

Putting People First

The final report of the comprehensive review of Yukon's health and social programs and services

Executive Summary



■ A comprehensive review

In 2018, the Yukon government appointed us as a five-member, Independent Expert Panel to conduct a review of health and social services in the territory. Our mandate was to identify ways to make these services more effective, provide better value for money, and improve the experience for Yukon health and social service providers, clients, patients and families.

■ The case for change

We heard about Yukoners' insights and experiences with health and social services through meetings with communities, services providers, First Nations governments and health directors, and non-governmental organizations (NGOs), as well as through online surveys and written comments. We also examined the way the Yukon government currently delivers health care and social services, and how this compares with high-performing health care systems in other jurisdictions.

After reviewing this information and hearing the stories, concerns and recommendations of Yukoners, we concluded that the health and social services system in the territory has a number of strengths, but does not currently take the most effective approach to supporting the health and wellbeing of Yukoners, or make the best use of limited resources.

We learned these challenges can be explained in large part by the fragmented nature of the current system. For example:

- Health care spending is mostly focused on treating illness and health emergencies, with too little being put toward preventing illness and improving the health of Yukoners.
- Yukoners do not always feel that services are tailored to their unique needs and circumstances, or that they are culturally safe.
- Staff in different parts of the system (e.g., hospital, home care, primary care providers, social services, and housing) often are not able to work together to make sure Yukoners using these services get the support they need.
- Although health and social services encompass many different programs, organizations and services, there is no single, clear vision that unites the efforts of all those working in the system in a common purpose.
- Decisions by providers and system managers often do not take into consideration the cost to the system as a whole, or the whole-person effect on Yukoners who are receiving multiple services across the system.
- There is too little coordination and understanding of the needs of communities and the roles of various players in the system, including non-governmental organizations and First Nations service providers.

- The Department of Health and Social Services does not have the necessary data, tools and procedures to effectively evaluate, improve and plan for a system that is coordinated and continuously improving in terms of its efficiency and outcomes for Yukoners.

■ What we heard

We want to acknowledge that there are strengths in Yukon's system. These include:

- compassionate and dedicated care providers;
- strong First Nations' roles in service delivery;
- Yukon's dedicated group of non-governmental organizations;
- health centres in all communities;
- the expanded scope of many nursing staff;
- Yukoners' levels of physical activity and fitness are higher than the national average;
- Yukon emergency departments have wait times below the national average; and
- overall, the system takes care of sick people quite well.

At the same time, many aspects of the current system are not working for Yukoners. For example, seniors generally spend extra time in the hospital waiting for community supports to be ready. Medical travel involves a range of problems – from affordability, to causing stress due to poor coordination and insufficient support, to being potentially unnecessary if there were better availability of closer-to-home and/or virtual services.

Transitions from hospital to community often lack the necessary coordination with community providers to ensure people get the support they need at home. In extreme cases, we even heard of Yukoners being discharged from the hospital in the middle of the night without proper transportation, clothing or support.

Many Yukoners do not have a regular care provider. Many others still have trouble getting appointments that are timely and long enough to address their needs.

Many First Nations people told us about experiencing racism in the system and feeling that policies and services do not adequately include their culture or traditional healing practices. We heard that there are many opportunities for the Yukon government to collaborate with First Nations to close the gaps in health outcomes and contributors to wellness, and build on First Nations strengths, including land-based healing.

We also heard that Yukoners cannot access the level of preventative health and wellness, including mental wellness, that they want and need.

While social assistance payments in Yukon are among the highest in the country, we learned that clients often struggle to find ways to improve their wellbeing and independence.

We also heard about insufficient services for adults with disabilities and their families. Finally, we heard about gaps in social supports for lower-income Yukoners not on social assistance who do not have access to pharmaceutical, dental and other extended health benefits.

■ Moving forward

Strengthening the primary health care system

There is good evidence that a strong primary health care system provides better outcomes for the health of the population, chronic disease management, equity and client satisfaction, while also lowering overall costs.

A strong primary health care system takes a whole-of-society approach to health and wellbeing, and focuses on the holistic needs and preferences of individuals, families and communities. It is the first point of contact for health and wellness services, coordinating each person's services in a way that ensures continuity and ease of movement across the system.

A key example of this approach is the Nuka system implemented by the Southcentral Foundation in Alaska. It has achieved outstanding success – decreasing costs while improving health outcomes and increasing the satisfaction levels of both clients and providers. We examined the Nuka model closely, and believe many of its components are extremely well suited to Yukon and offer a solution to the current fragmentation and challenges we heard about so loudly and clearly from Yukoners.

Creating a new vision for wellness in Yukon

In our report we provide 76 recommendations for implementing a new approach to improving Yukoners' health and providing integrated, whole-person care across a health and social system that puts people first. This requires some big changes, including:

- creating a new organization to manage and deliver the redesigned, integrated approach;
- modernizing financial arrangements, including shifting to compensation models for health providers that better support holistic, integrated care;
- working across organizations and sectors to coordinate in the interest of Yukoners;
- increasing collaboration with First Nations on health outcomes, cultural safety and traditional healing; and

- harnessing the power of data, evaluation and citizen input to continuously evaluate and improve services, progress, and outcomes.

We have also identified a number of areas where greater cost-effectiveness can be realized within the system. For example, we have made a number of recommendations related to pharmaceutical benefits and markups that will bring about improved efficiency and significant savings. In other areas, we have recommended updates to modernize existing fees and regulations, like the long-term care residents' fee, the medical travel subsidy, and income support for Yukoners with disabilities.

The Government of Yukon currently spends more than \$8,000 per person on health each year, much higher than the national average. We believe that the new approach will, over time, realize efficiencies and return on investment that will allow the government to shift some of its health and social investment into “upstream” investments like housing, early child development, food security, substance use prevention, and community wellness. These changes will improve the health of Yukoners and support the future sustainability of the system.

In our full report, we outline what we heard, the need for change and our key recommendations in the following areas:

- the health care experience;
- community wellness and healing;
- First Nations cultural safety, health outcomes and land-based healing;
- supports for lower-income Yukoners;
- building a new health care system;
- improving the health of the population; and
- ensuring the financial sustainability of the health and social system for Yukoners for years to come.

We recognize these are fundamental changes that will take time to implement. We have identified a combination of changes that can be actioned quickly and will put us on the path towards a stronger future, as well as longer-term directions. Our recommendations are related to each other and to our overall goals. They should be taken together, not considered individually in isolation from the whole.

While the majority of our report was written before the COVID-19 pandemic, which began to affect Canadians just as we were completing our report, we believe that our recommendations continue to be valid in this changing context. A stronger, more integrated health and social system that puts people first would be resilient and responsive to changing circumstances and needs, including the challenges that we are currently facing.

■ Recommendations

Chapter 1 – Transforming the health and social system

We propose a new approach to the delivery of health and social services, one that is focused on making the best possible use of the resources we have to improve health outcomes for Yukoners along with better client and provider experiences. What we are proposing is intentional, whole-system redesign. It requires leadership, vision, passion, successful change management and commitment to success.

- 1.1** Reorient Yukon's health care system from a traditional and fragmented medical model to a focus on population health accompanied by integrated, person-centred care across the health and social system.
- 1.2** Create Wellness Yukon, a new, arms-length government agency that delivers basic health and social services in the territory and contracts with NGOs or other providers to deliver specialty services on their behalf. This includes managing the hospitals currently under the Yukon Hospital Corporation and primary care, long-term care and treatment facilities under the Department of Health and Social Services.
- 1.3** Work with the Yukon Medical Association through the next contract negotiation cycle to develop alternative payment models to transition away from primarily fee-for-service payment for medical services.
- 1.4** Partner with First Nations governments, municipal governments, non-governmental organizations and members of the public in the long-term planning of health and social services that meet community needs and are culturally safe.
- 1.5** Implement a population health approach that considers the social determinants of health to reduce inequities and improve the health of the entire population.
- 1.6** Implement an evidence-based approach to system planning and decision-making.
- 1.7** Use clearly identified savings from some current programs and invest additional resources to move from a focus on acute medical care to a primary-care based population health model with upstream investments in prevention to improve outcomes and ensure the long-term sustainability of the health and social services system.

Chapter 2 – Putting people first

We recommend that the Government of Yukon reorient the health care system from the current fragmented medical model to a model that focuses on integrated, person-centred care across the health and social services system.

- 2.1** Create a holistic, expanded primary care system built on relationships between providers and their clients. In this system, Yukoners are empowered to take control of their care and actively share responsibility for their and their families' health and wellness.

- 2.2** Connect every Yukoner to a primary care provider (physician or nurse practitioner) who provides care as part of an integrated health care team.
- 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.
- 2.10** Develop a client charter that empowers clients to be proactive partners in their own health and wellness care.
- 2.11** Ensure primary care physicians are integrated into the implementation of IHealth, the territory's electronic medical record, by working in partnership with the Yukon Medical Association to support full implementation in physician clinics.
- 2.12** Help Yukoners access their personal health information by making it available via a secure client portal connected to the IHealth system.
- 2.13** Trial models that provide rapid access to a primary care provider for family-practice sensitive conditions, reducing the use of the Whitehorse General Hospital emergency department for this purpose.
- 2.14** Expand the department's vaccine program to incorporate new vaccinations recommended by public health available at no cost to clients.

Chapter 3 – Fostering community wellness

We recommend refocusing the health and social system on delivering care as close to home as possible, with a focus on keeping people well, preventing illness, and promoting health and wellness in our communities. We also recommend ways to involve Yukoners meaningfully in developing and delivering solutions.

- 3.1** Involve communities in assessing their local health and social needs and planning local health and social programs and services that meet their needs and are culturally safe.
- 3.2** Increase the availability of community-based providers by better retaining established providers, and developing new pathways that encourage rural and First Nations Yukoners to enter into health and social services careers.
- 3.3** Increase services offered in the communities through mobile screening and service provision.
- 3.4** Involve client-owners and families in planning transitions from hospital to community by implementing a patient-oriented care transitions bundle modelled on the Bridge-to-Home Program as promoted by the Canadian Foundation for Healthcare Improvement.
- 3.5** Adopt a universal approach to mental health and substance use prevention for children and youth in Yukon that builds on the success of the Planet Youth model.
- 3.6** Working with First Nations partners and rural communities, define trauma-informed practice for Yukon. Co-design a framework for the health and social services system to prevent trauma and mitigate trauma reoccurrence for everyone, especially high-risk groups receiving services (e.g. children and youth). Pilot the framework within 2-3 departments across the health and social system starting with services areas involving children and youth.
- 3.7** Improve health outcomes and reduce the social harms by introducing a suite of evidence-informed policy and legislative changes to encourage a culture of moderate alcohol consumption in the territory and create an environment that supports individual decision-making. It is important to do this with both a reconciliation and trauma-informed lens, in partnership with First Nations governments. This includes:
 - reducing the hours of operation of establishments selling alcohol to better balance convenience and consumption;
 - establishing a minimum pricing policy;
 - restricting advertising and promotion; and
 - requiring evidence-based server training.
- 3.8** Work towards fully-funded, universal early childhood education for all Yukon children over the age of one and provide families with options to improve children's learning outcomes:

- a. Coordinate early learning services at all levels to ensure the child is put at the centre by moving early learning to the Department of Education.
 - b. Open current preventative and supportive early learning programs, moving towards universal access for all Yukon families.
 - c. Increase accessible training opportunities for day home and daycare providers to support continued integration of preventative and early learning supports.
 - d. Provide access to early learning and/or childcare services opportunities for more families by increasing the current subsidy system in Yukon.
- 3.9** Expand palliative and end-of-life care programs and supports by providing direct funding to individuals and families.
- 3.10** Expand support for Yukoners with dementia and their families to allow client-owners to remain in their own homes as long as possible.
- a. Expand the Whistle Bend Place day program for Yukoners with dementia to a daily capacity of 16 clients and provide support for transportation.
 - b. Provide dementia training for formal and informal caregivers to support Yukoners to remain at home longer.

Chapter 4 – Advancing reconciliation

We recommend that the Government of Yukon work closely with First Nations governments to reduce health inequalities for First Nations people in Yukon and improve their ability to access the care and support they need to be healthy. We also recommend that the Government of Yukon create a culturally safe health and social system.

- 4.1** Partner with Yukon First Nations to develop and implement a comprehensive and coordinated approach to cultural safety and humility that prevents racism and includes:
- Customized training developed in collaboration with Yukon First Nations.
 - Mandatory cultural safety and humility training and a continuous education process for all health and social services providers, managers, and leaders that receive funding from the government as a condition of their agreement.
 - A formal Declaration of Commitment that includes a vision of what cultural safety and humility means, acknowledges the need for cultural safety, and commits to collaborating with First Nations people to achieve it.
 - An Office of First Nations Health within the Department of Health and Social Services that supports cultural safety and humility across the system and is focused on advancing reconciliation within the department and the health and social system.

- Development of a culturally safe complaints processes.
 - Integration of cultural safety and humility into organizational leadership, culture and policies.
- 4.2** Enhance programs and services at long-term care homes to better support First Nations residents and their families. This includes culturally focused activities, increasing staff knowledge and sensitivity, offering traditional meals, and ensuring residents' spiritual needs are met.
- 4.3** Collaborate with Yukon First Nations governments to develop understanding of Indigenous determinants of health in Yukon and their role in health disparities, and implement effective interventions to address them, in order to eliminate the disparities in health outcomes experienced by First Nations Yukoners.
- 4.4** Work with Yukon First Nations, using ownership, control, access and possession (OCAP) principles, to understand health inequities within the territory and develop responses to reduce these inequities.
- 4.5** Work with Yukon First Nations governments and the Government of Canada to fund a rural, on-the-land mental health and substance treatment centre that incorporates:
- Clinical and traditional/cultural approaches (including land-based healing).
 - Strong linkages with community-based cultural healing resources (pre- and post-treatment).
 - Development and governance in partnership with Yukon First Nations people.
 - Accessibility of services to all Yukoners.
- 4.6** Partner with the Government of Canada to create a fund to support land-based healing in communities across the territory that includes program planning, infrastructure and training. The fund should be flexible and able to accommodate the diverse needs of unique Yukon First Nations, and take into account other funding and negotiations, such as further implementation of self-government agreements.

Chapter 5 – Closing the gaps for lower-income Yukoners

We recommend that the government reorganize disability services and income support to provide a better fit with Yukoners' needs and make better use of limited financial resources.

- 5.1** Bring together all social assistance delivery agents to create a common vision for social assistance, leading to the design and delivery of more equitable, effective, easy-to-navigate and person-centred income support programming. This is a necessary precursor for recommendation 5.5.

- 5.2** Develop a referral policy and procedure to employment and training services for all individuals on social assistance to determine work readiness and/or vocational planning. Ensure that the current employment and training services are meeting the needs of clients. Retooling these services should also lead to improved outcomes in social assistance duration, workforce attachment, and reducing the overall impacts of poverty.
- 5.3** Develop a referral policy and procedure for community health services for individuals with medical barriers to work if they are not currently receiving medical treatment.
- 5.4** Create a framework and provide support for data management and analysis for social supports programs. This work should be completed with associated reporting timelines attached, to ensure relevant data is reviewed and reported upon regularly.
- 5.5** Conduct a program evaluation of social supports, to determine if current practices and policies are achieving program objectives and are cost-effective, and what the most influential factors in entering, staying on, and leaving social assistance are in Yukon.
- 5.6** Provide funding to NGOs to formally implement free tax clinics for low-income Yukoners to maximize benefits tied to income tax filing. There should also be a coordinated effort to: recruit and train volunteers; offer this service physically and/or virtually in all communities; and advertise these clinics widely so social workers and other health care workers can make referrals.
- 5.7** Design and implement a guaranteed annual income pilot, in collaboration with the Yukon Anti-Poverty Coalition, and potential funding partners such as the federal government, health and social research programs and others.
- 5.8** Create an income-tested, payer-of-last-resort public plan for extended benefits.
- 5.9** Working with First Nations governments and the Government of Canada, determine how to coordinate the delivery of non-insured health benefits to all Yukoners to ensure consistency in benefits and efficient delivery.
- 5.10** Create a separate, stand-alone disability benefit for those with permanent disabilities. Leave the Yukon Social Assistance top-up in place for individuals with short-term disabilities, who generally have higher expenses than the average social assistance recipient.
- 5.11** Increase the disability top-up amount to \$325, to reflect inflation since 2005, and index disability income to inflation going forward.
- 5.12** Combine Adult Disability Services and Child Disability Services into one needs-based program and develop a new eligibility and assessment framework for services based on the needs of adults and children with disabilities.
- 5.13** Expand the mandate of adult programming to cover a broader range of disabilities and create new services, as appropriate, to meet the needs of this expanded adult service population.

- 5.14** Provide self- or family-managed care funding to enable adult Yukoners with disabilities to live at home for longer.
- 5.15** Align Government of Yukon housing initiatives under one provider, including management of NGO services for Yukoners requiring housing supports.
- 5.16** Implement a By-Name List to improve coordination among service providers and reduce homelessness in the territory.
- 5.17** Work with partners to increase investment in infrastructure and programming for community food hubs in all Yukon communities.

Chapter 6 – Creating a high-performing health and social system

We recommend the development of a new approach to the delivery of health and social services in the territory, an intentional whole-system redesign.

- 6.1** With Wellness Yukon acting in a leadership role and engaging client-owners and care providers, create one vision and core principles for the health and social services system to ensure that everyone working within the system clearly understands the vision, their role and key responsibilities.
- 6.2** Create a rigorous annual planning cycle with robust processes to translate the strategy into action, driving purposeful decision-making and accountability. Incorporate system-level data into strategic plan processes to ensure evidence is driving system planning. Use evidence and community engagement to plan services that are delivered in the community or as close to the community-level as possible.
- 6.3** Develop an engagement and experience team to involve Yukoners in designing, implementing, evaluating and improving programs and services.
- 6.4** Create integrated polyclinics and a community health care network to provide extended primary health care services and link client-owners with additional services as required. The establishment of a bilingual primary health care team(s) in a Whitehorse polyclinic is a recommended step in implementing this model.
- 6.5** As an interim measure while developing Wellness Yukon, hire additional nurse practitioners where needed to increase access to primary health care providers in the communities and in specialized clinics.
- 6.6** Encourage all providers in the system to work to their full scope of practice and remove barriers, such as lack of hospital privileges for nurse practitioners, to achieve this. This may include regulatory barriers or organizational culture barriers. Expand the scope of practice for specific professionals where it makes sense to support the work of integrated teams.

- 6.7** Develop new training tools and approaches to ensure that all those involved in handling personal health information, and those who assess the handling of information, understand the full purpose of the *Health Information Privacy and Management Act*, including its role in facilitating the effective provision of health care.

Chapter 7 – Creating a system that keeps us well

We recommend that the Government of Yukon enable a system-level transition to a population health approach with the ability to assess and understand the health of Yukoners, consider what makes us well and make evidence-based decisions.

- 7.1** Implement a Health in All Policies approach for the Government of Yukon and work with the federal government and Yukon First Nations governments to identify and mitigate potential health impacts of proposed programs and policies.
- 7.2** Invest in a comprehensive mix of interventions to address health that will have long-lasting impacts.
- 7.3** Work with partners across the health and social system to develop a broad range of health and social indicators, and track and publish them at regular and timely intervals, as a way to track progress on initiatives and ensure transparency and accountability.
- 7.4** Provide leadership and coordination for the development of a formal and comprehensive quality improvement approach for the health and social services system. Adopt a formal and acknowledged approach to quality improvement that incorporates the Canadian Foundation for Healthcare Improvement's Six Levers for Organizational Improvement. These levers include:
- engaging front-line managers and providers in creating an improvement culture;
 - focusing on population needs;
 - creating supportive policies and incentives;
 - building organizational capacity;
 - engaging patients and citizens; and
 - promoting evidence-informed decision-making.
- 7.5** Create an evidence and evaluation unit with a clear population health mandate to support the health and social system, including program area staff and care providers, with data gathering, analysis, surveillance and evaluation. This unit will provide leadership in how to apply a population health approach at a systems-level and will be a key player in the shift of the health and social system towards the new vision.

- 7.6** Partner with another Canadian jurisdiction to create a data warehouse, bringing together data from different programs to support the implementation of a population health approach in a privacy-sensitive way.

Chapter 8 – Ensuring financial sustainability

We recommend that the Government of Yukon create Wellness Yukon, and with it a new vision and model of care, to see financial benefits alongside improvements in health and wellness. However, creating this new system will take time and resources. To help support this investment in Yukon's future, we recommend making some changes today.

The following recommendations address areas that no longer provide value-for-money to Yukoners. These changes can be carried out relatively quickly. They will also produce cost savings that can be reinvested in longer-term measures that help Yukon avoid future costs.

- 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.
- 8.3** Increase the daily rate for residential long-term care from \$35 to \$50 over three years and index to inflation.
- 8.4** Work in partnership with the federal government to support a model for a Canada-wide universal pharmacare program.
- 8.5** Reduce pharmacy markups and fees to a level close to the national average.
- 8.6** Harmonize and simplify Government of Yukon pharmaceutical programs and outsource the administration of these programs. Combine the four different public pharmaceutical benefits programs into one program. The new program should have one consistent formulary. We recommend using an existing formulary from another Canadian jurisdiction to simplify ongoing management. This should reduce the time to add new medications to the formulary and ensure faster adjudication.

- 8.7** Move responsibility for pharmaceutical purchasing for all bedded facilities to Wellness Yukon.
- 8.8** Transition Yukon public drug program coverage of biologic drugs from biologic “originators” to “biosimilars” where clinically appropriate.
- 8.9** Develop a robust prescription monitoring system for Yukon modelled on the Nova Scotia Prescription Monitoring Program, partnering with other jurisdictions where possible to increase capacity.