April 10, 2019

Dear Applicant:

Re: Your request for access to information under Part II of the Access to Information and Protection of Privacy Act [Our File #: HCS/058/2019]

On March 13, 2019, the Department of Health and Community Services (the Department) received your request for access to the following records:

“Please provide all documentation, briefing notes, draft briefing notes, emails, text messages etc. relating to Insulin Pump Therapy from December 1, 2015 to current date.”

On March 14, 2019, this request was refined to exclude personal health information. This request was also refined to specify correspondence from the Departmental executive and applicable directors.

I am pleased to inform you that a decision has been made by the Department to provide access to some of the requested information. Access to the remaining information contained within the records has been refused in accordance with the following exceptions to disclosure as specified in the Access to Information and Protection of Privacy Act (the Act):

Policy advice or recommendations
29. (1)(a) The head of a public body may refuse to disclose to an applicant information that would reveal advice, proposals, recommendations, analyses or policy options developed by or for a public body or minister.

Legal advice
30. (1) The head of a public body may refuse to disclose to an applicant information (a) that is subject to solicitor and client privilege or litigation privilege of a public body; or (b) that would disclose legal opinions provided to a public body by a law officer of the Crown.

Disclosure harmful to personal privacy
40. (1) The head of a public body shall refuse to disclose personal information to an applicant where the disclosure would be an unreasonable invasion of a third party's personal privacy.

Please be advised that pages 5, 12-13, 17 with been withheld under s. 29(1)(a). Please be advised that pages 55-60, 69-109, 150-167 have been withheld under s. 30(1)(a) and s. 30(1)(b).

Please be advised that you may ask the Information and Privacy Commissioner to review the processing of your access request, as set out in section 42 of the Access to Information and Protection of Privacy Act (the Act). A request to the Commissioner must be made in writing within
15 business days of the date of this letter or within a longer period that may be allowed by the Commissioner.

The address and contact information of the Information and Privacy Commissioner is as follows:

Office of the Information and Privacy Commissioner
2 Canada Drive
P. O. Box 13004, Stn. A
St. John’s, NL. A1B 3V8
Telephone: (709) 729-6309
Toll-Free: 1-877-729-6309
Facsimile: (709) 729-6500

You may also appeal directly to the Supreme Court Trial Division within 15 business days after you receive the decision of the public body, pursuant to section 52 of the Act.

Please be advised that responsive records will be published following a 72 hour period after the response is sent electronically to you or five business days in the case where records are mailed to you. It is the goal to have the responsive records posted to the Completed Access to Information Requests website within one business day following the applicable period of time. Please note that requests for personal information will not be posted online.

If you have any further questions, please contact the undersigned by telephone at 709-729-7010 or by email at MichaelCook@gov.nl.ca.

Sincerely,

Michael Cook
ATIPP Coordinator
/Enclosures
Access or correction complaint

42. (1) A person who makes a request under this Act for access to a record or for correction of personal information may file a complaint with the commissioner respecting a decision, act or failure to act of the head of the public body that relates to the request.

(2) A complaint under subsection (1) shall be filed in writing not later than 15 business days

(a) after the applicant is notified of the decision of the head of the public body, or the date of the act or failure to act; or

(b) after the date the head of the public body is considered to have refused the request under subsection 16 (2).

(3) A third party informed under section 19 of a decision of the head of a public body to grant access to a record or part of a record in response to a request may file a complaint with the commissioner respecting that decision.

(4) A complaint under subsection (3) shall be filed in writing not later than 15 business days after the third party is informed of the decision of the head of the public body.

(5) The commissioner may allow a longer time period for the filing of a complaint under this section.

(6) A person or third party who has appealed directly to the Trial Division under subsection 52 (1) or 53 (1) shall not file a complaint with the commissioner.

(7) The commissioner shall refuse to investigate a complaint where an appeal has been commenced in the Trial Division.

(8) A complaint shall not be filed under this section with respect to

(a) a request that is disregarded under section 21 ;

(b) a decision respecting an extension of time under section 23 ;

(c) a variation of a procedure under section 24 ; or

(d) an estimate of costs or a decision not to waive a cost under section 26 .

(9) The commissioner shall provide a copy of the complaint to the head of the public body concerned.
Direct appeal to Trial Division by an applicant

52. (1) Where an applicant has made a request to a public body for access to a record or correction of personal information and has not filed a complaint with the commissioner under section 42, the applicant may appeal the decision, act or failure to act of the head of the public body that relates to the request directly to the Trial Division.

(2) An appeal shall be commenced under subsection (1) not later than 15 business days:

(a) after the applicant is notified of the decision of the head of the public body, or the date of the act or failure to act; or

(b) after the date the head of the public body is considered to have refused the request under subsection 16 (2).

(3) Where an applicant has filed a complaint with the commissioner under section 42 and the commissioner has refused to investigate the complaint, the applicant may commence an appeal in the Trial Division of the decision, act or failure to act of the head of the public body that relates to the request for access to a record or for correction of personal information.

(4) An appeal shall be commenced under subsection (3) not later than 15 business days after the applicant is notified of the commissioner’s refusal under subsection 45 (2).
Department of Health and Community Services
Diabetes Report and Insulin Pump Program
December 8, 2016

Summary:
On December 7, 2016, the Canadian Diabetes Association released its “2016 Report on Diabetes in Newfoundland and Labrador”. The report calls for a Provincial Diabetes Strategy, including the creation of a Provincial Diabetes Registry and expanded coverage for insulin pumps and pump supplies.

How does government plan to address the high out-of-pocket cost of insulin pumps and related supplies for adults aged 25 and older who are living with Type 1 Diabetes?

How do you explain the high rates of diabetes and prediabetes noted in the Canadian Diabetes Association report?

Why is the Diabetes Registry taking so long to create?

Key messages:
• The Department of Health and Community Services continues to monitor the needs of the population, and is reviewing the Insulin Pump Program to determine how best to meet those needs.

• Using the Provincial Diabetes Database, the NL Centre for Health Information (NLCHI) reported 66,743 diagnosed cases of diabetes (prevalence of 12.17%) in 2014-15.

• Registry designation ensures a complete set of information from which true rates can be calculated, and allows data linkages with other designated registries, like the Client Registry, in order to proactively contact individuals regarding their health care.

• As the next step to obtaining Chronic Disease Registry designation under the Personal Health Information Act in 2017, NLCHI has submitted a Privacy Impact Assessment to demonstrate adequate safeguards for the personal health information contained in the database.
Department of Health and Community Services
Insulin Pump Program
December 8, 2016

Background:
- The 2015 Canadian Diabetes Association (CDA) Report on Diabetes - *Driving Change*, noted that out-of-pocket costs for treatment can reach up to 23 per cent of total income for people living with Type 1 Diabetes (T1D) in NL, and advocated for coverage for all people with T1D who require an insulin pump. The call for expanded coverage was repeated in the CDA 2016 Report on Diabetes in Newfoundland and Labrador, released on December 7, 2016.

- Eastern Health oversees the Provincial Insulin Pump Program (the “Program”) which was introduced in 2007 to cover insulin pumps and supplies for individuals with T1D up to the age of 17. The Program was expanded in 2010 to include individuals with T1D aged 18 to 24, in order to assist young adults who are likely to be pursuing post-secondary education.

- The Program covers the cost of an insulin pump every four years, as well as infusion sets and cartridges. If families use their private insurance to cover the cost of the pump, infusion sets and cartridges; the Provincial Government will pay any residual costs. If there is no private insurance option, the Provincial Government will cover all associated costs.

- $1.85 million is budgeted for the Program: $845,000 for the pediatric program and $1,005,200 for the adult program ($405,200 for positions and $600,000 for supplies). Eastern Health reported that for the period ending March 31, 2016, annual supply costs for the adult program totaled $667,000 and may reach $800,000 in 2016-17.

- Insulin pump programs are in place throughout Canada with varying eligibility criteria, including age:
  - under 18 in MB;
  - under 19 in NB and PEI;
  - under 25 in NL and SK;
  - 25 or younger in NS and BC;
  - no age limit in ON, AB, YK, NT and NU; and,
  - over 18 in QC, if they continue to meet the medical criteria.

s. 30(1)(a), s. 30(1)(b)
• The Program is customarily offered to individuals with T1D who meet the medical requirements, but currently has no other eligibility criteria apart from age.

  s. 30(1)(a), s. 30(1)(b)

•

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•  s. 29(1)(a)
Decision/Direction Note
Department of Health and Community Services

Title: Insulin Pump Program Exemption Criteria

Decision/Direction Required:
• Whether to approve criteria related to eligibility exemptions for the Provincial Insulin Pump Program.
• It is recommended that:  
  ○ [Redacted]

Background and Current Status:
• Eastern Health oversees the Provincial Insulin Pump Program (Program) which was introduced in 2007 to cover insulin pumps and supplies for individuals with T1D up to the age of 18. The Program was expanded in 2010 to include individuals with T1D up to age 24, in order to assist young adults who are likely to be pursuing post-secondary education.
• The Program covers the cost of an insulin pump, infusion sets, and cartridges. If families use their private insurance to cover the cost of the pump, infusion sets and cartridges; the Provincial Government will pay any residual costs. If there is no private insurance option, the Provincial Government will cover 100 per cent of the associated costs.
• The Special Assistance Program (SAP) provides financially and clinically eligible clients with basic medical supplies and equipment to assist with activities of daily living. However, the SAP does not cover the cost of insulin pumps or supplies, therefore individuals aged 25 and older who do not have private insurance must cover the full cost on their own.
• Since 2010, HCS received two requests for coverage to be provided for insulin pumps and supplies due to special circumstances for individual patients over 24 years of age. These requests were considered on a case-by-case basis. There is presently no pre-determined criteria for this case-by-case analysis.
• Eastern Health reported an average annual cost of $3161 per adult Program client in 2014-15, to a maximum of $4240 per year ($6800 every four years for an insulin pump, and $2540 annually for insulin pump supplies).

Analysis:
• [Redacted]
• [Redacted]
Decision Note
Department of Health and Community Services

Title: Establish a PHIA Review Committee to lead the Personal Health Information Act Statutory Review.

Decision/Direction Required:
- Approval is requested to create a new Insulin Pump Review Committee (IPRC).

Background and Current Status:

Health Canada

- The term Medical Devices, as defined in the Food and Drugs Act, covers a wide range of health or medical instruments used in the treatment, mitigation, diagnosis or prevention of a disease or abnormal physical condition.

- The Medical Devices Bureau of the Therapeutic Products Directorate (TPD) is the national authority that monitors and evaluates the safety, effectiveness and quality of diagnostic and therapeutic medical devices in Canada.

- The TPD ensures, to the extent possible, the safety, effectiveness and quality of medical devices in Canada by a combination of pre-market review, post-approval surveillance and quality systems in the manufacturing process.

- In Canada, certain devices must have a Medical Device License before they can be sold. To determine which devices need a license, all medical devices have been categorized based on the risk associated with their use. This approach means that all medical devices are grouped into four classes, with Class I devices presenting the lowest potential risk (e.g. a thermometer) and Class IV devices presenting the greatest potential risk (e.g. pacemakers).

- Prior to selling a device in Canada, manufacturers of Class II, III and IV devices must obtain a Medical Device License. Although Class I devices do not require a license, they are monitored through Establishment Licenses.

- The TPD plays a role in monitoring medical devices after they are licensed to ensure their continued safety and effectiveness. If a medical device is found to no longer be safe and effective, its license can be suspended or the manufacturer may be requested to recall or refit the medical device.

- The Health Products and Food Branch Inspectorate is responsible for managing the national compliance and enforcement program for medical devices. This program has an establishment licensing component, a proactive inspection component and a responsive compliance/investigation component. Insulin pumps were included in their review.

- In the United States, medical device reports are publicly available, but not in Canada. You can search it by typing a product’s brand name or manufacturer, a health problem, or a device type (e.g. hip implant, pacemaker, insulin pump). You’ll get information on the deaths, injuries and recalls reported to Health Canada while the medical devices were licensed for use in Canada.
Insulin Pump Implants

- CBC News investigation is part of a global media collaboration with Radio-Canada, the Toronto Star and the Washington-based International Consortium of Investigative Journalists that examined tens of thousands of medical devices and how they are made, approved and monitored by regulators worldwide.

- According to CBC, Health Canada data obtained under Access to Information reveals that in the past ten years, insulin pumps have been the subject of at least 40 recalls and may have played a role in 103 deaths and more than 1,900 injuries — more than any other high-risk medical device in the health agency’s database.

- In addition, CBC discovered that the records did not include any information on how many pumps are currently used in the country. In a statement, Health Canada said that’s because "it does not require manufacturers to provide sales numbers for medical devices".

- The pump performs some of the functions of a healthy pancreas, slowly dripping insulin through a tube and needle under the skin, helping a person with diabetes to control their blood sugar levels. It’s marketed as an alternative to injecting insulin using disposable needles or pens several times a day.

- Many people with diabetes say insulin pumps are convenient and provide them with more control over their blood glucose levels than the traditional syringe or pen methods. The pump uses only rapid-acting insulin, which means the user can have worry-free meals and snacks at the touch of a button.

- Eastern Health oversees the Provincial Insulin Pump Program which was introduced in 2007 to cover the full cost of insulin pumps and supplies for individuals with Type 1 Diabetes (T1D), who meet the medical criteria, up to and including the age of 17 (pediatric clients). The program was expanded in 2010 to include individuals with T1D between ages 18 and 24 (adult clients).

Analysis:

- In the United States, medical device reports are publicly available, but not in Canada. You can search it by typing a product’s brand name or manufacturer, a health problem, or a device type (e.g. hip implant, pacemaker, insulin pump).

- Using data from the Provincial Diabetes Database and the Canadian Diabetes Association (CDA), there are an estimated 3982 cases of T1D in NL and approximately 1077 of these are under age 25 (BN-2018-000216).

- Although there is mixed evidence, some diabetes specialists consider insulin pump therapy to be the standard of care for T1D, as it provides greater freedom, a better quality of life, and can result in improved diabetes control and fewer low blood sugar events.

- The IPRC will focus on insulin pumps and will engage with stakeholders, providers and citizen engagement. The goal is to provide an opportunity for stakeholders and health providers to be engaged to better understand risks and benefits of such devices.

- The IPRC the objectives and measurable of are to:
  o Evaluate the eligibility requirements for both adults and pediatric clients;
  o Assess how other Canadian provinces are issuing these devices;
  o Assess the number of failed devices;
- Ensure that the committee provides meaningful results of the Insulin pump implants;
- Identify the challenges; and
- Determine, if necessary, any recommendations for change.

- The ideal membership size of the IPRC is seven.
  - Health Authorities - one clinical, coordinator and one policy representative;
  - Newfoundland and Labrador Centre for Health Information – one analyst;
  - Canadian Agency for Drugs and Technologies – one policy representative; and
  - Department of Health and Community Services – two policy representatives.

- Once the committee is established, the Department will issue via a press release that a committee has been formed to review insulin pumps in the province.

- The committee will formally contact Diabetes Canada and other diabetes organizations to request information relating to the use of insulin pumps in Newfoundland and Labrador.

Alternatives: s. 29(1)(a)
Decision/Direction Note
Department of Health and Community Services

Title: Insulin Pump Program – Human Rights Complaint

Decision / Direction Required:
- Whether to:
  - 
  - s. 29(1)(a)

Background and Current Status:
- Eastern Health oversees the Provincial Insulin Pump Program (the “program”) which was introduced in 2007 to cover the full cost of insulin pumps and supplies for individuals with Type 1 Diabetes (T1D), who meet the medical criteria, up to and including the age of 17 (pediatric clients). The program was expanded in 2010 to include individuals with T1D between ages 18 and 24 (adult clients). There is no financial eligibility criteria. s. 30(1)(a) s. 30(1)(b)

- s. 30(1)(a), s. 30(1)(b)

- s. 40(1)

Using data from the Provincial Diabetes Database and the Canadian Diabetes Association (CDA), there are an estimated 3982 cases of T1D in NL and approximately 1077 of these are under age 25 (see Appendix I for estimates). As of October 2016, there were 411 program clients (198 pediatric and 213 adult clients) representing an estimated 40% participation among the estimated number of individuals with T1D under age 25 years in the database.

- The current program covers the cost of an insulin pump every four years, as well as infusion sets and cartridges. If private insurance is used to fund the pump and supplies, the program
will pay any residual costs. If there is no private insurance, the program will cover all costs. Program records for 2015-16 suggested that approximately 10% of adult participants (aged 18 to 24) reported having insurance coverage.

Eastern Health’s base budget includes $1.83 million for the program: $833,000 for the pediatric program (supplies only) and $1,005,200 for the adult program ($405,200 for nursing positions and $600,000 for supplies). There is also an insulin pump nurse position associated with the pediatric program but funded under the budget for the diabetes program. Supply costs for the adult program exceeded the budget by $67,000 in 2015-16, $98,000 in 2016-17. This deficit was covered by one-time stabilization payments.

- Eligibility for insulin pump coverage varies across Canada (see Appendix 2). Two provinces limit eligibility to those under 18/19 (MB, and PEI), four provinces limit eligibility to 25 or younger (NB, NS, SK and BC). Five provinces/territories have no age limit or financial eligibility criteria (ON, AB, YK, NT). A jurisdictional scan revealed that no other province has received a human rights complaint regarding its insulin pump program, although others may be non-compliant.

Analysis:

- A CADTH literature review did not reveal any medical rationale for restricting the program to individuals aged 18 to 24 years. At the time the program was extended, no rationale was provided for the age range covered.

Program Changes

- Some diabetes specialists consider insulin pump therapy to be the standard of care for T1D, as it provides greater freedom, a better quality of life, and can result in improved diabetes control and fewer low blood sugar events; however, the evidence is not conclusive. Recent
research, as well as an international media investigation in November 2018, found a significant number of adverse events associated with pumps, including deaths. A 2017 study found that people with type 1 diabetes might be better served by ensuring far greater availability of high quality, structured self-management training.

- It is proposed that a committee be established through Eastern Health with a mandate to review the evidence around diabetes management and make recommendations to HCS for clinical and needs-based eligibility for insulin pumps as well as any other recommendations around the management of TD1 and complete financial analysis of recommended program. The committee would include clinical experts and representation from HCS’ finance division and the NLPDP.

Alternatives:
Appendix I: Financial Analysis for Modifying Adult Component of Insulin Pump Program

Eastern Health reported that some clients with insurance are requesting new pumps every four years, however some insurance companies only provide coverage for insulin pumps every five years. As per the jurisdictional scan in Appendix 2, four provinces (NS, ON, MB, BC) replace insulin pumps every five years. Ontario's program will only cover pumps with a minimum five-year warranty. Clients can apply for a new pump in less than five years if their medical condition changes and the pump no longer meets their needs; the pump is worn out, no longer under the five-year warranty and cannot be repaired at reasonable cost. QC replaces every four years and the remaining PTs did not indicate their replacement frequency.

HCS is aware that some other jurisdictions have entered into contracts with vendors to secure better prices for insulin pumps.
Estimates and Assumptions

1. Estimated number and ages of individuals living with Type 1 Diabetes in NL (Source: Canadian Diabetes Association and Provincial Diabetes Database):
   - T1D as percentage of total diabetes cases: 2700/52000 = 5.2% (CDA 2012 estimate)
     - Total number of diabetes cases (Type 1 or 2): 66743
     - Number of diabetes cases (Type 1 or 2) under 25 years of age: 1077
     - Number of diabetes cases (Type 1 or 2) under 18 years of age: 539
     - Number of diabetes cases (Type 1 or 2) 18 years or older: 66204
     - Number of diabetes cases (Type 1 or 2) between 18 and 24 years: 538
   - Estimated number of T1D cases (18+ years): 66204 x 5.2% = 3443 cases
   - Estimated number of T1D cases (all ages): 3443 + 539 = 3982 cases
     - Assumption: All cases of pediatric (<18 years) diabetes are T1D

2. Number of Insulin Pump Program participants (Source: Eastern Health, October 2016):
   - Under age 18: 198
   - Between 18 and 24: 213
   - Total participants: 411
   - Estimated participation rate: 411 participants / 1077 diabetes cases = 38%
     - Note: Low estimate as not all pediatric or young adult diabetes cases are T1D

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1 Historically, all cases of diabetes in young individuals were believed to be type 1 diabetes. However, for the last two decades, type 2 diabetes has been on the rise globally in this population. No population-based surveillance study has confirmed the ratio between the two types of the disease in children and youth in Canada. However, one study from British Columbia estimated that approximately 90% of the cases among children and youth aged one to 19 years were of type 1 diabetes and 10% were of type 2 diabetes in 2006/07. Source: Public Health Agency of Canada
3. Estimated program costs per client (currently replacing pump every four years):
   - Average cost per adult client (2016-17): $698,000 / 213 clients = $3,277

4. 

5. 

6. Net cost estimates:
   - Average annual cost to NLPDP (2015-16) for injectable insulin for T1D: $822 per person
   - Average annual cost to NLPDP (2015-16) for pump-compatible insulin for T1D: $610 per person

Table 1: NLPDP Client Estimates

Foundation Total Clients: 45589
Access Total Clients: 17,777
65+ Total Clients: 44,404
- Removing children and youth 13,401
\[ 94,369 \text{ NLPDP Adult Clients} \]

<table>
<thead>
<tr>
<th>Adult clients (18 and older)</th>
<th>Total # NLPDP adult clients as of March 12, 2018</th>
<th>NLPDP clients with diabetes (Total x 13%*)</th>
<th>NLPDP clients with T1D (NLPDP Diabetes clients x 5.2%)</th>
<th>Insulin pump uptake by T1D clients (NLPDP T1D clients x 40% uptake)</th>
<th>Insulin Pump Clients already registered with NLPDP</th>
<th>New eligible clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total NLPDP adult clients</td>
<td>94,369</td>
<td>12,260</td>
<td>638</td>
<td>255</td>
<td>50</td>
<td>205</td>
</tr>
</tbody>
</table>

- **Assumption:** General population prevalence rate of diabetes applies to adult NLPDP clients.
- *13% is the crude rate of diabetes (all ages, TD 1 and 2) in NL (Source: NLCHI)
### Appendix 2: Insulin Pump Therapy Programs across Canada (2016)

<table>
<thead>
<tr>
<th>Province</th>
<th>Insulin Pump Coverage</th>
<th>Criteria</th>
<th>Rationale</th>
</tr>
</thead>
</table>
| NL       | Under age 25: Up to 100% coverage of insulin pump and supplies. | **Age:** Under 25  
**Financial:** Private insurance considered first payer; If no private insurance, 100% coverage is provided  
**Medical:** Complete insulin pump educational program; Self-monitor blood glucose at least 4x per day and record results; Rotate insertion site appropriately; Regular (3x per year) follow-up by diabetes health care team; Demonstrate knowledge of sick day management; No more than one episode of diabetic ketoacidosis (DKA) in past 6 months; Appropriate ongoing support system in place. | • Insulin pump therapy can lead to better glucose control.  
• Research has shown that future complications can be reduced 50 to 70% with insulin pumps.  
• The program expanded in 2010-11 to include adults aged 18 to 24 years. |
| NS       | Up to and including age 25: Assistance with cost of insulin pump and supplies. | **Age:** 25 within the calendar year of application.  
**Financial:** Assistance is based on family size and income. Program is Payer of Last Resort. Co-payment remains the same regardless of private insurance. Eligible for replacement pump every 5 years.  
**Medical eligibility:** Had type 1 diabetes for more than a year; assessed by Diabetes Health Care Team at an NSIPP-approved Diabetes Centre; attended the Diabetes Centre’s Insulin Pump Therapy Education Program (individual or group); completed the required home reading, preparation, and follow-up and demonstrated competency (knowledge and practice) in the areas of CHO counting, sick day management, and insulin dose adjustment; able to appropriately manage his/her diabetes pump therapy safely; attended/commits to an | • Insulin pump therapy is one choice and not the only method. Evidence suggests that insulin pumps do not improve outcomes any better than injections.  
• Young children often require smaller doses which are difficult to measure.  
• School staff will not assist with injections, but will assist with pumps.  
• Teens are not prepared to give injections in school but can successfully operate a pump.  
• The program expanded in 2015 recognizing that the ages 18-25 may still be in post-secondary education and if |
| **NB** | **Up to the age of 25:** Assistance with cost of insulin pump and supplies. | **Age:** Up to 25  
**Financial:** Assistance is based on family size, income, and selected device.  
**Medical eligibility:** Regular (3x per year) follow-up by diabetes health care team; demonstrate knowledge of diabetes self-care and carb counting; Self-monitor blood glucose at least 4x per day and record results;  
Complete pump education program; For new users, no more than 2 episodes of diabetic ketoacidosis (DKA) in past 6 months; For current users, no more than one DKA in past year. | • The age criterion provides an opportunity to forecast the volume of potential beneficiaries, and thereby managing the cost of the program.  
• Providing pump therapy to those who will live the longest provides an opportunity to reduce or delay complications and thereby provide the greatest health benefit.  
• Contributions based on family income and size makes this treatment affordable.  
• Insulin pump therapy is one choice and not the only method. |
| **PEI** | **Under age 19:**  
Up to 90% coverage of | **Age:** Under 19  
**Financial:** Private insurance considered first payer; | No rationale provided. |
| QA  | Under age 18: Assistance with the cost of an insulin pump (maximum of $6300 every 4 years) and supplies (maximum $4000 per year). | Age: Under 18; Participants may continue after age 18 if they meet clinical criteria.  
Financial: No financial eligibility requirements  
Medical: Self-monitor blood glucose at least before each meal and at bedtime, and record results; Demonstrate knowledge of carb counting; Participate in pump training; Attend at least three follow up meetings with the diabetes care team. | No rationale provided. |
| MB  | Under 18 years: Full coverage of insulin pump (every five years). Supplies are covered by Manitoba's Pharmacare program, beyond age 18, with an income-linked deductible. | Age: Under 18 years of age  
Financial: No financial eligibility requirements  
Medical: Type 1 diabetes, and insulin pump is medically appropriate; Agree to be regularly monitored by the pediatric diabetes clinic. | Improve health outcomes and quality of life while reducing the financial burden on families. |

Assistance is based on family income.

**Medical:** Diagnosed with T1D for more than 1 year (some exceptions); Pump initiated through Provincial Diabetes Program; Assessed by Diabetes Care Team; Complete pump therapy education program and demonstrate knowledge; Able to manage safely; Regular (3x per year) follow-up by diabetes health care team; Self-monitor blood glucose at least 4x per day, and record and act on results; At least 3 A1C tests per year; No more than 2 episodes of DKA in past year; Pump management plan for younger children.
<table>
<thead>
<tr>
<th>Region</th>
<th>Eligibility Details</th>
<th>Age and Financial Requirements</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ON</td>
<td>All ages: Full coverage of the cost of an insulin pump ($6300) and coverage of up to $2400 for supplies</td>
<td><strong>Age:</strong> Any age.  <strong>Financial:</strong> No financial eligibility requirements  <strong>Medical:</strong> Children – Type 1 Diabetes and on injection therapy for one year prior to insulin pump therapy; Three A1C from the previous year and the last two A1C, taken prior to pump therapy, are less than or equal to 10%; regular blood glucose monitoring and recording; demonstrate appropriate insertion site and rotation; no more than one DKA in past six months; demonstrate knowledge of carb counting; regular diabetes clinic attendance; participate in insulin pump education program – Adults – Type 1 Diabetes and on basal/bolus regiment for at least one year prior to insulin pump therapy; Demonstrate knowledge of blood glucose monitoring and corrective action; demonstrate commitment to long-term follow-up through regular diabetes clinic visits. ON will only provide pumps that are warranted for a minimum of five years.</td>
<td>No age criteria. To ensure continuity of care and to help improve the quality of life for adults with T1D, funding was extended in September 2008.</td>
</tr>
<tr>
<td>SK</td>
<td>Up to and including age 25</td>
<td><strong>Age:</strong> Up to and including age 25</td>
<td>After age 25, an individual should be in a better financial position to be able to acquire an insulin pump. Changes were made to the program to benefit those young adults still going to school or just entering the job market. Age 25 is a compromise in terms of access, and further expansion would have to be considered in the context of various issues and pressures within the system.</td>
</tr>
<tr>
<td>AB</td>
<td>All ages</td>
<td><strong>Age:</strong> All ages  <strong>Financial:</strong> No financial eligibility requirements</td>
<td>Government direction to make coverage for all ages. An Access with</td>
</tr>
</tbody>
</table>
| BC | 25 or younger: up to 100% coverage of pumps and supplies | Age: 25 or younger  
Financial: Coverage depends on family income  
Medical: Patient is diagnosed with type 1 diabetes or another form of diabetes requiring insulin; Patient/family is checking blood glucose at least 4 times daily and recording results; Patient and/or family agrees to age-appropriate ongoing diabetes education;  
Plus: Patient has frequent hypoglycemic episodes, or patient has frequent diabetic ketoacidosis episodes or patient has unpredictable swings in blood glucose. | In 2008, when PharmaCare considered providing coverage for insulin pumps, studies showed that children with Type 1 diabetes showed a greater improvement in blood glucose control when using insulin pumps than adults. The Ministry decided to cover the price of 1 approved insulin pump every 5 years for patients 18 years of age or younger. The decision to cover insulin pumps for children was informed by evidence indicating that this vulnerable population would receive the greatest benefit from the funding available for the program.  
In January 2011, the Canadian Agency for Drugs and Technologies in Health reviewed evidence related to the clinical and cost effectiveness of insulin pumps for adults. The review found some evidence to suggest that continuous insulin infusion may confer a small clinical benefit over intermittent subcutaneous injections in adults with Type 1 diabetes, and limited evidence of cost effectiveness. Overall, however, the evidence was not conclusive.  
Effective April 1, 2014, PharmaCare extended insulin pump coverage to include British Columbians 25 years and younger. |
<table>
<thead>
<tr>
<th>Territory</th>
<th>Ages</th>
<th>Payer</th>
<th>Medical</th>
<th>Financial</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>YK</td>
<td>All ages</td>
<td>Payer of last resort for insulin pumps</td>
<td>Recommendation of Endocrinologist</td>
<td>No financial eligibility requirements</td>
<td>Political decision to include all ages in program.</td>
</tr>
<tr>
<td>NU</td>
<td>All ages</td>
<td>Payer of last resort. Funded through Extended Health Benefits</td>
<td>Age: All ages</td>
<td>No financial eligibility requirements</td>
<td>Medical: Has Type 1 Diabetes; Pump prescribed by pediatric endocrinologist or specialist; Unable to achieve HbA1C targets; Other criteria such as: frequent hypoglycemic events, marked insulin sensitivity, unpredictable swings in blood glucose levels, frequent DKA events, or on a trial of insulin Lantus or Levemir.</td>
</tr>
<tr>
<td>NT</td>
<td>All ages</td>
<td>No age restriction. Eligible NWT residents can access through Health Canada Non-Insured Health Benefits (NIHB) program or the GNWT's Supplementary Health Benefits programs (Extended Health</td>
<td>Age: All ages</td>
<td>No financial eligibility requirements</td>
<td>Medical: Has Type 1 Diabetes; Pump prescribed by pediatric endocrinologist or specialist; Unable to achieve HbA1C targets; Other criteria such as: frequent hypoglycemic events, marked insulin sensitivity, unpredictable swings in blood glucose levels, frequent DKA events, or on a trial of insulin Lantus or Levemir. All requests</td>
</tr>
<tr>
<td>Benefit and Metis Health Benefit programs</td>
<td>are reviewed on a case by case basis.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>--------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>up to 100% coverage of pumps and supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Decision/Direction Note  
Department of Health and Community Services  

Title: Insulin Pump Program Exemption Request  

Decision/Direction Required:  
- Whether to approve request on behalf of to be exempt from the age requirement for the Provincial Insulin Pump Program.  
-  

s. 40(1)  

s. 40(1)  

s. 29(1)(a)  

Background and Current Status:  
- Eastern Health oversees the Provincial Insulin Pump Program (Program) which was introduced in 2007 to cover insulin pumps and supplies for individuals with T1D up to the age of 18. The Program was expanded in 2010 to include individuals with T1D up to age 24, in order to assist young adults who are likely to be pursuing post-secondary education.  
- The Program covers the cost of an insulin pump, infusion sets, and cartridges. If families use their private insurance to cover the cost of the pump, infusion sets and cartridges; the Provincial Government will pay any residual costs. If there is no private insurance option, the Provincial Government will cover 100 per cent of the associated costs.  
- The Special Assistance Program (SAP) provides financially and clinically eligible clients with basic medical supplies and equipment to assist with activities of daily living. However, the SAP does not cover the cost of insulin pumps or supplies, therefore individuals aged 25 and older who do not have private insurance must cover the full cost on their own.  
- Since 2010, HCS received three requests for coverage to be provided for insulin pumps and supplies due to special circumstances for individual patients over 24 years of age. These requests were considered on a case-by-case basis. There is presently no pre-determined criteria for this case-by-case analysis.  
- 2017-18: Eastern Health’s Provincial Adult Insulin Pump Program base budget includes $1,005,200 for the adult program ($405,200 for positions and $600,000 for supplies). Supply costs for the adult program exceeded the budget by $38,000 in 2017-18. This deficit was covered by one-time stabilization payments.  
- Eligibility for insulin pump coverage varies across Canada (see Appendix 2). Two provinces limit eligibility to those under 18/19 (MB, and PEI), four provinces limit eligibility to 25 or younger (NB, NS, SK and BC). Five provinces/territories have no age limit or financial eligibility criteria (ON, AB, YK, NT). A jurisdictional scan revealed that no other province has received a human rights complaint regarding its insulin pump program, although others may be non-compliant.  

Analysis:  
- Demonstration of limited financial capacity to cover the cost of insulin pumps and supplies (e.g. NLPDP-eligible);
• Documented medical need, not currently being met by alternative treatments, as described and confirmed by the patient’s health care provider(s);
• Diminished capacity to self-manage (e.g. physical and/or mental disability);
• Diminished family/social supports for diabetes management

Alternatives:

Ministerial Approval: Received from Hon. John Haggie, MD

February 1, 2019
CADTH also did an update for the Department in March 2015 (see attached). Here is an email I sent to Élaine and Gerrie, in April, with my summary of the results.

**From:** Howse, Doug G.  
**To:** Campbell, Cameron  
**Subject:** FW: Rapid Response: Continuous Subcutaneous Insulin Infusion for Type 1 Diabetes: Clinical Effectiveness, Cost-Effectiveness, and Guidelines  
**Date:** Thursday, December 17, 2015 10:56:05 AM  
**Attachments:** RA0750 Insulin Pumps for Type 1 Diabetes Final ABS.pdf

Good morning,

CADTH has provided me with its Rapid Response on the latest available evidence (January 1, 2010 to March 30, 2015) on insulin pump therapy for Type 1 Diabetes (clinical effectiveness, cost effectiveness and guidelines).

Please let me know if I should ask CADTH to do the full text analysis for us (with results available in one month) or if my analysis provided above is sufficient.

If no further analysis is required, please let me know how I should proceed with the Decision/Direction Note.

Thanks,  
Douglas

**From:** HTIS [mailto:HTIS@cadth.ca]  
**Sent:** Monday, April 06, 2015 3:11 PM  
**To:** Howse, Doug G.  
**Cc:** Teo Quay; Sheila Tucker  
**Subject:** Rapid Response: Continuous Subcutaneous Insulin Infusion for Type 1 Diabetes: Clinical Effectiveness, Cost-Effectiveness, and Guidelines
Potential copyright material

If you wish to obtain a copy please contact the ATIPP Office at (709) 729-7072 or atippoffice@gov.nl.ca.
Hi Cameron,

You may be interested in this quote from Hansard on December 6, 2012. The Liberals were in favor of expanding coverage of the insulin pump program back then.

**MR. A. PARSONS:** Mr. Speaker, we have the highest rate of type 1 diabetes in the world. The Canadian Diabetes Association released a report this morning on the socio-economic benefits of insulin pump therapy. Insulin pumps help stabilize glucose levels, preventing complications like heart attack and amputation. Complications account for 80 per cent of the $255 million in diabetes costs each year.

I ask the minister: Will you lift the age restriction and fund insulin pumps for people all ages with type 1 diabetes?

**MR. SPEAKER:** The hon. the Minister of Health and Community Services.

**SOME HON. MEMBERS:** Hear, hear!

**MS SULLIVAN:** Thank you, Mr. Speaker.

Curious question, Mr. Speaker. He was criticizing our poverty reduction program earlier, and this is one of the initiatives of the poverty reduction program. In any case, Mr. Speaker, he wants us to raise the age. We are one of only three provinces in the country that has the age actually at twenty-five, as opposed to eighteen in most of the rest of Canada, Mr. Speaker.

We have invested a great deal of money in the insulin pump program: $2.1 million. Mr. Speaker, we take some exception with some of what is found in that report, that reports, as an example, that we only spend $700,000 when it is $2.1 million. Mr. Speaker, there are a number of assumptions in that report that are incorrect.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The Member for Burgeo – La Poile.

**MR. A. PARSONS:** Mr. Speaker, Andrew Codner is a local twenty-four-year-old with Type 1 diabetes. He is actually dreading his twenty-fifth birthday, as his insulin pump coverage will end. He will be forced to return to injecting insulin multiple times a day because he cannot afford the pump out-of-pocket.

I ask the minister: This is the gold standard of care; how do you explain to people, like Andrew, that they will be denied the same standard?

**MR. SPEAKER:** The hon. the Minister of Health and Community Services.

**SOME HON. MEMBERS:** Hear, hear!
MS SULLIVAN: Thank you, Mr. Speaker.

Mr. Speaker, the issue of diabetes is one of great concern to us here in Newfoundland and Labrador. We recognize how significant the issue is here in Newfoundland and Labrador. That is why we have invested so significantly in the program, and that is why we continue to invest, Mr. Speaker.

We have invested not only in the insulin pump program but in the glucose strip testing and so on. Mr. Speaker, we have continued to invest. We have, for example, $5.9 million now in glucose strip testing, and we will continue to make those kinds of investments, Mr. Speaker. This is not anywhere, except at the top of our radar.

Douglas Howse
Chronic Disease Consultant
Primary Health Care Division
NL Dept. of Health and Community Services
Tel: 709-729-3752
Fax: 709-729-3416
Hi Cameron,

Here are the revised employment stats, by percentage.

Also, Budget 2007 introduced the Insulin Pump program for children up to age 18:
The program was expanded to under age 25 as part of Budget 2010:
http://www.releases.gov.nl.ca/releases/2010/health/0329n09.htm

Douglas

Douglas Howse
Chronic Disease Consultant
Primary Health Care Division
NL Dept. of Health and Community Services
Tel: 709-729-3752
Fax: 709-729-3416
Rationale for Insulin Pump Coverage for Youth and Young Adults up to Age 25

Jurisdictional Scan

- The Insulin Pump Therapy program of NL has similar age restrictions to the NS, SK, and BC programs.

<table>
<thead>
<tr>
<th>Province</th>
<th>Insulin Pump Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>NL</td>
<td><strong>Under age 25:</strong> Up to 100% coverage of insulin pump and supplies.</td>
</tr>
<tr>
<td>NS</td>
<td><strong>Up to and including age 25:</strong> Assistance with cost of insulin pump and supplies.</td>
</tr>
<tr>
<td>NB</td>
<td><strong>Under age 19:</strong> Assistance with cost of insulin pump and supplies.</td>
</tr>
<tr>
<td>PEI</td>
<td><strong>Under age 19:</strong> Up to 90% coverage of insulin pump and supplies.</td>
</tr>
<tr>
<td>QC</td>
<td><strong>Under age 18:</strong> Assistance with the cost of an insulin pump (maximum of $6300 every 4 years) and supplies (maximum $4000 per year). Participants may continue after age 18 if they meet clinical criteria.</td>
</tr>
<tr>
<td>MB</td>
<td><strong>Under 18 years:</strong> Full coverage of insulin pump (every five years). Supplies are covered by Manitoba’s Pharmacare program, beyond age 18, with an income-linked deductible.</td>
</tr>
<tr>
<td>ON</td>
<td><strong>All ages:</strong> Full coverage of the cost of an insulin pump ($6300) and coverage of up to $2400 for supplies</td>
</tr>
<tr>
<td>SK</td>
<td><strong>Under age 25</strong></td>
</tr>
<tr>
<td>AB</td>
<td>All ages</td>
</tr>
<tr>
<td>BC</td>
<td><strong>25 or younger:</strong> up to 100% coverage of pumps and supplies</td>
</tr>
<tr>
<td>YK</td>
<td><strong>All ages:</strong> Payer of last resort for insulin pumps</td>
</tr>
<tr>
<td>NU</td>
<td><strong>All ages:</strong> Payer of last resort. Funded through Extended Health Benefits</td>
</tr>
<tr>
<td>NT</td>
<td><strong>All ages:</strong> No age restriction. Eligible NWT residents can access through Health Canada Non-Insured Health Benefits (NIHB) program or the GNWT’s Supplementary Health Benefits programs (Extended Health Benefit and Metis Health Benefit programs) up to 100% coverage of pumps and supplies</td>
</tr>
</tbody>
</table>

Unemployment and Employment Status

- Generally, adults aged 20 to 24 years have higher levels of unemployment, lower levels of full time employment, and higher levels of part time employment than those aged 25 to 29 years.

<table>
<thead>
<tr>
<th></th>
<th>Ages 15+ years</th>
<th>Ages 20 to 24 years</th>
<th>Ages 25 to 29 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>6.9%</td>
<td>10.4%</td>
<td>7.4%</td>
</tr>
<tr>
<td>NL</td>
<td>12.8%</td>
<td>14.7%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

Table 2: Unemployment Rates for 2015

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Ages 15+ years</th>
<th>Ages 20 to 24 years</th>
<th>Ages 25 to 29 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed Full Time</td>
<td>Ages 15+ years</td>
<td>49.7%</td>
<td>45.5%</td>
</tr>
<tr>
<td></td>
<td>Ages 20 to 24 years</td>
<td>44.6%</td>
<td>48.6%</td>
</tr>
<tr>
<td></td>
<td>Ages 25 to 29 years</td>
<td>67.6%</td>
<td>62.5%</td>
</tr>
<tr>
<td>Employed Part Time</td>
<td>Ages 15+ years</td>
<td>11.6%</td>
<td>7.8%</td>
</tr>
<tr>
<td></td>
<td>Ages 20 to 24 years</td>
<td>23.8%</td>
<td>18.8%</td>
</tr>
<tr>
<td></td>
<td>Ages 25 to 29 years</td>
<td>11.1%</td>
<td>9.7%</td>
</tr>
</tbody>
</table>

Source: CANSIM Table 282-0002 (http://www5.statcan.gc.ca/cansim/a47)
Under-employment

- In NL, for the year 2015, 34,700 people aged 15 years and older indicated they were working part time. Of those, 10,500 people (30%) indicated that they were working part time because they were going to school. Of those working part time and going to school, 9,500 people (90%) were aged 15 to 24 years, while 900 people (9%) were aged 25 to 44 years. (CANSIM Table 282-0014)
- Of the 30,700 people aged 15 to 24 years who were employed in NL in 2015, the wholesale and retail trade sector saw the highest representation of employees at 10,800 people (35%), followed by the accommodation and food service sector, with 5,700 employees (19%). In contrast, of the 157,000 people aged 25 to 54 years who were employed in NL in 2015, the health care and social assistance sector had the most employees at 28,800 (18%), followed by the wholesale and retail trade sector with 22,700 employees (14%). (CANSIM Table 282-0008)

Age of Post-Secondary Students

- “According to the most recently available data, the median age of college students in 2006 was 21.6 years, while for university students, the median age was 22.8 years in 2007.” (Source: http://www.statcan.gc.ca/pub/81-004-x/2010005/article/11386-eng.htm)
- In 2007, “17 to 24 year-olds accounted for 65% of university students. Similarly, in colleges, 69% of students were aged 17 to 24 in 2006.” (Source: http://www.statcan.gc.ca/pub/81-004-x/2010005/article/11386-eng.htm)
- The Canadian University Survey Consortium Undergraduate Student Survey reported that the average age of university undergraduate students in 2011 was 22.4 years. (http://www.cusc-ccreu.ca/publications/CUSC_2011_UG_MasterReport.pdf) with 85% aged 25 years or younger.
- About 24% of Canadians aged 18 to 24 years participated in post-secondary education in the 2005-2006 academic year, while the participation rate was roughly 8% for those aged 25 to 29 years, and 1% for those aged 30 to 64 years. (http://well-being.esdc.gc.ca/mismejowb/.3ndic.1t.4r@-eng.jsp?iid=56)

Transient Employment

- “Interprovincial employment is also most prevalent among younger employees. For all provinces and territories except Nunavut, women aged 18 to 24 were more likely to be interprovincial employees than were women aged 25 or older. Similarly, for all provinces and territories except Quebec and Yukon, men aged 18 to 24 were more likely than older men to be involved in interprovincial employment.” (http://www.statcan.gc.ca/pub/11-626-x/11-626-x2015047-eng.htm)
Is there an updated version of this document I can review

Keith

From: Howse, Doug G.
Sent: Friday, May 06, 2016 10:38 AM
To: Hanrahan, Heather D; Tizard, Mike; Stone, Karen M.
Cc: Sheppard, Keith; Williams, Tina (HCS); Drover, Rodney C
Subject: RE: Questions from the Compass

Hi Heather,

The edited response in question 8 ignores the Territories, where the prevalence of diabetes is higher. 2014 data is the most recent that we have to compare with other provinces. If you want to highlight some of our actions, here are a few examples:

- There are 24 established diabetes clinics in operation throughout the regional health authorities, while people living in remote areas can access diabetes services through telehealth.
- $1.9 million in funding is provided annually to support the Insulin Pump Therapy Program for people with Type 1 Diabetes, up to age 25 years, who meet the eligibility criteria.
- The NL Centre for Health Information is developing a provincial diabetes database which will help to better assess diabetes management in this province.
- “Improving Health: My Way”, the provincial Chronic Disease Self-Management program, is offered in all four regional health authorities, and is available to people living with diabetes.

The edited response to question 9 ignores the original question. The diabetes database referenced in the response is being developed by the NL Centre for Health Information (see bullet above). I suggest the following:

“Preliminary data from the new diabetes database being developed by the NL Centre for Health Information indicates that the Conception-Trinity Bay area has some of the highest rates of diabetes in the province, with rates varying between 8 to 12 per cent in Conception Bay South and 15 to 20 per cent in Trinity Bay North.”

Douglas
Mike

On attached Are you good with answer to question three?

Doug/karen

On attached. Are you good with edits on questions 8 and 9

Tina/rod

7 and 9 don’t contradicted because 9 is about prevalence of diabetes and 7 is about income and prevalence don’t have this level of detail. Will get back on rest.

H

Sent from my BlackBerry 10 smartphone on the Bell network.

From: Drover, Rodney C <RodneyCDrover@gov.nl.ca>
Sent: Friday, May 6, 2016 9:53 AM
To: Hanrahan, Heather D; Sheppard, Keith
Subject: RE: Questions from the Compass

Hi Heather/Keith – thanks for your help on this. Tina has reviewed and has a number of changes/questions. See attached for her comments. She wants to get this to the reporter asap today.

From: Hanrahan, Heather D
Sent: Thursday, May 05, 2016 10:06 PM
To: Williams, Tina (HCS); Drover, Rodney C
Cc: Sheppard, Keith
Subject: FW: Questions from the Compass

Hi

As per my last email here are the answers to 8 ad 9,

H

From: Stone, Karen M.
Sent: Monday, May 02, 2016 9:18 AM
To: Hanrahan, Heather D <HeatherHanrahan@gov.nl.ca>
Thank you, Karen. Let me know if you approve.

Hi

Sent from my BlackBerry 10 smartphone on the Bell network.

Hi Heather,

Here are my suggested responses:

8. Does Newfoundland and Labrador have the highest rate of diabetes or diabetics in Canada?

According to the Canadian Community Health Survey of 2014, Newfoundland and Labrador has the highest rate of diabetes among the ten provinces.

9. Does the Conception-Trinity bay areas have the highest rate of diabetes or diabetics in Newfoundland and Labrador?

Preliminary data from the new diabetes database indicates that the rates of diabetes in the Conception-Trinity Bay area varies between 8 to 12 per cent in Conception Bay South and 15 to 20 per cent in Trinity Bay North. The highest rates of diabetes in the province are generally found in the areas of Bonavista Bay, Notre Dame Bay, Trinity North, Burin Peninsula, Carbonear, Gander, Grand Falls-Windsor, Port-Aux-Basques and along the Southwest coast. The rate of diabetes in those areas is between 15 and 20 per cent. The lowest rates of diabetes in the province (between six and eight per cent) are generally found in Labrador City, Happy Valley-Goose Bay, Corner Brook, St. John’s and the local surrounding areas.

Douglas
From: Hanrahan, Heather D  
Sent: Friday, April 29, 2016 7:37 PM  
To: Stone, Karen M.; Howse, Doug G.  
Cc: Sheppard, Keith; Hanrahan, Heather D  
Subject: Fw: Questions from the Compass

Karen/Doug

Can you provide answers to questions 8 and 9?

Thanks

H

Sent from my BlackBerry 10 smartphone on the Bell network.

From: Williams, Tina (HCS) <TinaWilliams@gov.nl.ca>  
Sent: Friday, April 29, 2016 12:49 PM  
To: Sheppard, Keith  
Cc: Hanrahan, Heather D; Drover, Rodney C  
Subject: Questions from the Compass

Following Minister’s interview with the Compass yesterday, the reporter had several follow-up questions.

Would you be able to please draft some short/concise answers to these questions?

We have a window in terms of timing. The deadline is Friday, May 6.

Once you have drafted and approved by Heather, please send along. I’ll review and then ensure Minister and Bev have approved.

1. I am not clear if after July 1, 2016, over-the-counter medications if prescribed by a doctor or other health professionals will be paid by government through the NLPDP? Will low-income people or those on income support get over-the-counter medications free-of-charge if prescribed by a doctor or other health professionals? If a health professional other than a doctor prescribes
them what would be that person’s designation (nurse, nurse-practitioner or other
categorization)?

2. If you have a cancer patient who is receiving radiation or chemotherapy and he or she is a
client of the NLPDP there are probably other side effects to the body when they go through
cancer treatment and lots of times physicians will prescribe an over-the-counter drug to help
with these symptoms. But based on what I know, over-the-counter drugs will no longer be
covered for these patients even with a doctor’s prescription. Can you comment?

3. Are over-the-counter medications taxable? If they are taxable, will the tax on them increase
from 13 per cent to 15 per cent as of July 1, 2016?

4. What is the largest group of diabetics in Newfoundland and Labrador who need their test
strips paid for by government through the NLPDP?

5. What is the most common type of test strip used by diabetics who get them funded through
the NLPDP? If they need to pay for them out-of-pocket, how much will they cost?

6. How many people in the province are affected by the limiting of diabetic test strips through
the rules implemented by NLPDP which will take effect July 1, 2016? How many in the
Conception-Trinity bay areas?

7. Do low-income people make up the largest group of diabetics in Newfoundland and Labrador?
Do low-income people make up the largest group of diabetics in the Conception-Trinity bay
areas?

8. Does Newfoundland and Labrador have the highest rate of diabetes or diabetics in Canada?

9. Does the Conception-Trinity bay areas have the highest rate of diabetes or diabetics in
Newfoundland and Labrador?

Tina Williams
Director of Communications
Department of Health and Community Services
709-729-1377
tinawilliams@gov.nl.ca
In fact, remove ‘most recent’ from last line.

Keith

From: Howse, Doug G.  
Sent: Monday, May 09, 2016 3:20 PM  
To: Sheppard, Keith  
Subject: RE: Minister’s response re NLPDP coverage of test strips

Is this paragraph okay to use in the Ministerial response:

I would also like to address your concerns about the recent changes to the Newfoundland and Labrador Prescription Drug Program’s coverage of diabetic test strips. The limits for coverage of test strips have not changed for people with Type 1 Diabetes who use short acting insulins. This group will continue to have coverage for 2500 strips per year, with the option for their physician to request more if medically necessary. The limits for other people living with diabetes are as follows:

- A maximum of 700 test strips per year if they are receiving long acting insulin (with or without non-insulin diabetes medications and NOT using short acting insulin);
- A maximum of 100 test strips per year if they are receiving only non-insulin diabetes medications; and,
- A maximum of 50 test strips per year if they are receiving no insulin or other diabetes medications.

In all of these cases, the option remains for physicians to request more if deemed medically necessary. These changes are in line with the most recent national guidelines.

Doug

The remaining limits are as follows:

- A maximum of 700 test strips per year if they are receiving long acting insulin (with or without non-insulin diabetes medications and NOT using short acting insulin).
- A maximum of 100 test strips per year if they are receiving only non-insulin diabetes medications, and
- A maximum of 50 test strips per year if you are receiving no insulin or other diabetes medications.

Again these peoples would have the option of requesting additional strips if their physician felt it was medically necessary.
From: Howse, Doug G.
Sent: Friday, May 06, 2016 3:04 PM
To: Sheppard, Keith; Clark, Patricia
Subject: RE: Minister's response re NLPDP coverage of test strips

Thanks Keith. What is the change for T2D?

From: Sheppard, Keith
Sent: Friday, May 06, 2016 3:03 PM
To: Howse, Doug G.; Clark, Patricia
Subject: RE: Minister's response re NLPDP coverage of test strips

Doug

People with Type 1 Diabetes would normally be on short acting insulins – the limits for that group have not changed (2500 strips per year, with option for physician to request more if medically necessary).

Keith

Keith Sheppard – Director, Pharmaceutical Services
Health and Community Services
Government of Newfoundland and Labrador
Phone: (709) 729-7977
Fax: (709) 729-2851
Cel: (709) 697-1210
Email: keithsheppard@gov.nl.ca

From: Howse, Doug G.
Sent: Friday, May 06, 2016 1:58 PM
To: Sheppard, Keith; Clark, Patricia
Subject: Minister's response re NLPDP coverage of test strips

Hi Keith and Trish,

I am preparing a Ministerial response to COR-2016-0589473 regarding insulin pump therapy and coverage of diabetes test strips. Could you please give me some background details about the recent changes to the NLPDP’s coverage of diabetes test strips, particularly as it applies to people with Type 1 Diabetes?

Thanks,
Douglas Howse
Chronic Disease Consultant
Primary Health Care Division
NL Dept. of Health and Community Services
Tel: 709-729-3752
Fax: 709-729-3416
Much appreciated.

CC

Cameron Campbell | Director of Primary Health Care
Department of Health and Community Services
Government of Newfoundland & Labrador
709.729.3790 (t) | cameroncampbell@gov.nl.ca

Hi Cameron,

I wanted to share this email thread with you from the the Diabetes parents group. The program has been in continuous contact and provided very regular updates and we have received very positive feedback. Elaine Warren
Vice President, Clinical Services
Eastern Health

From: Arlene Scott <arlene.scott@easternhealth.ca>
Sent: Friday, January 4, 2019 5:59 PM
To: Elaine Warren
Subject: Fwd: Meeting Attendance Request

FYI ..... family groups happy with update ....
Arlene

"If your actions inspire others to dream more, learn more, do more, and become more......you are a leader"
John Quincy Adams

Arlene Scott
Regional Director
Children’s and Women’s Health Program
Eastern Health

Children’s Healthcare Canada Board of Directors Member

Room 2J141
Janeway Children’s Health and Rehabilitation Center
300 Prince Phillip Drive, St. John’s, NL, A1B 3V6
709-777-4428 (Office)
709-330-4428 (Cell)

Administrative Assistant: Paula Dalley (709-777-4431)

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Get Outlook for iOS

From: Amanda Kane <akane@jdrf.ca>
Sent: Friday, January 4, 2019 17:56
To: [REDACTED]
Cc: Arlene Scott
Subject: Re: Meeting Attendance Request

Dear Arlene

Thank you for your amazing support, open communication and commitment to providing superior service to the T1D community in NL. It has been a pleasure to speak with you and to communicate such positive change to our families. We have no doubt this has been challenging for your team and you have remained dedicated to overcoming difficulties. Thank you so much for your professionalism in addressing us as representatives of the T1D community in NL.

Beyond thankful and refreshed to receive this email today. Have a relaxing and enjoyable weekend.

Happy New Year!

Amanda

Sent from my iPhone

On Jan 4, 2019, at 4:39 PM, [REDACTED]@gmail.com> wrote:

Thank you so much for all the support you have given, it all sounds great and look. Forward to all these new changes.

Sent from my iPhone

On Jan 4, 2019, at 12:22 PM, Arlene Scott <Arlene.Scott@easternhealth.ca> wrote:

Hi folks,

Happy New Year! I hope this finds you both well and having enjoyed the holiday Season with your families.
I wanted to provide an update on our Diabetes Program given it’s been a few weeks since we’ve last been in contact given the busy days of the last month or so followed by the down time away from the office over the holiday period.

Good news!!! We have successfully recruited a Nurse Practitioner from Newfoundland, [redacted] with extensive experience and certification in Diabetes Education (CDE). She will be starting with EH in early April as she has to provide a period of notice to her current employer.

We are also concluding reference checks on an RN with extensive experience and current CDE status who will be joining us on a temporary basis hopefully as early as next week to provide support to the clinic in the interim. We had hoped we’d have an RN to do this a few weeks ago; however upon further investigation, the candidate’s CDE certification had expired.

Patients will be called individually by the clinic staff within the next couple of weeks to discuss their prioritization for pump upgrades/new starts. Appointments for same will follow shortly thereafter.

Clinic staff and physicians have also been available and have continued to provide full clinic services as well as telephone follow-up for our Diabetes patients and families through the course of the last few months while we have endeavored to recruit for this vacancy.

We’re getting there!

Let me know if you have any further questions,

Arlene

"If your actions inspire others to dream more, learn more, do more, and become more……..you are a leader" 
John Quincy Adams

Arlene Scott
Regional Director
Children’s and Women’s Health Program
Eastern Health
http://www.easternhealth.ca/

Children’s Healthcare Canada Board of Directors Member
https://www.childrenshealthcarecanada.ca/home

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From: Arlene Scott
Sent: Monday, November 26, 2018 4:12 PM
To: [Redacted]
Cc: Amanda Kane <akane@jdrf.ca>
Subject: RE: Meeting Attendance Request

We’re so happy to be making progress as well....

Take care....

Arlene

"If your actions inspire others to dream more, learn more, do more, and become more......you are a leader "

John Quincy Adams

Arlene Scott
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From: [redacted]@gmail.com
Sent: Monday, November 26, 2018 4:04 PM
To: Arlene Scott <Arlene.Scott@easternhealth.ca>
Cc: Amanda Kane <akane@jdrf.ca>
Subject: Re: Meeting Attendance Request

I agree!! Thanks so much for all the efforts and hard work, I am very happy to relay this update to the families.
Again Thank you!!

Sent from my iPhone

On Nov 26, 2018, at 3:33 PM, Arlene Scott <Arlene.Scott@easternhealth.ca> wrote:

You’re most welcome!

Arlene

"If your actions inspire others to dream more, learn more, do more, and become more......you are a leader"

John Quincy Adams

Arlene Scott
Regional Director
Children’s and Women’s Health Program
Eastern Health
http://www.easternhealth.ca/

Children’s Healthcare Canada Board of Directors Member
Hi Arlene,

Thank you so much for this update. It is so great to see this moving along. We really appreciate all your hard work and your keeping us up to date on this. Best of luck in rolling out the plan. Have a great day.

Amanda

---

Hi folks,

I wanted to provide you with an update.....

We have completed interviews for the NP position and have selected our candidate who has many years of experience.
and has all our desired qualifications. We are currently in the process of checking references and hoping to make an offer within the next week or so.

We are also working with current team members to identify next steps in the pump program and identifying other clinical needs. We are also actively arranging short term RN assistance until the NP joins our team.

We’ll have a plan in place within the next couple of weeks surrounding new pump starts and will communicate to individual parents through our normal clinic processes.

Thanks so much.... we appreciate this has been a very trying time for patients and families......

Let me know if you have any other questions.....

Arlene

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John Quincy Adams

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From: [REDACTED]  
Sent: Monday, November 5, 2018 5:20 PM  
To: Amanda Kane <akane@jdrf.ca>  
Cc: Arlene Scott <Arlene.Scott@easternhealth.ca>  
Subject: Re: Meeting Attendance Request

Thank you Arlene  
I appreciate all your doing and the Staff and the Janeway.

Sent from my iPhone

On Nov 5, 2018, at 4:51 PM, Amanda Kane <akane@jdrf.ca> wrote:

Thank you so much for your continued updates and understanding, Arlene! We greatly appreciate this continued communication to share with our members. Have a great evening and best of luck with this process.

All the best,

Amanda

From: Arlene Scott [mailto:Arlene.Scott@easternhealth.ca]  
Sent: November-05-18 4:38 PM  
To: [REDACTED]  
Cc: Amanda Kane  
Subject: RE: Meeting Attendance Request

Hi folks,

As another week has passed; I wanted to provide an update on where we are with the current vacancy in our diabetes team....

The former staff member that I mentioned in my last update has decided to decline our offer. We are continuing to explore options to hire an externally qualified Certified Diabetes Educator(CDE) for the short term until the position is filled on a permanent basis. I have another meeting with a potential candidate
tomorrow. We are also attempting to contact two other individuals whose names have been provided to us.

In the interim; we are also exploring temporary Nursing assistance to support the Diabetes Team in addition to the short term CDE position.

Additionally, the permanent posting has closed; and we will be conducting interviews on Nov 13th.

As we continue to try and permanently fill this vacancy as well as find a suitable candidate to offer temporary help; we ask for your continued patience as our remaining staff and physicians do their best to address urgent patient needs and required follow-up.

We recognize that this has been a very trying and frustrating time for our patients and families and want to assure you that we are doing our best to address the situation as soon as possible.

A further update on a date for the pump education session and potential new pump starts will be provided once we have temporary relief in place and a permanent candidate selected following the interview process.

Many thanks for your understanding,

Arlene

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s. 40(1)

From: [Redacted] @gmail.com
Sent: Monday, October 29, 2018 3:59 PM
To: Arlene Scott <Arlene.Scott@easternhealth.ca>
Cc: Amanda Kane <akane@jdrf.ca>
Subject: Re: Meeting Attendance Request

Thank you Arlene
I will pass this New info on! I appreciate the response and update.

Sent from my iPhone

On Oct 29, 2018, at 2:17 PM, Arlene Scott <Arlene.Scott@easternhealth.ca> wrote:

Hi folks,

I'm back from Edmonton and wanted to give you a bit of an update.

* We continue to work with our
Human Resources Department surrounding the vacant position on the Diabetes Team. The external Nurse Practitioner posting was extended until today (from the 25th) due to a technical glitch in opening it up to external applicants. Within the next week or so; applicants will be screened against a qualifications grid and the most qualified folks on the list will be chosen for an interview. If there is no one who applies with the NP designation; we will hold on the interviews until we discuss with HR and EH Executive surrounding a possible EH sponsorship into an NP program and a potential return in service commitment. This expectation would then be discussed with most qualified candidates during the interview process.

- I also met with one of our retired RN’s who has worked previously with the team on Friday and chatted about the possibility of her coming back on a temporary basis to oversee the new pump starts and upgrades until the vacant position can be filled permanently. She is considering our offer and has committed to getting back to me before the end of this week.

I will provide you with another update within the same time frame.

Thanks so much for your continued patience as we work together to try and find the best path forward for our patients and our team.

Enjoy the rest of your day,

Arlene
"If your actions inspire others to
dream more, learn more, do more,
and become more......you are a
leader "       John Quincy Adams

Arlene Scott
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From: Amanda Kane <akane@jdrf.ca>
Sent: Thursday, October 18, 2018 5:09 PM
To: Arlene Scott  
<Arlene.Scott@easternhealth.ca>  
Cc: [email protected]@gmail.com>  
Subject: RE: Meeting Attendance Request

Safe travels, Arlene and thanks again for all of your amazing assistance!

Amanda

From: Arlene Scott  
[mailto:Arlene.Scott@easternhealth.ca]  
Sent: October-18-18 5:08 PM  
To: Amanda Kane  
Cc:  
Subject: RE: Meeting Attendance Request

You’re most welcome!

I’m actually headed to Edmonton for meetings tomorrow until next Wednesday but will be available via email / cell. There may be a bit of a delayed response due to travel and schedules.

Take care and have a great evening!

Arlene

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John Quincy Adams

Arlene Scott  
Regional Director  
Children’s and Women’s Health Program  
Eastern Health  

CAPHC Board of Directors Member

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From: Amanda Kane <akane@jrdf.ca>
Sent: Thursday, October 18, 2018 5:02 PM
To: Arlene Scott
  <Arlene.Scott@easternhealth.ca>
CC: [redacted]@gmail.com
Subject: RE: Meeting Attendance Request

Wonderful, Arlene. I can’t express our gratitude for your open and accommodating lines of communication with us. Have a great evening!

Amanda

From: Arlene Scott
[mailto:Arlene.Scott@easternhealth.ca]
Sent: October-18-18 5:01 PM
To: Amanda Kane
CC: [redacted]
Subject: RE: Meeting Attendance Request

Hi folks,

We’re working with HR to explore all options at this point.

Will be back in touch soon!

Arlene
"If your actions inspire others to
dream more, learn more, do more,
and become more.....you are a
leader " John Quincy Adams

Arlene Scott
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From: Amanda Kane <akane@jdrf.ca>
Sent: Wednesday, October 17, 2018 7:47
PM
To: Arlene Scott
<Arlene.Scott@easternhealth.ca>
Cc: [redacted]@gmail.com
Subject: Re: Meeting Attendance Request
Hi Arlene,

Thanks for sticking to your scheduled date to provide a response. I would like for you to answer one additional question for JDRF that has been asked individually of both the pump representatives and the families:

Donna Hagerty is a Medtronic pump educator that does training sessions and is well informed with many years of experience in training patients according to Janeway regulations. Medtronic has come to me and inquired as to why they are unable to train individual patients given their association with Donna and her ability to train. It has been explained to me that adult T1D newly diagnosed are solely trained in this manner. Can you explain why this delay is still ongoing given Donnas involvement with Medtronic and past employment with Eastern Health? Why isn’t it an option for Medtronic to plan a training session with the Janeway with Donna present to speed up this process?

Sorry for this delayed questioning but I just received this question this week. Thank you so much for keeping communication ongoing with us. Have a great evening.

Amanda

Sent from my iPhone

On Oct 17, 2018, at 6:49 PM, Arlene Scott <Arlene.Scott@easternhealth.ca> wrote:

Hi [redacted] and Amanda,

We’ve met with the clinical team and have come up with a plan forward which we hope will clarify and alleviate your family and JDRF group’s concerns.

Please see my responses to the questions you posed below. I’ve separated your questions and highlighted
my responses in red for your convenience.

Thanks again for reaching out to us.

Arlene

"If your actions inspire others to dream more, learn more, do more, and become more……you are a leader "  John Quincy Adams

Arlene Scott  
Regional Director  
Children’s and Women’s Health Program  
Eastern Health

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From: [Redacted]@gmail.com>
Sent: Wednesday, October 10, 2018 9:46 PM
To: Arlene Scott <Arlene.Scott@easternhealth.ca>

Subject: Re: Meeting
Attendance Request

Good evening
I wanted to touch base after the meeting we had this evening, I wanted to let you know that there was a great turnout of Parents and that we all have the same concerns and all want the same answers. As you are aware it’s the children that is the main concern and we as parents will do whatever is needed to ensure they get the care that is needed.
There were a few main points taken away from the meeting that we would like addressed.

The main thing is that the parent have been told that there is no new pumps starts until the new year, is this correct and if so what is the date that will be expected to start. The parents are wanting a date to be set. We are working with the clinical team to identify a date within the next 4 weeks to have the education session for new pump patient intake. The “pump starts” will then follow our usual process for initiation
in the months following the education session. The clinical team informs me that the specifics of this surrounding patient selection, eligibility and times lines are usually relayed to patients and their families in the education session. Once this date is set, our clinical team will notify patients.

It is important as a lot of the children waiting are in need of a pump for medical reason and the families are willing and ready to start to get their kids the needed care. How come there isn’t a plan in place for this situation and what is the policy for this, and will there be a policy set in place to avoid this happening in the future, if there is a staff leaving will there be a new policy that someone can come in and fill that position right away. Eastern Health is bound to abide by negotiated collective agreements with various bargaining units surrounding recruitment of vacancies across our organization. As such, there are internal processes which must be followed with the posting of each vacancy. We try to do this as expeditiously as possibility; however, there are sometimes delays for a number of reasons. In this case; the position is being reclassified, as you noted below, to that of a Nurse Practitioner which we feel will provide a nationally adopted model of care for your children. This step added to the timeline for our recruitment process.

Another concern is that the job
posting is for a Nurse Practitioner, what happens if the deadline comes and there is no applicant, will the posting be then changed to a RN and will the posting then be external as well, we are told the posting right now is only internal. The posting was changed to be inclusive of both internal and external applicants on October 15th. The closing date for the competition is October 25th. At that time the responsible manager will work with our Human Resources department to review potential candidates and continue with an interview process. If indeed there are no suitable applicants; we will revisit the qualifications for the position to consider other interim alternatives with the end goal being to recruit a Nurse Practitioner.

The parents also want answers as to what is the plan for the backlog now within the clinics and the pump starts, will they bring in outside nurses who are willing to do pump starts. The clinical team assures me that there is no backlog in normal clinic function and that their clinic schedule & availability of appointments have not been negatively impacted by the current vacancy. While there has been a slight delay in the identification of a date for the yearly Fall education session for new pump patients; once this is identified in the next few weeks, our normal patient intake process will ensue from there. There has been an identified slight delay as well in
pump upgrades for existing patients. To address both of these delays, we are exploring options to obtain the services of a temporary certified Diabetes Nurse Educator to work with our Clinical Team until the vacant Nurse Practitioner position is permanently filled. We should have someone in this position within the next couple of weeks.

These are a few concerns and questions that I was asked to bring to you, and the parents need answers to.

Please keep us informed of any further updates and please as well let us know by the 19th what the next steps are. We will then discuss again with the group and decide what the next steps they will want to take.

Again I Thank you for the email response and will await a response to the above concerns

Sent from my iPhone

On Oct 10, 2018, at 5:17 PM, Arlene Scott <Arlene.Scott@easternhealth.ca> wrote:

Hi

Thank-you so much for reaching out to us on behalf of the your parent
group as we very much appreciate the opportunity to provide you with an update surrounding your concerns.

While Eastern Health respectfully declines the invitation to attend your meeting this evening; we’d like to provide some information to your group in advance of this meeting.

Current vacancies within the Pediatric Diabetes Care Team:

- 1 Physician is currently on a s. 40(1) and is due to return to clinical practice later this Fall
- 1 RN – Secondary to a retirement in June 2018
Update on RN vacancy:

- Following a review of responsibilities and expectations surrounding this position; it was decided that the vacancy should be recruited for as a Nurse Practitioner.

- Eastern Health Human Resources has been working through our internal processes to facilitate this. The position is currently posted and will be open to both internal and external applicants.

Update on access & service delivery for this patient group:
• There are currently approximately 300 patients being seen and treated by the Children’s and Women’s Health Program (CWHP) Pediatric Diabetes Team.
  
  - 75% of these patients are currently on the Insulin Pump Program of which 30 of these patients will be impacted by recent changes in pump supplier secondary to the discontinuation of
the
"Animas"
Pump.
Consultations are currently underway to discuss alternate pumps for these patients.

A group education session is held each Fall for new patients who are being considered for insulin pump therapy. Once a date is set for this Falls session, it will be communicated to the identified patients.
by the Diabetes Nurse Educator (Trudy Murphy).

Next Steps:

A meeting between Senior CWHP Leadership and Pediatric Diabetes Clinical Team has been scheduled for tomorrow, Thursday, Oct 11th. The agenda will include:

- An update on RN recruitment process
- A review of current clinical needs and upcoming service delivery requirements
- Identification of a date for Fall pump group education session
- Development of interim plan for secondary RN coverage
if needed

A further update will be provided to the Pediatric Diabetes Parent Support Group on or before Oct 15\textsuperscript{th}, 2018.

In the meantime, please feel free to get back to us with any further questions which should arise from the meeting and we’ll be happy to follow-up as per the timeline identified herein.

All the best,

Arlene

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become

more......you

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John Quincy

Adams:

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Hi Cameron,

This is some of the background information I have pulled together with the assistance of CADTH. It is a very helpful guide to assist us moving forward.

Thanks
Elaine

---

Hi Elaine:
Happy New Year to you as well. I hope you enjoyed the holidays.

I will keep this request open and continue to send updates until we have feedback from all jurisdictions. In the meantime, I received the following additional feedback below a contact of my CADTH colleague in Ontario:

“I can definitely share some publicly available documents on supports available to people with diabetes in Ontario, including the Assistive Devices Program:

https://www.ontario.ca/page/insulin-pumps-and-diabetes-supplies


Feel free to send through specific questions re: procurement practices and I’ll do my best to make the relevant intros or dig up the info”

I updated the informal scan (attached) with this information so you have all feedback to date in one document. Please let me know if you have more specific questions around the procurement piece and I will follow up accordingly.

Thank you.
Sheila

---

Hi Sheila,

Happy New Year. I hope you had a great holiday. Sorry for my delay in responding. Thank you for your assistance with this initiative. Yes please keep this open and forward on any further information. This looks very helpful. Elaine
Hi Elaine:
Please find attached the informal scan on this topic. We did not discuss timelines for the delivery of this scan so I asked my colleagues to respond by today. There are still a few jurisdictions which haven’t provided feedback so if you want I can keep this request open on our internal discussion board.

I hope this is helpful. Thank you for using CADTH and I wish you a very happy Christmas and best wishes for 2019.
Sheila

Hi Sheila,

I have been asked to do an environmental scan off Insulin Pump Programs in Canada, specifically looking a procurement practices and program funding models- ages included, use of private pay etc. Is this something CADTH has done some work on and/or can participate in. Thanks Elaine

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Insulin Pump Programs in Canada: informal scan on procurement practices and program funding models
Prepared by: Sheila Tucker, CADTH
January 7, 2019

What is the status of insulin pump programs in Canadian health jurisdictions? What are the procurement practices and program funding models? What patient populations (age groups) are covered? What is the status of private payment for insulin pumps?

**Alberta**

See: Insulin Pump Therapy Program [http://www.health.alberta.ca/services/insulin-pump-therapy-program.html](http://www.health.alberta.ca/services/insulin-pump-therapy-program.html)

**British Columbia**

See: Insulin Pumps & Insulin Pump Supplies [https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/what-we-cover/medical-supplies-coverage/diabetes-supplies/insulin-pumps-insulin-pump-supplies](https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/what-we-cover/medical-supplies-coverage/diabetes-supplies/insulin-pumps-insulin-pump-supplies);


Insulin pump coverage is available to patients who:

- are covered under Fair PharmaCare, Plan C (B.C. Income Assistance Recipients), Plan F (Children in the At Home Program), or Plan W (First Nations Health Benefits), and
- have Type 1 diabetes or another form of diabetes requiring insulin, and
- have confirmation from their endocrinologist/diabetes physician specialist that they meet the medical criteria, and
- have Special Authority approval for coverage.

**Manitoba**

No feedback available at this time.

**Ontario**

Insulin pumps and diabetes supplies [https://www.ontario.ca/page/insulin-pumps-and-diabetes-supplies](https://www.ontario.ca/page/insulin-pumps-and-diabetes-supplies)

The following feedback was provided by CADTH’s Liaison Officer for Ontario:

“Here's some info from ON. If you have any specific q's re: procurement feel free to send so I can help with that as well.


Insulin Pump Programs in Canada: informal scan on procurement practices and program funding models
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January 7, 2019


Feel free to send through specific questions re: procurement practices and I’ll do my best to make the relevant intros or dig up the info’

Jan 7 2019 Update:
I can definitely share some publicly available documents on supports available to people with diabetes in Ontario, including the Assistive Devices Program:

https://www.ontario.ca/page/insulin-pumps-and-diabetes-supplies


Feel free to send through specific questions re: procurement practices and I’ll do my best to make the relevant intros or dig up the info

Quebec

Insulin Pump Access Program https://www.quebec.ca/en/health/health-issues/a-z/diabetes/insulin-pump-access-program/

Saskatchewan

Saskatchewan Insulin Pump Program https://www.saskatchewan.ca/residents/health/accessing-health-care-services/insulin-pump-program

The CADTH Liaison Officer for Sask provided the following feedback: “In addition to what you found the link below provides detailed info on the insulin pump program (starting on page 52), including the procedure for payment of the pump.

http://publications.gov.sk.ca/documents/13/106721

If your customers have any further questions they can contact Sonja Orban - A/Director, Extended Benefits, Drug Plan and Extended Benefits Branch, Ministry of Health, Government of Saskatchewan Email: Sonja.Orban@health.gov.sk.ca  Bus:(306) 787 -7242

North West Territories

No feedback available at this time.
Insulin Pump Programs in Canada: informal scan on procurement practices and program funding models
Prepared by: Sheila Tucker, CADTH
January 7, 2019

Nova Scotia

Insulin Pump Program https://novascotia.ca/dhw/NSIPP/faq.asp

CADTH’s Liaison Officer for N.S. provided the following feedback:

“They would be best served to connect with Courtney Fortune in NS. She is coordinator of the Pump programs. She would be very interested in talking to the NL folks about this. She had asked for a contact in BC and AB around similar questions...

They have a tender process for pumps and put out an RFP. The winning company then supplies the pumps. She would have all the details on this and how they are then distributed. Currently it is only for under 25 years of age folks in NS. They hope to expand that.....

902-470-6707
courtney.fortune@iw.knshealth.ca

NS Insulin pump program coordinator”

Nunavut

No feedback available at this time.

New Brunswick

The New Brunswick Insulin Pump Program (IPP)
https://www2.gnb.ca/content/gnb/en/departments/health/patientinformation/PrimaryHealthCare/A-Comprehensive-Diabetes-Strategy-for-New-Brunswickers/TheNewBrunswickInsulinPumpProgram-IPP.html

CADTH’s Liaison Officer for New Brunswick provided the following feedback:

“Here is link to online details re NB’s Insulin Pump Program
https://www2.gnb.ca/content/gnb/en/departments/health/patientinformation/PrimaryHealthCare/A-Comprehensive-Diabetes-Strategy-for-New-Brunswickers/TheNewBrunswickInsulinPumpProgram-IPP.html

I will copy and paste key excerpt below but there are also links on that page to FAQs, cost-sharing detail, approved vendors etc. as well as contact info. It would likely be best for your customer to follow up directly to confirm if this detail is still current and obtain any specific or additional detail re procurement practices.

The online Policies & Procedure manual is dated April 2018 :
The New Brunswick Insulin Pump Program (IPP)

The New Brunswick Insulin Pump Program (IPP) supports New Brunswickers living with diabetes up to 25 years of age who are medically eligible for insulin pump therapy. The program seeks to assist individuals in obtaining fair and affordable access to a range of insulin pump devices and the basic operating supplies. The client/family is responsible for a portion of the equipment and supplies based on income. The calculation for the client/family contribution considers information such as household income, family size and the selected device.

Eligible New Brunswickers, who wish to use insulin pump therapy, must meet the medical criteria and complete a IPP Approval Authority Form together with their physician specialist. Only devices included in the Approved Vendor List are eligible for support. The client/family must complete and mail the Financial Contribution Assessment section and the supporting documentation to the IPP Coordinator. This will be used to determine the client/family’s financial contribution.

Once accepted, the client will receive their insulin pump device and supplies directly from the device vendor. Clients/families will pay their financial contribution for the pump device and supplies directly to the vendor. Remaining costs are then billed to the province by the Vendor.

To learn more about the program, contact the IPP Coordinator:

Tracadie-Sheila Hospital

400, rue des Hospitalières

PO Box 3180

Tracadie-Sheila, NB

E1X 1G5

Toll Free: 1-855-655-5525

Phone: 506-394-3382

Fax: 506-394-3381

Toll Free Fax: 1-855-290-2371

Email: NBIIPP-PPINB@gnb.ca

**Prince Edward Island**

The following feedback was provided by CADTH’s Liaison Officer on PEI:

“From this link (https://www.princeedwardisland.ca/en/information/health-pei/insulin-pump-program) I was able to obtain the following answers.

1) What are the procurement practices for insulin pumps?
2) What are the funding models for insulin pumps in jurisdictions? See question 3. What ages are publicly covered? “Children and youth up to age 19”
3) Is there any use of co-pay/private pay models for insulin pumps? “Depending on your household income and private medical insurance, you may be eligible for up to 90 per cent coverage to assist with the cost of the pump and monthly pump supplies.” See https://www.princeedwardisland.ca/en/information/health-pei/insulin-pump-program for more information. Also see the following documents for more information:


I could not find information on the procurement question. Probably best to call the Health PEI Insulin Pump Program to get this information (either your contact can call them directly or I can call them to obtain this info for your contact). Please let me know if you want me to call them. The publically available contact information is (note - I do not know who the specific contact person is):

Health PEI Insulin Pump Program

Montague Health Centre

407 MacIntyre Avenue

Montague, PE C0A 1R0

Telephone: (902) 838-0787

Yukon

No available feedback at this time.

CADTH Reviews on the topic of insulin pumps:
Insulin Pump Programs in Canada: informal scan on procurement practices and program funding models
Prepared by: Sheila Tucker, CADTH
January 7, 2019


Insulin Pumps for Type 1 and Type 2 Diabetes in Adults: Clinical and Cost-Effectiveness Analyses. 2011. https://www.cadth.ca/media/pdf/htis/jan-2011/K0298_Inulin_pumps_adults.pdf


Other Related Information:

Cameron, Tara, Chris:

Chris and I received a ask for Diabetes info from Janet Reid of CSSD. Chris has since been speaking to her and there is a connection with the MUN Day of Action, Insulin Pump piece in the media today. Chris says there is a meeting tomorrow that involves Minister Haggie? 

Cassie Chisholm | Manager of Primary Health Care
Department of Health and Community Services
Government of Newfoundland & Labrador
(709) 729-3105 Office
(709) 727-9824 Mobile
cassiechisholm@gov.nl.ca

From: Stamp, Christopher <ChristopherStamp@gov.nl.ca>
Sent: Wednesday, March 13, 2019 11:18 AM
To: Chisholm, Cassie <CassieChisholm@gov.nl.ca>
Subject: March 13 Diabetes background type 1.docx
General/Background

- Eastern Health oversees the Provincial Insulin Pump Program (the “program”) which was introduced in 2007 to cover the full cost of insulin pumps and supplies for individuals with Type 1 Diabetes (T1D), who meet the medical criteria, up to and including the age of 17 (pediatric clients). The program was expanded in 2010 to include individuals with T1D between ages 18 and 24 (adult clients). There is no financial eligibility criteria.

- The Program covers the cost of an insulin pump, infusion sets, and cartridges. If families use their private insurance to cover the cost of the pump, infusion sets and cartridges; the Provincial Government will pay any residual costs. If there is no private insurance option, the Provincial Government will cover 100 per cent of the associated costs.

- The Special Assistance Program (SAP) provides financially and clinically eligible clients with basic medical supplies and equipment to assist with activities of daily living. However, the SAP does not cover the cost of insulin pumps or supplies, therefore individuals aged 25 and older who do not have private insurance must cover the full cost on their own.

- In NL, there are over 71,000 individuals are living with diabetes (3,980 with Type 1).

- Registry designation ensures a complete set of information from which true incidence rates can be calculated. Registries also allow data linkages with other designated registries, like the Client Registry, in order to proactively contact individuals regarding their health care.

- Eastern Health’s base budget includes $1.83 million for the program.

- Newer insulin management technologies include sensors that continuously or frequently monitor blood glucose levels to enable rapid and accurate delivery of required insulin amounts.

- Many diabetes specialists consider insulin pump therapy and continuous glucose monitoring to be necessary components of care for clinically eligible patients. These technologies provide greater freedom, a better quality of life, and can result in improved diabetes control and fewer low blood sugar events.

- The Department of Health and Community Services is reviewing the Insulin Pump Program to determine the need for program adjustments to deliver best outcomes and value. This includes clinical and financial eligibility for newer devices and technologies, and program eligibility.

- The Chronic Disease and Cancer Care Registries are currently being utilized to analyze cancer and chronic disease incidence and outcomes in Newfoundland and Labrador. The chronic disease registry also provides an important mechanism for identifying individuals and connecting them with appropriate screening and supports.

- The department is currently working with the health authorities to establish a committee with mandate to review the evidence around diabetes management and make recommendation regarding: eligibility, protocols and technology, and needs based eligibility.
FACT SHEET
Diabetes

- First province in Canada to implement the BETTER program, a program that offers proactive screening and lifestyle coaching for people with diabetes.

- 56 people have already taken advantage of the brand new BETTER program through the Corner Brook Wellness Collaborative.

- The BETTER program is currently available in 3 communities on the west coast – Corner Brook, Ramea, and Burgeo.

- The BETTER program will be available in 2 more communities in early 2019 - Gander and Sheshatshiu.

- Ongoing training is happening to make the program available in other communities.

- A new provincial diabetes registry, part of a larger chronic disease registry is now operational.

- The Remote Patient Monitoring Program supports people with diabetes. Diabetes is a key condition for patient referral to the program.

- Approximately 1345 people have used the Remote Patient Monitoring Program.

- Increased access to specialized foot care for NLPDP clients living with diabetes who also receive home support services to those who are over 65.

- This has increased access to specialized foot care for approximately 1,300 more people who can now receive foot care sessions up to 8 times per year.

- The Chronic Disease Self-Management Program, Improving Health: My Way, is available in all regional health authorities.

- Approximately 2500 people have used Improving Health: My Way.

- With the support of indigenous partners Improving Health: My Way has been offered within First Nations, Inuit, and Metis communities.

- A Diabetes Collaborative is currently in place as part of our primary health care teams in 2 communities - Bonavista and Corner Brook.

- The EMR Diabetes Toolkit is available through eDOCSNL and is being used province-wide.
• The Diabetes Flow Sheet, an evidence-based tool to support optimal management of people diagnosed with diabetes, is now part of eDOCSNL and available as a paper version.

• Working with the Family Practice Renewal Program to design and launch a Practice Improvement Program for Family Physicians, with priority focus of improving collaborative care for chronic disease, including diabetes.

• Introduction of a new shared care fee code for chronic disease, including diabetes.

• The new fee code provides compensation for collaborative conferencing in the development of an individualized diabetes care plan.

Date: March 13, 2018
Meeting Note
Department of Health and Community Services
Wednesday, March 20, 2019, 5:15pm – 6:15pm
Board Room 3, Department of Health and Community Services

Attendees:
Department of Health and Community Services:
- Hon. John Haggie, Minister
- Alicia Anderson, Executive Assistant
- Tina Newhook, Director of Communications
- Kathy Dicks Peyton, Manager of Media Relations
- Cameron Campbell, Director of Primary Health Care
- Christopher Stamp, Chronic Disease Consultant

Department of Children Seniors and Social Development:
- Hon. Lisa Dempster, Minister

Memorial University, Facility of Medicine Students:

Purpose of Meeting:
- The meeting was requested by students from Memorial University's Faculty of Medicine to discuss access to medical care for those living with Type I Diabetes.
- There is no set agenda for the meeting, but it is anticipated that the primary focus of the discussion will be the Provincial Insulin Pump Program (Item #1) and potentially the Chronic Disease Registry (Item #2).

Background:
- Advocating for an expansion to the provincial insulin pump program, as part of the Provincial Day of Action. The CBC article states, "they hope the government will understand how medically and economically beneficial an expansion in the pump program could be in the long run".
- In NL, there are over 71,000 individuals are living with diabetes (3,980 with Type 1). Eastern Health oversees the Provincial Insulin Pump Program which covers the full cost of insulin pumps and supplies for individuals with Type 1 Diabetes (T1D), who meet the medical criteria, up to and including the age of 24. There is no financial eligibility criteria for the program. Eastern Health's base budget includes $1.83 million for the program.
- The Department of Children, Seniors and Social Development provides annual operating funding of $43,700 to the Canadian Diabetes Association, NL Chapter. The risk factors for chronic diseases such as type 2 diabetes include poor diet, physical inactivity and tobacco use. Through the many initiatives led by the Division of Healthy Living, Sport and Recreation Division of the
Department of CSSD, government is committed to promoting health active living to all residents of the province.

- See fact sheet (Appendix A) for a list of items that support those living with diabetes.

**Agenda item #1 (Provincial Insulin Pump Program)**

- It is anticipated that Memorial University Faculty of Medicine students will ask government to expand access to the program for individuals over the age of 24. They may also request that government consider adding new technologies to the program, such as continuous glucose monitoring – which is a device that continuously checks an individual’s glucose levels.

**Analysis:**

- The insulin pump program was expanded beyond the initial pediatric component in 2010, to include individuals up to and including age 24.

- There is a growing body of research indicating that insulin pumps may not be the appropriate solution for all individuals with type 1 diabetes. Further, research also demonstrates promising benefits from new insulin pump technology, such as continuous glucose monitoring.  

**Potential Speaking Points:**

- Given the impact of diabetes on individuals and families as well as on the health care system, we want to ensure that our program is supporting the best possible outcomes for individuals with type 1 diabetes.

- Our intent is to ensure the program offers coverage of insulin pumps to those who need it the most, within financial resources.

- The Department of Health and Community Services is working with Eastern Health to establish a working group to review policies and programming pertaining to insulin pumps and complementary therapies.
• The working group will be asked to provide recommendations on individual access to pump therapy, in terms of both clinical and needs-based eligibility, versus an age-based program.

• The working group will also be asked to provide recommendations on devices and medical supplies relevant to the insulin pump program.

Proposed Actions:
• HCS officials will work to ensure the establishment of the committee with appropriate representation.
• The committee will be asked to provide HCS with its terms of reference and submit its final recommendations to HCS by the fall 2019.

Agenda item #2 (Chronic Disease Registry)
• In 2017, NLCHI was designated under the Personal Health Information Act as custodian of the provincial Chronic Disease Registry. The registry initially began with diabetes, and over time, has been expanded to include the six other chronic conditions to allow for improved information utilization.

• The registry identifies individuals with chronic disease as well as information about how they are managed, their health services, health outcomes, and health costs. The registry helps personalize care by revealing patterns in personal health history, and by flagging specific needs such as preventative screening.

• The registry also allows data linkages with other eHealth systems, like the Client Registry, in order to proactively contact individuals regarding their health care. Electronic connections between these systems support the identification and management of people at risk within the population, and enable rapid and efficient referral to appropriate services.

Analysis:
• In terms of the discussion at this meeting, the registry is important to highlight as a new tool to monitor the incidence or diabetes and support diabetes management for individuals in Newfoundland and Labrador.

Potential Speaking Points
• The Chronic Disease Registry is active. Data from the registry is used directly in the prevention, management and monitoring of seven chronic diseases including diabetes.

• In the future, as you move into practice, we trust you will find this a valuable tool.

Proposed Actions:
• No action being taken at this time.
Prepared/Approved by: C. Stamp/C. Chisholm/C. Campbell/ H. Hanrahan/M. Harvey
Ministerial Approval: Received from Hon. John Haggie, MD

March 20, 2019
FACT SHEET  
Diabetes

- **First province** in Canada to implement the BETTER program, a program that offers proactive screening and lifestyle coaching for people with diabetes.

- **81** people have already taken advantage of the brand new BETTER program through the Corner Brook Wellness Collaborative.

- The BETTER program is currently available in **3** communities on the west coast – Corner Brook, Ramea, and Burgeo.

- The BETTER program will be available in **2 more** communities **this year** - Gander and Sheshatshiu.

- Ongoing training is happening to make the program available in other communities.

- A **new** provincial diabetes registry, part of a larger chronic disease registry is now operational.

- The Remote Patient Monitoring Program supports people with diabetes. Diabetes is a key condition for patient referral to the program.

- Approximately **1,345** people have used the Remote Patient Monitoring Program.

- Increased access to specialized foot care for NLPDP clients living with diabetes who also receive home support services to those who are over 65.

- This has increased access to specialized foot care for approximately **1,300** more people who can now receive foot care sessions up to **8** times per year.

- The Chronic Disease Self-Management Program, Improving Health: My Way is available in all regional health authorities.

- Approximately **2,500** people have used Improving Health: My Way.

- With the support of indigenous partners Improving Health: My Way has been offered within First Nations, Inuit, and Metis communities.

- A Diabetes Collaborative is currently in place as part of our primary health care teams in **2** communities - Bonavista and Corner Brook.

- The EMR Diabetes Toolkit is available through eDOCSNL and is being used province-wide.

- The Diabetes Flow Sheet, an evidence-based tool to support optimal management of people diagnosed with diabetes, is now part of eDOCSNL and is available as a paper version.

- Working with the Family Practice Renewal Program to design and launch a Practice Improvement Program for Family Physicians, with priority focus of improving collaborative care for chronic disease, including diabetes.
- Introduction of a new shared care fee code for chronic disease, including diabetes. The new fee code provides compensation for collaborative conferencing in the development of an individualized diabetes care plan.

- Some examples of initiatives led by the Department of Children, Seniors and Social Development include: promotion of Canada’s food guide, the Dial-a-Dietitian program, Fruit and Veggie Campaign, partnership with ParticipACTION, the Carrot Rewards Program, Eat Great and Participate, funding to the Smoker’s Helpline and Alliance for the Control of Tobacco to name a few.

Date: March 20, 2019