

Share your plan for arthritis prevention, treatment, and care in New Brunswick

Arthritis is the most common chronic disease in Canada and affects one in five New Brunswick voters. There are over 100 types of arthritis, and despite the misconception that it is only a disease of older adults, two-thirds of New Brunswick residents living with arthritis are younger than 65. It is the leading cause of disability in New Brunswick 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 New Brunswick voters leading up to the October 21, 2024 provincial election. Arthritis affects approximately 170,000 New Brunswick residents², 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 New Brunswick. Where you live can be more important in determining arthritis treatment than how sick or disabled you are. This particularly affects New Brunswick residents 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 New Brunswick?

Question 1

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 New Brunswick. A major barrier is access to care, including the wait times for people with inflammatory arthritis for a first rheumatologist visit. There is a pressing need to explore, invest in, and innovate different care models that allow people with arthritis 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, for New Brunswick residents living with arthritis?

¹ New Brunswick Health Council (2020): Citizens who reported that they have been diagnosed or treated for arthritis https://nbhc.ca/indicators/ph_chcar_1#about

² 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 New Brunswick. 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.³

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 New Brunswick government must take steps to ensure the sustainability of prescription drug plans and the continued affordability of prescription medicines for New Brunswick patients. The Health Ministry stated at the launch of the New Brunswick Biosimilars Initiative that it expected to save over \$10 million once it was fully implemented, 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.

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?

³ 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>

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.⁴ In New Brunswick in 2023, only 38% of knee replacement patients and 42% of hip replacement patients were treated within that guideline and fell below the Canadian average. This deeply impacts the lives of New Brunswick residents with osteoarthritis who require these surgeries.

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

Question 5

Many Canadians are positively adapting to virtual care. A majority of respondents in a 2021 Arthritis Consumer Experts Survey reported they believe virtual care could save costs in the healthcare system and improve access to specialists and timeliness of test results. However, respondents who identified as Black, Indigenous and People of Colour were over 3 times more likely to report difficulties using virtual care services.

What will your government do to ensure the continuation, improvement, and expansion of virtual care for all New Brunswick residents – both patients and health care professionals – and ensure access is equitable to all?

⁴ 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>