

**Written Submission to the Pre-Budget Consultations in Advance of the Upcoming Federal Budget 2021
February 19, 2021**

Joint Submission by the Canadian Psoriasis Network and the Canadian Association of Psoriasis Patients

The Canadian Psoriasis Network (CPN) and the Canadian Association of Psoriasis Patients (CAPP) appreciate the opportunity to make a joint submission to the 2021 federal pre-budget consultations. As members of the broader skin community in Canada, our organizations also endorse the Canadian Skin Patient Alliance's 2021 pre-budget submission.

Recommendations to the government

1. Increase funding to provinces and territories to address challenges to accessing care and treatments that have been exacerbated by the pandemic, including for those people living with psoriasis and psoriatic arthritis.
2. Invest in virtual health care, including dermatological care, across Canada to help expand access to care by providing funding to provinces and territories and directly to health care providers, including dermatologists, to purchase or update technological infrastructure.
3. Work with provinces and territories on designing and delivering a pan-Canadian, universal pharmacare program. Ensure that the program includes robust tailored treatment options for patients living with psoriasis and psoriatic arthritis including prescription drug treatments and evidence-based therapies like home-based phototherapy.

Recommendation 1: Increase funding to provinces and territories to address challenges to accessing care and treatments that have been exacerbated by the pandemic, including for those people living with psoriasis and psoriatic arthritis.

Delays in access to care and treatments are significant because effectively managing one's psoriasis can impact the course of one's condition and overall health and quality of life. Moreover, people with psoriatic arthritis are at risk of irreversible joint damage without appropriate care and timely intervention.¹

Psoriasis is a noncontagious, chronic inflammatory condition where skin cells grow at a much faster rate than usual. Typically, skin cells grow, mature and are shed every 28-30 days but this happens 10 times faster for people with psoriasis. Up to 3% of people in Canada are affected by the condition², or approximately one million Canadians.

¹ Gisondi, P., Altomare, G., Ayala, F., Conti, A., Dapavo, P., De Simone, C., Foti, C., Idolazzi, L., Lubrano, E., Malara, G., Marchesoni, A., Olivieri, I., Parodi, A., Peris, K., Piaserico, S., Salvarani, C., Scarpa, R. and Girolomoni, G. (2018). Consensus on the management of patients with psoriatic arthritis in a dermatology setting. *J Eur Acad Dermatol Venereol*, 32, 515-528. <https://doi.org/10.1111/idv.14741>

² Papp, K., Valenzuela, F., Poulin, Y., Bernstein, G., Wasel, N. (2010). Epidemiology of moderate-to-severe plaque psoriasis in a Canadian surveyed population. *Journal of Cutaneous Medicine and Surgery*, 14(No 4, July/August), 167-174. doi 10.2310/7750.2010.09066

An estimated 1 in 3 people with psoriasis will develop psoriatic arthritis³, a chronic type of inflammatory arthritis that can be debilitating without appropriate care. Having psoriasis and/or psoriatic arthritis also increases one's risk for other conditions including metabolic syndrome⁴, cardiovascular disease,⁵ gastrointestinal disease and depression⁶. Additionally, experiences of stigma, low self-esteem, anxiety and sleep deprivation⁷ are common among people with these conditions. The degree of psychosocial impact of psoriasis on a person's life is not necessarily directly related to the severity of the disease⁸ – for instance, people with even a mild form of psoriasis may experience social withdrawal or depression.

A [survey](#) of over 800 people conducted by CPN, CAPP and Unmasking Psoriasis which explored the impact of the COVID-19 pandemic on the psoriasis and psoriatic arthritis communities in Canada, found that existing challenges with accessing care have been exacerbated by the pandemic. Many people living with psoriasis and psoriatic arthritis continue to struggle to access specialist care. Two-fifths of respondents with psoriasis indicated that they had not seen a dermatologist prior to the pandemic for reasons including having not been referred by their doctor; having no dermatologists near them; or experiencing long wait lists. For respondents with psoriatic arthritis, almost half have not seen a rheumatologist for similar reasons.

Of those respondents who indicated that they did have access to specialist care, appointments were disrupted by the pandemic, delaying important care for their disease(s). About one in five survey respondents had their dermatologist appointment cancelled, rescheduled or conducted virtually, with one in four people experiencing the same with their rheumatologist appointment. Moreover, almost half of respondents avoided seeking care with a doctor or at a hospital all together since the pandemic began.

In addition to challenges with accessing their doctors, barriers faced by people with accessing treatments delivered in a clinic or hospital setting were also exacerbated by the pandemic. For example, for many people with psoriasis, phototherapy can be an integral part of one's treatment plan. Yet, prior to the pandemic, the availability of publicly funded phototherapy treatment was wholly inadequate in meeting the needs of people with psoriasis, especially in rural and remote locations. Few clinics deliver this service across Canada and attending sessions during clinic hours several times a week can be burdensome and even unfeasible to some. As a result of the pandemic, access to phototherapy in clinic was further reduced and, in many cases, not available at all. People living with psoriasis need better supports to treatments such as home-based phototherapy to manage their disease and to reduce the burden on other healthcare resources, like clinics and hospitals.

³ Scotti, L., Franchi, M., Marchesoni, A., Corrao, G. (2018). Prevalence and incidence of psoriatic arthritis: A systematic review and meta-analysis. *Seminars in Arthritis and Rheumatism*, 48(1), 28–34.

⁴ Gisondi, P. (2018). Psoriasis and the metabolic syndrome. *Clin Dermatol*, 36(1), 21–28. doi: [10.1016/j.clindermatol.2017.09.005](https://doi.org/10.1016/j.clindermatol.2017.09.005)

⁵ Jindal, S., & Jindal, N. (2018). Psoriasis and Cardiovascular Diseases: A Literature Review to Determine the Causal Relationship. *Cureus*, 10(2), e2195. doi:10.7759/cureus.2195

⁶ Farzanfar, D., Dowlati, Y., French, L.E., Lowes, M.A. (2018). Inflammation: A contributor to depressive comorbidity in inflammatory skin disease. *Skin Pharmacology and Physiology*, 31, 246–251. doi:10.1159/000490002

⁷ Canadian Psoriasis Network (CPN), & Canadian Association of Psoriasis Patients (CAPP). (2018). *Psoriasis journey to stability: National report*. Retrieved from <https://www.canadianpsoriasisnetwork.com/wp-content/uploads/2018/09/JTSFinal-r.pdf>

⁸ Cyr, M.E. (2017). The psychosocial, economic and occupational impacts of psoriasis. *Journal of the Dermatology Nurses' Association*, 9(2), 75–77.

Survey findings also suggest that respondents experienced “worse” or “much worse” mental health (46%) – with increased experiences of anxiety, isolation, depression and despair reported – and fared “worse” or “much worse” with access to important social aspects of health like exercise (35%) because of the pandemic. Funding to provinces and territories to ensure comprehensive public health and social programs is also essential to addressing challenges that were magnified and worsened by the pandemic.

Federal funding to provinces and territories is required to address the challenges patients face when accessing care and treatments, all of which were exacerbated by the pandemic.

Recommendation 2: Invest in virtual health care, including dermatological care, across Canada to help expand access to care by providing funding to provinces and territories and directly to health care providers, including dermatologists, to purchase or update technological infrastructure.

Virtual care, including teledermatology, email and videoconferencing, works to extend access to dermatologists in rural and remote regions, and during lockdowns and social restrictions. Though it is an integral part of meeting the needs of people affected by psoriasis and psoriatic arthritis in Canada, coverage across the country is lacking. Primary care providers and dermatologists in particular have been slower to adopt virtual dermatology care compared to some other specialists. 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).⁹ The result is that various synchronous (“real-time”) and asynchronous (store-and-forward) virtual dermatology approaches have been adopted by different clinics and by different regions, but this form of care remains under-funded, under-developed and as such, inconsistent across Canada. Providing funding for health care providers, including dermatologists, to update or purchase secure technological requirements would better enable providers to offer good quality virtual care.

Virtual care has been shown to help address gaps in accessing care. For example, 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 in a review of teledermatology services conducted as far back as 2010.¹⁰

At the same time, virtual care is not ideal for every person, under every circumstance, and cannot fully replace in-person care. Focus groups conducted by CPN and CAPP to explore the impacts of the pandemic on this community found that the quality of virtual care services matters and depends on things like effective connectivity, appropriate devices for sharing images of one’s skin and the ability for people with significant joint and skin involvement in particular to be assessed in person when necessary. Investment in

⁹ Canadian Skin Patient Alliance (CSPA). Written submission for the pre-budget consultation in advance of the upcoming federal budget. Accessed September 22, 2020. https://www.canadianskin.ca/images/advocacy/CSPA_Federal_2021_pre-budget_submission_FINAL.pdf

¹⁰ CADTH. (2010). *Teledermatology Services: Rapid Review of Diagnostic, Clinical Management, and Economic Outcomes*. Issue 135. Retrieved from https://www.cadth.ca/media/pdf/H0502_Teledermatology_Report_e.pdf

virtual care to reduce barriers and to expand access is an integral part of the solutions to deliver comprehensive health care and to close the gaps in care that have been widened by the pandemic.

The government recently articulated its commitment to expand capacity in order to support virtual health care delivery. We want to ensure that dermatological care is included in this expansion, and that the government delivers on its Throne Speech commitment to support virtual health care to the benefit of patients. This should include providing funding to provincial and territorial governments and directly to healthcare providers, including dermatologists, to purchase or update technological infrastructure.

Recommendation 3: Work with provinces and territories on designing and delivering a pan-Canadian, universal pharmacare program. Ensure that the program includes robust tailored treatment options for patients living with psoriasis and psoriatic arthritis, including prescription drugs and evidence-based treatments like home-based phototherapy.

Although there is no cure, psoriasis is treatable. Access to effective treatments and supports (including mental health resources) is critical to ensuring that everyone with psoriasis and psoriatic arthritis has the potential to achieve optimal health and quality of life.

Many people living with psoriasis and psoriatic arthritis will need access to different types of treatment over the course of their condition, including topicals, phototherapy, systemic drugs, and biologics/biosimilars. Even when they find a treatment that works, they may experience medication fatigue. Medications may fail to work after a period of time, or the patient may be unable to tolerate a medication or formulation and need to change to another. Because our immune systems are sophisticated, they can begin to “override” or “outwit” treatments that have been effective. Often people live with the fear that their options will run out. Moreover, treatment decisions are often difficult and emotional. It can take years – sometimes longer than 10 years – for a person to feel that their psoriasis has stabilized.¹¹ This can be due to many reasons including barriers to accessing care and treatments that are appropriate for the individual.

Direct and indirect financial costs of psoriasis can be high for individuals and society, especially when people experience associated conditions like psoriatic arthritis.¹² According to a 2012 report, annual cost of moderate-to-severe plaque psoriasis in Canada was estimated to be almost \$8,000 per person – 57% direct costs; 43% lost productivity.¹³ Certain groups like women and people with lower socioeconomic status, may be disproportionately affected by psoriasis and by gaps in access to treatment.¹⁴

¹¹ CAPP & CPN, *Journey to Stability* (2018)

¹² Wu, J. (2017). Contemporary management of moderate to severe plaque psoriasis. *Supplement to The American Journal of Managed Care*. Retrieved from https://ajmc.s3.amazonaws.com/_media/_pdf/AJMC_A798_PlaquePsoriasis.pdf

¹³ A.R. et al. (2012). Economic burden of moderate to severe plaque psoriasis in Canada. *Int. J. Dermatology*, 51(1): 432-40

¹⁴ Cyr, M.E. (2017).

Out-of-pocket costs for treatments can be prohibitive due to inadequate or no insurance coverage. At the same time, cost-effective options to help alleviate some of this burden for people with psoriatic conditions are under-utilized. For example, Health Quality Ontario, under the guidance of the Ontario Health Technology Advisory Committee, recently released a final recommendation for publicly funding home narrowband ultraviolet B phototherapy as a treatment option for people with photoresponsive skin conditions (including psoriasis) currently treated with narrowband UVB phototherapy in an outpatient (clinic-based) setting.¹⁵ Yet, to our knowledge, home-based phototherapy is not publicly reimbursed anywhere in Canada. Private insurance coverage for home-based phototherapy is also lacking, leaving patients with the choice of paying out of pocket for a device and its replacement parts (e.g., bulbs) or visiting a clinic that provides phototherapy multiple times per week, if available in one's community or vicinity.

Challenges with accessing medications were also exacerbated by the pandemic. Survey results found that respondents fared "worse" or "much worse" as a result of the pandemic in terms of access to employment (26%), access to stable income (24%), and access to prescription medication (15%). Given that roughly 70% of Canadians have supplementary health insurance (including drug coverage) primarily through group plans provided by employers, unions or professional associations¹⁶, the loss of employment and access to prescription medications presents significant implications for public drug plans.

The federal government should work with provinces and territories on designing and delivering a pan-Canadian universal pharma care program that includes robust tailored treatment options for patients living with psoriasis and psoriatic arthritis.

About Us

CPN (www.canadianpsoriasisnetwork.com) is a national, not-for-profit organization dedicated to improving the health and quality of life of people in Canada who live with psoriasis and psoriatic arthritis. CPN does this by providing current information on research and treatment options and by working with others to build awareness and advocacy about the complexities of these conditions.

CAPP (www.canadianpsoriasis.ca) is a national, not-for-profit organization formed to better serve the needs of psoriasis patients across the country. CAPP's mission is to be a resource and advocate for psoriatic patients and their families to improve patient care and quality of life.

¹⁵ Health Quality Ontario. Home narrowband ultraviolet B phototherapy for photoresponsive skin conditions: Health Quality Ontario recommendation. Accessed February 9, 2021. <https://www.hqontario.ca/evidence-to-improve-care/health-technology-assessment/reviews-and-recommendations/home-narrowband-ultraviolet-b-phototherapy-for-photoresponsive-skin-conditions>

¹⁶ Canadian Life & Health Insurance Facts, 2020 Edition: <https://www.clhia.ca/facts> Retrieved on February 5, 2021