THE ARTHRITIS SOCIETY

ONTARIO 2020 PRE-BUDGET SUBMISSION

TO THE STANDING COMMITTEE OF FINANCE AND ECONOMIC AFFAIRS

JANUARY 24, 2020

Arthritis SOCIETY
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INTRODUCTION

We appreciate the opportunity to contribute to the Standing Committee on Finance and Economic Affairs' 2020 pre-budget consultations.

The Arthritis Society is a national health charity representing 6 million Canadians with arthritis. In Ontario 2.4 million people have arthritis and there is no cure. Arthritis causes pain, restricts mobility and diminishes quality of life. Patients require allied health services along with pharmacological treatments to manage the disease as it is persistent, episodic and chronic.

Arthritis is the most common chronic health condition in Ontario, is a leading cause of long-term disability and can severely impact a person's ability to sustain productive employment.

Our 2020 budget recommendations are as follows:

1) Continue to support and enhance community-based care for people living with arthritis through the Arthritis Rehabilitation and Education Program (AREP)
2) Develop and implement a strategy to reduce wait times for joint replacement
3) Ensure access to a range of treatment options for Ontarians living with arthritis
4) Stop taxing medical cannabis and make it available through pharmacies

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1) Continue to support and enhance community-based care for people living with arthritis through the Arthritis Rehabilitation and Education Program (AREP)

The Arthritis Rehabilitation and Education Program (AREP) is a $5 million program delivered by the Arthritis Society with funding from the Ministry of Health and Long-Term Care. AREP is perfectly aligned with the Government's stated goal of providing community-based care. The program provides community-based Physiotherapy, Occupational Therapy and Social Work rehabilitation services to people with arthritis and has been doing so for over 50 years.

Approximately 15,000 Ontarians with arthritis are seen at home, in schools, at work, and at over 150 ambulatory care sites in more than 90 communities per year. Patients are assessed and treated, with an emphasis on adaptations to ensure reduced pain, safe exercise, splinting, counselling on self-management strategies, and reinforcement of safe use of medications.

AREP's community operations are built on partnerships with other community organizations to bring service to the patient in a cost-effective model that is focused on: patient-centred care, interprofessional care, collaboration with other providers and improved access to care. The teaching and application of self-management practices helps patients to better manage their arthritic condition and other chronic diseases they are likely to have.

For many years, AREP has successfully operated with an annual base budget of $5 million. This modest budget enables 15,000 Ontarians living with arthritis access to the AREP services they need. Investment in this key community-based solution will enable us to serve even more arthritis patients, diverting them from the high-cost acute care services of Ontario hospitals and providing them with innovative models of care that are best suited to their needs.

2) Develop and implement a strategy to reduce wait times for joint replacements

Arthritis is the leading cause of joint replacement, including over 99% of knee replacements and over 80% of hip replacements. While Ontario is performing relatively well, we are still is not hitting the medically recommended target wait time of 6 months for joint replacement surgeries and there is inconsistency across the province.

According to the Canadian Institute for Health Information, in Ontario about 1 out of every 5 knee replacements are not completed within the medically recommended target of 6 months. Hip replacement is better, although still 1 in 6 are not meeting the recommended target. It is also concerning that there is a trend down in meeting the target, especially for knee replacement surgery. Wait times also vary widely by region with Health Quality Ontario showing that for some hospitals the wait times is over 200 days and a few over 300 days.

A typical knee or hip joint replacement surgery costs the health care system roughly $10,000. With that investment, most patients can return to normal functioning, contributing to their families, communities, and workplaces. The short-term solution is to continue to invest to bring Ontario up to standard through increasing volumes and supporting the Rapid Access Clinics, especially in challenged regions. In the longer term, the province should seek innovative approaches to reduce the burden of surgery, develop alternatives to prevent damage due to arthritis and regenerate joint tissues before joint replacement becomes necessary.

3) Ensure access to a range of treatment options for Ontarians living with arthritis, including biologics

There is no cure for arthritis. Pharmacological treatments play an important role in management of the condition, which typically persists for many years, if not a lifetime. It is vital that there be a range of treatment options available, as people with arthritis respond differently to different treatments. In the case of inflammatory arthritis, for example, treatments are still very much trial and error: what works for one person may not for another, it's about finding the right treatment at the right time. A range of choices and solutions is therefore critical.

As governments are looking for more cost-effective options for treatments with strong clinical evidence, the Arthritis Society believes that biosimilars have a role to play in the care and management of inflammatory arthritis. Biosimilars provide additional choices for those living with inflammatory arthritis and have the potential to lower health care costs and increase access to treatment. Public and prescriber education on biosimilars is important and should be supported by the government. Should the government move forward with a policy change in the public funding of biologics, it is vital that key stakeholders (such as patient groups like the Arthritis Society) be involved in the development of the policy, its implementation and monitoring of the change.

4) Stop taxing medical cannabis and make it available through pharmacies

Many people with arthritis rely on medical cannabis for pain and symptom management; a recent Statistics Canada report showed that many of those cannabis users are seniors. Although cannabis for medical purposes is authorized by healthcare practitioners as a medicine, it is not treated as such in key aspects of policy around access and affordability.

Applying any tax to cannabis for medical purposes is inconsistent with the taxation of prescription drugs and medical necessities. We encourage you to remove the provincial sales tax for medical cannabis.

Enabling the distribution of medical cannabis through pharmacies will create a clear distinction between medical cannabis and cannabis for other uses, and will help to ensure that patients receive reliable education on safe and effective use from trained healthcare professionals.

CLOSING

In closing, we urge the Ontario Government to consider our four key recommendations that can help keep Ontarians with arthritis moving and healthy – reducing the cost to the healthcare system.

Thank you.