



## Diabetes management in NSW – Case for Change Summary

NSW Health is seeking to develop a coordinated statewide initiative for managing diabetes. The initiative will build upon the significant work underway in local health districts, primary health networks and other specialised agencies.

To support the initiative, NSW Health prepared a '*Statewide Initiative for Diabetes Management – Case for Change*'. The Case for Change addresses the scope of the diabetes problem in NSW and identifies the reasons why change is needed. It brings together data about patient journeys in the NSW Health system and insights from clinicians and patients. It also provides recommendations for next steps.

This summary document highlights the key findings from the '*Statewide Initiative for Diabetes Management – Case for Change*' document.

### Key findings:

#### The prevalence of diabetes in NSW is rising, and there is variation across the state



- Around **11.1% of people** were estimated to have diabetes in 2018, **up from 6.5%** in 2002. These figures are likely understated, as evidence suggests that diabetes is significantly under-diagnosed across NSW.
- Diabetes is **more prevalent in men than women**, and **higher in the Aboriginal and Torres Strait Islander** population.
- There is **geographical variation in diabetes prevalence** across the state. Some evidence suggests that this variation is related to remoteness and socio-economic status of the area.

#### A significant number of patients with diabetes are being treated in the acute setting



- Between 2013-14 and 2018-19, there were **431,000 patients with diabetes who received inpatient care** at a NSW public hospital. This is an average of **72,000 patients per year**. Around 30% of inpatient episodes included treatment in an emergency department.
- The **average length of stay** across this period was **5.9 days per episode**. The average cost per episode was \$7,309 (excluding dialysis episodes).

### In the acute setting, more patients are being treated for complications of diabetes, rather than diabetes itself



- Between 2013-14 and 2018-19, there were **over 1.2 million episodes of care** for patients with a diagnosis of diabetes. Of this, only 5% had diabetes as a primary diagnosis of their episode of care.
- The total number of episodes with diabetes as a comorbidity has **increased by 31% since 2013-14**. This increase is mainly driven by the volume and growth in Type 2 diabetes as a comorbidity.
- A significant number of patients are admitted to hospital for **complications of diabetes** including circulatory, digestive, kidney, eye or respiratory system issues.

### Some patients with diabetes use more acute services than similar patients without diabetes, particularly those with cardiovascular issues



- The median **length of stay was greater for patients with Type 2 diabetes undergoing cardiovascular procedures** compared to similar patients without diabetes (8 versus 7 days), and for those admitted for a primary diagnosis of cardiovascular disease (5 days versus 4 days without diabetes).
- When taking into account readmissions within 28 days of discharge, the median cumulative length of stay was higher for people with diabetes for all of the sub-groups examined (cardiovascular: 10 vs 9 days; musculoskeletal: 8 vs 6 days; digestive: 2 vs 1 day).
- Addressing these differences would create better patient experiences and support sustainability.

### If business as usual care continues, costs to NSW Health where people have a diabetes diagnosis could total \$21.7 billion over the next decade



- The estimated costs of treating people with diabetes in the NSW Health system are significant. Total inpatient costs would **rise from \$1.80bn in 2019-20 to \$2.55bn in 2028-29**. This is an average cost of **\$2.2bn per year over ten years**.

### Patients and clinicians have identified areas to improve the patient journey – including diagnosing and managing diabetes earlier, more coordinated and multidisciplinary care, patient empowerment and building capability in the workforce



- There are **many psychological and emotional aspects** of being diagnosed with, and managing diabetes. Patients have difficulty:
  - **navigating the amount of information** available about diabetes
  - receiving care that is **timely and appropriate**
  - being **active partners** in managing their diabetes.
- Both patient and clinician feedback suggests that **care settings do not always work in a coordinated way**.
- Clinicians recognise that silos exist between services and across care settings. There are **opportunities to integrate models of care** that are interdisciplinary and delivered across care settings.
- **Earlier screening and detection is critical**, and there are opportunities to more systematically screen for Type 2 diabetes earlier.

## Continuity of care within and between the primary and acute setting is important



- People living with diabetes have highlighted the **importance of seamless care across care settings** underpinned by effective relationships and management by general practice.
- Evidence suggests that **diagnosing and managing diabetes earlier**, by following an evidence-based pathway in primary care, is associated with **lower acute care activity**.
- One study suggests that where patients are **not managed in primary care** they have a **higher risk of unplanned admission** (8% compared to 4%) and a **higher length of stay in hospital** (2.7 days compared to 2.0 days where the admission is unplanned).

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### For more information on the Case for Change

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