



The Canadian Orthopaedic Association *L'Association Canadienne d'Orthopédie*



COA POSITION STATEMENT ACCESS TO ORTHOPAEDIC CARE IN CANADA

Canadians should have timely access to orthopaedic care irrespective of age, diagnosis, and province of residence. The Canadian Orthopaedic Association (COA) calls upon provincial governments to partner with the Association to ensure that access to appropriate orthopaedic care is available for all Canadians in a safe, fair, timely and transparent manner. The COA strongly supports the principles of evidence-based practice, as well as the responsible and strategic use of health care resources.

The need for elective, non-emergent orthopaedic services continues to grow in parallel with Canada's aging population. Canada's universal health care system was designed 50 years ago when Canadians aged 65 years and older constituted less than 10% of the population. By 2030, seniors will account for 25% of Canada's population. At the same time, work-related and athletic injuries continue to increase in frequency. Adaptation of the health care system to these shifting demographics and changing patient needs is required. This includes strategic medical funding as well as careful human resource planning.

Access to care for a patient with a non-emergent musculoskeletal (MSK) complaint requires an appointment for assessment by a practitioner skilled in diagnosing and treating MSK injuries and conditions. This can include, but is not limited to, sport medicine physicians, physiotherapists, athletic therapists, chiropractors or family doctors. Referral to an orthopaedic surgeon may be necessary to establish or confirm a diagnosis, and is essential if surgery is likely to be the definitive treatment. Advanced imaging studies such as MRI are often required prior to a recommendation for treatment. Once a diagnosis has been confirmed, the orthopaedic surgeon is then able to recommend appropriate treatment, which may or may not involve surgery.

Unfortunately, for many patients with osteoarthritis and other MSK disorders, provincial budgetary constraints lead to long wait times for consultation by the orthopaedic surgeon. Once the consultation process is complete, the patient is faced with a second long wait list for surgery. Provincial governments must maintain sufficient resources to allow appropriately-referred patients timely access to care by an orthopaedic surgeon.

The COA recommends the following:

- Under no circumstances should a patient with an MSK condition be required to wait longer than **three months for an initial non-urgent assessment**, whether by an orthopaedic surgeon or a practitioner in a multidisciplinary MSK clinic.
- No patient should be asked to wait longer than **six months for orthopaedic surgery** after the patient and surgeon decide that surgery is the best option.
- Access to necessary imaging to establish or confirm a diagnosis that is necessary for surgical decision making should not delay access to surgery.



The Canadian Orthopaedic Association

L'Association Canadienne d'Orthopédie



Members of the COA have been active in the development of numerous innovative strategies to provide evidence-based care to patients with MSK conditions, illustrating our members' commitment to efficiency, quality of care and patient satisfaction. The Association believes that quality orthopaedic care should include the following:

- Centralized intake (information-gathering centre for referrals and documentation) for MSK conditions, directing patients to multidisciplinary assessment and treatment centres.
- Effective use of allied health care providers to deliver timely and evidence-based MSK care with direct referral to an orthopaedic surgeon where appropriate.
- Use of digital innovations to improve communication and implement virtual clinics.
- Guidelines for the appropriate use of advanced medical imaging.
- Care plans to optimize patient outcomes and minimize costs to the health care system.

The COA is committed to pursuing an open dialogue with members, health authorities, provincial and national governments and other key stakeholders to address the existing barriers to access to MSK care. Successful improvements to the provision of care will depend on governments, health authorities, and the providers and end-users of health care working together for a common goal. Success will require innovation as well as sufficient health care resources to implement effective models of MSK care Canada-wide. Please contact policy@canorth.org with any comments.