



What We Heard:
Medical Travel Program
Public Engagement

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Introduction

The Department of Health and Social Services launched its public engagement on medical travel in the fall of 2019. This began after an internal review of the Medical Travel Program identified a gap: before we could make the program work better, we needed to understand how well we were meeting the needs of our clients.

Our goal was to find out what Yukoners think about our medical travel services. Once we understood what works well and what doesn't work well, we could begin making improvements.

The engagement looked at travel in and out of territory, by air or by car. It included medevac services, Yukon's air ambulance program. It did not look at other medical travel programs operating in the territory, such as Non-Insured Health Benefits or the federal government employee program.

In November 2019, we sent a survey to 3,691 Yukoners who had travelled for medical treatment between April 1, 2018 and March 31, 2019. They may have travelled for their own medical needs, to accompany a child or dependant, or as an approved travel escort. In the end, we received 2,378 completed survey responses.

Survey takers were also asked if they were interested in participating in an in-person focus group, and more than 800 of them answered yes. Nineteen focus groups were held in eight communities, before the COVID-19 pandemic forced us to move the final 16 sessions online. These were held by video conference, including two for French language speakers.

Through the survey and the focus groups, we heard what the medical travel program is doing right, and where we have problems and need to improve.

Four key themes emerged:

1. Affordability.
2. Support while travelling.
3. Medevac services.
4. Coordination and administration.

This report includes: a summary of our engagement process; a look at what we heard from Yukoners about each of the four themes; a discussion about where we could make improvements; and a look at next steps.

The engagement process

We reached out in November 2019 to Yukoners who had used the Medical Travel Program (for themselves or as an escort) in the previous year. We sent emails to 3,691 people with a link to take part in an online survey. Further follow-up by the Yukon Bureau of Statistics allowed people to complete the survey by phone. The survey was invitation-only, and was not made available to the general public.

Survey respondents were 57% female and 43% male, and responses were received from residents of all Yukon communities. In the last five years, 15% of respondents had used the medical travel program just once, 40% had travelled two to four times and 45% had travelled five or more times. A majority of respondents had travelled for their own medical needs, but some had accompanied a child/dependant, or had been a travel escort (a person could have travelled both for themselves and as an escort at different times). For 63%, their most recent trip was in territory, while 37% had travelled out of Yukon. Sixty-two per cent of trips took place on scheduled air service, 33% by personal vehicle, while the remaining 5% involved travelling by medevac.

Survey participants were also asked if they were interested in attending a focus group, and more than 800 answered yes. One hundred and thirty-two people were able to attend a first round of 18 in-person focus group sessions held in November and December 2019:

- Carcross/Tagish (1 session)
- Dawson (3 sessions)
- Faro (1 session)
- Haines Junction (1 session)
- Marsh Lake (1 session)
- Watson Lake (1 session)
- Whitehorse (10 sessions)

With such a large number of people wanting to attend a focus group, we decided to hold a second round of sessions in the spring of 2020. Only one of these in-person sessions was held (in Teslin), before the COVID-19 pandemic struck. Another 16 sessions were held in June by video conference, including two French language sessions. Sixty-four Yukoners took part in this second round, for a total of 196 participants.

Yukoners who took part in the focus groups were asked to think about their medical travel experience as if it were a journey with three parts: discovery; planning; and completing the trip.

The discovery phase is about deciding, along with a medical professional, if medical travel is needed.

The planning phase is about planning and scheduling medical travel. It involves medical offices working with our Medical Travel unit, as well as Yukoners making personal arrangements to prepare for being away from home.

Lastly, completing the trip is all activity from when a Yukoner leaves their home to when they return. This includes applying for and receiving subsidy payments.

While we were able to reach out to many people who have used Yukon's medical travel program, the survey and focus groups did not include Yukoners who were referred to medical travel but decided not to go.

We did not ask health-care providers or departmental staff to take part in this engagement through their work. However, a number did attend a focus group as medical travellers themselves, then also spoke about the experiences of some of their clients who had travelled.

What we heard

To start with, we heard the medical travel program is doing many things right. Overall, 73% of survey respondents said they were either satisfied or very satisfied with their travel experience. Fourteen per cent were either dissatisfied or very dissatisfied, while the remaining 13% were neither satisfied nor dissatisfied.

People appreciate having access to much-needed, often life-prolonging medical services that can only be found in larger cities. They also appreciate the efforts and flexibility shown by the Medical Travel staff.

While the number of dissatisfied people was quite low, the impact on the individual traveller of a bad travel experience can be significant. The stories we heard suggest that real problems exist within medical travel.

Overall, it appears that Yukoners receive excellent medical care outside of Yukon. We did not hear of any instances where Yukoners felt unfairly treated or disadvantaged because they were not a resident of British Columbia or Alberta.

Affordability

Yukoners told us that the cost of travel was their biggest challenge with medical travel. Taking time off work – which is linked to affordability – is also a major challenge.

We heard time and time again in the focus groups that the \$75-a-day subsidy was nowhere near enough to cover costs. Yukoners are often left paying hundreds, even thousands of dollars out of pocket to fund medical travel. We also heard that part of the problem is that the subsidy has remained at \$75 per day for many years, while costs continue to rise.

The subsidy payment amount has different meanings for different Yukoners.

For someone from a household with a higher income, it isn't as much of a challenge. This is especially true if they are on a short trip, and can stay with family or friends. We even heard that some of these people don't bother to submit the subsidy paperwork because of the time it takes to complete.

On the other hand, medical travel can be a challenge for Yukoners on fixed incomes. The cost of accommodation, meals, and local transportation, combined with lost wages, is much more than \$75 per day. And patients don't get the subsidy until after they've returned home, so must pay all expenses up front.

Some Yukoners are choosing not to travel, even though they need medical treatment they can't get in their own community. Focus group participants spoke of "people they know" who have made this choice. In one instance, a participant who works in a rural medical office estimated that 10% to 15% of their patients choose to not travel.

It's difficult to track the exact number of Yukoners avoiding travel because of the up-front, out-of-pocket costs, but from what we heard it is a concerning issue.

We also heard about other issues with the travel subsidy. Some Yukoners experience challenges when their situation is out of the ordinary. Others find it hard when their travel needs are more complicated than normal.

Support while travelling

Support while they are travelling is a clear area of concern for Yukoners.

Our survey asked people to list their biggest challenges with medical travel. Affordability was the biggest, then the next biggest were:

- travelling in their destination city;
- finding accommodation in their destination city; and
- stress from the travel experience in general.

We have grouped what we heard about the supports needed by travellers into three categories: travel escorts, travel logistics, and the discharge process.

Travel escorts

The topic of medical travel escorts created enthusiastic discussion during the focus group sessions. Most of the discussion and most of the stories shared were about the question of when an escort is required, and about the approval of escorts.

Currently, transportation costs are provided for an escort if the patient's doctor requests it and provides a reason why an escort is needed. Reasons include: the patient needs physical assistance; the mental capacity of the patient; the age of the patient; and help with language barriers.

Yukoners told us that transportation costs for escorts should also be covered when other supports are needed. These may include: logistical support such as travel assistance; emotional support; and family support such as spouses wanting to stay together.

We heard that having an escort does not necessarily make it easier to find accommodation or navigate in an unfamiliar city. A family member or close friend may provide some types of support, but may also struggle with travel management.

Some participants told us that they were forced to travel alone because they couldn't pay for the escort's transportation or because they didn't have a friend or family member to escort them. And for some people who did have an escort, the \$75 per day subsidy was not enough to cover costs.

We also heard of cases where a doctor recommended an escort, but the Medical Travel unit informed the patient that the request had been denied. Some regular users of medical travel believe that the approval of escorts is inconsistent.

Several people told us about their experience with using paid nursing agencies, such as Nurse Next Door in Vancouver, as travel escorts, although we heard mixed reviews about these services.

Travel logistics

Travel logistics covers a range of activities, including the patient's personal preparation for their trip, their interaction with the Medical Travel unit to make travel arrangements, and the travel itself.

Our survey found that 70-75% of travellers were satisfied with their planning and post-travel experience; the remainder were either neutral or dissatisfied. However, 57% reported finding the travel itself challenging in some way, including 6% who found it very challenging. As mentioned, "travelling in your destination city" was ranked second in the key challenges faced by travellers.

As with other themes, the amount of stress travel logistics added to the medical travel journey varied from patient to patient.

Yukoners had fewer travel logistics challenges when they were:

- repeat users of medical travel;
- experienced travellers with solid knowledge of their destination; and
- able to leave home for a few days or longer.

However, many Yukoners faced a different and more challenging situation when they:

- were first-time or infrequent users of medical travel;
- felt anxious about travelling;
- experienced considerable issues with regards to leaving home; and/or
- had a lack of familiarity with their destination.

For these Yukoners, travel logistics presented a real challenge and added considerable stress to their medical travel journey.

One person told us that they travelled out of territory for medical procedures and were not aware there was a medical travel program, and paid all travel expenses out of pocket.

Lastly, we heard the COVID-19 pandemic has made navigating travel more difficult, adding more uncertainty to the travel process and forcing some patients to handle logistics, administration and advocacy on their own when visitors and escorts are not permitted into hospitals.

Discharge process

Over the course of the focus group sessions, we heard several stories about the discharge process. The discharge process is the series of steps taken when people are finished treatment and need to get home.

For many Yukoners, discharge is simple. They attend their medical treatment(s), and they are ready to return home. The timing of their discharge and their expected condition are known in advance, and a return flight has already been booked.

However, in situations where there is uncertainty about the patient's expected condition or whether further treatment will be needed, the discharge process can become more difficult. We heard many such stories about both in- and out-of-territory travel. We heard stories of Yukoners being discharged and not receiving the support they needed to safely and comfortably get home. In some cases, there was a lack of coordination and planning between medical practitioners and the Medical Travel unit.

Participants raised good questions about situations when a patient doesn't have an escort: Who is responsible for the patient when they are discharged? Does the hospital carry any responsibility for ensuring that the patient can safely get to their hotel or to the airport? Does the government carry some of this responsibility? Or is the patient fully on their own?

Medevac

More than two-thirds of survey respondents were satisfied with the information they received about returning from a medevac trip. Eleven per cent were dissatisfied, while 17% were neutral – meaning we have room for improvement.

Focus group participants repeatedly praised Yukon Emergency Medical Services crews for providing exceptional and compassionate services. There were also several common issues that came up:

- Medevac users do not always receive the information they need about escorts, how to return home, accommodation options, and so on. This is particularly difficult for first time users.

- In extreme cases, the patient (and escort) arrive at their destination ill-prepared for travel, with no identification or money, no change of clothes, no hotel booked, and so on. Some may have limited financial means, no access to a cell phone, or have a hard time dealing with stress. For them, this is a very challenging situation.

In several focus groups held in rural communities, participants said they knew of people who had turned down a medevac trip (to Whitehorse) because of concerns about return travel and accommodation cost. This is another area where it appears Yukoners are deciding to decline recommended medical treatment because medical travel is a barrier for them.

Coordination and administration

Our survey didn't ask questions about the coordination and administration of the Medical Travel program, because it's a complicated process that's hard to break down into simple questions.

However, our focus group participants gave us a lot to consider about how they experienced the coordination and administration of their medical care and travel.

We heard from regular travelers that their service experience can depend on who they talk to at the Medical Travel unit. People told us that there can be inconsistencies in terms of decisions about escorts, booking flights, approval for one-way flights, how helpful the staff was, and so on.

Four major topics came up repeatedly during the focus groups: information sharing (whether between medical practitioners, the Medical Travel unit, and/or the traveller); travel booking; the subsidy form; and Telehealth and other alternatives.

Information sharing

A number of stories were told about poor communication between the specialist, the patient's Yukon physician, Whitehorse General Hospital, and/or the Medical Travel unit.

Overall, there seems to be a lack of coordination and sharing of information between all involved. When a patient is able to effectively take charge and be their own advocate, the end result is usually positive. But we heard that not everyone is comfortable with, or capable of, taking on an advocate role, resulting in greater patient stress and additional work for others involved.

We heard that meeting the administrative requirements of the Medical Travel unit can be a challenge. In particular, people are frustrated that information like test results, medical records, and especially forms, are not fully digital.

There was also some concern about the privacy of personal health information that we collect. Highly sensitive personal health information is sent back and forth repeatedly between medical practitioners and the Medical Travel unit, and some focus group participants questioned if appropriate procedures were in place to keep that information secure.

Travel booking

Overall, we heard that travel booking and appointment scheduling typically works well under stable, well-planned conditions. Issues and challenges are more common when the treatment involves last-minute changes and more complex medical procedures. Some participants reported that the Medical Travel unit displayed great flexibility, while others reported that the unit was fairly strict in adhering to its rules. Others spoke of issues with the notification process, which often required them to pass information between practitioners and the Medical Travel unit to assist with travel booking (as discussed above in "Information sharing").

Many participants also told us about the difficulties they experienced having to book their own accommodation, and were frustrated or perplexed that the Medical Travel unit did not offer assistance with this.

Several times, focus group participants described being contacted by a specialist with an opportunity to take advantage of a cancellation and have their procedure done earlier than scheduled. However, the medical travel booking process often took too long and the opportunity was missed.

Subsidy form

Many people told us about challenges with the subsidy form, especially with filling it in accurately and getting the appropriate signatures. Medical staff outside Yukon are not always aware that a Yukoner requires a signed form to receive a subsidy. Yukoners must actively pursue a signature.

Yukoners often had trouble locating their specialist following a hospital procedure, and relied on nurses or hospital social workers to assist. Depending on the nature of their medical procedure, some people told us they were “groggy” and not physically up to the job of tracking down signatures. Others simply forgot about the form as they were more concerned with their recovery. Some also questioned why, for convenience, it is not possible to sign forms electronically. Yukoners with little or no medical travel experience, or a lack of comfort with paperwork, were particularly challenged to properly complete and submit the subsidy form.

Telehealth and other alternatives

Focus group participants often asked why their doctors insist they travel for short, in person consultations. This was especially true during our second round of focus groups, in a time of COVID-19-related public health restrictions. Participants could point to their recent use of Telehealth and other virtual technologies.

It was acknowledged that there may be valid reasons for a specialist to insist on seeing a patient in their office, even if the visit turns out to be a “10-minute chat”.

People also told us about problems with the Telehealth system. One participant had to travel to Whitehorse only to end up speaking via Telehealth with a doctor in Vancouver. Another pointed out that improving the Telehealth facilities and opening hours could make the system more user-friendly.

Another common question from the focus group sessions was whether it is possible to bring more specialists and/or medical equipment to Yukon. Finally, we heard some participants question why other insured health benefits, such as dental services, are not eligible for medical travel subsidies.



Opportunities for improvement

In this section we discuss some of the ideas we heard about how to improve medical travel under each of the four key themes.

Affordability

Given that affordability was the number one issue facing medical travellers in Yukon, it is not surprising we heard so many different ideas for improvements.

Overall, we heard that our goal should be to develop a model that better supports Yukoners with the financial burden of travelling to high-cost cities such as Vancouver. We also heard that travel costs should not be an impediment to receiving needed medical care.

Ways we could better meet these goals include:

- Reducing the need for travel (for example, by better use of virtual care technologies).
- When possible, sending Yukoners to lower-cost centres to help them avoid the high out-of-pocket costs experienced in places like Vancouver.
- Providing financial support up front instead of after the fact.
- Increasing the amount of financial support provided to medical travellers.

A number of ideas were discussed during our focus groups regarding the last point. Some felt we should increase the subsidy from the current \$75 per day. Others felt that would help, but that it would not solve the problem entirely given how high costs can be. We often heard participants reference Government of Yukon employee travel reimbursement rates as a comparison.

There was some discussion within the focus groups regarding income testing to establish a sliding scale for subsidy payments, although the general feeling was that people were not in favour of income testing. Instead it was suggested that people needing paid accommodation would receive a larger subsidy than people who could stay with friends.

A number of more specific ideas also came up for making travel more affordable. These include:

- Negotiate preferred hotel rates for medical travellers.
- Pay for accommodations upfront.
- Provide information about hotels that offer reduced rates for Yukoners and/or medical travellers.
- Identify and communicate other lower-cost accommodation options, such as Ronald McDonald House and Easter Seals House.
- Provide clear and useful information about public transit options (significantly less expensive than taxis in large cities) and other low- or no-cost transportation options, such as volunteer drivers.
- Book flights well in advance to take advantage of the lowest fares.
- Negotiate volume discounts with airlines.

Support while travelling

Focus group participants also offered many interesting ideas for providing more support to travellers, especially those with the greatest needs.

Travel escorts

Some participants wanted Yukon to add more flexibility to the medical travel escorts policy. They felt the policy should better accommodate travellers with unique circumstances where approving an escort is the right choice for the patient.

Several participants thought some form of remote-based escort care, for example Nurse Next Door in Vancouver, may offer a solution to supporting travellers in some situations.

One participant suggested that if a child is on extended medical travel, parents could be allowed to “swap-out” as the travel escort. While this would add the cost of an extra round trip flight, it would allow parents to better balance the needs of their sick child and the demands of life at home.

Travel logistics

Many participants spoke of the need for a “system navigator”, to provide support to patients beyond what is typically available from a physician or the Medical Travel unit.

Overall, participants want easy access to clear and detailed information about medical travel. This includes information about the process: how it works, roles and responsibilities, form descriptions, and so on. The desire for comprehensive information also included detailed logistical information such as:

- Maps for Vancouver and other airports.
- Public transit guides – how to use, schedules, costs.
- Options for hotels and other types of accommodation – where to find preferred rates for Yukoners on medical travel, proximity to hospitals, alternate accommodation options such as Ronald McDonald House.

- A range of other travel tips or “cheat sheets”.

In the later focus groups, there was also some concern about how reduced flight schedules during the COVID-19 pandemic might affect travellers’ ability to get home. People want to receive more information and support to help get through the uncertainty and disruptions created by the pandemic.

Discharge process

Participants clearly wanted to see improvements made in planning for discharge.

One solution that arose during the focus groups was for travellers to have on-call support in Vancouver, Whitehorse, and other regular medical destinations, meaning some level of after hours access to medical travel support via a help line or something similar.

One specific request was for when a Yukoner is medevaced unexpectedly that the Medical Travel unit be notified automatically so they can start planning for discharge and return travel. People also asked for someone to check-in on Yukoners who had been medevaced unexpectedly.

We also heard that some travellers would appreciate an extra day of subsidy to allow them to rest in the city where they just received treatment.

Medevac

Focus group participants also discussed a number of improvement ideas specific to medevac travel.

One of these was to develop an information kit specifically for medevac travel, providing patients and families with information on support services in the destination city, policies regarding return travel, and so on. The idea is to have this information available at Whitehorse General Hospital and on the medevac aircraft. There was also some interest in having a navigator or other support available once the medevac has arrived at its destination.

Participants suggested that Yukon should look for opportunities to avoid medevac travel by providing more medical services locally. In territory, it may also be possible to transfer more patients by ground ambulance or other means.

Coordination and administration

Lastly, we received lots of feedback on how to improve the coordination and administration of the medical travel program.

Information sharing

We heard again and again of the burden Yukoners experience trying to make sure medical information and forms are filled out and properly transferred between offices. We heard from many participants that electronic forms and digital information sharing would make this easier.

Along the same lines, travellers want to see roles and responsibilities clarified for tasks such as scheduling appointments or sharing and communicating medical records and test results.

Travel booking

We heard from some frequent air travellers that their recurring medical visits to Whitehorse or Vancouver are routine, and so possible to be planned well in advance. Some thought it might make sense to allow frequent fliers to book their own flights, so that the Medical Travel unit’s time and effort could be better used to help patients who require urgent care or more support.

Other process-related suggestions include:

- Clarify policy and guidelines with respect to booking flights.

- Eliminate the use of travel agents in the booking process.
- Provide assistance with booking accommodation.
- Provide some degree of after-hours support for urgent travel issues.
- Establish an “express lane” within the Medical Travel unit for patients who need to make rapid travel arrangements.

Subsidy form

There was a general sense that medical travel processes could be made more convenient for both travellers and health-care providers. It was suggested that all forms be reviewed, simplified and, as much as possible, automated. With regards to the subsidy form, the need for signatures was questioned, especially the need to get a form signed every day of travel. Some in the focus groups questioned the need to have the subsidy form at all.

There were also requests for a secure drop-box at the Whitehorse airport in which to deposit completed forms, and for an easy way to send forms directly from hospitals to the Medical Travel unit.

A few participants also asked that the subsidy cheques and direct deposits come with a short description of what was being covered for the sake of clarity, record keeping, and tax filings.

Telehealth and other alternatives

Finally, we heard from many focus group participants that one of the best ways we could improve medical travel was by reducing the need to travel at all. For most, this meant improving and increasing the use of Telehealth and other virtual care technology. We also heard that the existing Telehealth operating hours and administration could be made more convenient.

In later focus groups we heard from many participants that they are using more Telehealth and virtual care technologies in their medical treatments due to the COVID-19 pandemic. They hope and expect this trend to continue into the future.

There was also some discussion about the possibilities of improving local access to medical treatments by locating more services in the territory or in communities, as well as by expanding medical travel eligibility to cover extended benefits such as dental treatments.

What comes next

This medical travel consultation has already resulted in some concrete changes. We have:

- Completed an initial round of process-improvements within the Medical Travel unit.
- Presented a copy of initial findings to the Independent Expert Panel to use in making recommendations for their comprehensive review of health and social services in Yukon. In the end, they made nine recommendations specific to medical travel (see Appendix A for list of related recommendations).
- Expanded gateway cities to include Kelowna and Victoria.
- Clarified the medical travel escort policy to provide clear criteria for when a medical traveller can be accompanied. In addition, we added automatic approval of an escort for inpatients being treated in an Intensive Care or Cardiac Care unit outside the territory.
- Reallocated staff within the Medical Travel unit in order to provide more consistent front line services.
- Installed secure drop-boxes for medical travel paperwork in Whitehorse General Hospital and Whitehorse airport.
- Worked with Air North to trial an adjusted schedule that is more convenient for medical travellers who are returning home in the evening.

We are working on some other initiatives over the next year, such as:

- Increasing the medical travel subsidies to cover more out-of-pocket expenses and help support Yukoners on medical travel.
- Increasing the number of Medical Travel unit staff, to increase responsiveness and improve customer services.
- Conducting a program review of Yukon's medevac services.
- Creating an online form for referrals from physicians.
- Creating a 'road map' for medical travelers and referring clinics clarifying the process.
- Producing an information sheet for medevaced patients.
- Researching other options for improving medical travel, such as:
 - Transportation between communities and Whitehorse.
 - Accommodation options in Whitehorse and out of territory.

Some other projects we are looking into for the future include:

- Updating the Medical Travel Guide for patients.
- Finding ways to improve discharge planning, in and out of territory.
- Implementing a 24-hour medical travel hotline.
- Putting emergency kits in medevacs, for those times Yukoners are medevaced unexpectedly and are unprepared for travel.
- Increasing the use of virtual care where appropriate.
- Evaluating our programs, policies and services regularly.

Conclusion

We were humbled by the response we received from Yukoners: 2,378 completed our survey, and another 196 attended one of our 35 focus group sessions.

We learned that the Medical Travel program often works as it is supposed to, and that Yukoners are grateful for their ability to access medical treatment not available in their home communities. However, we also heard very clearly that there is a lot we could do better.

This process has already led us to make changes, and we are planning more in the near future.

We are very grateful to everyone who gave their time to share their stories and give us their ideas for improving Yukon's Medical Travel program. We cannot thank you enough. With your help, we hope Yukon's Medical Travel program can keep improving in the years to come.

Appendix A:

Putting People First report recommendations

Recommendations related to medical travel from the Putting People First report.

- 2.3 Increase the use of virtual care and develop options for Yukoners to connect with care from their homes and in their communities.
- 2.4 Double the current medical travel subsidy from \$75 per day to \$150 per day, beginning on the first day of travel if an overnight stay is needed, and index to inflation going forward.
- 2.5 Conduct more research on the costs and benefits to provide an additional subsidy for low-income Yukoners who may not receive care due to travel-related cost barriers.
- 2.6 Create residences in Whitehorse and Vancouver to reduce the need for hotel accommodations for medical travellers, provide a base for more coordinated out-of-territory care and discharge back to care in Yukon, and support those who may need help navigating care away from home.
- 2.7 Establish a single unit responsible for case management, implementing decisions on medevac or commercial flights, decisions on escorts, liaising with home and out-of-territory clinicians, medical facilities, hotels and people's families.
- 2.8 Eliminate the restriction of medical travel destinations ("gateway" cities) in the current medical travel regulations under the *Travel for Medical Treatment Act*.
- 2.9 Working in partnership with First Nations and municipal governments, provide safe and alternative driving services between rural communities and Whitehorse.
- 8.1 End rural zone medical travel subsidies for Yukoners residing in zones 1 and 2 outside of Whitehorse.
- 8.2 Conduct a program evaluation of the medical travel program, specifically focused on:
 - how Yukon procures medevac services;
 - comparing the cost of commercial flights with professional escorts to medevacs;
 - when Yukon uses medevacs and whether there are opportunities to reduce frequency;
 - how Yukon Emergency Medical Services integrates with health and social services, including medical travel and medevac;
 - providing services in-territory vs. sending people out, including how increased use of virtual care (see recommendation 2.3) may impact medical travel patterns; and
 - current restrictions and how they impact Yukoners.



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