Written submission for the 2023 Federal Budget

CANADIAN THORACIC SOCIETY

October 2022

RECOMMENDATIONS

1. That the federal government, in partnership with provincial, territorial, and Indigenous leaders, establish a National Tuberculosis Elimination Oversight Committee with a mandate to eliminate tuberculosis in all regions of Canada.

2. That the National Tuberculosis Elimination Oversight Committee implement and invest in the Canadian Thoracic Society Tuberculosis Monitoring and Performance Framework, to guide efforts across all jurisdictions.

3. That the federal government invest in and improve access to pulmonary rehabilitation programs known to have positive clinical outcomes for those living with respiratory diseases and to support delivery of care for patients with long-term health consequences from COVID-19.

Introduction

The Canadian Thoracic Society (CTS) is a national specialty society and membership-based professional association for health care professionals (HCPs) working in respiratory care and research. We are an accrediting body of the Royal College of Physicians and Surgeons for specialist education and continuing professional development and an affiliate organization of the Canadian Medical Association.

We are proud of the role our members have played in treating patients with COVID-19, and the guidance they are able to provide to fellow HCPs across a range of settings when confronting this new illness. For the last several years, thanks to the research investments made by the federal government, our members have been advancing the body of science concerning the SARS-CoV-2 virus and the illness it causes, including for treatment and identification of symptoms that have contributed to saving lives.

We wish to recognize the important contributions of policy makers, including the health experts at Health Canada and the Public Health Agency of Canada, who have long collaborated with the CTS. Most recently, we worked with our government partners to release the *Canadian Tuberculosis Standards – 8th Edition*, at a critical time to advance health policy and save lives.

Recommendation 1: Work in partnership with provincial, territorial, and Indigenous leaders to establish a National Tuberculosis Elimination Oversight Committee with a mandate to eliminate tuberculosis in all regions of Canada

Due to the justifiably intense focus on COVID-19 in recent years, our public health attention has shifted from the second most deadly infectious killer in the world: Tuberculosis (TB). For the first time in over a decade, we have seen a rise in TB cases globally.[1] This is not a trend that we can confirm in Canada due to inconsistent screening and a lack of nationally convened surveillance capabilities.

While incidence rates remain relatively low in Canada, TB has a significantly disproportionate impact on foreign-born individuals and Indigenous peoples in Canada. In 2020, the active TB disease incidence rate in Inuit communities was 70.3 per 100,000 population, which is 15 times the overall Canadian rate. Recent figures also show that the First Nations on-reserve incidence rate is three times the overall Canadian rate, while First Nations off-reserve is two times higher.[2] Canada's foreign-born population represents the largest proportion of people reported with active TB, with an incidence rate three times the overall Canadian rate.

TB is well understood to affect the most vulnerable in society, particularly in areas where malnutrition and inadequate or crowded housing are most prominent. The legacies of residential schools and ongoing economic, social and health gaps between non-Indigenous and Indigenous peoples in Canada demonstrates the continued prevalence of TB case and mortality rates in the latter.

[1] World Health Organization Statistics.

[2] Mounchili A, Perera R, Lee RS, et al. Canadian Tuberculosis Standards - 8th Edition, Chapter 1: Epidemiology of tuberculosis in Canada. Can J Respir Crit Care Sleep Med. 2022; 6(sup1):8-21.

The federal government has made commitments to eliminating TB in Inuit Nunangat by 2030 and reduce active TB by at least 50% by 2025.[3] Our commitments to end TB are included in the United Nations Political Declaration on the Fight Against Tuberculosis and the World Health Organization Global TB Strategy. The government has also committed to addressing the disproportionate impact of TB on Indigenous populations through the Inuit Tapiritt Kanatami's Tuberculosis Elimination Strategy in Inuit Nunangat and the Truth and Reconciliation Commission's several health-focused Calls to Action.[4]

In 1998, a National Consensus Conference on TB recommended that the provinces, territories, and the federal government make a joint commitment to eliminate TB with national coordination and assured funding. The commitment also included the need for a TB-focused committee of provincial/territorial and national representatives to coordinate a strategy and implement a framework.[5]

Two decades later, Canada is still missing an inter-governmental body dedicated to eliminating TB from coast to coast to coast. Much like COVID-19, TB does not respect provincial or territorial boundaries and for full elimination by our deadlines, provincial and federal governments cannot work in silos. There are effective laboratory diagnostics, new treatments, and international best practices that can be utilized in areas where they are not being deployed in Canada.

A national oversight body of TB experts, clinicians, and representatives from provincial, territorial, and Indigenous governing bodies can coordinate the measures that are needed to eliminate TB. This body will play a fundamental governance role in the oversight of TB program performance, coordinate resources and share best practices to reduce the prevalence of TB. **The numbers demonstrate the problem, our commitments demonstrate the need for action and the recently released Canadian TB standards are a tool to achieve meaningful results.**

Recommendation 2: The National Tuberculosis Elimination Oversight Committee implement and invest in the Canadian Thoracic Society Tuberculosis Monitoring and Performance Framework, to guide efforts across all jurisdictions.

The COVID-19 pandemic demonstrated the fatal consequences from inadequacies in our surveillance environment and infectious disease preparedness. Budget 2022 committed $436 million over five years to "strengthen key surveillance and risk assessment capacities within the Public Health Agency of Canada."[6] This is an encouraging investment that should be utilized for a coordinated inter-governmental surveillance system. To achieve TB elimination, surveillance efforts across jurisdictions is essential, and requires sustained political and financial support from the federal government.

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[3] Inuit Tuberculosis Elimination Framework ISBN: 978-1-989179-10-9

[4] Truth and Reconciliation Commission of Canada: Calls to Action. Truth and Reconciliation Commission of Canada, 2012. Available at: www.trc.ca

[5] Government of Canada. Canada Communicable Disease Report. Proceedings of the National Consensus Conference on Tuberculosis 1998.

[6] Government of Canada. Federal Budget 2022. Chapter 6 – Strong Public Health Care. Strengthening Canada's Ability to Detect and Respond to Public Health Events and Emergencies.

Despite Health Canada's recognition for decades on the need for greater efforts to eliminate TB in Canada, especially in Indigenous populations, we have yet to establish a nationally resourced surveillance infrastructure. Currently, there is no active monitoring system that tracks and keeps daily TB case rates across the country. Although all provinces and territories participate, they report TB case rates on a voluntary basis through the Canadian TB Reporting System (CTBRS) at the Public Health Agency of Canada. The CTBRS is important, but we have not utilized it as an operational tool in the cause of disease elimination.[7]

The CTS, in collaboration with the Association of Medical Microbiology and Infectious Disease Canada (AMMI Canada), Indigenous public health bodies, TB affected communities, federal government departments and clinical experts, authored the Canadian TB Standards (8th Ed.), released in March 2022. The Standards include a Monitoring and Performance Framework that "comprises program performance indicators (actions) that are largely pragmatic and judged to adhere to the following criteria: relevant, well-defined, reliable, technically feasible and have a history of use elsewhere."[8] With the exception of one published by Indigenous Services Canada for the Inuit TB Strategy, Canada does not have a national monitoring and performance framework in place.

There is existing evidence to show that active monitoring frameworks coordinated by national strategic bodies in other jurisdictions have a marked impact on their ability to decrease active TB case numbers. The United States has successfully adopted a framework, which has contributed to their status as having the lowest national TB incidence rate among G7 nations in 2016. The Centers for Disease Control and Prevention implemented the National TB Indicators Project (NTIP) as their monitoring and performance framework. Unlike CTBRS, NTIP is organized to track up-to-date key indicators by jurisdiction or population group.[7]

The CTS Performance and Monitoring Framework was designed intimately with government departments, Indigenous communities and TB experts and clinicians for the purpose of filling this significant gap in our public health system. Should it be adopted, CTS remains ready to work with partners on an implementation strategy.

Recommendation 3: Investing in and improving access to pulmonary rehabilitation programs known to have positive clinical outcomes for those living with respiratory diseases and to support delivery of care for patients with long-term health consequences from COVID-19.

The pandemic has disrupted the delivery of care in Canada's hospitals and across all care settings. As Canada considers enhancing the delivery and quality of care in the years that follow, there are capacity and resource concerns that the federal government will need to address and assist the provinces in planning for. HCPs are concerned about the limited number of pulmonary rehabilitation (PR) programs in Canada, including programs for children with chronic respiratory disorders and lung transplantation, and the funding needed to increase the availability and capacity of these programs.

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[7] Heffernan C, Long R. Would program performance indicators and a nationally coordinated response accelerate the elimination of tuberculosis in Canada? *Can J Public Health*. 2019;110:31–35. Page 32.

[8] Heffernan C, Haworth-Brockman M, Plourde P, et al. Canadian Tuberculosis Standards - 8th Edition, Chapter 15: Monitoring tuberculosis program performance. *Can J Respir Crit Care Sleep Med.* 2022; 6(sup1):229-241.

CTS has conducted research in PR therapy for people with COPD[9] and other chronic lung disease. Through extensive research[10], CTS has identified 14 core quality indicators (QIs) that define the minimal requirements for PR. These quality indicators can be used to improve and develop strategies for PR improvement. The CTS has worked with PR leaders to develop a best-evidence Canadian standardized PR program such as the *Living Well with COPD*[11] with resources freely available to clinicians and patients. The effectiveness of this program has been well-demonstrated, and the open resources can assist widespread local implementation of the program.[12] PR is crucial for people living with COPD and other chronic lung disease, in preventing costly exacerbations or "flare-ups" and improving function and quality of life.

In addition to PR's effectiveness in treating those with COPD, early evidence demonstrates its effectiveness in treating post-COVID patients. The Alberta Health Services released a rapid review that supports the development of provincial and national recommendations with regards to PR for individuals recovering from COVID-19 illness.[13] In total, 11 primary studies evaluating the effectiveness of PR were identified. All of these studies reported improvements in exercise capacity, PR, and/or quality of life among post-COVID patients who had previously been hospitalized.

The role of PR for treating post-COVID patients highlights the need to reduce backlogs and expand capacity across the country. The safe return to PR must be a priority in the post-peak COVID-19 era to improve health outcomes for people with lung disease and for those who have ongoing respiratory symptoms from COVID-19. In doing this, we will not only be returning efficient use of healthcare resources, but we will also be getting Canadians back on their feet and healthy.

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[9] Marciniuk DD, Brooks D, Butcher S, et al. Optimizing pulmonary rehabilitation in chronic obstructive pulmonary disease - practical issues: A CTS Clinical Practice Guideline. *Can Respir J*. 2010;17:159-168.

[10] Dechman G, Cheung W, Ryerson CJ, et al. Quality indicators for pulmonary rehabilitation programs in Canada: A CTS expert working group report, *Can J Respir Crit Care Sleep Med*. 2019;3(4):199-209.

[11] Respiplus. Living Well with COPD.

[12] Selzler AM, Jourdain T, Wald J, Evaluation of an Enhanced Pulmonary Rehabilitation Program: A Randomized Controlled Trial. *Annals of the American Thoracic Society*. 2021; 18: 1650-1660.

[13] Soril LJJ, Damant RW, Lam GY, et al. The effectiveness of pulmonary rehabilitation for Post-COVID symptoms: A rapid review of the literature. *Respir Med*. 2022;195:106782.