

WAIT TIMES FOR JOINT REPLACEMENT SURGERY

Arthritis is the leading cause of joint replacement surgeries, including 99% of knee replacements and 80% of hip replacements. Wait times pre-COVID were already not meeting the medically recommended guidelines and addressing this issue has been a top priority for the Arthritis Society. The impact of delays due to COVID-19 is adding additional challenges and increasing wait times for critical surgeries that could improve quality of life, give people back their mobility and allow them to return to work and normal activities without constant pain.

If we are to improve wait times for joint replacement surgery, we need a pan-Canadian strategy and action plan that is consistent across all provinces. The Arthritis Society supports the Canadian Orthopaedic Association [position statement on restorative surgery](#) and strongly believes the patient voice should be included in all discussions and decisions.

The Arthritis Society recommends the following actions:

- ▼ Governments increase funding and regional capacity for joint replacement surgeries and recognize these surgeries as a priority
- ▼ The federal government establish a Canadian Wait Times Task Force that includes clinical, health system, government, and patient leaders with a mandate to explore all options, including work being done by the Arthritis Society through its Wait Times Working Group, and develop a pan-Canadian action plan. This work should be guided through the lens of the patient experience and improving health outcomes.

Tasks of the Working Group could include:

- Review current environment to identify best practices that could be shared and implemented nationwide while also encouraging local solutions
- Engage the Standards Committee of the Canadian Orthopaedic Association to standardize pan-Canadian benchmarks on how wait times are calculated to include wait times from doctor to specialist, specialist to surgery to give us a true picture
- Develop and implement patient centric quality assurance measures that are tracked and publicly reported
- Work with the Canadian Institute for Health Information (CIHI) and the Canadian Joint Replacement Registry (CJRR) to implement the collection and reporting of the Canadian standards for hip and knee Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) that are shared and publicly reported
- Explore prevention strategies and the role of allied health professionals to help patients manage their condition, pre- and post-surgery
- Invest in research that could prevent or delay the need for joint replacement surgery and/or improve surgical care and 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 physical and mental health and overall quality of life. Delaying and waiting for surgery can lead to additional health challenges, adding costs to the health care 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, creating a heavy burden on our healthcare system.

Prior to COVID-19, there were already challenges meeting the benchmark for surgeries across the country. The 2020 [Report](#) from the CIHI shows that joint replacement surgery wait times in Canada are not reaching the medically recommended guideline of six months, with 30% waiting longer than the recommended wait time. In fact, in many province's wait times have increased and there is large variation in wait times across Canada.

With surgeries being postponed due to COVID-19, the backlog for joint replacement is growing rapidly and experts have predicted that, even with increased funding and surgical capacity, it will take up to two years or longer to clear the backlog due to COVID-19. This does not address the growing challenges already facing the system with current wait times.

As governments and health leaders reopen surgeries, there is an opportunity to use the experience of COVID-19 and the move to virtual care to explore new and innovative approaches that could reduce wait times, change how 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 COVID-19-impacted surgeries and the pre-existing backlogs so that Canadians can start to get back the mobility they deserve.