

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

Arthritis is one word that describes more than 100 disease types and affects one in five Saskatchewan residents. The time to address models of care in arthritis is now and it is critical. By 2025, it is estimated that one third of Canadian rheumatologists will retire, coupled with an anticipated growth in patient volume driven by an aging population. With the knowledge of the positive impact of early diagnosis and treatment on outcomes in rheumatologic diseases, the next elected Saskatchewan government must improve the level of arthritis prevention, treatment and care.

Question 1

Arthritis affects more than 150,000 Saskatchewan residents aged 15 years and above, yet no comprehensive model of arthritis care is available. This is particularly pronounced outside of the Regina and Saskatoon metro regions. Where you live can be more important in determining treatment than how sick or disabled you are. Approximately one in five Saskatchewan residents have doctor-diagnosed arthritis. Two-thirds are under the age of 65. In fact, arthritis is the leading cause of work disability in Saskatchewan and rest of Canada.

What will your government do to bring a high quality, accessible, standardized evidence-based model of arthritis care for all Saskatchewan residents?

Question 2

The Canadian Medical Association released independent survey results this summer, showing that Canadians are embracing virtual care options and would like to see a continuation, improvement and expansion of virtual care after the COVID-19 pandemic subsides. A majority of respondents in the survey believe virtual care could save costs in the health care system and improve access to specialists and timeliness of test results. This is important because many people with inflammatory arthritis live in locations where specialists are scarce and/or have difficulty traveling (due to symptoms like decreased mobility, imbalance or walking issues). Virtual care can address some of these challenges by bringing doctors into patients' homes or nearby clinics.

What will your government do to ensure the continuation, improvement, and expansion of virtual care for all Saskatchewan residents – both patients and health care professionals?

Question 3

ACE's Arthritis Medications Report Card is designed to help Canadians evaluate where their province ranks in terms of providing reimbursement for medications approved for inflammatory arthritis such as rheumatoid arthritis, axial spondyloarthritis, psoriatic arthritis and juvenile idiopathic arthritis. Saskatchewan ranks fifth on the Report Card where 15 medications are currently "under review," including nine medications for the treatment of types of inflammatory arthritis.

What will your government do to improve the Province's ranking on the ACE Report Card?

Question 4

The Saskatchewan government must take steps to ensure the sustainability of prescription drug plans and the continued affordability of prescription medicines for Saskatchewan residents. Biosimilars represent a potential source of significant cost savings to the health care system. These savings could be reinvested to increase accessibility to new medicines and expand coverage for existing medicines for Saskatchewan residents living with complex chronic disease like inflammatory arthritis.

What will your government do to improve the uptake of biosimilars and will you commit to reinvest those savings to support additional medication listings and improve patient coverage?

Question 5

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 Saskatchewan.

What will your government do to improve the healthcare and lives of Indigenous peoples living with arthritis in Saskatchewan?

Question 6

Some individuals with severe arthritis require joint replacement surgery in order to achieve better quality of life, less pain and more joint function. According to the Canadian Institute for Health Information (CIHI), the guideline for knee and hip replacement is to receive surgery within 182 days. In Saskatchewan in 2019, only 39% of knee replacements and 47% of hip replacements meet the guideline. This deeply impacts the lives of Saskatchewan residents with arthritis who require these surgeries. The COVID-19 pandemic may have also caused delays in surgery wait times.

Will your government take steps to ensure timely, specialized care for Saskatchewan patients with arthritis, including joint surgery wait times that are within medically recommended guidelines? How will your government manage the backlog of surgical appointments that occurred as a result of the COVID-19 pandemic?