



House of Commons Standing Committee on Finance – Pre-budget Consultations 2013

This brief is submitted by:

an organization Organization name: The Crohn@s and Colitis Foundation of Canada (CCFC)

or

an individual Name: _____

Topic: Health

***Recommendation 1: Please provide a short summary of your recommendation.**

Add Inflammatory Bowel Disease (IBD) onto the Public Health Agency of Canada@s (PHAC) list of identified chronic conditions and expand PHAC@s scope on chronic conditions. PHAC has identified and developed a Preventing Chronic Disease Strategic Plan. The CCFC wishes to have IBD (Crohn@s disease and ulcerative colitis) recognized and listed on the PHAC website. In addition, we call government to expand PHAC@s scope on chronic conditions to one that helps Canadians better manage their condition and allows for representation of these diseases to participate in meaningful strategic planning.

Expected cost or savings: From the pull-down menus, please indicate the expected cost or savings of your recommendation to the federal government and the period of time to which the expected cost or savings is related.

\$499,999

Immediately

Federal funding: Please provide a precise indication of how the federal government could fund your recommendation. For example, indicate what federal spending should be reallocated, what federal tax measure(s) should be introduced, eliminated or changed, etc.

This is a no cost initiative. It will take willingness from health agency staff and the Ministry of Health to help implement and post the information on the PHAC website.

Intended beneficiaries: Please indicate the groups of individuals, the sector(s) and/or the regions that would benefit by implementation of your recommendation.

Nearly a quarter million of Canadians living with IBD and their caregivers would see the significance placed by the federal government in recognizing IBD as a chronic condition.

General impacts: Depending on the nature of your recommendation, please indicate how the standard of living of Canadians would be improved, jobs would be created, people would be trained, etc.

By recognizing and listing IBD onto the PHAC website, the federal government would signal to the 233,000 Canadians living with IBD that it recognizes Crohn's and ulcerative colitis as significant chronic conditions that require further attention in research and clinical care management. This would result in recognition of IBD as a national health priority and hopefully would lead to increased resource allocation for chronic care models that reflect the episodic nature of IBD and optimized healthcare delivery.

Topic: Health

Recommendation 2: Please provide a short summary of your recommendation.

Establish an Inflammatory Bowel Disease (IBD) network, as part of the government's Strategy for Patient-Oriented Research (SPOR) initiative. Earlier this year, the CCFC submitted an "Expression of Interest" calling for the development of an IBD network as part of CIHR's SPOR initiative. IBD is well poised to be a SPOR network because of the chronic nature of the condition, the burden of illness, and the readiness and capacity within the IBD research and clinical community to strengthen its collaborations. People with IBD want to be part of the government dialogue in health care delivery.

Expected cost or savings: From the pull-down menus, please indicate the expected cost or savings of your recommendation to the federal government and the period of time to which the expected cost or savings is related.

\$5 million - \$9.9 million

1 year

Federal funding: Please provide a precise indication of how the federal government could fund your recommendation. For example, indicate what federal spending should be reallocated, what federal tax measure(s) should be introduced, eliminated or changed, etc.

The SPOR initiative will provide \$60 million to fund between 8 to 12 networks that will direct increased research infrastructure and more clinical work leading to improved health outcomes. Specifically, SPOR would grant approximately \$5 to 10 million to fund an IBD network.

Intended beneficiaries: Please indicate the groups of individuals, the sector(s) and/or the regions that would benefit by implementation of your recommendation.

More patients living with Crohn's disease and ulcerative colitis would be more engaged in the research process. CCFC has helped set the stage for IBD researchers to successfully receive government funding. Over the last decade, CIHR has progressively increased funding to IBD related research from \$3 million/year to \$13 million/year. A SPOR supported IBD network would strengthen the relationships between researchers, patients and clinicians. Furthermore, a network would translate research outputs for patients and help to accelerate and expedite treatments and therapies.

General impacts: Depending on the nature of your recommendation, please indicate how the standard of living of Canadians would be improved, jobs would be created, people would be trained, etc.

The direct and in-direct economic costs of IBD are estimated at \$2.8 billion in Canada in 2012 and \$11,900 is spent per person living with IBD per year. Research would expedite translation of academic-based research discoveries into clinical applications in humans. Advancements in new, proven and innovative treatments would keep people out of hospitals and keep them in the labour force as productive taxpaying Canadians. We have already seen a reduced need for surgery with advancements in treatments and improved and personalized care in the first year of diagnosis.

Topic: Please select from the pull-down menu

Recommendation 3: Please provide a short summary of your recommendation.

Expected cost or savings: From the pull-down menus, please indicate the expected cost or savings of your recommendation to the federal government and the period of time to which the expected cost or savings is related.

Please select from the drop down menu

Please select from the drop down menu

Federal funding: Please provide a precise indication of how the federal government could fund your recommendation. For example, indicate what federal spending should be reallocated, what federal tax measure(s) should be introduced, eliminated or changed, etc.

Intended beneficiaries: Please indicate the groups of individuals, the sector(s) and/or the regions that would benefit by implementation of your recommendation.

General impacts: Depending on the nature of your recommendation, please indicate how the standard of living of Canadians would be improved, jobs would be created, people would be trained, etc.

Please use this page if you wish to provide more explanation about your recommendation(s).

One in 150 Canadians lives with Crohn's disease and ulcerative colitis, two major conditions of Inflammatory Bowel Disease (IBD). The incidence of IBD in Canada has been rising, particularly since 2001, and significantly so in children under the age of ten. Presently, there is no known cure and no evidence of the cause of IBD. The Crohn's and Colitis Foundation of Canada (CCFC) views these chronic conditions as "Canada's disease" since our country has among the highest rates of people living with IBD in the world. It is also considered Canada's disease since the numbers of first-generation Canadian immigrants are increasingly being diagnosed with IBD. This is daunting especially when certain ethnic groups do not have a high prevalence of IBD in their native countries.

The burden of IBD places on individuals, the health care system and society is significant and will continue to grow as the number of patients with IBD increases. The CCFC calls upon the federal government, through CIHR to increase funding for cure-related and epidemiological IBD research. With increased investment in patient-oriented research, IBD care would become a minor inconvenience for people living with the condition. For instance, it would give hope to women living with ulcerative colitis, since their current treatment options are limited. There is only one Health Canada approved treatment option and if it proves unresponsive the only alternative is surgery, increasing a woman's risk of permanent infertility.

With nearly a quarter million of Canadians with IBD (129,000 with Crohn's disease and 104,000 with ulcerative colitis), IBD costs Canadians more than \$2.8 billion each year in direct and indirect expenses. People with Crohn's disease are 47% more likely to die prematurely than people who do not live with IBD. A person with longstanding IBD has an increased risk of developing colorectal cancer. Despite these alarming statistics, IBD is a condition that receives very little attention.

About the Crohn's and Colitis Foundation of Canada (www.ccfc.ca)

The Crohn's and Colitis Foundation of Canada (CCFC) is a volunteer-based charity dedicated to find the cures for Crohn's disease and ulcerative colitis, two primary forms of Inflammatory Bowel Disease (IBD) and to improve the lives of children and adults affected by these chronic conditions. The CCFC delivers on its promise by investing in IBD research, education and awareness. The CCFC is Canada's top non-governmental funder of cure-related research and is a world leader in funding per capita of such research.

The CCFC is comprised of approximately 65,000 supporters including volunteers, donors or individuals interested in engaging with the organization. Currently there is no paid membership. There are 45 chapters and 24 affiliates, which are chapters in the making, across Canada. The CCFC is governed by a Board of Directors. It is further supported by committees, groups and advisory councils.

*Please note that at least one recommendation must be provided

