

WAIT TIMES FOR JOINT REPLACEMENT SURGERY

Arthritis is the leading cause of joint replacement surgeries, including 99% of knee and over 70% of hip replacements. Wait times pre-COVID were already not meeting the medically recommended guidelines. The impact of delays due to COVID-19 has added additional challenges and has significantly increased wait times for these critical surgeries.

Addressing this urgent issue is a top priority for Arthritis Society Canada and we are committed to working with all stakeholders (governments, healthcare system leaders, the medical community, industry and others) to find and implement solutions. We believe bold and innovation solutions are required. To develop solutions, Arthritis Society Canada brought together a pan-Canadian group of experts to analyze the situation and propose a range of solutions. The resulting report, [The Wait: Addressing Canada Critical Backlog of Hip and Knee Replacement Surgeries](#) outlines new and innovative approaches to delivering more efficient and patient-centred care for joint replacement surgeries.

Recommendations from *The Wait* include:

- ▼ Ensure innovative models of care are replicated and shared widely so more Canadians have access to their benefits.
- ▼ Standardize how patient data is collected and reported on across the country, to make it easier to set national standards and benchmarks.
- ▼ Leverage digital technology to reduce wait times, maximize limited health resources and improve coordination of care.
- ▼ Increase access to community-based joint health management programs, so more patients have access to proven programs that effectively manage pain pre-op and better optimize results post-op.
- ▼ Ensure savings from surgical efficiencies are re-invested into improving patient care.

Arthritis Society Canada has shared these recommendations with governments and continues to meet with government officials to advocate for the recommendations to be implemented.

We encourage provincial, territorial, and federal governments to collaborate and to develop a shared plan with common goals and metrics using the above recommendations to reduce the surgical backlog and improve wait times. This work should be guided through the lens of the patient experience and improving health outcomes.

Background

Arthritis is the leading cause of joint replacement surgeries. Living for months or years with limited mobility and chronic pain are devastating for the individual, impacting both their physical and mental health and their overall quality of life. Delaying and waiting for surgery can lead to additional health challenges, adding costs to the healthcare system.

There is an urgent need to focus on this issue now. There are currently 6 million Canadians living with arthritis and that number is expected to grow to 9 million by 2040. Over the past five years, knee and hip replacement surgeries have grown by over 20%. If we do not act now, wait times will continue to grow as more Canadians require joint replacement surgery, further increasing the burden on our healthcare system.

Prior to COVID-19, there were already challenges meeting the benchmark for surgeries across the country. The 2021 [Report](#) from CIHI shows that joint replacement surgery wait times in Canada are not reaching the medically recommended guideline of six months, with 38% waiting longer than the guideline wait time. In fact, many provincial wait times have increased and there is large variation across Canada.

As a result of the surgeries postponed due to COVID-19, experts have predicted that, even with increased funding and surgical capacity, it will take up to two years or longer to clear the backlog. This does not address the growing challenges already facing the healthcare system with current wait times.

As governments and health leaders look to address the backlog, there is an opportunity to use the experience of COVID-19 and the move to virtual care to explore new and innovative approaches that can reduce wait times, change how and where surgical care is delivered and improve the patient experience.

Optimizing non-operative management and ensuring access to evidence-based interventions such as weight-loss counselling and exercise programs can allow many patients to delay surgical intervention for arthritis, thereby reducing the demand for joint replacement surgery. These measures can also help many people who live in chronic pain due to arthritis who are not candidates for surgery. It is therefore imperative to continue investing in such interventions as well as to continue supporting research into new treatments and models of care with the potential to alter the trajectory of arthritis.

We need to start thinking differently about how to resource and prioritize solutions to address both the pandemic-impacted surgeries and the pre-existing backlogs so that Canadians can start to get back the mobility they deserve.