

Share your plan for arthritis prevention, treatment, and care in the Northwest Territories

Arthritis affects one in five Northwest Territories voters. Two-thirds are under the age of 65. It is a leading cause of disability in the Northwest Territories 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 is one of the most important issues for Northwest Territories voters leading up to the November 14, 2023, territorial 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 Northwest Territories. This particularly affects Northwest Territories 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 candidates running in the upcoming territorial election have diverse policies on health care. If elected, what will you do to improve the level of arthritis prevention, treatment and care in the Northwest Territories?

Question 1

Arthritis affects more than 7,000 Northwest Territories residents, many of whom live with a type of inflammatory arthritis (IA), like rheumatoid arthritis. Timely diagnosis, treatment and on-going management by a rheumatologist is needed to optimise treatment, manage flare-ups and limit long-term joint damage so that people with IA can maintain their quality of life and stay active and in work. Current guidelines, for example, state that anyone presenting arthritis symptoms should be referred to, and seen by, a rheumatologist within six weeks. In the past year, the delivery of rheumatology care for IA patients in the Northwest Territories has been transferred from in-territory care from a visiting rheumatologist to a new model where IA patients have to travel to Edmonton to see a rheumatologist.

What will you do to ensure inflammatory arthritis patients in Northwest Territories receive the optimal care they require to manage their serious chronic disease?

Question 2

Many Canadians are positively adapting to virtual care. A majority of respondents in a 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 Indigenous were over 3 times more likely to report difficulties using virtual care services.

What will you do to ensure the continuation, improvement, and expansion of virtual care for all Northwest Territories residents 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 the Northwest Territories. 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 you introduce culturally appropriate, patient-centered policies, such as a patient care facilitator or “arthritis liaison,” to help Indigenous Peoples navigate the healthcare system and receive coordinated care within their community to manage their arthritis?

Question 4

Arthritis is the leading cause of joint replacement surgeries, including 99 per cent of knee replacements and more than 70 per cent of hip replacement.² Individuals with severe osteoarthritis require joint replacement surgery to achieve better quality of life, less pain and more joint function.

What will you do to ensure Northwest Territories patients receive hip or knee joint replacement surgery within the medically recommended time of six months?

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. Canadian Institute for Health Information. Wait times for priority procedures across Canada. <https://www.cihi.ca/en/explore-wait-times-for-priority-procedures-across-canada>