

THE ARTHRITIS SOCIETY
BC 2022 PRE-BUDGET CONSULTATIONS
SUBMISSION

TO THE SELECT STANDING COMMITTEE ON
FINANCE AND GOVERNMENT SERVICES

SEPTEMBER 2021



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Charitable Number: 10807 1671 RR0003



INTRODUCTION

On behalf of the Arthritis Society, we appreciate the opportunity to contribute to the Select Standing Committee on Finance and Government Services 2022 pre-budget consultations.

The Arthritis Society is a national health charity that gives voice to the one in five Canadians that live with the fire of arthritis. 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 British Columbians living with arthritis is expected to grow. By 2035, over 1.2 million British Columbians will have arthritis, many of them under the age of 65. Today, working-aged British Columbians with arthritis are more than 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 750,000 British Columbians living with arthritis today:

- 1) Work with stakeholders to reduce wait times for joint replacements**
- 2) Increase access to arthritis-specific primary and community care**
- 3) Ensure access to a range of arthritis treatment options**
- 4) Remove the provincial sales tax on medical cannabis**

1) Work with stakeholders to reduce wait times for joint replacements

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) since 2014, BC wait times have been stagnating, but were beginning to show improvement. However, the pandemic 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 number of patients meeting wait time benchmarks decreased by 18% for hip replacements and 16% for knee replacements compared to the previous year.

This prolonged wait is leading to unnecessary pain and suffering for many British Columbians 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 appreciate the government's plans and progress made to address the backlog of wait times for joint replacement surgeries, and 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.

2) Increase access to arthritis-specific primary and community care

The Arthritis Society supports the government's primary health care strategy to improve patient access to primary care including team-based 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.

The Arthritis Society is currently working with stakeholders, including Vancouver Coastal Health and the Provincial Health Services Authority to recommend a provincial electronic arthritis triage tool and care pathway focused on population-based approaches to improving appropriate and early access to diagnosis and treatment for people living with arthritis.

This tool can streamline the referral process for arthritis patients to the necessary care pathway, while also reducing the need for expensive medication and surgery because it provides early diagnosis and treatment. Most importantly, this tool can significantly improve health outcomes and work productivity. We strongly urge the BC Government and Ministry of Health to continue the discussion on the development and implementation of this triage tool with the Arthritis Society.

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.

We were pleased to be part of the consultations of the BC Biosimilars Initiative and support this policy. We value our strong working partnership with the government and look forward to continuing this collaboration. It is critical that savings from the biosimilars transition program continue to be reinvested in greater access to treatment options and improving access to patient care.

4. 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.

Despite being authorized by a physician or nurse practitioner to access cannabis, much the same way prescription medications are so authorized,ⁱ 97% of medical cannabis patients do not have access to full insurance coverage.ⁱⁱ Particularly in BC, patients do not have access to Pharmacare coverage for their cannabis-based medicine, forcing them to pay out of pocket which can prevent a barrier to access for some patients.

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 PST for medical cannabis would provide some financial relief for patients during this difficult time.

It is important to note that removing PST on medical cannabis would not preclude the government from continuing to levy PST on recreational cannabis, which represents most cannabis-related revenues in BC. 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 BC Government to implement our three key 2021 budget recommendations:

- 1) **Work with stakeholders to reduce wait times for joint replacements**
- 2) **Increase access to arthritis-specific primary and community care**
- 3) **Ensure access to a range of arthritis treatment options**
- 4) **Remove the provincial sales tax on medical cannabis**



We appreciate the opportunity to provide our input on how the government can best meet the needs of British Columbians living with arthritis.

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.

ⁱ The College considers the medical document authorizing patient access to cannabis to be equivalent to a prescription. Practice Standard: Cannabis for Medical Purposes. College of Physicians and Surgeons of British Columbia. www.cpsbc.ca/files/pdf/PSG-Cannabis-for-Medical-Purposes.pdf

ⁱⁱ Canadian Cannabis Survey (CCS) 2019: Summary of Results. Health Canada. Office of Drug Research and Surveillance. January 2020. https://epe.lac-bac.gc.ca/100/200/301/pwgsc-tpsgc/por-ef/health/2019/130-18-e/CCS2019_DetailedTables_ENG_LAC.pdf



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