

Value of Technology

Inequitable patient access to clinically and cost effective medical technology: Insulin pumps and new and emerging diabetes technologies

BACKGROUND

Diabetes places a large economic burden on the Australian healthcare system in terms of expenditure on hospitalisations, medications, diagnostic services and other out-of-hospital medical care.

Insulin pump therapy is currently the only treatment that replicates normal insulin secretion by a healthy pancreas, which is especially important for individuals with type 1 diabetes, who rely on insulin therapy for survival. Recent studies have shown insulin pump therapy to be more beneficial and cost-effective in comparison to other insulin therapies.

RECOMMENDATIONS

- Access to insulin pump therapy should be informed by evidence and clinical guidelines (Australian and international) rather than restrict subsidised access to insulin pump therapy on the basis of age i.e. determination of insulin pump therapy access should be independent of age.
- Patients continue to have access to a range of insulin pumps and that formal HTA processes and pathways to access new (advanced) and emerging diabetes technologies need to be established. This is to ensure various features are available to assist in providing optimal health outcomes and QOL to meet an individual patient's needs.
- Funding arrangements to ensure that there is equitable access to insulin pumps to all patients with diabetes and reduction in disparities in health outcomes.
- Appropriate and consistent funding is provided for an integrated and well-coordinated approach for delivering diabetes care across primary, community and specialist care services.
- Adequate funding to be provided to hospitals to deliver appropriate diabetes self-management education.
- Improve funding of telehealth services and delivery, and diabetes technologies with remote monitoring capabilities to enhance diabetes care and self management, particularly for Indigenous Australians and Australians living in remote and rural area.
- Appropriate funding mechanism that provides patients with diabetes with equitable access to early treatment options - evidence-based treatment options that improve health outcomes.

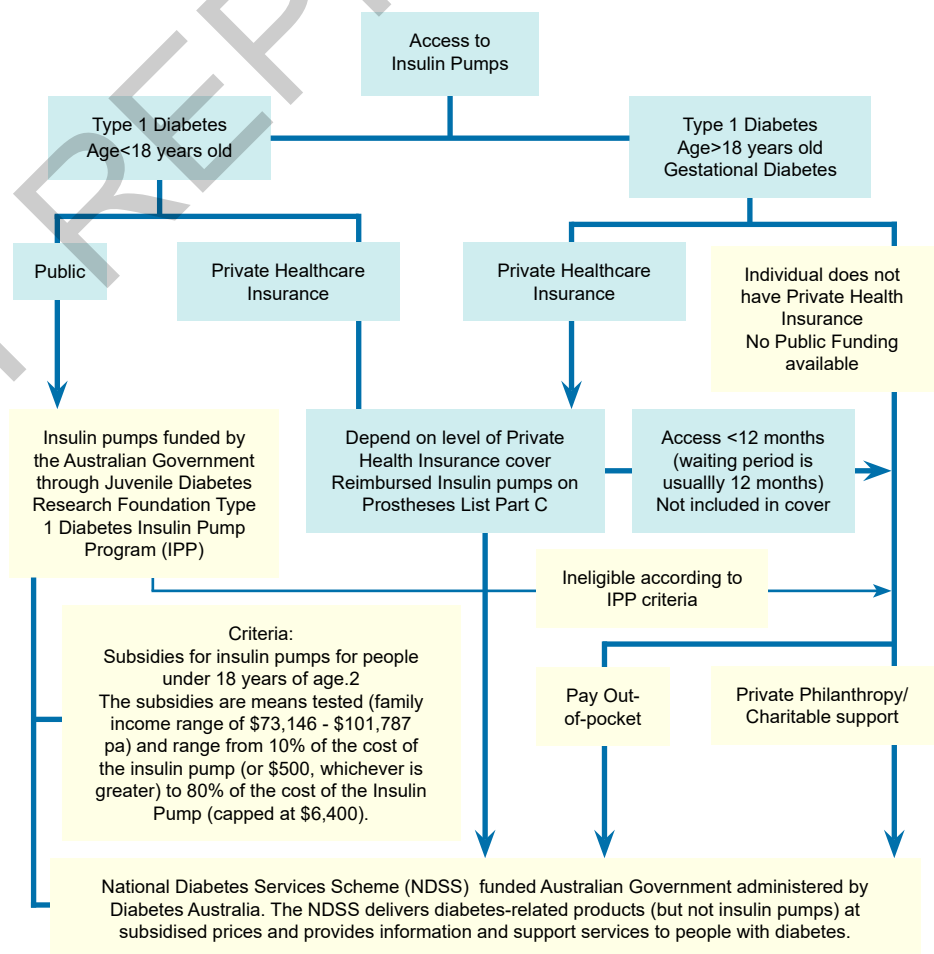
ACCESS ISSUES

Currently in Australia, the Federal Government provides some funding for insulin pumps (up to 80% of the pump cost) to individuals with type 1 diabetes under the age of 18 years who have a low family income or receive government support payments. However, despite financial assistance from the government, use of insulin pumps in Australia remains lower than other countries such as the UK, US and Canada. The majority of insulin pump users have achieved access to this therapy through membership of private health insurance funds i.e. 47.2% of Australians have hospital treatment cover, which has provided 97% of insulin pumps in use in Australia. The use of insulin pumps is higher amongst those living in high socioeconomic areas compared to those in low socioeconomic areas.

The use of insulin pumps for children and adolescents with type 1 diabetes should remain funded into adulthood. Further, some subsidy for the use of insulin pumps should be provided for adults with type 1 diabetes, including some individuals with type 2 diabetes and gestational diabetes, who would clinically benefit from pump use.

Accessibility to medical technologies such as insulin pumps should be evidence-based and aligned with Australian and international clinical guidelines. Criteria to determine accessibility to technologies such as insulin pumps needs to be based on meeting the clinical needs of individuals with diabetes. Furthermore, improving patient access to innovative technologies such as insulin pumps is particularly important for a country like Australia – where the prevalence of diabetes is significantly higher in rural and remote regions, and in Indigenous communities. Remote and self-management patient care capabilities of insulin pump therapy can bring substantial cost savings for the healthcare system by reducing the incidence and severity of diabetes-related complications.

INSULIN PUMPS FUNDING LANDSCAPE IN AUSTRALIA



Note: Yellow box indicates funding focus areas

1. Type 1 Diabetes Insulin Pump Program: <http://www.jdrf.org.au/type-1-diabetes/insulin-pump-program-information#sthash.BIEldh67.dpbs>. From 2014-18, funding provided only for 68 pumps for the IPP: <http://blog.jdrf.org.au/2014/05/14/federal-budget-delivers-good-news-but-also-challenges-for-people-with-type-1-diabetes/>.
2. Since Program inception in 2008, the Program has provided subsidies for over 600 insulin pumps - for further details: <http://www.jdrf.org.au/type-1-diabetes/insulin-pump-program#sthash.FNignMZH.dpuf>
3. Subsidy estimate: <http://www.jdrf.org.au/type-1-diabetes/insulin-pump-program-subsidy-estimate#sthash.pzsz2fA9.dpbs>
4. National Diabetes Services Scheme (NDSS): <http://www.ndss.com.au/>. Registration is free and open to all Australians diagnosed with diabetes. Subsidy for pump consumables for T1DM and gestational diabetes: <http://www.ndss.com.au/About-NDSS/Product-and-Supply/>
5. Protheses List Part C: <http://www.health.gov.au/internet/main/publishing.nsf/content/protheses-list-pdf.htm>. The pump is provided during a professional service for which a Medicare benefit is payable; the service is professional attendance by a consultant health care professional; and the professional service during which the pump is provided is a certified Type C procedure for which the admitting healthcare professional certifies that the hospitalisation was necessary because of the patient's medical condition and/or other special circumstances.

Acknowledgements



Level 12, 54 Miller Street, North Sydney NSW 2060
Phone: (+61 2) 9900 0650

Email: adoolan@mtaa.org.au Website: www.mtaa.org.au