Quebec Election Backgrounder

Five Priorities for Improving Arthritis Care in Quebec

People living with arthritis want the same thing as every Quebecer: timely access to high-quality healthcare. For more than one million people across the province, however, delays in diagnosis, treatment and surgery can have lifelong consequences.

These five priorities reflect Arthritis Consumer Experts' recommendations for improving arthritis care in Quebec. They are based on current evidence, ACE's advocacy priorities, and the public policy recommendations contained in *Arthritis Action Now: The Plan to End Arthritis in Canada*. Together, they identify practical actions the next Government of Quebec can take to improve outcomes for people living with arthritis and strengthen the healthcare system.

1. Improve timely access to diagnosis and arthritis specialists

For people living with inflammatory arthritis (IA), such as rheumatoid arthritis, psoriatic arthritis or axial spondylarthritis, early diagnosis and treatment can prevent irreversible joint damage, reduce disability and improve long-term health outcomes. Yet diagnosis of some forms of IA can take years, sometimes more than a decade. Delays in diagnosis or referral can have lifelong consequences for patients and increase demands on Quebec's healthcare system. Improving access to rheumatologists, multidisciplinary arthritis care teams and coordinated models of care should be a provincial priority.

ACE recommends that the next Government of Quebec:

- Improve timely access to rheumatologists, multidisciplinary arthritis care teams and coordinated models of care for people with signs and symptoms of arthritis.
- Support earlier diagnosis of inflammatory arthritis through timely referral pathways and coordinated care.

2. Improve access to evidence-based arthritis treatment

People living with arthritis should have timely access to treatments supported by the best available clinical evidence and recommended by their health care professionals. Modern arthritis care means providing the right treatment to the right person at the right time.

Quebec has already recognized this principle in another chronic inflammatory disease. The province recently modernized medication access for people living with Crohn's disease by removing mandatory "fail first" requirements before access to certain biologic therapies. This policy recognizes that delaying the most appropriate treatment can expose patients to unnecessary risks and poorer health outcomes.

People living with inflammatory arthritis deserve the same evidence-based approach. Medication access policies should support timely access to the most appropriate treatment based on clinical evidence and treatment guidelines while reducing unnecessary administrative barriers that delay care.

ACE recommends that the next Government of Quebec:

- Modernize Special Authorization criteria and "fail first" requirements for arthritis medications to align with the best available clinical evidence and treatment guidelines.
- Reduce administrative barriers and approval delays so people living with arthritis can access evidence-based medications at the right time.

3. Reduce wait times for joint replacement surgery and rehabilitation

Hip and knee replacement surgery can restore mobility, reduce pain and improve quality of life for people living with advanced osteoarthritis. In Quebec in 2025, only 54% of knee replacement patients and 42% of hip replacement patients received surgery within the 26-week benchmark.[1] Long waits for surgery and rehabilitation prolong disability, reduce independence and place additional demands on patients, caregivers and the healthcare system.

ACE recommends that the next Government of Quebec:

- Ensure people receive hip and knee replacement surgery within clinically appropriate wait-time benchmarks.
- Improve timely access to post-operative rehabilitation services.
- Publicly report provincial and regional performance against joint replacement wait-time benchmarks.

4. Improve equitable access to arthritis care

Where people live should not determine whether they can receive timely, high-quality arthritis care. People living in rural, remote and underserved communities often face greater barriers to diagnosis, rheumatology services, multidisciplinary care and ongoing treatment. These gaps can contribute to delayed diagnosis, poorer health outcomes and greater disability.

The Arthritis Action Now plan calls for arthritis care pathways that improve access to specialized and multidisciplinary care, particularly in communities where services are limited. Coordinated

[1] 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

models of care can connect people with rheumatologists and other arthritis health care professionals closer to home.

ACE recommends that the next Government of Quebec:

- Improve equitable access to rheumatologists, multidisciplinary arthritis care teams and coordinated models of care for people living in rural, remote and underserved communities.
- Strengthen arthritis care pathways to support timely referral, assessment and ongoing care regardless of where a person lives.
- Expand equitable access to physiotherapy, occupational therapy and other rehabilitation services as part of comprehensive arthritis care.
- Improve access to arthritis education and self-management programs, particularly for people living in rural, remote and underserved communities.

5. Strengthen accountability for arthritis care

Improving arthritis care requires ongoing measurement, transparency and collaboration. People living with arthritis should be able to see how well the healthcare system is performing and have meaningful opportunities to help shape policies that affect their lives.

ACE recommends that the next Government of Quebec:

- Publicly report provincial performance indicators for arthritis diagnosis, specialist access, joint replacement surgery and rehabilitation across Quebec.
- Measure and address regional inequities in access to arthritis care.
- Engage people living with arthritis and healthcare professionals in the development and evaluation of arthritis policies and programs.