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The Right Honourable Paul Martin, P.C., M.P.  
Prime Minister of Canada

Dear Prime Minister:

I am writing to provide you with the views of the Multiple Sclerosis Society of Canada as you prepare for your meeting with provincial premiers on September 13<sup>th</sup>. Let me begin by congratulating your government for making clear commitments for action during this Parliament and by moving quickly to hold a First Ministers meeting specifically to deal with health policy matters.

The almost 50,000 Canadians living with MS are especially hopeful that your discussions will produce a concrete plan to improve health care services. The recent federal election demonstrated a national consensus on the needs to address gaps in health services and provide increased and predictable funding and greater transparency so that outcomes can be evaluated.

Three issues are of particular importance to us:

- Reducing waiting times for medical services;
- Making drug therapies available to all Canadians who need them no matter where they live in Canada, and;
- Ensuring that home care is available across the country and provides adequate services for people living with chronic diseases.

### **Waiting Times**

Timely access to medical technology and services is critically important to people with MS and other chronic diseases. For example, MRI and other diagnostic technologies are vital to confirm accurately and quickly a diagnosis of MS. Research studies have shown that treatment with one of the disease-modifying therapies should begin as soon as possible in the disease course. Similarly, when people experience MS relapses, it is important that they see an MS specialist as soon as possible and not have agonizing waits for treatment.

We believe that priority-setting is required. Not all medical services are required immediately and considerable variation currently exists across jurisdictions. From our perspective, the focus should be on improving and guaranteeing timely access to the most necessary medical services. It is important that we not get bogged down in an endless process of inventing and negotiating acceptance of standards. To us, a process of identifying acceptable standards for specific priority services and then working to ensure they are provided everywhere in Canada makes sense. Thus, for example, in the case of MRI, the standard should be a simple one – access should be available immediately when ordered by a doctor.

### **Drugs Therapies**

Drugs to treat MS are very expensive. Programs to assist Canadians with the costs of medically necessary drugs vary considerably across Canada. In many provinces, MS drugs are covered by provincial insurance programs, while in others support is virtually non-existent.

We are closely following the current debate about the form and funding of a national drug program. It is vital for both levels of government to agree on the development of a national strategy to ensure consistent and adequate support for all Canadians for medically necessary drug therapies. We urge that this goal be reached at the First Ministers meeting and that the discussion not bog down in debates about jurisdiction.

### **Home Care**

The vast majority of people living with MS can live at home and care for themselves with support from caregivers and services provided in the home. Home care programs help reduce reliance on expensive institutional care and provide a better, more independent lifestyle for people with MS and others who are disabled or have chronic diseases.

Home care services vary considerably across the country. The MS Society supports the development of common standards for home care services and a broadening, in some jurisdictions, of the services covered by health insurance programs. For example, the inclusion of inexpensive homemaking services as part of home care services often makes the difference between someone staying at home or having to move to much more expensive institutional care.

In our view, a standards-based approach is more appropriate than earmarking funding to specific services within home care. Because of the existing variation in service across jurisdictions, earmarking funds to specific areas can result in greater rather than reduced disparities. A system based on agreed common standards will provide clarity to administrators and users alike while allowing provincial programs the flexibility to allocate funding as required.

A common thread across these three areas is the need to measure outcomes so we can accurately assess the success of policy initiatives. Considerable new investments have been made in health care services through the Health Care Accord but it is virtually impossible for users of medical services or medical professionals to measure their value or determine how they have been utilized.

We also want to take this opportunity to urge you to move forward with your government's plan to create a caregiver strategy for Canada, including respite care and training and increases in the amount of medical and disability related expenses eligible to be claimed by caregivers.

Thank you for your consideration

Yours sincerely,

Susan A. Murray  
Chair  
National Government Relations Committee  
Multiple Sclerosis Society of Canada