

## Patients take Pharmac to task over glucose meters

A crowd of people, many of them angry, confronted Pharmac last night at a public meeting to discuss a proposed brand switch of glucose meters

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Around 60 people filled a church hall in Auckland last night to voice their objections to a proposed brand switch of glucose meters

Patients with diabetes voiced their objections to a proposed brand switch of glucose meters last night at a public meeting in Auckland.

The meeting, organised by an Auckland diabetes nurse specialist with type I diabetes, was attended by representatives from Pharmac, Diabetes New Zealand, Diabetes Youth New Zealand, and New Zealand First.

The 60 or more people present, mostly patients with type I diabetes or their caregivers, were angry and frightened about Pharmac's plans to fund one brand of blood glucose meters and test strips instead of the four currently available.

Pharmac estimates its [sole-supply proposal](#), out for consultation until 14 March, would save \$10 million a year (>>nzdoctor.co.nz, 'News', 28 February).

### Patients raise host of concerns

Patients voiced a host of concerns about the proposed funding of three CareSens meters instead of the four brands - Accu-Chek Performa, FreeStyle Lite, Optium Xceed and On Call Advanced - they have been used to.

These were neatly summed up by Diabetes NZ Auckland general manager John Denton, whose organisation has been contacted by about 100 worried patients since Pharmac's proposal was issued on 23 February.

The concerns included:

- primary care's capacity to handle such a massive device switch requiring repeated training and education
- limiting patient choice to one brand when one size does not fit all
- the risks of relying on a single supplier for a life-saving device
- the risk that current suppliers, such as Roche, will pull the significant support they give the diabetic community
- the limitations of the CareSens N, the most advanced of the three CareSens meters that Pharmac is proposing to fund and the one patients would most likely choose.

## **Disadvantages of CareSens N listed**

Mr Denton pointed out glucose meters are life-saving for patients with type I diabetes and need to work promptly and accurately.

But the CareSens N has several disadvantages, among them: a smaller memory; a dangerously long delay to reach working temperature; no strip-expiry detection message; no back-light facility enabling readings in the dark; a shorter battery life; and no ketone-testing facility, meaning some patients with diabetes will need two different meters.

One man in the audience, the father of a child with type I diabetes, summed up the feelings of many in the audience, saying: "We are scared, really scared."

## **Pharmac promises to consider patients' concerns**

Pharmac medical director Peter Moodie told the audience the proposal was not so much about the amount of money it could save as the fact 40 per cent of the drug-subsidy agency's diabetes spend went on test strips.

There is evidence patients with type I diabetes may actually underuse test strips while those with type II disease tend to overuse them, Dr Moodie said.

But he assured them he was there to listen and that he would take their concerns back to the Pharmac board.

Dr Moodie told *New Zealand Doctor* Pharmac relented the last time there was such a public outcry over a proposed sole-supply agreement, agreeing to a partial subsidy of Ventolin for patients who did not want to switch to the fully funded Salamol (*New Zealand Doctor*, 15 June 2005).

Patients with diabetes have made a similar request regarding the currently funded glucose meters.

At New Zealand First MP Andrew Williams's request, Dr Moodie said he would talk to the Pharmac board about extending the consultation period to the end of this month.

Pharmac is planning a series of public meetings to discuss the proposal.

## **Diabetes specialist shares patient concerns**

The medical director of the New Zealand Society for the Study of Diabetes (NZSSD), diabetes specialist Paul Drury, shares many of the same concerns voiced by patients.

If the proposal goes ahead, patients will have learn how to use a different piece of equipment that is less attractive, less proven and possibly harder to use, Dr Drury says.

And the people who would find it hardest to learn would be those with poor English and those who have the most trouble managing their diabetes, a group in which Maori, Pacific and Asian people are over-represented.

Of the three meters Pharmac is proposing funding, two have been on the market for some time but have not gained any significant market share, Dr Drury points out.

None of them have been through a full evaluation or have any useability data for New Zealand consumers.

Switching at least 100,000 people's meters in the six months expected by Pharmac will place an unreasonable burden on primary care, Dr Drury adds.

"It's not a specialist service...Patients, pharmacists and primary care will be on their own."

The change over would coincide with general practices having to grapple with having to switch from Diabetes Get Checked to a new Diabetes Care and Improvement programme from 1 July.

More comments from Dr Drury will appear in the 14 March issue of *New Zealand Doctor*.