

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

Arthritis is the most common chronic disease in Canada and affects one in six Ontario voters. There are over 100 types of arthritis, and despite the misconception that it is only a disease of older adults, half of Ontario residents living with arthritis are younger than 65. It is the leading cause of disability in Ontario 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 is consistently ranked as a leading issue for Ontario voters leading up to the February 27, 2025 provincial election. Arthritis affects more than 2.3 million Ontario residents¹, yet no comprehensive model of arthritis care is available across the province. The way people living with arthritis access and receive health care varies significantly across Ontario. This particularly affects Ontario residents living with inflammatory arthritis – like rheumatoid arthritis, axial spondyloarthritis, psoriatic arthritis or lupus – 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. This survey asks what your party, if elected to form the next government, will do to improve the level of arthritis prevention, treatment and care in Ontario?

Question 1

The Ontario Rheumatology Association (ORA) and Arthritis Health Professionals Association (AHPA) have successfully piloted a program to improve models of arthritis care in Northern Ontario. The “hub-and-spoke” care model features Advanced Clinical Practitioner in Arthritis Care-trained extended role practitioners (ACPAC ERPs), based in core northern communities, providing in-person rheumatological care, centralized triage, and virtual consultation in partnership with affiliated rheumatologists across southern Ontario. The ORA and AHPA are now working on Phase 4 of the project, which will expand the hub and spoke model to other northern regions of the province.

Will your government commit to continued funding of the ACPAC Project to improve models of arthritis care in Northern Ontario, including Phase 4 expansion?

¹ The State of Arthritis in Canada Report Card (2023) <https://arthritis.ca/about-us/what-we-do/advocacy/report-card>

Question 2

Biologic and targeted synthetic disease-modifying anti-rheumatic drugs (tsDMARDs) are highly effective in slowing or halting the damage caused by inflammatory arthritis, including rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, and lupus. When older, conventional small-molecule treatments fail, Ontarians living with inflammatory arthritis require timely reimbursement access to biologic or tsDMARDs medicines to prevent irreversible damage to joints, tendons, tissues, and even internal organs. Currently, Ontario Drug Benefit reimbursement criteria require patients to first fail on older, less effective treatments, causing unnecessary delays in accessing the most appropriate, therapies for the right patient at the right time.

Will your government commit to modernizing the Ontario Drug Benefit Program by making special access criteria less demanding and restrictive to improve timely patient access to advanced biologic and tsDMARDs medications?

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 Ontario. Care models, such as having an Indigenous community-based patient care facilitator that address health care in a culturally relevant manner and the many barriers to care have been proven to resolve care gaps more effectively and optimize health outcomes of Indigenous Peoples with arthritis and comorbidities.²

Will your government introduce culturally appropriate, patient-centered policies to help Indigenous Peoples navigate the healthcare system and receive coordinated care within their community to manage their arthritis?

² 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>

Question 4

The next Ontario government must take steps to ensure the sustainability of prescription drug plans and the continued affordability of prescription medicines for Ontario patients. The Patent Medicines Prices Review Board estimates that Ontario could save more than \$200 million annually with the implementation of its biosimilars transition policy, thanks to people transitioning from originator biologics to an equally safe and effective biosimilar to treat chronic diseases, such as inflammatory arthritis.³

Will your government commit to reinvesting biosimilars savings to increase accessibility to new medicines and expand coverage for existing medicines for people living with inflammatory arthritis?

Question 5

One of the challenges currently faced by rural and remote communities is emergency room closures and the increasing number of non-emergency cases that overload emergency departments (EDs). The arthritis community has developed recommendations for procedures to reduce the need for emergency department use by inflammatory arthritis patients⁴ as well as solutions to reducing avoidable emergency department use by people with osteoarthritis.⁵

Will your government work with the arthritis community to reduce avoidable emergency department use by people living with arthritis?

Question 6

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 Ontario residents – both patients and health care professionals – and ensure access is equitable to all?

³ Patented Medicines Prices Review Board, "Biosimilars in Canada: building momentum in the wake of recent switching policies."

<https://www.canada.ca/en/patented-medicine-prices-review/services/npduis/analytical-studies/slide-presentations/biosimilars-cadth-2021.html>

⁴ Pianarosa E, Roach P, McLane P, Elliott M, Holroyd B, McQuitty S, Katz S, Russon N, Lin K, Barber C, Barnabe C. Identifying Inflammatory Arthritis Ambulatory Care Service Model Enhancements Needed to Reduce Avoidable Emergency Department Use [abstract]. *Arthritis Rheumatol.* 2023; 75 (suppl 9). <https://acrabstracts.org/abstract/identifying-inflammatory-arthritis-ambulatory-care-service-model-enhancements-needed-to-reduce-avoidable-emergency-department-use/>

⁵ "Arthritis Alliance of Canada and the College of Family Physicians of Canada launch tool to improve care for Canadians living with arthritis" <https://www.arthritisalliance.ca/images/PressReleases/OA-%20AAC-CFPC%20joint%20news%20release%20FINAL%20EN%20Sept%202017.pdf>