

Special Report: Arthritis in the Canadian Workforce



Canada's Best Workplaces
for Employees Living
with Arthritis Awards

The 2018 Winners

Université 
de Montréal


Yukon

To help employers better understand arthritis in the workplace and recognize companies who offer exceptional work environments for their employees living with arthritis, Arthritis Consumer Experts (ACE) runs an annual national advocacy and awareness campaign: **Canada's Best Workplaces for Employees Living with Arthritis**. Through a rigorous selection process using wide-ranging criteria, ACE evaluates Canadian companies that apply best arthritis practices. The application process delivers insights to further strengthen Canadian companies' approaches to creating a more productive and arthritis-friendly work environment by helping employers and employees assess their companies' awareness of arthritis and support systems for employees living with the disease.

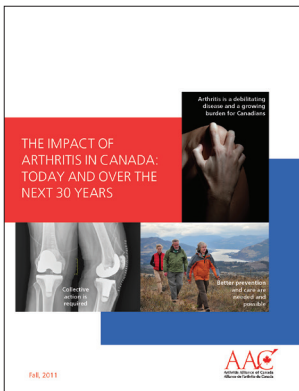
After its fourth annual search across Canada in 2018, ACE has announced the Government of Yukon and Université de Montréal as this year's winners of **Canada's Best Workplaces for Employees Living with Arthritis** award. Based on workplace insights shared by employees and company managers, the Government of Yukon and Université de Montréal stood out for their supportive work environments highlighted by chronic disease awareness, high quality benefits, wellness programs and prevention practices.

"Arthritis and musculoskeletal diseases are the leading cause of work disability in Canada," said Cheryl Koehn, Founder and President, Arthritis Consumer Experts. "Managing challenges at work is an important element of disease management for employees living with arthritis. We're calling on all plan sponsors in Canada to look carefully at their health benefit plans from the perspective of employees living with arthritis."

Commenting on ACE's Best Workplace award program, managers at the selected organizations shared the view that employees living with arthritis value high quality benefits with strong drug plan coverage and plan sponsors' responsibility to acknowledge the drug plan's growing role as a source of insurance for plan members in greatest need. During ACE's interviews with employers, many reported a large number (approx. over 80%) of employees used their drug plan at least once in the past year. At the same time, many were not clear on the placement in therapy and value of conventional synthetic disease modifying anti-rheumatic drugs (DMARDs), biologic originator DMARDs, biologic biosimilar DMARDs, and targeted synthetic molecule DMARDs for employees living with a chronic disease such as arthritis.

"Supporting all our employees to fully participate in the workplace makes for a more engaged workforce and ultimately better service to the Yukon public. That is why the health, safety and wellbeing of our employees is of paramount importance. We provide flexible working hours, a robust benefits program, and workplace accommodations to help our employees safely stay at work and maintain a healthy work-life balance," said Ms. Pamela Muir, Public Service Commissioner, Government of Yukon.

Impact of arthritis on the Canadian Workforce



Key Findings

- Arthritis typically strikes people between ages 35-50 - in their prime working years.
- Arthritis causes activity and workplace limitations.
- Due to increased longevity, reduced physical activity, increasing obesity and lack of timely health care, the burden of arthritis in the population is increasing.
- 1 in 3 workers have difficulty working due to osteoarthritis; 1 in 136 workers live with rheumatoid arthritis.

Arthritis is the most common cause of work disability in Canada, resulting in both poor quality of life and workplace limitations. ACE members have told us their stories about struggling to find the right balance between work, family and personal responsibilities. That struggle involves balancing their workplace responsibilities with the challenge of managing their disease, including symptoms such as pain, fatigue, and stiffness, often with a gradual loss of physical function.

The report, "The Impact of Arthritis in Canada: Today and Over the Next 30 years", details the cost of arthritis – in both personal and economic terms¹. It results in both activity and workplace limitations. Due to increased longevity, reduced physical activity, increasing obesity and lack of timely health care, the burden of arthritis in the population is increasing.

Arthritis typically strikes people between ages 35 and 50 – in their prime working years. A recent evaluation of the economic burden of illnesses by Statistics Canada estimated the annual cost of workplace disability from arthritis and musculoskeletal diseases at \$13.6 billion². Studies have shown that many people diagnosed with rheumatoid arthritis (RA) are forced to leave the workforce prematurely and earn less than those living without the disease. Other studies have clearly shown that the cost of being present, but less productive, is higher than the cost of being absent, with a workforce survey showing the cost was four times higher than the cost of missed days from work³.

Arthritis represents a real challenge to the productivity of the Canadian economy today – and that impact will be felt more acutely in the future.

Arthritis directly affects the lives of 4.6 million Canadians, but an aging population, combined with other factors, mean that, by 2040,

one in four Canadians will join the ranks of those living with arthritis⁴.

Ten years from now, there will be a new diagnosis of osteoarthritis (OA) every 60 seconds, resulting in almost 30% of the employed labour force (one in three workers) having difficulty working due to OA. In addition, approximately 500,000 Canadians will be suffering with moderate to severe disability due to OA. Over the next thirty years, Canadians living with rheumatoid arthritis (RA) will increase to 1.3% which means that approximately 1 in 136 workers will be living with RA.

While arthritis consumers are able to contribute mentally, their joints are in severe pain and they are likely to leave the workforce earlier than planned, including going on disability (18% within five years after diagnosis and 27% within 10 years after diagnosis⁵). However, employers can work with their employees to create a workplace more favourable to people who have arthritis.

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1 Arthritis Alliance of Canada. Standards on Arthritis Preventions and Care. 2003 <http://www.arthritisalliance.ca/en/initiativesen/arthritis-standards>. Accessed September, 2011

2 Lacaille D. Arthritis and employment research: Where are we? Where do we need to go? *J Rheumatology* 2004; 32 Suppl 72: s42-5

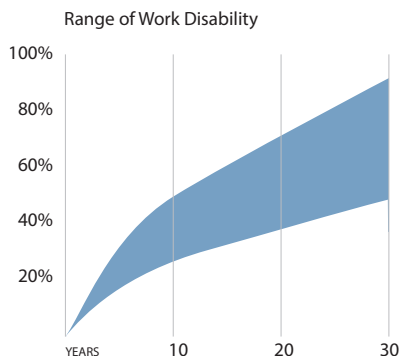
3 Lacaille D. Work loss in Arthritis. Can we prevent it? *Advanced in Rheumatology* Vol. 7, Issue 4, 2009

4 Arthritis Alliance of Canada. Standards on Arthritis Preventions and Care. 2003 Website: <http://www.arthritisalliance.ca/en/initiativesen/arthritis-standards>.

5 Lacaille D, Sheps S, Spinelli JJ, Chalmers A, Esdaile JM. Identification of modifiable work-related factors that influence the risk of work disability in rheumatoid arthritis. *Arthritis Rheum* 2004; 51:843-52

What does it mean for employees and employers?

Studies have clearly shown that the cost of being present, but less productive, is higher than the cost of being absent, with a workforce survey showing the cost was four times higher than the cost of missed days from work. Researchers at Arthritis Research Canada (ARC) have reported rates of work disability for people with RA, the prototype of inflammatory arthritis, ranging from 25% to 50% at 10 years and increasing to 50% to 90% after 30 years of disease. Studies show that work disability occurs early on in the course of RA, with the greatest loss occurring within the first 1–2 years, followed by a steady decline.



According to Dr. Diane Lacaille, Professor and Associate Head Academic Affairs, Division of Rheumatology, Department of Medicine, University of British Columbia, employees working with the disease face distinct challenges: “Few workers actually request job accommodations, and many people with arthritis (almost half) do not disclose they have it to their employers or co-workers, and prevent themselves from accessing job accommodations for fear of resentment from co-workers or of negative repercussions on their career advancement.”



See ACE's interview with Dr. Lacaille below where she talks about the “Making it Work™” program

Dr. Lacaille added: “They did not want to be singled out by requesting a job accommodation. Workers with arthritis would be very receptive to a work environment that recognizes the individual needs of workers, and makes these types of arrangements available to workers for a variety of reasons.”

According to Dr. Lacaille, the goal of medical treatment for inflammatory arthritis today is to eradicate inflammation. “Our primary aim is to focus on disease remission because that’s the only way we can prevent the joint damage and the physical disability. Studies that have looked at starting treatment within the first six weeks of having symptoms actually show remission rates of a third and sometimes up to almost a half,” she said. “We have to get to the patients with our DMARDs early on, reassessing them regularly and constantly modifying them—increasing, switching, adding—until we reach our target of no swelling, no markers of active inflammation and no X-ray progression.”

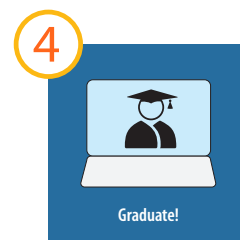
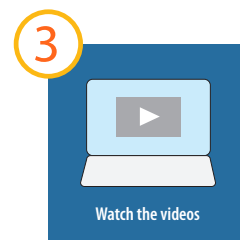
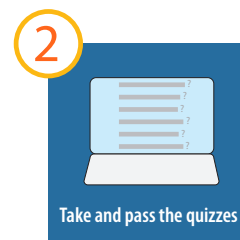
The more expensive biologics are used only after failure of traditional DMARDs. In Canada, approximately 10% to 15% of inflammatory arthritis patients are on biologics or targeted small molecule medications.

“ACE continues to share with private health insurers and plan sponsors and their advisors how biologics or targeted small molecule medications can improve physical function, pain and fatigue and slow down progression of the disease,” said Cheryl Koehn.

JHEd 
Rheumatoid Arthritis
Advanced Therapies
Psoriatic Arthritis
Biosimilars

Did you know that ACE runs an online education program inspired by many of ACE’s members living with an inflammatory arthritis who have told us they lack the knowledge and communications skills to have full, satisfying conversations with their rheumatologists on topics such as treatment options during their appointments? Visit: bit.ly/ACE-JHEd

This is how it works:



Visit: bit.ly/ACE-JHEd

Making it Work



Dr. Diane Lacaille and her team at Arthritis Research Canada have created an online educational program called Making it Work™; designed to help people with inflammatory arthritis deal with employment issues related to their arthritis. Here's what Dr. Lacaille told us about Making it Work™:

Dr. Lacaille, what is the Making it Work™ program?

It is an online educational program designed to help people with inflammatory arthritis lead healthy and productive lives at work, and prevent work disability. It combines:

- the benefits of group sessions held online;
- self-learning modules aimed at enhancing self-management of work-related problems; and,
- individualized assessments by employment-related health professionals aimed at job retention: an ergonomic assessment by an occupational therapist and job retention vocational rehabilitation counselling.

What is the significance of this program?

Making it Work™ is designed for people with inflammatory arthritis to improve an important element of disease management and one too often ignored by health professionals, namely the management of employment issues. Our program is unique in that it combines the benefit of group sessions focused on improving self-management, with assessments by health professionals specifically addressing employment. The web-based technology for delivering our program is at the leading edge of trends in the field of adult education and self-management programs.

It offers a number of advantages for facilitating both learning and program dissemination. Its use for the vocational rehabilitation counselling assessments is a first. It incorporates Telehealth, used by health professionals to provide consultations in remote areas. This strategy overcomes a barrier to program implementation—that of limited availability of vocational rehabilitation counselling in most areas.

By preventing work disability, our program has the potential for great cost savings to society and huge personal impact on people's lives.

Who was the program created for?

It was created for people with confirmed inflammatory forms of arthritis, who can read and write English, are currently employed, and are experiencing difficulties at work due to the symptoms of arthritis.

Have you tested this program?

Yes, we have pilot tested this program and found it was well received; participants were successful in obtaining job accommodations, changing work tasks to better suit their arthritis and remain employed. We are currently completing a randomized controlled trial, where half the people received the program and half are waiting to receive it later, to test whether the program helps people perform their job with less difficulties

and prevents people from having to quit their job. We have enrolled all participants (a total of 546 people) and we now have to wait to see the effect of the program. We will be able to start looking at the results in summer of 2019.

What is an on-line e-Learning program?

An on-line e-learning program is an educational program that takes place on-line, using a computer. People complete self-learning modules, on their own, when convenient to them. The modules include slides with information to read, interactive activities allowing people to reflect on their situation, videos where experts discuss a topic, and audio recordings. After each module, people attend a group meeting led by a facilitator, also online, where up to 10 people share their experiences and exchange ideas.

Why convert the program to an e-Learning program?

We have converted our original face-to-face 5-week program to a web-based format in order to reach a broader audience across Canada and elsewhere, including to remote communities.

What are the benefits of an e-Learning style of education?

Web-based self-management programs have been successfully developed across a variety of chronic diseases. Advantages include:

- accommodating different learning styles;
- providing a self-paced program through the use of computer adaptive technology; and,
- tailoring information to an individual's situation and needs.

This approach is also consistent with recent trends towards a more patient-centred approach to health care. Research has shown that most patients have no difficulty using web-based technologies, including elderly populations.

Why was the Making it Work™ program created?

Reported rates of work disability for people with rheumatoid arthritis (RA), the most prevalent type of inflammatory arthritis, are remarkably high, ranging from 25% to 50% at 10 years and increasing to 50% to 90% after 30 years of disease. Studies show that work disability occurs early on in the course of RA, with the greatest loss occurring within the first 1–2 years, followed by a steady decline.

Additionally, recent studies have drawn attention to the importance of decreased productivity while at work. Despite the importance of the problem, there has been little study of how we can reduce the impact of arthritis on employment. The arthritis employment literature has emphasized the importance of changing our approach to a preventative strategy and recommends targeting employed people to prevent work disability.

How do people enter the program?

Currently the program is only available through a study, but we hope to be able to offer it shortly to people living with inflammatory arthritis across Canada. If you are interested in being contacted when the program becomes available, please contact our research team at makingitwork@arthritisresearch.ca.

Arthritis Consumer Experts (ACE)

Who we are

Arthritis Consumer Experts (ACE) operates as a non-profit and provides free research based education and information to Canadians with arthritis. We help (em)power people living with all forms of arthritis to take control of their disease and to take action in healthcare and research decision making. ACE activities are guided by its members and led by people with arthritis, scientific and medical experts on the ACE Advisory Board. To learn more about ACE, visit www.joinhealth.org

Guiding Principles

Healthcare is a human right. Those in healthcare, especially those who stand to gain from the ill health of others, have a moral responsibility to examine what they do, its long-term consequences and to ensure that all may benefit. The support of this should be shared by government, citizens, and non-profit and for-profit organizations. This is not only equitable, but is the best means to balance the influence of any specific constituency and a practical necessity. Any amount remaining from our annual budget at year end remains with ACE and is used to support the following year's core programs to continue helping Canadians living with arthritis.

For its past 20 years, ACE has consistently honored a commitment to its members and subscribers, academic and healthcare professional colleagues, collaborators, government and the public that its work is free from the influence of its funders.

To inform ACE employees and our stakeholders, members, subscribers that we will operate our organization with integrity and abide by the highest standards of lawful and ethical behaviour, ACE has adopted this strict set of guiding principles:

- ACE requests grants from private and public organizations to support its core program and plans and allocates those funds free from influence;
- ACE discloses all funding sources in all its activities;
- ACE does not promote any "brand", product or program on any of its materials or its website, or during any of its educational programs or activities.
- ACE employees do not receive equity interest or personal "in-kind" support of any kind from any health-related organization;
- ACE identifies the source of all materials or documents used;
- ACE develops positions on health policy, products or services in collaboration with people living with arthritis, academic research community, health care providers and governments free from concern or constraint of its funders or other organizations; ACE employees do not engage in personal activities with its funders;
- Cheryl Koehn does not own stock or any financial interest in any of its private or public funders.

Thanks

ACE thanks Arthritis Research Canada (ARC) for its scientific review of all ACE and JointHealth™ materials.



Disclosures

Over the past 12 months, ACE received grants-in-aid from: Amgen Canada, Arthritis Research Canada, Canadian Biosimilars Forum, Canadian Institutes of Health Research, Eli Lilly Canada, Hoffman-La Roche Canada Ltd., Merck Canada, Novartis, Pfizer Canada, Sandoz Canada, St. Paul's Hospital (Vancouver), UCB Canada, and the University of British Columbia.

ACE also received unsolicited donations from its

community members (people with arthritis) across Canada.

ACE thanks funders for their support to help the nearly 6 million Canadians living with osteoarthritis, rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis and the many other forms of the disease.

Disclaimer

The material contained in this publication should not be relied on to suggest a course of treatment for a particular individual or as a substitute for consultation with qualified health professionals who are familiar with your individual medical needs. Please contact your physician for your own health care related questions.

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ACE does not promote any "brand", product or program on any of its materials or its website, or during any of its educational programs or activities.

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