



Canadian Skin Patient Alliance
Alliance canadienne des
patients en dermatologie

for patients, by patients

February 11, 2020

The Honourable Rod Phillips
Minister of Finance
c/o Budget Secretariat
Frost Building North, 3rd Floor
95 Grosvenor Street
Toronto, Ontario M7A 1Z1

Dear Minister Phillips,

On behalf of the Canadian Skin Patient Alliance (CSPA), I am writing to share three funding priorities for the skin patient community in Ontario. These recommendations are also supported by the Canadian Association of Psoriasis Patients, the Canadian Psoriasis Network, Save Your Skin Foundation and the Melanoma Network of Canada.

The CSPA is a national non-profit organization dedicated to supporting, educating and advocating on behalf of Canadians living with skin disorders. Our mission is to promote skin health and improve the quality of life of Canadians living with conditions, diseases and traumas that affect the skin, hair and nails. We advocate for improved access to the best treatment options for all skin patients; we educate on a variety of issues affecting our patient community; and we support our Affiliate Member organizations who work specifically in their disease areas such as acne, eczema, scleroderma, melanoma, and psoriasis.

Skin disorders are often dismissed as “just a rash”. For patients, they are far more than that. Skin diseases and conditions often reflect imbalances in inflammatory and other systems, and can be caused by a virus, cancer, bacteria, fungi, genetics, wounds, hormones, allergens, and other disorders. Living with a skin condition can have profound effects on overall well-being, including physical, emotional, social and financial aspects.

There are many national and provincial initiatives currently underway to maximize cost-savings from new medicines, including through the impact of federal drug pricing regulations and other policy initiatives. The Government of Ontario should reinvest these savings in proven interventions and effective treatments in order to improve health outcomes and quality of life for skin patients while reducing the burden on the healthcare system.

Recommendations

1. The Government of Ontario should expand access to specialist knowledge about skin conditions by expanding access to teledermatology services.
2. The Government of Ontario should fund home narrowband-ultraviolet B (NB-UVB) phototherapy for patients with photoresponsive conditions, including psoriasis, as recommended by Health Quality Ontario.

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3. The Government of Ontario should increase access to new and effective therapies to improve skin patient outcomes, including take-home cancer drugs.

1. Expanding access to tele dermatology services

The use of telemedicine and other digital approaches can improve skin patients' access to care. Many skin patients in Ontario struggle to access the care of a dermatologist. For example, Ontarians living with psoriasis wait an average of 16 weeks for an initial visit with a dermatologist and 10 weeks for a follow-up visit.¹

Although many specialties have benefited tremendously from advances in telemedicine, primary care providers and dermatologists have been slower to adopt tele dermatology. In order to reverse this trend and improve access to care for skin patients across the province, investments are required in infrastructure and appropriate remuneration for dermatologists providing this service.

Ontario has an established tele dermatology program through the Ontario Telemedicine Network, which can be enhanced and expanded to improve skin patients' access to care. For skin patients who are geographically isolated or who do not have a dermatologist in their community – which is the case for broad swaths of Northern Ontario – tele dermatology can reduce their wait times, minimize the burden and stress of commuting to other cities, and support personalized care by their primary care team. From a health system perspective, a robust tele dermatology program could reduce unnecessary referrals to dermatologists by empowering primary care teams to consult directly with a dermatologist and continue to manage their patient's condition(s). The capacity of tele dermatology to avoid inappropriate referrals, reduce wait times for specialty care, and improve clinical attendance were identified by the Canadian Agency for Drugs and Technologies in Health (CADTH) in a review of tele dermatology services conducted nearly 10 years ago. Even in 2010, tele dermatology diagnoses were found to be as reliable as those in conventional clinic-based care – since that time, there have been important advances in the technological aspects of telemedicine.

The Government of Ontario can demonstrate its leadership in digital health by building on the Ontario Telehealth Network's established tele dermatology program and providing funding for a robust tele dermatology network that enables family physicians to connect with dermatologists to discuss optimal management of their patient's skin disease, condition or trauma.

2. Funding home NB-UVB phototherapy for patients with photoresponsive conditions

For several skin diseases, symptoms can partially or completely improve when treated with a special type of light therapy called phototherapy. The most common skin conditions that benefit from this type of treatment are psoriasis, atopic dermatitis (eczema), vitiligo and cutaneous T-cell lymphoma, as noted by Health Quality Ontario (HQP) in its analysis.² This assessment

¹ Canadian Association of Psoriasis Patients, PsoSerious 2018: A Report on Access to Care and Treatment for Psoriasis Patients in Canada, October 29, 2018, online: https://www.psoserious.ca/wp-content/uploads/2019/03/PSO_Serious_Access_to_Care_Report_EN.pdf

² Health Quality Ontario, Home Narrowband Ultraviolet B Phototherapy for Photoresponsive Skin Conditions: A Health Technology Assessment, October 2019, online:

found that the safety and effectiveness profile of a specific type of phototherapy treatment, narrowband ultraviolet B (NB-UVB) phototherapy, was at least as effective as outpatient clinic NB-UVB phototherapy. Consequently, HQO recommended that the Government of Ontario fund home NB-UVB phototherapy for all photoresponsive conditions. HQO estimated the annual cost of improving access to this important treatment option would be \$1.3 million, with a total five-year net budget impact of \$6.3 million.

Many Canadian patients with psoriasis face long trips to reach the nearest phototherapy unit. CSPA's partner organization, the Canadian Association of Psoriasis Patients (CAPP) has heard stories from patients who drive two hours daily to receive the treatment they need. The stress and impacts of regular commuting to attend clinic appointments, as well as missing school or work, could be reduced with improved access to home phototherapy.³ Few clinics in Ontario offer this therapy in clinic due to the relatively low reimbursement (\$7.85 per patient per day) provided to dermatologists.

CSPA Affiliate Member, the Canadian Psoriasis Network, notes that despite the fact that phototherapy equipment is eligible for a Medical Expense Tax Credit under federal income tax legislation, costs can still be a deterrent for people seeking this form of treatment. There is limited coverage under private health benefits plans, essentially only available to people who can access health spending accounts.

The CSPA supports HQO's recommendation and urges the Government of Ontario to reimburse home NB-UVB phototherapy for patients with psoriasis, atopic dermatitis (eczema), vitiligo, T-cell lymphoma, and other photoresponsive conditions.

3. Increasing access to new and effective therapies for skin patients, including take-home cancer drugs

Skin patients deserve to be treated with respect and dignity by the health system, which includes its embrace of new treatment options for psoriasis, atopic dermatitis (eczema), acne, rosacea, hidradenitis suppurativa, and skin cancers, among others.

For example, many new and effective medicines to treat cancer are available in oral or self-injectable forms, which enables patients to be treated in the community without the added burden of attending clinic appointments to receive intravenous medicines. These cancer medicines are not a different version of the same cancer treatment but different molecules that are frequently the first choice line of therapy for cancer patients.

To this end, CSPA supports the recommendations of the CanCertainty Coalition and the Canadian Cancer Society to improve access to take-home cancer drugs. Specifically, the CSPA recommends that the Government of Ontario ensure that all cancer patients in Ontario without adequate private coverage are able to access take-home cancer drugs through Ontario Public

<https://www.hqontario.ca/Portals/0/Documents/evidence/open-comment/hta-home-narrowband-ultraviolet-1910.pdf>.

³ Canadian Association of Psoriasis Patients, *PsoSerious 2018: A Report on Access to Care and Treatment for Psoriasis Patients in Canada*, October 29, 2018, online: https://www.psoserious.ca/wp-content/uploads/2019/03/PSO_Serious_Access_to_Care_Report_EN.pdf

Drug Programs to ensure that all Ontarians receive consistent, safe, and high-quality care in the community setting.

The Government of Ontario should improve access to effective treatment options that address the unmet needs of skin patients, including take-home cancer drugs.

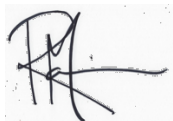
Thank you for considering our recommendations to improve the health and quality of life for skin patients in Ontario.

Sincerely,



Rachael Manion
Executive Director
Canadian Skin Patient Alliance

These recommendations are also supported by:



Rachael Manion
Executive Director



Annette Cyr
Founder & Chair of the Board of Directors



Antonella Scali
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Kathy Barnard
Founder & Executive Director