

Stakeholder forum Summary

The Stakeholder forum was convened on 19 November 2012 to provide a further opportunity for interested stakeholders including industry, health professional bodies and consumers to provide input into the Review.

This Stakeholder Consultation Forum was aimed at gaining a range of stakeholder perspectives to:

- Better contextualise the use of Blood Glucose Test Strips (BGTS) in type 2 diabetes; and
- Encourage open discussion in addressing the most clinically effective use of these BGTS in improving outcomes for people with type 2 diabetes not using insulin.

These views will then be forwarded to the PBAC for their consideration in the broader management of this condition. The review will be progressed in a staged approach, with BGTS being addressed initially as they are a precursor to other medicines and aspects of diabetes management. Three focus questions were posed to draw out stakeholder views:

- How should Blood Glucose Test Strips be most appropriately used in supporting self-management for people with type 2 diabetes not using insulin?
- How people access Blood Glucose Test Strips now – what works and what does not?
- How can education and support from relevant health care professionals and others be used to better inform the self-management of type 2 diabetes, including the ongoing use of blood glucose test strips?

As diabetes is a national health priority area, the objective of the review is to systematically evaluate the clinical evidence available regarding diabetes interventions which will help ensure that patients are using the most appropriate medicines and products, effectively and safely, to achieve optimal health outcomes and support quality use of medicines.

The Department of Health and Ageing received 32 written public submissions, representative of a cross section of interests– individuals, consumer advocates, peak bodies and industry. These submissions demonstrate an awareness of issues associated with the use of BGTS in type 2 diabetes and recognise uncertainties that need to be addressed so that best clinical practice can be reflected in access arrangements

Summary of Discussion Points

Critical Issues on Blood Glucose Testing

Participants presented a range of views and opinions, including:

- Health professionals identify blood glucose testing as part of clinical practice, particularly in initialising medical assistance. If there is a change in access to BGTS, health professionals and patients will need to be supported.
- Over the past 10 years BGTS have been treated as an intervention, or a diagnostic tool to inform intervention.

- BGTS give patients control over their own health, and if used in conjunction with the HbA1C test, patients are better able to manage their type 2 diabetes which they value.
- Patient education in the best practice usage of BGTS needs to occur in a structured manner and should be viewed as part of a collaborative package of care or patient care agreement. Information and education enable informed decisions and more effective self-management and action.
- Although the HbA1C and blood glucose testing are independent measures of glycaemic control, they should be viewed as complementary measurements of blood glucose levels.
- Some stakeholders expressed that universal access to BGTS was an important part of providing greater patient control over the self-management of their condition.
- There is need for clarity and consistency in messages conveyed in relation to BGTS to both patients and health professionals.
- If patients believe their diabetes is well controlled they see little need to visit their General Practitioner (GP) and this has implications for ensuring the most effective use of BGTS.
- Patients with longer term maintenance issues associated with their type 2 diabetes benefit from use of BGTS whereas they are less relevant for more stable patients.
- BGTS results are clinically significant for newly diagnosed patients, patients with gestational diabetes, people with glycaemic instability (such as periods of acute illness) and prior to initiation of insulin.
- Evidence and data is critical.
- There is a need to better understand BGTS data and patient patterns of use. Current data is available through:
 - Professor Tim Davies, WA
 - Fremantle Cohort
 - Cochrane Collaboration Review
- Representatives responsible for the administration of the National Diabetes Services Scheme (NDSS) indicated that, at a population level, there was little evidence to indicate over-usage of BGTS. Data suggests that on average, patients with type 2 diabetes not using insulin use one BGTS per day. It was however noted that this is at the population level and therefore an average rate, and further investigation is required to determine individual patterns of use.
- A key point is quality of monitoring not quantity.
- A number of guidelines currently exist including:
 - National Health and Medical Research Council (NHMRC) Guidelines
 - RACGP/DA Handbook
 - IDF
 - NDSS
 - Diabetes Educators Guidelines.

- There is a need for consistent approaches and messages across health professionals and community of care. The core Guidelines at this point in time are the NHMRC Guidelines and these may need updating in recognition that usage of BGTS for type 2 diabetes is only one element of broader diabetes management. These guidelines are to be presented in plain English and have relevance across the breadth of health professions. They should indicate a minimum standard of care.

Focus Question One:

Summary of How BGTS can be most appropriately used for self-management of type 2 diabetes.

- Currently there is open access to BGTS for eligible people. A key issue consistently identified during the forum was the need for BGTS to form part of an integrated and holistic structured program ensures the use of BGTS feeds into and informs appropriate clinical, lifestyle and treatment decisions.
- Such a structured program would likely improve the clinical benefit of testing.
- Clinical conditions and glycaemic variability needs to be accounted for when creating structure around BGTS usage.
- It is vital to ensure BGTS remains completely accessible for those people where they will have the greatest clinical impact. Consideration should be given to clinical indicators, such as initiation, periods of instability (e.g. changes to medication regimen, medication initiation) and illness exacerbation.
- Blood glucose testing is important for detection and monitoring of pre-diabetes.
- Patients require reassurance and two-way communication with their health professional so as to more effectively self-manage their condition. They need to understand their blood glucose readings so that they can better engage with their GP and take action as necessary. BGTS readings can inform these conversations and actions. Specific patient factors can impact on the need for increased monitoring such as during acute periods of illness.
- Patients require initial and intermittent information along their journey with type 2 diabetes.
- Structure and education surrounding BGTS usage needs to be consistent across health professions. There should not be rigidity in this structure to allow for points of incongruity.

Focus Question Two:

Summary of how people access BGTS and what facilitates clinically optimal use?

- Patient episodes (e.g. illness exacerbation, hospitalisation or other events) can trigger BGTS usage.
- Health Professionals are the primary entry point for accessing BGTS. Other providers, including community pharmacy for example, offer structured programs and interventions (such as Diabetes MedsCheck) that support understanding of appropriate medication management, including BGTS.
- The quality of information requested by clinician or health professional is vital in appropriately addressing a patient's needs at time of consultation.

- Current access to BGTS is good through the NDSS and PBS, with remote areas catered for through a postal service and community pharmacies.
- Although Australia has relatively unlimited access to BGTS there is a question as to whether this current access actually improves clinical outcomes.
- It was noted that it is unclear whether there is a cohort of patients that could benefit from BGTS but may not currently access them.

Focus Question Three:

Summary on How Can Education and Support Better Inform Self-Management of Type 2 Diabetes (including BGTS)

- There is a need for a structured Program (not rigid) that provides consistent messages, allows for common elements of sub-services, incorporates Care Plans, accounting for the risks associated with GP only updates without the inclusion of the perspectives of other health professionals.
- The use of BGTS should be tied to a multidisciplinary education and training program where all health professionals provide a consistent message supported by guidelines.
- Pharmacists are a key dispensing point for BGTS and could be well placed to take on an educative role.
- Education strategies need to be broader than just the provision of an information leaflet at time of dispensing the BGTS.
- Education strategies should convey that all treatment approaches are equally valid.

Final Perspectives

Clinicians

- BGTS be available under conditions that include informed, structured approaches (self-management). Could limit use to be more targeted. There was however a level of discomfort with the notion that BGTS would only be available under certain conditions and this would impact universal access.
- If universal access was limited this would need structured education linked to clinical utility across a range of health professionals.
- Any education strategy must take into account cross-cultural considerations.

Health Professionals

- Review size of BGTS packs. Questions were raised as to whether the current pack sizes and quantities available reflected best use or promoted wastage.
- Need to better understand what enables appropriate patient/consumer use.
- The use of BGTS empower clients to manage their T2DM and universal access is equitable. BGTS allow particularly useful feedback to both clients and their treating dietitian regarding appropriate food intake.

Consumers

- Supportive of suggestions that access to subsidised BGTS could be linked to or associated with a 'mandatory' education component.

- Co-ordinated and consistent approach to management of illness across health professionals.

Industry

- Evidence should inform decisions; need to recognise emerging therapies and technologies.
- Recognise that targeted approaches involve multiple factors.
- BGTS can ensure a monitoring regime for a disease that may otherwise not be monitored.
- Monitoring (lipids and blood pressure) is also critical.