# Funding pathways for intermittent catheters and related supplies

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There are a plethora of intertwined programs that have not been designed with people at the centre in the Province of Ontario. Different programs managed by different government agencies are layered one upon another. This complexity creates wasteful administration meaning modernization is warranted so that the criteria are simple and effective.

Urinary catheters are readily available. That's not the issue. Catheters are available in every make, brand, style of catheter you could imagine in any country in the world are available in Canada. They're available through a wide network of distributors, retailers, wholesalers, so they can be shipped anywhere overnight to any part of the country. Availability should not be confused with accessibility.

Every support program illustrated in Table 1 has a different application process and can be interdependent, meaning that eligibility is based on a denial from another program. Which funding pathway applies dependents upon a spectrum of criteria including age, diaglosis, income, insurance, where you live, access to the internet and immigration or Indian status.

"Come back to us if this group doesn't pay for you or if you get denials from these three areas, then you can come back to us for funding."

### **Current situation in Ontario**

- 1. The issue is reimbursement. There is no reimbursement for intermittent catheters and related supplies that Ontarians are able to navigate **simply and effectively.**
- 2. The cost of catheters in Ontario is an imposition for people, particularly for people

who have to pay out of pocket. Most people can't afford a hydrophilic catheter at today's price points out of pocket. Even if the price of medical supplies fell, this still leaves many intermittent catheter users in a difficult position. HQO estimated pricing to be \$7/catheter or approximately \$35/day rather than the \$17/day reported by manufacturers.<sup>1</sup> Previous attempts to gain reimbursement may have been hindered by an overinflated price tag on the cost of intermittent catheters;

 Lack of access to specialty nurses for ongoing assessment and education compounds these issues as end-users receive inconsistent education and support across Ontario and Canada.

Due to the inability to afford or access enough single-use catheters, end-users report the need to reuse catheters, despite Health Canada approving and manufacturer's instructions for use clearly stating that these products are single-use devices. Healthcare professionals, despite single-use indications, are conflicted about these practices and how to support best practices. End-users experience increase risk of infection and other complications (e.g., urethral trauma) secondary to the reuse of single-use catheters. "As a health care professional, I'm conflicted, despite the single-use indications, the problem is best practices are telling me that for the safety of my patients that I shouldn't be teaching them to reuse because of their increased risk of infection and other complications, such as a urethral trauma. On the other hand, if I don't teach someone to reuse, then there is perhaps an even greater chance that they're going to run into complications."

#### Saskatchewan Aids to Independent Living

Saskatchewan Aids to Independent Living (SAIL) provides assistance to people with physical disabilities to live a more active and independent lifestyle. It also helps people in the management of certain chronic health conditions.<sup>2</sup>

The SAIL program has worked effectively for several years in Saskatchewan where it is considered simple and effective. The model is worthy of detailed exploration as a template for an accessibility program in Ontario.

The Province of Saskatchewan operates the SAIL program where approved distributors participate in a government program.<sup>2</sup> Those who meet the basic criteria are assessed by specialty nurses and are then prescribed and provided with catheters. Distributors must be knowledgeable and willing to provide access to a specialty nurse. The program is underpinned by access to specialist nursing in the community to support intermittent catheter users.

We are seeking a centralized comprehensive medical supply coverage program where all government programs can feed into. One that:

- a. reduces red tape.
- b. improves procurement.
- c. collects user data.
- d. improves patient assessment and outcomes.

#### Recommendations

This envisions a scenario where the Government of Ontario is paying for single-use intermittent catheter like virtually every other Westernized nation in the world.

- Conduct an examination of the overlapping government programs across the different departments to assess hidden costs and opportunities to reduce red tape.
- Prioritize the implementation of a new modern funding program for intermittent catheters that delivers system and financial efficiencies for better patient care.
- Leverage best practice from other jurisdictions e.g., Saskatchewan style program via approved distributors.
- 4. Procure for a comprehensive medical supply coverage program that:
  - a. allows for consistency of product choice through the continuity of care; and
  - b. prevents patients from the need to reuse single-use catheters.
- 5. Support the Health Canada, nursing and physician position that single-use catheters should not be reused as they are approved to be used only once and then discarded.

#### References

- Health Quality Ontario. Intermittent catheters for chronic urinary retention: A health technology assessment. ON Health Technol Assess Ser. 2019;19(1):1–153. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/ PMC6395058/.
- Saskatchewan Aids to Independent Living (SAIL)<u>https://</u> publications.saskatchewan.ca/#/products/11690.





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