



Performance Report – Insulin Pump Program

Part A – Activity Summary

Program / Activity Name:	Insulin Pump Program: Administration and Delivery from 1 July 2022
Organisation Name:	JDRF Australia
Agreement ID:	4-HCTZ33X
Reporting Period:	1 st January 2023 to 30 th June 2023
Date Report Due to Health:	31 st July 2023

Part B – Performance Assessment

AGREEMENT ITEM	MILESTONE/ DELIVERABLE	PROGRESS AGAINST EACH ACTIVITY <i>Your brief description of actual performance against the purpose of the project</i>	PROJECT/ACTIVITY COMPLETION
E.1 Performance Report		<p>The intended outcome of the Insulin Pump Program (IPP) is to improve access to insulin pumps to eligible children and young adults living with Type 1 Diabetes. In administering the Insulin Pump Program (Program), JDRF aims to ensure that the maximum number of fully subsidised insulin pumps are available to eligible children and adults (under the age of 21 years) with Type 1 Diabetes from financially disadvantaged families, who do not have any access via other means, such as private health insurance.</p> <p>The real impact of the Program however, can be seen through the many benefits reported from recipients and their families once they begin pump therapy. Impacts such as improvements in diabetes management, sleep, parent relationships, mental health and overall lifestyle benefits are evident in the feedback received by JDRF. Some of these testimonials have been included in Appendix 1.</p>	
	Planning/ Application system management	<ul style="list-style-type: none"> JDRF administer the Program in line with the agreement and provide input and feedback to the Department regarding the Program. The IPP team regularly receive feedback from the T1D community and HCPs regarding the Program and the eligibility criteria. Regular meetings (every three months) and ongoing contact as required, provide an opportunity for this information to be passed on to the Department. A major upgrade was carried out to the IPP database and application system in December 2022 to accommodate the expanded program. Feedback from the community and HCPs has been positive and the changes have improved efficiency and usability. Database and application system updates made in December 2022 in response to the expansion of the Program has improved usability and efficiency for applicants and HCPs and provided the IPP team with the ability to report more efficiently on demographic data such as family structure (ie: marital status, living arrangements) and age group (18-21 year olds), when required from the Department. 	<p>Was the PI target required to be completed in the reporting period?</p> <p><input checked="" type="checkbox"/> Yes (ongoing)</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Completed</p>

		<ul style="list-style-type: none"> The IPP database provides the IPP team the ability to facilitate, store, prioritise and process all application in a secure, timely and efficient manner and is an avenue to provide de-identified data reports to the Department when required. 	
	<p>Promotion of Activity and Outcomes</p>	<ul style="list-style-type: none"> The IPP is staffed by JDRF five days per week by two part-time staff members to ensure that potential applicants and health care professionals (HCPs) have a point of contact available to respond to any enquiries regarding the Program and is overseen by JDRF Head of Government Relations. JDRF provides and maintains an IPP webpage within the JDRF website. The IPP webpage contains information about the Program, including frequently asked questions, and a direct link where potential recipients and their families can easily apply to the Program through an Expression of Interest (EOI) form. The information on the website is regularly updated and most recently was updated to reflect the expansion of the Program to adults under 21 years of age. JDRF maintains regular engagement with stakeholders to promote the Activity through a variety of ways: <ul style="list-style-type: none"> Promotion, updates and changes to the Program are clearly communicated to the T1D community, HCPs and pump manufacturers. JDRF's communication plan involves regular and direct contact via phone, email, newsletters and meetings. Direct contact to the T1D community is maintained through social media platforms, direct emails, newsletters, and JDRF initiatives such as the Welcome Call Program and T1D Summit. Consistent contact with HCPs ensures that Program information and process are clear and strong relationships are built. Communication with HCPs involves phone calls, direct emails, attendance at meetings at diabetes services and conference. Enquiries regarding the IPP also come from additional avenues other than the expression of interest form, these include internal leads through JDRF's Welcome Call Program and contact received through phone calls and emails from the T1D community. 	<p>Was the PI target required to be completed in the reporting period?</p> <p><input checked="" type="checkbox"/> Yes (ongoing)</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Completed</p>

Promotion Activity (1/1/2023- 30/06/2023) Engagement/Outcome	Engagement/outcome
IPP webpage visits	§47
IPP unique page visits	§47
Facebook post (23/04 to promote the expansion)	§47
Instagram post (23/04 to promote the expansion)	§47
Direct emails to HCPs to promote Program and expansion	1084 HCPs emailed through the activity period regarding commencement of new contract, expansion of Program and changes to Program
Quarterly HCP newsletters distributed	1084 HCPs receive newsletters including IPP updates four times per year
New IPP Enquiries (additional to EOIs)	
JDRF Welcome Call Program	14 new enquiries
Phone and email enquiries received	75 new enquiries
<ul style="list-style-type: none"> Initial promotion of the expansion of the Program to include adults under 21 years focused on HCPs, however this was expanded to direct promotion to the type 1 community through social media. Not only was there an increase evident in the 18 to 21 year old applications, but an increase in all applications to the Program can be seen. 	

		<ul style="list-style-type: none"> Targeted promotion of the expanded eligibility criteria to the T1D community was carried out using cases studies from previous IPP recipients. This promotion was carried out through social media posts (Instagram and Facebook) and saw good interaction with over ^{s47} [REDACTED]. This coincides with an increase in expressions of interest to the IPP – 87 applications for the month of April. Considering targeted promotion has led to increased interest in the Program, JDRF will monitor promotion activities and develop a plan to manage stakeholder expectations should all pumps be expended prior to the end of the future funding rounds. 											
	<p>Administration of Applications and Activity</p>	<p>Expressions of Interest</p> <ul style="list-style-type: none"> Interest in the Program continues to grow, indicating that the Program is continuing to meet a need in the T1D community. Further promotion of the expansion to the Program saw an increase in applications for adults over the age of 18 years, with 62 new applications (aged between 18 and 21) received between the 1st Jan 2023 and the 30th June 2023. An average of 67 applications per month were received during this activity period. When compared to the same reporting period in FY21/22, the increased interest in the Program is clear. A total of 402 applications were received in this reporting period compared to 233 in the same reporting period FY21/22, while the average number of applications increased from 41 to 67 per month with a total of 736 applications received for the entire FY22/23 round. 117 or 29.1% of expressions of interest received were for replacement (out of warranty) pumps during this activity period. <table border="1" data-bbox="582 1093 1834 1284"> <thead> <tr> <th colspan="2">Expressions of Interest (1st January 2023 – 30th June 2023)</th> </tr> </thead> <tbody> <tr> <td>New applications</td> <td>285</td> </tr> <tr> <td>Applications for replacement pumps</td> <td>117</td> </tr> <tr> <td>Total</td> <td>402</td> </tr> <tr> <td>Average per month</td> <td>67</td> </tr> </tbody> </table>	Expressions of Interest (1 st January 2023 – 30 th June 2023)		New applications	285	Applications for replacement pumps	117	Total	402	Average per month	67	<p>Was the PI target required to be completed in the reporting period?</p> <p><input checked="" type="checkbox"/> Yes(ongoing)</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Completed</p>
Expressions of Interest (1 st January 2023 – 30 th June 2023)													
New applications	285												
Applications for replacement pumps	117												
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Average per month	67												

- JDRF administers the Program in line with the Insulin Pump Program procedures manual and schedules. Expressions of Interest are received and processed in a timely manner taking into consideration the date of application, clinical recommendation, age of child or adult, family income and circumstance.
- JDRF maintains an up-to-date waitlist of all applications through the IPP database which include applications received during the current reporting period and applications in various stages from previous activity periods. A complete de-identified list of pump recipients and applications in progress has been included in Appendix 3.

Summary Table FY22/23				
	Completed	Number	Total Subsidies	Funding received
Activity period 1 (31/8/2022 to 31/12/2022)	Government Funded Pumps	115	§47	
Activity Period 2 (1/1/2023 to 30/6/2023)	Government funded pumps	131		
	§47E(d)	100		
		17		
	Total Govt funded pumps	248		
Total FY22/23		363		

		<ul style="list-style-type: none"> • 248 pump applications have been completed during this activity period. This includes ^{s47} [REDACTED] ^{s47E(d)} [REDACTED] processed under the regular funding agreement. ^{s47} [REDACTED] in pump subsidies were paid during the current reporting period (1st January 2023 to 30th June 2023) taking the total for the FY22/23 funding round to ^{s47} [REDACTED] and 363 pumps provided to eligible recipients under the age of 21. A further ^{s47} [REDACTED] in pump subsidies remains unspent and will be carried over to the FY23/24 round. • 24 of the 248 pump recipients were aged between 18 and 21 at the time of their application. • Under the new agreement, JDRF receives funding instalments three monthly and have received a total of ^{s47} [REDACTED] by 30th June 2023. On agreement with Medtronic, pump applications continue to be processed and allocated and a three-month time frame given for invoices to be paid. JDRF staff monitor closely the number of pumps and subsidies allocated to ensure that there are adequate funds remaining in the Program. 	
		Waitlist (as of 30 June 2023)	
		Application Status	Number
		Allocated Pumps ¹	66
		Applications in progress ²	193
		New applications	136
		Total waitlist	395
		Clinically declined	2
		Applications withdrawn/abandoned ³	57

¹ Allocated pumps - have meet the eligibility criteria and clinical eligibility has been received or HCPs have confirmed that clinical approval will be given once the next round of funding begins.

² Applications in progress – have received initial confirmation from HCP that the application is supported and likely to received clinical approval. Applications are in various stages such as, requested or awaiting all paperwork from applicant and applications on hold (due to still in warranty or HCP or applicant request etc)

³ Applications withdrawn/abandoned for many reasons such as, not meeting eligibility criteria, wanting different pump option, initial HCP approval not given etc.

		<ul style="list-style-type: none">• As can be seen through the Waitlist table above, strong interest in the Program remains with 395 applications in various application stages. 66 pumps have been allocated and are awaiting the start of the next round of funding to be completed. Clinical approval has already been received or confirmed by the diabetes team once funding is available for all allocated pumps. With a further 193 applications in progress and a further 136 new applications received a strong pipeline exists for acquittal of all subsidised pumps and productivity bonus pumps during the FY23/24 round of funding.• 47 applications on the waitlist are aged between 18 and 21 years at the time of application. 7 of these have pumps allocated ready for the next round of funding, 15 have applications in progress and a further 25 are new applications.• Due to the increasing interest in the Program and potentially greater interest with the tender process, the IPP team has been working on strategies to manage expectations and potential waitlist.• There have been 2 applications clinically declined by treating diabetes teams during this reporting period, and 57 applications have been withdrawn or abandoned.• Applications can be withdrawn at any time throughout the application process, and this occurs for a variety of reasons. Families/applicants often withdraw their application as they are interested in different pump options, such as T-slim, Omnipod or Ypsomed. For example, 19 applications in this activity period have been withdrawn for this reason. Applications are withdrawn if they do not meet the eligibility criteria, most commonly if their income is over the threshold or they are over 21 years of age at the time of their application (12 applications in this activity period). Lastly, applications are withdrawn on advice from the HCP and treating diabetes team if they deem the applicant not ready for pump therapy or the family advise that they no longer want to pursue the application. Applicants can reapply at any time and will be processed according to the eligibility guidelines.	
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Processing Applications				
<ul style="list-style-type: none"> Applications are processed following the IPP procedures manual and schedule. The IPP team work closely with the applicants to provide support and guidance throughout the process, from their initial expression of interest to confirmation that their application has been approved and pump ordered. Communication with diabetes teams and HCPs is essential to ensure that applications are progressed effectively and efficiently, ensuring that eligible applicants are able to access insulin pumps in a timely manner. 7 new clinics were engaged throughout this reporting period. This includes new paediatric services, transition services and adult services. 				
Application Processing Statistics				
	Pumps completed	Time taken from initial expression of interest to pump order	Time taken from application deemed eligible by JDRF to pump order	Time taken to receive final clinical approval (with IPP team follow up)
NSW	102 (41%)	86.9	22.8	8.9
QLD	73 (29%)	102	22.4	7.1
VIC	28 (11%)	227	42.7	14.8
SA	23 (9%)	86.1	19.9	13.4
TAS	12 (5%)	145	24.6	21.1
WA	7 (3%)	91.4	39.5	7.7
ACT	2 (<1%)	16.5	4.5	4
NT	1 (<1%)	26	19	1
Total/ Average days	248	109 (range 1-1326)	25 (range 0-350)	9.7 days (range 0-147)

		<ul style="list-style-type: none"> • There are a number of factors that may impact the application process and the time that this may take. These include: <ul style="list-style-type: none"> ○ Variations that exist across diabetes service practices, localised waitlists and capacity. It is evident that states and territories still do not appear to adhere to consistent procedures for pump start delivery, resulting in differences across the states and territories. For example, as can be seen in the table above, the range of time taken varies greatly, from 1 day to 1,326 days. ○ Diabetes teams may choose to delay applications and clinical approval in order to carry out more training for the applicant if they are deemed not ready at this stage or concerns exist regarding readiness. ○ Families of applicants may also choose to delay for personal and situational reasons. ○ While JDRF has recently carried out an extensive upgrade to the IPP database and application process, some applicants and HCPs experience difficulties with the systems or paperwork requirements, which can result it delays in the processing of their application. • JDRF continues to build strong relationships with Diabetes services and HCPs across the country. With ongoing follow up from the IPP team, the average clinical approval times has remained stable with an average 9.7 days in this activity period. • On average, applications take 109 days from the time of their initial expression of interest is received to pump order. As outlined above, many factors impact how applications progress and this is evident in this statistic. Clear communication about the application process of the Program to the T1D community and HCPs will aim to ensure that applications are made at the appropriate time (for example, after discussion with diabetes teams or when pump is almost out of warranty) to reduce the wait time for recipients. • Once applicants have been deemed eligible for the Program by JDRF, that is once they have supplied all the relevant paperwork; wait times until clinical approval and pump order, vary across services (from 19 to 42 days), again highlighting the differences across states and territories. JDRF aim to mitigate and reduce these times with regular contact with HCPs to provide support through the final part of the application process (1 to 21 days). 	
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- It is anticipated that the recent updates to the IPP database should reduce some of the technical difficulties both HCPs and applicants have had previously, therefore improving further wait times.
- While some of the delays in pump starts and therefore longer wait times are out of our control, such as service delivery differences, changes in applicants personal circumstances and the need for more training before clinical approval, the IPP team endeavours to make the process as efficient and smooth as possible so more applicants are able to experience the benefits from pump therapy sooner.

Pump Recipients

Pump Recipient Statistics	
Metric	Statistic
Total Number of pumps completed	248
Pump Supplied	Medtronic 770G
Gender – Male/Female/other	120 / 127 / 1 (48.3%/51.2%/0.4%)
Average age at Dx	7.5 years (0-19 years)
Average age at pump order?	12.5 years (1-21 years)
Aboriginal or Torres Strait Islanders	28 or 11%
Previous pump recipients	78 or 31%
Transition (>17 years) (transitioning out of the Program)	55 or 22%
Average household income	\$49,794
Household where parent is engaged in employment	179 or 72%
Single parent families	133 or 54%
Dual parent families	115 or 46%
Other Members of family with T1D	22 or 8%

		<ul style="list-style-type: none"> • Generally, statistics have remained similar across the years regarding gender, Aboriginal and Torres Strait Islander (11%) and previous pump recipients (31%). • This reporting period indicates an increase in applicants in the transition age bracket. <i>Transition</i> has historically been defined as recipients who are over the age of 14 at pump order. This was to provide information regarding applicants who would be transitioned to adolescent/adult services prior to being eligible for their next pump (4 years). This has been adjusted to recipients over the age of 17 years to incorporate the expansion of the Program. • The number of applicants 17 years and over, has increased from 9.5% to 22% of total applications, which coincides with the expansion of the eligibility criteria. These will be contacted through the Transition Plan of the Program to provide information and guidance on what to do once they age out of the Program. • Statistics regarding household demographics now show a decrease in pump recipients that come from a single parent household (54% compared to 61%) and similarly that 72% of households have one or both parents engaged in employment (either casual, part time or full-time), compared to 75% in the first activity period. • Average household income has remained similar to the first activity period at \$49,794. Income is reported using income received from employment, maintenance and taxable Centrelink benefits. Families may also receive further Centrelink benefits (if they meet the Centrelink income thresholds used in determining the IPP threshold). • 8% of recipients also report having an immediate family member (sibling or parent) who have type 1 diabetes. 	
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		<p>Transition Plan</p> <ul style="list-style-type: none"> JDRF has a transition plan in place to provide information to recipients who turn 21 during the course of the activity and while their current pump is still in warranty. Recipients who are over the age of 17 at the time of their pump start will receive an email (sent out yearly) that provides information regarding transition to adult service, JDRF resources such as the “Straight to the Point Guide”, JDRF online support groups and any other information relevant to their situation, such as how to access insulin pumps after the Program (if eligible). A transition email was sent to 154 eligible recipients in July 2023. These applicants received a pump in the last 4 years and were over 17 years of age at the time. 	
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THIS DOCUMENT HAS BEEN RELEASED UNDER THE FREEDOM OF INFORMATION ACT (5 U.S.C. 552) BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES


AGREEMENT ITEM	MILESTONE/ DELIVERABLE	PROGRESS AGAINST EACH ACTIVITY <i>Your brief description of actual performance against the purpose of the project</i>	PROJECT/ACTIVITY COMPLETION
B. Grant Activity Performance Indicators as per Schedule:			
<p>Improved access to fully subsidised insulin pumps for eligible children per financial year -</p> <p>The number of people under 21 years of age with type 1 diabetes receiving a fully subsidised insulin pump.</p>	<p>A minimum of 255, and potentially up to 315 or more fully subsidised insulin pumps are provided to eligible children and adults per financial year</p>	<p>115 fully subsidised insulin pumps were provided to eligible children and adults under 21 years of age between 31st August 2022 and 31st December 2022.</p> <p>A further 131 fully subsidised insulin pumps and §47E(d) §47E(d) were carried over from the FY21/22 round to be provided to eligible children and adults under the age of 21 years.</p> <p>Therefore, a total 363 pumps were provided to eligible Children and adults under 21 years of age.</p> <p>24 of the 248 pumps in this activity period were provided for the expanded age group of 18 to 21 year olds. A further 7 pumps have been allocated, 15 in progress and 25 new applications have already been received for the next round of funding indicating a strong pipeline is underway for this age group.</p>	<p>Was the PI target required to be completed in the reporting period?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Completed</p>

<p>Quality of Life Surveys are completed as per the Insulin Pump Program Procedures Manual</p>	<p>A minimum of 50% of insulin pump recipients participate in the Quality-of-Life Surveys</p>	<p>Quality of Life Surveys (QoL) are carried out as per the IPP Procedures Manual. Recipients receive a QoL survey post pump start with the aim to have 50% of recipients take part in the survey. In addition to this, at the time of pump order, recipients are asked to complete a pre-pump QoL survey. This enables a baseline to be collected for later comparison to investigate the impact of the Program. QoL surveys are voluntary. Results are reported in the following financial year to allow for direct comparison of results from the recipient groups.</p> <p>FY21/22 100% of the FY21/22 pump recipients were informed of the QoL surveys by email or phone at the time of their pump order. They were requested to complete the Pre-pump QoL survey and received an email link.</p> <p>Pre-pump QoL survey (FY21/22) was sent out to all 298 pump recipients as of 30th August 2022 with 104 responses received (34% of recipients). The FY 21/22 pump recipients then received the Post Pump QoL Survey in February 2023, with reminder emails sent periodically to follow up those who hadn't completed the survey. 150 responses to the survey were received as of 30th June 2023 (51% of recipients). Detailed results of the QoL surveys are reported in Appendix 2.</p> <p>Findings from the FY21/22 QoL surveys shows families experience improvements in their quality of life after their child starts on an insulin pump. This includes improvements seen in their child’s overall mood and confidence of managing Type 1 diabetes, quality of sleep and family mealtime flexibility. 91% of families reported an improvement in their child’s diabetes management (HbA1c/time in range) since starting on an insulin pump.</p>	<p>Was the PI target required to be completed in the reporting period?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (ongoing) <input checked="" type="checkbox"/> Completed</p>
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		<p>FY22/23</p> <p>100% of the FY22/23 pump recipients were informed of the QoL surveys by email or phone at the time of their pump order. They were requested to complete the Pre-Pump QoL survey and received an email link to do so.</p> <p>Pre-pump QoL survey (FY22/23) has been sent out to 248 pump recipients as of 30th June 2023 with 188 responses received giving a response rate of 75%. FY 22/23 pump recipients will receive the Post Pump QoL Survey in February 2024, with follow up emails to be sent periodically following up those who haven't completed, and the results will be reported in the July 2024 Performance report.</p>	
<p>Applicant reporting and monitoring</p>	<p>A secure system is maintained to facilitate, store and process all IPP applications, and is managed in accordance with relevant privacy legislation</p> <p>De-identified data reports are able to be generated to provide input to the department as requested.</p>	<p>The IPP Database is a secure system maintained by JDRF to facilitate, store and process all IPP applications.</p> <p>A major upgrade to the IPP database was completed and implemented on 12/12/2022 to both improve efficiency, usability and security of the system and also to incorporate necessary changes to reflect the expansion of the IPP to applicants up to 21 years of age.</p> <p>Updates included features such as:</p> <ul style="list-style-type: none"> • A more streamlined expression of interest process for applicants that allows for applications to be made as an adult or on behalf of a child/adult. • A simpler process for applicants to upload paperwork from both computers and phones. • Increased details collected from applicants such as marital status and other family members with T1D for increased reporting capabilities. • Improved clinical approval processes for HCPs, such as DocuSign capabilities for clinical approval. • Automated reminders sent to applicants at various stages of the application process to increase efficacy. 	<p>Was the PI target required to be completed in the reporting period?</p> <p><input checked="" type="checkbox"/> Yes (ongoing)</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Completed</p>

		<ul style="list-style-type: none"> Ability to export more information from the database for ease of reporting to department as required. <p>The IPP database not only provides a secure place for the IPP applications to be managed and monitored, it also provides an avenue for the IPP team to provide deidentified data reports to the department when required.</p>	
<p>Milestone Reporting</p>	<p>Required milestone reports are submitted in accordance with the due dates specified in the Commonwealth Standard Agreement.</p>	<p>Activity Work Plan and Budget submitted on 30th July 2023 (due 31st July 2023).</p> <p>Performance Report and Income expenditure statement for the period of 1/1/2023 to 1/7/2023 due 31st July 2023, submitted on 30th July 2023.</p>	<p>Was the PI target required to be completed in the reporting period?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Completed</p>

THIS DOCUMENT HAS BEEN RELEASED UNDER THE FREEDOM OF INFORMATION ACT (CTH) BY THE DEPARTMENT OF HEALTH AND AGEING

Issue Resolution	Product Choice	<p>The inclusion of the Medtronic 770G pump has been welcomed by the community and HCPs, however expanded product choice continues to be a common request amongst the T1D community and HCPs.</p> <p>JDRF awaits the outcome of the current tender process and make relevant changes and promotion of any new pumps that may be made available on the Program.</p>	<p>Was the issue required to be completed in the reporting period?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Completed</p>
	Program Eligibility	<p>The recent Program expansion to include under 21 years has increased access to insulin pumps for the T1D community and ensured that those who were previous recipients have a further option to continue pump therapy without additional cost (if eligible).</p> <p>A gap remains for adults with T1D who are over the age of 21, are lower income and have no other means, such as private health insurance, to access an insulin pump. Requests and enquiries continue to be received regarding this age group and how they can be further supported.</p>	<p>Was the issue required to be completed in the reporting period?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Completed</p>
	Service delivery delays	<p>Some hospital procedures continue to inhibit the timely access to the Program. JDRF continues to communicate with teams to better understand their procedures and to help shorten these delays, with varying success.</p> <p>Applicants attending diabetes services in Victoria (such as RCH and Monash) continue to experience lengthy waitlist and policies that inhibit them from attempting to reduce the wait by seeking alternative service options for pump start. If they do so, they need to stay with the alterative option (often private services with a cost involved) for 6 months before they are able to return to the public system.</p>	<p>s47</p> 

Part C – Financial Information

FUNDING SUMMARY	ADMINISTRATION AND DELIVERY - 1/1/2023 to 30/6/2023		Total (excl. GST)	
	Income	Department of Health Activity Funds		
		Total Income (A)		
	Expenses	Salaries & Wages		
		Accounting / Audit fees		
		Consultants & Contractors		
		Total Operational Expenses (B)		
	Balance	Balance = A - B		
	INSULIN PUMP SUBSIDIES – 1/1/2023 to 30/6/2023			
	Income	Department of Health Activity Funds		
		Balance from first round (1/7/22- 31/12/22)		
		Total Income (A)		
	Expenses	Insulin Pump Subsidies		
		Total Operational Expenses (B)		
Balance	Balance = A - B			
COMMENTS	<p>The ^{s47} overspend from the Administration and Delivery grant was a timing difference which was off set against the underspend of ^{s47} in the previous reporting period.</p> <p>We have a residual of ^{s47} in the Insulin Pump Subsidies grant because it was not sufficient to issue another pump which costs ^{s47}. We request for this amount to be carried forward and acquitted in the next reporting period.</p>			

Part D – Risk and Opportunities

<p>GRANT RECIPIENT RISK AND OPPORTUNITIES REPORT</p>	<p>1. Risks:</p> <ul style="list-style-type: none"> • Delays in receiving funding – Delays in receiving funding may delay pump initiation. This may cause issues with HCP workload as pump starts will be delayed until the funding is received. • Budget underspend – Service delivery delays and limited pump choice may impact ability to acquit all pumps. • Early acquittal of funds – Increased interest in the Program and potentially a wider choice of pumps available may lead to early acquittal of all pumps and a waitlist developed. This presents a risk not only for new applicants wanting to benefit from pump therapy, but also from those already on a pump that may be coming out of warranty, and they are unable to upgrade due to no more pumps available. • Communication with stakeholders and public not well targeted – Poor communication with stakeholders may result in pump manufacturers not being aligned with Program parameters, reduced engagement and uptake of the Program from families and reputation risk due to poor delivery of communication strategy. Furthermore, it impacts the accessibility of information about the Program and may result in misinformation/misunderstanding of Program information • Program staffing and high operational demands – High operation demands may cause untimely delivery of the Program and Program staffing capacity may not be sufficient to manage these demands. This may cause deadlines to be missed (such as reporting deadlines). Upcoming maternity leave for staff may impact ability to meet current and increased demand. • Public health threats – Future public health threats like Covid-19, may delay pump initiation as clinics implement internal policies to manage these threats (including ceasing or delaying pump starts). This results in an untimely delivery of the Program in certain areas as well as inconsistent delivery of the Program • Database integrity – There is risk of database breaches which may arise from an insecure or vulnerable database. Furthermore, database outages may cause delays in application process and impact the uptake of the Program if applicants are unable to submit expressions of interest
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Outline any risks that are yet to occur, or issues that have occurred that may affect your ability to deliver the activity.

- **Quarterly funding structure** – the current quarterly funding structure may impact the ability to order pumps if funding is exhausted. If this is to occur, applicants will remain on the waitlist after receiving clinical approval of the pump until the next allocation of funding is received. This can cause an increase in workload for clinics (particularly high-volume clinics), as pump starts may need to be delayed as a result.
- **Product choice** - Enquiries from both applicant families and Health Care Professionals continue to be received in relation to current Insulin Pumps offered through the Program. These enquiries include access to a broader choice of technology (for example, AMSL T-Slim and tubeless delivery systems such as the Omnipod). Interoperability of technologies offered in the IPP and the CGM Access program is often raised so that families have access to the full benefits of these technologies when used in tandem. Some of these enquiries received through the Post-Pump Quality of Life Survey have been included in **Appendix 1**.

What is the likelihood of these risks/issues affecting IPP applicants/recipients? How might this occur?

Strategies have been implemented to reduce the likelihood of these risks occurring and causing impacts to IPP applicants and recipients.

- A communication strategy is in place which includes targeted emails, website updates and social media posts. These are monitored for sentiment to ensure any issues are identified and rectified responsively
- A communication mitigation strategy that includes additional communication and promotion of the Program that is to be implemented should a budget underspend occur.
- Regular ongoing monthly meetings with stakeholders ensures the Programs objectives and parameters are transparent and align with stakeholders
- A project plan, timeline and budget are in place to ensure operational needs are met and the Program is staffed accordingly 5 days per week to meet operational demands

- A plan has been put in place to reduce impact of maternity leave in staffing. A comprehensive process document and early onboarding of a maternity leave position to provide comprehensive training has been carried out.
- s47E(d) [REDACTED] This ensures pumps continue to be ordered and delivered in time for scheduled pump starts.
- Database regularly maintained to ensure it is up to date, captures all required information for reporting purposes and effective delivery of the Program. Recent database updates included new secure two factor authentication sign on process

2. Opportunities:

- **Improvements to the HCP clinical eligibility sign off process** – Previously HCP’s were required to download, print and sign off all clinical eligibility forms manually before scanning and sending these back. In December 2022 this process was updated by implementing DocuSign to allow HCP’s to electronically sign off on applicant clinical eligibilities, automating the process. This update has been well received by HCP’s during this reporting period, with feedback being a more efficient process and reduction in HCP workload. Additionally, implementation of this process has allowed JDRF to track signed clinical eligibilities received from HCP’s by automatically uploading them to the database.
- **Improvements to application process** - Updates were made to the database in December 2022 to improve efficiency of the expression of interest and application process. These included a new expression of interest pathway to reflect expansion of the Program and to ensure the correct information is being collected depending on the applicants age and living status, a stepped process to uploading income documents and regular weekly email reminders sent to applicants to upload requested income documents. These changes have been fully utilised across this reporting period and has provided JDRF with the opportunities to track and report on additional demographics including marital status, single or dual income family and additional children with T1D.
- **Strengthening stakeholder relationships** – JDRF took the opportunity to build stronger relationships with HCPs through the ADEA. There is potential for JDRF to further explore these types of opportunities and to continue building stronger ties with HCP’s.

- **Comprehensive Process Document** – A process document has been developed to support the onboarding of staff members in preparation for upcoming maternity leave. This document creates an opportunity for future staff members to have a clear and concise understanding of the requirements regarding the administration and processing of applications. The process document was written to encompass the requirements of both the IPP Agreements and Procedures document.

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Pages 24 to 71 of document 1 were redacted under s47 and s47F of the FOI Act.

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Performance Report – Insulin Pump Program

Part A – Activity Summary

Program / Activity Name:	Insulin Pump Program: Administration and Delivery from 1 July 2023
Organisation Name:	JDRF Australia
Agreement ID:	4-HCTZ33X, incorporating IPP Subsidies Grant Agreement and IPP Administration Grant Agreement
Reporting Period:	1 st July 2023 to 31 st December 2023
Date Report Due to Health:	31 st January 2024

Part B – Performance Assessment

AGREEMENT ITEM	MILESTONE/ DELIVERABLE	PROGRESS AGAINST EACH ACTIVITY <i>Your brief description of actual performance against the purpose of the project</i>	PROJECT/ACTIVITY COMPLETION
E.1 Performance Report		<p>The intended outcome of the Insulin Pump Program (IPP) is to improve access to insulin pumps to eligible children and young adults living with Type 1 Diabetes. In administering the Insulin Pump Program (Program), JDRF aims to ensure that the maximum number of fully-subsidised insulin pumps are available to eligible children and adults (under the age of 21 years) with Type 1 Diabetes from financially disadvantaged families, who do not have any access via other means, such as private health insurance.</p> <p>The real impact of the Program, however, continues to be seen through the many benefits reported from recipients and their families once they begin pump therapy. Impacts such as improvements in diabetes management, sleep, parent relationships, mental health and overall lifestyle benefits are evident in the feedback received by JDRF.</p> <p>From 1 July – 24 October 2023 the Program was on hold at the direction of the Department of Health, awaiting the outcome of negotiations between the Department of Health and manufacturers in relation to the provision of pumps as part of a panel for the IPP. Subsequent to this the Department entered a contract with a single tenderer, Ypsomed.</p> <p>The selection of a single supplier only was a surprise to JDRF, to health care professionals, and the community. From late October there followed a period of intense engagement with HCPs and the community to understand what the changes to the program would mean to applicants and recipients.</p> <p>The new pump provider Ypsomed have been met with some HCP and recipient concern. This is likely to lessen as all program stakeholders become familiar with the product.</p> <p>There was some crossover in terms of emergency Medtronic pumps provided to applicants in the July – October gap, and from late October to end December in response to urgent and substantial patient need to be addressed.</p> <p>The IPP Procedures Manual and agreed Performance Indicators in the Standard Agreement need to be updated and finalised to reflect the new arrangements.</p>	

AGREEMENT ITEM	MILESTONE/ DELIVERABLE	PROGRESS AGAINST EACH ACTIVITY <i>Your brief description of actual performance against the purpose of the project</i>	PROJECT/ACTIVITY COMPLETION
E.1 Performance Report	Planning/ Application System management	<ul style="list-style-type: none"> JDRF administers the Program in line with the Agreement and provide input and feedback to the Department regarding the Program. Within the past 3 months the IPP team has received feedback from the T1D community and HCPs regarding the decision to offer a single provider, with a lack of compatibility with government-subsidised continuous glucose monitors. Many of the concerns have been conveyed to the Department and some to the Minister's office by these community members. The JDRF team continue to manage community expectations, while aiming to proceed as quickly as possible with the new offering. JDRF anticipate a return to regular meetings (every three months) with the Department and ongoing contact as required, providing an opportunity for this information to be passed on to the Department. From the end of October 2023, JDRF has worked closely with the new provider Ypsomed to ensure that new processes and procedures could be integrated into the program swiftly, and the pump could be offered to the community. Of the families who have applied for and received an Ypsomed pumps, there has been positive feedback¹; <div style="background-color: #cccccc; height: 40px; margin: 5px 0;"></div> <ul style="list-style-type: none"> The changes to the pump offered by the Program required upgrades to the IPP database so that the system could incorporate the change. This included adding data fields where applicants provide details regarding their current diabetes management and diabetes technology they are using or have available to them. To work effectively, the Ypsomed pump requires the recipient to have an Android phone. Many applicants do not have an Android phone and Ypsomed has undertaken to provide a phone to these applicants. A new metric that the team will record is the number of applications that also require a phone. 	<div style="background-color: #cccccc; height: 100px; margin-bottom: 5px;"></div>

¹ More testimonials can be found in Appendix 1

	Promotion of Activity and Outcomes	<ul style="list-style-type: none">• The IPP is staffed by JDRF five days per week by two part-time staff members to ensure that potential applicants and health care professionals (HCPs) have a point of contact available to respond to any enquiries regarding the Program. JDRF’s administration is overseen by JDRF Head of Government Relations and Advocacy. Additional support is provided by the Head of Finance and the Finance team for processing of transactions, and occasionally with assistance from a staff member who has previously worked on the Program.• JDRF provides and maintains an IPP webpage within the JDRF website. The IPP webpage contains information about the Program, including frequently asked questions, and a direct link where potential recipients and their families can easily apply to the Program through an Expression of Interest (EOI) form. This website was updated to reflect new program arrangements.• In the past six months JDRF provided regular updates to stakeholders including that the program was on hold (From July to October 2023) and on the new arrangements (From November to December 2023). Communication methods included:<ul style="list-style-type: none">○ Regular and direct contact via phone, email, newsletters and meetings. Direct contact to the T1D community was maintained through social media platforms, direct emails, newsletters.○ Consistent contact with HCPs ensures that Program information and processes are clear and strong relationships are built. This has been important during a period of uncertainty and change. Communication with HCPs involves phone calls, direct emails, attendance at meetings at diabetes services and conferences, such as Australian Diabetes Congress (ADC) in August 2023.	Was the PI target required to be completed in the reporting period? <input checked="" type="checkbox"/> Yes(ongoing) <input type="checkbox"/> No Completed
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Promotion Activity (1/7/2023- 31/12/2023)	Engagement/Outcome
IPP Webpage visits	s47
IPP Unique page visits	s47
Quarterly JDRF HCP newsletters distributed	1300 HCPs receive newsletters including IPP updates four times per year.
Direct Emails to HCPs to provide Update on IPP	296 ² HCPs were emailed through the activity period to notify and provide updates regarding suspension of Program while awaiting tender outcome.
	296 ³ HCPs were emailed directly by the IPP team to provide updates the changes to the IPP – 1 Nov 2023
	1300 ⁴ HCPs emailed regarding Updates to the IPP, supplier changes and FAQ sent (22 nd Nov 2023)
IPP Flyers	200 IPP flyers distributed to Australian Diabetes Conference attendees (August 2023).
New IPP Enquiries (additional to EOIs)	
Attendance at ADC in Aug 2023	Promotion of the expanded age range for the IPP resulted in new HCPs becoming aware of the Program and promoting it to their patients. Much of the discussion at the August ADC was about the program’s future and the need for increased program pump choice.
<ul style="list-style-type: none"> Managing community expectations in terms of delayed start date, and new supplier arrangements has been a key focus of communication activity for the reporting period. 	

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² HCPs with active applications in the IPP

³ HCPs with active applications in the IPP

⁴ All HCP’s registered with JDRF to receive newsletters and updates.

	<p>Administration of Applications and Activity</p>	<p>Expressions of Interest</p> <ul style="list-style-type: none"> • A key focus of the Program within the reporting period has been informing the community of the Department's decision to offer a new, single pump, and working through the many questions associated with this. • As well, from late October, establishing new contacts and processes with the successful provider Ypsomed has been prioritized. • The Program is continuing to address a need in the T1D community. The expansion of age eligibility for the Program saw an increase in applications for adults over the age of 18 years, with 69 new applications (aged over 18) received in the current reporting period. The IPP team also continue to receive applications and enquiries from older adults living with T1D, highlighting the need for further expansion of the Program (7 applications received over the age of 20 at time of application). A total of 433 expressions of Interest were received during this reporting period, which is an average of 72 applications per month. Expressions of Interest to the Program continue to increase each reporting period, again highlighting the need for the Insulin Pump Program. <table border="1" data-bbox="495 788 1830 1011"> <thead> <tr> <th colspan="2" data-bbox="495 788 1830 823">Expressions of Interest (1st July 2023 – 31st December 2023)</th> </tr> </thead> <tbody> <tr> <td data-bbox="495 823 1223 871">New applications</td> <td data-bbox="1223 823 1830 871">354</td> </tr> <tr> <td data-bbox="495 871 1223 919">Applications for replacements pumps</td> <td data-bbox="1223 871 1830 919">79</td> </tr> <tr> <td data-bbox="495 919 1223 967">Total</td> <td data-bbox="1223 919 1830 967">433</td> </tr> <tr> <td data-bbox="495 967 1223 1011">Average per month</td> <td data-bbox="1223 967 1830 1011">72</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • JDRF administers the Program in line with the Insulin Pump Program procedures manual and schedules, both of which required updating to include new supplier. Expressions of Interest are received and processed in a timely manner taking into consideration the date of application, clinical recommendation, age of child or adult, family income and circumstance. • JDRF maintains an up-to-date waitlist of all applications through the IPP database which includes not only applications received during the current reporting period, but also applications in various stages from previous activity periods. A complete de-identified list of pump recipients and applications in progress has been included in Appendix 2. 	Expressions of Interest (1 st July 2023 – 31 st December 2023)		New applications	354	Applications for replacements pumps	79	Total	433	Average per month	72	<p>Was the PI target required to be completed in the reporting period?</p> <p><input checked="" type="checkbox"/> Yes(ongoing)</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Completed</p>
Expressions of Interest (1 st July 2023 – 31 st December 2023)													
New applications	354												
Applications for replacements pumps	79												
Total	433												
Average per month	72												

Summary Table (1 st July 2023 to 31 st December 2023)			
Application Status	Number		Total Subsidies
Completed Pumps ⁵	Medtronic	10	[REDACTED]
	Ypsomed	95	
Total		105	
Allocated Pumps ⁶		87	
Total Pipeline		192	
<ul style="list-style-type: none"> The IPP had a later than anticipated start to the FY23/24 round of funding due to delays in the completion of the tender process. Regularly, applications begin to be processed once the first installment of funding is received on the 31st of August. However, JDRF were unable to start ordering any pumps until late October 2023. Due to urgent clinical need, some pumps were processed prior to the completion of the tender process with the Agreement of the Department. 10 Medtronic pumps were provided to eligible applicants who were identified as an urgent need. These pumps were issued under the previous agreement. 10 Medtronic 780G pumps were provided between the 13th of October 2023 and the 24th October 2023, totalin [REDACTED] n pump subsidies. Once the tender process was completed and new arrangements put in place and communicated, the IPP team were able to begin processing applications on the waitlist. Between the period 25th October 2023 and 31st December 2023, 95 Ypsomed pumps were ordered, equaling a total of [REDACTED] in pump subsidies paid/invoiced. As can be seen in the Summary table above, JDRF received [REDACTED] in pu [REDACTED] ies and had [REDACTED] in carried over pump subsidies from the previous activity period, totaling [REDACTED] in received pump subsidies up until 31st December 2023. Leaving [REDACTED] in unspent funding for the first activity period. However, a strong pipeline of applications exists with 87 pumps allocated and awaiting final clinical approval, equating to a further [REDACTED] n pump subsidies expected. 			

⁵ Number of people under 21 years of age with type 1 diabetes who have received a fully subsidised insulin pump.

⁶ Allocated pumps – recipient has met the eligibility criteria and HCP’s provided initial clinical approval, waiting on signed clinical.

- With a further **540 applications** (new and in progress) on the waitlist as of the 31st of December 2023 (see table below), JDRF is confident that this will result in the acquittal of all subsidised pumps (a total of 389) during the FY23/24 round of funding.
- JDRF receives funding instalments three-monthly and have received a total of s47 by 31st December 2023. Although this funding period was short (late October to end December), JDRF staff monitor will continue to closely the number of pumps and subsidies allocated to ensure that there are adequate funds remaining in the Program.

Waitlist (as of 31st December 2023)

Application Status	Number
Applications in Progress ⁷	250
Applications on hold ⁸	103
New Applications	187
Total Waitlist	540
Clinically Declined	0
Applications withdrawn/abandoned	54

- There have been **0 applications clinically declined** by the HCPs at time of clinical approval during the reporting period, however there were **54 applications withdrawn. 35 of the 54 applications withdrawn** were withdrawn **due to Ypsomed being the only supplier** on the Program and not considered clinically appropriate for the applicant by the HCP. In these instances, applicants may have accessed a pump through other avenues, such as PHI or other charities, or the treating diabetes team has arranged for extended warranties with Medtronic.

⁷ Applications in Progress – have received initial confirmation from HCP that the application is supported and likely to receive clinical approval. Applications are in various stages such as, requested or awaiting all paperwork from applicant. and applications on hold (due to still being in warranty or applicant/HCP request).

⁸ Applications on Hold – applications are on hold due to a request from HCP or applicant or pump still in warranty.

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| | | <ul style="list-style-type: none"> • An increased number of applications have also been placed on hold during this activity period, with 103 applications currently on hold. JDRF generally receives requests from HCPs to place applications on hold when they seek initial clinical approval to progress applications, or applicants may also ask to put their application on hold, and some applications are placed on hold due to the current pump still being in warranty. 63 out of the 103 applications are currently on hold specifically due to the changes in pumps available through the Program. These have been requested to be placed on hold while the clinical team or applicant consider the clinical appropriateness of the Ypsomed pump for their patients, or they investigate options to access alternate pumps. • Applications can be withdrawn at any time throughout the application process, and this occurs for a variety of reasons. As mentioned, applications are often withdrawn due to pump options, such as T-slim, Omnipod or Medtronic. Applications are withdrawn if they do not meet the eligibility criteria, if their income is over the threshold or they are over 21 years of age at the time of their application. Lastly, applications are withdrawn on advice from the HCP and treating diabetes team if they deem the applicant not ready for pump therapy or the family advise that they no longer want to pursue the application. Applicants can reapply at any time and will be processed according to the eligibility guidelines. • Withdrawals and applications placed on hold were more acute in this period for a variety of reasons: <ul style="list-style-type: none"> • Some applicants were seeking renewal pumps and, having been using a Medtronic pump for some years, changing to Ypsomed involved not only changing the pump, but also the CGM that they were using and for many a change to the phone that they used. Feedback from HCP's and families indicated that these changes were going to be difficult and not clinically recommended for their patient. • Some applicants had other children who were previous recipients and as such on a Medtronic pump, so adding different technology to the families was considered clinically inappropriate and could create undue stress for the family/applicant. • Some applicants reported that they were unable to use some of the components required for the Ypsomed system, such as Dexcom CGM, due to previous issues. • Or the Diabetes team did not support the use of the Ypsomed pump at this stage (for example, unfamiliarity with the product or concerns regarding supply). | |
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Processing Applications

- Applications are processed following the IPP procedures manual and schedule. The IPP team work closely with the applicants to provide support and guidance throughout the process, from their initial expression of interest to confirmation that their application has been approved and pump ordered. The manual and agreed Performance Indicators in the Agreement need to be updated and finalised to reflect the new arrangements.
- Communication with diabetes teams and HCPs is essential to ensure that applications are progressed effectively and efficiently, ensuring that eligible applicants are able to access insulin pumps in a timely manner.
- **9 new clinics** were engaged throughout this reporting period and a total of **229 HCP's are currently registered** as active in the IPP database.

Application Processing Statistics for completed pumps

	Pumps Completed	Time taken from initial expression of interest to pump order	Time taken from application deemed eligible by JDRF (received all paperwork from applicant) to pump order	Time taken to receive final clinical approval (with follow up from IPP team)
QLD	26	268	22	5.8
NSW	37	191	15	4
WA	4	272	16	3.2
VIC	16	270	18	4.6
SA	14	180	25	7
TAS	3	176	33	9.3
ACT	5	76	5	4
NT	0	NA	NA	NA
Total/ Average days	105	218 days	18 days	5 days

- There are a number of factors that may impact the application process and the time that this may take. In this period these factors included:
 - **Delays to decision making** around the program evaluation for the pump tender has resulted in **significant delays**.
 - **HCP adjustment to the new offering**, and related training and onboarding leading to **further delays**.
 - The IPP team received a barrage of calls and emails, once the decision was made public, this has **required significant management of community expectations**, as well as a **high volume of applications to be processed within a compressed time period**.
 - Variations that exist across diabetes service practices, localised waitlists and capacity.
 - Diabetes teams may choose to delay applications and clinical approval in order to carry out more training for the applicant if they are deemed not ready at this stage or concerns exist regarding readiness.
 - Families of applicants may also choose to delay for personal and situational reasons.
 - Previous applications can be reopened at the request of applicant or their diabetes team. This is accommodated to prevent extra burden on the applicant to reply.
 - JDRFs upgrade to the IPP database has improved the application process for most, some applicants and HCPs experience difficulties with the systems or paperwork requirements, which can result it delays in the processing of their application.
- JDRF continues to build strong relationships with Diabetes services and HCPs across the country. Previous reports have shown an improvement in clinical approval times over the years, and this continues in this reporting period. With ongoing follow up from the IPP team, the average **clinical approval times** has reduced to an **average 5 days** compared to **9.7 days in FY 22/23**. This highlights the increased communication between the IPP teams and HCPs to ensure that applications have been processed in a timely manner once the Program began.
- On average, applications have taken an increased 218 days from the time of their initial expression of interest is received to pump order. In this reporting period this timeline has been blown out for factors outlined earlier.

- While some of the delays in pump starts and therefore longer wait times are out of our control, such as delayed decision making in panel process, service delivery differences, changes in applicants' personal circumstances and the need for more training before clinical approval; the IPP team endeavors to make the process as efficient and smooth as possible so more applicants are able to experience the benefits from pump therapy sooner.

Pump Recipients

Pump Recipient Statistics		
Metric		
Total Number of pumps completed		105
Pump Supplied	Medtronic 770G/780G	10
	mylife YpsoPump	95
Gender	Male	52
	Female	52
	Other	1
Age at Diagnosis		8.1 years (1-16 years)
Age at pump order		12.5 years (1-21 years)
Aboriginal or Torres Strait Islanders		15 or 14%
Average HbA1c		8.57% (range 6-13.9)
Previous pump recipients		31 or 29%
Transition (>17 years) (transitioning out of the Program)		20 or 20%
Average household income		\$45,252
Household where parent is engaged in employment		68 or 64%
Single parent families		64 or 61%
Dual parent families		41 or 39%
Other Members of family with T1D		6 or 5.7%
Android Phone required with pump order		82 or 86% of applicable applications

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| | | <ul style="list-style-type: none"> • The actual reporting period is unusually short and the circumstances of introducing a new pump and withdrawing another has resulted in an unusual set of report data for the period. We anticipate that the next six-month period will also be challenging but that pump allocations and times in which they are delivered may even out. • Generally, statistics of pump recipients have remained similar across the years regarding gender, age at pump order (12.5 years) and previous pump recipients (29%). • This reporting period indicates an increase in applicants in the transition age bracket. Transition has historically been defined as recipients who are over the age of 14 at pump order. This was to provide information regarding applicants who would be transitioned to adolescent/adult services prior to being eligible for their next pump (4 years). This has been adjusted to recipients over the age of 17 years to incorporate the expansion of the Program. • The increased number of applicants 17 years and over reported in the last activity period, has remained similar at 20% of completed applications, which coincides with the expansion of the eligibility criteria. These will be contacted through the Transition Plan of the Program to provide information and guidance on what to do once they age out of the Program. It's also worthwhile to note that 69 or 15% of all applications received in this activity period were over 18 years. • Statistics regarding household demographics show an increase to 61% of pump recipients that come from a single parent household and a decrease to 64% of households where one or both parents are engaged in employment (either casual, part time or full-time). • Average household income has decreased to \$45,252 from previous \$49,79, which may be a reflection of the reduced number of parents/carers in employment and increase in single parent/carer households. Income is reported using income received from employment, maintenance and taxable Centrelink benefits. Families may also receive further Centrelink benefits (if they meet the Centrelink income thresholds used in determining the IPP threshold). • 5.7% of recipients also report having an immediate family member (sibling or parent) who have type 1 diabetes. | |
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		<p>Transition Plan</p> <ul style="list-style-type: none">JDRF has a transition plan in place to provide information to recipients who turn 21 during the course of the activity and while their current pump is still in warranty. Recipients who are over the age of 17 at the time of their pump start will receive an email (sent out yearly) that provides information regarding transition to adult service, JDRF resources such as the “Straight to the Point Guide”, JDRF online support groups and any other information relevant to their situation, such as how to access insulin pumps after the Program. An email will be sent to eligible recipients in July 2023.	
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AGREEMENT ITEM	MILESTONE/ DELIVERABLE	PROGRESS AGAINST EACH ACTIVITY <i>Your brief description of actual performance against the purpose of the project</i>	PROJECT/ACTIVITY COMPLETION
B. Grant Activity Performance Indicators as per Schedule:			
<p>Improved access to fully subsidised insulin pumps for eligible children per financial year -</p> <p>The number of people under 21 years of age with type 1 diabetes receiving a fully subsidised insulin pump.</p>	<p>Aim to deliver a minimum of 394 fully subsidised insulin pumps to eligible children and young adults per financial year</p>	<p>105 fully subsidised insulin pumps have been provided to eligible children and adults under 21 years of age between 1st July 2023 and 31st December 2023.</p> <p>As a result of the initial urgent pump allocations during the period of program transition being Medtronic pumps, the maximum number of pumps able to be fully subsidised by 30th June 2024 is 389 rather than the 394 indicated in the IPP manual (given the different cost profile).</p> <p>A strong pipeline of applications exists to ensure that a further 284 pumps will be completed by 30th June 2024.</p>	<p>Was the PI target required to be completed in the reporting period?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No (ongoing)</p> <p><input type="checkbox"/> Completed</p>
<p>Quality of Life Surveys are completed as per the Insulin Pump Program Procedures Manual</p>	<p>A minimum of 50% of insulin pump recipients participate in the Quality-of-Life Surveys</p>	<p>The IPP team requires a full reporting period to deliver on this milestone.</p> <p>Quality of Life Surveys are carried out as per the IPP Procedures Manual. Recipients receive a Quality-of-Life survey post pump start with the aim to have 50% of recipients take part in the survey. In addition to this, at the time of pump order, recipients are asked to complete a pre-pump Quality-of-Life survey. This enables a baseline to be collected for later comparison to investigate the impact of the Program. Quality-of-Life (QoL) surveys are voluntary. Results are reported in the following financial year to allow for direct comparison of results from the recipient groups.</p> <p>FY22/23</p> <p>100% of the FY22/23 pump recipients were informed of the QoL surveys by email or phone at the time of their pump order. They were requested to complete the Pre-pump QoL survey and received an email link.</p>	<p>s47</p>

		<p>Pre-pump QoL survey (FY22/23) was sent out to all 363 pump recipients as of 30th August 2022 with 194 responses received (53% of recipients). FY 22/23 pump recipients will receive the Post Pump QoL Survey in March 2024, with follow up emails to be sent periodically following up those who haven't completed the survey, and the results will be reported in the July 2024 Performance report.</p> <p>FY23/24</p> <p>100% of the FY23/24 pump recipients were informed of the Quality-of-Life surveys by email or phone at the time of their pump order. They were requested to complete the Pre-Pump QoL survey and received an email link.</p> <p>Pre-pump QoL survey (FY23/24) has been sent out to 105 pump recipients as of 31st Dec 2023 with 34 responses received giving a response rate of 32%. A reminder email will be sent in Feb 2023 to prompt responses in the pre pump survey. Future pump recipients will continue to receive the pre-pump survey until the end of the activity period (30th June 2023). FY 23/24 pump recipients will receive the Post Pump QoL Survey in February/March 2025, with follow up emails to be sent periodically following up those who haven't completed, and the results will be reported in the July 2025 Performance report.</p>	
<p>Applicant reporting and monitoring</p>	<p>A secure system is maintained to facilitate, store and process all IPP applications, and is managed in accordance with relevant privacy legislation</p> <p>De-identified data reports are able to be generated to provide input to the department as requested.</p>	<p>The IPP Database is a secure system maintained by JDRF to facilitate, store and process all IPP applications.</p> <p>A major upgrade to the IPP database was completed and implemented on 12/12/2022 to both improve efficiency, usability and security of the system and to incorporate necessary changes to reflect the expansion of the IPP to applicants up to 21 years of age. These updates have seen an improved user and administrator experience.</p> <p>Further updates were carried out in late October 2023 to accommodate the changes associated with new arrangements regarding program pump providers. Updates included:</p> <ul style="list-style-type: none"> • Medtronic 770G pump and associated consumables removed and mylife Ypsopump Pump and associated consumables added to pump selection in 	<p>Was the PI target required to be completed in the reporting period?</p> <p><input checked="" type="checkbox"/> Yes(ongoing)</p> <p><input type="checkbox"/> No</p> <p>Completed</p>

		<p>clinical eligibility.</p> <ul style="list-style-type: none"> Additional information gathered from applicant regarding current diabetes management (i.e., pump or MDI), CGM usage (which brand) and access to phone for diabetes technology including which operating system (apple or android) <p>The IPP database not only provides a secure place for the IPP applications to be managed and monitored, it also provides an avenue for the IPP team to provide deidentified data reports to the department when required.</p>	
Milestone Reporting	Required milestone reports are submitted in accordance with the due dates specified in the Commonwealth Standard Agreement.	<p>Activity Work Plan and Budget submitted on 28th July 2023 (due 31st July 2022) and accepted 31st August 2023.</p> <p>Financial Acquittal report 4 submitted on 31st October 2023 (due 31st October 2022) and accepted on 11th December 2023.</p> <p>Performance Report and Income expenditure statement for the period of 1/7/2023 to 31/12/2023 due 31st January 2024, submitted on 30th Jan 2024.</p>	<p>Was the PI target required to be completed in the reporting period?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Completed</p>
Issue Resolution			
<i>The panel process resulted in a new supplier arrangement.</i>	Insulin Pump Program Procedures Manual and the Standard Grant Agreement for subsidies and administration require updating to incorporate new contract provider.	<p>IPP procedures manual and Standard Grant Agreements require updates to incorporate the changes resulting from the panel process.</p> <ul style="list-style-type: none"> A draft IPP Procedures Manual was provided by the Department in October. This needs to be finalized. The Performance Indicators in both the Administration and Pump Subsidies Grant Agreements need to be updated to reflect the minimum number of fully subsidised pumps to be provided each year under the new arrangements. 	<p>Was the issue required to be completed in the reporting period?</p> <p>Yes</p> <p><input checked="" type="checkbox"/> No (ongoing)</p> <p><input type="checkbox"/> Completed</p>

	<p>Product Choice</p>	<p>The inclusion of the Ypsomed pump has been welcomed some in the community and HCPs, but the decision to delete Medtronic as an option has concerned many. As well the decision not to provide increased product choice has been disappointing to the community and to JDRF.</p> <p>The IPP team continues to receive questions and concerns regarding not only the Program now only offering a single supplier, but also specific concerns regarding the Ypsopump and Ypsomed’s ability to support pump starts, increased training needs and distribution of consumables. JDRF received 28 letters/emails from HCPs and T1D community as well as numerous phone calls. Updates were provided to the Department on the specific issues raised regarding the Ypsomed pump.</p> <p>These included:</p> <ul style="list-style-type: none">• Algorithm – concerns expressed regarding Ypsopump’s algorithm and its appropriateness for some lower socio-economic applicants/families. HCPs expressed that this algorithm requires more trouble shooting and interaction than other pumps available, that offer a more ‘set and forget’ approach than the Ypsomed and that this was concerning for their applicants.• Mobile phone reliance – concerned regarding the app-based approach of the Ypsomed system. The automated delivery of insulin is operated through the phone (which needs to remain within 6 metres of the pump) rather than the pump itself. If the phone is lost, broken or out of range, the pump does not provide the automated delivery of insulin, creating potential risk and stress for recipient/carer.• Stock and supply concerns. Many expressed that PHI pump starts for Ypsomed pumps have been put on hold due to low supplies and so did not feel that they could trust that supplies would be available for IPP recipients. Reported consumable shortages were also reported.	<p>Was the PI target required to be completed in the reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (ongoing)</p> <p>Completed</p>
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		<ul style="list-style-type: none">• Extra costs – while an android phone will be included for the recipient if required, for parents and carers to ‘follow’ their child, an android phone is also required. Data is also needed for this to operate, which was expressed as an unnecessary extra cost on IPP recipients. <p>Concerns expressed from recipient family regarding product choice...</p> <p>§47F</p> 	
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	<p>Program Eligibility</p>	<p>The Program expansion to include under 21 years has increased access to insulin pumps for the T1D community and ensured that those who were previous recipients have a further option to continue pump therapy without additional cost (if eligible).</p> <p>A gap still remains for adults with T1D who are over the age of 21, are lower income and have no other means, such as private health insurance, to access an insulin pump. Requests and enquiries continue to be received regarding this age group and how they can be further supported.</p>	<p>Was the PI target required to be completed in the reporting period?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No (ongoing)</p> <p>Completed</p>
	<p>Service delivery delays</p>	<p>Some hospital procedures continue to inhibit the timely access to the Program. JDRF continues to communicate with teams to better understand their procedures and to provide assistance to shorten these delays, with varying success.</p>	<p>Was the PI target required to be completed in the reporting period?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No (ongoing)</p> <p>Completed</p>

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Part C – Financial Information

FUNDING SUMMARY	ADMINISTRATION AND DELIVERY - 1/7/2023 to 31/12/2023		Total (excl. GST)
	Income	Department of Health Activity Funds	
		Total Income (A)	
	Expenses	Salaries & Wages	
		Accounting / Audit fees	
		Consultants & Contractors	
		Total Operational Expenses (B)	
	Balance	Balance = A - B	
	INSULIN PUMP SUBSIDIES – 1/7/20223 to 31/12/2023		
	Income	Department of Health Activity Funds	
		Total Income (A)	
	Expenses	Insulin Pump Subsidies	
		Total Operational Expenses (B)	
	Balance	Balance = A - B	
COMMENTS	<p>Of the ^{s47} pumps allocated to recipients ^{s47} were processed by finance, the balance was done in Jan-24. We brought forward ^{s47} from FY23, this amount together with the amount carried forward ^{s47} will be acquitted in the next quarter (Jan – Mar 2024).</p> <p>From 1 July to 24 October 2023 the program was on hold, subject to the findings of the Department of Health’s evaluation of the IPP upon which the Department entered a contract with a single tenderer, Ypsomed. As a result, JDRF was unable to disburse as many pumps as expected.</p>		

Part D: Risks and Opportunities

GRANT RECIPIENT RISK AND OPPORTUNITIES REPORT

1. Risks:

- **Delays in receiving funding** – Delays in receiving funding may delay pump initiation. This may cause issues with HCP workload as pump starts will be delayed until the funding is received.
- **Budget underspend** – Service delivery delays and limited pump choice could impact ability to acquit all pumps.
 - **Lack of choice offered by program** - Limited choice affects compatibility with CGM access program, and assumes each person has the same experience of T1D, which they do not.
 - **Withdrawing Medtronic pumps** – A Medtronic pump has been offered by the program since is commenced in 2008. Pump recipients (some for many years) and HCPs are familiar with how the pump operates, find it effective in managing their T1D, and how it coordinates with the CGM offering.
 - **Trust in DOH and JDRF** – Discussion of a panel review led most to think a selection of pump would be offered. The decision to offer a single pump, with issues such as training, additional phone access, and new processes to learn has causes some consternation. JDRF is seeking to work through this with the sector, but the assumption that JDRF was involved in the decision to go to a single pump has been damaging.
- **Volume of pumps offered** – The number of pumps offered is not materially larger than that which has been offered prior to the panel evaluation. As well, the number of pumps does not meet the demand. There are also ongoing calls for the parameters of the program to be extended to include people over 21 on low-income health care cards, who cannot afford PHI.
- **Program staffing and high operational demands** – High operation demands may cause untimely delivery of the Program and Program staffing capacity may not be sufficient to manage these demands. This may cause deadlines to be missed (such as reporting deadlines)
- **Database integrity** – There is risk of database breaches which may arise from an insecure or vulnerable database. Furthermore, database outages may cause delays in application process and impact the uptake of the Program if applicants are unable to submit expressions of interest
- **Quarterly funding structure** – the current quarterly funding structure may impact the ability to order pumps if funding is exhausted. If this is to occur, applicants will remain on the waitlist after receiving clinical approval of the pump until the next allocation of funding is received. This can cause an increase in workload for clinics (particularly high-volume clinics), as pump starts may need to be delayed as a result.

Strategies have been implemented to reduce the likelihood of these risks occurring and causing impacts to IPP applicants and recipients.

- A communication strategy is in place which includes targeted emails, website updates and social media posts. These are monitored for sentiment to ensure any issues are identified and rectified responsively
- A communication mitigation strategy that includes additional communication and promotion of the Program that is to be implemented should a budget underspend occur
- Regular ongoing monthly meetings with stakeholders ensures the Programs objectives and parameters are transparent and align with stakeholders.
- JRDF are working with the new supplier, Ypsomed, and have agreed to a protocol that HCPs and community member can follow should they have concerns.
- A project plan, timeline and budget are in place to ensure operational needs are met and the Program is staffed accordingly 5 days per week to meet operational demands
- Ongoing work with an IT specialist to ensure that the Database is maintained to ensure it is up to date, all personal information is secure, and that all required information for reporting purposes is captured for the effective delivery of the Program. Recent database updates included new secure two factor authentication sign on process.

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BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

- **Opportunities:**

- **Ongoing improvements to the IPP database** – in order to respond flexibly to Departments ad hoc requests for data, there are some adjustments that have been identified and adjusted accordingly. JDRF seeks to use IPP data more robustly and this requires ongoing updates to the database. For example, data regarding current diabetes technology and treatment is collected from applicants, which will be able to provide more statistical insights into the recipients.
- **In person clinic visits** – JDRF took the opportunity to build stronger relationships with HCPs through in person clinic visits with PCH. This saw an increase in applications from family's who attend PCH indicating a positive outcome for the Program. There is potential for JDRF to further explore this opportunity by expanding in person visits to other clinics.

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BY THE DEPARTMENT OF HEALTH AND AGED CARE

Pages 25 to 55 of document 2 were redacted under s47 and s47F of the FOI Act.

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BY THE DEPARTMENT OF HEALTH AND AGED CARE

s22

From: s47F@jdrf.org.au>
Sent: Tuesday, 28 May 2024 4:09 PM
To: s22
Cc: s22; s47F@jdrf.org.au
Subject: RE: IPP information *URGENT* [SEC=OFFICIAL]

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Hi s22

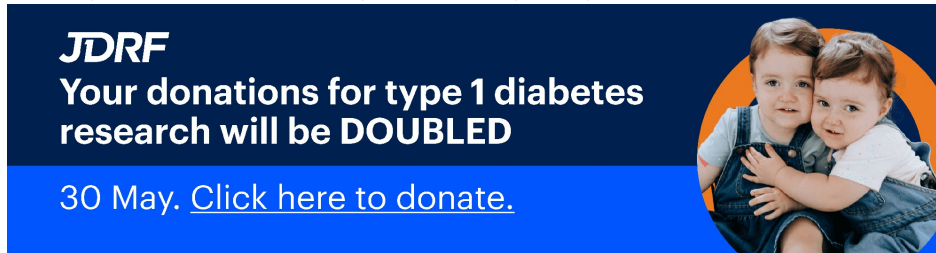
Please see figures below. Let me know if you have any questions.

- how many eligible recipients were on the IPP waitlist at 1 July 2023?
 - According to our report figures there were **395 applications** on our waitlist at 1 July 2023
- what is the current IPP waitlist?
 - 40 - Allocated (awaiting return of signed clinical)
 - 355 - In progress (have received initial clinical approval to progress application and are in various stages such as eligible and on hold for next round, paperwork submitted and in progress, paperwork requested etc)
 - 219 - New application
 - **614 - Total waitlist currently**
- how many recipients commenced on an IPP funded pump each month since 1 July 2023?
 - Oct 23 – 10 (Medtronic)
 - Nov 23 – 18
 - Dec 23 – 74
 - Jan 24 – 32
 - Feb 24 – 70
 - Mar 24 – 62
 - April 24 - 34
 - May 24 – 52
- how many people pump starts in total since commence of new sole panel?
 - 352 (342 Ypsomed and 10 Medtronic) pumps ordered
 - 40 pumps allocated and awaiting signed clinical back
 - **392 Total** (2 left to allocate)

Thanks

s47F

Level 4, 80-84 Chandos Street, St Leonards, NSW, 2065



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From: s22 @health.gov.au>
Sent: Tuesday, May 28, 2024 1:37 PM
To: s47F @jdrf.org.au>; s47F @jdrf.org.au>
Cc: s22 @health.gov.au>
Subject: IPP information *URGENT* [SEC=OFFICIAL]
Importance: High

Hi s47F

As a matter of urgency, could you guys please dig up the following information for me?

- how many eligible recipients were on the IPP waitlist at 1 July 2023?
- what is the current IPP waitlist?
- how many recipients commenced on an IPP funded pump each month since 1 July 2023?
- how many people pump starts in total since commence of new sole panel?

I apologise for the urgency on the timing of this request.

Thanks

s22

Departmental Officer – Diabetes Support and CSO Section

Technology Assessment and Access Division | Health Benefits Group
 Pharmacy Branch
 Australian Government Department of Health and Aged Care
 T: 02 6289 s22 | E: s22 @health.gov.au

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Director
Diabetes Support and CSO Section
Pharmacy Branch
Technology Assessment and Access Division
Phone: (02) 6289 ^{s22} [REDACTED]

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s22

From: s47F @jdrf.org.au>
Sent: Thursday, 25 January 2024 12:27 PM
To: s22
Cc: s47F @jdrf.org.au
Subject: TRIM: RE: IPP numbers [SEC=OFFICIAL]

Hi s22

Following on from our chat this morning, based on the information provided earlier and in finalising numbers for the IPP report for the current activity period we expect that there will be a waitlist by the end of the year. If we continue to see 70-80% of applications resulting in a pump being supplied and EOI's remain the same at around 70 per month, once our funding for approximately 390 pumps is exhausted, we would expect to have approximately 325 applications on a waitlist, where even though they are eligible they will not be able to access a pump through the Program.

While we would definitely welcome more pumps being added to the Insulin Pump Program to meet the ever-growing need, we would also need an increase in administration to fulfil the extra volume.

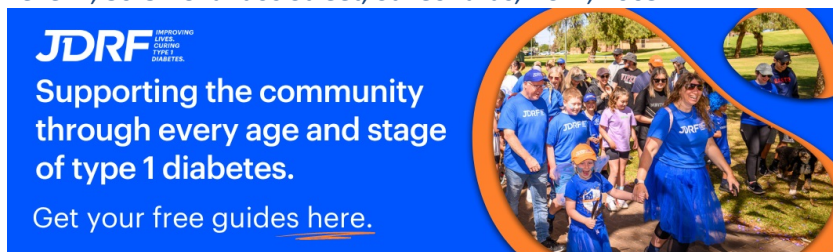
Thanks

s47F



s47F

Level 4, 80-84 Chandos Street, St Leonards, NSW, 2065



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From: s22 @health.gov.au>
Sent: Thursday, January 25, 2024 11:00 AM
To: s47F @jdrf.org.au>
Subject: FW: IPP numbers [SEC=OFFICIAL]

Hi s47F

I need to give you a call very soon to discuss more data. Thanks in advance, 😊.

Cheers

s22

From: s22
Sent: Tuesday, January 23, 2024 5:12 PM
To: s47F <[s47F@jdrf.org.au>
Cc: s47F <\[s47F@jdrf.org.au>; s22 <\\[s22@health.gov.au>; s22 <\\\[s22@health.gov.au>
Subject: RE: IPP numbers \\\\[SEC=OFFICIAL\\\\]\\\]\\\(mailto:span style=\\\)\\]\\(mailto:span style=\\)\]\(mailto:span style=\)](mailto:span style=)

This is brilliant, thanks s47F. I know it was not a fun data extracting exercise, really appreciate it 😊.

From: s47F <[s47F@jdrf.org.au>
Sent: Tuesday, 23 January 2024 5:05 PM
To: s22 <\[s22@health.gov.au>
Cc: s47F <\\[s47F@jdrf.org.au>
Subject: \\\[ATTACHMENT UNSCANNED\\\]IPP numbers\\]\\(mailto:span style=\\)\]\(mailto:span style=\)](mailto:span style=)

Hi s22

Sorry I missed your call, as discussed, these figures are an estimate only but are my informed bet guess. I've had a look back at the last three reporting periods and the current application statuses of these and listed them below. Statuses change back and forth sometimes depending on the situation and clinical approval.

Looking at the last 6 months (1/7/23 – 31/12/23) **433 new expressions of interest (EOI's)** were received with an **average of 72 per month**. With regard to the progression of applications, I've looked at the last three reporting periods and the current status of the applications received during those dates to compare. As you would appreciate, applications can be active and in progress over different reporting periods depending on many different factors which makes it difficult to be precise with figures.

Looking at the figures below we can see that for 77% of applications received during July 22 and Dec 22 we would expect that they will receive a pump, and similarly for those applications received during Jan 23 and June 23, 80% would be more than likely to progress and so on for the last 6 months. However, I would add that the last 6 months should be considered as an estimate as we have only began processing applications since October and we are working through the earlier applications on our waitlist.

I hope that is helpful, feel free to give me a call if you have any questions.

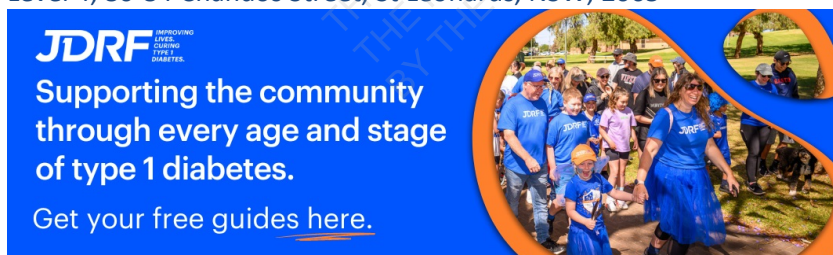
	1/7/23 - 31/12/23 (Estimate)	1/1/23 - 30/6/23	1/7/22 - 31/12/22	Likelihood to complete (rating 1-7 - 1 most likely)
Total EOI's	433	403	336	
Average per month	72	67	56	
Number Completed/ordered	66	202	207	1
Initial approval given and awaiting clinical docs	37	30	12	2
Initial approval given and documents received from applicants	61	23	10	2

Initial approval given and awaiting docs from applicants	73	36	20	3
Applications put on hold after consultation with team or applicant	26	31	11	5
New applications - not actioned yet/awaiting confirmation from team	135	25	1	?
Number withdrawn/deleted/clinically declined	36 (8.3%)	55(13%)	74 (22%)	7
	263 or 60.7% (estimate due to shorter processing time)	322 or 80%	260 or 77%	

Thanks



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