

ARTHRITIS SOCIETY

MANITOBA 2022 PRE-BUDGET CONSULTATION SUBMISSION

Delivered to:

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INTRODUCTION

On behalf of the Arthritis Society, we appreciate the opportunity to contribute to the Government of Manitoba Ministry of Finance 2022 pre-budget consultations.

The Arthritis Society is Canada's 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. There is no cure for arthritis, and the pain it causes deprives people of time with friends and family, reduces mobility and diminishes quality of life. Arthritis is a leading cause of workplace disability and one of the major health challenges facing our health care system today.

With a growing and aging population, the number of Manitobans living with arthritis is expected to grow. By 2035, more than 300,000 Manitobans will have arthritis, many of them under the age of 65. Today, working-aged Manitobans with arthritis are nearly twice as likely to report that they are not participating in the workforce compared to their peers without arthritis.

As you begin your budget consultations, we are pleased to provide four detailed recommendations, that will help support the more than 200,000 Manitobans living with arthritis today:

- 1) Improve wait times for joint replacements**
- 2) Invest in arthritis-specific primary and community care**
- 3) Ensure access to a range of arthritis treatment options**
- 4) Expand access and remove the provincial sales tax on medical cannabis**

1. 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 people with arthritis expected to balloon by 2035, even more people will need joint replacements.

According to the Canadian Institute for Health Information (CIHI) the number of surgeries meeting wait time benchmarks in Manitoba had steadily been decreasing since 2014, but were beginning to show improvement. The pandemic, however, has had a significant impact on wait times. According to CIHI [data](#) during the first six months of the pandemic (April 1 to September 30, 2020), the provincial average of patients meeting wait time benchmarks decreased by 8% for hip replacements and 9% for knee replacements compared to the previous year. CIHI data also shows inconsistency across the province in meeting targets, with some regions having a much lower percentage meeting the six-month target.

This prolonged wait is leading to unnecessary pain and suffering for many Manitobans who are prevented from contributing to their families, communities, and workplaces. There are potential downstream health impacts that increased wait times could have for arthritis patients waiting for joint replacement surgery, such as the increased use of opioids for pain relief. 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.

We were pleased to hear of the launch of the Diagnostic and Surgical Recovery Task Force and the recent announcement of its first signed agreement to build capacity for women's health, diagnostics and spine surgeries. Further progress, however, is urgently needed to reduce the backlog of wait times for joint replacement surgeries and we encourage the government to work with all stakeholders, including our organization to move forward and to look at different, innovative approaches and solutions to reduce wait times.

The Arthritis Society's report [The Wait: Addressing Canada's Critical Backlog of Hip and Knee Replacement Surgeries](#) provides a wide-range of solutions to innovate and achieve effective patient-centred care both provincially and nationally that include:

- a. Ensuring innovative models of care are replicated and shared widely so more patients have access to their benefits
- b. Standardizing how patient data is collected and reported to make it easier to set national standards and benchmarks
- c. Leveraging digital technology to reduce wait times, maximize limited health resources and improve co-ordination of care
- d. Increasing access to community-based joint health management programs (e.g. GLA:D <https://gladcanada.ca/>), so more patients have access to proven programs that effectively manage pain pre-op and better optimize results post-op
- e. Ensuring savings from surgical efficiencies are re-invested into improving patient care.

2. Invest in arthritis-specific primary and community care

As arthritis has such a profound impact on quality of life, including the ability to work, patients require access to a team of health care providers, including general practitioners, rheumatologists, dermatologists, occupational therapists, physiotherapists, and social workers. Team-based arthritis-specific care is important to the long-term sustainability of our health care system and will better support patients who live with arthritis and other forms of chronic disease. Virtual care, its use during COVID-19 and lessons learned, should be incorporated into the planning on potential models of care and having the patient perspective is critical.

One urgent need for increased access to the above-mentioned model of care, is in rural and under-served areas. Those areas often have limited or no health care providers essential to improve diagnosis, treatment, and ongoing management of the disease without relying on travelling clinics where there is little interaction with providers.



3. Ensure access to a range of arthritis treatment options

Arthritis symptoms can range from mild to severe. Most people with arthritis experience chronic pain, fatigue, restricted mobility, lowered mood and other symptoms that can combine to erode their quality of life. Left untreated, inflammation can lead to significant and often irreparable damage to the affected areas, resulting in loss of function and disability. There is no cure, so medications play a significant role in helping people manage their condition.

Pharmacological treatments are critical to the management of arthritis, 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, and its 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 treatment 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.

It is vital that key stakeholders, including patient groups, be actively engaged and involved in the development or changes to provincial drug programs or policies. The Arthritis Society is ready to work with government to ensure arthritis patients have access to the medicines they need.

4. Expand access and remove the provincial tax on medical cannabis

For many people living with arthritis, medical cannabis is an important pain management option. At least half of Canadians using medical cannabis use it to manage chronic pain, like pain from arthritis. About 1 in 4 Canadian adults using medical cannabis use it to manage arthritis, specifically. We support improving access to medical cannabis and encouraging oversight by health care professionals.

Although cannabis for medical purposes is authorized by healthcare practitioners as medicine, it is not treated as such in key aspects of policy around access and affordability. Applying any tax to medical cannabis is inconsistent with the taxation of prescription drugs and medical necessities. The costs associated with the use of cannabis for medical purposes (sometimes upwards of \$500/month) can put an enormous financial strain on many patients, particularly during the pandemic. Exempting provincial tax for medical cannabis would provide some financial relief for patients during this difficult time.

It is important to note that removing the provincial tax on medical cannabis would not preclude the government from continuing to levy the tax on recreational cannabis, which represents most cannabis-related revenues in Manitoba. In fact, it would further underscore a clear and important distinction



between medical versus recreational cannabis, paving the way for medical cannabis to be recognized and treated as medicine.

CONCLUSION

In closing, we urge the Government of Manitoba to implement our four key 2022 pre-Budget recommendations that will add cost-effective sustainability to the healthcare system and support a healthy population of Manitobans.

Sincerely,



Trish Barbato
President and CEO
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About the Arthritis Society

The Arthritis Society is Canada's national charity dedicated to fighting the fire of arthritis with the fire of research, advocacy and information and support. With the support of our donors and volunteers, we are all in to end arthritis, so people with arthritis can live their best life free from arthritis. The Arthritis Society is accredited under Imagine Canada's Standards Program.

