



Submission to the Alberta Diabetes Working Group

January 2024

Medtech Canada is the national association representing Canada's innovative medical technology (medtech) industry. Representing over 120 medtech companies (ranging from Canadian-owned to multinationals), Medtech Canada works closely with government and healthcare stakeholders to deliver a patient-centred, safe, accessible, innovative and sustainable universal healthcare system supported by the use of medical technology.

January 12, 2024

Drs. Julie McKeen and Peter Sargious
Co-chairs, Alberta Diabetes Working Group
**Sent by e-mail*

Re: Medtech Canada Diabetes Working Group submission

Dear Drs. McKeen and Sargious:

Thank you for the invitation to present to the Diabetes Working Group that was commissioned in 2023 by the Minister of Health. As the national association representing Canada's innovative medical technology (medtech) industry we appreciate the opportunity to present to the Diabetes Working Group Sub Committee – H *“Opportunity for Alberta Based Research and Development”*.

It is my understanding this committee has a mandate to make recommendations to address barriers in Alberta regarding research and innovation in the health system. Specifically, through officials at Alberta Health, I was asked to provide feedback on the medical device industry's experience navigating entry into the Alberta Health System and, to share learning regarding research and innovation in Alberta.

The enclosed document containing summary recommendations is meant to supplement my presentation of January 12th, I hope this information is useful to the committee. I can be reached at rpankhurst@medtechcanada.org if any further information is needed.

Key recommendations are enclosed for your consideration,



Rob Pankhurst
Vice President, West
Medtech Canada

Introduction

Diabetes is recognized by the World Health Organization as a leading cause of mortality worldwide and we know that hundreds of millions of people worldwide have diabetes.

Currently 26% of Albertans live with Type 1, Type 2 or prediabetes and this number is expected to rise. The burden of diabetes and associated complications including cardiovascular disease, microvascular complications and mental distress has an enormous impact on the lives of Albertans.

People living with diabetes (PWD) need access to devices that best meet their needs to effectively self-manage their condition. Yet, many Albertans with diabetes continue to face barriers and challenges in accessing necessary treatments and supports due to various obstacles, including, but not limited to, access to diabetes care specialists and/or primary care providers, lack of financial coverage, language barriers, unreliable internet access, and varying quality of treatment and care.

Glucose monitoring allows people living with diabetes and their health-care providers to assess glycemic status and adverse effects, and to determine the effectiveness of glucose lowering therapies. Appropriately monitoring glycemia as soon as possible after diagnosis maximizes the possibility of successful management and achieves the greatest reduction in patient complications. We know that technologies that support patients with diabetes help empower patients to make better lifestyle choices and ultimately lead to improved HbA1c levels.

Health insurance coverage, socioeconomic status and health system practices across Alberta, all affect access to devices, medications and services, and can act as barriers to receiving the standard of care.

This document will provide three recommendations, expanding upon each, below. Principal among our recommendations is that of access. Patient access to devices is highly variable across Alberta, widening inequities for people affected by diabetes.

The federal government has developed a National Diabetes Framework that is intended to provide a common direction for Provincial jurisdictions across Canada to enhance, update, and align diabetes care across Canada to ensure that all Canadians have access to the same level of care across the country. It is our hope that the work of the Diabetes Task Force takes into account the work of the federal framework which includes areas of opportunity that are aligned with the mandate of Alberta's Diabetes Task Force.

There are three specific areas provided in the federal framework that are of particular relevance for Alberta:

- (a) **Explore the need for additional supports** to alleviate barriers, such as accessing care, and determine what tools could provide better support for people with diabetes and their care providers.
- (b) **Enhance collaboration with industry to encourage innovation** in the development of accessible diabetes devices and product designs through meaningful engagement with priority populations.
- (c) **Increase information sharing regarding new technologies across federal, provincial and territorial jurisdictions**, with a focus on their safety and effectiveness, accessibility for use by people with different abilities, as well as evaluations of costs, improvements and health outcomes.

With the above in mind, we offer the following recommendations for the committee's consideration.

Recommendation 1: Medical Device Innovation Adoption Process

New modes of delivering patient care to those living with diabetes have been proven during the global COVID-19 pandemic and offer the opportunity to alleviate health system pressures being faced in Alberta and across the country. Access to the latest in diabetes technologies, pumps and sensors, will allow for improved decision making on the part of PWD. PWD who are empowered can make informed decisions about the management of their condition, further reducing health-system burden.

The principal recommendation with respect to adopting new and innovative technologies is the need to simplify the process of adoption. Although Alberta regularly accepts submissions for new technologies in the diabetes space, the most recent time between submission to listing is longer than other jurisdictions, in particular for next-generation devices.

As part of the adoption process, we are recommending that Alberta consider an approach for review/approval that is always grounded in (a) clinical practice guidelines, (b) appropriate health economic data and (c) stakeholder engagement that embeds the PWD perspective into decision making. We have seen examples where policies to restrict utilization to certain subsets of patients with diabetes have been put in place (age restrictions on sensors is one example) that are not supported by clinical practice or health economic data - this practice should be eliminated.

Recommendation 2: Equitable and Timely Patient Access

Medtech Canada and its members support the development of an access approach that recognizes the need for equitable and timely access to medical devices and technologies. Doing so, could improve diabetes management and decrease the likelihood of future

diabetes related complications, regardless of geography, age or type of diabetes. This is in part due to the rapid pace of change in technologies that support the treatment and care of PWD.

A diabetes management strategy for Alberta should reflect the rapidly evolving needs of Albertans living with diabetes, including equitable access to care. Key principles to keep in mind include consistent access, standards of care and alignment with clinical practice guidelines and health data derived from patient monitoring.

There are concrete examples of disparities in patient access this committee should be considering, for example in April of 2023 the Government of Canada's Non-Insured Health Benefits Program expanded coverage of a number of continuous glucose monitoring options for PWD. Eligible Albertans who manage their diabetes with insulin have access to these newly listed devices via federal support. We are recommending to this working group that coverage under Alberta Health Programs be aligned in terms of access by removing the age restriction, which would result in "best in country coverage".

Focusing on the social determinants of health is required. These are the non-medical factors that influence health outcomes and quality of life. How Alberta can provide policy measures that support the ability to buy healthy foods, which helps prevent chronic diseases including type 2 diabetes, for example, is an area worthy of exploration.

Adopting an approach that is focused on equity above all else will eliminate or have a significant positive impact on current system challenges including geography-based disparities, and waitlists (access to physician/nursing resources).

Finally, it is necessary in the context of patient access to recognize the current operating environment in Alberta. Alberta Health is advancing the creation of four new provincial organizations focused on specific areas of the health system (a) primary care, (b) acute care, (c) continuing care and (d) mental health and addictions. Where diabetes care and treatment fall within the new structure being developed by Alberta Health remains to be seen, but this committee may wish to make a recommendation focusing on the key role of primary care in the treatment and management of Albertans with diabetes.

Recommendation 3: Outcomes Based Decision Making

It is important to collect data for an appropriate baseline in order to evaluate the clinical success of a program. Examples include HbA1c, Time in Range, Time below Range/hypoglycemia, Time above range/Hyperglycemia. Qualitative outcomes such as quality of life also require baseline measurements. To appropriately evaluate the outcomes the following could be considered:

- Devices usage (when devices are not used the majority of the time, they will not deliver optimal outcomes)
- Evaluate the population with HbA1c challenges on HbA1c changes
- Evaluate the population with hypoglycemia challenges on hypoglycemia changes

Patient generated data from medical devices (sensors and pumps) could, and should, be used to measure progress over time against an appropriately established baseline. Such an approach would help demonstrate the impact of broader coverage at a population level.

Finally, we recommend the Alberta Diabetes Working Group put forward to the government to adopt a partnership approach that helps support improved patient outcomes. Partnerships that allow PWD to share glucose monitoring data with their healthcare provider assist diabetes care providers to create better informed individualized treatment plans. Partnerships should not be limited just to industry and government, but also include key system leaders and experts such as the Alberta Diabetes Institute. These types of partnerships should be in place across the diabetes continuum of care.