

ARTHRITIS SOCIETY
ONTARIO 2021 BUDGET SUBMISSION
February 12, 2021

**Submitted to: The Honourable Peter Bethlenfalvy
Minister of Finance**



INTRODUCTION

We appreciate the opportunity to contribute to the 2021 Ontario 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. By innovating, addressing the system challenges to treat it properly, we can keep people healthier and save the healthcare system money.

Our 2022 Budget recommendations are as follows:

- 1) Develop and implement a comprehensive strategy to reduce wait times for joint replacement
- 2) Ensure access to pharmaceutical options for Ontarians living with arthritis
- 3) Support community-based care for people living with arthritis through the Arthritis Rehabilitation and Education Program (AREP)
- 4) Stop taxing medical cannabis and expand access by allowing pharmacy distribution

1) Develop and implement a comprehensive strategy to reduce wait times for joint replacement surgery

Arthritis is the leading cause of joint replacement, including over 99% of knee replacements and over 80% of hip replacements.

Prior to the pandemic, [Canadian Institute for Health Information](#) data showed about 1 out of every 5 knee replacements and 1 in 6 hip replacements in Ontario were not completed within the medically recommended target of 6 months. Additionally, [Health Quality Ontario](#) data shows it also varies widely by region in the province with wait times in some areas over 200 days and a few over 400 days.

The pandemic and efforts to confront it have led to more challenges, causing an alarming backlog of joint replacement surgery. In addition, there is a growing increase in the number of Canadians who require joint replacement surgery; over the past five years, knee and hip replacement surgeries in Canada have grown over 20% – creating a heavy burden on our already strained healthcare system.

The delays are causing Ontarians to live with devastating pain and reduced quality of life unnecessarily. We were pleased with the fall 2020 announcement to address the surgery backlog. However, we believe greater action is required now and it is critical to involve the patient voice in the discussion.

The Arthritis Society has developed a [position statement](#) on wait times and we have convened a pan-Canadian Working Group to explore how we can use the experience of COVID-19 and the move to virtual care to develop innovative approaches to reduce wait times and improve the patient experience. We will share our final report soon and encourage the government to include our organization as discussions and planning continue to address this urgent issue.

2) Ensure access to pharmaceutical 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 look 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. As the government considers a policy change in the public funding of biologics, the Arthritis Society is ready to continue to work with you on the development of the policy, its implementation and monitoring of the change. Public and prescriber education on biosimilars is critical and should be supported by the government. We encourage the government to collaborate with our organization to ensure patients are provided and have access to educational resources on biologics.

3) Support 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. AREP is perfectly aligned with the Government's stated goal of providing community-based care, serving rural and remote Ontarians, filling a need for those who don't have easy access to services. AREP diverts

Ontarians living with arthritis from the high-cost acute care services and provides access to an innovative model of care that is best suited to their needs. The program provides community-based physiotherapy, occupational therapy and social work rehabilitation services 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 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 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 may have.

4) Stop taxing medical cannabis and expand access through allowing pharmacy distribution

Many people with arthritis rely on medical cannabis for pain and symptom management; a 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.

Expanding access points by enabling the distribution of medical cannabis through pharmacies will help to ensure that patients receive reliable education on safe and effective use from trained healthcare professionals. This will also help facilitate reimbursement by health insurance plans.

CLOSING

In closing, we urge the Ontario Government to think boldly. We have the opportunity and the need to innovate to address our healthcare challenges. The Arthritis Society is here to work with you to keep Ontarians with arthritis moving and healthy.