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Dear Ms. Koehn and Ms. Chan:

Thank you for writing to ask for our Party’s plan on how to meet the needs of residents living with arthritis and improve arthritis prevention, treatment and care. I will answer your questions in turn.

1. Arthritis affects more than 115,000 Newfoundland and Labrador residents of all ages, yet no standardized model of arthritis care is available. This is particularly pronounced outside of the St. John’s metro region. Where you live can be more important in determining treatment than how sick or disabled you are. What will your government do to bring a high quality, standardized evidence-based model of arthritis care for all Newfoundland and Labrador residents?

I will not cut health care spending. What I will do is identify the waste so the money can be spent better – so patients get care sooner and get healthier instead of sicker. I will value the input of patients and those involved in the delivery of health care services. Our approach is all about improving care for the people of our province.

I will establish the Premier’s Task Force on Health Care to work with all health care stakeholders including residents, frontline workers, health care providers and health care administrators, with a mandate to improve the way health care is delivered in this province. The Task Force will be, not top-down, but consultative. It will bring a level of independence and a broad perspective on the best practices in the country.
We will educate health care providers and patients about the appropriateness of various tests, procedures and treatments to minimize waste and harm in the health care system. Our efforts will complement the work of Choosing Wisely Newfoundland and Labrador (CWNL), which launched in October 2016. CWNL is coordinated by the Translational and Personalized Medicine Initiative at Memorial University, and works in partnership with all provincial Regional Health Authorities, the Newfoundland Labrador Centre for Health Information, the NL Medical Association and the Patient Advisory Council. CWNL is working to reduce unnecessary testing across the province. We will support the efforts of CWNL to reduce waste and improve our health care system.

We will establish a NL Quality Health Council. When decisions about treatment are made on a foundation of solid evidence, patients benefit and health care funding is used more effectively. This Council will be responsible for interpreting evidence and proposing follow-up actions to ensure the province’s health care investment decisions are made in the best interests of patients. The Council will be an independent body that consistently reports on outcomes, similar to the financial Auditor General but focused on clinical outcomes.

Patients are better served when we minimize waste and harm in the health care system. Supporting the objectives of the collaborative effort between Quality of Care NL and Choosing Wisely NL, the Council will focus on ensuring the right treatments get to the right patients at the right time.

2. A 2016 study predicts that by 2031, OA will cost the Canadian economy an estimated $17.5 billion a year in lost productivity. Osteoarthritis forces people to stop working or work less due to pain, fatigue, and the demands of prescribed treatment therapies. The work time loss is significant because of the reducing number of workers available to replace retiring baby boomers after decades of low birth rates. What will your government do to introduce patient education and exercise programs, such as GLA:D, that have been proven to significantly reduce hip or knee osteoarthritis symptoms?

We will modernize the fee structure so it is flexible enough to cover innovative arrangements for service delivery by multidisciplinary health care teams. Changes will enable professionals to work to their scope of practice to improve patient access and outcomes.

We will enable health care providers to spend more time with their patients by providing a more flexible fee structure. Patients benefit when their health care providers can take the time to provide education about healthy lifestyle choices.

We will introduce an “accountable care model” to give people better access to physicians and other care providers. This delivery model will see the development of primary healthcare teams of physicians, nurses, physiotherapists, occupational therapists and
dieticians, etc. An accountable care model will encourage care providers to be innovative in the way they deliver care as a team. For example, team members may offer after-hours and weekend clinics, thereby reducing Emergency Room visits. Health care teams that show systemic cost savings will be able to reinvest a portion of those savings into their practices. In addition, innovative care plans provided through the health team may realize savings for the health care system (e.g., fewer hospital admissions, fewer ER visits), which can then be reinvested into the primary health care team, or to develop more programs.

See more on prevention in the answer to Question #5.

3. The new Newfoundland and Labrador government must take steps to ensure the sustainability of prescription drug plans and the continued affordability of prescription drugs for Newfoundland and Labrador residents. Biosimilars represent a potential source of significant cost savings to the health care system. What will your government do to improve the uptake of biosimilars and increase accessibility to life saving medications and reduce out-of-pocket costs for Newfoundland and Labrador residents living with inflammatory arthritis?

Newfoundland and Labrador’s needs are greater, on a per-capita basis, than those of other provinces because our population is more thinly dispersed and its age profile is older (meaning costlier, from a care perspective) than those of other jurisdictions.

A Crosbie government will fight to secure greater funding on a “needs” basis rather than on a “per-capita” basis under the Canada Health Transfer and the Canada Social Transfer. We will press the Government of Canada and other governments to cooperate on national programs – such as Pharmacare – that will reduce health care costs for provinces. We will fight to ensure any such program recognizes the particular needs of our province, with its relatively high proportion of seniors, who generally require more health care and medications. Through the Council of the Federation and First Ministers’ Meetings, we will press for these and other initiatives that would benefit our province and the country.

We will work with other governments in the country on strategies to reduce drug costs by collaborating.

We will adjust the provincial drug coverage program to be in line with established clinical guidelines and standards.

4. Aboriginal Canadians have some of the highest rates of serious or life-threatening arthritis in the world, and are at greater risk for becoming disabled by arthritis. Significant gaps in Aboriginal arthritis care currently exist in Newfoundland and Labrador. What will your government do to improve the
healthcare and lives of Aboriginals living with arthritis in Newfoundland and Labrador?

A Crosbie government will work cooperatively with Indigenous communities on the wide range of issues that concern Indigenous people and that may overlap various areas of jurisdiction: transportation infrastructure and services; health care; access to healthy and affordable food; and other matters.

We will change the Medical Transportation system to allow 100 per cent reimbursement of travel for people who have to travel for medical reasons outside their region. One of the barriers to accessing health care services for many rural residents of the province is the cost of travel. As a result, patients may be unable to avail of medical care when they need it. We must ensure every patient, no matter where they live, receives timely and affordable care.

A Crosbie government will collaborate with Labradorians to develop a new Northern Strategy Plan for Labrador to build on the far-reaching successes of the original Northern Strategic Plan for Labrador. A new Northern Strategic Plan must involve a partnership between governments, communities, organizations and people to address the high costs of food, travel and health-related transportation costs for Labradorians.

5. Arthritis is the leading cause of disability and work disability in Newfoundland and Labrador. About a quarter of the population with arthritis between 20 and 54 years of age are not in the labour force because of their arthritis. How will your government establish better prevention programs and facilitate flexible work arrangements to help reduce the direct and indirect costs of arthritis to Newfoundland and Labrador employers and the Newfoundland and Labrador economy?

One of the reasons for the poor outcomes of so many Newfoundlanders and Labradorians is the conditions in which they live. Social enterprises such as the Gathering Place serve many people who have few options in life. Many find it difficult to make choices that are in the best long-term interests of their health. In terms of housing, nutrition and medical care, they are not living as healthy as they want to be or ought to be living. Many who end up in the health care system are in poorer shape and have poorer outcomes because their circumstances have not been conducive to healthy living. They pay in terms of the quality of their lives; however, we all pay, fiscally and morally, when we allow these circumstances to continue. We need a poverty reduction strategy that lifts people out of dire circumstances and promotes wellness. We also need a lens on our health care system to identify problems like this and find solutions.

We will appoint a Chief Wellness Officer for Newfoundland and Labrador. A Chief Wellness Officer is an official who provides strategic vision, planning and direction to the development, implementation and evaluation of initiatives to improve health and well-
being outcomes for people; regularly monitors and reports outcomes; raises awareness and provides education; creates a culture of wellness; and so forth. This official will find ways to make Newfoundlanders and Labradorians healthier so they are more resilient and need less care from the health system in the long run. This work will improve people’s lives while reducing costs.

We will improve preventative medicine efforts through effective marketing that teaches people to adopt healthy lifestyles, engage in physical activity, eat healthier and reduce stress.

Our goal is for people to have better access to nutritious food at a reasonable cost.

We will enable health care providers to spend more time with their patients by providing a more flexible fee structure. Patients benefit when their health care providers can take the time to provide education about healthy lifestyle choices.

Consistent treatment is important, but some people have been missing appointments because they cannot bear their share of the travel costs. This will change when we will change the Medical Transportation system to allow 100 per cent reimbursement of travel for people who have to travel for medical reasons outside their region.

6. The economic burden of arthritis is expected to double within a generation and strain Newfoundland and Labrador’s health system to provide quality care to people with arthritis. Will your government take steps to increase the number of rheumatologists and trained arthritis professionals to ensure timely, specialized care for Newfoundland and Labrador patients with arthritis?

We will work with the NL Medical Association, the NL Nurses’ Union and other professional organizations to recruit and retain the physicians, nurses, nurse practitioners and other health care providers required in all regions of the province. We will modernize the fee structure so it is flexible enough to cover innovative arrangements for service delivery by multidisciplinary health care teams. Changes will enable professionals to work to their scope of practice to improve patient access and outcomes.

We will develop a more robust return-of-service agreement structure for graduating physicians of the Memorial University Medical School and provide attractive reimbursement packages for those who choose to practice in the province, particularly in rural Newfoundland and Labrador.

To ensure patients have access to a robust and appropriate team of health care providers, we will work with Memorial University’s School of Medicine to ensure that specialty training offerings match the province’s needs.
We will collaborate with the NL Medical Association, the NL Nurses’ Union and other health care providers in their efforts to support the health and wellness of physicians, nurses and nurse practitioners.

Sincerely,

Ches Crosbie
Leader of the PC Party of Newfoundland and Labrador