

## ONTARIO \$741M DIABETES STRATEGY

July 22, 2008

Today, about 900,000 Ontarians live with diabetes (8.8 per cent of the province's population) and this number is expected to grow to 1.2 million by 2010. Diabetes can lead to health complications including heart disease, stroke, kidney disease and blindness.

To keep Ontarians healthy and avoid diabetes-related complications, Ontario is launching a new, comprehensive diabetes strategy that aims to prevent, manage and treat diabetes care across the province.

The diabetes strategy will include education campaigns to raise awareness of risk factors that contribute to the onset of type 2 diabetes, such as physical inactivity, poor nutrition and obesity. The campaigns will focus on high-risk populations, including Aboriginals, Hispanics, South Asians, Asians, African-Canadians, lower-income families and people aged 50 and older.

The diabetes strategy will also map out where there is a geographic concentration of people living with diabetes, in order to better target and align education and treatment resources so that all services and resources are targeted to the patients that need them the most.

In addition to health promotion and comprehensive care, the diabetes strategy includes key components such as:

- Electronic diabetes registry
- Extension of insulin pump therapy
- Expansion of chronic kidney disease services
- Improving bariatric surgery capacity

This strategy builds on internationally accepted best practices and the recommendations of the Diabetes Management Expert Panel. This panel was established by the Ministry of Health and Long-Term Care in 2006 to provide advice on improving diabetes care in Ontario.

This \$741 million investment over four years includes: \$296 million for expanded diabetes services, public education campaigns and access to insulin pumps for adults, \$150 million for the diabetes registry, \$75 million for bariatric services and \$220 million for expanded chronic kidney disease services.

### DIABETES REGISTRY

Beginning Spring 2009, all Ontarians living with diabetes will be entered into an electronic registry that will provide people with diabetes instant access to electronic information and educational tools to help them manage their care. Doctors will be able to use the registry to check patient records, access diagnostic information and send patient alerts. The registry will result in faster diagnoses, treatment and improved management for Ontarians living with diabetes.

The diabetes registry is the first step in Ontario's e-Health Strategy that will provide all Ontarians with an electronic health record by 2015.

## **INSULIN PUMP THERAPY**

In December 2006, the Ontario government began a program that provides funding for insulin pump therapy to children and youth aged 18 and under who met the clinical criteria. Funding was then extended for those patients in the program turning 19 (while the Insulin Pump and Supplies for Adults Expert Panel, chaired by Dr. Bruce Perkins, assessed the clinical needs of adults with type 1 diabetes) for insulin pump therapy. As of September 2008, funding for insulin pumps and supplies will be extended to all adults with type 1 diabetes who meet the clinical criteria for funding under the Assistive Devices Program. Today, about 1700 children and youth benefit from the Ministry-funded insulin pump therapy and in September, 2008, over 1300 adults will receive funded insulin pumps every year.

Approximately 30 per cent of type 2 diabetics are insulin dependent. In the next 18-24 months, the Insulin Pump and Supplies for Adults Expert Panel will review medical literature and consider expanding the pump program to type 2 adult diabetics.

## **CHRONIC KIDNEY DISEASE SERVICES**

Kidney disease is one of the complications of diabetes that affects roughly 360,000 Ontarians living with diabetes. Diabetes is the most common risk factor associated with kidney disease; 40% of kidney failures are attributed to diabetes. As a result, Ontario will also be expanding its Chronic Kidney Disease (CKD) Program. This will improve access to all the services available under the CKD program which strive to identify kidney disease as early as possible; prevent/delay kidney function deterioration as long as possible and manage end-stage kidney disease through renal replacement treatments. This will include increasing dialysis service capacity at CKD regional centres, dialysis satellites, long-term care homes and independent health facilities. Ontario will also work to increase the availability of home renal replacement therapies (hemodialysis and peritoneal dialysis), both which can be done day or nighttime, so that patients currently dependent on receiving dialysis treatment in hospitals and other health care facilities can experience less interruption in their daily lifestyle and receive treatment in the comfort of their own home.

## **BARIATRIC CENTRES OF EXCELLENCE**

Obesity is one of the main risk factors associated with diabetes. More than 50 per cent of type 2 diabetes cases in Ontario are associated with obesity. The government is improving access to bariatric surgery – a procedure that modifies the gastrointestinal tract to reduce food intake. This initiative will increase Ontario's capacity for bariatric surgery several-fold within two years and it will continue to increase thereafter. In 2006/07 169 procedures were performed in Ontario and 485 patients were funded for surgery out of country.

Ontario will enhance capacity for bariatric surgery in the province by:

- Providing bariatric education and training to health care providers
- Expanding bariatric surgical capacity
- Establishing pre and post bariatric surgery programs that will be linked to surgical programs.

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