

December 9, 2011

Hon. Doug Currie
Ministry of Health and Wellness
PO Box 2000
4th Floor North, 105 Rochford St.
Charlottetown, PE C1A 7N8

Dear Minister Currie:

On behalf of Arthritis Consumer Experts (“ACE”) and the more than 21,000 Prince Edward Island residents living with arthritis, I would like to congratulate you on your re-election as MLA for Charlottetown-Parkdale and your appointment as the Minister of Health and Wellness.

As the largest and leading consumer/patient group in Canada, ACE understands the complexity of issues facing your Ministry. We are encouraged by opinion polls near the end of your provincial election which showed P.E.I. voters identified healthcare as the most important issue of the election, as well as by Premier Ghiz’s statement that healthcare would be a key priority for the new government.

We also intend to follow up on your desire to have “real frank conversations with Islanders on healthcare” and work with government, Health P.E.I. and all MLAs to further strengthen the healthcare system and improve access to treatments and care for patients living with arthritis.

Possibly the biggest challenge facing P.E.I. citizens as the senior population soars over the next 20 years will be the growing rate of arthritis. As founder and co-leader of the National Arthritis Awareness Program, ACE has met primary care physicians, pharmacists and medical educators who are seeing a growing number of aging baby boom Canadians coming to their clinics with questions about arthritis.

Indeed, baby boomers, those P.E.I. citizens born between 1946 and 1965, today account for nearly one-third of our population and 80 per cent of healthcare product purchasing. If this large group intends to keep up their healthy lifestyles and youthful attitudes, they need to immediately take steps toward prevention and early detection and diagnosis of arthritis.

According to a report from the Public Health Agency of Canada, aging baby boomers are at the centre of a growing epidemic. More than 16% of Canadians aged 15 years and older reported they had arthritis. That’s more adults living with arthritis than diabetes, cancer, heart disease, asthma or spinal cord trauma. With the aging population, this number is expected to increase to approximately 7 million (20%) in 2031.

What does this mean for the health of P.E.I. residents and economic costs for the government?

Findings from *The Impact of Arthritis in Canada: Today and Over the Next 30 Years*, published in October 2011 by the Arthritis Alliance of Canada, indicate that the burden of arthritis in Canada is expected to have significant consequences related to health and costs on Canadians today and over the next 30 years.

There are currently more than 4.4 million people living with OA. Within a generation (in 30 years), more than 10 million (or one in four) Canadians are expected to have OA. In addition, approximately 500,000 Canadians will be suffering with moderate to severe disability due to OA. In P.E.I. that means there will be a new diagnosis of OA every 60 seconds, resulting in almost 30% of the employed labour force (one in three workers) having difficulty working due to OA.

Today, more than 272,000 people are living with RA, comprising 0.9% of the Canadian adult population, which will increase to 1.3% over the next 30 years. Approximately 0.74% of the employed labour force, or 1 in 136 workers, are suffering from RA. Within a generation, this will increase to 1.5%, or 1 in 68 workers.

Arthritis Consumer Experts is a strong proponent of key interventions and strategies that, if implemented, would result in significant direct cost savings of valuable healthcare dollars and indirect cost savings to the economy and, more importantly, reduce the burden and consequences of the disease on P.E.I. consumers living with arthritis.

ACE Recommendations:

1. Total Joint Replacement (TJR) for OA

The long-term impacts (2010-2040) of enhanced access to TJR would result in **cumulative savings of more than \$17 billion** to Canadian society over the next 30 years, which is a reduction of \$3 billion in healthcare costs (direct costs) and \$14 billion in wage-based productivity costs (indirect costs).

2. Reduction of Obesity Rates in Canada

The impact of programs for weight reduction among the obese (BMI \geq 30) population in Canada would lead to the prevention of more than 200,000 new cases of OA over the next 30 years with **cumulative savings of more than \$212 billion** to Canadian society, which is a reduction of \$48 billion in direct costs and \$164 billion in indirect costs. Further research is needed to improve on current strategies for preventing and treating obesity.

3. Pain Management Strategies for OA

The potential impact of adequate pain management strategies on OA would result in **cumulative savings of \$488 billion** over the next 30 years, which is a reduction of nearly \$41 billion in direct costs and \$447 billion in indirect costs. Today, pain management strategies are inadequate, investment in research is essential to achieve these savings.

4. Early Diagnosis and Treatment and Access to Disease Modifying Anti-Rheumatic Drugs (DMARDs) for RA

Early diagnosis and treatment of RA with cost effective DMARDs and, for those who do not respond to traditional DMARDs, public reimbursement access to biologic response modifiers, would result in **cumulative savings of almost \$39 billion** to Canadian society over the next 30 years, which is a reduction of over \$5 billion in direct costs and nearly \$34 billion in indirect costs.

Please take the time to answer the short questionnaire (included with this letter) about your position on arthritis prevention, treatment and care in P.E.I. We also would like to meet with you to discuss possible solutions to the challenges I have mentioned in this letter.

We will share your questionnaire response and results of our meeting with our members, subscribers and your constituents.

Thank you for your time.

Sincerely,

A handwritten signature in black ink, appearing to read "Cheryl Koehn". The signature is fluid and cursive, with the first name "Cheryl" written in a larger, more prominent script than the last name "Koehn".

Cheryl Koehn
President, Arthritis Consumer Experts

Questionnaire

Arthritis, in its many forms, affects almost one-fifth of P.E.I. residents. To combat this disabling and sometimes life-threatening disease, the government must increase its level of awareness and standard of care available. For example, P.E.I. patients with arthritis make up the bulk of those on joint replacement wait lists. Over 90% of people who undergo hip or knee replacement surgery have arthritis – fewer than 10% undergo this procedure for other conditions, such as hip fracture.

- *Reliable and valid screening tools for arthritis exist, but have not been introduced in Canada.*

Q) How will your government bring basic detection and diagnostic standards to P.E.I.?

- *Although the many forms of arthritis affect more than 21,000 young and old P.E.I. consumers, there is no comprehensive model of arthritis care available in P.E.I., and this gap is particularly pronounced outside of Charlottetown. Where you live can be more important in determining treatment than how sick you are.*

Q) What will your government do to bring a consistent standard of care for all citizens of P.E.I.?

- *Aboriginal people have some of the highest rates of serious, debilitating arthritis in the world, and are more at risk for becoming disabled by arthritis.*

Q) What will your government do to improve the lives of Aboriginal people with arthritis?

- The economic burden of arthritis in Canada was estimated to be 6.4 billion dollars in 2000 — over one quarter (29%) of the total cost of musculoskeletal diseases. Of the total arthritis related costs, the greatest impact is due to the indirect costs (\$4.3 billion) which consist of the lost productivity attributable to long-term disability and premature death versus direct costs (\$2.1 billion) which include hospital, drug, physician and additional healthcare expenditures.
- *On average, over a quarter of men and women with arthritis between 25 and 44 years of age in P.E.I. were not in the labour force because of their arthritis.*

Q) How will your government establish/enact better care guidelines so we can prevent the detrimental impacts of arthritis and related conditions on the economy?