



Canadian Skin Patient Alliance  
Alliance canadienne des  
patients en dermatologie

*for patients, by patients*

# Written Submission for the Pre-Budget Consultations in Advance of the Upcoming Federal Budget 2021

## Canadian Skin Patient Alliance

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## LIST OF RECOMMENDATIONS

1. That the government provide increased funding to provincial and territorial health systems across the country to **address the backlog** of services, treatments, and clinical trials created by the COVID-19 pandemic.
2. That the government provide funding to provincial and territorial governments and directly to healthcare providers, including dermatologists, to **support the expansion of virtual dermatology and primary care** and that includes funding for healthcare providers to purchase or update technological infrastructure.
3. That the government, through its role at Health Canada, the Patented Medicine Prices Review Board, the Canadian Agency for Drugs and Technologies in Health and the pan-Canadian Pharmaceutical Alliance, **recognize the value of treatments for patients living with skin disorders that are delivered at home or in the community** and expedite their review, negotiation and funding.

**Recommendation 1.** That the government provide increased funding to provincial and territorial health systems across the country to address the backlog of services, treatments, and clinical trials created by the COVID-19 pandemic.

The COVID-19 pandemic revealed cracks in Canada’s health system. In the early days of the pandemic, in-office visits and therapies delivered in clinic were significantly reduced – for many patients, these were not available at all. Now, as these resources have begun to return, patients are facing long wait times for a visit, which compromises their ability to receive a diagnosis, effective care and appropriate treatments.

Cancer patients, including skin cancer patients, experienced sharply reduced access to care – including diagnosis and treatment plans – as a result of health systems deprioritizing this care in order to prepare for the impacts of COVID-19. According to a survey led by the Canadian Cancer Survivor Network,<sup>1</sup> more than half (54%) of the 1,243 cancer patients, caregivers and people awaiting confirmation of a cancer diagnosis surveyed reported their appointments, tests and/or treatment were postponed and cancelled. These delays have had a profound impact on the cancer patient community: 74% of CCSN survey respondents said these delays had a major impact on their mental and emotional health, which increased to 82% among those awaiting a diagnosis. Cancer patients are nervous about what the future holds in terms of their access to care: 56% of CCSN’s survey respondents expressed fears for the future of their care (which increased to 74% among those awaiting a diagnosis) and 43% fear their cancer will progress (68% among those pre-diagnosis).

Psoriasis patients have also experienced disruptions to treatment access during the COVID-19 pandemic. The Canadian Association of Psoriasis Patients, in collaboration with the Canadian Psoriasis Network and Saskatchewan-based awareness group, Unmasking Psoriasis, surveyed 830 people in Canada living with psoriasis and psoriatic arthritis and found that 10% of people experienced disruptions to their treatment plan as a result of the COVID-19 pandemic.<sup>2</sup>

People living with chronic skin disorders also experienced reduced access to care during the pandemic. For example, phototherapy is a treatment that relies on a specific form of light waves and is used for a variety of skin disorders, including psoriasis, atopic dermatitis (eczema), vitiligo and cutaneous T-cell lymphoma. This treatment option is often accessed by patients who are not eligible for systemic or biologic therapies. Phototherapy is almost entirely delivered in clinics and hospitals in Canada and access to phototherapy was significantly reduced and, in many cases, no longer available at all. This has compounded the barriers to accessing this needed service faced by skin patients prior to the pandemic.

Clinical trials for promising treatments were also impacted by the pandemic. The CCSN found that 43% of cancer patients reported that their clinical trial was put on hold or stopped. Clinical trials remain an important treatment option for people living with cancer as well as chronic conditions and the impacts of

<sup>1</sup> Canadian Cancer Survivor Network, *Impact of COVID-19 on Cancer Patients and Their Ability to Receive Treatment*, July 15, 2020: <https://www.slideshare.net/jackiemanthorne/impact-of-covid19-on-cancer-patients-and-their-ability-to-receive-treatment>

<sup>2</sup> Canadian Association of Psoriasis Patients, Canadian Psoriasis Network & Unmasking Psoriasis. *Impact of COVID-19 on the Psoriasis and Psoriatic Arthritis Community in Canada Survey*. October 2020. Online: <https://www.canadianpsoriasis.ca/index.php/en/news/world-psoriasis-day>

the pandemic on this important research should also be addressed by plans to support the health system in Budget 2021.

**An increase in funding is essential to ensuring that patients across Canada can access the services they have been waiting for, and to address the growing health needs of the skin patient community.**

**Recommendation 2.** That the government provide funding to provincial and territorial governments and directly to healthcare providers, including dermatologists, to support the expansion of synchronous and asynchronous virtual dermatology and primary care and that includes funding for healthcare providers to purchase or update technological infrastructure.

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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. For skin patients, being able to access their care provider is essential to being diagnosed, accessing tests, developing a care and treatment plan, and supporting their mental health.

The use of virtual care and other digital approaches can improve skin patients’ access to care, especially in rural and remote communities. During the pandemic, these approaches were successfully implemented in hospitals and urban areas as well. The visible aspects of skin disorders are often one of the main challenges for patients. In the context of virtual care, however, the fact that these disorders are often visible supports the success of appropriate virtual care to diagnose and manage them.

Although many specialties have benefited tremendously from advances in telemedicine and virtual care, primary care providers and dermatologists have been slower to adopt virtual dermatology care. Reasons for this include the capital expense and perceived difficulties in integrating these platforms with electronic medical records and patient communication channels (e.g., secure email). 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.

The capacity of teledermatology 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 teledermatology services conducted nearly 10 years ago.<sup>3</sup> Even in 2010, teledermatology 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 virtual care.

During the pandemic, many care providers quickly switched to different virtual care platforms, which are not streamlined for them to use, which can hamper patient care. Patients were often confused about how to access their care provider and voicemail services were often full as clinics closed or reduced their in-

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<sup>3</sup> CADTH, *Teledermatology Services: Rapid Review of Diagnostic, Clinical Management, and Economic Outcomes*. Issue 135. October 2010. [https://www.cadth.ca/media/pdf/H0502\\_Teledermatology\\_Report\\_e.pdf](https://www.cadth.ca/media/pdf/H0502_Teledermatology_Report_e.pdf)

person services. However, patients' experiences of virtual care are not all positive: while 68% of respondents to a survey conducted by the Canadian Association of Psoriasis Patients, Canadian Psoriasis Network and Unmasking Psoriasis, the overall rating of their experience was 3.6 out of 5.<sup>4</sup>

**From a health system perspective, a robust asynchronous (“store-and-forward”) virtual 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). Synchronous (“real-time”) virtual care options should also be available to ensure continuity of care for all skin patients.**

**Recommendation 3.** That the government, through its role at Health Canada, the Patented Medicine Prices Review Board (PMPRB), the Canadian Agency for Drugs and Technologies in Health (CADTH) and the pan-Canadian Pharmaceutical Alliance (pCPA), recognize the value of treatments for patients living with skin disorders that are delivered at home or in the community and expedite their review, negotiation, and funding.

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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 treatments 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. **Prioritizing these treatments during the COVID-19 era will help support successful treatment and management of a variety of skin disorders in the community, keeping patients out of hospital and reducing their exposure to the virus.**

## About the Canadian Skin Patient Alliance

The [Canadian Skin Patient Alliance](#) (CSPA) is a national non-profit organization dedicated to improving the life of people in Canada living with diseases, conditions and traumas that affect the hair, skin and nails. We advocate for best care and treatment options for all skin patients; we provide educational resources to our patient community; and we support the members of our [Affiliate Member](#) organizations who work specifically on their disease areas such as acne, scleroderma, melanoma and psoriasis.

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<sup>4</sup> Canadian Association of Psoriasis Patients, Canadian Psoriasis Network & Unmasking Psoriasis. *Impact of COVID-19 on the Psoriasis and Psoriatic Arthritis Community in Canada Survey*. October 2020. Online: <https://www.canadianpsoriasis.ca/index.php/en/news/world-psoriasis-day>