

**ARTHRITIS SOCIETY CANADA**

**ALBERTA**

**2024 PRE-BUDGET**

**CONSULTATION SUBMISSION**

Delivered to:  
Ministry of Treasury Board and Finance

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## INTRODUCTION

On behalf of Arthritis Society Canada, we appreciate the opportunity to contribute to the Alberta Ministry of Treasury Board and Finance 2024 pre-Budget consultation.

Arthritis Society Canada is a national health charity dedicated to extinguishing arthritis. We represent the six million people in Canada living with arthritis, including the 650,000 Albertans. As the country's most common chronic condition, arthritis is misunderstood and often considered a disease of the elderly. The reality is that half the people with arthritis are under the age of 65, one-third of Canadians living with osteoarthritis were diagnosed before the age of 45 and there are thousands of children with arthritis. Arthritis is a leading cause of workplace disability and one of the major challenges facing our health care system today. Our recently released [State of Arthritis in Canada Report Card](#) looks at how arthritis is being addressed in each province and territory based on three categories: Access to Care, Wellness, and Research and Innovation. **Alberta received a grade of C**, emphasizing the need for action and innovation in arthritis care, specifically better arthritis data, increased funding of research and better access to care.

As you begin your budget consultations, we are pleased to provide three detailed recommendations:

- 1) Support newborn screening for developmental dysplasia of the hip pilot project with a focus on Indigenous and rural/remote populations**
- 2) Reduce wait times for joint replacement surgeries**
- 3) Improve access to arthritis care and treatment**

### **1. Support newborn screening for developmental dysplasia of the hip pilot project with a focus on Indigenous and rural/remote populations**

Developmental dysplasia of the hip (DDH) is a significant cause of early onset hip osteoarthritis (OA) and hip replacements. Hip OA can cause chronic pain, disability and severely impact quality of life. When accurately diagnosed in infants DDH can be treated in 85-95% of the cases, thus preventing the early onset of hip OA.

Accessing specialized care in rural and remote areas can be a challenge, which can contribute to undetected DDH. Arthritis Society Canada has been working with Dr. Jacob Jaremko and his research team from the University of Alberta in partnership with a technology company, who have developed a new way to screen for DDH using portable ultrasound and AI enabled technology. With brief training, this screening method can be performed by users with varying levels of imaging experience. This technology enables more infants to be screened for DDH. This will be of particular benefit for those living in rural and remote areas including Indigenous communities which have a higher incidence rate for DDH.

Dr. Jaremko's pilot program has been implemented in several Edmonton clinics with positive outcomes. Government support to expand this pilot with the goal of screening throughout the province would ensure the accurate detection and treatment of DDH and lead to the prevention of future hip OA.

## 2. Reduce wait times for joint replacement surgeries

Arthritis is the leading cause of joint replacement, including over 99% of knee replacements and more than 70% of hip replacements. With the number of people with arthritis in Alberta expected to balloon to over one million by 2035, even more people will need joint replacements.

According to the Canadian Institute for Health Information (CIHI), the benchmark wait time for hip and knee replacements is 182 days. The most recent [CIHI data](#) shows that **62% and 73%** of Albertans waiting for hip and knee replacements respectively **did not** have their surgeries completed within the recommended time. These surgical delays cause a tremendous strain on our healthcare system.

This prolonged wait is leading to unnecessary pain and suffering for many Albertans who are prevented from contributing to their families, communities, and workplaces. There are potential downstream health impacts that increased wait times have for people with arthritis waiting for joint replacement surgery, such as the increased use of opioids for pain relief.

Surgery delays are not only devastating for individuals but can also lead to significant additional costs for the healthcare system due to the associated co-morbidities, including weight gain, diabetes, heart and circulatory issues, mental health conditions, and other compounding health challenges.

We were pleased to see Alberta's commitment to reducing surgical wait times in its last Budget and the Health Care Action Plan. We encourage the government to consider the innovative and concrete solutions recommended in Arthritis Society Canada's report [The Wait: Addressing Canada's Critical Backlog of Hip and Knee Replacement Surgeries](#). Effective person-centred care is essential, and we would welcome the opportunity to further share our perspective and to have an active role in helping to solve this crisis. An important component is providing access to community-based joint management programs, such as GLAD, that can help reduce or delay the need for joint replacement surgeries.

## 3. Improve access to arthritis care and treatment options

Too many people are not receiving the right treatment at the right time. Timely access to primary care and specialists, as well as programs and services in communities across Alberta to manage arthritis symptoms and pain, are urgently needed. The [Report Card](#) findings highlight the urgent need to develop and implement different models of care, such as team-based care involving Advanced Clinician Practitioner in Arthritis Care (ACPAC) to help diagnosis and treat arthritis. ACPAC-trained extended role practitioners (ERP) working with primary care and specialists can reduce wait times and ensure people are directed to appropriate care. For inflammatory arthritis it is especially critical that treatment begin early to avoid permanent joint damage.

As there is no cure for arthritis, access to medications is critical for people living with arthritis. To manage their condition, people living with arthritis need access to their prescribed medications without financial or administrative barriers or risk of shortages. The right treatment plan can significantly improve quality of life and allow people to lead near normal lives. In the case of inflammatory arthritis, for example, treatments are still very much trial and error: what works for one person may not for another, and it's about finding the right treatment at the right time. A range of choices and solutions is therefore critical.

## CONCLUSION

In closing, we urge the Government of Alberta to implement our key recommendations that can add cost-effective sustainability to the healthcare system and support a healthy population of Albertans.

### About Arthritis Society Canada

Arthritis Society Canada is dedicated to extinguishing arthritis. We represent the six million Canadians living with arthritis today, and the millions more who are impacted or at risk. Fueled by the trust and support of our donors and volunteers, Arthritis Society Canada is fighting the fire of arthritis with research, advocacy, innovation, information and support. We are Canada's largest charitable funder of cutting-edge arthritis research. We will not give up our efforts until everyone is free of the scorching pain of arthritis. Arthritis Society Canada is accredited under Imagine Canada's Standards Program.

