

MAKING ARTHRITIS CARE IN BC THE BEST IN CANADA

Developed by

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&
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It is imperative that the government work with the arthritis community to develop an optimal model for arthritis care, one that includes standards for both prevention and care. In breast cancer, it is well known in government and by the public that early detection and treatment is critical to survival beyond five years. This is true for a handful of types of arthritis (there are over 100) where mortality is an issue, not to mention quality of life over one's lifetime.

Arthritis is the most common and costly of all the chronic diseases, and while the province is doing good things in certain areas, they are being done in isolation and without the expertise and support of the arthritis community alliance.

The following are recommendations developed by BC's arthritis community to support British Columbia's Throne Speech vision for a "Golden Decade."

1. FOCUS NEW ENERGY AND NEW RESOURCES ON PREVENTION.

This is a key focus for the arthritis community alliance in BC. The Arthritis Research Centre of Canada, located in Vancouver, BC, is leading the country on research of early detection and prevention of osteoarthritis (the most common form of arthritis) through its Canadian Institutes of Health Research grant, the newly created UBC Centre for Hip Health, and its work with the Ministry of Health's Chronic Disease Management program.

RECOMMENDATIONS:

- Through the BC Knowledge Development Fund, provide a grant of \$10.8 million to match the Canada Foundation of Innovation award for the Vancouver Hospital/ UBC Centre for Hip Health.
- Provide \$500,000 for five years to the Vancouver-based Arthritis Research Centre of Canada to fund arthritis prevention research focusing on cost-effective, widely applicable measures.

2. LAUNCH "ACT NOW" - A HEALTH AND FITNESS PROGRAM FOR ALL BRITISH COLUMBIANS.

RECOMMENDATIONS:

- Work in partnership with the Arthritis Research Centre, Arthritis Consumer Experts and the Canadian Arthritis Patient Alliance to develop a public health campaign around arthritis prevention and care. A similar public health campaign was recently launched in the United States. The key message of the campaign is “Physical activity relieves pain.”
- Introduce an arthritis prevention education program in primary and secondary schools across BC.
- Develop a partnership between the BC Government, ARC, ACE, CAPA and other interested arthritis groups to establish and promote safe and effective exercise guidelines for 500,000 British Columbians living with arthritis.
- Develop health eating guidelines for British Columbians living with arthritis, as weight reduction and maintenance are critical components of a health and fitness program.
- Provide support to the Arthritis Research Centre’s initiative to promote swimming and water-based exercise to improve the health and well being of British Columbians.

3. REVIEW THE U.K.'S INNOVATIVE PERSONAL HEALTH GUIDES AS A POSSIBLE MODELS FOR BC'S HEALTH CARE. PERSONAL HEALTH GUIDES MEAN THAT CITIZENS WORK WITH THEIR FAMILY DOCTORS, NURSE PRACTITIONERS, NUTRITIONISTS, AND OTHER MEMBERS OF THE HEALTH CARE TEAM TO DEVELOP PERSONALLY TAILORED HEALTH PLANS AND HELP CITIZENS ACHIEVE THEIR HEALTH GOALS.

Arthritis is one disease where the multi-disciplinary team approach is well-known and documented to work. By working with the Arthritis Research Centre, Arthritis Consumer Experts and the Canadian Arthritis Patient Alliance, the government of BC can fast track the development of the arthritis section of the personal health guide.

ACE education workshops (founded in BC and running across the country) have achieved a 95% participant satisfaction rating, and have led to health behaviour changes (including smoking cessation and beginning exercise) as early as six weeks after attending a workshop.

RECOMMENDATION:

- The government of BC should commit to working with the Arthritis Research Centre of Canada, Arthritis Consumer Experts and the Canadian Arthritis Patient Alliance to develop an evidence-based arthritis section in the personal health guide.

4. WELCOME BC'S FIRST-EVER CLASS OF NURSE PRACTITIONERS THAT GRADUATES THIS YEAR FROM UBC AND UVIC, WHILE THE FIRST CLASS OF NURSE PRACTITIONERS WILL BEGIN AT UNBC.

Due to the shortage of rheumatologists (arthritis specialists) in BC – there are approximately 30 full-time rheumatologists to treat 500,000 British Columbians with arthritis – nurse practitioners will play a key future role in effectively triaging and treating arthritis.

RECOMMENDATION:

- Because one in 10 visits to a family doctor in BC are for arthritis, nurse practitioners being trained in British Columbia must have adequate training in the identification, and treatment, of both inflammatory arthritis (such as rheumatoid arthritis) and non-inflammatory arthritis (such as osteoarthritis).

5. CONTINUE BUILDING TOWARD ACHIEVING THE GOAL OF 5,000 NEW BEDS FOR SENIORS ACROSS THE SPECTRUM OF ASSISTED LIVING, RESIDENTIAL CARE AND INDEPENDENT HOUSING.

A critical piece of an arthritis prevention and care model is an effective homecare program. Gerontology experts at Simon Fraser University are experts at “aging in place”, a concept that sees seniors continuing to live in their primary residence with visiting homecare and living space modifications.

RECOMMENDATION:

- In collaboration with “aging in place” experts and the arthritis community alliance, develop an “aging in place” strategy for those living with chronic disability due to arthritis.

6. CONTINUE WORKING TOWARDS THE ESTABLISHMENT OF A NATIONAL PHARMACARE STRATEGY.

The costs of drugs for arthritis and musculoskeletal diseases are the first or second fastest growing drug category around the world. Once the national Common Drug Review program completes its review of a new drug, BC needs to have readily available expertise to advise on the cost-effectiveness and best prescribing practice for BC.

The Arthritis Research Centre of Canada is home to Canada's leading arthritis health economist, Dr. Aslam Anis. Dr. Anis, as well as leading clinical, epidemiological and pharmacological experts could assist in timely review for arthritis drugs.

RECOMMENDATION:

- Establish a separate Pharmacare structure for inflammatory arthritis drugs like the one that exist for cancer and HIV/AIDS. The Arthritis Research Centre would serve as the "control" agency".

7. IMPLEMENTING THE RECENT FEDERAL/PROVINCIAL HEALTH ACCORD THAT WILL PUMP AN EXTRA \$5.4 BILLION INTO BC'S HEALTH CARE SYSTEM OVER THE NEXT 10 YEARS.

Accountability through public participation is a key piece of the federal/provincial health accord. Both Arthritis Consumer Experts and the Canadian Arthritis Patient Alliance are working closely with Health Canada's Office of Consumer and Public Involvement on the creation of a patient engagement and training model. This same type of model needs to exist at the provincial level.

RECOMMENDATIONS:

- Create an Arthritis Prevention and Care branch within the BC Ministry of Health.
- In true partnership with consumers/patient groups, create a model for consumer/patient involvement that is consultative, collaborative and accountable.

8. BUDGET \$100 MILLION IN 2007 TO SUPPORT THE MICHAEL SMITH FOUNDATION'S AMAZING WORK IN GENOME MAPPING AND CANCER RESEARCH.

Despite the fact that arthritis and musculoskeletal disease is the leading cause of disability in Canada (Statistics Canada) and that, at \$16.3 billion per year, it's second only to heart disease in total health care costs, arthritis is the least studied of all disease areas.

RECOMMENDATION:

- Mandate the Michael Smith Foundation to lead an arthritis research initiative that will focus on improving arthritis health outcomes.

9. \$1.5 BILLION MORE PLEDGED FOR HEALTH CARE IN THE NEXT THREE YEARS.

RECOMMENDATIONS:

- Restore funding to in-patient and out-patient arthritis physiotherapy and occupational therapy services in acute and tertiary care settings across the province.
- Provide immediate listings to arthritis medications stuck in the Pharmacare review back-log.
- Provide Pharmacare coverage for biologic response modifiers being prescribed "off label" to treat ankylosing spondylitis and psoriatic arthritis.
- Provide an additional \$100 million to hospital budgets to clear joint repair or joint replacement surgery waitlists.

10. A NEW PREMIER'S COUNCIL ON AGING AND SENIORS ISSUES TO IDENTIFY OPPORTUNITIES TO IMPROVE SENIORS' SERVICES, EXAMINE HOW TO IMPROVE HOUSING OPTIONS AND HOMECARE, CONSIDER THE ISSUE OF MANDATORY RETIREMENT, AND MAKE RECOMMENDATIONS ON HOW TO IMPROVE SENIORS' INDEPENDENCE AND QUALITY OF LIVING.

The federal government's Compassionate Leave Benefit launched on January 4, 2004 entitles individuals who meet the eligibility requirements to six-week EI compassionate family care leave benefit to care for a gravely ill or dying child, parent or spouse.

RECOMMENDATIONS:

- Total review of home care and home support as it relates to involving and mobilizing The Arthritis Society and other health agencies and disease specific volunteers in the multi-disciplinary care team in the home.
- Commitment to quality of end-of-life care for people with arthritis that permits them to die with dignity, pain free and surrounded by their loved ones in a setting of their choice.
- Commitment to the federal government's six-week Compassionate Leave Benefit.

11. INCREASE THE EARNINGS EXEMPTION FOR PERSONS WITH DISABILITIES. THIS FOLLOWS OUR EARLIER MOVE TO BRING IN THE SINGLE LARGEST RATE INCREASE IN HISTORY FOR PERSONS WITH DISABILITIES ON INCOME ASSISTANCE.

RECOMMENDATION:

- The provincial government must determine the economic level at which an individual is considered to be living below the poverty line in BC and permit earnings, including income assistance, to that level.

12. STRENGTHEN EARLY CHILDHOOD DEVELOPMENT PROGRAMS – INCLUDING \$76 MILLION (THROUGH 2007) FOR EARLY DIAGNOSTIC SCREENING OF CHILDREN FOR HEARING, SIGHT AND DENTAL PROBLEMS.

RECOMMENDATION:

- Children must be diagnostically screened for musculoskeletal developmental issues.