Australasian College
for Emergency Medicine

34 Jeffcott Street West Melbourne Victoria 3003, Australia
+61 3 9320 0444 | admin@acem.org.au | ABN 76 009 090 715

Submission to the Health, Aged Care and Sport Committee – Inquiry into Diabetes in Australia

Introduction

The Australasian College for Emergency Medicine (ACEM; the College) welcomes the opportunity to make a submission to the Health, Aged Care and Sport Committee's Inquiry into Diabetes in Australia. Our submission demonstrates that a better alignment of resources is required by government to address broadening inequities for patients presenting to emergency departments (EDs) with diabetes as their primary presentation.

1. About ACEM

ACEM is the peak body for emergency medicine and has a vital interest in ensuring the highest standards of emergency care for all patients. ACEM is responsible for ensuring the advancement of emergency medicine in EDs across Australia and Aotearoa New Zealand, training emergency physicians in these regions, and accreditation of EDs for emergency medicine training.

ACEM acknowledges that the focus of this inquiry is on the Australian context and our response is focused on terms of reference three (ToR 3) – The broader impacts of diabetes on Australia's health system and economy.

2. Submission

General comment

Diabetes mellitus is a significant health problem in Australia and globally. 1 in 20 Australians live with diabetes (Type 1 or 2, with the latter being more common). Almost 1.3 million hospitalisations were associated with diabetes in 2020-21, with 4.7% recording diabetes as principal diagnosis and around 95% recording diabetes as additional diagnoses.[1] Undiagnosed and/or uncontrolled diabetes can lead to many health complications including heart attacks, strokes, vascular problems, loss of vision, renal failure and increased risk of infections. All of these conditions can lead to a need for emergency care, which would not be recorded as diabetes being the reason for primary presentation.

ACEM acknowledges that the majority of diabetes care in Australia is provided through primary health care, which is best placed to meet the majority of needs for this patient cohort. General practice does this care well when services are appropriately resourced and supported to achieve the best outcomes possible for people with diabetes. ACEM considers that earlier intervention for people with diabetes will be associated with better patient outcomes, reduced healthcare costs and reduced ED presentations for people presenting with higher acuity needs.

[1] See https://www.aihw.gov.au/reports-data/myhospitals/sectors/emergency-department-care

ACEM highlights that preventative strategies must underpin the government's engagement with communities overrepresented by diabetes impacts. It is well known that a healthy diet and regular exercise are core components a person can take to reduce the likelihood of diabetes occurring, or to manage diabetes where it occurs[2]. However, ACEM notes that a person's ability to eat healthy and engage in regular exercise faces challenges including rurality or socioeconomic status. Government programs must better target these marginalised and stressed communities and ensure it is resourcing primary care and preventative services reflective of the need of each community. In turn, as this will reduce the impacts seen by emergency departments.

The ED context

In 2020-21, Australia had 8.8 million presentations to EDs and of this, the number of patients presenting to Australian EDs with diabetes as their primary presentation was 19,1003 (0.2%). While this may seem to be a minor patient group, this cohort represents an average of 52 people per day presenting to EDs across the country.

Each person presenting to EDs seeking care for diabetes faces ingrained inequalities. For example, a person living in the lowest socioeconomic areas of Australia is 3.2 times more likely to present to an ED with diabetes as their primary presentation than a person from the highest socioeconomic area. If a person lives in remote or very remote areas of Australia, they are 3.9 times more likely than someone living in a major city to present to an ED with diabetes as their primary presentation. Concerningly, Aboriginal and Torres Strait Islander people are 5.7 times more likely to present to an ED with a principal diagnosis of diabetes than non-indigenous people[4].

The challenges facing this cohort are not just limited to socio-economic factors, rurality or if you are an Indigenous or non-Indigenous Australian. The main Australasian Triage Scale (ATS) category for this cohort was either 'ATS 2 - emergency' (7,300 patients) or 'ATS 3 – urgent' (7,500 patients). Approximately 70 per cent of all people who presented to emergency departments in Australia in 2020-21 with a principal diagnosis of diabetes were admitted to the same hospital[5].

Systemic impacts – access block

While ACEM does not hold data to articulate the prevalence of access block impacting this specific patient cohort, ACEM is acutely aware that the prevalence of access block impacting on patients requiring admission is increasing year to year. ACEM informs the Committee that in 2020-21, most Australians who came to an ED and were sick or injured enough to require hospital admission waited an average of almost 13 hours for an inpatient bed[6].

ACEM has long called for governments, of all persuasions, to take serious action to address access block. Access block is the single most serious issue facing EDs. In 2022, ACEM published the State of Emergency report that provides the numbers behind the crisis in the acute health system. The report also provides careful analysis of data gathered across each of Australia's states and territories.

ACEM considers that access block results in poor health outcomes for patients presenting to EDs, as it prevents patients from receiving the timely care they need. ACEM acknowledges that EDs across Australia are only one part of the broader healthcare system. However, we highlight that as the only component of that system operating on a 24 hour a day / 7 days a week model of accessibility, EDs are left to act as a default safeguard for primary and secondary service gaps.

Emergency physicians work with patients experiencing ill health due to systemic challenges and failings every day. Reform and action must be supported and underpinned by evidence, data and

[2] See https://www.diabetesaustralia.com.au/prevention/
[3] See https://www.aihw.gov.au/reports/diabetes/diabetes-australian-facts/contents/treatment-and-management/emergency-department-presentations
[4] As above at Footnote 1
[5] As above at Footnote 1
[6] Australasian College for Emergency Medicine, 2022. *State of Emergency 2022: Australia*. Page 4.

experience. Such work must also look outward and across the systemic challenges impacting efforts to mitigate/respond/manage such issues. ACEM would welcome the opportunity to further engage with the Committee on its work and stresses the need for a collaborative approach to understand and address the challenges to providing better health care to people with diabetes.

Thank you again for the opportunity to provide this submission. If you require any further information about any of the above issues or if you have any questions about ACEM or our work, please do not hesitate to contact Lee Moskwa, Manager, Policy and Advocacy (lee.moskwa@acem.org.au).

Yours sincerely,

Dr Lai Heng Foong
Chair, Public Health and Disaster Committee
Australasian College for Emergency Medicine