

# **Multidisciplinary care in diabetes: The cycle of care and beyond**

**This session will start soon.**



# Multidisciplinary care in diabetes: The cycle of care and beyond

Hybrid event, 6.30pm to 8pm

# Acknowledgement of traditional owners

We acknowledge the Tasmanian Aboriginal people as the traditional owners and ongoing custodians of the land on which we are meeting today. We pay our respects to Elders past and present.

We would also like to acknowledge Aboriginal people who are joining us today.

# Learning outcomes

After this session, I will be able to:

- Summarise the benefits of multidisciplinary care for people with diabetes.
- Demonstrate effective collaboration and communication with other health providers to appropriately manage diabetes.
- Describe the clinical assessments undertaken to identify potential complications of diabetes.
- Determine when to refer a person who has diabetes.
- Self-reflect on own knowledge and skills in relation to diabetes and act on areas for professional development as identified.

# Housekeeping

- Tonight's hybrid event is being recorded, please use a microphone for all speaking and questions
- Q&A at end of session:
  - Online attendees: Use the Zoom Q&A feature
  - Face to face attendees: Raise your hand and a roving microphone will come to you
- Evaluation survey:
  - Online attendees: At the end of the event, your browser will automatically open an evaluation survey
  - Face to face attendees: A QR code will be displayed on the screen and printed versions will be circulated
- CPD – 1.5 hours of Educational Activities
- Please don't forget to register for your next event!



# Panel members



**Minke Hoekstra**

State General Manager  
(Impact & Engagement),  
Accredited Practising Dietitian

*Diabetes Australia*



**Neeta Oakley**

Senior Social Worker  
*Diabetes Australia*



**Claire Schuringa**

Clinical Lead Podiatrist  
*Tasmanian Health Service*



**Elise Wilson**

Optometrist  
*Tasmanian Health Service*

# Diabetes in Tasmania



Across Tasmania:  
Prevalence of **2.1%** in 2001  
Increased to **5.6%** in 2025



Prevalence of **8.4%** in *MOST* disadvantaged vs **3.6%** in *LEAST* disadvantaged areas in Tasmania (2022)



Diabetes is in the **top 10** reasons for hospital admissions in Tasmania (2022)



Indigenous Australians are almost **4x more likely** to have type 2 diabetes compared to non-indigenous Australians nationwide (2025)



Identified as a **priority area** in the Primary Health Tasmania 2025-28 health needs assessment

## Diabetes prevalence in Tasmania

32,119 people live with diabetes in TAS, representing 5.60% of the local population (compared to 5.40% nationally).



**2 in 5**

are under the age of 65 years



**3,464**

with type 1 diabetes



**27,385**

with type 2 diabetes



**872**

with gestational diabetes



**12,295**

undiagnosed diabetes

## The burden of diabetes

Diabetes directly contributes to poorer health outcomes for residents in TAS.



**1,542**

are living with diabetes-related vision loss



**6,144**

are living with cardiovascular disease



**1,288**

are living with chronic kidney disease



**161**

have had amputations in the last year

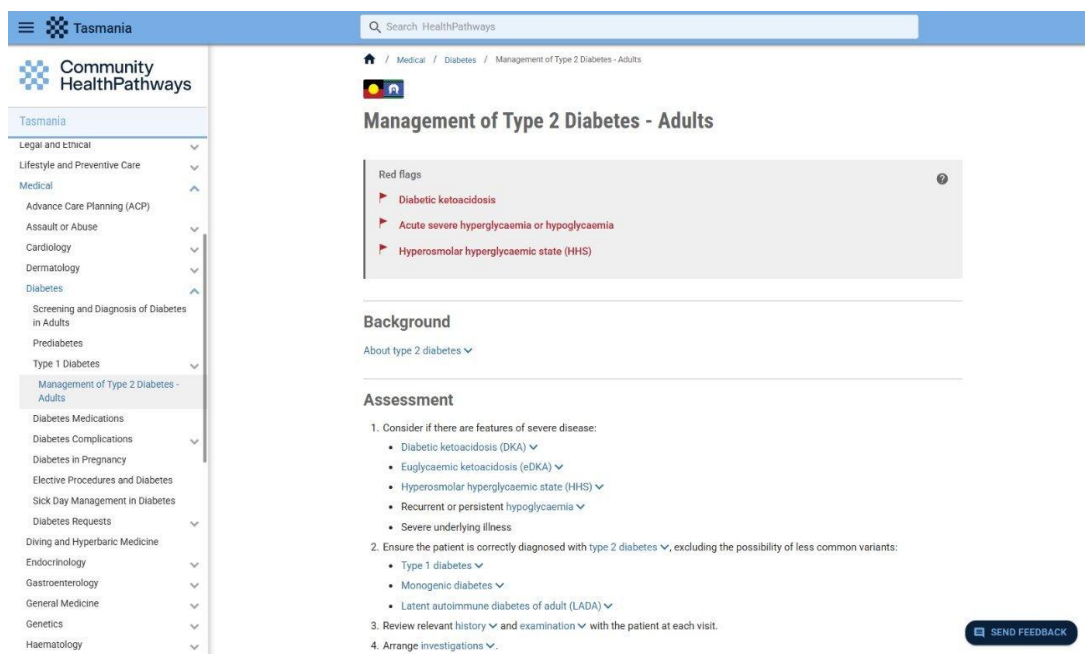
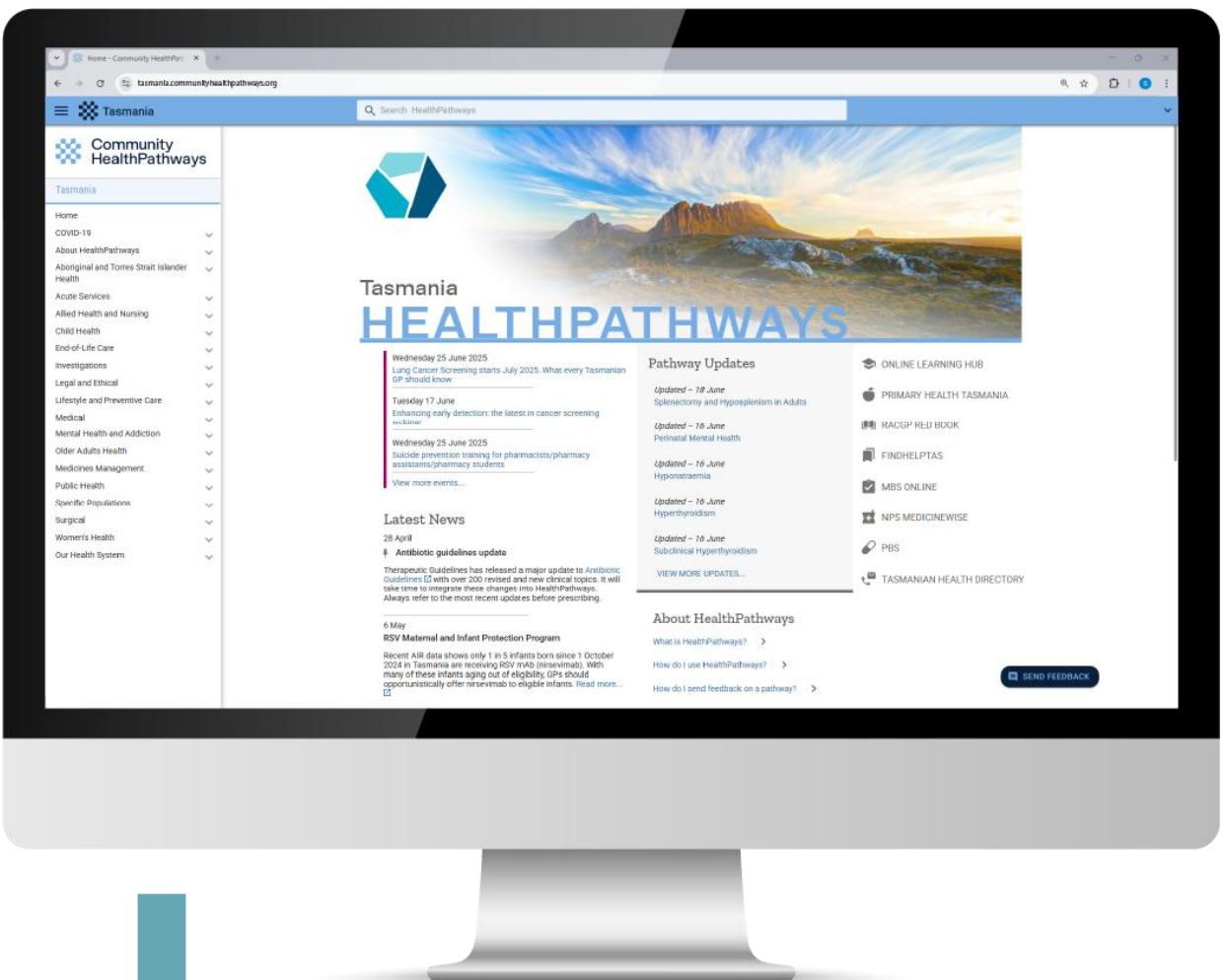


**1,591**

are living with mental health conditions

# TYPE 2 DIABETES PATHWAY





To sign in or register, please visit the Tasmania HealthPathways home page.



Scan here

# Diabetes pathways

The image displays five overlapping screenshots of the Tasmania Community HealthPathways website, illustrating various diabetes-related pathways. The screenshots are arranged in a descending staircase pattern from top-left to bottom-right.

- Top Screenshot:** "Diabetic Neuropathy and Foot Screening". Breadcrumb: / ... / Diabetes Complications / Diabetic Neuropathy and Foot Screening.
- Second Screenshot:** "Sick Day Management in Diabetes". Breadcrumb: / Medical / Diabetes / Sick Day Management in Diabetes.
- Third Screenshot:** "Screening and Diagnosis of Diabetes in Adults". Breadcrumb: / Medical / Diabetes / Screening and Diagnosis of Diabetes in Adults.
- Fourth Screenshot:** "Prediabetes". Breadcrumb: / Medical / Diabetes / Prediabetes.
- Bottom Screenshot:** "Diabetes". Breadcrumb: / Medical / Diabetes. This page includes a section titled "In This Section" with links to various diabetes-related topics and a "See Also" section for "Cardiovascular Risk Assessment (CVRA)".

Each screenshot shows the website's header with the "Tasmania" logo and a search bar. The left sidebar contains a navigation menu with categories like "Dermatology", "Diabetes", "Prediabetes", "Type 1 Diabetes", "Management of Type 2 Diabetes in Adults", "Diabetes Medications", "Diabetes Complications", "Hypoglycaemia", "Diabetes Eye Disease", "Diabetic Neuropathy and Foot Screening", "Diabetes in Pregnancy", "Elective Procedures and Diabetes", "Sick Day Management in Diabetes", "Diving and Hyperbaric Medicine", "Endocrinology", "General Medicine", "Genetics", and "Haematology". The bottom screenshot also features a "SEND FEEDBACK" button in the footer.

# HealthPathways for multidisciplinary teams

Do you have a client with a new diagnosis of Type 2 Diabetes?

HealthPathways could help you:

- Understand disease progression
- Understand initial GP assessments and investigations
- Consider options for management
- Explore the role of other allied health professionals in the 'cycle of care'

## Newly Diagnosed Type 2 Diabetes - Adults

See also Screening and Diagnosis of Diabetes in Adults.

Red flags ?

- ▶ Signs of hyperosmolar hyperglycaemia state

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### Background

[About newly diagnosed type 2 diabetes – adults ^](#)

#### About newly diagnosed type 2 diabetes – adults

Type 2 diabetes:

- is a progressive condition, in which the pancreas produces insufficient insulin and/or the body responds less effectively to insulin.
- represents 85 to 90% of all diabetes.
- is strongly linked to life-style, ethnicity, and family history.
- is more common in older age but is increasingly occurring in younger people.
- can incur other complications as a result of micro- and macrovascular damage.
- may eventually require oral or injectable glucose-lowering medications, including insulin.

# GP referral opportunities along the diabetes journey in Tasmania



**1** High-risk or pre-diabetes  
Refer to:  
 DA's COACH program

Register on NDSS  
 ↓  
Refer to:  
 COACH program or  
 DA's Tasmania clinic  
and/or HMR/RMMR

Refer to:  
 DA's Tasmania clinic  
and/or HMR/RMMR

Refer to:  
 DA's Tasmania clinic  
and/or HMR/RMMR

AND/OR

AND/OR

**Other allied health**  
 (annual CCMP includes  
 5x allied health +  
 8x group exercise)

**Other allied health**  
 (annual CCMP includes  
 5x allied health +  
 8x group exercise)

AND/OR

AND/OR


AND/OR


**Other allied health**  
 (annual CCMP includes  
 5x allied health +  
 8x group exercise)

**Non-GP specialists**

**Non-GP specialists**

DA = Diabetes Australia  
 NDSS = National Diabetes Services Scheme  
 HMR/RMMR = Home Medicines Review/Residential Medication Management Review

 Free service

 May incur out of pocket cost to patient

# Medicare Benefits Scheme (MBS) items

**MBS item examples (that may be applicable to multidisciplinary diabetes care):**

- **81100:** Diabetes educator
- **81110, 81115, 10953:** Exercise physiologist
- **81125, 10954:** Dietitian
- **965, 967, 900, 903:** General practitioner
- **93000, 93013:** Allied health practitioner or aboriginal health practitioner
- **12325, 12326:** Optometrist
- **10962:** Podiatrist
- **80160:** Social worker

**Search for MBS items:**

<https://www9.health.gov.au/mbs/search.cfm>

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"How can healthcare professionals **best engage** a person in **diabetes care**?"

"If a person is **minimally engaged** with their diabetes care, which areas of care would you **prioritise and why?**"

"And what would you like someone who is minimally engaged to know/be aware of?"

"How much **care** can you do  
**virtually** or **via telehealth**?"

"How can healthcare team members **best communicate** to **optimise** a diabetes management plan?"

"If someone is **not willing to engage** in dietetics care, what are the most important aspects of **diet optimisation** that a GP could counsel the person on?"

"What **impact** does diabetes have on a person from a **psychosocial perspective**?"

"If public podiatry can't see patients for routine foot checks and **someone can't afford** private podiatry, what is a really quick **foot assessment** and education approach that a GP could do in **less than 5 minutes?**"

"What are some **common presentations** and **red flag presentations** healthcare practitioners should be aware of for the **diabetic eye**?"

"What **community food resources** have you had success with, or would you recommend, for people with **food insecurity** and diabetes?"

"How can **staged referrals** help to reduce patient **overwhelm/drop out**?"

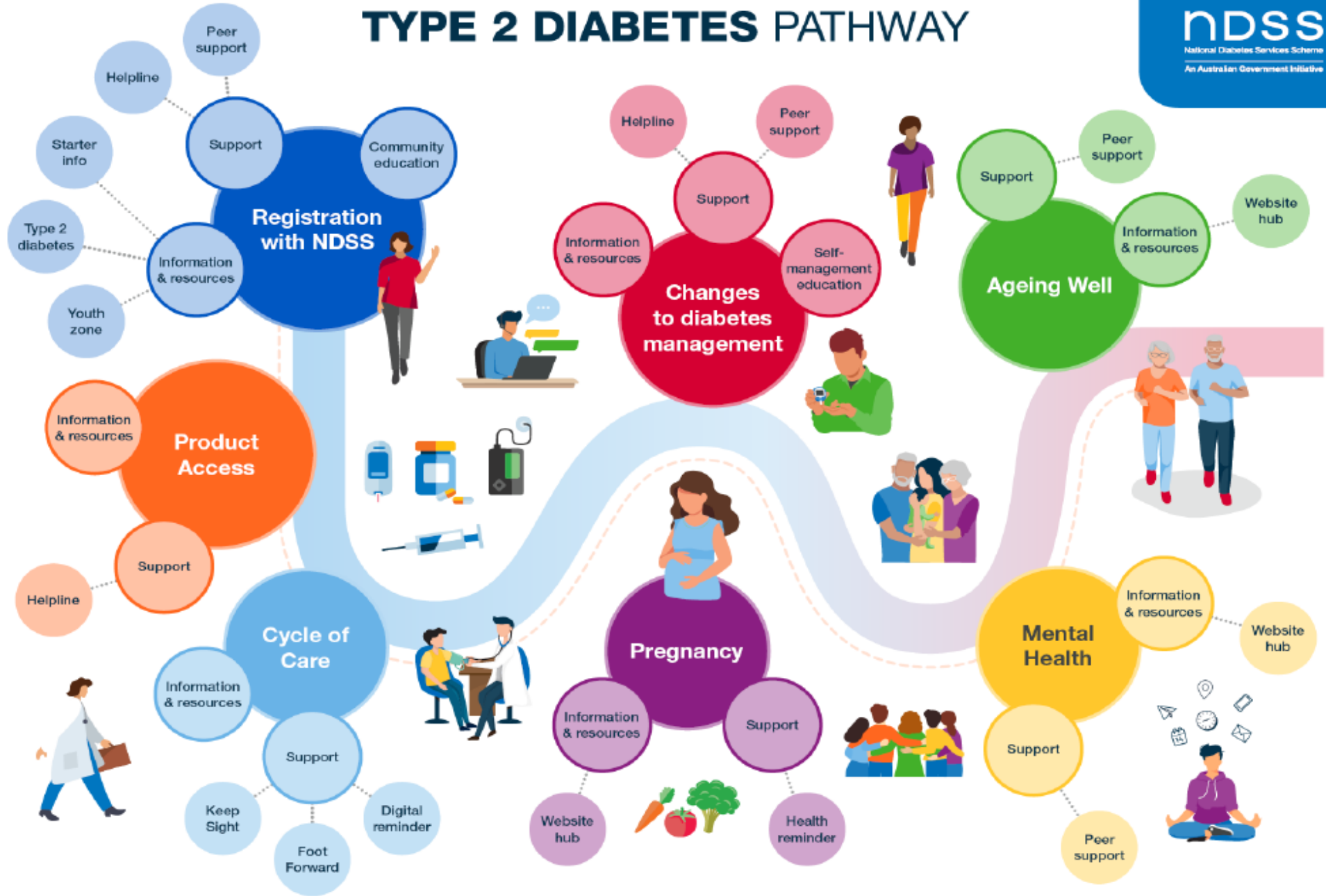
"What are the **referral options** for someone with diabetes related foot disease such as an **ulcer**, **lower limb ischaemia** or **Charcot foot**?"

"How do **comorbidities compound** to worsen diabetic **retinopathy**?"

"As an **allied health practitioner** involved in diabetes care, is there anything that you **wish GPs knew** (or anything you wish GPs would **do differently?**)"

**Q&A**

# TYPE 2 DIABETES PATHWAY



# Connect & Learn

## Networking breakfasts for allied health professionals

Held quarterly, 7.00am to 8.30am

Tuesday 18 June: **Hobart**

Tuesday 23 June: **Burnie**

Thursday 25 June: **Launceston**



Scan here  
to register!



# Final words

- Evaluation survey:
  - Online attendees: Your browser will automatically open a link to the survey
  - Face to face attendees: A slide with a QR code to the survey will be displayed and printed versions will be circulated
- Statements of attendance will be emailed to participants
- For event queries, please contact [events@primaryhealthtas.com.au](mailto:events@primaryhealthtas.com.au)

**Thank you!**



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**& stay tuned for  
part 2 of the series!**