

As kaitiaki (caregivers/guardians) of diabetes related services, it is a collective responsibility to establish an environment that facilitates a pathway for people with diabetes to navigate te ao mate huka - the world of diabetes¹

24th April 2024

Feedback on the proposal to fund continuous glucose monitors, insulin pumps, and insulin pump consumables

The National Clinical Network for Children and Young People with Diabetes **support** the Pharmac proposal for the funding of continuous glucose monitors (CGM) insulin pumps, and insulin pump consumables.

The National Clinical Network for Children and Young People with Diabetes provides clinical leadership and oversight to ensure there is a planned and consistent approach to the provision of diabetes services for taitamariki across Aotearoa New Zealand. The Reference Group comprises of the expert multidisciplinary team involved in diabetes care for taitamariki as well as whānau representation. We sit under the governance of the New Zealand Paediatric Society – Te Kāhui Mātai Arotamariki o Aotearoa, and directly report to Te Whatu Ora. We are the principal organisation tasked to provide clinical resources for taitamariki with diabetes, as well as supporting whānau. We are the centre of a hub and spoke model for all paediatric diabetes services in Aotearoa with respect to clinical guidance.

As a group we recognise the value that technology provides for people living with type 1 diabetes, particularly our youngest and most vulnerable tamariki. We have some specific feedback in response to the questions raised as well as with other points we believe are important for consideration.

WHAT ACTIVITIES WOULD BE NEEDED TO SUPPORT CURRENT USERS OF THE MINIMED 770G INSULIN PUMP TO MOVE TO ANOTHER FUNDED BRAND OF INSULIN PUMP?

Current users and health care providers need to have adequate education, preparation, and resource for the successful transition from the MiniMed 770G insulin pump to the alternative funded pumps.

We request that 770G transitions can be extended out to the 4 year warranty of the user's pump rather than proposed 12 months.

The Network have identified the projected timelines for 770G transitions is unrealistic, and is likely to cause undue pressure on whānau and the multidisciplinary team. The short timeframe means that it is unlikely the workforce will be able to keep up with the demand for whānau wanting to realise the benefits of continuous glucose monitoring and automated insulin delivery where funding was previously a barrier – this will therefore add to inequities that currently exist.

We request that Pharmac fund the Medtronic G4 CGMS (or a newer generation 770/780G compatible CGM) for the warranty period of the pump.

We expect a number of tamariki and rangatahi across the country who are currently using the MiniMed 770G insulin pump with the compatible G4 CGMS will be wishing to make an early transition to a funded pump and CGM so as not be financially impacted because of the need to fund the CGM. By funding CGM for these whānau, will ensure equitable access for current 770G users. This will also reduce pressures on the HCP workforce who will be expected to make the transitions quickly due to the financial costs to whānau.

We request education resources are created and shared with HCPS in order to streamline transitions.

These education resources need to be provided in a timely manner by the alternative providers. There needs to be capacity for this education to be accessible via written materials (different languages), virtual platforms, as well as in-person. There also needs to be clear and accessible information on the interpretation of pump data and insulin titration for HCPs and whānau

¹ Te Kaiwhakahaere Māori te Roopu mate huka Debbie Rawiri - Te Whatu Ora Waitaha Canterbury

We request that companies provide sufficient human resources to facilitate the move to another pump system.

Companies need to allocate adequate resource to facilitate education to whānau transitioning to a new system, rather than reliance on health workforce to provide this education.

We request that Pharmac recognises the clinical support required for pump transitions by endorsing requests for additional workforce business cases that diabetes services are preparing.

Health care professionals are responsible for all patient contact for pump setting titrations and support, and is outside the scope allowable by industry representatives. In order to meet the 770G users needs, additional workforce is needed, and many centres are requesting additional funding to support whānau.

Clear communication from Pharmac to Planning and Funding services at hospital levels, with terms of how much funding per transition is reasonable and this would also validate the concerns from a stretched workforce. The Clinical Network anticipates 10 - 20 hours of workforce time per transition that cannot be provided by industry as it involves clinical decision-making. The majority of this work is carried out by diabetes nurses. Each speciality service would then be able to request funding as a function of their current 770G user load.

We request industry provide appropriate education resources that are whānau facing, in order to help decision making on the alternatives being offered.

Education for the whānau from both pump companies (NZMS and Pharmaco) about the funded insulin pumps so that users can make informed decisions about the pump being switched too.

We request industry provide appropriate education resources that are appropriate for staff in education services.

Many tamariki are supported at education services by teachers and teacher aides. It is important that early education centres, schools, and kura are provided with timely education about how to operate a different device. This will be particularly relevant for those choose to use the mylife YpsoPump with CamAPS FX, where a phone is required, which has not been the case for MiniMed closed loop system.

WHAT WE COULD DO TO ENSURE MĀORI, PACIFIC PEOPLES, AND THOSE WITH A DISABILITY AFFECTED BY THIS PROPOSAL ARE SUPPORTED?

As a Clinical Network we are committed to reducing the large ethnic inequities that occur in diabetes and ensuring access to this technology will be one component of the wider systems approach that is needed.

We request that Pharmac signals to Diabetes Services that there is an expectation to prioritise Māori and Pacific Peoples when prescribing CGM and Insulin Pumps.

There is clear evidence of inequities for both health outcomes and CGM and Insulin Pump uptake for Māori and Pacific people with type 1 diabetes (Hennessy et al., 2020). By specifically identifying these groups within the Special Authority criteria would be a strong signal that there is a need to reduce such inequities.

We request education materials to be via multiple modes, including, but not limited to written (te reo Māori and Pacific languages), virtual platforms, as well as in-person to address all levels of health literacy.

The majority of information currently available relies on online resources, which can be challenging for whānau without access to the internet.

We request all whānau facing communication from Pharmac, and industry, are provided in partnership with the Clinical Network, utilising KidsHealth.

KidsHealth is the primary source for child health information for New Zealand parents, caregivers, family and whānau. The National Clinical Network for Children and Young People with Diabetes oversees the diabetes content and we encourage partnership to ensure that this a source of reliable information.

WHAT OTHER SUPPORT WOULD HEALTH CARE PROFESSIONALS NEED TO IMPLEMENT THE CHANGES IN THIS PROPOSAL?

Diabetes care for taitamariki and their whānau is currently under a stretched workforce.

We request industry provides significant education to health care professionals prior to the roll out.

The Dexcom One Plus, the ypsopump, and the CamAPS FX algorithm, which are all new to Aotearoa. Alongside this, educational material on how to interpret the data and also ensuring that clinicians can access this data in their workplace.

We request industry provides human resources to support the health care professionals.

There is a need for increased in-person support for whānau to set up CGMS and navigate that technology. Alongside this is the resourcing for the additional education sessions for early childcare, schools, and kura. This will be particularly relevant in regional areas.

ALTERNATE BRAND ALLOWANCE

We request that current Medtronic users who are considered high risk by their healthcare team comprise the 10% “alternate brand allowance” group.

This would specifically allow for the needs of at risk rangatahi where the clinical team has assessed the Medtronic AID system to be clinically indicated. This would reduce the overall burden on the user from a change of technology as well as the health workforce.

We request that Pharmac consider funding the G4 (or compatible) CGM to the MinMed Pump as part of this “alternate brand allowance” group.

By funding CGM for these whānau, will ensure equitable access for current 770G users. This will also reduce pressures on the HCP workforce who will be expected to make the transitions quickly due to the financial costs to whānau.

We request that the pathway for exceptional circumstances is streamlined and clear to reduce regional disparities on the interpretation of this pathway.

The Clinical Network is happy to work with Pharmac on the wording of the exceptional circumstances pathway.

Changes to Pump Renewal Criteria

We request pumps and pump consumables to be offered as a lifetime approval, and thereby, removing renewal criteria.

The prescriber and health care team determine if it is unsafe for the user to continue on this treatment modality. Non-renewal is already a rarity, and adds ongoing unnecessary administrative burden to HCP who are already under pressure.

We would also request removal of the criteria for “objective evidence” of maintained glycaemic control.

This can be particularly challenging for rangatahi and also those of lower socioeconomic status, where there is clear evidence that some increase in glycaemia is normal. Evidence from Hennessy et al., (2020), shows that renewal criteria insulin pump consumables are grossly inequitable, where rangatahi, Māori and Pacific peoples are the most likely groups not to be renewed as are. This therefore stops having the benefits of AID and increases risk of poor health outcomes.

Thank you for the opportunity to support and provide feedback on this exciting and promising change for taitamariki and their whānau who live with type 1 diabetes.



Dr Joanna McClintock

Consultant Clinical Psychologist

Chair – National Clinical Network for Children and Young People with Diabetes

joanna.mcclintock@waikatodhb.health.nz