, perpetual self-management required to manage the condition and the profound and usually negative impact the condition has on one's physical, psychosocial, and economic well-being.[5]

One roundtable participant disclosed that they were a diabetes nurse with over 35 years of experience and live with type 1 diabetes. They highlighted, and it was discussed, the psychological load that diabetes places on an individual. It was further shared how patients do not chose to live with diabetes and health care professionals must not let their biases surrounding Diabetes imped care to patients.

Goals of Diabetes Care

1. Reduce the Risk of Complications
Heart
Brain
Kidneys
Nerves
Other

2. Maintain safety
From medications
From complications

3. Support Self-Management
>90% of diabetes care for type 2 patients happens outside of the hospital/clinic with the expectation of this value to grow[6]

Remote Patient Monitoring (RPM) & Diabetes Type 2

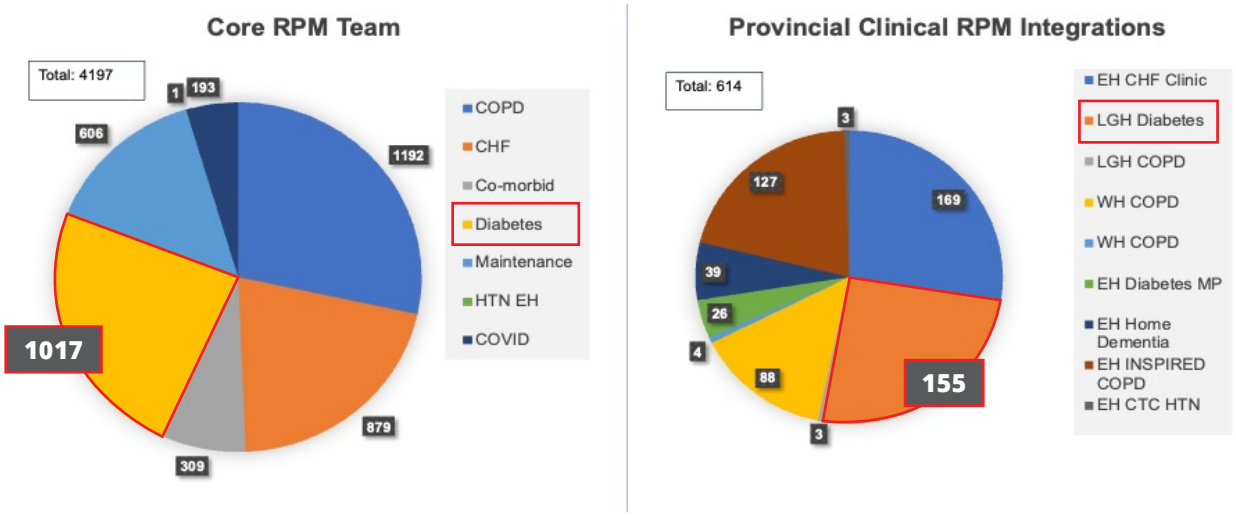
In addition to Practice 360, NL has remote patient monitoring (RMP); in a province where geography is a strong influence on access, both to foods and medicines, it is important to understand the use of RPMs for Diabetes type-2 outreach. Innovative client-centered clinical program to support active self-management of clients with select conditions at home enabled by simple technology:[7]

- Biometrics monitoring
- Symptoms surveys
- Client-identified goal setting
- Coaching
- Education
- Self-management support

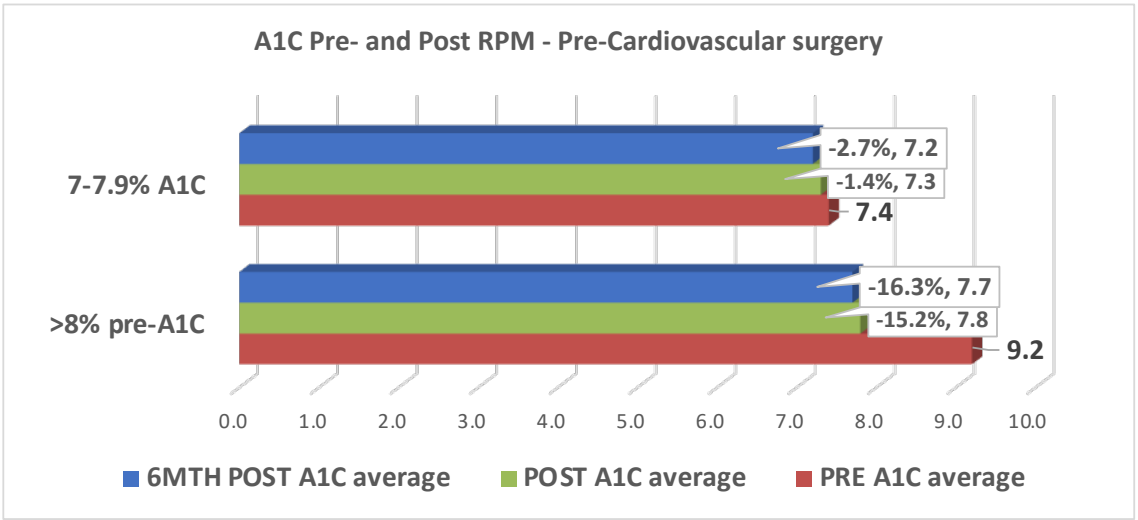
The technology is not intended for diagnosis or as a substitute for medical care

- It is not an emergency alert system
- Is not for clients who need direct medical care or emergency care

Provincial RPM Usage



RPM Outcomes – 2018-2022



Diabetes-Lived Experience

Renee Crossman PhD, RN spoke to the roundtable about how her experiences lead to her expanded career trajectory work in Diabetes. Her research and presentation grounded us in:

- Continued exploration of the moment-to-moment, day-to-day diabetes practices by individuals living with diabetes, caregivers, and health care providers
- Exploring how to blend 'everyday' with biomedicine – what does that look like in terms of 'successes?

Participant's shared clinical and personal experience through open dialogues at the roundtable, often they were both grounding and emotional. People shared stories of their own lived experience; as those living with Diabetes, working in the Diabetes field and or engaging with family and friends. People opened up about those they had lost due to diabetes complications, some from choosing between food over medicine, or having limited information about Diabetes tools and technology available. It was clear the impact the two-fold burden of trying to live with Diabetes while dealing with the social determinants of health.

One woman diagnosed with type 1 diabetes in late 30's and lives in Labrador discussed the psychological burden of managing multiple medications and the fear of requiring on medications while living in a rural, isolated area where access is limited and dependent on shipping from Ontario. She mentioned the lack of access to services such as eye and foot care in Labrador and the need for consistent access to services.

In addition to the presentation, there were two structured breakout group sessions. Below are the breakout session questions and summaries shared by the attendees.

Summary of First Breakout Session Group Work

QUESTION: What part of lived experiences should be highlighted to further help with engaging up take of evidence-based lifestyle suggestions?		
Current Experience	**Responses**	**Opportunities**
Distribution and cost barriers to healthy food	Review distribution challenges, cost, and accessibility	Engage with government to address the barriers that exist to access Review of sugar tax
Mental Health: People with Diabetes and caregivers looking for increased support	When diagnosed or managing Diabetes, the feelings of shame, being alone/ isolated, or overwhelmed need greater attention	Patients with lived experience could support each other through classes i.e. those who are new to T2D Create programs to support parents who have a child with diabetes
Limited access to medication and device	Need greater access to FCT services, testing strips, and CGM's	Create programs/funding options that cover foot care, CGM and pumps, glp1 Consider more individualized targets for HbA1C as one size does not fit all
More Diabetes education sought for patients	Evaluating diabetes programs and outreach at the provincial level	Practice 360 is planned for an evaluation Other NL Diabetes programs can participate in the SMIDF/DC Framework inventory project
Limited access to HCP's	Lack of access to HCP's for diabetes care including RN, RD, NP, Physician, foot care specialist, pharmacists, psychology/ social workers	Engagement from Practice 360 and RPM is continuing. NL Accord focus on expanding access to HCPs

Regarding mental health, 33-50% of people living with diabetes experience diabetes distress; an overwhelming feeling about their condition that can lead to unhealthy habits like not checking their blood sugar or skipping medical appointments, etc.[8] Individuals with depression have a 40% – 60% increased risk of developing type 2 diabetes.[8]

Second Breakout Session

QUESTIONS: What are some areas of technology and medical professional strengths and points of friction? What are some opportunities for improvement for the near future?	
Strengths	Data sharing/access, including with patients (saves time, real time results) Virtual care, guideline-based care, helpful organizational tool
Friction	Patient access and costs Wi-Fi access Health literacy and language translation Addressing racism and stereotypes Concerns about cyber attacks/security breach
Opportunities	Relationship building Patient centered (gain the patient perspective /HCP) Future assessment of Diabetes 360 Improved Wi-Fi support, translation automated Improved rural communication – in the works Data collection on racism is currently occurring Suggestions for an on-call diabetes number for support Expansion with rural nurses, virtual care integration **Creating a provincial working group dedicated to reviewing and expanding Diabetes care**

Wi-Fi, cell phone infrastructure, and rural elements are vital factors to be highlighted when reflecting on access. As a province with a high rate of Diabetes compounded with a high distribution of rural population, we know that "[t]his presents challenges with respect to access to care, continuity of care, and the planning and implementation of diabetes programs."[9]

In consideration of physical challenges that NL has, it is making excellent traction in prioritizing Diabetes, with room to expand.

NL Health Accord and the Framework

Sharing a provincial level perspective, Mary Slade, Director, Primary Health Care, Government of Newfoundland, Health and Community Service, spoke about Diabetes in NL provided a presentation on the NL Health Accord.

NL Health Accord Vision[10]

Health Accord NL	The Framework
Acceptance of and interventions in social determinants of health	**Addressing health equity & prevention:** Explore the need for additional supports to alleviate barriers and halt the development of diabetes early on
Establish a centralized and accessible source of information for individuals and family caregivers that clearly specifies available supports and resources.	**Management, treatment, and care:** Establish holistic support for patients including resources and support services such as educational programs, counseling (psychological and nutritional), and medication management. Create ease in accessibility by sharing on a variety of platforms (online and in person i.e. hospitals, community centers, libraries, walk-in clinic etc.) **Promoting leadership, collaboration, and information exchange:** Promote collaborative efforts among healthcare professionals to guide patients to resources
Adopt and leverage virtual care technologies Develop a strategy to ensure that all physicians are using EMRs and have the capacity to participate in virtual care. Support the change management … and **digital infrastructure** needed to enable effective communication and sharing of patient/client information as necessary.	**Supporting innovation & surveillance and data collection:** Integrate telemedicine platforms with EMR allowing for consultations and data collection in one integrated system.
Formalize and integrate across the system responsive means of engagement, knowledge collection, knowledge transfer, and participation for groups experiencing health inequities in a "meeting people where they are" approach.	**Applying a person-centered approach:** Training HCP's to be mindful of language that is being used when discussing diabetes with patients along with involving patients directly in the decision-making process when it comes to lifestyle and medication changes.
Source: Health Accord NL. (2022). Our Province. Our Health. Our Future. A 10-Year Health Transformation: The Report. https://healthaccordnl.ca/final-reports/.	Source: Framework For Diabetes in Canada, Public Health Agency of Canada

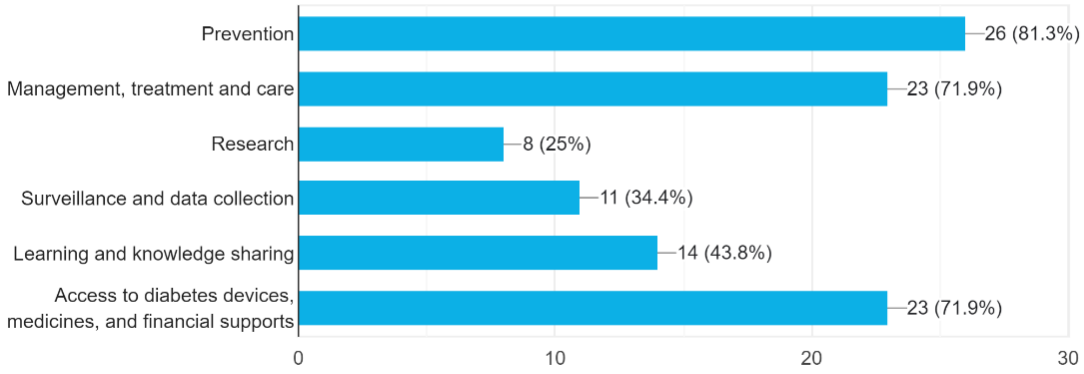
Event Feedback

We collected input pre and post event, finding it helpful to know the focus of the room ahead of the roundtable as well as feedback from the event and discussions.

The Framework for Diabetes in Canada Responses to the Pre-meeting Questions

In your opinion, which of the following 6 Framework Pillars require the most attention in your province? (Select all that apply):

32 responses



Following the event, 100% of post event survey participants were interested in taking part in future round table discussions to mobilize the National Diabetes Framework. Since this roundtable, NL has started engaging in talks of a province wide Diabetes focused working group. The passion and dedication is illuminated in the below quote:

"I am a busy fee for service physician, a whole afternoon was challenging for my clinic, and actually somewhat costly for me. However, I'm so passionate about diabetes I knew this was an important meeting to hopefully kick off future ones".

Summary

Through the NL Roundtable, we learned a lot. We learned more about the different peoples and cultures living within Newfoundland and Labrador, how health literacy expansion is important, the many layers impacting access, and more. We are inspired by how hard NL is working, and how much of their efforts reflect the Framework. There was a great deal of passion in the want to organize and propel a provincial working group as many felt it was critical to the implementation of the diabetes framework in NL. We hope to see a province wide working group launch sometime in 2024.

Conclusion

The SMIDF Project is an instrumental initiative by Diabetes Canada and PHAC. The Newfoundland and Labrador roundtable in 2023 aimed to encourage further attention and engagement with Diabetes in Newfoundland and Labrador. As the second roundtable of this project, it serves as a beacon for fostering collaboration, identifying barriers, and promoting a more equitable approach to diabetes care, thereby positively impacting public health outcomes in the region.

The roundtable met the mentioned meeting objectives and beyond:

- Engage with the Framework for Diabetes in Canada
- Identify provincial opportunities and enablers to optimize prevention and patient care efforts for those living with Diabetes
- Operationalize the National Diabetes Framework in Newfoundland and Labrador and build on the collaborative work done with strategic partners
- Identify opportunities to reflect on and to increase the demonstrated impact of Digital Health solutions across the province

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