

# NZ Access for all

We welcome the National's commitment to provide access to subsidised CGMs for young New Zealanders with Type 1 Diabetes.

These technologies are now the basic standard of care for people with T1D and will make such a difference to many young NZ lives. New Zealand funded access to these technologies' lags behind the rest of the OECD including Australia, the UK and Canada.

## The case for over 18s

Type 1 Diabetes is a chronic autoimmune condition that requires constant blood glucose monitoring and insulin therapy to remain well. Despite lived experience, it continues to be a complex & unpredictable condition.

Access to CGMs for people over 18 will lead to considerable savings to the health system and improve the productivity of the New Zealand economy. There are savings to be made in terms of work absenteeism, and in avoiding the life-threatening problem of Diabetic Ketoacidosis (DKA) and the associated cost of hospital admissions. Recent NZ research provides evidence to show that there is a dramatic increase in DKA events in young adults over 18 years<sup>1</sup>. In contrast, in countries with universal access to CGM, hospitalisations for short term complications such as DKA have fallen by approximately 50%<sup>2</sup>.

And for those under 18 year olds who do get to access a CGM through this initiative, it will be difficult and unfair to go back to life pre-CGM just because they reach their 18th birthday.

Diabetes technology encourages people living with T1D and their whānau to live a full, 'normal' life, often providing confidence and confirmation that they are more than their diagnosis.

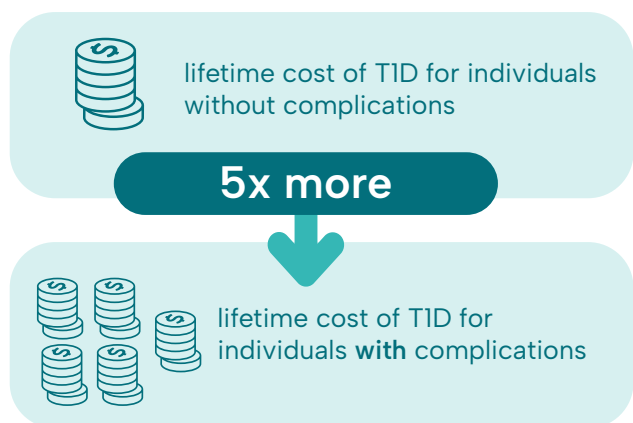
## The cost

Using figures quoted in the policy platform alongside the T1D Index, a further investment of around \$37m<sup>3</sup> per year could extend this access to all New Zealanders living with T1D.



## The savings

Increasing and retaining access to diabetes technology has a significant impact on quality of life for people with T1D and reduces the costs of T1D to the individual and the economy in the longer term. While those under 18 years old will undoubtedly benefit from access to CGM, the major costs to the New Zealand health system and economy from T1D are from complications that accumulate from decades of living with T1D. The lifetime cost for T1D for individuals with complications is 5 times that of those without complications<sup>4</sup>. CGMs can help to achieve this.



All up we estimate that annually T1D costs the NZ community \$446m<sup>5</sup> making the further investment of between \$37m a year good for the economy, good for families and good for every individual with T1D.

We need increased availability and access, and a change of focus to what's best for the person with T1D, not what the pocket can afford, or how old they are. Universal access to CGM is crucial in order to reduce the burden of complications falling on people with T1D, the New Zealand health system and the NZ economy.

Shouldn't we fund a technology that massively improves quality of life, reduces cost on the health care system? And is good for people with T1D, their Whanau and all of Aotearoa, New Zealand.

1. Epidemiology of Diabetic Ketoacidosis in the Waikato Region of New Zealand: 2000–2019, Lynne Chepulis, Valentina Papa, Chunhuan Lao, Justina Wu, Cinthia Minatel Riguetto, Joanna M. McClintock, and Ryan G. Paul. Hindawi, Journal of Diabetes Research Volume 2023, Article ID 4715783, 9 pages <https://doi.org/10.1155/2023/4715783>
2. Deshmukh H, Wilmot EG, Gregory R, Barnes D, Narendran P, Saunders S, et al. The effect of flash glucose monitoring on glycemic control, diabetes-related distress, and resource utilization in the Association of British Clinical Diabetologists (ABCD) nationwide audit. Diabetes Care. 2020 Aug;43(8):1–8, and Roussel R, Riveline JP, Vicaut E, de Pourville G, Detournay B, Emery C, et al. Important Drop Rate of Acute Diabetes Complications in People With Type 1 or Type 2 Diabetes After Initiation of Flash Glucose Monitoring in France: The RELIEF Study. Diabetes Care. 2021;
3. National Policy platform quotes cost of under 18 programs at \$5.2m per year. Using T1d index data, whereby there are 2,288 people with T1D under 18, if there are 18,867 people with NZ with T1D, this would require a further investment of approx. \$37m per year.
4. The Economic Cost of T1D in Australia, Report prepared for JDRF Australia by Accenture, April 2021
5. Based upon Accenture report and total annual cost of T1D in Australia