
Northwest Territories

This profile, an appendix to *Progress Report 2013*, provides an in-depth review of the progress by Northwest Territories. In preparing these jurisdictional profiles, the Health Council examined health care priorities, targets, and performance reports; gathered information from government websites, annual reports, and news releases; consulted with government representatives, stakeholders and experts; and requested information directly from federal/provincial/territorial ministries and departments responsible for health. All profiles are current up to March 31, 2013. healthcouncilcanada.ca/progress.



Northwest Territories



Access and Wait Times

The availability of specialized and complex medical services is limited in the Northwest Territories. Patients who need coronary artery bypass grafts, radiation therapy, and MRI scans are sent to Edmonton; wait times for these patients are not differentiated in the Alberta wait times data. The Northwest Territories tracks wait times for joint replacement surgeries using the pan-Canadian benchmark of 26 weeks, but knee and hip surgery are not differentiated. Wait times for CT scans are not tracked currently.¹ The Wait Time Alliance and the Canadian Institute for Health Information do not report on wait times in the territories.^{2,3}

Health human resources

The Northwest Territories Department of Health and Social Services, in partnership with the Department of Human Resources and Aurora College, supports initiatives that strengthen the northern workforce by recruiting and retaining health and social services professionals. For example, the Aurora College Nursing Program is graduating nurses and nurse practitioners to supplement the 400 nurses already working in the territory. Affirmative action policies ensure that Aboriginal and non-Aboriginal Indigenous applicants are given priority in the hiring process.¹

Future work will include the development of a comprehensive human resources strategic plan for health and social services that will guide recruitment and retention programs to ensure they are meeting the needs of the system.¹

Access to ambulatory and community care

No information on improving ambulatory care is currently available.

The Northwest Territories uses a territorial chronic disease prevention and management approach to decrease hospital admissions. As part of the Integrated Service Delivery Model (ISDM), chronic disease prevention and management are delivered through primary community care teams supported by regional support teams. Program standards developed by the Department of Health and Social Services provide a territory-wide direction. A Chronic Disease Strategy Steering Committee will develop and implement practices and strategies that can be delivered to address chronic disease throughout the continuum.¹

Primary Health Care Reform and Electronic Health Records

Residents have access to a primary care team in person, through telehealth services, and through the medical travel program. This includes access to specialists, rehabilitation professionals, and other medical practitioners.¹

The Northwest Territories is addressing its geographical challenges by developing expertise in medical evacuation and travel. It is also establishing a Territorial Support Network, which is expected to include a virtual clinic.⁴ In its 2011–2016 strategic plan, the government envisions an expansion of primary health care services coupled with clear performance measures and

targets for identified goals and objectives.⁴ Plans to conduct client satisfaction surveys, increase capacity to collect and analyze data, and report on survey results are underway.⁴ A Mental Health and Addictions Client Satisfaction Survey will be conducted in 2013 and the Northwest Territories Health Care Services Survey will be conducted in 2014. Implementation of an electronic health record system will facilitate collecting and analyzing the data from these surveys.¹

In 2011/2012, the Yellowknife Health and Social Services Authority conducted satisfaction surveys for some primary health care services. As a result, walk-in and same-day services were restructured to address concerns. Professional development for staff members in primary care clinics facilitated leadership development.⁵

Electronic health and medical records

The Northwest Territories provides a range of electronic health systems, including the HealthNet Viewer interoperable Electronic Health Record (iEHR), the Diagnostic Imaging Picture Archiving and Communication System (DI/PACS), electronic medical records (EMRs), and Telespeech.¹

The HealthNet Viewer has been live since 2009. Over 500 practitioners, including 269 nurses and 62 physicians, are active users and have view-only access to demographic and medical information such as diagnostic test results, lab test results, clinical reports, and records of past visits to hospitals and clinics. Utilization of the HealthNet Viewer continues to expand across the territory.¹

Currently, approximately 37 staff physicians, five rotating visiting physicians, and eight nurse practitioners use an EMR in primary care (e.g., in Yellowknife Primary Care Centre, Frame Lake Community Health Clinic, and Hay River Medical Clinic).¹

Rollout of a territory-wide EMR solution is planned for 33 communities over five years. The program also plans to include ear, nose, and throat specialists and pediatricians.¹

Pharmaceuticals Management

Catastrophic drug coverage

Catastrophic drug coverage is coverage for individuals and families whose drug costs cause undue financial hardship. First Nations people and Inuit in the Northwest Territories are covered for prescription medications by Health Canada's Non-Insured Health Benefits (NIHB) program if the drug is listed on the NIHB formulary.⁶ There is currently no established catastrophic drug program for non-native and Métis residents in the Northwest Territories. However, Pharmacare and other supplementary health benefits are covered under the Extended Health Benefits program for eligible residents who have a specified disease

condition or who are 60 years of age or over. Similar benefits are provided to eligible Métis residents under the Métis Health Benefits program.¹

Drug formulary and approvals

The Northwest Territories uses Health Canada's 2012 NIHB drug listing to administer its Extended Health Benefits and Métis Health Benefits programs.¹

Drug pricing strategies

In 2010, Western premiers signed a memorandum of understanding agreeing to collaborate on reducing pharmaceutical prices through joint purchasing initiatives.⁷ This commitment was renewed in 2011.⁸ The Pricing Alliance has yielded savings in several jurisdictions due to this collaborative approach. The Value Price initiative will determine a national competitive bidding process for generic drugs to achieve more internationally comparable prices.¹ In July 2012, the Council of the Federation Working Group on Health Care Innovation announced that premiers will collaborate on a number of strategies to reduce pricing of brand-name and generic drugs.⁹ Generic drug pricing policies are not available in the Northwest Territories.

The Council of the Federation has also announced that the provinces and territories are collaborating to set prices for six widely used generic drugs at 18% of the price of the corresponding brand-name drug. This collaborative initiative is expected to save up to \$100 million for provincial and territorial drug plans. The new prices came into effect on April 1, 2013.¹⁰

In early 2012, Alberta Blue Cross completed an analysis and report that included a number of recommendations to address high drug expenditures in the Northwest Territories. The Department of Health and Social Services will review the recommendations,¹ but work on the strategy will be delayed until the next fiscal year due to other departmental priorities.¹¹

Prescribing

In the Northwest Territories, pharmacists are permitted to provide emergency prescription refills and renew or extend prescriptions.¹² The Northwest Territories is currently deploying an electronic medical record that will form a base for medication information and prescriptions. However, the development of an integrated drug system is a long-term goal because issues related to regulations, legislation, workflows, and technology must be addressed before pharmacies can be allowed access to the system.¹

Prevention, Promotion, and Public Health

Infectious diseases and public health emergencies

A contingency plan developed in 2005 for pandemic influenza provides definitions and outlines responsibilities in the event of a pandemic.¹³ The Department of Health and Social Services is currently updating its pandemic plan for the health system to reflect lessons learned during the 2009 H1N1 pandemic. The department anticipates that the updated plan will be completed by 2014.¹

The Northwest Territories has enhanced respiratory surveillance and continuous monitoring for outbreaks of communicable diseases. Communicable disease control regulations and partnerships with regional health authorities and laboratories provide opportunities to detect early signals of outbreaks of respiratory or other infectious diseases.¹

Immunizations

The website of the Department of Health and Social Services provides information about immunizations and an immunization schedule.^{14,15}

During the H1N1 pandemic, the Northwest Territories immunized 62% of its population.

Public health and integrated disease strategies

The Northwest Territories acknowledges the disparities in health outcomes between its population and the rest of Canada. The territory is partnering with communities, non-governmental organizations, Aboriginal organizations, and other governmental departments to address health needs.¹⁶ Northwest Territories Health and Social Services created a Health Promotion Strategy Fund to support new projects that address healthy pregnancies, tobacco harm reduction and cessation, injury prevention, and sexual health. Registered non-profit groups that include community-based organizations as well as regional health and social services authorities can apply for funding.¹⁷

In 2011/2012, the federal government provided more than \$7 million in wellness funding to communities in the Northwest Territories so they could design and offer health promotion and disease prevention programs and services to suit their needs. Funding is used for children and youth programs, mental health and addiction programs, and chronic disease and injury prevention programs, particularly in First Nations and Inuit communities.¹⁸

The Department of Health and Social Services tracks priorities and progress on goals and objectives in its annual report. Improving the health status of the population is a priority, and progress is on track for most objectives. Efforts to improve communications about services to individuals and families are

currently in progress.¹⁸ Also in progress is the development of a culturally appropriate chronic disease model that will lead to education and prevention programs.

The Northwest Territories publishes a comprehensive report on the health status of the population every five years. The most recent *Health Status Report* (August 2011) notes that 63% of residents surveyed were overweight or obese in 2009, and only 41% of residents reported being physically active. The report also includes indicators that measure some social determinants of health.¹⁹

The Health and Social Services Strategic Plan sets out actions, indicators, and targets to achieve the best possible health and social service outcomes for the population.⁴ A priority in the 2011–2016 plan is developing and implementing a culturally appropriate chronic disease model.⁴ The first two phases of an initiative to develop a comprehensive Northwest Territories Chronic Disease Prevention and Management Strategy are underway. This strategy will be based on the Expanded Chronic Care Model. Three pilot projects to test evidence-based care for diabetes, mental health, and renal disease have demonstrated significant system improvement, and planning for next steps is underway. Phase 3 of the initiative will focus on change management at the service delivery level, standardization of processes and interventions, and monitoring and reporting.¹

The Northwest Territories is reviewing its Integrated Service Delivery Model (ISDM). This includes a review of physician services with the intent of maximizing the use of physicians and their impact on all territorial residents. Phase 2 of the work focuses on maximizing the use of other health practitioners in the system to ensure that all practitioners work to the full scope of their training and regulated authority.¹

The Department of Health and Social Services is developing a Territorial Support Network (TSN) based on networks of pooled expertise to support care providers in the field and provide oversight and expertise for medical evacuations and travel. This will include a virtual clinic to ensure ongoing support. Full implementation of the TSN is expected in the 2015/2016 fiscal year.¹

Healthy schools

The Departments of Health and Social Services, Education, Culture and Employment, Municipal and Community Affairs, Justice, and Transportation have collaborated on a Healthy Choices Framework since 2005.²⁰ Funding from the Health Promotion Fund has supported initiatives focused on school nutrition, active living, and tobacco prevention. Programs focusing on mental illness, alcohol and drugs, healthy food consumption, and sport and recreation have contributed to health promotion in schools.²¹

The Health Behaviour in School-Aged Children study is conducted every four years by Queen's University in partnership with the Public Health Agency of Canada and Health Canada. Students in grades 6 to 10 in most schools in the Northwest Territories were surveyed and compared to students in the rest of Canada in the areas of mental health, environmental influences, health promoting behaviours, and health risk behaviours. The survey examines educational practice through a health behaviour lens to support the creation of school environments in which every student can realize his or her potential.¹

Aboriginal Health

Territorial initiatives to improve Aboriginal health outcomes include delivering life-skills workshops based on Aboriginal values,¹⁶ developing culturally appropriate palliative care standards, and the Dehcho Traditional Health and Healing project.²² The Northwest Territories is the only jurisdiction to have a Métis health policy.²³

The Aboriginal Health Transition Fund

In the Northwest Territories, the Aboriginal Health Transition Fund supported two adaptation projects, six integration projects, and two pan-Canadian projects.²⁴⁻²⁶

Aboriginal Health Human Resources Initiative

The Aboriginal Health Human Resources Initiative (AHHRI) supported the development of a practical nurse curriculum in collaboration with Aurora College and the Beaufort Delta Social Services Health Authority. AHHRI also supported an Aboriginal Addictions Service diploma and a Community Health Representative certificate program. Health science and career camps were held in four communities.¹

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