

British Columbia Election Backgrounder: Four Priorities for Improving Arthritis Care

Arthritis affects more than 920,000 British Columbians and is the most common chronic disease in the province. In 2025, it had a \$6.5 billion economic impact in BC through direct healthcare costs (such as drug expenses, hospitalization and health care professional costs), out-of-pocket expenses for private treatments, and lost workforce productivity.¹

In 2025, arthritis was also associated with an estimated \$14 billion in lost social value due to pain, disability, and reduced well-being. Behind those figures are people whose ability to work, care for family and remain independent is affected.²

People living with arthritis want timely access to high-quality healthcare. Delays in diagnosis, treatment and surgery can prolong pain and limit mobility.

Drawing on Arthritis Consumer Experts' advocacy priorities and recommendations in the [Arthritis Action Now plan](#), ACE has identified four actions the next provincial government can take to address the leading cause of disability in the province and improve arthritis care.

1. Improve timely access to team-based arthritis care

For people living with inflammatory arthritis, early diagnosis and treatment can reduce pain and prevent irreversible joint damage. Yet patients may struggle to move from primary care to a rheumatologist and the rest of their care team.

People with osteoarthritis need timely access to exercise, education and rehabilitation as their needs change.

Team-based care involves health professionals from different disciplines together to coordinate care around patients' needs. BC can connect rheumatologists, arthritis-trained practitioners, physiotherapists and occupational therapists through clear referral and shared care pathways. The [Mary Pack Arthritis Program](#) and [GLA:D](#) are examples of services that can support people in their communities.

ACE recommends that the next Government of British Columbia:

- Establish timely referral and team-based care pathways, with clear roles for primary care, rheumatology and trained arthritis practitioners.
- Support and expand access to the Mary Pack Arthritis Program, GLA:D and other evidence-based community arthritis services across BC.

¹ Canadian Centre for Economic Analysis. *The Cost of Arthritis September*. 2026. <https://arthritis.ca/wp-content/uploads/2025/07/The-Cost-Of-Arthritis-In-Canada-Arthritis-Society-Canada-September2026.pdf>

² Ibid.

2. Reduce joint replacement waits and improve rehabilitation

In Canada, arthritis is the main diagnosis associated with 99% of primary knee replacements and 74% of primary hip replacements.³ Hip and knee replacement surgery can reduce pain and restore mobility for people with advanced osteoarthritis.

In 2025, only 57% of BC knee replacement patients and 64% of hip replacement patients received surgery within the 26-week benchmark.⁴ Long waits can leave people living with pain and disability while they put work, caregiving and daily activities on hold. Patients also need support before surgery and timely rehabilitation afterward.

ACE recommends that the next Government of British Columbia:

- Set and publicly report arthritis-specific targets for hip and knee replacement surgery, including provincial and regional performance against the 26-week benchmark.
- Improve access to preparation before surgery and timely rehabilitation afterward.

3. Improve access to evidence-based arthritis treatment

ACE's Arthritis Medications Report Card ranks BC eighth in Canada for public reimbursement coverage of advanced arthritis medications approved for inflammatory arthritis, down from third in 2025.⁵

People living with arthritis should be able to receive the medication best supported by clinical evidence and recommended by their healthcare professional. BC PharmaCare requires Special Authority approval for many arthritis medications. Its prior treatment requirements can mean patients must try other medications and show that they have not worked before coverage is approved for the recommended treatment.

When a medication is not covered, or patients must complete additional steps to qualify, access to the most appropriate treatment recommended by their health care professional can be unnecessarily delayed.

BC can draw on two approaches when reviewing its clinical criteria and reimbursement approval process. Quebec has recently removed mandatory “fail first” requirements for certain Crohn's disease medications. Ontario's Limited Use framework allows a simpler coded prescription for some eligible arthritis medications.

³ Canadian Institute for Health Information. *Hip and Knee Replacements in Canada: CJRR Annual Report, 2024–2025*. 2026.

<https://www.cihi.ca/sites/default/files/document/hip-knee-replacements-in-canada-cjrr-annual-report-2024-2025-en.pdf>

⁴ 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>

⁵ Arthritis Consumer Experts. [ACE Arthritis Medications Report Card](#). 2026.

ACE recommends that the next Government of British Columbia:

- Modernize BC PharmaCare Special Authority criteria and prior treatment requirements for arthritis medications to align with the best available clinical evidence and treatment guidelines.
- Reduce administrative barriers and approval delays so people with arthritis can receive the right treatment at the right time.

4. Improve equitable access to arthritis care

Where people live should not determine whether they can receive timely arthritis care. People in rural and remote communities can face long travel distances and limited access to rheumatologists, rehabilitation and ongoing support. Indigenous people can also face additional barriers to culturally safe care. These gaps can contribute to delayed diagnosis, poorer health outcomes and greater disability.

The Arthritis Action Now plan calls for arthritis care pathways that reach underserved communities and for arthritis prevention and care programs to be co-developed with Indigenous communities.

ACE recommends that the next Government of British Columbia:

- Improve rural and remote access to rheumatologists, multidisciplinary arthritis care teams, rehabilitation and ongoing care through coordinated local and regional pathways.
- Work with Indigenous partners to design, resource and evaluate culturally safe arthritis care led by their communities.