

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

Arthritis affects one in six Alberta voters. It is the leading cause of disability in Alberta 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 (46%) and cost of living issues (47%) are by far the two highest named issues by Alberta voters leading up to the May 29, 2023, provincial election. 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 health care varies significantly across Alberta. This particularly affects Alberta voters living with inflammatory arthritis – like rheumatoid arthritis – 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 Alberta?

Question 1

Arthritis affects more than 650,000 Alberta residents, yet no comprehensive model of arthritis care is available across the province. This is particularly pronounced outside of the Greater Calgary and Edmonton regions. Where you live can be more important in determining treatment than how sick or disabled you are.

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

Question 2

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 Alberta 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 Alberta. Care models, such as an Indigenous community-based patient care facilitator¹, that address health in a culturally relevant manner and address the many barriers to care has been proven to resolve care gaps more effectively and optimize health outcomes of Indigenous Peoples with arthritis and comorbidities.

Will your government introduce culturally appropriate, patient-centered policies, such as a patient care facilitator or “arthritis liaison,” to help Indigenous Peoples navigate the health care system and receive coordinated care within their community to manage their arthritis?

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 (CIHI), the guideline for knee and hip replacement is to receive surgery within 26 weeks.² In Alberta in 2022, only 27% of knee replacement patients and 38% of hip replacement patients were treated within that guideline well below the Canadian averages. This deeply impacts the lives of Alberta residents with osteoarthritis who require these surgeries.

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

Question 5

Osteoarthritis affects 1 in 8 Albertans and causes debilitating pain and disability. Albertans who have osteoarthritis and live in rural parts of the province have limited access to the care they need to manage their disease, symptoms, and pain. Researchers from Arthritis Research Canada found that distance and geographical isolation are significant barriers to accessing health care providers and services.³

What will your government do to improve access to early treatment and pain management for rural residents in Alberta living with osteoarthritis who are at risk for increased disease severity and reduced quality of life?

References

1. 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>
2. Liu et al. (2022). Rural–Urban Disparities in Realized Spatial Access to General Practitioners, Orthopedic Surgeons, and Physiotherapists among People with Osteoarthritis in Alberta, Canada. *Int J Environ Res Public Health*. <https://doi.org/10.3390/ijerph19137706>
3. Canadian Institute for Health Information. Hip and Knee Replacements in Canada: CJRR Annual Report, 2020–2021. <https://www.cihi.ca/sites/default/files/document/hip-knee-replacements-in-canada-cjrr-annual-report-2020-2021-en.pdf>