



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

Arthritis is *one* word that describes *more than 100 disease types* and affects one in five British Columbia residents. The time to address models of care in arthritis is now and it is critical. By 2025, it is estimated that one third of Canadian rheumatologists will retire, coupled with an anticipated growth in patient volume driven by an aging population. With the knowledge of the impact of early diagnosis and treatment on outcomes in rheumatologic diseases, the next elected B.C. government must improve the level of arthritis prevention, treatment and care.

Question 1

Arthritis affects approximately 700,000 B.C. residents, yet no model of arthritis care is available. This is particularly pronounced outside of the Lower Mainland. Where you live can be more important in determining treatment than how sick or disabled you are. Approximately six million adults – one in five – have doctor-diagnosed arthritis. Two-thirds are under the age of 65. In fact, arthritis and musculoskeletal conditions are the leading cause of work disability in Canada.

What will your government do to bring a high quality, accessible, standardized evidence-based model of arthritis care for all B.C. residents?

Question 2

The Canadian Medical Association released independent survey results this summer, showing that Canadians are embracing virtual care options and would like to see a continuation, improvement and expansion of virtual care after the COVID-19 pandemic subsides. A majority of respondents in the survey believe virtual care could save costs in the health care system and improve access to specialists and timeliness of test results. This is important because many people with inflammatory arthritis live in locations where specialists are scarce and/or have difficulty traveling (due to symptoms like decreased mobility, imbalance or walking issues). Virtual care can address some of these challenges by bringing doctors into patients' homes or nearby clinics.

What will your government do to ensure the continuation, improvement, and expansion of virtual care for all B.C. residents – both patients and health care professionals?

Question 3

ACE's Arthritis Medications Report Card is designed to help Canadians evaluate where their province ranks in terms of providing reimbursement for medications approved for inflammatory arthritis such as rheumatoid arthritis, axial spondyloarthritis, psoriatic arthritis and juvenile idiopathic arthritis. B.C. ranks third on the Report Card where 11 medications are currently "under review," including four medications for the treatment of types of inflammatory arthritis.

What will your government do to improve the Province's ranking on the ACE Report Card?

Question 4

Indigenous peoples in Canada have some of the highest rates of serious or lifethreatening 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.

What will your government do to improve the healthcare and lives of Indigenous peoples living with arthritis in B.C.?

Question 5

Some individuals with severe arthritis require joint replacement surgery in order to achieve better quality of life, less pain and more joint function. According to the Canadian Institute for Health Information (CIHI), the guideline for knee and hip replacement is to receive surgery within 182 days. In B.C. in 2019, only 66% of knee replacements and 76% of hip replacements meet the guideline. This deeply impacts the lives of B.C. residents with arthritis who require these surgeries. The COVID-19 pandemic may have also caused delays in surgery wait times.

Will your government take steps to ensure timely, specialized care for B.C. patients with arthritis, including joint surgery wait times that are within medically recommended guidelines? How will your government manage the backlog of surgical appointments that occurred as a result of the COVID-19 pandemic?