IVD Australia Response to the National Diabetes Strategy Consultation

GOAL 1: REDUCE THE PREVALENCE AND INCIDENCE OF PEOPLE LIVING WITH TYPE 2 DIABETES

Question 1:

a) Which of the areas for action described for this goal are most appropriate and why?

b) Are there any additional actions you would you like to see the governments and/or other stakeholders take and why?

- **A focussed diabetes awareness campaign, coupled with improved early detection of diabetes and highlighting of risk factors**
- **Continued public education on the importance of nutrition on the risk factors for diabetes**
- **Although the AUSDRISK tool is useful to identify pre-diabetic patients, HbA1c is a more powerful test, as it gives definitive indication of the presence of diabetes, not just presenting that a patient is likely to have diabetes.**
- **The nationally coordinated detection programme for pre-diabetes should commence in the doctor's office, with the AUSDRISK tool to identify those at risk, followed by point-of-care Hb1Ac testing to identify those presenting with risk factors, diabetes or pre-diabetes at the first visit. Minimising the patient's travel; reducing the time the patient needs to wait for their result and minimising the number of appointments the patient needs to keep, will all prevent patient disengagement with the process, whilst giving better clinical care and allow immediate health intervention if required.**
- **Success of the detection programme would rely on appropriate reimbursement for HbA1c at the Point of Care, instead of relying on the patient to attend three clinical visits for diagnosis.**

Question 2:

a) Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why? (Please indicate if you are aware of an evaluation report, and how it may be obtained)

- **The QAAMS (Quality Assurance for Aboriginal and Torres Strait Islander Medical Services) Program provides a culturally appropriate and clinically effective diabetes management service for Aboriginal and Torres Strait Islander people.**
- **The Program is funded by the Commonwealth Government Department of Health.**
- **The centrepiece of the QAAMS Program is the use of on-site point-of-care pathology testing (POCT) to assist diabetes management. POCT for Haemoglobin A1c (HbA1c) and urine Albumin:Creatinine Ratio (ACR) is conducted under a quality management framework and is reimbursed which is fundamental for success in patient management**
- **Evaluations:** http://www.qaams.org.au/resources/publications
- **Note: Quality Management for any program could be provided by the Australian Point of Care Practitioners network (APPN) – a previously federally funded government initiative.** http://www.appn.net.au/

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b) Are there any existing activities, services or systems relevant to this goal that you think are not working well? (Please explain why, and discuss any barriers to their effectiveness)

- **If there is/has been a focussed diabetes awareness campaign, coupled with improved early detection of diabetes and highlighting of risk factors, it has not had the impact needed, especially in indigenous communities (Ref: ABS AUSTRALIAN ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SURVEY: BIOMEDICAL RESULTS, 2012–13). "Of the Indigenous people with diabetes in the survey, more than 1 in 10 did not know they had diabetes and were diagnosed as part of the biomedical testing, indicating that there are a large number of Indigenous people with undiagnosed diabetes".**
- **The lag-time in diagnosis of diabetes can be extensive, and it may take up to three separate appointments - initial, blood draw and results. This delay could lead to low patient confidence in the results and low patient satisfaction with the process and lack of initiation of treatment and engagement. This is unnecessary as point-of-care technology for HbA1c exists that enables high quality laboratory standard results to be immediately available. Further information can be found in the Australian Study [Laurence et al (2010). Br J Gen Pract 60:e98–104].**
- **A practical remedy would be a pathway for the reimbursement of point-of-care HbA1c testing – using a fee for care model (as compared to the fee for service model currently in place). The UK fee for outcome model as shown by Grieve et al 1 (1999) or Khunti et al 2 (2006) provides a working example of success.**
    1. **Grieve et al (1999) Health technol Assess 3:15**
    2. **Khunti et al (2006) Br J Gen Pract 56: 511-517**

- **A second practical remedy would be increasing access to HbA1c testing by making pharmacy testing available.**

Question 3:
The paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

- **A decrease in incidence in Diabetes in Australia**

GOAL 2: PROMOTE EARLIER DETECTION OF DIABETES

Question 4:
a) Which of the areas for action described for this goal are most appropriate and why?

b) Are there any additional actions you would you like to see the governments and/or other stakeholders take and why?

- **A practical pathway for the reimbursement of the HbA1c testing at the point of care**
    - **Near patient HbA1c testing leads to earlier detection of type 2 diabetes via a PoC device**
    - **The fact that a significant proportion of people with type 2 diabetes are undiagnosed indicates that the current system of opportunistic diagnosis in primary care is not working adequately.**
    - **In the current Australian healthcare model type 2 diabetes is diagnosed opportunistically in primary care. A patient goes to their GP with an unrelated complaint, the doctor realises that the patient is potentially at a high risk of diabetes, if this high-risk is confirmed then a diagnostic test is ordered. It is here that the process can break down.**

- **Funding may be able to be allocated to GP's for an improvement in HbA1c within their existing diabetes population by keeping the HbA1c at a specific level**

- **The current requirements to claim a rebate for performing a pathology test used in the management of diabetes in a primary care setting are overwhelming and not practical to achieve for the typical GP. If a GP wants to provide an HbA1c test in their rooms they can either:**
  1. **Charge the patient out of pocket for the test – this raises issues of access and equity – no additional requirements beyond Medical Practitioner regulation.**
  2. **Become a NATA-accredited pathology testing site – can claim MBS rebates for pathology testing – additional requirements are an extensive lab-style quality management system and exorbitant costs.**
  3. **Absorb the cost within clinic operations.**
- **A practical framework for the accreditation of primary care sites for point of care testing and MBS reimbursement needs to be developed. IVD Australia awaits the NPAAC Guidelines for Point of care Testing.**

Question 5:

a) Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why? (Please indicate if you are aware of an evaluation report and how it may be obtained)

- **The use of Hb1Ac for diagnosis of diabetes: overseas, HbA1c has been used for the diagnosis of diabetes for several years but in Australia the test has only been reimbursed for the diagnosis of Diabetes since November 2014 and not at the coal face the GP where a simple PoCT test could be done and treatment initiation can occur. In contrast to many other pathology tests, the clinical effectiveness of HbA1c for the diagnosis of diabetes has been extensively reviewed the Medical Services Advisory Committee (MSAC) during the application process for MBS listing of the service.**
- **From a patient perspective HbA1c at the POC is certainly preferable to the laboratory with higher patient satisfaction in terms of sample collection process, confidence in results and convenience1 and compared to an OGTT: fasting is not required, only a single blood draw is necessary and drinking an unpleasant glucose solution is not a necessity.**
  1. **Laurence et al (2010) Br J Gen Practice 60 :e98-104**

b) Are there any existing activities, services or systems relevant to this goal that you think are not working well? (Please explain why, and discuss any barriers to their effectiveness)

- **Access to diagnostic tests in primary care is not working well. There is lack of reimbursement and thus lack of undertaking to gain early intervention. HbA1c testing is cost-effective. An in-depth comparison o of the costs of point of care testing compared to laboratory testing in the Australian context found no significant difference in the per-patient costs**

- **In Rural and remote areas of Australia, the population faces significant barriers to accessing the diagnostic pathology tests needed for the early detection of diabetes. (Ref: ABS AUSTRALIAN ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SURVEY: BIOMEDICAL RESULTS, 2012–13). "Of the Indigenous people with diabetes in the survey, more than 1 in 10 did not know they had diabetes and were diagnosed as part of the biomedical testing, indicating that there are a large number of Indigenous people with undiagnosed diabetes".**

Question 6:
The paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

- **The use of the Medicare data should be the most useful tool, however, due to the "coning" used on pathology reimbursement, only the three most expensive pathology tests in a patient episode can be claimed and therefore counted in the Medicare data.**
- **As the cost of HbA1c for diagnosis is relatively small, if it is ordered with a large number of other pathology tests, it will likely be coned out and therefore, not counted.**
- **The advantage of this approach is that the data should be already collected and easily available.**

GOAL 3: REDUCE THE OCCURRENCE OF DIABETES-RELATED COMPLICATIONS AND IMPROVE QUALITY OF LIFE AMONG PEOPLE WITH DIABETES

Question 7:
a) Which of the areas for action described for this goal are most appropriate and why?

b) Are there any additional actions you would you like to see the governments and/or other stakeholders take and why?

- **Access to point-of-care HbA1c testing to improve patient self-management of diabetes.**
- **Reimbursement for better clinical outcomes is supported ie: fee for outcomes, rather than fee for service**
- **A single set of national guidelines is required.**

Question 8:
a) Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why? (Please indicate if you are aware of an evaluation report and how it may be obtained)

- **The QAAMS (Quality Assurance for Aboriginal and Torres Strait Islander Medical Services) Program provides a culturally appropriate and clinically effective diabetes management service for Aboriginal and Torres Strait Islander people.**
- **The Program is funded by the Commonwealth Government Department of Health.**
- **The centrepiece of the QAAMS Program is the use of on-site point-of-care pathology testing (POCT) to assist diabetes management. POCT for Haemoglobin A1c (HbA1c) and urine Albumin:Creatinine Ratio (ACR) is conducted under a quality management framework.**
- **Evaluations:** http://www.qaams.org.au/resources/publications

b) Are there any existing activities, services or systems relevant to this goal that you think are not working well? (Please explain why, and discuss any barriers to their effectiveness)

- **Care Plans for Diabetes, barriers include the lack of appropriate reimbursement for point-of-care testing for HbA1c testing.**
- **IVD Australia awaits the release of the NPAAC Guidelines on Point of Care Testing.**

Question 9:
The paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

GOAL 4: REDUCE THE IMPACT OF DIABETES IN ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES AND OTHER HIGH RISK GROUPS

Question 10:
a) Which of the areas for action described for this goal are most appropriate and why?

- **Rural and remote and culturally diverse communities though where they have difficulty accessing the current medical services there are significant opportunities for point-of-care HbA1c. Increasing access to HbA1c could also include making pharmacy testing available.**

b) Are there any additional actions you would you like to see the governments and/or other stakeholders take and why?

- **Expansion of the QAAMS Program.**
- **The QAAMS (Quality Assurance for Aboriginal and Torres Strait Islander Medical Services) Program provides a culturally appropriate and clinically effective diabetes management service for Aboriginal and Torres Strait Islander people.**

- **Shephard MDS, Gill J. The national QAAMS Program – A practical example of PoCT working in the community. Clinical Biochemist Reviews 2010; 31:95–9.**

- **The Program is funded by the Commonwealth Government Department of Health.**

- **The centrepiece of the QAAMS Program is the use of on-site point-of-care pathology testing (POCT) to assist diabetes management. POCT for Haemoglobin A1c (HbA1c) and urine Albumin:Creatinine Ratio (ACR) is conducted under a quality management framework.**

- **Evaluations:** http://www.qaams.org.au/resources/publications

Question 11:
a) Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why? (Please indicate if you are aware of an evaluation report and how it may be obtained)

- **The QAAMS (Quality Assurance for Aboriginal and Torres Strait Islander Medical Services) Program provides a culturally appropriate and clinically effective diabetes management service for Aboriginal and Torres Strait Islander people.**
- **Shephard MDS, Gill J. The national QAAMS Program – A practical example of PoCT working in the community. Clinical Biochemist Reviews 2010; 31:95–9.**
- **The Program is funded by the Commonwealth Government Department of Health.**
- **The centrepiece of the QAAMS Program is the use of on-site point-of-care pathology testing (POCT) to assist diabetes management. POCT for Haemoglobin A1c (HbA1c) and urine Albumin:Creatinine Ratio (ACR) is conducted under a quality management framework.**
- **Evaluations:** http://www.qaams.org.au/resources/publications

b) Are there any existing activities, services or systems relevant to this goal that you think are not working well? (Please explain why, and discuss any barriers to their effectiveness)

- **Barriers – lack of access to pathology testing, reliance on the internet to disseminate information**

Question 12:
The paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

Question 13:
In relation to the impact of diabetes in Aboriginal and Torres Strait Islander peoples and high risk groups, please describe any barriers in accessing health services and/or education.

GOAL 5: STRENGTHEN PREVENTION AND CARE THROUGH RESEARCH, EVIDENCE AND DATA

Question 14:
a) Which of the areas for action described for this goal are most appropriate and why?

- **National research agenda is supported**
- **In addition to the worthy challenges of treating diabetes the research agenda should focus on the real world diagnosis and management treatment of diabetes**
- **Research should include utilisation of pathology. There are some reports of up to 30% of pathology** requests not being filled.

b) Are there any additional actions you would you like to see the governments and/or other stakeholders take and why?

Question 15:
a) Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why? (Please indicate if you are aware of an evaluation report and how it may be obtained)

b) Are there any existing activities, services or systems relevant to this goal that you think are not working well? (Please explain why, and discuss any barriers to their effectiveness)

Question 16:
The paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

Final comments
Question 17:
Please provide any further comments you may have.