

September 8, 2004

Premier Gary Doer
Room 204 Legislative Building
450 Broadway
Winnipeg MB
R3C 0V8

Dear Premier Doer,

As you prepare for your meetings on health care next week with the Prime Minister and other premiers, I am writing on behalf of the Manitoba Division of the Multiple Sclerosis Society of Canada to provide you with the views of our organization.

The almost 50,000 Canadians, and estimated 3,500 Manitobans, living with MS are hopeful that your discussions will produce a concrete plan to improve health care services. The recent federal election demonstrated a national consensus on the need to address gaps in health services and to provide increased and predictable funding as well as 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. MRI and other diagnostic technologies are vital to confirm a diagnosis of MS accurately and quickly. 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 a lengthy wait for treatment.

We believe it is necessary to set priorities. 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.

Drug Therapies

Drugs to treat MS are very expensive. Programs to assist Canadians with the costs of medically necessary drugs vary considerably across the country. In many provinces, MS drugs are covered by provincial insurance programs, while in others support is virtually non-existent. Although we have some concerns about how the program is administered, we appreciate the fact that the Manitoba Pharmacare program covers the MS disease-modifying therapies.

We are following closely 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 that all Canadians receive consistent and adequate support for medically necessary drug therapies. We urge that this goal be reached at the First Ministers meeting and that the discussion not get sidetracked by 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 living with MS and others who are disabled or have chronic diseases.

Home care services vary considerably across the country. We recognize that the Manitoba home care program is one of the most comprehensive in the country and appreciate the services it provides for many Manitobans living with MS. While we look forward to the possibility of this model being extended to all Canadians, we also hope that the Manitoba program can be further enhanced to better support the needs of those with both changing and more complex needs.

In our view, a standards-based approach is more appropriate than earmarking funding to specific home care services. Because of the existing variation in service across jurisdictions, earmarking funds to specific areas could result in greater rather than reduced disparities. A system based on agreed common standards would 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 that the success of policy initiatives can be accurately assessed. 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 all governments to move forward in developing a caregiver strategy for Canada, including respite care, training and

increases in the amount of medical and disability related expenses eligible to be claimed by caregivers.

We hope that your discussions with your provincial and federal colleagues will be successful. If the MS Society of Canada, Manitoba Division can be of any assistance, please do not hesitate to call on us. You can contact our Executive Director Norm Velnes at 988-0916 or norm.velnes@mssociety.ca

Thank you for your consideration.

Yours sincerely,

Dave Horne
Chair, Manitoba Division Board of Directors
MS Society of Canada, Manitoba Division