

ACE Survey for Yukon Political Parties

Share your plan for arthritis prevention, treatment, and care in the Yukon

Arthritis is the most common chronic disease in Canada. There are over 100 types of arthritis, and despite the misconception that it is only a disease of older adults, two-thirds of Yukon residents living with arthritis are younger than 65.

It is the leading cause of disability in Yukon. Working age residents with arthritis are twice as likely to be out of the workforce as their peers without the disease, representing a significant economic burden related to direct health care costs and indirect costs to the economy related to lost employment, sick leave, and absenteeism. Rural residents, Indigenous Peoples, women and racialized communities can face the highest burden but the least access to care.

Health care is consistently ranked as a leading issue for Yukon voters leading up to the November 3, 2025, territorial election. Arthritis affects one out of five Yukon residents, yet no comprehensive model of arthritis care is available. The way people with arthritis access and receive health care varies significantly across the Yukon. This particularly affects 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 territorial 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 the Yukon?

Question 1

If elected, will your government ensure that hip and knee joint replacement patients in Yukon are treated within the CIHI guideline of 26 weeks?

Surgery wait times: Meeting national standards

Over 99 per cent of knee replacements and more than 70 per cent of hip replacements are caused by arthritis. According to the Canadian Institute for Health Information, the guideline for knee and hip replacement is to receive surgery within 26 weeks.¹ In the Yukon, a majority of residents are not treated within the medically recommended guidelines for hip and knee replacement. This deeply impacts the lives of Yukon residents with osteoarthritis who require these surgeries.

Question 2

If elected, will your party remove outdated barriers that delay patient access to biologic and tsDMARD therapies, and modernize the Yukon Pharmacare and Chronic Disease Program?

Medication access: Modernizing Yukon reimbursement criteria

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, residents 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, Yukon Pharmacare and the Chronic Disease Program 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.

¹ Canadian Institute for Health Information. Wait times for priority procedures across Canada. <https://www.cihi.ca/en/wait-times-for-priority-procedures-in-canada-2024>

Question 3

If elected, will your government ensure Indigenous Peoples with arthritis have access to culturally safe, community-based care models to close existing gaps and improve outcomes?

Indigenous Health: Culturally safe arthritis care

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

Question 4

If elected, 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?

Drug Plan sustainability: Reinvesting biosimilars savings

The next Yukon government must take steps to ensure the sustainability of prescription drug plans and the continued affordability of prescription medicines for Yukon patients. The Yukon Biosimilar Initiative was launched on April 3rd, 2023. The Initiative has already successfully transitioned 11 reference biologics to biosimilar versions. The Yukon Biosimilars Initiative provides an evidence-based opportunity to get the best value from medications funded under the territory's drug programs, without negatively affecting patient health outcomes.

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 5

If elected, will your government ensure the continuation, improvement, and expansion of virtual care for Yukon residents – both patients and health care professionals – and ensure access is equitable to all?

Virtual care: Equitable access for all

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.

Question 6

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

Reducing avoidable emergency department use

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. The arthritis community has developed recommendations for procedures to reduce the need for emergency department use by inflammatory arthritis patients³ as well as solutions to reducing avoidable emergency department use by people with osteoarthritis.⁴

³ 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/>

⁴ "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>