



**diabetes**  
new zealand

# **MORE FOR LESS**

Maximising the Value  
of the  
Health Spend in Diabetes

Chris Baty

President, Diabetes New Zealand

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# Crunch Time!!!

We all want the latest and greatest for our mother. But we can't afford that for everyone's mother. (Gareth Morgan, 2009)

# R-evolutiony Thoughts

- Allowing A New Dimension In Health
- New Culture - New Partnerships
- Innovation and Vision
- Need To Be Bold And Brave

# A Proposition In More For Less

- Iceberg Scenario:
  - A Diabetes New Zealand education initiative only has to prevent **one** diabetes related hospital admission over that person's lifetime to fund the education of **10** people with diabetes
- Too good to be true.....?

# Diabetes

- The country's *biggest* health problem
- Increasing – 19 people per day diagnosed
- A chronic condition - no cure
- 280,000(est.) New Zealanders have it
  - 195,000 are diagnosed (85,000 aren't)
  - 180,000 have Type 2 diabetes
  - 15,000 have Type 1
- Another 500,000 (est.) have pre-diabetes

# Diabetes

- Type 2 diabetes is most prevalent amongst Maori, Pacific and Asian populations
  - 15% Pacific
  - 10% Maori
  - 8% Asian
  - 5% European (CMDHB, 2007)
- Diabetes is a major marker of health disparity and disability among these ethnicities

# Diabetes Also Causes:

- 50% of heart attacks
  - 33% of strokes
  - 50% of kidney failure
  - 50% of blindness
  - 50% of lower limb amputations
- All quality of life limiting scenarios!

# Diabetes and Hospital Admissions

- 14% of hospital admissions are people with diabetes (cf. 4% population)
- Average length of stay is twice as long
- Average price per discharge is 56% higher (\$4660 vs. \$2985)

# Diabetes Hospital Admissions

- Split between admission for complications of diabetes, and diabetes itself is 83:17.
- Of the admissions for complications, 75% are for Cardiovascular Disease
- Likelihood of under reporting as diabetes is only required to be coded on discharge if it is the primary reason for admission

# There is Good News!

- Improving blood glucose levels prevents, minimises or slows the development of complications in any person with diabetes
- All people with diabetes risk developing complications
- Reduction of complications is a realistic goal
- These co-morbidities are preventable

# But How Do We Make the News Better?

- Diabetes New Zealand Education programmes for people with diabetes.
- DSME (Diabetes Self Management Education) is a ***central treatment*** of Diabetes (IDF, 2009, Montreal)
- Created **by** people with diabetes **for** people with diabetes in partnership with health professionals

# Diabetes NZ DSME

- Living with Diabetes is not straight forward
- It takes time to understand
- Diabetes (T2) is a lifestyle condition
- It is as much about the head as the body
- Been there; done that – credibility
- Opportunity for support and companionship beyond the courses

# Diabetes NZ DSME cont.

- Interactive presentation and group involvement boost confidence and aid learning
- Community based and outreach capable
- Stepping up – the culture of being more responsible for one's own health

# Diabetes NZ Auckland

- Offer a DSME course as part of an overall education programme
- Goal – to equip newly diagnosed T 2s with basic knowledge so they can live a healthy life and avoid complications
- 6 part – 2.5 hours per week for 6 weeks = 15 hrs
- Course Facilitators – 2 per session. Diabetes nurse, dietitian or nutritionist and a physical activity specialist

# D.A. DSME Course Content

- What is Diabetes?
- Healthy Food Choices
- Active Living and Weight Management
- Supermarket Tips
- Managing Short and Long Term Complications
- Living Well with Diabetes

# D.A. DSME cont

- Max. 16 participants per course. Family members encouraged to also attend.
- 270 attendees in the last 12 mths
- Offered at locations across Auckland
- Cost to offer = \$7000 (\$438pp if 16 attend)
- Largely funded through fundraising therefore limited availability

# D.A. DSME Evaluation

- Before and after questionnaires to test changes in knowledge, attitudes and behaviour. All 3 score well
- Participants gain skills, knowledge and confidence to self-manage
- Recently introduced a post-course 6 month evaluation by phone as well
- Currently researching best evaluation methodology

# Bonus Benefits

- Family members gain an understanding of diabetes and knowledge on healthier living
- Principles of better nutrition and more active living lower blood glucose levels, and also blood pressure and blood lipids.
- Good news for cardiac health (and also cancer)

# Diabetes New Zealand Inc

- Is a not-for-profit organisation largely funded through grants and donations
- 39 societies
- 120 - 150 support groups
- 85 -100,000 touch points p.a.
- Can extend limited health resource through outreach and frequency of contact at the primary health level.

# 1% Partnership Opportunity

- \$311,000,000 p.a. hospital discharge price (diabetes related)
- 1% would fund education for all 7000 people newly diagnosed.
- A less than 1% reduction in hospital admissions (658 p.a.) makes this cost neutral

So.....

As a country, do we want to...

- Have one person with diabetes go to hospital for \$4660 per discharge

OR

- Have 10 people taught to live well with diabetes for \$4380

No, not too good to be true.....

