

THE ARTHRITIS SOCIETY
ONTARIO 2019 PRE-BUDGET SUBMISSION
TO THE STANDING COMMITTEE OF
FINANCE AND ECONOMIC AFFAIRS

JANUARY 29, 2019



1700 - 393 University Avenue, Toronto, ON M5G 1E6 | arthritis.ca

INTRODUCTION

On behalf of the Arthritis Society, we appreciate the opportunity to contribute to the Standing Committee on Finance and Economic Affairs' 2019 pre-budget consultations.

The Arthritis Society is a national health charity that gives voice to the one in five Canadians – and one in two seniors – who have arthritis, a collection of conditions affecting joints and other tissues. There is no cure for arthritis. Arthritis causes pain, restricts mobility and diminishes quality of life. Patients require allied health services to manage persistent and episodic flares of the signs and symptoms and pharmacological treatments play an important role in the management of the condition.

Arthritis is the leading cause of long-term disability in the country and can severely impact a person's ability to sustain productive employment.

As you begin your pre-budget consultations, we are pleased to provide several recommendations (elaborated further below), that will help support the more than 2.5 million Ontarians living with arthritis today:

- 1) Expand 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

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

The Arthritis Society recognizes and supports the government's priority of shifting from hospital-based "hallway medicine" and towards community-based delivery of health care services. We believe this shift is vital for the long-term sustainability of our health care system and will better support patients living with arthritis and other forms of chronic disease. Ontario is contending with a growing and aging population that will have a significant impact on the health care system with the number of arthritis patients expected to grow. By 2035, over 3.4 million Ontarians will have arthritis.

The Arthritis Rehabilitation and Education Program (AREP) is delivered by the Arthritis Society with funding from the Ministry of Health and Long-Term Care and is perfectly aligned with the goal of providing community-based care. The program has provided community-based Physiotherapy, Occupational Therapy and Social Work rehabilitation services to people with arthritis for over 50 years. Annually, approximately 15,000 patients are seen at home, in schools, at work, and at over 150 ambulatory care sites in more than 90 communities across Ontario. 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 allows only 15,000 Ontarians living with arthritis access to the AREP services they need. Increased investment in this key community-based solution would enable us to serve even more arthritis patients, diverting them from the high-cost acute care services of Ontario's hospitals and providing them with innovative models of care, better suited to their needs.

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

Arthritis is the leading cause of joint replacement, including over 99% of knee replacements and over 80% of hip replacements. 2.5 million Ontarians live with arthritis today, but as the population ages that number will increase to an estimated 3.4 million by 2035, which means even more people will need joint replacement.

Unfortunately, Ontario is not hitting the medically recommended target wait time of 6 months for joint replacement surgery. In fact, since 2014, wait times have been getting worse. According to the Canadian Institute for Health Information, about 1 out of every 5 knee and hip replacements are not completed within the medically recommended target of 6 months. The news is even worse for more critical patients (Priority 2 and 3 patients), with only about half of patients receiving timely knee and hip surgeries. Wait times also vary widely by region, e.g., in the South West region of the province, only about half of hip and knee surgeries are completed within the medically recommended target of 6 months (one hospital had an average wait of 547 days).

A typical knee or hip joint replacement surgery costs the health care system roughly \$10,000. Most patients can return to normal functioning, contributing to their families, communities, and (for some) workplaces. The government should aim to reduce wait times, which is vital in the short term to alleviate Ontarians' immediate pain. The longer-term solution is to invest in innovative approaches to reduce the burden of surgery, and to develop alternatives to prevent damage due to arthritis and regenerate joint tissues before joint replacement becomes necessary.

We are hopeful that the upcoming report from the Premier's Council on Improving Health Care and Ending Hallway Medicine echoes the Arthritis Society's concern about wait times and access to surgery.

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

As 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 drugs. 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- the right care at the right time. A range of choices and solutions is therefore critical and will become even more necessary with the advent of personalized medicine. Ensuring wide choice will not only lead to improved health outcomes, but may also increase health system savings, as medicines become more precise and better able to target patients who will most likely benefit from the treatments.

CLOSING COMMENTS

In closing, for the 2019 budget, we urge the Ontario Government to consider our three key recommendations: **1) further support and grow the Arthritis Rehabilitation and Education Program (AREP); 2) develop and implement a strategy to reduce wait times for joint replacement; and 3) ensure access to a range of treatment options for Ontarians living with arthritis.**

Thank you once again for the opportunity to provide our input on how the government can best meet the needs of Ontarians living with arthritis.