Submission to the Australian Government's COVID-19 Response Inquiry

The Australian Diabetes Educators Association (ADEA) is the peak body representing Credentialled Diabetes Educators (CDEs), the experts in diabetes education and care. ADEA represents more than 2500 members practicing in Australia. The mission of ADEA is to support, promote, and empower its members; and to lead and advocate for best-practice, person-centred diabetes education and care.

Governance

Support, Recognition, and Engagement with CDEs as Allied Health

Diabetes health professionals have provided mostly positive feedback about health organisations' and governments' COVID-19 interventions regarding diabetes care (Andrikopoulos & Johnson, 2020). However, there were some concerns and feedback raised about the federal government improving its support and engagement with the CDE workforce post-pandemic and during future health crises. It is essential that the CDE workforce has adequate support, as the growing diabetes epidemic is stretching the current diabetes workforce. Almost 1.9 million Australians are living with diabetes (Diabetes Australia, 2023). Strong government support of diabetes education and care during the pandemic was crucial, as people living with the condition are at high risk of COVID-19 infection (Hill, Mantzoros, & Sowers, 2020) and higher risk of further medical complications and death (Drucker, 2020) (Sacks, Pham, Fleming, Neoh, & Ekinci, 2020).

A key concern for ADEA during the pandemic response was the lack of clarity and recognition of CDEs as allied health. Because there is not one definition or list of allied health practitioners, even though CDEs are listed as allied health for the purposes of Medicare and the Department of Veterans Affairs, CDEs were initially left off many of the health practitioner responses as they were not included in initial lists. During state and territory border closures, this resulted in CDEs being unable to cross borders to care for people living with diabetes, resulting in delays in treatment until this was resolved. It is essential that CDEs be recognised as a single profession and that this be uniform across Commonwealth departments and state government departments. More is needed in relation to recognition of and engagement with CDEs by governments and their governance mechanisms/advisory bodies when responding to health crises. For future crises, this would help the allocation of resources and minimise the risk of overburdening the nation's healthcare system as people living with diabetes could be cared for by their CDEs rather than resort to emergency hospital presentations when the hospital system may already be overburdened.

Key Health Response Measures

Supply of PPE for Allied Health Workers

ADEA appreciated the Department of Health making allied health eligible early (August 2020) to access surgical masks supplied by the National Medical Stockpile and distributed through PHNs. However, subsequent delays in the supply and delivery of the masks resulted in difficulties and confusion for some CDEs working in higher-risk clinical areas and with higher-risk vulnerable

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patients. CDEs who worked in areas where there may be community transmission of COVID-19 were also impacted. Based on ADEA's observations and members' feedback, ADEA believes the recognition and engagement matters as described in the governance section contributed to the delays and difficulties for CDEs. The difficulties included CDEs requiring more than other allied health workers to prove their eligibility as allied health workers to obtain the masks. ADEA believes the recommendation in the governance section also applies here.

Telehealth Services for Diabetes Care

While the usual diabetes care was reduced as health resources were diverted to the pandemic, government subsidies provided new and expanded outpatient and private-sector diabetes services via telehealth/telephone (Andrikopoulos & Johnson, 2020). For the first time, MBS item numbers for telephone consultations were available to more allied health professionals, including CDEs, to help people in isolation to reduce exposure to essential health workers. Telehealth has contributed to greater access to diabetes care and management by CDEs, especially in rural and remote areas. Telehealth services contributed to addressing the coalesced impacts of COVID-19 on people living with diabetes, specifically in relation to blood glucose management, initiation, and support of diabetes technology, managing diabetes-related complications and medication use.

Broader Health Support

Stockpiling and Shortages of Diabetes Products

In March 2020, ADEA and its diabetes health partners issued a joint statement to people living with diabetes about access to medicines and products due to stockpiling and local shortages in some pharmacies. Due to the spike in demand, the Pharmacy Guild of Australia and the Pharmaceutical Society of Australia, in consultation with the Health Department, in April 2020 agreed on new requirements for community pharmacists to enforce new limits on medicines to address excessive purchasing (The Pharmacy Guild of Australia, 2020). Insulin was one of the medicines that had been limited to one-month supply, which had confused some people. ADEA advocated that people living with diabetes should continue to receive their full insulin prescription regardless of whether this lasts them one month or more. In addition, people with diabetes were encouraged not to stockpile insulin or other diabetes products and medicines to help ensure that all people who needed insulin were able to obtain it. ADEA recommends that in future health crises, the government work closely with the diabetes organisations to ensure appropriate communication about shortages of diabetes medications and supplies. Further, the government should continue to improve its work to minimise the risk of medication shortages for people living with diabetes.

HbA1c Testing and Non-COVID-19 Health Matters

Research by the Continuity of Care Collaboration (CCC), which ADEA is a member of, found that during the pandemic, consumer engagement with healthcare services for non-COVID-19 health issues dropped significantly (Continuity of Care Collaboration, 2020). Specifically, 52% of respondents said they had delayed or avoided a medical appointment in February–May 2020. The most common service missed was GP followed by allied health practitioner and pathology test. This was particularly

alarming, because a reduction in HbA1c testing can lead to delays in diabetes diagnosis, and the sooner diabetes is diagnosed and managed the bigger the reduction in diabetes-related complications. ADEA surveyed its members earlier this year about HbA1c testing. Results in August showed 70% of respondents said they noticed a reduction in testing for their clients after the pandemic. This was attributed to difficulty getting an appointment with a GP, costs of GP appointments and pathology tests, people living with diabetes relying on their glucose management indicator from their CGM data (which is not a reliable indicator of HbA1c), and aversion to sitting in a pathology testing clinic. ADEA recommends that the Health Department increase its collaboration with ADEA, and other industry bodies to address the reasons for the reduced HbA1c testing and encourage increased access to prevention and diagnostic services.

Mental Health and Diabetes Care

The pandemic compounded mental health matters among people living with diabetes exacerbating diabetes distress and other mental health concerns. (Singhai, Swami, Nebhinani, Rastogi, & Jude, 2020). In addition, the prevalence of depression and anxiety symptoms among people living with diabetes was found to be about 2 to 4 times greater than in the general population (Alessi, et al., 2020). ADEA recommends that people living with diabetes be considered for additional mental health visits as part of their mental health plans to provide a better foundation so that if/when a future pandemic or other crisis arises, they have appropriate support leading into it. Additionally, the government should also prioritise mental health support during a pandemic, especially for people with chronic health conditions, such as diabetes.

New Diabetes Diagnoses during COVID-19

Changes were required for managing and educating people newly diagnosed with diabetes and their families during the pandemic. Children with newly diagnosed type 1 diabetes, particularly those with diabetic ketoacidosis and fever, were often treated as having COVID-19 until tests returned negative results (Andrikopoulos & Johnson, 2020). ADEA recommends prioritising CDEs as part of essential health teams during future crises to support people newly diagnosed with diabetes and other health professionals with limited background in diabetes education and care.

COVIDSafe App

In diabetes care, there were some reports that the COVIDSafe app may have interfered with some diabetes apps and devices (Andrikopoulos & Johnson, 2020). ADEA recommends that future software development of this nature provides a platform for thorough community and user feedback and/or thorough investigation and testing in relation to other medical devices.

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