

Share your plan for arthritis prevention, treatment, and care in British Columbia

Arthritis is the most common chronic disease in Canada and affects one in five British Columbia (B.C.) voters. There are over 100 types of arthritis, and despite the misconception that it is only a disease of older adults, two-thirds of British Columbians with arthritis are younger than 65. It is the leading cause of disability in B.C. and a significant economic burden related to direct health care costs and indirect costs to the economy related to lost employment, sick leave, and absenteeism.¹

Health care delivery and cost of living issues are the two highest named issues by B.C. voters leading up to the October 19, 2024 provincial election. Arthritis affects approximately 800,000 B.C. residents, yet no comprehensive model of arthritis care is available across the province. The way people living with arthritis access and receive health care varies significantly across B.C. Where you live can be more important in determining arthritis treatment than how sick or disabled you are. This particularly affects British Columbians living with inflammatory arthritis – like rheumatoid arthritis, axial spondyloarthritis, psoriatic arthritis or lupus – who depend on getting a timely and accurate diagnosis, fast access to rheumatologists, and appropriate public reimbursement for needed disease-modifying medications.

The political parties running in the upcoming provincial election have diverse policies on health care. If elected, what will your government do to improve the level of arthritis prevention, treatment and care in B.C.?

Question 1

The Arthritis Consumer Experts Arthritis Medications Report Card is designed to help Canadians evaluate where their province or territory ranks in terms of providing reimbursement for medications approved for inflammatory arthritis such as rheumatoid arthritis, axial spondyloarthritis, psoriatic arthritis and lupus. British Columbia is currently ranked 12th in Canada in providing reimbursement access to new biologic (originator and biosimilars) medications for people living with inflammatory arthritis.

What will your government do to improve B.C.'s ranking and address the province's lagging equitable reimbursement access and patient/physician choice in treating inflammatory arthritis compared to the rest of Canada?

¹ The State of Arthritis in Canada Report Card (2023) <https://arthritis.ca/about-us/what-we-do/advocacy/report-card>

Question 2

Indigenous Peoples in Canada have some of the highest rates of serious or life-threatening arthritis in the world and are at greater risk for becoming disabled by arthritis. Significant gaps in Indigenous arthritis care currently exist in B.C. Care models, such as having an Indigenous community-based patient care facilitator that address health care in a culturally relevant manner and the many barriers to care have been proven to resolve care gaps more effectively and optimize health outcomes of Indigenous Peoples with arthritis and comorbidities.²

Will your government introduce culturally appropriate, patient-centered policies to help Indigenous Peoples navigate the healthcare system and receive coordinated care within their community to manage their arthritis?

Question 3

The next B.C government must take steps to ensure the sustainability of prescription drug plans and the continued affordability of prescription medicines for B.C. patients. Over the first five years of the B.C. biosimilars initiative, the Province has saved \$732 million, thanks to people transitioning from originator biologics to their cost-effective biosimilars, which are highly similar versions of high-cost biologic drugs used to treat chronic diseases, such as inflammatory arthritis, diabetes, inflammatory bowel disease, multiple sclerosis, age-related macular degeneration, and certain cancers.

Will your government commit to reinvesting biosimilars savings to increase accessibility to new medicines and expand coverage for existing medicines for people living with inflammatory arthritis?

Question 4

Some individuals with severe osteoarthritis require joint replacement surgery to achieve better quality of life, less pain and more joint function. According to the Canadian Institute for Health Information, the guideline for knee and hip replacement is to receive surgery within 26 weeks.³ In B.C. in 2023, only 57% of knee replacement patients and 65% of hip replacement patients were treated within that guideline and below the Canadian average. This deeply impacts the lives of B.C. residents with osteoarthritis who require these surgeries.

Will your government take steps to ensure timely, specialized care for B.C. residents struggling with osteoarthritis, including joint replacement surgery wait times that are within medically recommended guidelines?

² Umaefulam et al. (2021). Arthritis liaison: a First Nations community-based patient care facilitator. *Health promotion and chronic disease prevention in Canada: research, policy and practice*. <https://doi.org/10.24095/hpcdp.41.6.04>

³ Canadian Institute for Health Information. Wait times for priority procedures across Canada. <https://www.cihi.ca/en/wait-times-for-priority-procedures-in-canada-2024>

Question 5

The time to address models of care in arthritis is now after years of being at the back of the line of health care planning and delivery in B.C. There is a pressing need to explore, invest in, and innovate different care models that allow British Columbians to receive timely access to suitable care and support for managing their disease.

What will your government do to provide high quality, accessible, evidence-based models of care, such as team-based care or expanded virtual care, for B.C. residents living with arthritis?