

Share your plan for arthritis prevention, treatment, and care in Quebec

Make no mistake: Arthritis is serious. With more than 100 types of arthritis, most are autoimmune-related (like cancer and multiple sclerosis) and affect the joints in the body, internal organs, and connective tissues. Arthritis is the leading cause of disability in Quebec and a significant economic burden related to direct healthcare costs and indirect costs to the economy related to lost employment, sick leave, and absenteeism. Arthritis affects one in five Quebec residents. The time to address models of care in arthritis is now after years of being at the back of line of health care planning and delivery. The way people living with arthritis access and receive healthcare varies significantly across Quebec. This particularly affects Quebec voters living with inflammatory arthritis – like rheumatoid arthritis – who depend on getting a timely and accurate diagnosis, fast access to rheumatologists, appropriate public reimbursement for needed disease-modifying medications, among other critical elements of an arthritis model of care.

If elected, what will (party name: the Coalition Avenir Quebec/the Quebec Liberal Party/the Quebec solidaire/the Parti Quebecois/the Conservative Party of Quebec) government do to improve the level of arthritis prevention, treatment, and care in Quebec?

Question 1

Arthritis affects approximately 1.5 million Quebec residents, yet no comprehensive model of arthritis care is available. This is particularly pronounced outside of the Greater Montreal region. Where you live can be more important in determining treatment than how sick or disabled you are. Approximately one in five Quebec residents have doctor-diagnosed arthritis. Two-thirds are under the age of 65

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

Question 2

Over the past two years, Canadians have positively adapted to 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 a 2021 Arthritis Consumer Experts Survey reported they believe virtual care could save costs in the health care 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 Quebec residents – both patients and health care professionals - and ensure access is equitable to all?

Question 3

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 Quebec. The Truth and Reconciliation Commission's Call to Action #22 specifically refers to the need to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients.

How will your government incorporate Indigenous traditional healing practices to improve the delivery of care to Indigenous Peoples?

Question 4

Some individuals with severe arthritis require joint replacement surgery 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 six months. In Quebec in 2021, only 48% of patients received a hip or knee replacements within that guideline (the Canadian average is 62%). This deeply impacts the lives of Quebec 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 Quebec residents struggling 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 because of the COVID-19 pandemic?