Australian Paediatric Society.

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PBAC Submission on Insulin Pumps

The Australian Paediatric Society comprises rural and regional paediatricians who are members of RACP and some suburban general paediatricians (FRACP) who share similar interests. The APS advocates for rural children on issues related to their health and service delivery at a local, regional & rural and national level. The APS is an active member of the National Rural Health Alliance for paediatric issues.

Insulin pump therapy has grown in usage in regional Australia over the past 6 years, fostered by an annual APS diabetes workshop for general paediatricians and their diabetes teams now in its seventh year and attracting prominent Australian and overseas speakers.

It must be noted that despite NH&MRC guidelines regarding optimal diabetes care in regional Australia, there is little or no support from State or Federal Government to foster multidisciplinary diabetes team care, point of care HbA1c assessment or insulin pump education and ongoing management. Rural children are therefore disadvantaged in equitable access to diabetes care.

Nonetheless, successful models of regional care have been described (1, 2) with better control, high patient satisfaction and improved quality of life, while reducing the burden on state hospital care by markedly less admissions to hospital. The multidisciplinary model of care has been instituted all over regional Australia with local paediatric teams adopting their own regional variations.

Studies in rural Australia also show no difference in positive outcome whether insured or uninsured (usually by JDRF insulin pump program) with the same level of team support (3, 4). Up to 80% of rural diabetic children may be helped by insulin pump therapy (4). The improvements on quality of life and patient satisfaction are evident (5).

Ongoing support for what is now standard therapy is to not only be encouraged but further supported by:

1. Increasing the number of allied health rebates for children with diabetes from 5 per year to at least 10 per year. This would be a cost neutral exercise if the paediatrician or paediatric endocrinologist signed off on the "EPC" rather than the GP who usually has little role in juvenile diabetes management (as advised by NH&MRC).
2. Supporting rural diabetes teams to the same extent as metropolitan teams with point of care HbA1c and allied health staff support and school care for insulin pumps
3. Expanding health care card to age 25 years for people with Type 1 diabetes. This is the peak risk time of death from diabetes and there is anecdotal evidence that cost of insulin pump peripherals, insulin and ketone strips can be prohibitive to the young person with limited finance.

Peter Goss

President

Australian Paediatric Society

Attachments:

1. A "radical" new rural model for pediatric diabetes care. Goss PW, Paterson MA Renalson J, Pediatric Diabetes 2010;(11)5:296-304
2. Editorial Pediatric Diabetes 2010;(11)5:
3. Glycaemic control in patients with type 1 diabetes after provision of public hospital funded insulin pumps (letter)Peter W Goss MJA . Volume 192 Number 2 . 18 January 2010
4. Can insulin pump therapy be sussessful in rural practice? Goss P W (poster) International Society Pediatric and Adolescent Diabetes Scientific Meeting Buenos Aires 2010
5. Evaluation of glycaemic control using insulin pump therapy in good and poor candidates in a rural diabetes youth clinic. Goss P W (poster) International Society Pediatric and Adolescent Diabetes Scientific Meeting Istanbul 2012