# Written Submission for the 2024 Pre-Budget Consultations in Advance of the Upcoming Federal Budget

**By: Arthritis Society Canada** 





# **List of Recommendations:**

- 1. Prioritize the bilateral agreements to enable provinces and territories to significantly improve wait times for joint replacement surgeries
- **2.** Move forward on the implementation of the Pan-Canadian Data Strategy
- 3. Take steps to increase funding for arthritis research in Canada





# **Background**

Arthritis Society Canada is a national charity dedicated to extinguishing arthritis. We represent the six million Canadians living with arthritis today, and the millions more who are impacted or at risk.

Arthritis can cause excruciating pain, limit the ability to walk and move, interrupt sleep, and significantly diminish quality of life for patients, caregivers and families. Arthritis is a leading cause of long-term disability in the country and can severely impact a person's ability to participate in the labour force.

With a growing and aging population, the number of Canadians living with arthritis is expected to grow to more than nine million by 2040. More than half of Canadians with arthritis are under the age of 65. Working aged Canadians with arthritis are twice as likely to report that they are not participating in the workforce compared to their peers without arthritis, many as young as 35.

We must take steps to address the challenges facing Canadians with arthritis so they can participate more fully in the workforce and contribute to the Canadian economy. In this context, we respectfully provide the following recommendations.

# 1. Prioritize the bilateral agreements to enable provinces and territories to significantly improve wait times for joint replacement surgeries

Arthritis is the leading cause of joint replacement, including over 99% of knee replacements and more than 70% of hip replacements. With the number of Canadians with arthritis expected to balloon to nine million by 2040, even more people will need joint replacements.

While the number of surgeries performed has increased since the beginning of the pandemic, the <u>latest data</u> from the Canadian Institute for Health Information (CIHI) shows that 43% and 50% of Canadians waiting for hip and knee replacements respectively waited longer than the recommended wait time of six months.

This prolonged wait leads to unnecessary pain and suffering for many Canadians who are prevented from contributing to their families, communities, and workplaces. Surgery delays are not only devastating for individuals but can also lead to significant additional costs for the healthcare system due to the co-morbidities associated with the disease, including weight gain, diabetes, heart and circulatory issues, mental health conditions, and other compounding health challenges, such as increased opioid use.

We are very pleased that addressing surgical backlogs have been identified as a priority in the heath care funding negotiations with provinces and territories; however, a greater sense of urgency is required to finalize the bilateral agreements that are part of the new health funding deals.

Moving forward, we strongly encourage the federal government to collaborate with provincial and territorial governments, and other stakeholders including health professionals, health system leaders, industry, and patient groups to develop and implement a coordinated plan and provide the necessary tools including dedicated funding and support to standardized and improve health data sharing, to enable its implementation to fix this urgent health crisis.

To learn more about the challenges presented by the backlog of joint replacement surgeries and Arthritis Society Canada's proposed solutions, please consult our recent report: <u>The Wait: Addressing Canada's Critical Backlog of Hip and Knee Replacement Surgeries</u>.





# 2. Move forward on the Implementation of the Pan-Canadian Health Data Strategy

We believe data is key to supporting innovation and improving efficiencies within the health system as does the Resilient Healthcare Coalition to which we are members. We encourage the government to move forward on the recommendations set out in the Pan-Canadian Health Data Strategy's <a href="Expert Advisory Group-Final Report">Expert Advisory Group-Final Report</a>.

To ensure progress, it is critical the government continue to collaborate with provincial/territorial governments, research institutions, health system leaders, industry, patient groups, and indigenous communities to create a shared path forward – one that focuses on providing timely, accurate and standardized data. As a first step, pan-Canadian health data sharing should be included as of part of the health funding agreements with the provinces and territories.

# 3. Take steps to increase funding for arthritis research in Canada

Arthritis Society Canada is the largest charitable funder of arthritis research in the country. Advances in research are essential to improving prevention, early detection, diagnosis, health outcomes, and quality of life for all people in Canada living with arthritis.

In 2021, Arthritis Society Canada partnered with the Canadian Institutes of Health Research Institute of Musculoskeletal Health and Arthritis (CIHR-IMHA) to commission a report on the status of the arthritis research funding landscape across Canada from 2005 to 2019 (data on file, report available on request).

It is disappointing to have found that <u>arthritis research funding has flatlined or declined over at least 14 years</u>. In fact, arthritis research in Canada has been consistently underfunded compared to research on other diseases, or arthritis research in other countries. For example, federal funding for arthritis research through the U.S. National Institutes of Health (NIH) is about 1.7 times greater per patient compared to arthritis research funding from CIHR.

We encourage the federal government to work with health charities to explore options to enhance and sustain financial support for research and the charitable sector, including investing in CIHR and partnering with health charities on research initiatives. There is also an opportunity in the current health care funding discussions to encourage provinces and territories to make investments in arthritis research.

Additionally, to enhance the ability of health charities to invest in research, the government should look at other actions that will support donations to charities, such as removing the capital gains tax on donations of shares from private corporations or real estate to charities and implementing tax measures to encourage Canadians to make charitable donations.

# **Closing thoughts**

Thank you for the opportunity to provide input on the FINA committee's recommendations to government in the context of the 2024 federal budget. We would welcome and sincerely appreciate the opportunity to elaborate on these recommendations in front of the FINA committee. Thank you for your consideration.



