

Share your plan for arthritis prevention, treatment, and care in Nova Scotia

Arthritis is the most common chronic disease in Canada and affects one in five Nova Scotia voters and affects more people than heart disease, diabetes, cancer, and dementia - combined. There are more than 100 types of arthritis, and despite the misconception that it is only a disease of older adults, two-thirds of Nova Scotians living with arthritis are younger than 65. It is a leading cause of disability in Nova Scotia 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.

Health care delivery and cost of living issues are the two highest named issues by Nova Scotia voters leading up to the November 26, 2024 provincial election. Arthritis affects approximately 200,000 Nova Scotia residents¹, 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 Nova Scotia. Where you live can be more important in determining arthritis treatment than how sick or disabled you are. This particularly affects people 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.

Nova Scotia's healthcare system and economy are already under tremendous pressure. Without intervention, a serious issue like arthritis can escalate into a far bigger crisis. With over 9 million Canadians expected to be living with arthritis by 2040, it's crucial for the next Nova Scotia government to act now to reduce wait times for diagnosis and treatment. This will help reduce the burden on the healthcare system, prevent further complications, and help individuals continue working. 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 Nova Scotia?

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 Nova Scotia. 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 develop different care models, such as team-based care, that allow people with arthritis to receive timely access to suitable care and support for managing their disease.

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

What will your government do to provide high quality, evidence-based models of care to ensure more timely access to arthritis care and enable Nova Scotians to get the right treatment at the right time?

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 or developing co-morbidities. Significant gaps in Indigenous arthritis care currently exist in Nova Scotia. 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 Nova Scotia government must take steps to ensure the sustainability of prescription drug plans and the continued affordability of prescription medicines for Nova Scotia patients. The Department of Health and Wellness stated at the launch of the Nova Scotia Biosimilars Initiative that it expected to save over \$13 million annually 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.³

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?

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 <https://news.novascotia.ca/en/2022/02/04/nova-scotia-moving-biosimilar-drugs-pharmacare-programs>

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 Nova Scotia in 2023, only 47% of knee replacement patients and 53% of hip replacement patients were treated within that guideline and fell below the Canadian average. This deeply impacts the lives of Nova Scotia residents with osteoarthritis who require these surgeries.

Will your government take steps to ensure timely, specialized care for Nova Scotia 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 an Arthritis Consumer Experts National 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 from underserved communities – rural and remote and 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 Nova Scotia 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>