



**Recommendations from Diabetes Canada  
for the British Columbia Budget 2019**

**Submitted to the  
Select Standing Committee on Finance and Government Services**

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## Executive Summary

In British Columbia today more than 1.5 million people, or 30 per cent of the provincial population, are living with diabetes or prediabetes and those numbers are expected to rise to 1.8 million and 34% by 2028. Treating diabetes and its complications currently cost British Columbia's health-care system \$490 million in direct costs which is estimated to rise to \$669 million by 2028.

The number of Canadians with diabetes has doubled since 2000. This means about 11 million Canadians now live with prediabetes or diabetes. Canadians 20 years of age now face a 50% chance of developing the disease in their lifetime. For First Nations Peoples in Canada, that risk is up to 80% and in some subgroups within this population, it is even higher. It is estimated that prevalence will grow by 40% in the next decade with the health care costs associated with treating people with diabetes and its complications in Canada topping \$39 billion by 2028.

Diabetes is a complicated and challenging disease and puts people at high risk of serious and costly complications, including heart attack, stroke, vision loss, kidney disease and amputation. People with diabetes are over three times more likely to be hospitalized with cardiovascular disease, 12 times more likely to be hospitalized with end-stage renal disease and almost 20 times more likely to be hospitalized for a non-traumatic lower limb amputation compared to the general population.<sup>1</sup>

To help mitigate the alarming impact of diabetes on families, employers, health-care and the economy, Diabetes Canada recommends the following actions to the Government of British Columbia:

- **Implement public coverage and ensure timely access to medical devices that help treat diabetic foot ulcers and reduce the risk of amputation, in addition to increased screening and foot care.**
- **List diabetes medications with proven efficacy on the provincial formulary in a timely fashion.**
- **Commit to supporting a national diabetes strategy for Canada.**

The public coverage for diabetes-related supports does not meet the needs of people with the disease. Many diabetes medications from newer drug classes are not accessible. There is no funding for amputation prevention devices to help avoid amputations. Not everyone who needs these supports can afford to pay for them. These additional financial constraints limit people's ability to effectively manage their diabetes. In summary, public coverage for diabetes supports is available, but to varying degrees, and not to everyone that needs it.

## Diabetes in British Columbia

Approximately 501,000,000 people have been diagnosed with diabetes in British Columbia in 2018, representing 10 per cent of the province's population. Over the next decade, British Columbia is projected to experience 37 per cent increase in diabetes prevalence, which will be the second largest increase among provinces.

While the diabetes prevalence is high, this does not represent the full burden of diabetes. About one-third of people with diabetes are undiagnosed, and an estimated 765,000 British Columbians have prediabetes, a precursor to type 2 diabetes. In 2018, with diabetes, undiagnosed diabetes and prediabetes combined, an estimated 1.5 million people in B.C. (30 per cent of the provincial population) are affected. By 2028, it will increase to 34 per cent.

We estimate that diabetes is currently costing the provincial health-care system \$490 million as a result of hospitalizations, doctor visits and inpatient medications and will rise to \$669 million by 2028.

## Issues and Recommendations

### 1. Public coverage of devices to prevent amputations, in addition to increased screening and foot care

Diabetes is the leading cause of non-traumatic lower limb amputation.<sup>2</sup> The majority of amputations (85 per cent) that occur in people with diabetes follow a foot ulceration, which are foot wounds that often occur as a result of diabetic neuropathy (nerve damage) and/or peripheral vascular disease (poor circulation or blood supply to the feet).<sup>3</sup> Diabetic foot ulcers pose a huge emotional burden to individuals with the ulcers, their families and are costly to the health-care system. Diabetes Canada estimated that diabetic foot ulcers cost the British Columbia health-care system \$98-\$120 million in direct costs (physician visits, hospital stays, long-term care, home care) and \$11-\$18 million in indirect costs (lost productivity and premature death) in 2016.<sup>4</sup>

The risk of ulceration, infection and amputation in people with diabetes can be significantly reduced through optimal diabetes management and foot care. Annual foot exams by a health-care professional and daily foot checks at home are important to detect problems early on. Public funded services and devices to prevent and treat diabetes ulcers, including education, custom-made footwear, off-loading devices and timely referral to specialists, are also important.

While amputation prevention devices including total contact casts, custom braces and ankle and foot orthoses significantly improve patient outcomes, they are not widely used due to lack of accessibility and affordability. Funding such devices could save the Government of British Columbia \$14-\$23 million a year from the number of recurring ulcers and amputations prevented.<sup>5</sup>

**Diabetes Canada recommendation:** The Government of British Columbia should prioritize amputation prevention for people with diabetes by committing to public funding of devices that help treat diabetic foot ulcers in addition to increased screening and foot care.

## 2. **Improve access to diabetes medications**

People with diabetes form a heterogeneous group, and diabetes is a lifelong disease that may require different treatments as it progresses. People with diabetes have stated they need various options to help effectively manage their disease. Individualization of therapy is essential to achieve optimal diabetes management, including selecting the drug or combination of drugs, route of administration (oral, injection, pen or insulin pump), how frequently the patient monitors blood sugar and adjusts dosage, the benefits and risks that the patient experiences and/or tolerates, and the lifestyle changes the patient is willing or able to make. Their clinical profile, preference and tolerance of therapy can guide physicians to prescribe the most appropriate drug therapy.

Recently, certain medications have been shown to improve death rates in some people living with diabetes. Specifically, a SGLT2 inhibitor and a GLP1 analogue medication have been shown to reduce cardiovascular-related hospitalization and mortality in people with type 2 diabetes and known heart disease through the first cardiovascular outcome trials of these classes of medications.<sup>6,7</sup> This significant outcome must be duly considered in drug reviews and decisions to list medications on the B.C. provincial formulary. It is particularly frustrating to physicians that only some of their patients can access these proven medications – those with private insurance or those who can afford to pay for these medications themselves.

Compared to other public drug plans, British Columbia Pharmacare is among those that provide fewer options from newer drug classes to treat type 2 diabetes. For some medications, such as SGLT2 inhibitors, British Columbia is the only jurisdiction where none of the three approved by Health Canada is listed on the provincial formulary.

**Diabetes Canada recommendation:** The Government of British Columbia should close gaps in access to medications required for effective diabetes management by listing medications with proven efficacy the provincial drug formulary in a timely fashion.

## 3. **Support Diabetes 360°: A nation-wide strategy to prevent and manage diabetes.**

The World Health Organization recommends that every country implement a national diabetes strategy yet, despite higher prevalence and per capita costs of diabetes than most of the world's developed nations, Canada has been without one since 2013.

With an aging population and exploding growth rates amongst at-risk populations – most notably Indigenous Canadians – Canada's diabetes burden will continue its rise over the next decade. Both prevalence and direct costs for treating the disease in Canada have been rising at a rate of 4% and 10% respectively per year and show no signs of slowing down. Treating diabetes costs Canada's health care system \$28 billion per year and will approach \$40 billion per year by 2028 unless we act with a sense of urgency.

Canada needs a strategy to coordinate the efforts underway in all provinces and territories to combat this epidemic, one which would bring Canada in line with global best practice, reduce the human burden of this disease significantly in a very short period and achieve savings in health care costs.

That is why Diabetes Canada partnered with representatives from more than 100 stakeholder organizations over the past year to develop [Diabetes 360°](#) – a measurable, outcome-focused national strategy for the prevention and management of diabetes. It is based on the hugely successful 90-90-90 model implemented globally to combat HIV/AIDS and is the product of collaboration among 129 stakeholders including representation from nine provincial governments.

The Diabetes 360° framework includes specific evidence-based recommendations in the areas of prevention, screening, treatment and patient outcomes for diabetes, and is set up to deliver results in just seven years by focusing on the following key targets:

- 90% of Canadians live in an environment that preserves wellness and prevents the development of diabetes
- 90% of Canadians are aware of their diabetes status
- 90% of Canadians living with diabetes are engaged in appropriate interventions to prevent diabetes and its complications
- 90% of Canadians engaged in interventions are achieving improved health outcomes

These targets are based on extensive consultation and rigorous analysis of research, and the actions required for their achievement are detailed in our [Diabetes 360°](#) report.

Diabetes Canada has submitted its recommendations for a national diabetes strategy to the Government of Canada and recommends that a seven-year national partnership be established with a strategic investment of 150 million over the seven years. The partnership will collaborate with provinces and territories, civil society and private sector to prioritize and implement programs to achieve the Diabetes 360° targets and then sunset – a realistic and evidenced approach that can work for Canada.

**Diabetes Canada Recommendation:** The Government of British Columbia should extend its endorsement of the Diabetes 360° strategy framework to the Government of Canada’s Minister of Health, the Honourable Ginette Pettipas Taylor, as well as consider its financial investment in the strategy to ensure the future of health and prosperity of British Columbians.

## Conclusion

We urge the Government of British Columbia to implement the recommendations contained in this submission to ensure British Columbians with diabetes have the support to achieve their full health potential. With concerted efforts and strong leadership from the Government, in close collaboration with key stakeholders in the diabetes community, we can bend the impact curve of diabetes and significantly improve the lives of those with diabetes and all British Columbians.

## References

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