



**The Yukon
Health Care Review**

“Taking the Pulse”

WHAT WE HEARD:

**A Public Dialogue on the
Yukon Health Care Review**

Final Report

Submitted by:

**Yukon Health Care Review Steering Committee
July 2009**

Acknowledgements

Many individuals and organizations made this project possible. In particular, thank you to Yukon residents, First Nations and health care stakeholder groups who generously gave their time and shared their views.

“Taking the Pulse” was possible thanks to financial and other support from the Department of Health and Social Services.

Steering Committee

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Executive Summary

The *Yukon Health Care Review* report proposed 43 recommendations that provide options for ways to address the broad issue of sustainability of Yukon’s health care system. The Yukon Legislature set up an independent steering committee to hear what Yukoners think about the report’s findings.

The “Taking the Pulse” steering committee invited all Yukoners, Yukon communities, First Nations and health care stakeholders to engage in health care discussions through meetings, a question form and a website. The feedback and results are not a statistical sample of all Yukoners. The findings in this report are the comments, opinions and suggestions of Yukoners; individuals, stakeholder groups and First Nations representatives.

“Taking the Pulse” affirmed that Yukoners care deeply about health care. In addition to participants who attended meetings, over nine hundred people took the time to complete and mail in question forms. Such a strong response rate indicates residents care about the health care system and its future.

“If people can afford to pay for services, they should, but those who can’t should still get the service.”

The steering committee consistently heard that Yukon’s health care system generally delivers excellent service, Yukoners appreciate and value our health care system, and they want to see it maintained. Though subtle differences emerged between some urban/rural responses, urban and rural respondents generally share views on many health care issues.

Yukoners were asked about health care priorities to ensure our health care system provides timely, appropriate access to services and is affordable now and in the future. Their priorities fall within four core themes:

1. Improve efficiency of the health care system
2. Prevention and personal responsibility
3. Long-term care and community-based options
4. Mental health, addictions, and drug and alcohol abuse

“Increase residency requirement and monitor abuse.”



When asked what is working well in our health care system, respondents said they are highly appreciative and satisfied with the quality of our health care system. In addition to generally positive comments about the level of care available, survey respondents listed many examples of what’s working well including the quality of Yukon health care professionals, home care services, specialist services, acute care, chronic care, Whitehorse General Hospital and a variety of community health services.

Yukoners were also asked what is not working well in our health care system. Respondents identified a wide range of issues including wait times, lack of family doctors, access to long-term, palliative and home care, fraudulent use of Yukon’s health care system, limited substance abuse treatment and programming, medivac issues, limited mental health services, lack of prevention programs, and human resource and training issues in communities.

“Keep health care free!”

Yukoners offered many suggestions for improving our health care system. Respondents want to see a stronger focus on recruitment and retention of health care professionals; emphasis on and integration of prevention, education and wellness programs; better long-term care, home care and community-based options; more collaborative and alternative health care options; and some carefully planned private/user fee health care services.

When asked about some key recommendations proposed in the *Yukon Health Care Review* report, answers were very consistent on some questions and mixed on others. A high proportion of respondents support the expansion of awareness and marketing programs, free or low cost immunization and flu programs and home care, community support and assisted living programs. Support is also very strong for bringing drug costs closer to other provinces and making liquor taxes comparable or above other Canadian jurisdictions. Response was mixed but generally opposed to a user fee for non-emergency out-of-Yukon medical travel, increasing maximum deductibles on drugs and other medical supplies and re-introducing health care premiums. Response was mixed but generally supportive of restricting Pharmacare and Extended Health to age 65 or older and increasing daily accommodation rates in long-term care facilities.

“A local doctor recently took 3 hours to talk to a patient about palliative care. Few places in Canada provide this kind of care.”



Introduction

In April 2008, the Premier and Minister of Health commissioned a health care review to examine the sustainability and affordability of Yukon’s health care system over the next decade. The Health Care Review Committee was tasked with exploring ways of transforming the Yukon health care system that would focus on its long-term sustainability.

Following extensive research, fact-finding and interviews, the committee completed a report containing 43 recommendations that provide options for ways to address the broad issue of sustainability of Yukon’s health care system. In November 2008, the Yukon government released the *Yukon Health Care Review* report.

The Yukon Legislature agreed to set up an independent steering committee to hear what Yukoners think about the report’s findings. The steering committee on health care sustainability was comprised of health care and medical professionals and financial and First Nations officials.

“Best health care in Canada, so let’s keep it that way. The people that abuse it will ruin it for the rest of us.”

The committee was asked to undertake this dialogue and prepare a report – *WHAT WE HEARD* – which would be provided to an all-party oversight committee for presentation to the Legislature in the 2009 spring sitting. Given the high level of interest and responses from Yukoners, the steering committee submitted a preliminary report to the Oversight Committee on May 14 to allow Yukoners more time to submit their comments. The final report was provided to the Oversight Committee in early summer 2009.

Called “Taking the Pulse,” this dialogue with the Yukon public began in early March and extended into early May. During this two month period, the steering committee prepared a Background Paper about the Yukon Health Care Review report, met with communities, First Nations and health care stakeholders throughout the territory, and

“Focus on education, treatment, prevention and recovery programs.”



developed and mailed a question form to Yukon households and businesses asking for input. This dialogue yielded a very high level of public engagement about health care.

“Many of the recommendations in the report are very realistic in terms of sustainability.”



Methodology

The “Taking the Pulse” steering committee used the following five different approaches to engage Yukoners in health care discussions.

Public Meetings in Communities

The steering committee held public meetings in six Yukon communities: Whitehorse, Watson Lake, Dawson City, Mayo, Haines Junction and Faro. The meetings were advertised in local newspapers, local radio stations and community posters.

Meetings with First Nations

The steering committee sent letters of invitation to all Yukon First Nation governments to meet in person, at their convenience, or to provide input or comments through teleconference, videoconference, online or written submission.

Stakeholder Meetings

The steering committee sent invitations to health care-related stakeholder groups to meet in person, at their convenience, or to provide input or comments through teleconference, videoconference, online or written submission.

Question Form

The steering committee developed a question form (available in both of Canada’s official languages) to invite Yukoners to provide comments, opinions and suggestions on Yukon’s health care system as well as comment on the recent *Yukon Health Care Review* report and some selected recommendations.

Results Disclaimer

While the input and comments received throughout “Taking the Pulse” are reflective of Yukoners’ views about health care, the results from this process are not a statistical sample of all Yukon residents.

The steering committee welcomed input from all Yukoners who chose to participate in this dialogue. Data and results presented in this report are a summary of the input received by the steering committee. Any data or results from this process should be referenced carefully.

A Background Paper summarizing the *Yukon Health Care Review* report was attached to the question form. The form was sent through Canada Post to all Yukon residences and businesses, and it was also available online.



Website

The steering committee developed a website to provide information about their process to engage Yukoners in discussions about health care. The site included a link to the *Yukon Health Care Review* report, an online question form available in English and French, and some background information about the report and the steering committee. Newspaper and radio ads informed the public of the website and provided contact information.

Between early March and early May the steering committee hosted six public meetings, four meetings with Yukon First Nations and sixteen meetings with health care stakeholder groups. Throughout the territory, residents engaged in informed and respectful dialogue about our health care system. Response to the question form was strong – Yukoners mailed in over 900 completed question forms.

Meetings were held with:

Public

Dawson City
Faro
Haines Junction
Mayo
Watson Lake
Whitehorse

“More tax on alcohol and tobacco and put revenue back into health care.”

First Nations

Council of Yukon First Nations Health & Social Development Commission
First Nation of Na-cho Nyäk Dun
Teslin Tlingit Council
Vuntut Gwitchin Government

“Health should be looked at holistically. If a person has poor housing, their health might not be good.”

Stakeholder Groups

ElderActive Recreation Association
Hospice Yukon
L’Association franco-yukonnaise
Ombudsman, Information & Privacy
Commissioner
Recreation and Parks Association of the Yukon
Second Opinion Society



Sport and Recreation Branch, Yukon Government
St. Elias Seniors, Haines Junction
Yukon Anti-Poverty Coalition
Yukon College Student Union
Yukon Council on Aging
Yukon Medical Association
Yukon Medical Council
Yukon Registered Nurses Association
Yukon Wholistic Health Network
Yukoners for Funded Midwifery

“Allow Yukoners more access to registered alternate medicine practitioners, prevention and recovery programs.”

Written Submissions

Ombudsman, Information & Privacy Commissioner
Sport and Recreation Branch, Yukon Government
Yukon Advisory Committee on Nursing
Yukon Anti-Poverty Coalition
Yukon Wholistic Health Network
Yukon Workers’ Compensation Health and Safety Board
Yukoners for Funded Midwifery
Yukon Advisory Committee on Nursing
11 Individual Submissions



What We Heard

“Taking the Pulse” affirmed that Yukoners care deeply about health care. The steering committee consistently heard that Yukon’s health care system generally delivers excellent service, residents appreciate and value our health care system, and they want to see it maintained.

Yukon residents committed a lot of time to engage in dialogue about health care. In addition to participants who attended meetings, over 900 Yukoners took the time to complete and mail in question forms. Such a strong response rate indicates residents care about the health care system and its future. This high level of interest in health care was demonstrated consistently throughout the “Taking the Pulse” dialogue. Engagement was strong by both urban and rural residents.

Question Form Response Rates

	Total	Urban		Rural	
Question Forms Sent Out	12,448	8,788	71 %	3,660	29 %
Question Form Responses	907	584	64 %	323	36 %

While comments were wide-ranging in their scope and level of detail, key themes emerged and remained consistent through the process. Input from community, First Nation and stakeholder meetings, written submissions and question forms were recorded and presented as an appendix to this report. The ideas, concerns and observations contained in this archive of public input will be a valuable reference for the development of health policy in the Yukon.

“Thank you for all you are doing for us and the opportunity to provide feedback.”

“Yukoners expect too much of the system.”



Affordability and Making Choices

As a Yukoner, what do you think are the priorities to work on, to help make sure our health care system provides timely, appropriate access to services and is affordable now and in the future?

Key Themes:

1. Improve Efficiency of our Health Care System

“811 is working well – it’s good for small communities.”

“Invest in medical/diagnostic equipment to reduce medivacs and travel outside.”

*“More focus and promotion of holistic approaches and alternatives.
Alternative therapies would cost the system less.”*

“Telehealth has been great and very cost-effective.”

2. Prevention and Personal Responsibility

“Healthier lifestyles = healthier bodies.”

“Multi-level collaborative care – well-baby clinics are a good example.”

“Health awareness and education reduces demands and costs on system”

*“We’ve been taking health care for granted and it’s grossly abused.
The public must be made to take more responsibility.”*

3. Long-term Care and Community-based Options

“Being able to stay in my community is important to me.”

*“There is no formal palliative care delivery, community members
look after one another as best as they can.”*

“People are choosing to retire in the Yukon because of its great health care system.”

4. Mental Health, Addictions, and Drug and Alcohol Abuse

*“Alcohol and drug rehabilitation – more support needed in communities
for social lifestyle changes.”*

“We need to address addictions in our community.”

“Focus more on mental health.”



If getting more revenue from an outside source is not possible or is not enough to meet rising demands and expectations, which of the following options would you support as the best ways to manage health care costs in the Yukon:

Manage within the money available by:

a) Making choices within the health care budget so that if something is added or expanded, something else is reduced.

- Respondents' views vary widely on this question. Only 8% strongly agree with this approach.



b) Spend more of government's overall budget on health care, leaving less money for other government services.

- Though more than half of respondents agree, the results are mixed. More people feel neutral than strongly agree with this approach. Rural residents are more divided: a higher proportion of rural residents both strongly agree AND strongly disagree.



Increase government revenues for health care by:

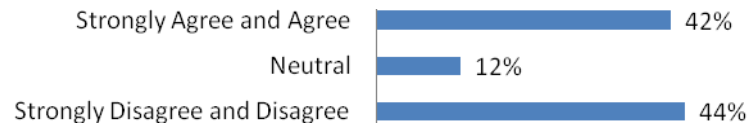
a) Increasing taxes

- Respondents' views vary widely on this question. Only 7% strongly agree with this approach.



b) *Have individuals pay an appropriate fee for some of the health services they use.*

- **Almost as many respondents agree with fees (42%) as those who disagree (44%). Those who disagree with fees as a means to increase government revenues feel more strongly about this issue than those who agree.**



c) *Do you have any further suggestions about:*

How the Yukon government should manage and make health system choices within the money available?

How to increase Yukon government revenues for health care?

Examples of suggestions:

- **Cut administration, upper management, bureaucracy**
- **Cut down on expensive travel/medivacs**
- **More can be done by nurses**
- **Increase accountability for spending**
- **Health promotion, early intervention**
- **More partnerships, collaborative approaches**
- **User fees based on income**
- **Reintroduce Health Care Premiums**
- **Tax increases, tax harmful substances**
- **Monitor residency to reduce fraud and abuse of the system**



What's Working and What's Not

In your opinion:

a) *What is working well in our health care system?*

- Respondents are generally appreciative and satisfied with the quality of our health care system. In addition to the generally positive comments about the level of care available, survey respondents echoed the following examples of what's working well:
 - Whitehorse General Hospital
 - Outstanding nurses, doctors, health care professionals
 - Home care service and home care workers
 - Specialist services
 - Acute Care
 - Chronic care
 - Community health centres, public clinics
 - Pre-natal/baby care, immunizations
 - 811 and telehealth

"I have no problem with the health care system, everything works, all services working well."

b) *What is not working well in our health care system?*

- Respondents identified a wide range of issues such as:
 - Wait times to see a doctor or specialist
 - Lack of family doctors
 - Access to long-term, palliative, and home care
 - System fraud
 - Substance abuse treatment and programming
 - Mental health
 - Problems with medical travel
 - Need more prevention programs
 - Volunteers, training inadequate in communities

"Wait times for surgeries and specialists."



c) *How could this be improved?*

- **Yukoners offered many suggestions for improving our health care system such as:**
 - **Recruitment and retention of health care professionals**
 - **Focus more on prevention, education, wellness**
 - **More long-term care facilities**
 - **Offer expanded health care services in the communities, and provide training and education for community members to have the skills to provide these services**
 - **Expand home care services, especially in the communities**
 - **Partnerships with First Nations to deliver home care and palliative care services**
 - **More collaborative and alternative health care options**
 - **Some private/user fee services**

“I don’t believe decisions should be made just because it is something other jurisdictions do.”

“Increasing services in Whitehorse instead of Vancouver would reduce costs.”

“People should be informed about how much their health care costs.”



Recommendations in the Yukon Health Care Review

Here are some key recommendations from the review. Tell us what you think about these.

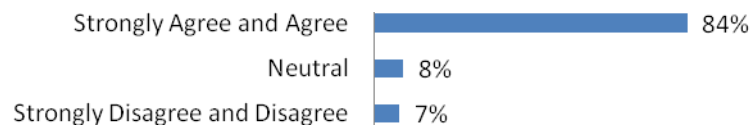
a) *Do you agree with expanding awareness and marketing campaigns and offering education programs for these areas of high risk behaviours?*

- **Urban respondents agree more strongly with this recommendation. Though relatively small in number, a higher proportion of rural respondents are neutral or strongly disagree with this strategy.**



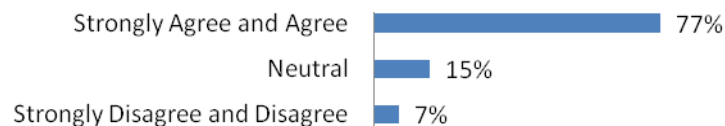
b) *Free or low cost immunizations and flu programs should continue to be provided by Yukon government.*

- **With 57% of respondents in strong agreement, support is very strong for continuing Yukon Government’s immunization and flu programs.**



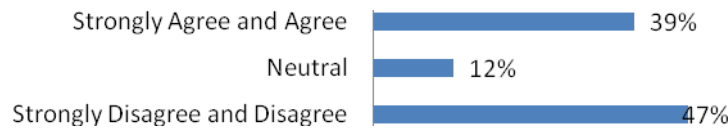
Immunization programs should be expanded if they will help reduce the risk of a disease.

- **Though small in number, rural respondents account for an unusually high proportion of strong disagreement with this approach.**



c) *The Yukon Health Care Review recommended that the government should consider a user fee for **non-emergency** out-of-Yukon medical travel based on ability to pay with an annual maximum amount. Do you agree with this type of fee?*

- **30% of respondents strongly disagree with a user fee for non-emergency out-of-territory travel as described. A higher proportion of rural respondents strongly disagree. Those who agree with this recommendation feel less strongly about it.**



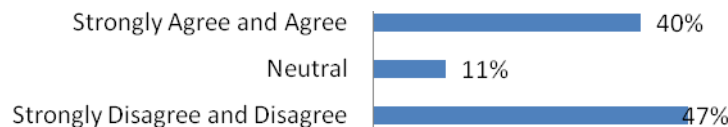
d) *The Yukon government's Chronic Disease and Disability program provides drugs and other medical supplies to people to manage specified diseases/health conditions. Do you think that Yukon should increase the maximum deductible amount that users pay to an amount similar to what other Canadians pay?*

- **30% of respondents strongly disagree with increasing the maximum deductible. A higher proportion of rural respondents strongly disagree with this recommendation. Those who agree with this recommendation feel less strongly about it.**



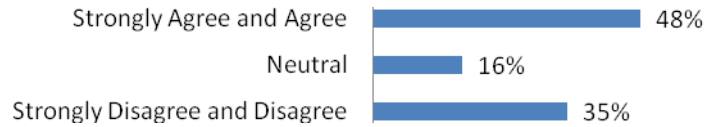
a) *Do you think that the Pharmacare and Extended Health Benefits programs should include an annual maximum deductible (based on the ability to pay) similar to what seniors in the rest of Canada pay?*

- **22% of respondents strongly disagree with an annual maximum deductible similar to what seniors in the rest of Canada pay. A higher proportion of rural respondents strongly disagree with this recommendation. Those who agree with this recommendation feel less strongly about it.**



Do you think these two programs should be restricted to people who are 65 or older?

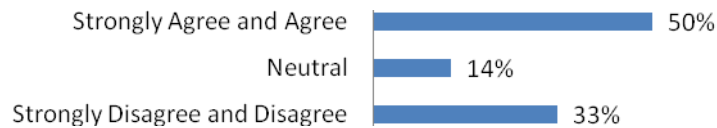
- **A higher proportion of rural respondents strongly disagree with the recommendation to restrict Pharmacare and Extended Health to age 65 or older.**



b) Do you agree with the following recommendations from the Yukon Health Care Review?

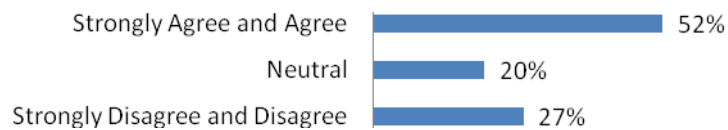
The daily accommodation rates charged residents living in the government’s long-term care facilities should be closer to rates charged in the provinces.

- **A very high proportion of rural respondents disagree with this recommendation.**



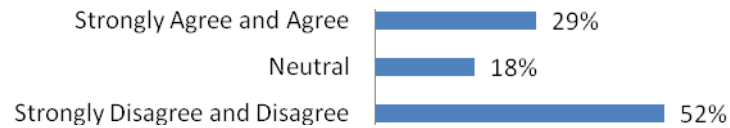
New rates should be gradually increased, possibly grandfathering existing residents at existing rates.

- **A higher proportion of rural residents disagree with increasing new rates.**



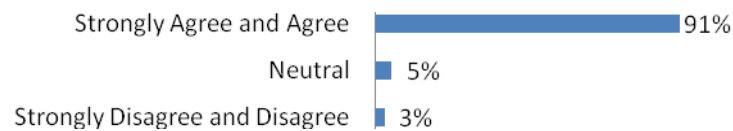
c) *Do you think the government should consider re-introducing health care premiums to help pay the cost of health care services in Yukon?*

- **Over half of respondents disagree – most quite strongly – with the idea of re-introducing health care premiums.**



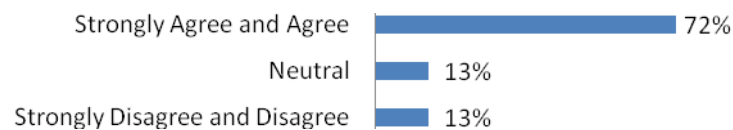
d) *The Yukon Health Care Review report recommends that government should continue to invest in expanded home care, community support programs and supported/assisted living as it keeps people out of institutional long-term care while providing services at a lower cost. What do you think about this?*

- **Support is very strong (59% strongly agree) for investing in expanded home care, community support programs and supported/assisted living, and this support is particularly high among rural respondents.**



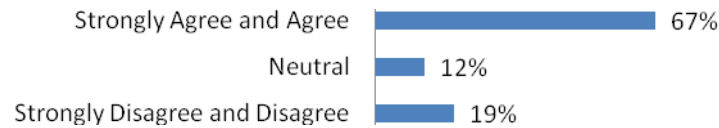
e) *Do you think the Yukon government should look at ways to get its costs for drug programs closer to what is paid in the provinces?*

- **Support is very strong (40% strongly agree) for bringing costs for drug programs closer to other provinces.**



f) *As one way to help reduce alcohol abuse, do you agree that liquor taxes should be at levels comparable to, or above other Canadian jurisdictions?*

- **Support is very strong (43% strongly agree) that liquor taxes should be at levels comparable or above other Canadian jurisdictions.**



“People should be informed about how much their health care costs.”

“Increase the role and use of nurse practitioners.”

“Yukoners are privileged to have the health care system that we have.”

“Stop spending on upper management. We need hands-on workers in health care, not more management.”

“Focus on wellness, healthy living, prevention, diet, home and community-based treatment.”



Key Findings

- Yukoners care deeply about health care. Respondents appreciate and value our health care system, and they reported that it generally delivers excellent service.
- Yukoners were highly engaged, knowledgeable and had a good understanding of the public health care system.
- Respondents' priorities and concerns are organized around four central themes:

1. Improve Efficiency of Our Health Care System

- Maintain the high quality of existing programs and services valued by Yukoners: Residents frequently cited pre-natal/baby care, immunizations, home care, specialist services, 811, telehealth and Whitehorse General Hospital.
- Reduce fraud and abuses of our health care system.
- Find ways to pay for our health care system at the current or better standard of care (eg. improve efficiencies, cut costs, taxation, explore fee-based approaches).
- Focus on human resources (eg. recruitment and retention, training, community volunteers, nurse practitioners, more doctors).

“Tax or charge more for alcohol & tobacco fast and/or junk food.” – Public

“Taxing alcohol misses the point – look at bigger picture of cause and effect.” – Yukon Anti-Poverty Coalition

“Increase maximum deductibles based on ability to pay/income.” – Public

“If people can afford to pay for services they should, but those who can't should still get the service.” – Yukon Wholistic Health Network

“Recruit more doctors.” – Public



2. Prevention and Personal Responsibility

- Invest in health promotion, prevention, early intervention, and wellness and education programs, approaches and incentives, particularly among young people.
- Support collaborative and alternative health care options (eg. alternative therapies, midwifery, partnership approaches).
- Promote personal responsibility and educate people about the real costs of our health care system.

“More prevention programs.” – Public

“The public should know cost of services, not necessarily individualized statements.” – Yukon Registered Nurses Association

“First Nations already take collaborative approach to health and social issues.” – Council of Yukon First Nations

“Need support for rural communities – have to build capacity to support healthy living in communities.” – Community Active Living Stakeholder Groups

“Alternative therapies would cost the system less.” – Second Opinion Society

“‘Stay healthy’ programs are a good investment.” – Public



3. Long-term Care and Community-based Options

- Improve health care services to allow Yukoners to receive care in their own communities and to support an aging population (eg. community-based health infrastructure, seniors programs, home care, long-term care, palliative care)
- Provide training and education to prepare communities to meet these challenges.

“Hospital in Dawson.” – Public

“This ought to be top priority; keep seniors in their own home and familiar environment as long as possible; the best place for a person is at home in his/her community.” – Public

“Home Care, Addiction Services and Mental Health services are inadequate.” – Public

“Need more training for home support workers.” – Teslin Tlingit Council



4. Mental Health, Addictions, and Drug and Alcohol Abuse

- Invest more resources in mental health and addictions/substance abuse.

“Mental health services and substance abuse (are not working well in our system).” – Public

“Work with First Nations to get help with community addictions.” – Public

“Need to work with First Nations to get help with community addictions.” – Public

“Expanded hospital services for the mentally ill.” – Public



Appendices

The following appendices are attached to the final report:

Mandate

Background Paper

Question Form

List of Participants

Meeting Notes (Communities, Stakeholders and First Nations)

Written Submissions

Question Form Data Summary

Rural Question Form Comments

Whitehorse Question Form Comments



“Taking the Pulse”

WHAT WE HEARD:

A Public Dialogue on the Yukon Health Care Review

APPENDIX



A. Mandate

Purpose

The Steering Committee on Health Care Sustainability is established to engage Yukoners in a dialogue on the findings and recommendations of the Yukon Health Care Review, a report that reviewed the current and long-term sustainability over the next ten years of the public health care system in Yukon.

Responsibilities

1. The Committee shall develop a plan to engage Yukoners in this dialogue utilizing at least the following five methods:
 - a) Public meetings in Yukon communities;
 - b) Meetings with First Nations;
 - c) A questionnaire mailed to every household in Yukon;
 - d) Website feedback; and
 - e) Stakeholder meetingsand upon the review and approval of the plan by the Oversight Committee, the Steering Committee shall implement the plan.
2. The Steering Committee is to prepare a report on what they hear during the dialogue with Yukoners. The Committee's report will be submitted to the Oversight Committee in time for the report to be tabled in the 2009 spring sitting of the Yukon Legislative Assembly.
3. As the role of the Committee is information gathering, the dialogue should focus on sharing information, and gathering and clarifying Yukoners' input without influence based on personal opinions of individual members of the Committee.

Committee Structure and Membership

4. The Steering Committee shall be comprised of a medical doctor, a registered nurse, an official from the Department of Finance, an official from the Department of Health & Social Services, an official from the Yukon Hospital Corporation and an official representing First Nations.
5. The Steering Committee members shall be appointed by the Ministers of Finance and Health & Social Services for a term of four months beginning February 1, 2009.
6. The medical doctor shall be the chair of the Steering Committee while the Committee will choose the vice-chair.



Secretariat and Administrative Support

7. The Committee shall be supported by a two-person Organization and Logistics Support Group (OLSG) which will be based in offices in the Tutshi Building located at 2131 – 2nd Avenue in Whitehorse for the duration of the Steering Committee’s work. The OLSG will be lead by a coordinator who will work closely with the Chair of the Committee to organize meetings and facilitate the work of the Committee.
8. The Committee, working closely with the OLSG will determine timing and location of meetings and other matters related to carrying out its duties including distribution of public information.
9. If required and subject to the approval of the Department of Health & Social Services, the OLSG will engage professional services as required to assist the Steering Committee complete its task.



B. Background Paper



The Yukon
Health Care Review
“Taking the Pulse”
BACKGROUND PAPER

Why a Public Dialogue?

The Yukon government recently released the *Yukon Health Care Review* (YHCR) report which examines the sustainability of the Yukon health care system 10 years into the future. The report offers 43 recommendations for the government to consider to achieve an acceptable standard of care that can be maintained within our means. The full *Yukon Health Care Review* report can be viewed at www.hss.gov.yk.ca.

The members of the legislature agreed to set up a Steering Committee to hear what Yukoners think about the report and its recommendations. The Steering Committee will prepare a report on “What We Heard”, which will be provided to an Oversight Committee for presentation to the legislature in the 2009 spring sitting.

The “Taking the Pulse” dialogue with the Yukon public is underway from now until early April, and we welcome your comments.

Choices for Sustainability

The Yukon’s health care system provides a broad range of services and programs including hospital services, doctor visits, specialist services, community health centres, home care, long-term care, public health services, the Yukon government’s pharmaceutical drug and extended benefits programs and medical travel, and more.

The *Yukon Health Care Review* notes that “like all other Canadian jurisdictions... Yukon is facing stresses and strains within their health care system that raises concerns about the sustainability of the health care delivery system into the future.”

The *Yukon Health Care Review* indicates that for health care to be **sustainable**, it must both:

- Supply a publicly **acceptable quality** of care that has consumer confidence and includes equity, consumer choice and compassionate care; and
- Be **affordable** over the long run.



Affordability

The big picture now is that over the years our use of, and the costs of, the Yukon health care system have grown – a lot. The financial summary below shows why choices have to be made. Now.

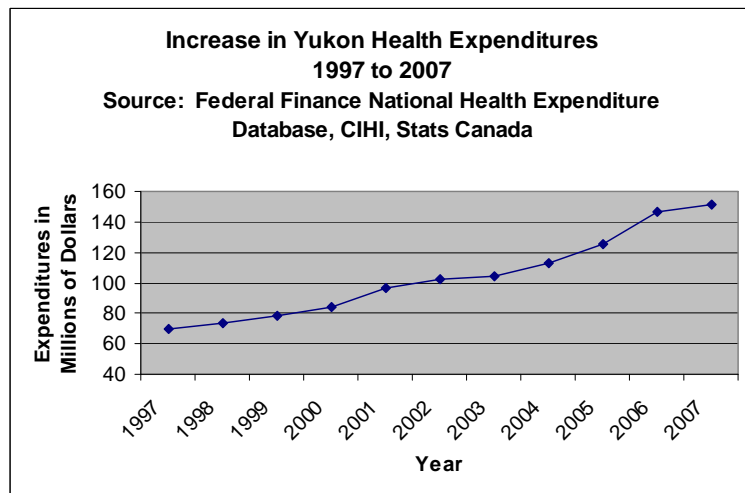
Across the country, health care expenditures are growing. This is also true in the Yukon:

In the past 30 years, the amount of its total budget that Yukon spends on health care has increased by 80%, compared to the national average increase of 22%.

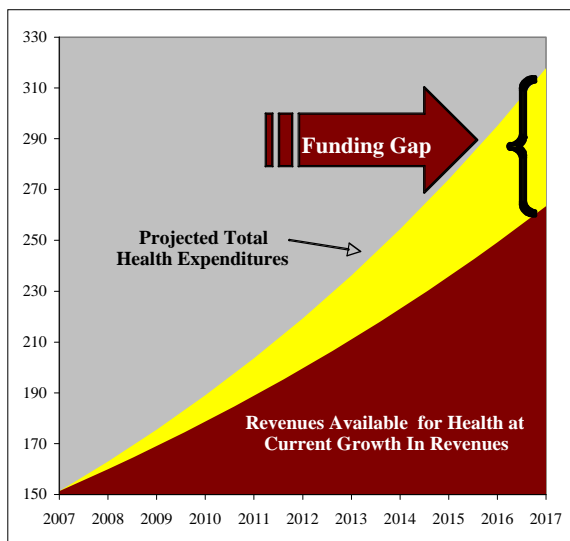
- 1987: health care spending is 9.7% of the Yukon budget
- 2006: health care spending is 18% of the Yukon budget

Health care costs have doubled in the past 10 years, from \$70 million to \$150 million.

The average growth in health care expenditures for the past 10 years has been 2% more than the average growth in government revenues during this time.



Yukon Funding Gap, 2007 to 2017



If this difference between revenues and expenditures continues, Yukon will have a health care deficit, or funding gap, of almost \$250 million by 2017. A quarter of a billion dollars, just 8 years from now!

The *Yukon Health Care Review* identifies two main options for dealing with this forecasted health care funding gap:

- pay for the gap by increasing the government's revenues; and/or
- reduce the growth rate of health system cost by increasing efficiency and effectiveness, "making tough choices" and reducing expenditures in some areas.



Ten Pathways for Change in the Yukon Health Care System

From a review of the trends and costs in health care systems throughout Canada, the *Yukon Health Care Review* developed the following 10 themes or “pathways” that could contribute to a sustainable health care system for Yukon. One or more of these pathways support each of the 43 recommendations made in that report.

1. **Personal and Collective Responsibility:** both individuals and Yukoners as a whole have a key role to play to reduce their collective burden on the health care system.
2. **Funding Arrangements:** transparent and long-term stable funding arrangements are required for an effective and efficient health care system.
3. **Health Programs and Services:** where health programs and services that are not part of “medicare” are offered to Yukoners, these programs should be offered at user fees comparable to those paid by people in the rest of Canada.
4. **Health Care Delivery Models:** select health care delivery models that will improve patient outcomes and provide an appropriate range of services at the same or lower cost as the present model.
5. **Federal Funding to the North:** there is an on-going need and rationale for the federal government to invest in the Yukon health care system.
6. **Institutional Governance Structures:** change institutional governance structures only if the change will lead to both a better alignment in the delivery of health care services, and improved cost efficiency and effectiveness in the service delivery.
7. **Health Human Resources:** the recruitment and retention of health care professionals is and will continue to be a priority for attention and action.
8. **Cost Drivers:** all partners in health care delivery need to do their best to reduce the costs of goods and services known to be significant cost drivers in the Yukon health care system.
9. **New or Enhanced Services, Procedures and Technologies:** these should be used where a business case can be made for cost savings in the future, and/or relative to other methods, they could significantly and cost-effectively improve patient access and outcomes.
10. **Accountability:** better performance and accountability agreements with health care delivery providers need to be used.



YHCR Recommendations:

The *Yukon Health Care Review* made 43 recommendations that the government could consider. It is up to the government to decide which it wants to examine further, and which to drop.

Some would directly affect health system users – like the recommendations about free immunizations, or fees for some programs. Some would affect the people who work in the health system – talking about scope of practice, and recruitment and retention. Some recommendations talk about how things are organized – like governance, and the possibility of co-locating some programs while some offer guidelines regarding what kinds of things should be covered by our health care system.

Learn more about the *Yukon Health Care Review* and its recommendations at:
www.hss.gov.yk.ca

“Taking the Pulse”

Before any decisions are made regarding the YHCR recommendations, the Yukon Legislature would like to know what you think. Visit www.yukonhealthcarediscussions.ca for details about how you can participate.

Please submit your comments before April 24th. No responses can be traced to a particular person, and all responses are confidential.



C. Question Form

The Yukon Health Care Review

“Taking the Pulse”

The Yukon government recently released a report on the Yukon health care system called the *Yukon Health Care Review* and wants to hear what you think about the report and its recommendations, and about the sustainability and affordability of Yukon’s health care system. The report can be viewed at www.hss.gov.yk.ca

Following a motion in the Legislature, in February an independent steering committee was appointed to engage Yukoners in a dialogue on the findings and recommendations of the report and to prepare a “What We Heard” report to give to an all-party Oversight Committee to table in the Legislature. As one way to give Yukoners an opportunity to comment on the report, the steering committee asks that you complete the form below.

These questions will take approximately 15 minutes to answer. Please add comments if you wish to clarify or expand upon any of your responses.

Please return this form by **Friday, April 24, 2009** in the enclosed postage paid envelope or **fax to 867 456-6564**. You may also drop off your completed response at 2131 – 2nd Avenue in Whitehorse or complete the questions on-line at www.yukonhealthcarediscussions.ca. No responses can be traced to a particular person, and all responses are confidential.

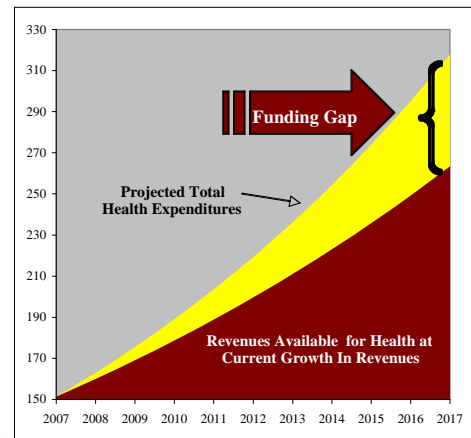
1. Affordability and Making Choices

A big challenge facing government is deciding where best to spend health care dollars. There are always more good things that could be done, than there is money available. Choices have to be made.

As seen in this graph, if health care costs keep growing at the rate they are right now, the Yukon’s health care system will soon become unaffordable.

Priorities in health care spending have to be set to meet the needs in a way that provides quality services and gets the best value for the public’s money.

Yukon Funding Gap, 2007 to 2017
(in millions of dollars)



As a Yukoner, what do you think are the priorities to work on, to help make sure our health care system provides timely, appropriate access to services and is affordable now and in the future?

The *Yukon Health Care Review* report states that the Yukon government cannot continue to spend more on health care without either increasing revenues or reducing expenditures in other areas.

If getting more revenue from an outside source is not possible or is not enough to meet rising demands and expectations, which of the following options would you support as the best ways to manage health care costs in the Yukon:

Manage within the money available by:

a) Making choices within the health care budget so that if something is added or expanded, something else is reduced.

strongly agree agree neutral somewhat disagree strongly disagree

Comments:

b) Spend more of government's overall budget on health care, leaving less money for other government services.

strongly agree agree neutral somewhat disagree strongly disagree

Comments:

Increase government revenues for health care by:

a) Increasing taxes

strongly agree agree neutral somewhat disagree strongly disagree

Comments:

b) Have individuals pay an appropriate fee for some of the health services they use.

strongly agree agree neutral somewhat disagree strongly disagree

Comments:



c) Do you have any further suggestions about:

How the Yukon government should manage and make health system choices within the money available?

How to increase Yukon government revenues for health care?

2. What's Working and What's Not?

The Yukon's health care system provides a broad range of services and programs including; hospital services, doctor visits, specialist services, community health centres, home care, long term care, immunizations, well-baby clinics and other public health services, and the Yukon government's pharmaceutical drug and extended benefits programs and its medical travel program.

In your opinion:

a) What is working well in our health care system?

b) What is not working well in our health care system?

c) How could this be improved?



3. Your thoughts about the recommendations in the Yukon Health Care Review

The *Yukon Health Care Review* identified 43 recommendations as options that could potentially contribute to a more sustainable health care system.

Here are some key recommendations from the review. Tell us what you think about these.

- a) Yukoners are well above the national average for several health risk behaviours, in particular injuries, smoking, alcohol consumption and obesity.

Do you agree with expanding awareness and marketing campaigns and offering education programs for these areas of high risk behaviours?

strongly agree agree neutral somewhat disagree strongly disagree

Comments:

- b) Immunization programs are an effective way to reduce costs in the health care system. Individuals who receive immunizations generally require fewer visits to doctors, nurses and emergency departments for the diseases that the shots protect against. Do you agree that:

Free or low cost immunizations and flu programs should continue to be provided by Yukon government.

strongly agree agree neutral somewhat disagree strongly disagree

Comments:

Immunization programs should be expanded if they will help reduce the risk of a disease.

strongly agree agree neutral somewhat disagree strongly disagree

Comments:

- c) The Yukon government's medical travel program gives financial assistance towards the cost of **non-emergency** travel for medical treatment. The program covers some expenses for medical travel in-Yukon as well as out-of-Yukon. None of the provinces have this kind of program.

The *Yukon Health Care Review* recommended that the government should consider a user fee for **non-emergency** out-of-Yukon medical travel based on ability to pay with an annual maximum amount. Do you agree with this type of fee?

strongly agree agree neutral somewhat disagree strongly disagree

Comments:



- d) The Yukon government's Chronic Disease and Disability program provides drugs and other medical supplies to people to manage specified diseases/health conditions. Yukoners that use the program pay an annual maximum deductible (\$250 for individuals and \$500 for a family) which is much lower than people in the rest of Canada pay. For example, in Saskatchewan, a family with an annual income of \$50,000 would pay a \$1,700 deductible.

Do you think that Yukon should increase the maximum deductible amount that users pay to an amount similar to what other Canadians pay?

strongly agree agree neutral somewhat disagree strongly disagree

Comments:

- e) The Yukon government's Pharmacare Program and Extended Health Benefits Program are available to individuals 65 and older and to their spouses if 60 and older. The programs cover prescription medicines, and specific medical supplies, equipment and services. There is no premium or deductible required for these programs, unlike other places in Canada.

Do you think that the Pharmacare and Extended Health Benefits programs should include an annual maximum deductible (based on the ability to pay) similar to what seniors in the rest of Canada pay?

strongly agree agree neutral somewhat disagree strongly disagree

Comments:

Currently, these Yukon programs are also available to someone who is 60 to 64 years old if their spouse is 65 or older. Most places in Canada require that all eligible applicants for these kinds of programs be at least 65 years old.

Do you think these two programs should be restricted to people who are 65 or older?

strongly agree agree neutral somewhat disagree strongly disagree

Comments:

- f) The Yukon government operates three long-term care facilities: Copper Ridge Place and Macaulay Lodge in Whitehorse, and McDonald Lodge in Dawson. The costs to operate a bed in these facilities range from \$221 to \$361 per day. The daily rates charged to individuals in these Yukon facilities range from \$18 to \$21 per day. These rates have not changed in 15 years and have fallen far below other jurisdictions in Canada. Minimum daily rates vary from \$29 in B.C. to \$182 in New Brunswick.

Do you agree with the following recommendations from the Yukon Health Care Review?

The daily accommodation rates charged residents living in the government's long-term care facilities should be closer to rates charged in the provinces.

strongly agree agree neutral somewhat disagree strongly disagree

Comments:



New rates should be gradually increased, possibly grandfathering existing residents at existing rates.

strongly agree agree neutral somewhat disagree strongly disagree

Comments:

- g) Governments have the option to collect health care premiums as one way of helping finance the costs of Medicare services (i.e. hospital, physician and health centre services). Some provinces collect premiums and some do not. The Yukon government stopped collecting premiums in 1987.

Do you think the government should consider re-introducing health care premiums to help pay the cost of health care services in Yukon?

strongly agree agree neutral somewhat disagree strongly disagree

Comments:

- h) Continuing care refers to a wide variety of care options ranging from care provided in the community to institutional care. Quality-of-life and cost factors support keeping people in the community as long as possible.

The *Yukon Health Care Review* report recommends that government should continue to invest in expanded home care, community support programs and supported/assisted living as it keeps people out of institutional long-term care while providing services at a lower cost. What do you think about this?

strongly agree agree neutral somewhat disagree strongly disagree

Comments:

- i) Pharmaceutical drug costs are growing faster than most other areas of health care. With many new and more expensive drugs coming onto the market, and a higher volume of drugs being used, this growth is expected to continue. The drugs covered by the Yukon government's pharmaceutical drug programs are provided through local pharmacies. The cost mark-up paid by the Yukon government for these drugs is considerably higher than in the provinces, and the Yukon has no maximum mark-up dollar amount. In addition to this, what drugs the government decides to cover in its programs and how to get the lowest cost for drugs are also part of the big picture of drug costs.

Do you think the Yukon government should look at ways to get its costs for drug programs closer to what is paid in the provinces?

strongly agree agree neutral somewhat disagree strongly disagree

Comments:



- j) Alcohol abuse costs each Canadian about \$463 a year. The direct health care costs related to alcohol abuse exceed those of cancers. There is a strong connection between the price of alcohol and reduced consumption.

As one way to help reduce alcohol abuse, do you agree that liquor taxes should be at levels comparable to, or above other Canadian jurisdictions?

strongly agree agree neutral somewhat disagree strongly disagree

Comments:

4. Is there anything else you would like to say?

Do you live outside of Whitehorse?

yes

no

Thank you for taking time to fill out this questionnaire. No responses can be traced to a particular person, and all responses are confidential. Your input will help shape the future of your health care system.

Yukon Health Care Review Office • 2131 Second Avenue • Whitehorse, Yukon • Y1A 1C3
Phone: (867) 667-8616 • **Fax:** (867) 456-6564 • **TOLL FREE: 1-800-661-0408 ext: 8616**
E-mail: healthcarereview@gov.yk.ca www.yukonhealthcarediscussions.ca



D. List of Participants

Public Meetings

Dawson City
Faro
Haines Junction
Mayo
Watson Lake
Whitehorse
11 individual written submissions

First Nations Meetings

Council of Yukon First Nations & Social Development Commission
First Nation of Na-cho Nyäk Dun
Teslin Tlingit Council
Vuntut Gwitchin Government

Stakeholder Group Meetings

ElderActive Recreation Association
Hospice Yukon
L'Association franco-yukonnaise
Ombudsman, Information & Privacy Commissioner
Recreation and Parks Association of the Yukon
Second Opinion Society
Sport and Recreation Branch, Yukon Government
St. Elias Seniors, Haines Junction
Yukon Anti-Poverty Coalition
Yukon College Student Union
Yukon Council on Aging
Yukon Medical Association
Yukon Medical Council
Yukon Registered Nurses Association
Yukon Wholistic Health Network
Yukoners for Funded Midwifery

Written Submissions

Ombudsman, Information & Privacy Commissioner
Sport and Recreation Branch, Yukon Government



Yukon Advisory Committee on Nursing
Yukon Anti-Poverty Coalition
Yukon Wholistic Health Network
Yukon Workers' Compensation Health and Safety Board
Yukoners for Funded Midwifery



E. Meeting Notes

City of Dawson Public Meeting

March 30, 2009

Attendance: 13 community members

Steering committee members:

Dr. Allon Reddoch, Chair

Colleen Wirth, Vice-chair

Donna Hogan

Sandy Babcock, Secretariat

Affordability and Making Choices

- Taxpayers should be able to see where their money is being spent and have a say in what is spent where.
- I'm disappointed report is only about the money.
- Report does not focus on outcomes.
- I believe the system is moving away from public and universal system with user fees.
- I believe in fairness and efficiencies, and I would be more open to cost recoveries through the public income tax system.
- Medivac costs are huge.
- It worked in the past when people could stay a few days in Dawson instead of medivacing right away.
- Very complicating when dealing with health concerns – difficult to deal with the finances and paying for extras.
- No idea on the cost of drugs – should be able to negotiate drug costs.
- Not enough time to comment.

What's Working and What's Not

- Personal experience with Yukon's health care system was very positive. The system treated me wonderfully and it felt good to know the system was there when I needed it.
- Home care – veterans getting good home care.
- Our health care right now is as good as it is going to get as a free system. Any charges/fees will ruin it.
- The system is better now than it was 30 years ago.
- Dawson has nice big nursing residence.
- No palliative care in Dawson although some training is scheduled.



Recommendations

- No to premiums – too expensive to administer. Consider setting up Canadian-wide database – potential to sell information to researchers.
- Local education and training for health care professionals i.e. nursing care and home care attendants.
- Provide a 100% tax rebate for purchases that promote healthy lifestyle e.g. exercise equipment.
- Seniors cannot afford to pay for any more. Could not afford to pay any fees up front – could result in seniors not getting the care they need.
- I believe instituting user fees would be too expensive to administer.
- Don't penalize people for bringing aging parents to Yukon.
- Set up dialysis room in WGH. Current travel costs are great and we are losing residents who require service.
- With summer employment increasing populations, Dawson should have hospital.
- Need for seniors multi-care facility.
- Increasing services in Whitehorse instead of Vancouver would reduce costs.
- Doctors should pay for database.
- No income means testing.
- No to use of P3's – I believe projects and/or services would be more costly.
- Enforce Yukon residency for receiving Yukon health care benefits.
- "We want a hospital" with a connected seniors facility.

Other

- Why is there no hospital in Dawson City?
- No hospital for Dawson City or Mayo, but there will be one in Watson Lake.
- Government keeps announcing health care centre.
- Dawsonites want to be born and die in community.



Faro Public Meeting

April 8, 2009

Attendance: 6 community members
Steering committee members:
Colleen Wirth, Vice-chair
Donna Hogan
Elaine Carlyle
Sandy Babcock, Secretariat

Affordability and Making Choices

- Have to travel for medical treatment and services.
- Do a comparison research on dental costs with other jurisdictions.
- The mouth is part of the body and needs to be recognized as part of health care.
- Seniors who receive free medicines should have to get the less expensive generic brands.
- Bureaucrats book medical travel on Air Canada over Air North
- Community volunteers provide palliative care.
- Nursing station nurses will do home visits.
- More dignity to be able to die at home. Costs system much less.
- Any assistance to continue at home helps.
- Nursing station does not keep patients overnight.
- The nursing station is finally going to get a backup generator.
- Return trip back to community after medivac not being covered. How are people to get home?

What's Working and What's Not

- Most things are working well.
- Medivac service is excellent.
- Nursing Station is top notch.
- In B.C. health care premiums are \$12,200 per year plus other fees. Yukon is wonderful for seniors.
- "It's not broken – don't fix it."
- Faro does not have a home care nurse.
- Training for volunteers in Faro is good.
- High level of First Aid training in community
- "Faro Feasts" program run by volunteers is similar to Meals on Wheels. Faro is holding Biggest Loser contest – these types of programs need to be supported and encouraged.
- There is no dentist in Faro but we are hoping to get a visiting dentist 1-2 days every 6 months. Meanwhile we need money to offset travel costs to visit dentist in Whitehorse.



- The community has a visiting doctor come every 2 weeks – shared with Ross River. This seems to be working out okay.
- Nurses and ambulance volunteers work well together.
- Telehealth really good. Provides counselling support among other medical support. Telehealth for AA requires people to sign in – they don't want to do that.

Recommendations

- Pharmaceutical mark-ups are outrageous.
- Pharmacare coverage for spouses under 65 should not be eligible.
- Faro has a large senior population. A multi-level care facility would ease the burden. There are currently 3 – 5 Faroites in Whitehorse facilities.
- Investigate potential abuse to see how much is actually happening and costing.
- Continue adoption coverage.
- 811 – people need to get familiar with it.
- Look at most common reasons for medivacs and look at providing those services in Whitehorse.
- Where do alcohol and cigarette taxes go? General account.
- Recommend 50% of tax amount go to health.
- Propose 2 year residency requirement for foreigners to be eligible for health care.
- Companion travel – people not treated with respect. Costly to pay hotel and meals.
- I do not want private health care.
- Use system like “We Care”. Have resources in Vancouver, Edmonton, and Calgary help people.
- Increase revenues if necessary through income taxes.
- Increase daily charge a bit for extended care facilities. This should be based on ability to pay and cap. Consider income means testing.
- Long term beds – sceptical about any move to privatize.
- Enforce residency and health cards.
- People should be informed about how much their health care costs.



Village of Mayo Public Meeting

March 31, 2009

Attendance: 7 community members

Steering committee members:

Dr. Allon Reddoch, Chair

Colleen Wirth, Vice-chair

Donna Hogan

Sandy Babcock, Secretariat

Affordability and Making Choices

- Education is important for healthy lifestyles.
- More outreach to communities is happening – this is a good thing.
- Majority of palliative care is done by family members.
- Prefer to go to Whitehorse to have babies. The hospital stays for maternity patients is good, usually 3 – 5 days.
- Prescription drug program pretty good.

What's Working and What's Not

- 811 working well – most people are using it.
- Ambulance/emergency workers cover large area. There are not enough volunteers and not enough support from Whitehorse. We want a full time person for coverage/support in Mayo like they have in Dawson City and Watson Lake. We're not getting training – nothing promised since 2007. Need help with recruiting and retaining.
- Move ambulance services back to Health & Social Services.
- Health Centre has leaky roof.
- Home Care, Addiction Services and Mental Health services are inadequate.
- No home care nurse – R.N. or L.P.N. Have home help but limited.
- No social worker – Many Rivers only comes to the community every two weeks.
- Nobody to deal with geriatric problems.
- Disconnect or misunderstanding on jurisdiction between Yukon government and Na-cho Nyäk Dun.
- Medivacs are working well with the exception of returning community members after discharge from hospital. People must figure out their own way to return to the community.
- Good access to specialists.
- Long wait times for cataract surgery. A senior had to wait over a year for cataract surgery and was going to lose their driver's license so they paid for the surgery elsewhere and government would not reimburse them.



- Not much help for mental health patients – there is no community mental health worker and they need one.
- Lack of communication and/or cooperation between different government agencies. For example, mental health/social workers/counsellor could be rolled together and cost share with departments.

Recommendations

- Mayo wants a new building, preferably a hospital with attached ambulance building.
- The community is getting older and needs a 6 bed extended care facility.
- Charging premiums for working people would be okay.
- Nursing complements – using “outside” nurses for relieve – demonstrates need to train Yukoners.
- Currently there are some Mayoites in Macaulay Lodge and Macdonald House – would like a senior’s complex similar to the one in Haines Junction.
- No health care premiums for seniors.



Watson Lake Public Meeting

April 6, 2009

Attendance: 10 community members
Steering committee members:
Dr. Allon Reddoch, Chair
Colleen Wirth, Vice-chair
Donna Hogan
Craig Tuton
Elaine Carlyle
Sandy Babcock, Secretariat

Affordability and Making Choices

- Do not understand why premiums were discontinued in the first place. It may be difficult to re-instate. What are other jurisdictions doing?
- Renewal of health care cards appears to be inconsistent.
- Yukon has good seniors benefits.
- What are the recurring themes in other communities – people want to stay in their communities, more home care services, education and training.
- Yukon is very fortunate.
- What is the normal wait time for specialists across the country: 3 – 6 months, longer than Yukon.
- What is driving the cost of health care up – inflation, increased utilization of services, population is aging. More seniors are staying in the Yukon than there used to be. Expectations are higher, why hobble when your hip can be replaced. Pharmaceutical costs are increasing.
- Knee surgeries being done in Whitehorse now – will this bring in longer term specialists?
- Dental program in schools is not the best – should start before age of 5.

What's Working and What's Not

- What are other rural communities saying about medical travel? Having to pay for hotels, meals, taxis and other costs is a burden.
- Medivac service is usually pretty good.
- People are sent to Whitehorse much more often than in the past. YG pay poorly for that kind of travel.
- The wait time list for mammography is months. This is difficult for rural people. The unit needs to be a little more accommodating.
- Need more aftercare following treatment.
- Mental and social support is needed in the community.
- 811 is a good service, good for small communities.



- More education for seniors. Seniors frustrated with 811, they're not sure what to do.

Recommendations

- We should have more services provided in Watson Lake.
- Put more money into prevention.
- Taxing "junk" food is not a solution. Make fresh fruit and vegetables more affordable. A federal/provincial study was done in a small northern Saskatchewan community to make healthy food more affordable – can be done.
- Education should be done at the public school level.
- Do not subsidize store owners.
- \$250 deductible for people utilizing chronic care program is too much for people living on minimum wage. There should be an income means test.
- Big drain on health care resources on nuisance users. Institute user fees.
- Need more public education.
- Promote additional skills in local health care providers, not specialists but special interest i.e. geriatric doctor.
- Watson Lake would benefit from a dentist.

Other

- Lots of drug and alcohol problems in Watson Lake – are these problems going to be addressed?
- Ambulance service is extremely busy. Gets lots of calls from drunks. Charge for nuisance calls.



City of Whitehorse Public Meeting

April 2, 2009

Attendance: 27 community members

Steering committee members:

Dr. Allon Reddoch, Chair

Colleen Wirth, Vice-Chair

Donna Hogan

Violet van Hees

Elaine Carlyle

Sandy Babcock, Secretariat

Affordability and Making Choices

- Is Yukon moving to a user pay system? No, only seeking input on how Yukoners feel about the public health care system. All three parties have stated on record that they do not support health care premiums.
- The need for funding is dictated by the use of outside services or centralization in Whitehorse.
- I'm concerned, I want a system to look after me in my senior years.
- I'm very pleased to see the report done.
- Aware of costs. Premiums used to be collected, it was very difficult. Collecting user fees and deductibles is very difficult for the working poor.
- The pharmaceutical agreements seem very high.
- Education is really necessary. People don't know the costs of health care, and I agree with annual statements.
- The public needs to be educated.
- This public meeting on this issue is wonderful.
- I like a lot of things in the review.
- The review contained some reasonable ideas.
- I would like more options.
- Drug procurement provisions make sense.
- A decision should not be made just because it is something other jurisdictions do.
- In terms of public education, be clear on objective.
- ParticipAction was a good program for prevention.
- "Stay healthy" programs are a good investment.
- Mental health was an underrepresented issue in the report – only mentioned twice.
- Distributed systems provide more equal access.
- There are problems in jails – lack of programs for inmates with mental health issues and drug and alcohol addictions – this would be a good place for money on prevention.
- Absolutely, government should re-negotiate transfer monies.



What's Working and What's Not

- Medivac in communities is very limited. Travel is difficult for sick and/or elderly resulting in more medivacs because people put medical care off.
- There is a gap in aftercare recovery. People slip through the cracks and end up back in the system.
- I'm concerned over the length of time it is taking to make decisions on the scope of work for nurse practitioners.
- I'm concerned with the silo approach – can changes be done to involve other health professionals, i.e. holistic practitioners.
- 811 is a good initiative – hope it works well in the communities.

Recommendations

- Under personal responsibility – would like every Yukoner to receive a personalized statement of the health services they use annually.
- Doctors, hospital and emergency use – there needs to be some sort of triage before seeing a doctor.
- Over half of the people in the room would support of personalized health cost statements.
- Would support education on personalized costs.
- Publish general costs.
- There needs to be more emphasis on people taking personal responsibility for their health.
- Use a “did you know the cost of is \$\$\$\$” type of public marketing.
- Support raising the daily fees for long term care, needs to be looked at. What we have is quite extraordinary. A \$26 per day increase is only a fraction of costs.
- Recommend doubling of long term care daily fees based on income. We have a quality system.
- Annual personal statements were looked at in the 80s. People could view it as a criticism aimed at them. It might deter people from getting medical help.
- Do not implement fees for medivacs.
- Support personal responsibility. Need to put more money into health promotion.
- Implement electronic health records.
- Support collaborative care models in terms of effectiveness and efficiency. Supports those 2 recommendations.
- Over half of the room indicated they would be comfortable with an integrated health system.
- Would support increased fees for long term care facilities with a grandfathering clause.
- Would not support fees and deductibles such as for medical travel.
- The tax system would be the best place to fund costs.



- Concerned with issuing annual statements.
- Increasing fees a bit more at seniors' facilities would be reasonable.
- We need to keep people in their own homes and develop something in between Closeleigh Manor and Macaulay Lodge to provide assisted living.
- Government should partner with non profit health related organizations.
- Nurse practitioners could be better utilized.
- Should look at offering a registered nurse program.
- Need programs for drug and alcohol issues.



Council of Yukon First Nations & Social Development Commission

April 9, 2009

Attendance: 11 First Nation representatives from:
Council of Yukon First Nations
Carcross/Tagish First Nation
Ta'an Kwachan Council
Teslin Tlingit Council

Steering committee members:
Allon Reddoch, Chair
Colleen Wirth, Vice-chair
Donna Hogan
Elaine Carlyle
Violet van Hees
Sandy Babcock, Secretariat

Affordability and Making Choices

- Questions on process.
- Very few comments on First Nation issues, programs or services in the report.
- Timelines are not long enough for Yukoners to have input. This is an important issue for everyone.
- Potential changes impact First Nation individuals and First Nation governments and programs.
- Affects all health transfer monies coming into the territory.
- No tools to measure outcomes.
- Focused on high care people and low income people.
- Increasing taxes would be a punishment to low income people and those with addictions.
- There's no mention of First Nations.
- Need to target those who need help. First Nations are a large part of that group.
- Self-government reality is that a First Nation can draw down health care – need to talk about that in governance.
- Omission of First Nation, mental health, alcohol abuse or addictions in the review.
- Liquor taxes and mark-ups are buried in the report.
- Review didn't address key cost driver – alcohol abuse. In smaller communities, the impacts are felt greater.
- Increased taxes penalize the people who need the most help.
- It is too expensive to eat well.
- The timeframes for these discussions are too tight.
- Substance abuse creates health problems.



- Selkirk First Nation is very concerned about health and wants to be involved but the timing is really bad – fiscal year end.
- Timelines are very short.
- Alcohol and drug abuse are big issues.
- Report lacks analysis of what is available for Yukoners and First Nations.
- Issues with First Nation non-insured benefits and public system (chronic disease).
- Issues around First Nation with substance abuse problems fall through both cracks in terms of Status and Non-Status eligibility.
- Access for Status First Nation is very limited.
- Adult care funding through INAC is very limited.
- There was no mention of federal initiatives such as the Aboriginal Health Human Resources.
- There is a big difference between “needs based” and “income based” – this is not looked at in the report.
- What is meant by “ability to pay”?

What’s Working and What’s Not

- Substance abuse is a big problem and cost factor.
- Low cost immunizations are good.
- Telehealth is a good initiative.
- 811 service is really good.
- Marketing/promotional awareness programs are not very effective in Carcross.
- Not enough treatment facilities for substance abuse treatment.
- Addiction chronic disease – move from social side to health.
- EMO services, ambulance, mandatory drug testing are under different ministry and not considered health. Ambulance move to Community Services was not a good move.

Recommendations

- Need more information to comment on medical travel fees. See this as a potential added burden on First Nation.
- Do not support implementing health care premiums.
- Expand services in continuing care and home care to keep people in their communities.
- Liquor pricing makes liquor more accessible and cheaper – liquor pricing could be useful strategy.
- Use liquor revenues for treatment.
- Healthy foods – focus on marketers in stores. If junk food were to be taxed, the money should go to prevention.
- Increases don’t necessarily become disincentives.
- Need more education from dieticians.



- First Nation already takes collaborative approach to health and social issues. Public government does not.
- Health used to be a program in the public school system but that is not happening anymore.
- Prevention should be in the education path.
- Public and First Nation government need to be very serious about working together to address issues.
- Need models to address unhealthy lifestyles and choices – look at other jurisdictions.
- Crime affects the health of families.
- Substance abuse and mental health should be included as part of the public health system.
- Government should use alcohol and tobacco taxes for prevention. Government needs to be accountable and responsible.
- Prevention programs should target youth.
- Do not support any privatization of health care system.
- First Nations agree more health funding is required but not necessarily to YG.
- Consultations should be continued beyond this initiative.



First Nation of Na-cho Nyäk Dun

April 1, 2009

Attendance: First Nation of Na-cho Nyää
Sharon Peter, Deputy Chief
Mary McMann, Councillor
Rosalie, Elder Councillor
Debbie White, Councillor
Sandy Washburn, Wellness Coordinator

Steering committee members:
Allon Reddoch, Chair
Colleen Wirth, Vice-chair
Donna Hogan
Sandy Babcock, Secretariat

The First Nation of Na-Cho Nyäk Dun represents the most northerly community of the Northern Tutchone language and culture group. The First Nation of Na-Cho Nyäk Dun resides in the community of Mayo, a town that had its beginnings during the boom years of the silver mines in the area.

Affordability and Making Choices

- CYFN is doing a similar exercise.
- THFN and NNDFN are working together to lobby for regional hospital.
- Mental health – renovating WGH for a secured ward and hiring mental health nurses.
- Open to shared resources.
- Confidentiality of medical records a concern.
- There is interest from nursing program graduates but nowhere for them to work or live.
- With Alexco Resources going into operation there is a big concern that more medical services will be required.
- Dentist comes to community every 2 months or so.

What's Working and What's Not

- Concerns that when students leave Yukon for school they are losing their family doctor
- Nursing station has doctor with little authority – people still have to go to Whitehorse or Dawson for treatment such as casts.
- Elders have problems with resident doctor when they see the visiting doctor. Resident doctor is away a lot.
- Wait times for appointments is usually a month or more. Lots of people end up going to Whitehorse on their own.



- Mental health services are not very cooperative, don't appear to be interested in coming to the community. The mental health nurse from Dawson City has not been seen in Mayo for 6 months and does not talk to patients – only the professionals.
- Who prescribes medication to kids through the school system: too many kids on Ritalin.
- NNDFN is taking residents to Whitehorse for medical treatment. Unsure if it is for emergency or non-emergency. Large gap in service delivery.
- Limited diagnostics and assessments.
- Medical clinic is overprescribing Tylenol 3, OxyContin.
- Lack of housing affects ability to attract health care workers.
- Canada is the only G8 country without a national mental health strategy.
- Concern there is no aftercare for cancer patients in the community.

Recommendations

- Could education, public and First Nation share one mental health resource for Pelly, Mayo, Dawson and Old Crow?
- Implement an integrated central records registry of prescriptions with limited access.
- NND has home care “workers,” not “nurses.” They provide basic cleaning and cooking but no personal care. Mayo needs a home care nurse under YG’s responsibility.
- Three elders have to reside in Macdonald House because there is no home care nurse available in Mayo.
- Would like 10 bed continuing care unit. Premier committed to look at this concept during his fall community tour.
- Do not support introduction of health care premiums.
- WGH needs more security.

Other

- No probation or social worker in community
- Lack of other services in the community such as Highways and Justice.



Teslin Tlingit Council

April 29, 2009
(via telehealth)

Attendance: Teslin Tlingit Council Health & Social Programs:

Kelly Morris

Lori Joe

Steering committee members:

Allon Reddoch, Chair

Colleen Wirth, Vice-chair

Donna Hogan

Violet van Hees

Sandy Babcock, Secretariat

Affordability and Making Choices

- Home care and mental health services are top issues.
- Health promotion and prevention is important. TTC and the community are doing a Biggest Loser program, smoking cessation programs, walking programs, healthy eating programs, “Excellence Series”, healing with humour, elders in the school, kids programs and more. These are mostly volunteer driven.
- Ambulance calls are high in cases from people with addictions. This has a huge impact on volunteers in addition to the system.
- Experiencing more street drug issues and prescription drug abuse issues. Seeing more elders on prescription drugs and addicted to them.
- Government recently completed a survey in Teslin for potential of a seniors complex.
- Community currently offers “Meals on Wheels” and has 15 clients.

What’s Working and What’s Not

- Home care is a big issue. Needs are increasing as more people want to stay in their own community and families are tiring out.
- There are limited services for people with mental health issues because people have to leave the community for treatment.
- The service from F.N. Health in WGH is really great.
- Government needs to clarify the roles and responsibilities for ambulance services. Even getting basic supplies is a very convoluted process.
- TTC shares a home care nurse with Carcross and Tagish. The nurse comes to Teslin about 2 days per week but they need more.
- Home care nurses provide exceptional care.
- There are gaps in mentoring TTC employees with health professionals.



- Community gardening – there are challenges getting funding and partnerships and collaboration.
- TTC has heard both positive and negative experiences from people using the 811 service. TTC can see it reducing pressures in other areas.
- There are no mental health care/group homes in Teslin, only Whitehorse. Need to take a bigger picture look. Need some type of facility for them – not jail.
- First Aid and CPR courses offered by Yukon College and YMTA are full and there is a waiting list.
- Telehealth has been great and very cost effective.

Recommendations

- TTC would have concerns about any fees attached to medical travel.
- Need to deal with addictions in the community.
- TTC has citizens in continuing care in Whitehorse and would like those facilities in the community. TTC has an elder in Copper Ridge who wants to go home but there are not adequate services in the community to meet their needs.
- A multi-level care facility would be good.
- Need a home care nurse to oversee home care workers.
- Need more training for home support workers. There are people in the community interested in more education.
- Need more service for mental health patients. Currently people have to leave the territory for help.



Vuntut Gwitchin First Nation

March 24, 2009

Attendance: Council Members:

Kathy Nukon, Deputy Chief
Esau Schafer, Councillor
Roger Kyikavichik, Councillor
Randall Kendi
Paul Doehle, A/Executive Director
Margaret Smith, Health & Social Manager

Steering committee members:

Allon Reddoch, Chair
Colleen Wirth, Vice-chair
Donna Hogan
Elaine Carlyle
Sandy Babcock, Secretariat

The Vuntut Gwitchin First Nation (VGFN) is located at Old Crow, the northernmost community of the Yukon and residing within the Arctic Circle, along the Porcupine River. The Vuntut Gwitchin or 'people of the lakes' are members of the larger group of Gwitchin people whose traditional land base extends well into the Northwest Territories and Alaska.

Affordability and Making Choices

- Who covers non-insured travel costs?
- Most elders would prefer to stay in Old Crow.
- Lots of elders in the community require long term care and they have to leave the community. This has a negative impact. It's better for elders to stay in community. Often require interpretation services.
- Currently have a mental health support – CATS program – however, we are concerned it will be cut back.
- Would be interested in talking to Yukon government about building a long term care facility and look at different partnership models to do it. Maybe consider a multi-level care facility.

What's Working and What's Not

- Air medivac service is working well.
- Issues with the vehicle that serves as an ambulance (van) transporting patients from home to nursing station.
- Reimbursements of \$70 per day travel allowance for hotel, meals and ground transportation is inadequate.



- Consider long term care facility in future.
- Road block to continuing care is lack of a facility. Fort MacPherson has a 20 bed facility.
- Currently there are 2 to 3 Old Crow members in Whitehorse facilities.
- There are no social workers in Old Crow.
- There is no formal palliative care delivery, community members look after one another as best as they can.

Recommendations

- Allow for a family member to travel with Elders/patient at all times.
- Currently have home care workers, but they are only hired to do the basics such as cooking and cleaning. This needs to be expanded.
- The community has experienced a fair amount of nursing turnover. Community nursing is better and more effective when nurses stay at least two years.
- Would like a male and a female nurse.
- Community is going to expand and needs to look at medical transportation.
- Need more ambulance training for land-based emergency transportation for auxiliary drivers.
- Water quality needs to be looked at closely due to a higher than normal number of community deaths and sickness.
- Need water testing in houses, not just at the source and delivery truck.
- Require better dental service.
- Home care program should be expanded.
- Community needs more training. Currently, home care is provided 3 hours a day, 3 days per week and is operated by VGFN.

Other

- Would like to know why cancer rates are so high in Yukon – small population base skews statistics.
- What is Yukon’s early diagnosis rate compared to other jurisdictions? This area hasn’t really been evaluated.
- Quality of life should not be compromised just because Old Crow is remote.



Community Active Living Stakeholder Groups

April 23, 2009

Attendance: Representatives from:

Yukon Government, Sport and Recreation Branch
ElderActive Recreation Association
Recreation and Parks Association of the Yukon

Steering committee members:

Colleen Wirth, Vice-Chair
Donna Hogan
Elaine Carlyle
Sandy Babcock, Secretariat

Affordability and Making Choices

- Sport Yukon works closely with the Recreation and Parks Association of the Yukon (RPAY) in program delivery.
- The prevention side of health is closely related to physical activity. There was not a lot of mention of promotion or prevention and healthy living in the report.
- Healthy living and prevention goes towards long term cost savings.
- In 2001, Yukon developed the Active Living Strategy. Government and NGOs worked together breaking down silos.
- Various governments in Canada have developed different approaches to healthy living. Conducive to better way to deliver healthy living programs and services as a whole department. Act Now BC has a mandate for health promotion.
- The ElderActive Recreation Association's (EARA) mandate is to be active in body, mind and spirit. It promotes staying physically active and is just starting to look more at healthy eating. Diabetes is an important issue.
- "Running shoes are less expensive than heart bypass surgery."

What's Working and What's Not

- RPAY is involved in a Diabetes Reference Group that supports diabetes related activities in Yukon. A strategy has been developed but not yet adopted by government.
- There is a huge disconnect between what is being said and what is being done. A shift in society is necessary. It takes a long time to shift behaviours. Most of the time, program funding only covers a short period of time. Smoking and recycling promotions are good examples of long term promotion plans effecting change in behaviour.
- EARA says it is difficult to get new or inactive seniors involved and there is limited funding for activities.
- NGOs face sustainability and long term funding insecurity.



Recommendations

- Now is the time to move to develop Health Living Strategy.
- A Healthy Living Centre in Yukon would be a valuable resource. Concept for all parties to be co-located under one roof. Open to NGOs on healthy living and government departments. Helps in delivery and cost effectiveness.
- Look at Act Now BC model to make better links between departments. Act Now BC also supports NGOs.
- Child obesity is a growing issue across the country and needs support. Healthy lifestyle and removing barriers are needed to improve children's health, e.g. Everybody Gets to Play program. The success of physical activity programming is supported by statistics. Physical inactivity of kids is the number one priority with Ministers of Sport in Canada.
- Need programming for people with disabilities.
- Stress management and mental health need to be looked at.
- RPAY has concerns with healthy eating. Act Now BC has a healthy eating component. Some areas in the United States are looking at taxing junk food. RPAY would support promoting healthy food choices in schools, community gardens and freezers, weekly cooking clubs, workshops on grocery store tours and snacks.
- Need support for rural communities – have to build capacity to support healthy living in communities, e.g. programs like Train the Trainer.
- Need recreation directors in the communities and they need the necessary training. They are often overloaded and burn out.
- EARA support a Healthy Lifestyle Centre.



Hospice Yukon

March 19, 2009

Attendance: Hospice Yukon:

Cathy Routledge

Steering committee members:

Allon Reddoch, Chair

Colleen Wirth, Vice-Chair

Donna Hogan

Elaine Carlyle

Sandy Babcock, Secretariat

The mission of Hospice Yukon is to enhance the quality of life for those facing advanced illness, death and bereavement, through skilled and compassionate care, education and advocacy.

Affordability and Making Choices

- People choosing to retire in Yukon because of its great health care system.
- Increased health care costs driven by in-migration requiring end of life care.
- Big implications for palliative care.
- Implications for family and friends providing care. How do you instil personal responsibility for wellness?
- Savings come from keeping people out of institutions as long as possible.
- Education is huge.
- Believes average citizen recognizes we can't have everything.
- Hospice and Palliative Care Group looking at synergies to work together.

What's Working and What's Not

- Yukon health care system provides many services other jurisdictions do not.
- Housing and drug coverage in Yukon attracts many seniors to migrate or remain in territory, but is it reasonable they be provided to everyone or cap availability based on affordability rather than age.
- Models for seniors at Yukon College great.
- Currently, Hospice Yukon has 120 clients over a 14 month cycle at any given time.
- The ratio of health care providers in 1990 was 11:1, predicts by 2050 ratio will be 4:1.
- There is a trend to use foreign workers because no Canadian staff available.
- Should we treat advanced age people just because we can?
- Allow people to have a say in their end of life care.
- Current model is not sustainable.
- Hospice's biggest area of work is becoming public education and information.
- Early intervention results in best outcomes.



- Must take long term view: 10 – 20 years.
- A local doctor recently took 3 hours to talk to a patient about palliative care. Few places in Canada provide this kind of care.
- Government is renewing the contract for palliative care doctor – this is a critical piece in client care.
- Hospice has handed out over 500 copies of pamphlet, Introduction to Grief and Dying.
- Care providers need to be educated.
- Intervention needs to happen before crisis stage on medical treatment at end of life.
- The rate of people impacted for every death is 5 to 1.
- Drug plan coverage to seniors is very generous but concerned with high drug costs.
- There is a gap in independent living for seniors i.e. going from your own home directly to Macaulay Lodge.
- Meal program would be good as an intermediate step.

Recommendations

- Most of the recommendations in the report are very realistic in terms of sustainability.
- Consider providing caregivers a tax credit.
- Need to keep caregivers healthy.
- Multi-level collaborative care – well-baby clinics good example – could be good for seniors.
- Mid-level easily accessible to reduce higher cost services in emergency room.
- 811 service is a great concept, however concerns using it around palliative care – the issues are much more complex.
- Use some online information sites, i.e. Compassionate Friends.
- Web-based education is big and useful.
- Prevention – educate people.
- Need a free-standing facility – 6 bed hospice/palliative and respite centre.
- Negotiating to get Scott House (across from Country House). Thompson Centre would be logical place for palliative care but it's not happening.
- Part of policy DNR and Advanced Directives Plan.
- One third of Hospice clients are from Copper Ridge.
- Government could have a large role in promoting personal responsibility. The workplace is easy for YG to start i.e. stress leave.
- System should not be managing death – belongs at personal/community level.
- Expertise not really at trauma level.
- Hospice not integrated into hospital.
- Support to health care professional when dealing with dying and death. Where and what is it? Who care for them? What is being done to keep them healthy and well?
- How we live and die is changing, and government must too.
- Politicians should lead by example and effect change.



Other

- Emerging issue – long dying process with aging baby boomers. Anticipates it will increase pressure on politicians for assisted suicide.
- This review initiative is good and very timely.



Association franco-yukonnaise (AFY)

April 14, 2009

Attendance: AFY:

Régis St-Pierre

Sandra St-Laurent

Steering committee members:

Colleen Wirth, Vice-Chair

Donna Hogan

Violet van Hees

Sandy Babcock, Secretariat

For more than 25 years, the Association franco-yukonnaise (AFY) has been the official voice of about 3,550 francophones in the Yukon. A non-profit organization, AFY aims to improve the Yukon francophones' quality of life in French.

Affordability and Making Choices

- Given AFY is the official spokes-group for Yukon francophones, it is crucial to work together to provide better services more efficiently and effectively.
- The Francophone Health Network is a way to humanize health services in language-appropriate ways. It increases and improves outcomes and satisfaction.
- French health network can assist with recruitment tools. Francophone health care unit coordinator could develop plan and promote courses.
- Don't recognize that bilingual staff cost more. Cost should not be an issue.
- There are no mechanisms in place to require people we pay to train to come back to the Yukon.
- There are increasing numbers of francophone seniors residing in the Yukon.
- Yukon should provide the same basic services to all Yukoners in both French and English.
- Overall this review is important.
- Put quality service first, cost considerations after.
- Promotion and prevention are priorities.
- Emphasize the formation of bilingual health care providers.

What's Working and What's Not

- There is no centralized service for support in French. No one has a plan for this.
- There are no measurements in place to determine success.
- Public health and safety is a priority in broader context, i.e. 911 and 811.
- 811 could provide better service more cost effectively if translations were available in French, however, it's not effective. Need a bilingual nurse. Needs to be Yukon-based, not in B.C. Needs to be culturally sensitive.



- Need French services at emergency room.
- Over 50 families need a French doctor.
- Language issues are a barrier and deter people from getting medical attention until the condition is really bad.
- Require ongoing financial support from the federal government for French language health services – YG’s responsibility to negotiate.
- Costs are going up but services are not for the French community.
- Language barriers increase costs – i.e. incorrect diagnosis or increased testing.

Recommendations

- Translating documents helps to reduce health care costs and provide better services.
- Health & Social Services needs to create and establish a permanent health French services branch.
- Want a plan for services in French.
- Emphasis on appointments to boards and committee – official appointments are necessary for reporting purposes.
- Health care agencies and boards need formal representatives.
- Need a written process on appointments.
- Use francophone newspaper for advertising and promotion for boards and committee positions.
- Amend the Hospital Act section 4.1 to require one French speaking community representative on boards and committees.
- Agree on need for upgrading health care professionals, i.e. courses for frontline employees in French.
- Need people trained in French technical terms.
- Post secondary institutions should carry a percentage of French classes that are related to health care professionals and assess the rate of return of trained personnel.
- Develop bursary and training agreements with other academic institutions.
- Form consortium for training in health field in French, i.e. bilingual bachelor degree nursing program with U of A. The federal government provides funding for these types of programs.
- There needs to be a master plan.
- Health care agencies need to establish bylaws with details and statement on health care services in French.
- Need to work with AFY to attract French speaking professionals.
- Health agencies need bylaws on reporting and providing services available in French, i.e. job descriptions.
- Need to recognize bilingual positions in collective agreements.
- Need policy on distribution of number of French speaking staff. This should be monitored and reported.
- Should have centralized bilingual health services.



- Supports bilingual collaborative health care models. It would help to attract and retain health care professionals.
- Implement a French language services committee on health care that would report directly to the Minister (similar to the French School Board).
- Primary health care front line service providers need a clear mandate to deliver services in both Canada's official languages.
- Need bilingual specialists.
- Was the French position at the hospital ever evaluated?
- Mental health is a huge issue.
- Bilingual home support is very important.
- Look for collaborative approaches with AFY.
- Telehealth could be utilized – develop protocol agreements with other jurisdictions.



Yukon Ombudsman, Information & Privacy Commissioner

April 22, 2009

Attendance: Ombudsman Office:
Catherine Buckler
Steering committee members:
Colleen Wirth, Vice-Chair
Violet van Hees
Elaine Carlyle
Sandy Babcock, Secretariat

The Yukon Information and Privacy Commissioner is an independent authority responsible to the Legislative Assembly. The primary job of the Information and Privacy Commissioner is to review, upon written request, decisions made by public bodies under the *Access to Information and Protection of Privacy Act*.

Affordability and Making Choices

- The Office of the Yukon Ombudsman & Information and Privacy Commissioner is a stakeholder and should have been included in this dialogue.
- Have jurisdiction over government Acts and Legislation.
- Specific interests in new services, technology.
- Jurisdiction over privacy, Section 42 c of the ATIPP Act and privacy implications.
- The interest in this review is basically in protection of privacy in personal information, health care delivery, federal funding, governance and accountability.
- What control is given patients over their personal information? What consents are in place?
- Privacy technology will cost more up front but saves money at the end.
- If there are changes in health delivery models, changes must occur in relevant legislation. On the 811 line, government involved the Privacy Commissioner on privacy issues. The expectation was that 811 would be delivered in the Yukon and stay in Yukon but it didn't work out that way. Yukon legislation didn't support this. B.C. is the custodian of information. If you wanted to access your information, you would have to go to B.C. Don't think Yukoners would like this. Don't want this to be precedent setting for future technologies.

What's Working and What's Not

- Concerned information is being shared informally that does not conform to ATIPP.
- Community Health Centres are under ATIPP for nurses but not doctors.
- It is not clear where records are kept and under whose care and custody.



- The Information and Privacy Office does work with Health & Social Services and is invited to comment on specific initiatives, there is no requirement in Yukon to do a Privacy Impact Assessment for legislative changes as there is in other jurisdictions.
- No Health Information Act in place yet. People reluctant to provide personal information.

Recommendations

- Sustainability – “Privacy is good business” should be same mantra for health.
- Health Care Delivery Models must adhere to PIPEDA.
- Yukon legislation must conform or be in compliance with ATIPP.
- Canada Health Info Way funding was not mentioned in the Report.
- Need health information legislation with regards to health custodians.
- Need to look at and consider ATIPP and Ombudsman Acts and Human Rights Legislation. Governance changes could be impacted by various legislations, i.e. Watson Lake and Dawson hospitals – WGH not subject to ATIPP or PIPEDA.
- Need health information legislation before new technologies are adopted.
- Need to consider more amendments to accountability legislation to keep it current. Usually it follows the provinces, mostly B.C. They have kept their legislation changes up prior to technology changes.
- Need more vision in Yukon legislation.



Second Opinion Society

April 21, 2009

Attendance: 3 Representatives from Second Opinion Society:

Steering committee members:

Colleen Wirth, Vice-Chair

Violet van Hees

Elaine Carlyle

Sandy Babcock, Secretariat

Second Opinion Society is a self-help group offering alternative mental health information and support to psychiatric survivors, people going through emotional distress, and people who are isolated or interested in holistic approaches to mental health. They offer peer support, advocacy, a resource library, recreational and social activities, and workshops.

Affordability and Making Choices

- A lot of Second Opinion Society clients are marginalized and don't get a lot of services that most people do, e.g. family doctor.
- Able-bodied and able-minded politicians make decisions for people that are not able to – can't put limit on people's disabilities.
- Prevention, Promotion and Education

What's Working and What's Not

- Long term withdrawal treatment not addressed here.
- Money is being spent on secure psychiatric facilities in the hospital but there are staffing shortages.
- Lack of support services such as supported living, transitional homes. Supportive programs shown to help people become more independent.
- Homelessness is a big concern.
- Status vs. non-status programs fosters inequality and discrimination.
- Not enough home care workers.
- No safe place for men.
- Current treatment centre inflexible.
- Need more collaborative approach – no one works together – confidentiality one of the barriers.
- Case Management Teams is a good approach.
- Politically correct language hampers proper treatment.
- There are no regulations for addiction or mental health counsellors/workers to ensure people are treated by qualified individuals.
- Not enough funding for NGOs for support services.



- No care/support for caregivers.
- Difficult for out of town individuals with mental health or addiction issues to get prescriptions filled due to preconceived assumptions they are abusing prescription drugs.
- Average doctor not trained to deal with people who have addictions issues becoming a growing problem.
- Lack of adequate psychiatric doctors – current psychiatric doctors face capacity issues.

Recommendations

- Use psychologists for basic mental health assessments.
- Need medical detox centre – doesn't have to be large. Hospital doesn't have the capacity to deal with detox.
- Appropriate housing would provide a big relief on social and justice systems. This is supported by research that it saves money over the long term.
- Support Supported Living – could consist of several facilities/options such as crisis centre and assisted living. There's no current coverage 24/7 so people go to the hospital. Cited Kaushee Place as an example.
- Supportive Housing is critical. Homelessness is a big problem.
- People with mental health and/or addiction issues would be better served outside of the hospital.
- Reduce bureaucracy when applying for medical equipment such as wheelchairs or scooters. There shouldn't be a limit on disability equipment.
- Alternative therapies would cost the system less such as orthomolecular doctors.
- Consider funding alternative therapies under Medicare so people are less dependent on medication.
- Provide support for recreation programs.



St. Elias Seniors, Haines Junction

March 24, 2009

Attendance: 8 Representatives from St. Elias Seniors:

Steering committee members:

Colleen Wirth, Vice-Chair

Donna Hogan

Sandy Babcock, Secretariat

St. Elias Seniors is a group of Haines Junction residents dedicated to advocating for and improving the quality of life of seniors in Haines Junction. Eight members of the society attended the meeting.

Affordability and Making Choices

- Lots of people living in Haines Junction would like to be trained in home care. Haines Junction is a popular place to live and it's easy to fill jobs.
- It's important for seniors to keep active physically and mentally.
- Haines Junction has the highest number of seniors on a per capita basis in Yukon. Many of the seniors choosing to stay in Haines Junction require home care services. Many of them require assistance in the evening but there is nothing available.
- Yukoners need to be educated on health care costs.
- Needs are different in communities other than in Whitehorse.

What's Working and What's Not

- No increase in 09/10 budget for home care translates to mean a cut.
- Issues with 811 line for seniors. Need to educate people on how it works. One individual experienced a 15 – 20 minute wait for someone to answer the call.
- Will require 24 hour care in the senior's residence at some point in the future.
- Home care services are currently inadequate. The services are only Monday – Friday from 9:00 a.m. to 5:00 p.m. This includes two half-time aides and one registered nurse. There is no auxiliary staff available.
- Why can't registered nurses care for patients in their home – it is done in B.C.
- Working poor are hit the hardest.
- Health Care Review Report focused mostly on Whitehorse.
- Community nursing should come under Health, not Social Services.
- Move Ambulance services back to department of Health & Social Services.

Recommendations

- The H.J. seniors requested that all rents be the same in their complex regardless of income.



- Without adequate home care services, they must leave the community and go to Whitehorse.
- Would like to see existing services improved upon and expanded. Policies must be flexible.
- Empower home care workers
- Family members help but they get burnt out. Cannot download all care on them.
- Home care needs to be overhauled to improve what is in place and create flexibility.
- Home care renovation is a priority.
- Fees should be increased at extended care facilities.
- Use a cap system.
- Fees or deductibles for services is not unreasonable.
- Would support a health premium based on ability to pay.
- Not opposed to paying a fee for non-emergency travel based on an income means test.
- Consider any fees instituted to be deducted at source



Yukon Anti-Poverty Coalition

April 16, 2009

Attendance: Representatives from Yukon Anti-Poverty Coalition:

Ross Findlater
Laurie McPheeters
Christine Craig
Yukon Government, Sport and Recreation Branch
ElderActive Recreation Association
Recreation and Parks Association of the Yukon

Steering committee:

Colleen Wirth, Vice-Chair
Donna Hogan
Elaine Carlyle
Sandy Babcock, Secretariat

The Yukon Anti-Poverty Coalition was formed in 1996 through an initiative of Yukon Family Services. Yukon Anti-Poverty Coalition works on a broad range of issues including a Task Force on Housing, social assistance appeals, and policy work.

Affordability and Making Choices

- Poverty is a major determinant of health.
- Poor children are overrepresented in mental health, physical health and employment. Not much weight is given to these issues in the report. Front end recognition will save money at the back end.
- Nutrition and housing must be given a high priority in health.
- Having a bigger picture on what health is would have a more positive impact on costs.
- An analysis of causes and impacts is missing in the report.
- The report is fairly narrow in its approach. The Yukon Anti-Poverty Coalition is concerned about getting hung up on specifics and not looking at community health in general.
- Investments up front would have far reaching benefits e.g. less health costs, less costs in justice.
- Prevention and early intervention needs to include/involve social assistance/low income people.
- Need broader social responsibility in health.
- Proposed development of Yukon Anti-Poverty Strategy.
- There is a lot of federal money available for housing but only a 2 year window to build.



- Yukon Anti-Poverty Coalition working with the City of Whitehorse and Chamber of Commerce and Canada Games Centre to improve access to facilities. Physical health is critical to good health.
- What outcomes are we looking for?

What's Working and What's Not

- Prevention and early intervention.
- Universal access.
- Lack of connection between mental and health care.
- No Canadian Mental Health Association here anymore.
- Mental health services in Yukon woefully behind the rest of Canada.
- Don't like comparing Yukon to other jurisdictions. It is informative but shouldn't lead to conclusions or recommendations.
- Concern over access to health professionals, information, travel costs.
- The Yukon Anti-Poverty Coalition conducted a snapshot picture using data collected from a Housing Survey conducted in January 09;
 - 24% of respondents did not feel safe where they were sleeping,
 - 24% lived with no cooking facilities, and
 - 41% could not afford where they were living.
- The lack of affordable housing has been communicated to politicians. Government has increased social assistance rates but there is still a large gap. This government has been one of the most progressive governments on this issue, but it is still not enough.
- Whitehorse society fails to meet basic needs for people.

Recommendations

- Do not support fees, but if they are implemented, they should be geared to the income taxing systems.
- Need mental health day treatment programs.
- Need mental health group homes for adults.
- Concerned with proposal to implement fees on non-emergency travel.
- FASD needs prevention and early intervention. The Child Development Centre provides really good service, but the needs are greater than their capacity.
- Taxing alcohol misses point – look at bigger picture of cause and effect.
- Upfront spending and priorities will save later.
- Not supportive of personal statements on health services provided – concern with administrative costs and it could be a deterrent to accessing care. There could also be privacy issues.
- Recommend a multi-faceted approach – all levels of government, unions, chambers, business, NGOs, Education and Justice for collaboration and communication – critical to go beyond conventional health care providers.



- Money should be well-spent.
- Some recommendations make sense – some don't.



Yukon College Student Union

April 7, 2009

Attendance: 21 Students/Faculty

Steering committee members:

Dr. Allon Reddoch, Chair

Colleen Wirth, Vice-Chair

Donna Hogan

Sandy Babcock, Secretariat

Affordability and Making Choices

- Why doesn't YG pay for physiotherapy at the Canada Games Centre, not just the hospital?
- What is the process for reporting comments heard? Transparency on consultation processes is a concern.

What's Working and What's Not

- Emergency room wait times are much better than other jurisdictions.
- Registration of Yukon health care relatively easy to do.
- We receive quality of care expected of developed countries.
- Access to specialists takes too long – had to wait six months.
- WHG doesn't have an MRI.
- 811 very innovative and cost effective – make sure it is compatible with sat phones.

Recommendations

- Incorporate use of traditional medicines more.
- Not supportive of user fees – would prefer personal taxes be increased if more money is required.
- Look at better enforcement on residential eligibility for Yukon health care cards.
- More emphasis on prevention as opposed to treating illness.
- Education.
- Promote healthy lifestyle.
- Don't tax junk food – lower cost of healthy food.



Yukon Council on Aging

March 26, 2009

Attendance: 7 representatives from Yukon Council on Aging

Steering committee members:

Allon Reddoch, Chair

Colleen Wirth, Vice-Chair

Donna Hogan

Elaine Carlyle

Violet van Hees

Sandy Babcock, Secretariat

The Yukon Council on Aging (YCOA) is a volunteer organization of Yukon seniors that promotes respect for the contributions of senior citizens and an understanding of the aspirations and issues of concern in their lives. It researches issues important to seniors and provides a voice that speaks on these issues. It liaises with other senior's groups and offers programs and services that will benefit seniors.

Affordability and Making Choices

The YCOA reviewed the report line by line and perceived the following issues will impact an aging population:

- Personal responsibility.
- Preventative immunizations.
- Funding arrangements – the federal government cut health care funding in the mid-90s. This must be stabilized and improved for First Nations.
- Health programs and non-insured benefits.
- Travel fees – “income means testing” is considered too invasive - \$250 is a lot of money to a senior.
- Fees for chronic disease – too much of a burden.
- Pharmacare – if based on ability to pay, how much income testing is required.
- Hearing – no change.
- Continuing care – agree rates are low – supportive of increase but must be careful. Don't like “grandfathering clause.” Residents vs. transplants.
- Insured health services – can be reasonable but some concerns.
- Health care delivery models – some good but not enough beds.
- Assisted living needs more attention.
- Home care is inadequate.
- Federal funding – where is it going and where is it really needed.
- Institutional governance – Hospital Act – transfer of Watson Lake hospital is good.



- Health and human resources – retention really good. Need to invest in aging population to doctors training. Need geriatric professionals.
- Cost drivers – public tendering of air medivacs – it is not broken so don't fix it. Pleased no recommendation to pay for service.
- New and enhanced technologies – telehealth good. Need computerized Pharmacare.
- Accountability – very important. Must be done on all doctors and nurses on an annual basis as well as all other health care professionals and workers.
- Concerns with charges.
- Holistic – potential alternatives.
- Concerned with future – social assistance better coverage than seniors.
- Seniors are 30% of the population – no access to geriatric care.
- Possible use of P3's – do not support.
- Dental program missing in report. What exists is inadequate. Poor dental health leads to poor health.
- Seniors tend not to complain to doctors, dentists etc. Just put up with poor treatment.
- Medivac travel – need more support for companion travel.
- Seniors benefits and Pharmacare – difficult for seniors – some have to live on \$1,200 per month.
- Continuing care – what we have is good, just not enough.
- Some people leave for the winter and move yet still use Yukon public health system – need to look at additional burden.
- Regina Hotel – Legion did all they could with purchase to create assisted living accommodations. Why all the barriers? Seniors were very supportive. This service is missing.
- Seniors battle the attitude that “you are so lucky and have so many benefits.” Benefits aren't really doing that much for the seniors – many fall through the cracks. Attitudes towards seniors need to be more positive.
- Facilities – when building new facilities, seniors like to be where the “action” is. A need for seniors housing in the downtown area.
- Need more benches around town. Need to consider mobility restrictions.
- Holistic approach – systems should work together.
- Health care premiums – big costs to administrate.
- Geriatric physicians – we have one palliative care doctor. Would a doctor with special training fill the gap – yes.
- Cost driver pressures that could be tightened up.
- Need more of an alliance between medical and WCB practices.
- Money spent on people not fulfilling residency requirements.
- Pharmacare hug costs – needs to be tightened up. All should have to be 65 before eligible.
- Prescriptions should be written for smaller amounts.
- Pharmacies should have integrated computer systems.



- Look into recycling unused prescriptions.
- Home care is limited to personal care – not housekeeping.
- Need to increase that budget. Keeps costs down as seniors can stay in their home longer. Better health when people can stay in their own home and places less pressure on institutions.
- Alcoholism – seniors are lonely and turn to drink.
- Mental health needs more attention.
- Need multi-level facility for mental health issues in seniors and those who need temporary services. The Thompson Centre could be place for medicated seniors from the communities after they are discharged from the hospital but still need to stay in Whitehorse for follow up.
- We are fortunate overall – specialists, cancer care. Doctors here are amazing advocates for their Yukon patients when they require southern treatment.
- Foreign doctors – want quality over quantity. Need to maintain high standards. Language barrier a big concern.
- We all need to communicate with one another.
- Safety of seniors a big concern. Some have to live in “slum” areas.
- Home care gaps include:
 - Operates Monday to Friday but some people require care outside of those hours and don’t have family or friends here to help,
 - Those working in this system are superb,
 - Not enough workers or money to provide full spectrum of service, e.g. laundry, bathing, and
 - Transportation – city cannot go on private property as it is an insurance/liability issue.
- Seniors housing at Yukon College is great. Other places are not – can’t get a stretcher in Greenwood Place.
- LPN program – fantastic for personal care.
- Lots of positive things happening.
- People don’t know the actual cost of health care benefits they are receiving on an individual basis – recommend itemized reporting.
- Lack of mental stimulation for seniors such as college classes. Seniors have lots of access to physical activity type facilities but need continuing education opportunities.
- Seniors Health Fair is very popular.



Yukon Medical Association

April 23, 2009

Attendance: Representatives from Yukon Medical Association:

Dr. R. Tadepalli, President

Dr. W. McNichol

Dr. P. Anderson

Steering committee members:

Allon Reddoch, Chair

Donna Hogan

Elaine Carlyle

Sandy Babcock, Secretariat

The Yukon Medical Association is a voluntary association of Yukon's medical doctors. The role of the association is to work as advocates for its members, promote the highest level of professionalism in medical practice, and promote accessible quality health care for Yukoners.

Affordability and Making Choices

- Why was the Dawson Hospital announced before this Committee's work was finished?
- The Yukon Medical Association made two submissions to the original committee that wrote the Yukon Health Care Review.
- Development of guidelines and protocols often drives costs up.
- Not much has changed since the inception of universal Medicare – most services that are covered is because that is the way it has always been. To change is very challenging.
- Society needs to decide what constitutes medical care. There are other ways to do things.

What's Working and What's Not

- Lack of vision and strategic plan very limited from Hospital Corporation.
- Major equipment require staffing – major challenge.
- Access to level of service is a factor in decision making process, not only financial consideration.
- Leadership is an issue, e.g. there were no discussions prior to the transfers of Watson Lake and Dawson hospitals.
- There is a shortage of home care facilities – patients are hospitalized because of lack of home care, not for acute reasons.
- Government has done a poor job in servicing elderly population. Acknowledges difficulty addressing staffing issues.



- Mental health – there is no commitment by government to develop a proper care facility for the mentally ill. Two beds are not enough. There are no treatment programs available. A 10 – 15 bed facility would be nice.
- Money and human resources are barriers to using electronic medical records or Pharmanet.
- Substance abuse: high demand on ambulance service by select few costs millions of dollars.
- Concern the hospital does not have a strategic plan. This has a negative effect on committee work such as the Technology Committee and Specialist Review Committee.
 - The Specialist Review Committee is representatives of the hospital, physicians and health representative and keeps a pulse on services required with a view to analyzing when it is more cost effective to offer services here. It is driven both by medical staff and specialists wanting to come here. Looks at different factors for effectiveness. Sometimes recommendations come from visiting specialists. The lack of a hospital strategic plan is a big problem. Government has only approved the Yukon Hospital Corporation to develop a vision this past year. The YMA needs an implementation plan.
 - Technology Committee is an informal process. Whereas the Specialist Committee meets and assesses regularly, it is difficult to assess technology issues due to lack of available data on technical services accessed down south. It is a recurring issue with other services.

Recommendations

- 40% of health care costs occur in last years of life. This is an area that needs to be looked at. Europe has many more health care professionals than Canada and manages costs during the last years of life much better.
- Collaborative care does not mean a building. Already providing virtual collaborative care. This is too small a jurisdiction to “experiment” with different models. Financial models are an issue.
- YMA is not opposed to nurse practitioners in the existing model.
- Opposed to parallel medical services without talking to physicians first.
- Not opposed to physician assistants but discussion has to occur first.
- Have to look at other methods to improve client service. Good physician assistants can do work, but proper processes need to be in place.
- Diabetes collaborative models utilize nurse practitioners and the program is working.
- YMA does not support unregulated midwives or home delivery. There is an ongoing issue around regulations. In B.C. they are regulated. YMA could support regulated services and hospital delivery services.
- Physicians support concentration of health services at the hospital, not scattered.
- Can see need growing. There is potential for partnerships, chronic care facilities. The impact on the hospital is very heavy with chronic care.



- YMA is supportive of the hospital corporation overseeing health facilities and linking extended care back to the community.
- Extended care vs. acute care – how much collaboration with upper management – silo approach. Social Services does extended care and Health does acute care. Palliative care and home care face same issue. This is a barrier. One Board of Trustees overseeing all services would work better.
- Need a Pharmacare Program – abuse is a societal problem. Electronic records are not linked with clinics or hospital. Technology is not working. Lack of motivation at hospital and department.
- Public education – co-payments could provide balance with appropriate education. Could be handled in different ways. Consider incorporating into public education system training on use of health services.
- Wait time resource group funding will provide better data collection, identify silos etc. Evaluate what other jurisdictions are doing to improve system.



Yukon Medical Council

April 2, 2009

Attendance: Representative from Yukon Medical Council
Dr. Bruce Beaton, President
Steering committee members:
Dr. Allon Reddoch, Chair
Elaine Carlyle
Violet van Hees
Sandy Babcock, Secretariat

The Yukon Medical Council has two main functions: Licensing and standards of physicians and assuring appropriate credentials, and a complaints venue for the public and organizations.

Affordability and Making Choices

- Medicine is a social science based on biologic foundation.
- The Medical Professions Act is slated to be reviewed. It needs to be rewritten so it is vital, changing and growing as people's medical need do.
- Once physicians are licensed they are basically licensed for life. There is some compliance to ongoing education involved.
- Recertification possibly coming – ongoing competence.
- Legislation is difficult to change.
- People don't know what complaint mechanisms are in place.
- Closed practices, access issues and dropping patients are well-known problems to the Yukon Medical Council. It goes back to Canada not producing/training enough doctors.
- The Yukon Medical Council made some changes to International Medical Graduates licensing standards three years ago.
- Yukon Medical Council doesn't have resources for ongoing assessments/supervision.

What's Working and What's Not

- Canadian medical education system is very good.
- Assessment is competitive globally.
- Canada does a good job of training and assessing doctors. After training is the realm of family practise or specialization – both are accredited and licensed.
- Feedback from Yukoners is that hospital experiences and level of care is exceptional.
- People want full service family doctors over walk-in clinics.

Recommendations

- Formerly licensing was done regionally, but with the signing of the Agreement for Internal Trade, there is more inter-jurisdictional cooperation and reciprocity. This is a



concern in smaller jurisdictions as it may limit licensing requirements for less desirable, isolated regions. Need some flexibility to be able to modify criteria to attract physicians. Yukon was more friendly to internationally trained physicians, however, this ended around 2003

- In 2004/05 the Yukon Medical Council received a letter from the Minister of Health & Social Services to be more flexible in attracting foreign doctors. Few have remained past three years once becoming practise eligible.
- Yukon relies upon non-Canadian graduates to provide care. A concern in relation to providing sustainable medical care.
- Medical care delivery system is rapidly changing and evolving. To maintain sustainability, it is vital there is a Medical Act that is responsible to be functional enough to allow the Yukon Medical Council licensing powers, stable enough so that standards are maintained and flexible enough to provide for assessments.
- The Yukon Medical Council is not aware of any impediments from their perspective regarding information sharing between pharmacies.
- Yukon Medical Council supports the concept of Pharmanet.
- The sharing of medical records may conflict with PIPEDA (*Personal Information Protection and Electronic Documents Act*).



Yukon Registered Nurses Association

April 15, 2009

Attendance: Representatives from YRNA:

Peggy Heynen, President

Patricia McGarr, Executive Director

Steering committee members:

Allon Reddoch, Chair

Violet van Hees

Sandy Babcock, Secretariat

YRNA is the regulatory body and professional association for registered nurses in the Yukon. YRNA is responsible for establishing and promoting standards of practice for registered nurses, for regulating nursing practice and for advancing professional excellence. YRNA speaks out on health care issues, advocating for the development of health public policy in the interest of the public.

Affordability and Making Choices

- Supportive of more prevention and promotion.
- What is health care going to look like in 10 years?
- Improve access to care through collaboration – see the health professional when you need to, e.g. nutritionists, physiotherapists etc.
- The public doesn't want to wait to see a physician for a lot of referrals. Studies indicate higher levels of satisfaction with collaborative approach.
- There were more licensed nurses last year but not necessarily working here – big turnover rate.
- Lack of permanent positions negatively impacts retention.
- We have a mentorship program but staffing capacity issues creating negative impact.
- WHC takeover of Watson Lake and Dawson City may have impact on retention. Curious why announcement was made prior to this consultation process being concluded. It would have been worthwhile to consult. Were other models looked at?
- Don't get complacent with quality of care in Yukon compared to other jurisdictions.

What's Working and What's Not

- There are silos between different programs and government – creates duplication and gaps.
- Need to coordinate services better and develop better determinants of health.
- Nurses in hospital have Medi-tech, communities don't.



Recommendations

- Planning is needed to deal with rapid changes, i.e. aging population and use of technology.
- Need to look out to the future – inter-professional and collaborative education.
- Working towards collaborative practice a priority for YRNA.
- Recruitment and retention affected by lack of collaboration.
- Take Yukon health care professionals to see various collaborative models around Canada.
- Collaborative care models:
 - Health centres need to grow from the ground up, community driven,
 - Various health care providers ideally under one roof,
 - Salaried approach for health care professionals,
 - Don't reinvent the wheel but must be based on Yukon needs,
 - Could look at starting with chronic disease focus, and
 - Should be based on improving access.
- Need a Health Human Resource Strategy.
- There is still a nursing shortage – create more permanent positions and less casual positions.
- There was a feasibility review to establish a local nursing program a number of years ago – not feasible then and not likely feasible now. There is potential to partner with outside institutions.
- Leadership and succession planning needs to be done – many people in these positions are set to retire and there doesn't appear to be a lot of uptake locally to fill the positions.
- Consider incentives for staying under budget.
- Talk to managers about high cost drivers.
- Recommend national Pharmaceutical Program.
- Assess use of prescriptions/antibiotics.
- Need awareness program on cost of supplies.
- Public should know cost of services, not necessarily individualized statements.
- Approach with caution any thoughts on charging for medical travel.
- Expand home care services – increase type of service and hours of service.
- Consider complimentary care options.
- Long term care patients are taking a lot of beds due to insufficient home care or not enough beds available in long term care facilities. Consider quality of work environment – acute care patients require a lot of time. When prioritizing, acute care is higher than long-term care in the hospital environment.



Yukon Wholistic Health Network

April 14, 2009

Attendance: Representatives from YWHN:

Louise Dawson

Barb Drury

Shelagh Smith

Ken de la Barre

Steering committee members:

Colleen Wirth, Vice-Chair

Violet van Hees

Sandy Babcock, Secretariat

The mandate of the Yukon Wholistic Health Network is to promote wholistic health in the Yukon through education, networking, and advocacy, in support of practitioners and interested people alike and to promote good health practice and informed decision making.

Affordability and Making Choices

- The YWHN is planning a conference March 2010 themed “Better Choices – Better Health” and includes allopathic and alternative practitioners.
- People with chronic conditions often use alternative health care services with success not achieved through conventional practice but don’t usually continue treatments due to costs. Concerned that people are left with no choice and opt for treatments under current public health care system.
- Other jurisdictions use conventional and alternative therapies as complimentary.
- Working together can save money in the system.
- A lot of alternative therapies are not regulated.
- Alternative therapies are proactive and preventive.
- Alternative therapies are based on long term outcomes.
- Collaborative care models in B.C. have doctors salaried under one roof – Inspire Health.
- Canadian Cancer Society released booklet on complementary therapies.
- Are there any regulations preventing doctors from referring patients for alternative therapies?

What’s Working and What’s Not

- Credibility for alternative therapies is an issue. Allopathic community needs to be educated.
- Registered disciplines need to be acknowledged and recognized.
- Need to recognize national bodies.



- Need support from medical fraternity and government, e.g. partnership with Recreation and Parks Association of Yukon – doctors give referrals to active living program.
- Is there any technology that can simply measure hearing that could be used in schools

Recommendations

- Need awareness education program on prevention to public.
- Use an integrated system – alternative treatments for chronic pain, free clinics provided by Alternative Therapies students. B.C. is starting to recognize benefits. Main focus is recognition and acceptance.
- Yukon sending people outside for pain management clinics (some are 6 weeks long), a lot of the services utilized are available in Yukon.
- Allopathic and alternative practices should work together.
- Need education at three levels;
 - Recognition of registering bodies,
 - Referral to complementary modalities, and
 - Funding – insurance coverage upon referral.
- If people can afford to pay for services they should, but those who can't should still get the service.
- Shouldn't compare what Yukon pays/charges with the provinces – compare with other territories.
- Support tobacco and liquor taxing.
- Direct smoking campaigns at young people.
- Value and utilize health/social non profit organizations.



Yukoners for Funded Midwifery

March 13, 2009

Attendance: Representative from Yukoners for Funded Midwifery:

Asheya Hennessey

Steering committee members:

Allon Reddoch, Chair

Violet van Hees

Sandy Babcock, Secretariat

The Yukoners for Funded Midwifery was founded in 2006 and currently has approximately 50 members. Their mandate is to advocate for publicly funded midwifery services within the Yukon health care system.

Affordability and Making Choices

Yukoners for Funded Midwifery have done some surveys that indicate that women would like to use midwifery services, however they do not want to pay for it out of pocket. Current costs for midwifery services are approximately \$2,500.

- Yukoners for Funded Midwifery support Yukoners taking responsibility for personal well-being.
- Offer education programs in areas where Yukoners are at greatest health risk, i.e. alcohol and tobacco use.
- Midwifery services support individuals making personal choices and responsibility for one's own health.
- Believe public funding of midwifery services would provide cost-effective pre and post-natal care. Positive effects in terms of costs, human health resources costs, frees up hospital beds and staff and creates more positive experience for mom and baby.
- Yukon should support and encourage healthy lifestyles for moms-to-be.

What's Working and What's Not

- Yukon needs to look at other health care service models.
- Include midwife-assisted home birthing option.
- Yukon needs to adopt a more collaborative care approach to health care that would support a team approach.
- The government should proactively encourage the expansion of collaborative primary health care delivery models where it can be demonstrated that the model will work to ensure better and accelerated access to primary care in a more appropriate and more cost effective manner.



Recommendations

- Publicly funded midwifery services should be a choice for women.
- Believe appropriate education and support services are needed to assist people to make healthy life style choices.
- Develop flexible funding models to allow for adjustments in service provisions.
- Provide for financial incentives for innovative changes that would reduce the use of acute care beds and emergency interventions.
- Government should ensure that professional legislation allows all health professionals to work to their full scope of competencies. Currently, women using a midwife must also use the services of a physician because midwives cannot authorize certain tests.
- Consideration should be given to build on and expand current investments in, and actions to accommodate the integration of new health care grads into the workforce.
- Yukon should invest in Yukoners who would like to pursue midwifery as a career.

Other

- Yukon should consider a tax on fast food outlets similar to liquor and cigarettes.



F. Written Submissions

Office of the Yukon Ombudsman & Information and Privacy Commissioner

April 30, 2009

Thank you for meeting between your committee and Catherine Buckler Lyon of my office on April 22, 2009. The *Yukon Health Care Final Report*, September 2008 (the Final Report) and your Committee's task of collecting comments about its recommendations only recently came to my attention. As your Committee had only limited meeting times available, my schedule did not permit me to meet personally with you.

In my view, any consideration of the Yukon health care system involves personal health information in some way. This is some of the most sensitive personal information that exists in public and private sector files and databases, and it must be properly protected. It is therefore imperative that any discussions about the Yukon health care system must include and consider privacy protection.

It is very disappointing that my office was not recognized as a stakeholder during the Yukon health Care review. I did not have the opportunity to provide input during the preparation of the Final Report and was not asked to provide comments on the recommendations made to your Committee.

The Final Report does not recognize or address the privacy protection of Yukoners' personal health information in any of its discussion or recommendations. This concerns me, and it should concern the public.

As Yukon's Information and Privacy commissioner, I am responsible for monitoring how the *Access to Information and Protection of Privacy Act* (ATIPPA Act) is administered to ensure that its purposes are achieved. This responsibility includes commenting on the implications for access to information and for protection of privacy of existing or proposed legislation or programs. My office should be contacted to participate in any process that involves discussion about Yukoners' personal health information. For that participation to be meaningful, it must occur in the earliest stages of consultation, in order that the privacy protection of personal information be properly integrated into government decision-making.

My message here is simple – any options, alternatives or proposed changes to the Yukon health care system must carefully consider personal health information and include specific provisions for its protection. Privacy cannot be a last-minute consideration. Protections for privacy must be integrated into all proposed changes to the Yukon health care system in accordance with current territorial and federal legislation.



The territorial legislation protecting the personal health information of Yukoners in the public sector is the ATIPP Act. The federal legislation applicable to private sector health providers is the *Personal Information Protection and Electronic Documents Act* (PIPEDA).

However, as was pointed out at your meeting with Ms Buckler Lyon, it is important to recognize that neither of these Acts applies to the personal health information collected, used or disclosed by the Whitehorse General Hospital (WGH). This is one example of a serious privacy issue not recognized or addressed in the Report. In my view, the lack of privacy protection legislation applicable to WGH should be addressed immediately and must be taken into account when considering any changes to the Yukon health care system.

While I have suggested specific amendments to the ATIPP Act to address this issue and I am hopeful that planned Yukon health information legislation will specifically correct this problem, until such legislation is proclaimed it remains a serious issue. Several other instances in the Final Report were also pointed out, where it is unclear whether current privacy laws have been considered in the formulation of the recommendations.

Any action to implement the recommendations in the Final Report **must** address privacy of personal health information and comply with the minimum standards set by current legislation. Changes to the Yukon health care system should in fact be designed with foresight, to ensure compliance with health information privacy standards of the future.

I urge the government to conduct thorough privacy impact assessments of any decisions it takes as a result of the Final Report and the work of your Committee. It is standard practice across Canada for such privacy impact assessments to be provided to the Information and Privacy Commissioner for comment. I look forward to receiving the assessments and will provide commentary in order to make the Yukon health care system work better for us all.

I have enclosed a copy of my 2007 Annual Report, for your information.

Yours truly,

Tracey-Anne McPhee
Information and Privacy Commissioner



YTG, Sport and Recreation Branch

April 23, 2009

The Yukon Health Care Review describes the many excellent services provided in the Yukon by its Health Care System. We would like to submit, for your consideration, that:

A PRO-ACTIVE APPROACH TO ACHIEVING A SUSTAINABLE HEALTH CARE SYSTEM IN YUKON INCLUDES PREVENTION INITIATIVES;

and as such, **significant resources** should be allocated towards encouraging and providing opportunities for Yukoners to make healthy lifestyle choices (including active living, healthy eating and smoking cessation), to develop new and build on existing successful Yukon initiatives (for example: Yukon Active Living Strategy; Yukon Diabetes Strategy, etc.).

Extensive research has been conducted in the past 20 years which describes the link between physical inactivity and obesity and the resulting risks of chronic disease (coronary heart disease, type 2 diabetes, stroke, colon and breast cancer, colon cancer) (CFLRI: May 2008) and the associated burden on our Health Care System throughout Canada. Yukon is no exception. The “*pay now or pay more later*” concept is well-documented and highlights the fact that physical fitness and well-being reduces both the incidence and severity of illness and disability lowering healthcare costs (The Benefits Catalogue; Canadian Parks and Recreation Association/Health Canada, 1997). In recent years, research has also linked physical activity as the antidote for depression, entering into the sphere of mental health issues and related costs.

For your consideration, we present the following examples of potential PREVENTION initiatives that could go a long way to reduce the burden of Health Care Costs in Yukon:

1. YUKON HEALTHY LIVING STRATEGY - develop a Strategy that parallels the Pan-Canadian Healthy Living Strategy and incorporates existing Yukon strategies and initiatives in a coordinated, resource-sharing way. (In Yukon also include smoking cessation). The Pan-Canadian Healthy Living Strategy is “a framework for sustained action based on Healthy Living. It envisions a healthy nation in which all Canadians experience the conditions that support the attainment of good health. The goals of the Strategy are to improve overall health outcomes and to reduce health disparities. Grounded in a population health approach, the initial emphasis is on healthy eating, physical activity, and their relationship to healthy weights. Included in the Strategy are pan-Canadian healthy living targets - which seek to obtain a 20% increase in the proportion of Canadians who are physically active, eat healthy and are at healthy body weights. While ambitious, these targets can be achieved through collaborative action and will serve to sustain momentum from the 10 percentage point, year 2010 physical activity target set by Ministers responsible and for Physical Activity, Recreation and Sport in 2003.” (Public Health Agency of Canada Website)



2. CREATE AN ACCESSIBLE “YUKON HEALTHY LIVING CENTRE” - This Centre could potentially house various non-profit groups that deliver programs (often funded by YTG) related to healthy living in terms of prevention and management. Examples include: the ElderActive Recreation Association (promotes healthy living for Yukon Seniors); Recreation and Parks Association of the Yukon (delivers many healthy living programs throughout Yukon); Diabetes Prevention and Management; Cancer Society of BC/Yukon; Yukon Red Cross; Wholeistic Healthy Network, to name a few. The “one stop shop” facility has a proven track record in the sport and recreation environment. The Sport Yukon building is an essential and effective part of the sport and recreation delivery system in the Yukon and provides programming, services and information in one location for NGO’s, the City of Whitehorse and the Sport & Recreation Branch of YG. The proposed “Healthy Living Center” could provide the same positive and effective environment for promoting and implementing healthy living throughout Yukon. Shared resources for all the program and service deliverers in this area, just makes good economic sense.

3. REVIEW THE VERY SUCCESSFUL “ACTNOW BC” INITIATIVE AND CONSIDER TAKING A SIMILAR APPROACH IN YUKON - The Government of British Columbia invested a significant amount of funds for the Province-wide ActNow BC initiative, which delivers programs related to healthy living in communities, schools, and workplaces. For example: A “Healthy BC Women Secretariat” was recently developed within the BC Government. Yukon has some programming in these areas under the Yukon Active Living Strategy, but with extremely limited financial resources/investment to make a substantial difference in the long run. In BC, **the Premier has endorsed ActNow BC wholeheartedly**, and has requested that **all departments** in the Government have healthy workplace initiatives within their departmental plans. (website: www.actnowbc.ca)

4. LOOK WITHIN YG FOR IMPROVED LINKAGES BETWEEN BRANCHES WITH A MANDATE OF HEALTHY LIVING - Healthy Living initiatives are often associated only with the YG Department of Health & Social Services. To date, in 4 jurisdictions within Canada, Health Promotion and Physical Activity, Sport & Recreation Branches have been realigned within the same Department to ensure improved service to the Provinces in the area of Healthy Living. There may be the opportunity within YG to do a similar thing.

For more information please contact:

Karen Thomson, Director, YG Sport & Recreation Branch (667-5608)



Yukon Advisory Committee on Nursing (YACN)

Response to the Yukon Health Care Review

YACN acknowledges how fortunate we are in Yukon to experience the level of acute and illness care that we have. We wish to submit the following comments regarding the Yukon Health Care Review Report and the opportunities and areas of concern as seen from the Committee members' perspective. These fall into four main categories.

1. Innovation and increased accountability with the current health care system

A well-defined health care strategy is key to transforming the Yukon's health and illness care system into a sustainable system for the next ten years and beyond. Without a clear and comprehensive vision of the future of health care system it is difficult to move beyond the current system and structure as we know them. The opportunity is now to move out of comfort zones in current structures. This is an advantageous time to work with Yukoners in all communities and to create strong innovative partnerships with all levels of government, First Nations, Federal, Territorial and Municipal to build on successful service delivery structure and develop a responsive and sustainable health care system. Such partnerships would add strength and tenacity to our health care strategy.

Regular accountability reports that measure clearly defined quality health outcomes are critical elements to achieving a successful strategy. Regular transparent accountability reports ensure that systems are producing the outcomes expected. Currently, there are limited Yukon benchmarks that are tied to clear and comprehensive health objectives and goals.. How do we know we are meeting outcome objectives if the objectives have not been defined? How do we know the decisions that are being made are meeting stated goals if there are no stated goals? YACN notes the lack of mention of First Nations self-government in the document. The reality of eleven self-governing Yukon First Nations is a partnership opportunity unique and dynamic to Yukon. Only in working together can we create a sustainable health care system to serve all Yukoners now and into the future.

Recognizing that cost is a concern and suggesting several means of increasing revenue is certainly the strength of this report. The odd anomaly in health and illness is that all too often, those who use the illness care system the most may be the ones least able to afford user fees, premiums or other means of creating revenue. Perhaps some means of applying this "burden" to the entire population might be more appropriate and more acceptable to the values and beliefs of Yukoners.

2. Language

The use of the term "Health Care" when the system in question is "Illness Care" is confusing and may obscure the opportunity for real changes that can be sustained over the long term. It is recognized that intersection and overlapping of these systems are ever-changing. We refer you to the YRNA Model of Health and Illness Care that was presented to the Romanow



Commission in 2002 as an illustration of the concepts of Health, Illness and the intersection of Health Promotion, Illness Prevention and Informal Illness Care. A copy is available from the YRNA Website. (<http://www.yrna.ca/pdf/statement.pdf>).

If we can change how we name things, we can change attitudes. Let's talk about health when we mean health and illness when we mean illness.

3. Primary Health Care

This principle is embodied in the Declaration of Alma Ata of 1978.

(http://www.searo.who.int/LinkFiles/Health_Systems_declaration_almaata.pdf) and provides a real opportunity for innovative change and management of illness costs because it involves the public and focuses on health rather than illness, which is a lack of health. Health Canada's 12 Determinants of Health are integral to the principles of Primary Health Care and incorporation of these principles in decisions about services and spending should form the framework for all Yukon Government's decisions in recognition of the breadth of health. The concept of Primary Health Care (as differentiated from Primary Care) is missing from this report.

4. Social Capital

It is important to invest in the people who live in the community when it comes to creating a sustainable health care system. Those who live in the community will stay in the community. This investment in creative partnerships could lead to a strong sustainable system. Numerous examples of such partnerships exist in Yukon; the Outreach Van is one of many. Opportunities abound for partnerships such as working with the Community Development Branch in the Dept. of Community Services to develop social capital throughout Yukon.

5. Electronic Health Record

Yukon currently ranks twelfth (ahead of Nunavut) in implementing EHR Canada Health Infoway related strategies. Great work has been done implementing health-related technologies; a strategy and work to implement HER needs to happen.

Specific Comments on the Health Care Review Executive Summary

a) On page 13 of the summary, there is a statement that "This rapidly expanding population of Yukoners who are over the age of 55 years and their increasing health care expectations...". Where do these "increasing expectations" originate? Many of the public are not up on the latest tests, drugs and so on, in spite of the internet access. A critical and thorough examination of the creation or source of these expectations should be undertaken to ascertain whether this is a significant cost driver within the illness care system.

b) The report notes that Yukon has limited financial control over services provided by the provinces. The service that Yukoners have been receiving in outside hospitals/clinics over the years has been excellent and prompt. The mechanisms that have been developed with provincial facilities have been very well organized and maintained and most effective for urgent



or non-urgent care. While we would like to see this access maintained, is it possible to decrease our reliance on these services by focusing on Health for the population of Yukon?

c) The Summary of Recommendations includes a great variety of opportunities to increase revenue, but perhaps not enough on decreasing the need for illness services.

d) The first recommendation on “Personal and Collective Responsibility”, however, acknowledges the Health perspective while recognizing that the improvements in health may not change spending on illness in the immediate future.

e) (3g) The use of Health Care Premiums should be carefully weighed with the cost of administering such a system. There would also need to be some provision for those with limited incomes.

f) (4a) A very great danger exists in privatization of services. When one looks to other jurisdictions where these are common, the level of care is, in many cases, remarkably poor. The use of untrained staff and minimal staffing create environments that are hazardous to the health of the residents. Yukon has a reputation for providing excellent care in Continuing Care. Solutions such as additional Home Care services and support might alleviate some of the need for additional facilities.

In general, privatization of services, particularly with “for-profit” organizations, results in increased morbidity and mortality for the patient/resident. We can and should avoid this situation in Yukon.

g) (4b, 7) Collaborative Care Models provide a more cost-effective and coordinated care for the public and should be initiated immediately. For additional information, reference Health Council of Canada www.healthcouncilcanada.ca/teamsinaction and the Canadian Interprofessional Health Collaborative <http://www.cihc.ca/> for current information on Primary Health Care Teams, Interprofessional Education and Collaborative Practice. Most health care professions in Yukon are on board and very interested in such an approach. This initiative would also alleviate some of the Health Human Resource issues. When professionals are working to full scope of practice, the care that the patient/client receives is appropriate, collaborative and centered on the needs of the individual.

h) (7) Care should be taken when considering adding new classes of health care employees, whether professional or paraprofessional. There is a danger of “filling gaps with a warm body” and this does more harm than good in the long run. However, the report recommends examining the staff mix, and that is a key to utilization of appropriate staff as well as reviewing the job descriptions relative to regulated scopes of practice. Creating and supporting frameworks that enable all regulated workers to practice to the full scope of their practice will increase efficiency and service in the health care system.



i) (7) The utilization of Advanced Education and Yukon College will be key in the future as the shortages of professionals become ever more acute. Discussion with Advanced Education, Yukon College and the employers cannot begin too soon to determine the HHR required in the future. The Yukon College Health PCOP (President's Committee on Planning) has such a mandate, but has been underutilized in the past. Given the education of the health care professionals practicing in Yukon, we do not need to be timid about our ability to provide excellent education for health care professionals and paraprofessionals.



Yukon Anti-Poverty Coalition

April 24, 2009

Thank you for meeting with us on April 16th and listening to YAPC's views on the Yukon Health Care review report. Enclosed is the Yukon Anti-Poverty Coalition's response to the questionnaire "Taking the Pulse".

We wanted to reiterate our view that the sustainability of the Health Care system in Yukon involves more than the financial costs. Unfortunately, because this review is focused on spending and reducing costs to the government, it does not adequately address the issues that are fundamental to a sustainable health care system.

As we suggested during our meeting, YAPC believes that health care needs to be redefined using the social determinants of health. The sustainability of our system needs to be examined based on those determinants. We believe that investing in the community's health and well being will result in savings in other areas and that reducing costs in the Health and Social Services department's budget will not result in a healthier population.

YPAC proposes that improving communication and collaboration within the broad community of health care providers at all intersections will ultimately reduce costs to the system. This collaboration needs to occur in many areas including with the City of Whitehorse and the Canada Games Centre, mental health professionals and community supports. Collaboration in other areas, including the justice and education systems, is also needed.

Investing in prevention and early intervention is key to improving the health of Yukon people and reducing acute care use. Some examples are to recognize the importance of mental health prevention services for those who are isolated through day programming and/or one on one counselling; and enhancing Child Assessment Teams so that FASD can be identified early and intervention occurs when it is most successful.

The sustainability of the Yukon's Health Care system depends on money being well spent. Until evaluations of programs are complete, it would be ill advised to change them. It is important to note that even if other provinces and territories charge for some services at a given level, that is not a defensible rationale. Analyzing programs based on what works here will ensure our system does work. Keeping agreements up-to-date might increase revenue. Ultimately, if revenue is to be increased, it should be done through the tax system instead of via fees or deductibles. Low income Yukon people need equal access to all services including non-emergency treatments. Means testing is demeaning and administratively difficult.

Thanks again for the opportunity to provide input.

Yours sincerely,

Ross Findlater, Julie Menard and Bill Thomas, Co-Chairs



Yukon Holistic Health Network (YWHN)

April 8, 2009

Thank you for the opportunity for this meeting.

- The YWHN has been in existence since 2001, with an annual membership of approximately seventy-five. The YWHN's mandate is to **“actively network with others to increase public awareness and access to wholistic health, wellness and healing options through communications, education and advocacy. Mutual education and support among collaborating health, wellness and healing practitioners and supporter-members will be encouraged through visionary applied projects and organizational development.”**
- The YWHN's comments on the *Yukon Health Care Review*, at this meeting, are specifically focused on the recommendations **concerning “Collaborative Care Models.”**
 - The Yukon Wholistic Health Network (YWHN) supports the actions proposed to initiative collaborative, team-based and multidisciplinary health care models in the Yukon. We agree with the report's comments that there are many **“opportunities to improve the communication and reduce the “silos” that exist between health care providers and institutions/organizations.”** We suggest that “organizations” be defined to include the YWHN, as well as other health and wellness-related societies
 - The YWHN is pleased with the review's statement that following up existing opportunities that are already available, including the involvement of community health and wellness-related organizations, would **“improve service integration and result in improved patient outcomes”**
 - The integration of evidence-based complementary therapies, and the involvement of community health and wellness-related organizations and their staff into the Yukon Health system, should reduce costs and help make the health care system more sustainable. Examples of evidence-based complementary therapies include, acupuncture, massage, meditation, healing touch, aromatherapy, music therapy, relaxation therapies, such as yoga, tai chi and a wide variety of recreational and exercise activities.
 - The benefits of complementary therapies are found in many collaborative care health care delivery models that are operating throughout Canada and internationally. These benefits are clearly linked to specific recommendations in the Yukon health Care Review, including recommendations found in “Yukoners Personal and Collective Responsibility” (p. 14), “health Care Delivery Responsibilities” (p. 19), “Health Human



Resources” (p. 23), “Cost Drivers” (p. 24) and “New and Enhanced Services, Procedures and Technologies” (p. 24).

- The integration of evidence-based complementary health therapies (delivered by registered and certified practitioners) combined with the services of many other health and wellness-related Yukon non-governmental organizations, would likely increase the fiscal sustainability of the Yukon’s health system. At the same time these collaborative care “models” will improve the quality and effectiveness of services being provided, especially in areas such as chronic diseases (e.g., cancer and diabetes) and in areas such as health promotion, primary care, continuing care, home care, and palliative care.



Yukon Workers' Compensation Health and Safety Board

April 24, 2009

I write to inform you of the Yukon Workers Compensation Health and Safety Boards' (YWCHSB) comments regarding the sustainability of the Yukon Health Care system.

I want to acknowledge that we are very fortunate in the Yukon because of the health care system that we have. The Yukon is considered one of the very best places to be if you have health care needs and that indicates that the bar is high and so are our expectations of a health care system.

The areas of concern with the current Health Care system that have a direct impact on the compensation system include: lack of accessibility to visiting specialist, drug costs and controls including addictions, lack of physicians and allied health care professionals in the communities, various IT systems and no one system connecting all parties, the exorbitant cost of medical evacuations and medical travel, and limited emphasis on Health education.

There are no fee codes in our health care system for payment of health promotion or prevention. Consumers are seeking information on health, wellness and prevention from those they consider authorities in health. Consumers can not get those things from physicians in many cases because physicians do not get paid for those services. For injured workers Health Care professionals rarely spend the time to educate them about the health and recovery effects that work has because they cannot bill for that time.

As a third party insurer the YWCHSB pays a great deal for medical travel and rarely is able to access visiting medical specialists locally. There is a perspective that because we will pay for people to attend appointments in other provinces that appointments locally should be maintained for people under the insured health care program. What is not well recognized is that these costs for travel are borne by the employers through assessment rates. When these services are available here but not accessible it burdens our economic base and appears unjust. In addition each time we have to send someone out of the Territory for medical investigation it fuels the notion for clients that something must be wrong. The need for medical travel further complicates early intervention and return to work processes. The cost for medical evacuations, while a necessity, could be reviewed for cost effectiveness. At roughly \$20,000 per evacuation it seems pertinent to reassess the cost effectiveness of the current process from time to time.

The lack of health care professionals in the communities also increases the human and financial costs of injury in several ways. There are the travel costs themselves and more importantly is the challenge of recovery and return to work when you are not at home. People from the communities are disadvantaged in recovery and return to work opportunities when they have to spend time in Whitehorse or points further south to receive treatment for their injuries. It is



well recognized that providing adequate health care services within the communities is a long standing issue particularly given the deficit in human resources for health care.

To some degree there is overlap between the drug costs and controls and using many unlinked IT systems within the Health care system. The YWCHSB has concerns about the inability to track medication use and misuse. It is well known that people will use multiple doctors for their prescriptions and sometimes multiple pharmacies and there are no safeguards from these practices. Overdoses and addictions are difficult and expensive issues to address and prevention is a more cost effective approach if there are systems in place that could monitor prescriptions and provide other data for management of the health care system.

Sustainability will only be achieved by a long term focus on health rather than a reactive focus on treatment. Currently there is insufficient data collection and analysis of usage and trends within the health care system to construct long term plans. Sustainability of health care is dependent upon other social programs and services such as alcohol and drug services, housing, and environment and cannot be examined in isolation. I did not find evidence that the determinants of health were factors given consideration as part of the health care system review.

The YWCHSB recommends an emphasis on Health education and Prevention in the Health Care system. Let's pay health care workers to educate, counsel and problem solve on health issues rather than wait until disease or injury occurs.

Sincerely,

Karen Branigan
Health Care Services Liaison
Yukon Workers' Compensation Health and Safety Board



Yukoners for Funded Midwifery

March 13, 2009

Written Response to Recommendation from the Review;

Yukoners must increasingly take responsibility for their own personal well-being... Governments accordingly must work in conjunction with individuals by offering appropriate and cost effective education, support services...needed to make more healthy lifestyle choices, and appropriate changes in service utilization. Changes that improve individual well-being are long-term investments to the health care system...

How Funded Midwifery Services Fit;

A basic value of midwifery care is informed choice, where the woman is educated about and takes responsibility for her own decisions surrounding her health prenatally, during birth, and postpartum. Unlike the traditional doctor/patient relationship, which can be very hierarchical, primary maternity care by midwives fosters a balanced relationship, with a holistic perspective. Midwifery care generally results in a higher breastfeeding success rate, which is a major contributing factor to long term well-being, reducing the incidence of chronic ear infections, diabetes, asthma, obesity, and much more.

Written Response to Recommendation from the Review;

...offer education programs in the areas where Yukoners are at the greatest health risk, and where evidence demonstrates that they are effective programs. These areas of greatest risk include...excessive alcohol usage, tobacco cessation...

How Funded Midwifery Services Fit;

Personalized care from midwives, demonstrated through long prenatal appointments (1 or more hours per appointment) and postpartum in home care, provide opportunities for midwives to support women in not drinking alcohol or smoking while pregnant and after baby is born, leading to less incidence of FASD and other negative health impacts, creating a healthier long term population.

Written Response to Recommendation from the Review;

The funding model developed needs to be adaptable to allow for adjustment in service provision where mutually agreed upon. As well, it should provide for financial incentives for the introduction of innovative changes that reduce the use of acute care beds and emergency interventions.

How Funded Midwifery Services Fit;

It has been well documented that midwifery care as primary maternity care reduces the number of emergency interventions performed during births, without increasing rates of mortality or morbidity for mother and baby. The current Caesarean section rate at WGH is 27%. The World Health Organization states that the best outcomes for mothers and babies



occur with a Caesarean section rate of between 5% and 10%, and that if the rate is over 10% to 15%, unnecessary caesareans are being performed. Caesarean section is a costly procedure in itself, and usually requires more hospital time for mother and baby, which is also costly. Estimated costs for a Caesarean at WGH are \$8,796, including hospital stay. A vaginal birth, requiring a shorter stay, has an estimated cost of \$4,248.

Caesarean section is also in itself considered a maternal morbidity, and can have long term negative health effects for mother and baby, so reducing the number of unnecessary Caesareans would result in greater long term well-being. Incorporating funded midwifery services into hospital care would be beneficial for both the hospital, in terms of freeing up beds and staff to attend to higher risk maternity patients, and for families, in terms of a more positive birth experience with less trauma, more personalized care, and greater long term health benefits.

Written Response to Recommendation from the Review;

Yukon government must select health care delivery models that will improve patient outcomes and provide an appropriate range of services at the same or lower cost as the present health care delivery model. Alternative and creative delivery models are needed to maximize the cost effective/efficient deployment of scarce and sometimes shrinking health human resources if the Yukon Health Care system is to be sustained at current levels.

Written Response to Recommendation from the Review;

The use of midwifery services for primary maternity care reduces in-hospital costs as well as allowing for home births, which provides the system with a major reduction in costs. Planned home birth with midwives for low risk women has been consistently documented to provide care that is as safe as hospital care, without increased mortality or morbidity to mother or baby, and with significantly reduced interventions which lead to a more positive experience and better health for mother and baby. The Yukon government should fund midwifery services, and encourage home births for low risk women through education about the safety of home birth. This would not only provide cost savings, as no hospital stay would be required in most cases, but would also free up hospital resources (both financial and human) for higher risk women.

Written Response to Recommendation from the Review;

The government should proactively encourage the expansion of collaborative (or team-based multidisciplinary) primary health care delivery model where it can be demonstrated that the model will work...in clinical models, in an effort to ensure better and accelerated access to primary care in a more appropriate and more cost effective manner.

Written Response to Recommendation from the Review;

The best maternity care is collaborative care. If the primary service of midwifery care were funded, midwives would become part of a collaborative maternity care system, where doctors and nurses could learn from midwives about non-intervention, and midwives could continue to



offer care to clients who also require the services of an obstetrician, resulting in the best overall care for women. Midwifery care would also help to decrease the maternity patient load for family physicians, which would provide more resources for Yukoners who are currently without a family doctor.

Written Response to Recommendation from the Review;

The government should ensure that professional legislation allows all health professionals to work to their full scope of competencies. The review of legislation/regulations should include the examination and assessment of current trends in other jurisdictions pertaining to the practice of health care professionals and consider their applicability in Yukon.

Written Response to Recommendation from the Review;

The Yukon government should invest in Yukoners who would like to pursue midwifery as a career. We are currently aware of a least three individuals in the Yukon who are interested in pursuing midwifery, but perhaps due to the lack of funding both for midwifery services and for education, are not doing so.

The Yukon should also consider apprenticeship with an experienced midwife, with an exam by the Canadian Midwifery Regulators Consortium, as a valid course of education for this profession.



Individual Submission 1

The budget, increasing costs, solutions, etc.

I have lived with 20 years of chronic pain related to car accidents. I am a poster child for why they should keep drunk/dangerous drivers off the road. In my case, physicians were not able to give me a specific diagnosis as nothing was “broken”. The solution to my pain was always pain killers, muscle relaxants and anti inflammatories. There was never any discussion about what I could do to heal the damage or side effects from medication prescribed. I did that research finally and decided the health risks, short and long term, were not worth it. It would have kept me coming to the doctor regularly for more drugs without any real solution and later developing more problems from the side effects. I did not want my life to go that way or to become a chronic frequent flyer at the medical clinic. I then embarked on alternate therapies, chiropractic, naturopathic, therapeutic masse (most unpleasant) and acupuncture. 20 years only, I am, for the most part, pain free. A pleasant side effect from those treatments was no more migraines that I had since childhood, painful periods every month, eczema, irregular heart beat (since childhood) or severe allergies. While I do still have a few allergies, they are certainly a far cry from what they were. I do not understand any profession that can be so closed minded as our medical doctors here. My methods worked for me, though perhaps would not for other.

My point being, I’m not a drain on the health care system and feel better now than 20 years ago. I think the solution to the problems the system currently has, lies in large part with the medical community. While profitable for them, it’s not helping in the long run. Almost exclusive drug therapy as the treatment of choice is not the only or necessarily best way. Using their practices and holding a gun to every Yukoner’s head is staring us in the face. With all health care professionals working together, we can resolve the problems, both for the system itself and for the individuals in need.

Seems rather simple to me.



Individual Submission 2

Access to affordable, effective health care is a right but also an obligation. As individuals, parents, governments we all have a role to play in managing costs and optimizing health care delivery systems.

We need a wholistic approach in the Yukon and Canada yet we have created structures and models that promote inequity and protect professional turf.

For a small jurisdiction, overall we get good value for the dollars spent. We cannot afford to provide all the services and facilities of larger jurisdictions but we can be leaders in “good practices” creating solutions appropriate to our scale. This exercise is one basic step in putting our house in order.

We need to establish logical benchmarks and service delivery standards appropriate to our circumstances such as the telehealth initiatives that connect nursing stations to specialists in real time.

We have to be careful to make sure we are not simply continuing to address symptoms rather than root causes and follow the health care chain back through the stages. We need to balance a stick and cannot approach so those who take personal responsibility for health care benefit and those who choose not to, pay a price or penalty for their behaviours. We know that the baby that receives adequate prenatal care, food and healthy exercise has a better chance of a fruitful and productive life than the one that does not. We also know the same is true later in life so healthy living is a cradle to grave investment.

The survey does not discuss mental health costs nor does it show and discuss the connection to other departments. For example, what does it cost to house a prison inmate versus someone in an extended care facility?

It would have been helpful – before this survey was sent out to have provided a summary of what the health care study found as well as what was or was not within the scope. The survey makes general references to other jurisdictions but are we comparing apples and oranges or are these appropriate benchmarks? Do we have the records and have we analyzed the data sufficiently to identify root causes and opportunities for improvement?

Politically all Parties need to be clear on what principals they support, the service standards they want to achieve and how they will measure results within a realistic time frame.

Thank you.



Individual Submission 3

Affordability and Making Choices

Priority

Focusing on different types of “Collaborative Care Models” beginning with specific areas, such as, continuing care, home care, palliative care and primary care, is already improving the quality of health care services, improving access to the system and making the system more affordable everywhere such models have been implemented in Canada and indeed around the world! And if Collaborative Care Models are designed to include selective, evidence-based complementary health and wellness practices these models provide even greater benefits with regards to quality, access and fiscal affordability.

(The paradox is that access to many complementary and wellness services are already available to, for example, Yukon government employees, the RCMP and military, WCP beneficiaries, prisoners, and to private sector employees under some benefit programs... but strangely not to other citizens!).

Action on the “Collaborative Care Models” recommendation should be a key priority.

Manage within the money available:

- a) The appropriateness of this question is not clear. Choices are always going to be required. I do not understand a question that begins with the assumption that the revenue side of budget is apparently fixed or declining, or that does not take into consideration savings that may occur because of demographics, or technology or (most important!!) that management practices will improve, etc.
- b) In the short term, invest more of the health care budget in health promotion as a way of making people more responsible for their health (the review’s #1 recommendation). Also invest in health care information technology (e.g., electronic patient records) as a way of reducing long-term costs. Begin separating health care operating costs from investment costs. Budget for some health costs, such as technology, or the planning and implementation of new delivery models and health promotion as the government now budgets for roads or other capital expenditures.
- c) It is just a vague uneasy feeling...but, there are signs that it is taking far too long for changes to be made to improve and lower the costs of the Yukon’s health care system. Why, for example, does it take soooo long to set up a tendering system for drugs and for medivacs or to introduce proven ideals like Collaborative Health Care models, or to build independent living facilities for seniors downtown so that they can improve the quality of their lives and



their health; all of these steps contributing to lower costs, etc. etc? A practical test of this impression will be how the government and the bureaucracy (and the political parties and the media and auditor general... and the public!) handles the results of this review.

How to increase government revenues

- a) Increasing taxes to support the health system, as it exists without implementing most of the recommendations, would not make much sense. Introducing targeted tax or fee increased to measurably improve parts of the system (e.g. new technology, new collaborative care models, new co-located health & wellness facilities, better health promotion programs, etc. would make much more sense. Any changes should be accompanied by accountability systems to measure the outcomes and effectiveness of the tax and fee increases.
- b) “appropriate” fee increases should be “flexible” and subject to continuous independent review and comparison to “best practices” in other similar areas in Canada (And costs should not also not always be going up, but going down as well, depending on efficiencies taking place, changing demographics, etc.).
- c) This is a stretch of an idea, but having spent parts of a few winters in Florida, where “health tourism” is a major part of the economy, I think the following ideas might work...but only if carefully planned and implemented. And probably the ideas would work best if the definition of health care is widened to include wellness and health promotion programs. Etc.

First, this idea of increasing government health-related revenues would be centred on two separate “government” entities—the Whitehorse General Hospital Corporation and the Yukon College.

Second, modifying parts of the internal “culture” of the hospital, and to a lesser extent the College, towards becoming “social entrepreneurs” would require that a separate administrative office be established to promote and manage their health-related revenue generating activities. (The College is in a somewhat different situation because it already has systems in place to generate tuition, etc., -type revenue, but these ideas are focused on generating much increased revenue from new health-related activities).

Third, because of lack of space, only four examples of “new” revenue generating activities are given here.

- a) I’m assuming that some of the new hospital technologies (e.g., scanning devices, lab tests, etc) are underutilized. I also am assuming that the hospital cannot acquire other, even higher-cost, technologies because of the same lack of potential “users” (which means, for example, that Yukoners have to go to Vancouver, etc. to acquire these services). This raises



the possibility that selected scanning, testing, wellness, etc. health services could be marketed to the thousands of US visitors that pass our way each summer (and winter too, from nearby Alaskan communities!). The objectives of taking this step would be five-fold: (1) generating revenues for the hospital (2) improving services for Yukoners (3) reducing health costs, and (4) developing new “niche” tourism markets, and without making too much fuss about it, (5) doing the “right thing” for visitors to the Yukon.

- b) If (A) above is implemented, some visitors may have to, or wish to, stay over for a few days to receive test results, etc. and if so they could make use of the empty student accommodation space at Yukon College. In order not to compete with, or to distinguish itself from, the private sector, the College could generate additional revenue by developing and offering short health-related workshops in a variety of health and wellness-related subjects, especially those subjects that are commonly defined as alternative and complementary health practices.
- c) This idea, which involves both the Hospital and the College, is harder to put forward in this limited space, but is based on other personal experiences, especially in Northern Quebec. There, the slow but increasingly important revenues being received by medical facilities, academic and First nation institutions, for research-related activities into health and for complementary and alternative medical (CAM) practices, should be looked at in terms of their relevance to the Yukon. Steps like this will have a favourable impact on the modernization and quality of health services, help address human resource issues, and reduce health costs, and last but not least, help the evolution of the College into a unique “True North” university.
- d) Finally, the two year fund practical nursing assistant program at the College, (that is linked, by student practicum’s, to the Health care system) should be developed into a permanent training program and be marketed outside the Territory. And other medical training programs (e.g., Nurse Practitioners) and also CAM training programs should be developed and marketed in the same manner. Steps like this will have a favourable impact on the modernization and quality of Yukon health services, help address human resource issues, and undoubtedly reduce health costs, etc.

What’s Working and What’s Not

- I would give the health care system an easy 8 out of 10. My comments above are not meant to be taken as criticisms!

I believe that the Yukon is capable of setting a very high standard for modern and forward thinking health care planning AND delivery in Canada. The Yukon will never be able to do this until (1) we achieve much more progress with First Nations health care and education etc., issues (2) we truly use more of the health care-related capacity that exists in all of the



government departmental “silos” (the Departments of Education and the Environment in particular) and (3) that the public is “coached”, “encouraged”...whatever you call it, to learn to take more responsibility for its own health and wellness and (4) that Yukoner’s “expectations” for the health system, and for being proud of their own health and wellness, grow to become the highest in Canada, if not the world!

Thoughts about recommendations in the Review

Questions c), d), e), f), and i)

Geography and population make-up and density especially dictate that comparisons be made to the two other Territories, not to the provinces.



Individual Submission 4

Q1 – What do you think are the priorities...

1. Maximize the use of the skills that are within the system or community by reducing the ‘silo’ approach to health care. There are many options. Whether this is through the use of navigators, booklets of information explaining how/what to do, ability for doctors &/ or physios to work with other therapists (massage, fitness, etc), there is a lack of working together / a disconnect causing much to ‘fall through the cracks’ and/or strain the system;
2. Health maintenance, prevention of the need for care and citizen responsibility. Advertising only goes so far. Could explore further integration of healthy options into the education system, tax system, etc.

Q1 – how to increase revenue

Yes, but would take a series of discussions on the internal inefficiencies in the different areas and then possible way to link them to each other more efficiently and effectively. Eg: pre-op and post-op care of joint replacement or cardiac issues, assisted living needs for both the aged and those recovering from serious injury/illnesses.

Q2 – what’s working/what’s not working

To be honest, I am not sure what is working well. I have heard positive things about cancer care but more concerns about the health care system than compliments.

B: what’s not working well: will limit to 2 areas for this:

-care seems to be ‘doctors only’ (if you can get one) with little, if any, linkage between doctors and who/what will support their patient’s health. Specialists do little follow-up or recommendations on how to improve your health after they have done their operation, yet they don’t line you up with the appropriate person either;

-delays and/or lack of people to provide the service. Eg The hospital physio is excellent – if you can get into it. Even once you are in, you are limited and not able to get the time that may be necessary to get anything beyond ‘functional’ (which is determined by the lowest common denominator as opposed to your needs), because there are not enough physios available for the demand. This problem is just going to increase with the increase of services being provided by the hospital;

-there is a gap re: assisted living type care. Whether it is for the aged or those recovering from major trauma, there is no ‘halfway house’ for those who can’t live alone, but don’t need a MacCauley or Copperridge.

C. How could this be improved

I will deal with only one small example due to space and time limitations. While these ideas could be / are being used in other areas, there is little if any information or support provided to those who are in need of a joint replacement. There is much that an individual should be doing in a pre-op phase, during and post-op phase. Two thoughts developed from personal and awareness of a number of other people’s experiences:



1. Develop a booklet/manual that could be available in GPs offices, at the physios, in the hospital, on line, etc. that describes what you need to do, what you should be doing, what you should expect, who you should be contacting when, places for support, etc. There are many on line, mainly from US institutions, but VGH has a relatively good one. As soon as someone is told they are a candidate, give them the booklet. It was told I has to have a joint replaced and ‘the specialist MAY see me in 6 months; Call if you don’t get in”. By researching my own information, and passing it on to many others, I have stayed out of ‘harassing the system’. However, not everyone has the time, resources, or energy to do what I did.
2. Get a navigator. There are a lot of different needs with joint replacement: eg pre-op prep, physio, exercises, prep the home, potential OT need, equip needs, setting up appts for post-op, etc. None of that is in the doctor’s purview. Who do you go to when? How do you set it up and ensure that it is done right? While much can be written in the booklet referred to above, a navigator would be extremely helpful for those that can’t/don’t want to do it on their own. (I have provided 4 people this type of information this year alone....it would have been lovely to have been able to provide them with an individual to call or a booklet to give them instead of my note

Q3. (d) Chronic Disease and Disability

This may be worth exploring but with **VERY** careful consideration that it does not increase the burden on those that cannot afford it. \$50,000 as a cut off is a very low cut off. Not sure of the dollars been talked about.

Q3 (f)

By grandfathering in those that are there and possibly a sliding scale over a 5 – 10 year period (yet another option paper), but always have something that is there for those that have nothing other than need. By raising the rates and with the increase in the Yukon’s retiree pop staying here, a private care facility may be able to make sense

Q4. The review had info in the paper in Nov/Dec 08 and then nothing other than the ads for the public mtg. Too bad that there is such a short time frame and not much ‘chatter’ in the papers/radios. This is a very difficult field. In light of my experiences and the experiences of others that have fallen through the cracks, I firmly believe that there is much that can be done with the monies available that will improve the service and delivery of health care to us, without jeopardizing the principles of universal health care. The struggle to make things better will continue. Just looking at the dollars in isolation is not helpful. Hopefully this process will move things forward a little bit.



Individual Submission 5

1. Several years ago I helped out a senior neighbour that needed some extra help when his health started to fail. It was difficult finding out from home care what services were available to seniors. Several neighbours were willing to help out but home care really wouldn't divulge what they were willing and or able to do for the senior (80+) so we could pick up where it was lacking, it took quite some time to get this all started.

So a more open policy on this would be very helpful and there may not be such a drain if volunteers could help pick up some of the slack especially when they are willing. (I know we don't want to take work away from employable people but...)

2. I was surprised that items such as boost, ensure drink etc. was free to seniors. I don't think that is something that is necessary it could just be part of their regular grocery items.

3. Also the price of McCauley Lodge I thought was very cheap especially when most seniors get regular Canada Pension cheques and could very well afford a much larger fee.

The particular senior I helped out had no dependants, sold his home which was free and clear of any dept. He had no other debts of any kind and was able to leave several hundred thousand to an estranged son. He had Canada pension, old age security as well as items paid for by the army (with other dept other than a phone bill at McCauley)

So this senior could well have afforded to pay extra at McCauley Lodge. I know some could and would get around it by giving their family living inheritances but let's be a little more realistic and perhaps we wouldn't be getting into so much debt.

I would also like to know why it is that we now have to go back to the doctor's office several times for the same problem, what happened to phoning up and having them tell you that all of your blood work came back fine? Having to make an appointment for this seems like a waste of time and health care dollars. It seems some of the common sense things have gone from government thinking.



Individual Submission 6

Declare an all out war on cigarettes. Sue tobacco companies. Develop a really effective marketing campaign strategically aimed at children. Make smoking look uncool. Use strategies of tobacco companies who target children. Every time they get a child hooked they know they will make millions over the life of the child and society will be stuck with the health bill.

Use celebrities (sports, film, music) to make smoking look disgusting to young people. Do not punish people who are addicted by raising taxes. They already have problems and probably want to quit. Exorbitant taxes just make life even harder for them & their families. This should be funded by the Canadian cancer society.

Get rid of the “sin & punishment” model for alcohol, drugs & tobacco. It doesn’t work! Try education & positive initiatives. Let’s stop being puritans and start being a society of celebration.



Individual Submission 7

I did not really give much thought to our health care system. I just took it for granted; as I suppose most Yukoners do.

As a native person I still use traditional medicine for minor injuries; also colds. We need our elders to teach us more about this. It can start in the schools. As a child my mom used to make us gargle with salt water when we caught a cold. The care takers in the communities are a big help to our elders.

The out-patients from out of town should be placed with relatives or other cheaper places other than hotels. I know people from Old Crow are always drinking and have others in their rooms when they are here for medical reasons.

The rooms cost too much and there should be other alternatives.

I know some people who are on Tylenol 3 or stronger pills sell them to people at the bingo hall. I've witnessed elders passing pills to boys for money.

With the communities having running water now, the water tanks should be cleaned & steamed.

I think some people are getting sick from the water.

More people should become aware of our health system as I know a lot of people don't!

Thank you! Keep up the good work!



Individual Submission 8

Thank you for allowing me to respond to the Health questionnaire and provide some additional comments.

!.. As a Yukoner, I would suggest that additional research work be done on Yukon demographics by enlisting the services of a futurist. If all the decisions about health care are made based upon Yukon's present population, both numbers and ages, then the Government's decisions will be based on inadequate information. Recently the Executive Director of the Futurist Society in Vancouver spoke to a business group and clearly stated that Yukon's population will not remain the same. There is no status quo or the good old days when it comes to the changes that are coming to the Yukon.

- a. I would like to think that in all Yukon there are enough creative thinkers who could risk some new ideas like Health Tourism to help the health care system pay for itself through resources from outside. Considering that tourism is touted as the second major contributor to the Yukon economy, extending tourism into the health field (relaxation, plant extracts, massage, and even a spa type program for those with addictions) might be taken into account.
- b. Before making any decision is made about spending more money on health care and less on other government services, an in-depth program review should be undertaken to ensure that all other programs (outside the health care field) are offering quality service and doing so effectively. Not all the programs that appear part of the most recent generous budget may be essential and efficient.
- c. Instead of simply making choices for health care within the money available, look outside the box to seek ways to increase the GDP and make more money available for health care, not merely on the back of the Federal Government.

2. The questionnaire asks "What is not working well in our health care system" Since we do not know what is meant by "well", and the statement is not qualified or quantified or even defined it is impossible to be completely definitive about areas of health care. Despite the lack of funding, the bad location and the unbelievable pressure on the staff, Alcohol and Drug Services is working but not as well as it could. It would seem that ADS has been relegated to the back of the heap because Yukoners do not wish to admit that alcohol and drug addiction are two of the main causes of disease and accident in the Territory.

Alcohol and Drug Services are not well known to the public and we are not on politician's radar either. Both Government and opposition politicians seem quite ignorant of our existence. We also seem to be low profile within H+SS. Is that due to our manager? Director? Assistant Deputy Minister? Communications Director? All of the above? Is it a conscious decision to avoid public attention or poor marketing and publicity? And even when a member of the public



meets with a politician to express these concerns, the concerns and the individual are ignored and the politician changes the subject, I suppose because the issue of addiction is embarrassing.

The dedicated staff is under-resourced and over worked. And yet they do very well because they are consummate professionals and really committed to the people that come to Sarah Steele. Any mistakes that made are made by those who have little knowledge of the needs of the addicted.

The suggestion that addiction treatment could be combined with a corrections facility is truly political nonsense. Another nonsensical idea is call the new jail a “Healing Centre”? Double speak – although it seems more bush league pathetic than insidious. I’m not against having therapeutic programs in a jail. A range dedicated to therapy within a jail is a great idea. Expecting people who are not incarcerated to go to a jail to get treatment is not a great idea. Who came up with that? I hope it wasn’t anyone with any training or experience in treatment or psychotherapy. It is very difficult for most people to take the first step and seek help for an addiction. Who would get over that hurdle if it also meant going into a jail and being treated with inmates even if the areas were divided?

There is a place for mandated treatment, but an effective program for mandated clients will be quite different than one for voluntary clients. Mandated clients may attend treatment to shorten a sentence or avoid jail time. If clients with these motivators also genuinely want to change then they will fit in a voluntary group. But clients who are not ready to change are in a treatment program the first step in treatment is to move them through pre-contemplation to the decision to change. Mixing resistant or re-contemplative clients with willing clients is unfair to the willing. This is not to say that inmates cannot be voluntary and willing. Anyone who has made a decision to change and is genuinely seeking help can get it in a voluntary group.

Here are some suggestions for programs that would work:

A health centre that includes addiction treatment. A multi-disciplinary team that includes a nutritionist, an activity therapist who looks after physical activity-related issues as well as leisure development, group therapists, and probably a physician or a walk-in psychiatrist. That’s more like the way in Ontario (i.e., Homewood, Bellwood, and even Stonehenge) Rideauwood (Ottawa) and in Nanaimo.

If you’re looking for a more *rounded* approach to addiction, there’s no behavioural treatment component in the (ADS) programs. The program needs leisure development, physical activity (i.e., light sports), more behavioural therapy (i.e., planting of trees, how to apply for a job, cooking together, the basics, etc.). That’s more in line with addiction research, what works. A good Center must have several of the following: An aftercare program. A pre-treatment group helps too. Counseling in the evening for working-professionals. Theme-specific groups (i.e., anger, trauma, etc.).



Yukon should be the first in North America and put forth a mandate that all counselors *must take* certain amount of time off in a year. A mandate that says, you can only work so much (i.e., one week off every two/three months). That would help professionals. That would also keep professionals in the field longer. Teachers get the summer off. Counselors should be mandated to take work-supported vacation every two months. Then there would be less burn out. That's how it set up in parts of Europe as well as some of the countries in Latin America. Yukon could be the first in Canada.

Another consideration should be the complete integration of prevention services with the other addiction services in the same building. Speaking of buildings, the present Sarah Steele building is inadequate, institutionalized and contains some of the worst colors for depressed clients. The Detox portion of the ADS should never have had its doors painted purple, nor should clients be crammed into that facility cheek by jowl.

It is time for Health and Social Services to get in a reputable and knowledgeable health//addictions consultant from outside Yukon since Yukon has very few "experts" on this area of health care. Bellwood used to do consulting, I'm sure they would be happy to come in and set up a strong addiction treatment layout, if need be. Majority of big centers in North America follow Dr. Bell's model.

At ADS, they need a supervisor who looks strictly after the staff and one that looks at the operational component. They could bring in a psychologist so that staff can be debriefed and supported by an independent party.

An ideal program would include the following:

The program would have several phases. Some people would be in treatment for a month or less, some for much longer – depending on need.

Assessment Phase:

Individual client's treatment needs would be established by an extensive assessment process, after which the clients would review the assessment with the counsellors and decide on a treatment plan.

Stabilization Phase

Some clients would benefit from a "pre-treatment" or extended detox period. Depending on individuals' needs, this would be provided by day programming (where clients go home at night) or in a residential program. Some of the components of this program could include:

- High protein, high quality food, mineral/vitamin/supplement treatment. See: http://www.healthrecovery.com/HRC_2006/Alcohol_Treatment.htm
- Exercise, fitness, gym, pool, yoga, etc
- Nature – outdoor activities
- Culture, particularly First Nation, land based cultural activities



- Arts, crafts
- Music
- Psycho education
- Life skills and emotional regulation training
- Support group participation
- Some less intensive individual and group treatment
- Ongoing assessment

The length of this phase would be decided by the client's individual needs and readiness for the next phase.

Intensive Treatment Phase

The above components continue with the addition of intensive group and individual therapy. This would be a residential program and the length of this phase would depend on individual client's needs.

Post-Treatment Phase

For some people ongoing support in a sober residential setting is required. Others may be better served as outpatients. Again the program would be designed for each person according to assessed need. This phase could include:

- anything and everything from the stabilization phase
- continue with (less) intensive group and individual therapy for those who need it (especially with those clients who have experienced abandonment, loss, neglect, abuse, trauma, other unresolved issues, depressions, anxiety, etc...)
- education and job skills training
- sheltered (sober) work experience

Maintenance

- Ongoing support as required (different for each person).
- Some clients would be best served if they lived in a "Recovery House" – sober house with supports, while they went to school or worked and this could be as long term as the client wished.
- Others would not need residential support, but could use any of the above components on a regular or intermittent basis.

Of course, the immediate question asked by the politicians and bureaucrats will be how can we afford this expansion of our present program when we are looking at what Yukon can afford and making choices of what to keep or eliminate. Now is the time to plan, not just buildings but the programs housed in those buildings, planning based on some of the outstanding models that exist, for instance, Edgewood in Nanaimo charges for its services and for the three to six month stay at the facility. One questions why a program like that could not be established in Yukon. Those planning and thinking about the future of Alcohol and Drug Services should find outside expertise and do some research on health tourism.



Individual Submission 9

For a long time now the Yukon Government has not taken fees for Medicare through tax incentives/deductions this in my opinion has increased our health costs tremendously; in addition the increase of elders staying in Yukon and young professionals being attracted to good paying jobs, healthy environment and a slower pace of work has also contributed to raise the costs of servicing the health departments.

More however, some of our **system lacks checks and balances to stop mis-use** and abuse of our system, particularly when some families are unscrupulous abusing the system when part of their family have taken up residency outside of territory but still claim through post boxes and family connections take advantage of the system.

Also the word has been out, that the Yukon is indeed providing chronic care at little to no cost of people with aids or other chronic health problems, in addition to those, elders over 65 who are now coming up from expensive city living conditions/Society's to retire here, to take advantage of a generous system of health care provisions.

No wonder we are facing a crisis!

1. Affordability and Making Choices – priorities to work on:

A= Start charging a minimal user fee for all Yukoners, suggested is the following breakdown:

An age limit for the young and old that will exclude them from this fee e.g.: under 16 years of age and those that is greater than 65 years of age, with other words these that can least afford the increase in cost.

(Based on current statistics, that should generate revenue of about \$6,000,000 year from the age group 17 – 65 @ \$250 ea/year

A sliding scale contribution for the age group 17 – 65 e.g.:

Minimal wage or welfare recipients may have, because of lack of income, to pay nothing or perhaps a small % of the fee structure.

Higher income (as they will be generally speaking, the least in need of health care services due to better income, education, mental health etc) may have to be charged more (not popular I am sure). This could all be generated through Revenue Taxation in concert with Revenue Canada.

B= Promote the 811 help line for inquiries and diagnostics for minor ailments and incidents. Promote education on self care; your book “Yukon Health Guide” is a good beginning (and has helped me several times) should maybe distributed also in CD/DVD format? And have them lying around in the Libraries for distribution and pick-up.



C= Adjustment of incentives during recruitments DOWN. In attracting new Dr and other care givers, stress the stress-less area they will be working in, the Yukon's outdoor and recreational possibilities, patient to Dr Ratio etc; for a lot of new medical personnel that should be enough to want to work here.

D= Adjustment of incentives to pharmacies and Doctors DOWN e.g. Dispensing fees should only be charged on NEW prescriptions and not for renewals/or repeats with the same patient. The same for DR visits for just renewal purposes this should be no more than a administrative fee, rather than a consultation fee, as is now going on. There must be other costs that ca be looked at along these lines.

Question: 1 a) somewhat disagree
1 b) agree

Question: a) Strongly agree (see my note under "A" @ \$250/year)
b) (Page two), agree
c) see my notes under "A, B, C and D"

2 What's working and what is not?

Question a) the Chronic Pain/illness is working well, but is a real cost consumer – Look at what the main illness are and then ID what the best approaches could be to reduce these cost not only in medications, treatment, Dr visits etc but also in preventive education/management.

Question b) the abuse the system is prone too and receives. A stricter monitoring and cross-references need to be put in place to prevent this leak in the system

Question c) One way I see taking control of mismanagement and loopholes in the system from abusers, is a policing system like the WCB has in place to catch and charge abusers that live outside the Territory but are still using this area as there "home" this is a large drain on the medical funds.

On follow-up by Doctors and other associated healthcare professionals, in and outside of the government resources by institution of a "Loop feedback protocol" for example: I received drugs to the tune of \$600.00 (this was free as I am over 65) to assist me in getting my injured back stabilized. Was also advised to consult with a physiotherapist for proper adjustments and exercise programs. Was given a battery of daily exercises – I choose a private clinic but could have possible gone through YTG's department also, with possibly a better monitoring/reporting system in place



Now if I do not do these exercises etc there is no way to see improvements and it is too easy to stay on drugs alone – hence the “feedback protocol” between health professionals No participation by patient, no more drugs etc.

I am sure this is a legal nightmare, but with proper legislation I believe overcome able.

3 Your thoughts about the recommendations in the Yukon Health care Review

Question a) strongly agree

b) (Page three) 1, somewhat agree to neutral

b) 2, somewhat agree to neutral

c) Agree.....but only ones a maximal amount has been reached with other words:

All distance travel to be measured from Whitehorse, - tier system in place for outlying communities – say up to \$4,000.00 per case/illness or incident per person, if more trips are required, the next \$4,000.00 will have to come from the patient for the same or continued illness or condition, if still more outside trips needed for the same reasons than the Healthcare would be contributing towards the next \$4,000.00 etc – call it the hope-scotch payment travel contribution –

In this case each new occurrence per individual would start with a new \$4,000.00 limit (I believe such a system would discourage abuse by both the patient and the care-providers as they all will realize the hardship this may bring, not only in the financial sense, but also mental and socially)

d) Note my comments on a sliding scale contribution based on tax returns in concert with Revenue Canada (“A” page one)

e) Somewhat agree – see also my comments in “3 c” in with I suggested a maximal benefit has to be reached before patients are to pay out of pocket for Paramacare or specific medical supplies.

In addition I would not let spouses less than 65 years of age qualify for this program until they to have reached 65 years.

f 1) somewhat agree – A charge of \$30.00 per day/bed/care in a long-term facility and not more than \$40.00 should be set at the low and high end. For people than cannot afford this fee, a sliding scale should be set to accommodate their needs/your costs (Maximal per year \$14,600.00)

f 2 disagree – set date for increase – and grandfather all other residence from this increase



g) Strongly agree (see my notes on contributions in “A” \$250 year/person between 17 and 65 of age)

h) Agree – From experience, I have found this very comforting from a patience viewpoint and self. Having said this, it can be hard on family and friends at the same time, as scheduling of time to assist becomes overbearing at times. Where no family or little family is available, caregivers should monitor for “abusive care” due to the strain of the illness and juggling ones personal issues at the same time; can become a real threat to the patient. Not only should we be looking for assisted care by YTG but depending on circumstance financial care maybe needed as well.

i) Agree somewhat – see my notes under 1 “D” It would be interesting to see what other Provinces/territories have used or are using at this time

j) Somewhat disagree – When alcohol prices rises, people who are addictive in their life style will find other means to satisfy their needs/highs! Such a switch could be placing a much higher cost to the Health system and place health-workers in more danger of their occupation, than the benefits arrived from increasing liquor taxes to generate revenue.

4 Is there anything else you would like to say?

Yes indeed! – In the overall survey I found questionable assumptions and questions on the same line, this does not make a good case for simply ticking options of agree/disagree etc, more care and thought should be put in to such a important survey, so that answers are clear and prices and not ambiguous.

Secondly – healthcare stands not alone in budgetary decisions, there will be many facets that will affect the overall cost of running a government, but one thing stands out to me and that is the relationship between employer and employee in the way they collectively squander \$\$ away as of there is no tomorrow.

Examples galore can be found in the hiring precedes and filling of positions on temporary or permanent basis’s, the fact that one does not have to abandon ones position until satisfied that the new one works – stinks – and is very expensive, as no new hire can take place and positions are constantly filled on a term basis. This is only an example where cost could be drastically re-channelled in to Healthcare or other social programs.

Cut-out changes in office space for the sake of change would be just another one that would safe huge amounts of dollars to the taxpayer that can be put too much better use.



The Honorable finance minister and the Public Service along with all other players in the cabinet should take a careful look at how they squander our moneys before they settle on increasing taxes and the like for Healthcare or other projects/services

Thank you for the opportunity to give my voice a chance to be read.



Individual Submission 10

This is in accordance to your Health System for Medicare, and who pays for Health Care and who doesn't:

First of all I would like to say this –

The Yukon Government should do more than just worry about Health Care – Do more than they should for the poor people in this town, that don't have jobs or proper income and who are living on only \$300 per month and can't afford medical expenses like others. And what about people who are blind or are temporarily blind, where do they get the help – medical or otherwise – especially with a no fixed income – no job etc.

There are a lot of people who are Indian status, and just because they don't have Indian Status Cards, they don't get the help needed, whether their half native from family history or not. They still have to pay for their medical services, just like everyone else – hospital visits, hospital care, drugs – injuries!! But what if this person has no money to pay for this – what happens then.

1. Do they just get sicker and sicker because they don't have Medicare or Blue Cross and no money – are you the government just going to wait till this person dies? And by then it would be too late, whose fault is this then, certainly not the person who's poor with no job or means of income and hopefully this doesn't go just by their age 60/65 years of age (or 50) because that is not right.
2. Sometime people don't want these so called home care or specialist services around them at all so don't push people. Leave them alone they will come on their own.
3. What about your Yukon drivers who access drugs or alcohol? These people should be fined or something (banned from driving a vehicle while under the influence of such. They are a risk to other people, cause car accidents or death. What happens to someone when something like this happens – death or a serious accident from someone on medication or the use of unwanted needles? When someone passes out in a car? Because of medication improperly used or mistakenly misused? Who pays for things like this? And what should be done about things that might happen in a case like this? What does Medicare pay or do on matters concerning this, or what will the government proceed on doing on things like this. Because there is lots of people who drink/drive and are on drugs (medication) etc. How can they be stopped for the protection of others or is there some other way that you can kill two birds with one stone??
4. Don't push people into not smoking by putting up banners or pamphlets. Smoking isn't so much the killer as booze or marijuana is. Stop selling alcohol to public places and letting bar tenders sell drugs as well. The safer the better!



Individual Submission 11

I would like to make a few comments about the questionnaire you sent out to gather Yukoners' input on suggested changes to the current health delivery. I was rather appalled to see that many of the questions are phrased such that it will provide the Yukon Government with a blank cheque to make whatever changes they see fit by arbitrarily increasing fees, reintroducing health care premiums, increasing taxes or even doing all of the above. Most questions are so general that anything could be decided, if the majority of residents dare to put a check mark in the "agree" box. Whatever happened to having an open discussion with Yukoners about changes that are necessary? This questionnaire put this commitment in serious doubt.

While I understand and completely agree that the current way of health care delivery is not sustainable in the long run, the questions in the questionnaire open the door to introducing a system that does not treat residents equally when they need and seek health care. If these suggestions are realized, we will have a system that treats some residents as second-class citizens and will create more health care costs in the long run. It would be desirable to look at long-term sustainability of the system by including a wide range of prevention measures rather than solely focusing on the treatment of diseases. This is the best way to decrease health care costs in the long run and build healthy communities.

I sincerely hope that Yukon Government will return to having an open and honest dialogue with Yukoners about the future of health care delivery and find a model that continues to be accessible and affordable for all by looking at innovative ideas to reach this goal. What about having health care delivery planning sessions similar to the City's planning sessions on future development of Whitehorse. I am confident that you will hear innovative ideas that cannot be proposed by means of this questionnaire.

Here are further comments to some of the questions.

Question 1C) Taxes that are collected on alcohol and tobacco, which are two substances that significantly contribute to the current health care costs, go into general revenue instead of being used to offset health care costs. Increasing general taxes appears to be the most effective way, in addition to the former suggestion, to collect more revenue for health care expenditure without having to create an administrative apparatus that would be necessary for collecting health care premiums.

Questions 2a) The current health delivery model allows affordable and equal access to health care. If residents need services, they can access them and get the care they need. The costs currently are shared equally by all Yukoners through taxes.

Question 2b) Too much focus is put on treating illnesses and not enough focus is put on education and prevention that could help decrease the occurrence of disease.



Question 2c) More focus should be put on education and prevention activities. There should be more programs/measures available to help people make healthier lifestyle choices. For example, some people cannot afford to engage in an exercise program/organized sports because of costs. Supporting people in making healthier lifestyle choices may help prevent the onset of many lifestyle-related diseases the health care system currently has to deal with. It is understood that this is not a quick fix, but a long-term measure to improve the health of Yukoners.



G. Question Form Data Summary

“TAKING THE PULSE” SURVEY DATA COLLECTION

U = urban (584) R = rural (323) T = total (907) *(these stats include online)*

1. Affordability & Making Choices																						
As a Yukoner, what do you think are the priorities to work on to ensure our health care system provides timely, appropriate access to services <u>and</u> is affordable now and in the future?																						
If getting more revenue from an outside source is not possible or is not enough to meet rising demands/expectations, which of the following options would you support as the best ways to manage health care costs in the Yukon:	strongly agree				agree				neutral				somewhat disagree				strongly disagree				other	
	U	R	T	%	U	R	T	%	U	R	T	%	U	R	T	%	U	R	T	%	T	%
Manage within the money available by:																						
d) Making choices within the health care budget so that if something is added or expanded, something else is reduced.	41	23	64	7	138	80	218	26	95	62	157	19	128	71	199	24	116	66	182	22	17	2
e) Spend more of government's overall budget on health care, leaving less money for other government services	81	77	158	19	205	101	306	37	85	58	143	17	96	32	128	16	50	27	77	9	20	2
Increase government revenues for health care by:																						
a) Increasing taxes	39	18	57	7	149	61	210	25	84	56	140	17	110	59	169	20	140	103	243	29	19	2
b) Have individuals pay an appropriate fee for some of the health services they use.	73	30	103	13	147	68	208	25	62	27	89	11	81	49	130	15	150	127	277	34	16	2



3. Your thoughts about the recommendations in the <i>Yukon Health Care Review</i>																						
Here are some key recommendations from the review. Tell us what you think about these.	strongly agree				agree				neutral				somewhat disagree				strongly disagree				other	
	U	R	T	%	U	R	T	%	U	R	T	%	U	R	T	%	U	R	T	%	T	%
a) Do you agree with expanding awareness and marketing campaigns and offering education programs for these areas of high risk behaviors?	209	77	286	35	135	96	231	28	60	40	100	12	55	27	82	10	48	59	107	13	15	2
b) Free or low cost immunizations and flu programs should continue to be provided by Yukon government.	315	181	496	57	151	77	228	27	42	31	73	8	18	11	29	3	23	10	33	4	4	1
Immunization programs should be expanded if they will help reduce the risk of a disease.	239	137	376	45	189	87	276	32	82	49	131	15	24	13	37	4	14	15	29	3	5	1
c) The <i>Yukon Health Care Review</i> recommended that the government should consider a user fee for non-emergency out-of-Yukon medical travel based on ability to pay with an annual maximum amount. Do you agree with this type of fee?	71	26	97	11	151	60	211	25	61	34	95	11	100	39	139	16	156	142	298	35	16	2



	strongly agree				agree				neutral				somewhat disagree				strongly disagree				other	
	U	R	T	%	U	R	T	%	U	R	T	%	U	R	T	%	U	R	T	%	T	%
a) Do you think that Yukon should increase the maximum deductible amount that users pay to an amount similar to what other Canadians pay?	58	19	77	9	159	80	239	28	74	45	119	14	103	53	156	18	153	110	263	30	15	1
b) Do you think that the Pharmacare and Extended Health programs should include an annual maximum deductible (based on the ability to pay) similar to what seniors in the rest of Canada pay?	59	25	84	10	165	83	248	29	62	34	96	11	85	41	112	13	169	126	295	35	14	2
Do you think these two programs should be restricted to people who are 65 or older?	98	37	134	16	185	86	271	31	90	50	140	16	76	36	112	13	107	91	198	23	6	1
c) Do you agree with the following recommendations from the Yukon Health Care Review? The daily accommodation rates charged residents living in the government's long-term care facilities should be closer to rates charged in the provinces.	68	31	99	11	227	109	336	39	85	47	132	15	67	44	111	13	93	80	173	20	22	2
New rates should be gradually increased, possibly grandfathering existing residents at existing rates.	73	42	115	13	214	130	344	40	111	54	165	19	48	26	74	9	94	52	146	17	13	2



	strongly agree				agree				neutral				somewhat disagree				strongly disagree				other	
	U	R	T	%	U	R	T	%	U	R	T	%	U	R	T	%	U	R	T	%	T	%
a) Do you think the government should consider re-introducing health care premiums to help pay the cost of health care services in Yukon?	66	20	86	10	104	66	170	21	96	51	147	18	64	36	100	12	218	116	310	38	12	1
b) The <i>Yukon Health Care Review</i> report recommends that government should continue to invest in <u>expanded</u> home care, community support programs and supported/assisted living as it keeps people out of institutional long-term care while providing services at a lower cost. What do you think about this?	302	210	512	59	174	116	290	33	29	13	42	5	4	3	7	1	9	5	14	1	5	1
c) Do you think the Yukon government should look at ways to get its costs for drug programs closer to what is paid in the provinces?	221	131	314	38	188	101	289	35	70	36	106	13	29	17	46	5	45	15	60	7	16	2
d) As one way to help reduce alcohol abuse, do you agree that liquor taxes should be at levels comparable to, or above other Canadian jurisdictions?	230	112	342	40	131	67	185	22	76	30	106	13	43	22	65	8	62	69	131	15	20	2

*NOTE: the “other” column was available on the online question form



H. Rural Question Form Comments

“TAKING THE PULSE” RURAL SURVEY COMMENT COLLECTION

1. Affordability & Making Choices

As a Yukoner, what do you think are the priorities to work on, to help make sure our health care system provides timely, appropriate access to services and is affordable now and in the future?

8 x Recruitment and retention of health care professionals

7 x Specialists need to visit community

6 x Prove Yukon eligibility – more and more seasonal Yukoners getting health care

6 x Medical staff, equipment, preventative/diagnostic medicine, more nurse practitioners; work with First Nations to get help with community addictions

5 x Focus on education and prevention

3 x Education! Spend \$ on preventative medicine. Teach people how to take care of themselves – mentally, physically, emotionally, spiritually

3 x Educate re: disease prevention and encourage healthy lifestyles

3 x Accessibility

2 x Work on efficiency rather than fees

2 x Wait times for urgent medical procedures.

2 x Pediatricians are needed in community

2 x Need eye doctor more often. Need community worker/helper

2 x More doctors! Prevention – get into schools to promote healthy lifestyle

2 x More doctor visits to community

Yukon Health Care System is one of the best in the world and we should try to keep it that way. If this means increasing taxes and collecting premiums – so be it. It is for the benefit of all Yukoners.

Focus on mental health; we’re dragging our feet on this one

Stop providing needles for druggies!

Priorities: Elderly, palliative care and palliative care training

Keep it 100% govt subsidized/funded

More \$ should be spent on chronic disease

Priority given to preventative programs to encourage Yukoners in “taking charge” of leading healthy lifestyles, therefore reducing dependence on health system

Educate on personal health and lifestyle – may take a generation, but well worth it!

End state-controlled “health care”! People should have option of spending their own \$ on basic private medical services (see German system)

Bring services here instead of sending outside

Health promotion, prevention, substance abuse and mental health (especially in outside communities)

If an annual budget over \$1 billion is not enough for 32,000 people then there is a problem with managing and distributing funds

Volunteer ambulance crew in Mayo needs more support from Whitehorse. If supervisor needs a break then please send someone to relieve her.



Concentrate on diseases not caused by tobacco and alcohol
 Wait times for regular doctor appointments are getting too long
 Keep essential medical services free and offer non essential services for a fee
 Limit abusers of the system such as people who live in B.C. that use our health care with their fake addresses
 We should concentrate on the basics – the non-electives. Any elective procedure should be partially paid for by the user
 Palliative care needs to be better integrated
 Privatize health care
 Priorities are providing timely, appropriate access to services that are affordable (free) to EVERYONE; every race, color, size, income level, religion, political affiliation or profession
 Difficult to see doctor/nurse because they are busy with intoxicated residents. Until the drinking stops, health care will be over burdened
 Health promotion, prevention, substance abuse and mental health (especially in outside communities)
 Improvements in staffing and equipment are needed
Everybody should pay a fee - \$30/mo
 Put more money into the FASD, get education awareness into the school systems and educate. Deal with the street problems, homeless and Youth! It is said the Youth are our future! Need a mental service to help people with serious issues
 Need supported independent living and increased home care coverage
 Prohibition
 Reassessing costs spent annually to determine where costs are going and where promotion/awareness is needed.
 Medical travel benefits need to be reviewed
 Have a doctor in each community
 Need Elders health care facility in Old Crow – make it a priority
 More in depth work, nursing and patient care
 Geriatric care
 Focus on water systems in houses, check well water, river water, clean tanks
 Need better dental services

If getting more revenue from an outside source is not possible or is not enough to meet rising demands and expectations, which of the following options would you support as the best ways to manage health care costs in the Yukon:

Manage within the money available by:

a) Making choices within the health care budget so that if something is added or expanded, something else is reduced.

2 x strongly agree/agree	reduce or eliminate top management
strongly agree	Walk in clinics out of control with distributing meds
2 x agree	What would be added or reduced?
agree	Not all programs are necessary
neutral	More info required
somewhat disagree	Yukon has higher risk population – we can expect higher costs; need more resources



somewhat disagree	This should not have to happen if \$ is properly managed. Health care should be of utmost importance
somewhat disagree	Only reduce existing item if the new item can be proven to be more cost-effective
somewhat disagree	Manage what we have better and control abuse of the system
somewhat disagree	I doubt if ANY reduction is good
strongly disagree	Don't reduce health care – improve it
strongly disagree	Adding or expanding does <u>not</u> mean reduction in other areas
strongly disagree	New services need to be justified

b) Spend more of government's overall budget on health care, leaving less money for other government services

2 x strongly agree /agree	Spend less on Arts or other areas that are considered pleasure
Strongly agree	Health care and education are most important – reduce waste within YTG
Strongly agree	Health care and education (for youth) should receive the most \$ from budget
Strongly agree	Especially in departments that are known for mismanagement
agree	Health is # 1!
agree	But what services?
agree	Balance \$ - more on health and social services
2 x neutral	Require more info
somewhat disagree	What services?
somewhat disagree	Why penalize people who choose a healthy lifestyle?
strongly disagree	Spend more on prevention
strongly disagree	Spend more on prevention
strongly disagree	Increase efficiency – not taxes
strongly disagree	Increase efficiency – not taxes

Increase government revenues for health care by:

a) Increasing taxes

strongly agree	We need a public system publicly funded
strongly agree	We all benefit – we should all pay our fair share
strongly agree	It's going to have to be a “user pay” or at the very least a “user assist” system
6 x agree	On alcohol , tobacco and/or income
agree	Good services are not free and we should expect to pay!
agree	For health care use only
agree	For certain income brackets. I don't mind paying taxes for health care.
somewhat disagree	Quit wasting \$ on useless projects
neutral	Only if health care saw these revenues
neutral	Don't increase taxes, but adopt user fee
neutral	Better managers of \$ - less on business trips and other frivolous expenditures
2 x somewhat disagree	Not fair to penalize people for choices others are making in the case of poor health associated with bad habits
3 x strongly disagree	We pay enough taxes!
strongly disagree	The world is in a financial crisis! I also believe the territorial govt gets money for every head count for the Yukoners, where is this money?



strongly disagree	No need to increase taxes – our constitution guarantees universal health care! For all citizens.
strongly disagree	Increase drunk driving fines; give incentive such as tax deduction for smokers who quit
strongly disagree	Absolutely NOT!

b) Have individuals pay an appropriate fee for some of the health services they use.

2 x strongly agree	Based on length of residency i.e. less than 2 years in Yukon
strongly agree	Many Yukoners take our health care for granted
strongly agree	It will get rid of some of the system abusers
strongly agree	Ambulance service is one service you could charge for services?
6 x agree	Non essential services – charge a fee, based on income
6 x agree	Make sure it's <u>all</u> individuals – no exceptions!
4 x agree	Depending on income, maybe a sliding fee
4 x agree	Charge fee for smoking, alcohol and drug related and obesity
3 x agree	Pay small fee so it's not used unnecessarily
agree	This is the norm in other provinces
neutral	What services?
neutral	Either we have socialized health care or we don't. If we don't, how can you charge patients and still prohibit them from paying
6 x disagree	Not everyone can afford and would forego treatment
disagree	We already pay for “alternative”, natural care
2 x strongly disagree	Targets poor and elderly
strongly disagree	What is appropriate?
strongly disagree	Our taxes already pay for this
strongly disagree	My family couldn't afford health care when I was a child; now I have a chronic disease because my illness was untreated
strongly disagree	Free access to all – some abuse the system but most benefit from it

c) Do you have any further suggestions about:

How the Yukon government should manage and make health system choices within the money available?

5 x Cut bureaucracy/admin
 5 x Charge minimal fee or user fee for some services
 4 x Cut waste in YTG!
 2 x Get more federal \$\$\$
 2 x Monitor residency status
 2 x Manage more efficiently; reduce less essential services
 2 x Community members need input on choices made
 1 x Taxes
 Penalize those abusing system!
 Put tenders out Canada-wide for suppliers, drugs, etc to obtain best prices
 Do away with travel from communities to Whitehorse
 Analyze sections with highest spending and try to reduce costs; need more health care professionals in
 rural areas to reduce travel expenses



Increase services available to cut down on travel costs
 Continue to provide funding for education and preventative medicine
 Spend less on studies and do more action. Ask health care professionals to make recommendations
 People get medicated to Whitehorse from the communities too fast; it should only be done if nothing else can be
 Combine doctors office and nursing stations in the communities
 Encourage and support midwives
 Reduce costs where possible; heavily penalize any abuse of the health care system and implement a “user pay” system
 Review what is necessary – are 3 hospitals?
 Invest in creating healthier society, not a more medicated society
 Insist that “free” drugs are purchased at the lowest possible price i.e.: Wal-Mart vs. Shoppers
 More accountability by spenders; better management
 1. Make people more accountable 2. Stop ER abuse 3. More walk in clinics 4. reduce amount paid to upper management
 Include some alternate medicine practices i.e.: cheaper to see a chiropractor for back pain than a doctor
 Priority spending should be on nurses and nurse practitioners
 Seniors should be higher priority
 Ensure people are Yukon residents year round before they get coverage!
 Provide more local services to avoid travel costs
 Practice triage: put most money where it makes the greatest difference to the overall health and well-being of the community.
 Population health initiatives like active living and healthy eating. Reduce incidence of environmental toxins in our air earth and water.
 The liquor corporation profit 8 million per year, and this should be balanced off to the health and social system! Be accountable for the high rate of addiction problems we face.
 Study the costs. Government in general is very good at justifying the waste of money. The expense of a cost study is, of course, a waste of money!
 Raise taxes, collect premiums and user fees for some services
 User fee for some services but exclude seniors
 Collect health care premiums based on income!
 Reduce government spending in other areas
 Modest user fees based on income
 Health care should be free to all.
 Fund a nursing school and doctor program in Yukon through liquor and tobacco taxes

How to increase Yukon government revenues for health care?

27 x I have no problem with the health care system, everything works, all services working well
 18 x Increase tobacco and alcohol taxes
 7 x Add revenue to health
 4 x Stop spending on upper management – we need hands on workers in health care not more management
 4 x More Federal \$\$\$
 3 x Excellent system/top of the line
 3 x Adopt a “user fee”



3 x Add junk food tax
2 x Raise taxes, collect premiums and user fees for some services
2 x Fundraising
2 x Community Health Centers and hospital services
2 x Collect premiums
2 x All taxes and profits collected by Yukon Liquor Corporation should go into health care
2 x Addressing social problems through all departments will reduce health care demands
User fee for some services but exclude seniors
Collect health care premiums based on income!
Reduce government spending in other areas
Stop the waste!
Modest user fees based on income
Better management and charge monthly premium like everywhere else
Choices are limited. Cut somewhere else, reduce services or “user pay”
Monitor “part time” Yukoners to reduce costs
Problem is management of funds; solve this problem and no increase is necessary
Privatize some services
Apply more pressure on healthy life styles and prevention
Adopt reasonable premium for everyone
Charge maybe for each individual \$10/year, meaning a family of 5 is \$50
Spending less if possible; doctors are too quick to hand out pills, antibiotics, etc.
YTG should run pharmacy and collect income rather than doctors – It is ridiculous that a doctor can profit off the drugs that they prescribe!
User fees for those with negligent lifestyles, i.e.: obesity, smoking, alcohol
Pay as you can – large income can pay for services
Prioritize essential service – more docs, less bureaucrats
Collect fee for each doctor or hospital visit (\$5 to \$10)
Agree with raising taxes and/or paying for services but concerned that some individuals would not receive required care if not affordable
Tax junk food in vending machines
Charge people. If we were to live anywhere else, we would be paying.
Fees for some services - but they must be affordable. Reduce expenses, seems to be do-able for drug and medivac contracts.
Do not give health care to people who come here because we have a good cheap system and abuse it.
Multi-pronged approach: increase proportion of govt budget spent on health care, increase taxes, consider fees for some services.
Divert subsidies from extractive industries to preventive health and environmental remediation.
Dawson Health Centre is great and working well
Short waits for access to service
Availability of medical services from doctor consultations to specialty follow up
Yukoners are privileged to have health care system that we have
Excellent care in rural areas; speedy referrals and treatment outside
Charge for health care, restrict access, charge much more for seniors facilities and long-term care facilities
Donations



2. What's Working and What's Not?

In your opinion:

a) What is working well in our health care system?

35 x I have no problem with the health care system, everything works, all services working well
7 x WGH
6 x Baby clinics and/or prenatal care
5 x Home care and/or workers
5 x Community nurses
4 x Specialist services
4 x Public health services/clinics
4 x Immunizations
4 x Generally satisfied
3 x Medical travel
3 x Happy with health care – better than most provinces
3 x Excellent system/top of the line
2 x Short waits for access to service
2 x Most everything; especially for seniors
2 x Doctor and specialist services in Whitehorse and Communities
2 x Community Health Centers and hospital services
2 x Community Health Centers
2 x Chronic programs
2 x Availability of medical services from doctor consultations to specialty follow up
2 x All services that I receive work excellent; not sure about others
Dawson Health Centre is great and working well
Yukoners are privileged to have health care system that we have
Excellent care in rural areas; speedy referrals and treatment outside
Nothing, not much – a lot of abuse of the system by NIHB (Non-Insured Health Benefits)
Reasonable wait times at hospital
Low patient/doctor ratio in communities; short wait times; nursing station great
Excellent caring doctors in Whitehorse who are young and current
Quality is outstanding
Easy to get doctor appt; hard to see specialist
Assisting low income people and communities to access service; helping elderly and those with chronic conditions
I live in remote community with great health care
Most things working, except only YTG employees have benefit of any drug/benefit/travel programs!
Outpatient services
Dental health in schools
The health care professionals are a great bunch. Thank you!
Chronic condition coverage
Not paying premiums like B.C. Poor folks don't have health care.
Accessibility
Long term care and home care for seniors
We have a good system



WGH is fantastic facility; Haines Junction nursing station is excellent
 Post-cancer care is great
 Everything except the cost factor and not charging enough for seniors' facilities and seniors services and not having a charge per month for services
 Every service I have ever used has worked great. I think Yukoners have the best service in the country, and the best access to it.
 The pharmaceutical and extended benefit programs are working well; personally not aware of any particular problems
 We have great human resources, great people.
 We have a good hospital system, I am pleased that the fundraising and support received for the public to buy expensive equipment is something I acknowledge that the hospital corporation has done!
 There are many doctors in the Yukon. Emergency room wait times are ok. Ambulance response time is great.
 Emergency care; medivacs. Fairly quick access to local doctors and services at the hospital.
 It's free for now
 Flu shot

b) What is not working well in our health care system?

13 x Wait times for surgeries and specialists
 5 x Substance abuse
 4 x Mental health and/or addictions
 4 x Medivac and medical travel costs
 3 x Recruitment and retention of Health Care professionals
 3 x Providing health care to non-residents
 3 x No home visits
 3 x Need more nurses
 3 x Lack of doctors
 2 x Wait times to see physician
 2 x Wages to top employees too high
 2 x Too much nursing turnover
 2 x No on-call doctors in communities
 2 x Community members having to travel to Whitehorse for follow-up appointments, only to be told that everything was ok. This is a waste of \$ and time
 2 x Chronic users abusing system as a result of lifestyle – alcoholism, poor dietary choices and drug abuse
 2 x Build hospital in Dawson
 2 x Abusers of the system
 Had no ambulance service in Mayo for 36 hours because there was no back up relief
 Long term care and home care in communities
 Improve home care and palliative training
 Being able to stay in community if under 3 days hospitalization, as it was several years ago
 Dawsonites are medivaced out when services could be available here
 Lack education on personal health care in grade school
 Wait times are disgrace i.e.: hip replacement in Yukon up to 2 years – Germany 7 to 14 days at less cost!



The services, meaning staff available in hospital and long term care facilities; there is a shortage of RNs and LPNs – they are underpaid and can't get permanent positions even though they are needed

Free loaders

Bureaucrats and wastefulness

Lack of doctors accepting new patients - walk-in clinics are not the answer; lack of home care for seniors and those with disabilities, etc

overspending

Doctors profiting on drugs that they prescribe

Coverage of "alternative" natural health care

Need to improve preventative measures

Need psychiatric facility

Health care is free – people expect more and more and forget what things cost!

Communication between health related offices

Focusing on reactive and institutional health

No optician in Dawson or Mayo

Addictions, mental health, need for support housing for people with disabilities; currently hospital services in diagnostic screening and mammography not accommodating rural Yukon

Lack of independent/assisted living facilities for seniors

Prevention

WGH – no discharge planning

Drug and extended benefits and medical travel

Too much \$ being spent on small segment of society that over use the health system; they don't take any personal responsibility for their own health

Recruitment and retention

Supporting smoking, alcohol and obesity illness; need more care for geriatrics and mental health services in communities

People taking things for granted

Chronic users abusing system as a result of lifestyle – alcoholism, poor dietary choices and drug abuse

Lack education on personal health care in grade school

The services, meaning staff available in hospital and long term care facilities; there is a shortage of RNs and LPNs – they are underpaid and can't get permanent positions even though they are needed

Lack of doctors accepting new patients - walk-in clinics are not the answer; lack of home care for seniors and those with disabilities, etc

Free loaders

Bureaucrats and wastefulness

Giving away free drugs to seniors, Charging residents \$18.00 a day at McDonald Lodge including laundry, meals, snacks, TVs, bathing. Allowing people to access home care when you have just applied for a health care card. Getting home care if you just got to the territory. Need to charge a premium to have health care

In the communities, visiting doctors don't know the patient's history and I don't think they have time to review files before seeing the patient

Probably the shortage of doctors

Departments and NGOs do not always coordinate their work effectively. Very poor mental health and addictions treatment options

Too many delays getting information from hospital to family doctor. Not enough coordination and communication between service providers



Alcohol and drugs will be the major problem in the future...and it needs to be seriously looked at. People on social assistance are getting prescriptions for non-prescription items like bath oils and sleep-aids that not even first-nation or Pharmacare programs cover. Social Services need to have a formulary of medications that are covered. It should match either the First Canadian Health (FNIHB) drug list or the Pharmacare drug list. It should not be a free for all. Walk-in clinics do not have good access to patient files at their regular doctors. Patients are not encouraged to seek regular family physicians. Family doctors are often over-worked. Patients often run out of medication refills and then are told they cannot get a refill until they make an appointment which may be in two weeks. This leaves them out of meds forcing them to use walk-in clinics. Alcohol and drug rehabilitation.

1. May be delays in access to specialists or in arranging for some tests and treatments. 2. Have heard that recent RN graduates cannot get on full time in the Yukon

More facilities for long term care

More public education through schools, senior gatherings, First Nations programs

Channel efforts and \$ in the education system; overall \$ comes from budget

A parallel private sector health care system including alternative preventative services like chiropractors, osteopaths, etc

Consult with people who work in different sections of health care

More incentive for doctors to remain in Yukon

Less waste; bring in more specialists and coordinate services

Awareness programs, discounts for buying healthy; bring specialists to communities (saves on gas cheque that is handed out)

Tobacco and alcohol taxes should go back into health care; mobile health unit for the communities

Buy more equipment to reduce medical travel costs; it will soon pay for itself

Improve existing facilities – not build new ones

Adopt user fee; give community nurses more authority;

Focus on wellness, healthy living, prevention, diet, home/community based treatment

Ask for proof of residency in Yukon (Canada), ie: phone bill, Canadian residency card

Too much \$ spent on out-of-territory travel for escorts

Elder care

Travel benefits should be expanded, more than airfare should be paid for in-territory appointments

Basic health care that is accessible to communities

Geriatric care

Need translators in health centre for elders

Old Crow not getting good health services. We are isolated and always get left out because of costs, high costs to get here and deliver services

c) How could this be improved?

4 x Recruitment and retention of Health Care professionals

2 x Build hospital in Dawson

2 x More job training

More facilities for long term care

More public education through schools, senior gatherings, First Nations programs

Channel efforts and \$ in the education system; overall \$ comes from budget



A parallel private sector health care system including alternative preventative services like chiropractors, osteopaths, etc.

Consult with people who work in different sections of health care

More incentive for doctors to remain in Yukon

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Tobacco and alcohol taxes should go back into health care; mobile health unit for the communities

Buy more equipment to reduce medical travel costs; it will soon pay for itself

Improve existing facilities – not build new ones

Adopt user fee; give community nurses more authority; First Nations should pay too

Focus on wellness, healthy living, prevention, diet, home/community based treatment

Ask for proof of residency in Yukon (Canada) ie: phone bill, Canadian residency card

Make substance abusers (smoking, alcohol) and obese people pay a fee

Charge a \$10 fee per visit for non-emergencies

Have permanent physiotherapy in Dawson

More support for volunteers (ambulance); long term care facility needed

Alcohol and drug rehabilitation – more support needed in communities for social lifestyle changes.

1. Given the small population and our location there may not be much improvement possible. 2. Hire

"new" RN's without reduced hours or overly restrictive conditions (particularly Yukoners!).

Incorporate Nurse Practitioners and more LPN's into the system and support local training programs for nursing and home care.

More money allocated to medical travel – hotels covered etc.

NIHB needs to look at their obligations – they fight us.

Provide healthier food

Provide free nursing programs

Cancer specialist need to live in northern communities

Collaborate 3 times a year or so with other YTG health services to come to Old Crow – eye doctor, dentist, physio, acupuncture, chiropractor etc.



3. Your thoughts about recommendations in the Yukon Health Care Review

Here are some key recommendations from the review. Tell us what you think about these.

a) Do you agree with expanding awareness and marketing campaigns and offering education programs for these areas of high risk behaviors?

8 x strongly agree/agree	Education and prevention
4 x strongly agree	Education starts in grade school
4 x somewhat/strongly disagree	I don't believe results would not be worth the cost
4 x strongly disagree	Waste of taxpayers' \$. Awareness starts at home
3 x strongly disagree	If people are not aware of the risks by now, they never will be
2 x somewhat/strongly disagree	People know what they're doing wrong – educate in school
strongly agree	EDUCATION! Continue to support schools in their efforts; offer workshops to general public, not just high risk behaviors on good nutrition, exercise, stress relief and emotional health
strongly agree	These are self-inflicted and should be cut
strongly agree	The "louder" the campaign, the better
strongly agree	Healthy food in northern communities = obesity; cheaper to buy pop and chips than veggies or fruit
strongly agree	Stop off sales! Stop encouraging bush parties for young people; there is a whole black market of booze to teens
agree	Target kids at school; have nurses, nutritionists, etc be part of mandatory health program in school
agree	But education has not proven to be useful
agree	Alcohol creates a lot more health and social problems than smoking, yet the govt places more emphasis on smoking
agree	This awareness needs to start at a young age – parents need to start taking responsibility here
neutral	People with self inflictions/health risk behaviors ought to pay for partial if not all services received
neutral	Adults should make their choices – too much big brother
neutral	I think people who smoke, have excessive alcohol consumption and those who are obese should pay more (healthcare) taxes as they are the ones using and abusing the system
neutral	Yukoners are resistant to change but they have to start accepting responsibility for their own behavior
somewhat disagree	There is already great programs should people choose to use them
strongly disagree	Campaigns don't change drug or alcohol abuse. Look at FAS rate!

b) Free or low cost immunizations and flu programs should continue to be provided by Yukon government.

strongly agree	Great program
strongly agree	Preventative care should be high on the agenda
strongly agree	This reduces health care costs
strongly agree	Non-immunized children should not be allowed to attend school



strongly agree	If it weren't free or low cost, people would not participate
neutral	Charge low user fee, but exclude children and seniors
somewhat disagree	Healthy lifestyle is the key
strongly disagree	No proof that (flu) shots actually work and reduce health care costs. Immunization programs should be expanded if they will help reduce the risk of a disease.
somewhat disagree	your body needs to strengthen its resistance

c) The Yukon Health Care Review recommended that the government should consider a user fee for non-emergency out-of-Yukon medical travel based on ability to pay with an annual maximum amount. Do you agree with this type of fee?

3 x strongly agree	Based on ability to pay
strongly agree	Drop the maximum amount
strongly agree	This is abused. You should only refund actual gas receipts
strongly agree	Time to stop spending \$ on non-emergencies! It's an easy one to reduce.
2 x agree	Based on income
agree	But please do not compare us to other provinces
2 x neutral	What is non-emergency?
somewhat disagree	If people had to pay then some would not get medical services that they need
somewhat disagree	Maybe a hardship on certain low income seniors
15 x somewhat/strongly disagree	Yukon does not have all services available
strongly disagree	Let's look at other territories, we are not a province
strongly disagree	Much of the cost incurred as already not covered. Individuals already pay "out of pocket" and most provinces don't need to send patients out for services.
strongly disagree	We are not a province – YTG receives \$ from Ottawa per person

d) Do you think that Yukon should increase the maximum deductible amount that users pay to an amount similar to what other Canadians pay?

5 x strongly agree/agree	Based on income, sliding scale
agree	People get meds for free and then give them away or sell them
2 x somewhat disagree	Disabled people or people with chronic disease likely on fixed income
somewhat disagree	The money can be raised through taxes
somewhat disagree	The cost of managing some disabilities and diseases can be very high
somewhat disagree	Minimum 5 years residency
2 x strongly disagree	If disease is alcohol or tobacco relates then they should pay
2 x strongly disagree	Targets poor and elderly
strongly disagree	Way more expensive to live here than Saskatchewan
strongly disagree	Please do not compare us to other provinces

e) Do you think that the Pharmacare and Extended Health programs should include an annual maximum deductible (based on the ability to pay) similar to what seniors in the rest of Canada pay?

strongly agree	If one pays, they all pay – not on ability to pay
10 x agree	Based on ability to pay, phased in over time



agree	Should have minimum residency clause; such as 5 years before eligible (too many people moving parents here)
2 x somewhat disagree	The money can be raised through taxes
somewhat disagree	Let's look at other territories, we are not a province
strongly disagree	Seniors in the rest of Canada are receiving lower quality care due to deductibles – Yukon should not follow suit
strongly disagree	Base it on years in territory
strongly disagree	People who move here at 65 to get these benefits are not Yukoners and do not qualify
strongly disagree	Seniors who still live at home and maintain it with high fuel bills etc have to budget year round and don't have much left over
7 x strongly disagree	Most seniors on limited income already
4 x strongly disagree	Give seniors free services – they have paid their dues already
strongly disagree	Please do not compare us to other provinces

Do you think these two programs should be restricted to people who are 65 or older?

4 x strongly agree/agree	Everyone should be 65 to receive
strongly agree	Have you considered raising it to 70?
agree	In line with the rest of Canada if fair.
agree	Phased in over time
strongly disagree	Please do not compare us to other provinces
strongly disagree	Unless spouse is still working and covered by another plan
strongly disagree	Lower age to retirement age
strongly disagree	All persons 60+ are considered seniors

f) Do you agree with the following recommendations from the Yukon Health Care Review?

The daily accommodation rates charged residents living in the government's long-term care facilities should be closer to rates charged in the provinces.

strongly agree	Privatize long term care!
15 x agree	Based on ability to pay, similar to Yukon Housing, phased in over time
16 x agree	\$25 to \$ 30 /day max , \$29 to \$50 max
3 x agree	Should have minimum residency clause such as 5 years before eligible
agree	But people who live outside of Whitehorse have to travel to see family in these facilities
agree	Maybe it would encourage other residential care alternatives
agree	21 x 30 days = \$630/month; that includes food, laundry, utilities, etc. what a deal!
neutral	Why isn't the Thompson Centre fixed?!
neutral	You put up Social Assistance to reflect "COLA" – do the same for these facilities – how many people are Yukoners?
2 x somewhat disagree	Based on time/years in territory
somewhat disagree	Increased some but not outrageously
3 x strongly disagree	We are not a province; what are other Territories doing
strongly disagree	We are not that far behind B.C. who has greater population – it should stay affordable to seniors



strongly disagree Way more expensive to live here than rest of Canada
 strongly disagree Long time Yukoners/pioneers should be exempt from these charges
 strongly disagree What happens if they can't afford to pay?

New rates should be gradually increased, possibly grandfathering existing residents at existing rates.

15 x strongly agree/agree Gradually increased, phased in over time, but not grandfathered
 3 x strongly agree Based on ability to pay
 strongly agree Base it on years in territory
 somewhat disagree Grandfathering by all means if raise is inevitable
 somewhat disagree Depends if income is also increasing for seniors
 somewhat disagree It should be reviewed but we are not a province
 strongly disagree What happens if they can't afford to pay?
 strongly disagree Would discourage potential new residents

g) Do you think the government should consider re-introducing health care premiums to help pay the cost of health care services in Yukon?

3 x strongly agree Based on ability to pay
 3 x strongly agree Seniors 65 yrs and 20 year residents should be exempt, this might reduce abuse by "non-residents"
 3 x strongly agree/agree Reluctantly, nominal monthly fee will be generally acceptable
 3 x strongly agree/agree Yes!
 strongly agree The health care system is over burdened with alcohol abuse related issues
 5 x agree Only if it applies to all Yukoners
 2 x agree Why did we stop paying?
 agree If we paid a premium, it might stop the abuse of the system
 neutral Some people cannot afford, but otherwise yes. Will the premium \$ just go to admin costs?
 neutral If \$ is needed to keep the service then a premium should be paid
 neutral Maybe a good idea if it's not too much
 somewhat disagree If people can't afford premium, they will have no coverage and cost YTG in the end anyway
 somewhat disagree Reduce abuse of health care system instead
 somewhat disagree YTG receives \$ per person from Ottawa
 somewhat disagree Should increase minimum residency of 3 months to 9 to 12 months
 8 x somewhat/strongly disagree This was done before but dropped due to paperwork overload and admin fees cost too much
 strongly disagree Would discourage potential new residents
 strongly disagree Taxes on product such as alcohol and tobacco can well cover
 strongly disagree As long as there is a balanced budget there is no need for premiums
 strongly disagree We are not a province!
 strongly disagree Only for smokers and drinkers
 strongly disagree Premier Fentie promised this would not happen!
 strongly disagree I would rather see a small user fee for doctor visits



h) *The Yukon Health Care Review report recommends that government should continue to invest in expanded home care, community support programs and supported/assisted living as it keeps people out of institutional long-term care while providing services at a lower cost. What do you think about this?*

8 x strongly agree	This ought to be top priority; keep seniors in their own home and familiar environment as long as possible; the best place for a person is at home in his/her community
strongly agree	I am a widow and take care of myself, my home and only need someone to take me shopping twice a month because I don't drive
strongly agree	Offer more support to families who care for sick and elderly
strongly agree	Now find the people to work
agree	Offer courses that family members can take; increase homecare/home support positions
agree	Home care is great

i) *Do you think the Yukon government should look at ways to get its costs for drug programs closer to what is paid in the provinces?*

3 x strongly agree	Purchasing power is the key, buy wholesale (internet?)
strongly agree	Shoppers Drug Mart is the highest in Yukon
agree	YTG employee plan requires use of generic brand – why not everyone?
agree	There should be a maximum; drug companies are scamming the health care system
neutral	Are pharmacies making too much? Doctors prescribing too much? Probably.

j) *As one way to help reduce alcohol abuse, do you agree that liquor taxes should be at levels comparable to, or above other Canadian jurisdictions?*

5 x strongly agree	Money raised should go into health care and not general revenue
strongly agree	YTG sells liquor, people get sick and you complain of the costs?
strongly agree	People will not change destructive behavior until it becomes more painful to continue and less painful to change it
agree	Yukon has significant problem with alcohol abuse. Simply raising prices is not enough – we need to address socio-economic
agree	Comparable but not above
agree	People will always find a way to get liquor no matter the cost
agree	Taxes have nothing to do with alcohol problems; Yukon has a major problem with alcohol abuse; majority of what we see in hospitals, detox centers, salvation army; who pays for all that? Alcohol abuse regardless of race needs to be addressed at its roots
neutral	Once addicted, price doesn't matter
neutral	Comparable only; crack down on bootleggers
neutral	Alcoholics buy very low priced liquor, so taxing it won't raise the price much
neutral	Alberta liquor prices are considerably less than Yukon
somewhat disagree	Not fair to those of us who drink responsibly
somewhat disagree	We already pay more for alcohol; get rid of offsales and bars that open at 8 am
somewhat/strongly disagree	Focus on education, treatment, prevention and recovery programs



2 x strongly disagree	If they want it then it doesn't matter how much it costs; however increasing taxes means higher prices and less \$ for real necessities, i.e. food, shelter
2 x strongly disagree	That won't stop alcoholics
strongly disagree	Enough tax on alcohol
strongly disagree	Based on a myth; lower taxes on alcoholic beverages; make available in grocery stores like Europe; stop stigmatizing alcohol as a drug; learn from the effects of the prohibition
strongly disagree	Liquor is already government controlled
3 x strongly disagree	Alcoholism is self inflicted and alcohol related illness should not be covered
Strongly disagree	YTG makes money on alcohol sales, why not offer treatment

4. Is there anything else you would like to say?

- Naturopathic doctors could be part of preventative medicine. Focus on education and preventative medicine; maybe doctors can refer patients to naturopathic doctors?
- We have been spoiled with our health care system; I think it can continue if everyone able kicks in a little financial support.
- Coming from B.C. I must say Yukon healthcare is unbelievable! Maybe too good though?
- To attract people to the North you must advantage the North – not vice versa; treat all people the same; cut waste; provide free dental to all Yukoners!
- Thanks for asking my opinion; how much did this cost???
- Our system is a “good one” and certainly recognized by the fact that many seniors choose to retire and live here. Many sons and daughters bring their parents here to take advantage of much lower medical costs. Long time Yukoners who have contributed to well being of Yukon deserve priority over newcomers in accessing care.
- Yukon Health Care is commendable! Educate, Educate!
- I recommend that those in charge of health care in the Yukon take time to read what William D. Gairdner writes about health care reform (www.williamgairner.com)
- Raising costs/fees will be unpopular so you'll have to make your case.
- Women should be able to have babies in communities; midwives should be allowed to practice in hospitals if they are certified
- If increases are needed then they should be gradual; seniors should be exempt
- Equity or First Nations and rural communities is imperative
- Priorities: Palliative Care/Centre, Home care/support, alternative/natural health care and wholistic health education
- People who abuse system should pay
- Abuse of alcohol, tobacco, food, etc should demand extra fees
- Everyone should receive the same benefits and pay the same amount
- More \$ for seniors who choose to live with family instead of long term care
- Let us know every few years how much we are costing the system
- Keep health care free!
- Tighten up on non-residents using health care
- Allow Yukoners more access to registered alternate medicine practitioners
- Naturopathic professionals should be included in health care
- More options for accommodating rural moms when waiting in Whitehorse to have babies



- Have a law that makes it illegal to serve alcohol to pregnant women. 1/3 of newborns in communities are FAS
- Please charge more for everything that you possibly can. Provide funding for those Yukoner youth taking course work as Doctors, RNs/LPNs, NHAs other specialist areas
- So many of our health care needs seem to be caused by lifestyle, eg. smoking, drinking, obesity, drug abuse, lack of physical activity, lack of rewarding social contact. I believe other Yukon govt departments and other levels of jurisdiction need to be involved as much as possible to make our communities places where healthy lifestyles are the primary option. If the entire govt was continually asking "does this decision increase or decrease community social, mental, and physical health", we would have increasing health year by year.
- Anyone who has lived in the Yukon for a minimum of ten years or more, is a senior, should not be faced with additional health costs unless there is good reason! Any new resident should /could start paying a premium or anyone known to be abusing the health care system could pay too!
- Increase the role and use of Nurse Practitioners. LISTEN to the frontline workers in Watson Lake and Dawson rather than hiring outside consultants to decide about building hospitals. Communities need the mental health/addictions treatment / chronic conditions support and education in self management.
- When it comes to alcohol and other abuse there needs to be a stronger line of communication between the healthcare system and the legal system. Innovative ways of both systems working together to tackle this problem should be another key focus on lowering healthcare costs.
- There are so many factors involved with getting people to have healthy lifestyles. Healthy activities need to happen in communities to give people an alternative to sitting in front of the TV, computer, video game or drinking at a party. This idea may increase costs. But I have to say – you are considering putting all this energy into getting money from here and there, asking Yukoners to reach into their pockets and come on board for an effective partnership – when the government is wasting millions of dollars in the construction of the care facility in Watson Lake.
- I appreciate all the services Yukon Health has provided to my family over many years, and recognize that increasing expenses must be covered, but now facing life as a senior with little income except CPP - OAS the prospect of increasing out-of-pocket health costs is a very scary proposition.
- Referring to when people die with sickness, there is nothing else done with it. We have no answers to ask questions. Now we wonder how to look after ourselves.
- Stop trying to go the way of the USA. The rich get everything, the poor die.
- Keep taking care of us.
- Tell NIHB to buck up and help us. They weasel their way out of our health.
- Keep up the good work
- Do more cancer research
- Should have more health care professionals here to help the community with alcohol and drugs
- Don't use comparisons to other health care systems, just concentrate on keeping Yukoners healthy with proper accessible health care services. Comparisons are just another excuse.
- There should be a separate survey done for local, rural, remote communities. That would be an eye opener for you. That is where the problems are. We have poor, next to no services.
- Cancer is growing all over the place. Why aren't tests being done in communities.
- When I lived in a community I was amazed with the quality of healthcare. Moving to Whitehorse and not being able to find a doctor unless I was pg was a shock. Having a "special" pg and marrying someone with heart disease made it much easier to find a doctor.



I. Whitehorse Question Form Comments

“TAKING THE PULSE” URBAN SURVEY COMMENT COLLECTION

1. Affordability & Making Choices

As a Yukoner, what do you think are the priorities to work on, to help make sure our health care system provides timely, appropriate access to services and is affordable now and in the future?

- 18 x Prevention
- 12 x Recruitment and retention of health care professionals
- 12 x Recruitment and retention of health care professionals
- 6 x Promotion of health lifestyle
- 6 x Hospital Services
- 6 x Hire more specialists to decrease non-emergency medical travel
- 5 x Make services available here to reduce medical travel costs
- 5 x Efficiency in all areas, especially government departments
- 4 x Prevent abuse of system
- 4 x Improving primary healthcare initiatives, focusing on patient education, including self-management and nutrition. Innovative multi disciplinary health clinics, eliminating “gate-keeping” by physicians.
- 4 x Access to a family doctor
- 3 x Upgrade equipment and facilities; expand to accommodate patients from other provinces and Alaska
- 3 x More extended/long term care beds
- 3 x More alcohol and drug services
- 3 x Improve efficiency while maintaining quality
- 3 x Efficiency and accountability
- 3 x Create incentives for healthy lifestyles – disincentives for unhealthy lifestyles.
- 3 x Centralizing health services thereby decreasing cost-i.e. not building hospitals in Watson Lake and Dawson City.
- 3 x Abuse of our wonderful system
- 2 x We have excellent services compared to other regions in Canada, but need to invest more into advanced equipment to reduce high costs such as medivacs
- 2 x Target abuse
- 2 x Purchase an MRI
- 2 x Prevention and early intervention
- 2 x Personal responsibility
- 2 x More nurse practitioners
- 2 x More mental health services (i.e. housing)
- 2 x Making people responsible for their choices that placed them at risk for extra health issues
- 2 x Charge premiums
- 2 x Better planning
- 2 x Better access to specialists and diagnostic procedures
- 2 x Affordable drugs



2 x 2009 Budget = \$1 billion, population = 30,000, health care can be funded

collaborative care, health promotion

Everyone, children, seniors, disabled citizens should get whatever health care they need. Health care is not a choice

More communication/cooperation across government departments and between YTG and NGO's between

Expand and encourage home care, trying to keep people in their homes as long as possible; respite care for care givers need to be expanded so as not to burn out and/or get sick

Need to educate people on how to be more responsible for their non-emergency health care. Too many people seeing health care professionals about minor issues. Need to have health premiums or user fees.

#1 priority: Review spending to determine how much money is spent for situations where no value is added

Continuing to provide access to health care to all Yukoners either here or outside of Yukon

promoting healthy life style choices

Health promotion/injury prevention, home care

Programs to ensure and encourage Yukoners to be more healthy, reducing the need for healthcare

Focus on prevention such as FASD; put more lower cost supports in place – eg. Supported living, homecare support, support for families

Priorities are children and seniors

Give consumers print out of their health care costs annually so they are aware of the costs

Top priority given to prevention and education, secondly technology and best practices

Eliminate waste

More support for alternative medicine

More points of access are needed. At present physician are the “gatekeepers”. Let RN's, dieticians, etc make referrals

Everyone should get the same health care for the same \$\$\$ paid

Emphasis ought to be placed on the very young and those who require services the most

Prevention/wellness

Provide funding/benefits for natural health care

Ambulance service for drunks should stop!

Permanently disabled, elders, child health

Tighten up access to prescribed medicine that ends up on the street. Put more into treatment and preventive alternatives. Healthier lifestyles = healthier bodies

Invest in medical/diagnostic equipment to reduce medivacs and travel outside, more health awareness and education and enforcement to reduce demands and costs on system

Prevention and early intervention

Not enough allocated to prevention and too much goes to repairing damage that could have been reduced or eliminated

Prevention strategy for health care to decrease injury, illness and addiction

Better co-ordination of services (gaps, overlaps, etc)

Priorities are to keep things the way they are

Snow birds using the system

We must ensure we keep our excellent health care system, even if it means paying premiums or user fees



Less is more, what we need is less governance and more personal responsibility; real priorities are education, education and education!

More dollars into prevention, health promotion and primary health care

Free health care accessible by all!

Re-institute health care premiums and develop different drug source program to reduce costs

Radiation treatment should be available in Yukon

Raise rates at McDonald Lodge, restrict access to healthcare to newcomers, begin charging for healthcare

One area would be for assisted living facility for our seniors who do not qualify for facility living as they currently stand. An accessible clinic for people who do not currently have a family doctor.

1) Access to a GP (I am an orphaned patient) who speaks English; 2) Access to specialists either by bringing them up or medical travel out; 3) multi-level Seniors care. People waiting for hip and knee surgeries often wait so long that they suffer much more severe damage. Earlier intervention would be easier on the patient and less costly to the system

Prevention through education; Accessibility: health care services close to home; target spending to programs that positively affect the greatest number of lives.

Much more emphasis and support to individuals for FASD prevention. Other alcohol and drug related prevention and support for individuals. Home care and other services for seniors to keep them healthier (preventative).

Tighten up spending by ensuring that only eligible claimants are served. Also ensure that supp health care plans are billed first.

Improved homecare services thus helping to reduce the costs of direct care for seniors in institutions.

I think you need to ensure that administrative costs of any of this; the health care review, a new pay for fees program, do not get out of hand. That money could be better spent elsewhere. I think you need to continue to try to ensure that the low-income end of society has equal access to health care as the high-income end of society. It is already more favourable to the high-income folks, as trips outside for medical reasons are not adequately funded.

Cancel the Watson Lake Hospital plans. We're too small for more than one hospital. Focus on limited services for the Yukon population - provide one service, remove another.

Who will decide what "appropriate" access is? Bean counters? Affordability of health care can be increased by reducing the effect of other determinants of health, such as poverty, lack of adequate housing and food (welfare rates should be higher), mental health issues etc. This is not a case for thinking that each department takes money from a different budget...in fact, all the money comes from one place and artificial divisions do not help us to provide affordable health care. Reduce bureaucracy as much as possible...that will help a lot. Stop fear mongering with graphs such as the one shown above. There is a lot of money available. It's all how and where you spend it.

Increase funds, without major cost. I believe the most effective way is to increase taxes, have a tax line just for health. Our family has been here since 1960 and we will also retire here, one reason is the health care. We need to preserve this.

All prescriptions should be paid for especially for the working poor and all prescriptions should be paid for not just a chosen few. This should include vitamins and minerals including calcium

Address the social determinants of health, universal and accessible health care for all, integrated and holistic approach to health



Reducing health care costs; collaborative practice unit with flexible hours including weekends staffed by nurse practitioners, RNs, counsellor, etc. + a physician(only as required for consults and/or referrals) - reducing the burden on emergency visits and walk-in physician clinics

Priorities should be on maintaining health and preventative medicine. Promoting healthy lifestyles to encourage individual responsibility for health. Many diseases are a result of poor lifestyle choices. These should not be a priority for funding other than education in the prevention and self management of disease.

Put more money into healthcare

Continued support for people with chronic illness

Bring in more specialists here and specialty equipment to cut down on medical travel costs

Yukon has one of the best health care systems in Canada. To maintain this level of care, Yukoners should be paying for a portion of this service like many provinces south.

The health care system in the Yukon is the best in Canada but costs cannot continue to grow without some alternatives. Concentrate on “healthy living” programs, start in schools. Give the Education system some responsibility as well!

Initiate User fees

We have to move to a preventative system rather than a responsive orientation. Nothing substantive will be accomplished until then. The rest is a bandaid approach.

I think we need to consider charging additional money to the working class. Whether that is with user fees or premiums. I also think we need to consider not increasing costs to low income families or seniors.

Fewer foreign doctors

Teach health, health promotion, conflict resolution, social skills in elementary schools.

Use medical data in YTG medical billing system to identify what type of health problems exist in Yukon.

Increase the deductible for chronic medications for people who have extended health care.

More supportive/assisted living

Spend more on health care and less on discounts, etc. for mining and gov’t funded trips for gov’t officials

Money for alternative therapies.

Early childhood initiatives

Centralized purchasing so all equipment is standardized within Yukon

Publicly funded health care should be a priority

More people are electing to remain in Yukon after retirement, so providing good senior care is essential

Increase self-reliance, VON (Victorian Order of Nurses), homecare, palliative care, teaching programs

More full time R.N.’s with benefits

Implement single and family premiums e.g. \$30, \$50 per month

65 or older no cost to them

Professional practitioners who are aware of current practices and research

Early screening and intervention

Universal – free for ALL

Prevention and immunizations; health lifestyle (eg. weight loss programs)

Surgeon full time at our hospital



If getting more revenue from an outside source is not possible or is not enough to meet rising demands and expectations, which of the following options would you support as the best ways to manage health care costs in the Yukon:

Manage within the money available by:

c) Making choices within the health care budget so that if something is added or expanded, something else is reduced.

strongly agree	Spend more wisely
strongly agree	It depends on what the “somethings” are
agree	Make systems more efficient
agree	Where appropriate and after assessing impact of reductions
agree	Do not fund needle program, monitor non-resident residents
agree	Only by reducing redundant programs.
agree	Target reductions in avoidable medical care
agree	Need strategic planning that identified priorities
agree	Better management of resources and bureaucracy is important x 2
agree	We have it pretty good in the Yukon and need to learn to live with a bit more fiscal constraint
2 x neutral	What would be added? What would be reduced?
neutral	What is added or reduced? Require more info
neutral	Not always the best choice
neutral	Must be reviewed on a case by case basis.
neutral	How trim, efficient, (or wasteful) is the present system?
somewhat disagree	Reduce govt waste
somewhat disagree	Reduction in services only if low number of user or ineffective or overlap in services.
somewhat disagree	WGH needs to establish priorities
strongly disagree	Rising demands must be met
strongly disagree	Health care is an essential – take it from a non-essential
strongly disagree	This is a YG issue, not a single department
strongly disagree	Look at all the \$\$\$ in budget

d) Spend more of government’s overall budget on health care, leaving less money for other government services

strongly agree	Cut back on unnecessary govt jobs, spend less on extravagant seminars, retreats, etc
strongly agree	Health care is more important than roads!
strongly agree	Some things are “nice to do” but not a must: arts, grants for various events
strongly agree	Too much \$ spent on useless studies
strongly agree	Healthcare is most important
strongly agree	Reduce unnecessary govt travel
strongly agree	Reduce wasted expenditures in other services
agree	Should be #1 priority
agree	Prioritize budget



agree	Concentrate on essential government services and less on special interest groups to obtain votes
agree	Arts and craft are not essential
agree	Increase spending on other social services as well as focus on prevention and health maintenance.
agree	Spend less on things it has little control over – mining incentives, it is market driven.
agree	Believe there is top heavy management staffing in many areas of govt.
agree	Reduce budgets for programs that do not benefit all Yukoners i.e. Tourism
neutral	Better management of health care dollars
neutral	Look for efficiencies within system
neutral	Not enough information
neutral	More efficiency and productivity throughout government services would free up more dollars for health care
somewhat disagree	Require more info to make decision
somewhat disagree	Other services may affect health adversely if stopped
somewhat disagree	I believe health care should be a priority and there are some government services that are “nice to have” but not necessary for the overall public good.
somewhat disagree	Just throwing more money is not the answer
strongly disagree	Health care costs must be managed more efficiently
strongly disagree	All gov’t departments need evaluation on efficiency
2 x strongly disagree	Do not take from education
strongly disagree	Health care needs to be seen as not only a government responsibility, but a personal responsibility as well

Increase government revenues for health care by:

d) Increasing taxes

strongly agree	Ensure that taxes go towards health
strongly agree	But increases tax will only make people try to get their money’s worth
strongly agree	Increase taxes on: soda pop, candy, chips, empty foods, tobacco and alcohol
agree	No one enjoys paying taxes, but collecting even a small amount from everyone will add up
agree	All Yukoners need to contribute to the cost of health
2 x agree	Only as a last resort
agree	On tobacco and alcohol
agree	Individuals with abusive health behaviors should pay their own costs
2 x agree	Based on income tax
agree	Plus charge for some services
agree	For those making \$35,000 or more a year
agree	Specifically business taxes (mining) and “sin” taxes on liquor, cigarettes, junk food, etc.
agree	With added measure of increased accountability for how the tax revenues are spent.
agree	Increasing taxes if no other way and health care needs are being compromised.
agree	Have territorial health tax.



agree	Increase taxes for high income earnings.
agree	Only after every effort is made to maximize efficiency within system
agree	This will work only if 100% of the recipients are treated equally and not selectively.
agree	Make people aware how much health care cost with an annual statement of costs.
agree	Taxes should not be added to general revenue but go directly to health
neutral	Slight income for top income citizens
neutral	You could, but why not charge a flat health care fee based on ability to pay.
neutral	Is population growing fast enough to augment tax sources?
neutral	If there is more input from the community on all areas of the budget.
neutral	Better management would work better.
neutral	Improve efficiency first
neutral	More appropriately prioritizing services/staffing etc.
somewhat disagree	Better management of health care dollars
strongly disagree	Unless there was a distinct health care tax, it would just flow into overall revenue and disappear
2 x strongly disagree	Not everyone pays taxes – not fair to those of us who do!!!
strongly disagree	Health care funding is transfer payment \$
7 x strongly disagree	We are taxed enough already!
strongly disagree	Have user fees to prevent some abuse; people need to take some responsibility and pride
strongly disagree	Make everyone pay regardless of race, creed or colour.
strongly disagree	This government receives a large amount of money in transfer payment – shouldn't be reducing health care.
strongly disagree	Taxing the working poor even more is unfair. Be more efficient – the money is there!

e) Have individuals pay an appropriate fee for some of the health services they use.

3 x strongly agree	We hold a degree of responsibility; users should pay something
strongly agree	But only in cases where individuals are not proactive in caring for and living healthier lives
2 x strongly agree	Taxes people to be accountable. If you decide to live unhealthy, then you should pay for your choice
strongly agree	A small charge every time they see a doctor.
strongly agree	Have a pre-specified acceptable number of “free” visits and anything above and beyond would have an associated fee to it
strongly agree	Stop overuse of system
strongly agree/agree	But only if <u>EVERYONE</u> pays! Those who use more pay more
3 x agree	Users pay nominal fee – it will add up
2 x agree	Not seniors or low income families
6 x agree	Based on income/ ability to pay
agree	Charge small user fee for hospital visit to reduce overuse ie. \$10 to \$20; Extreme sports accident people should be responsible for injuries, ie. ambulance



agree	As long as the fee does not prevent people from accessing healthcare
agree	For higher income levels
agree	If I use it I should pay. If I don't then I shouldn't
agree	For a limited # of elective services; chronic illness no
2 x agree	Would maybe stop some of the abuse?
agree	Only if revenue goes directly to health care and only on ability to pay. These fees would discourage some abuse of services
agree	And it's about time
agree	Have health care premiums, user fees
2 x agree	Base it on the person's income so low-income people get a break.
3 x agree	Charge the ones that abuse the system
agree	But not for seniors.
agree	For elective treatments
3 x agree	Small user fee would discourage people from abusing system
agree	On a sliding scale based on what the individual can pay without causing undue financial hardship which would further affect health
neutral	Require more information, but possibly agree
neutral	Let daredevil accidents pay for their stupidity ie: snowboards, snowmobiles
neutral	Penalize those who do not take proper care of themselves – not those of us who do!
neutral	What services?
neutral	People take health care for granted. When you have to pay for something you might think twice. It should be a small fee and not for important issues
neutral	For life-threatening situations no – for other situations maybe
neutral	Maybe \$20/year?
neutral	Need more information.
somewhat disagree	What is "appropriate"?
somewhat disagree	I do not want a two-tiered fee for service health system.
somewhat disagree	No fee for service unless adjusted for income to maintain universal access.
somewhat disagree	Should be based on income.
2 x somewhat/strongly disagree	Significant admin costs
strongly disagree	Cost to administer outweighs advantage
strongly disagree	It has been tried elsewhere and doesn't work
strongly disagree	Health care should not be determined by ability to pay "at the door"
strongly disagree	Do not make the sick pay!
strongly disagree	Only people that work will have to pay – others will still get it free
strongly disagree	Cost/benefit analysis = cost more for administration than \$ collected
strongly disagree	This would especially affect seniors and children
strongly disagree	Canada is supposed to have equal access to health care by all
strongly disagree	Health care should be free!
2 x strongly disagree	A lot of people using these services cannot afford to pay
strongly disagree	Health care should not be determined by ability to pay
strongly disagree	Absolutely unacceptable under any circumstances!
strongly disagree	Services must be equally accessible to all – <u>not</u> just those with money
strongly disagree	Free healthcare is a Canadian value.



f) Do you have any further suggestions about:

How the Yukon government should manage and make health system choices within the money available?

- 7 x Put (sin tax) revenue into health care
- 5 x User pay fee
- 5 x Reduce the abuse of the system
- 5 x Increase taxes and reallocation of govt spending
- 5 x Increase taxes
- 5 x Decrease size of bureaucracy
- 5 x Cut down on bureaucracy
- 5 x Charge annual fee (based on income)
- 5 x "User pay" fees /for those who can afford it
- 4 x Focus on early intervention, population health and primary care
- 4 x Tax alcohol and tobacco
- 4 x Provide more prevention services
- 4 x Longer residency for coverage
- 3 x User fees are a fair approach to increasing revenue
- 3 x Put (sin tax) revenue back into healthcare
- 3 x Offer tax incentives for Multiplex, gyms and other fitness programs and alternative therapies
- 3 x Look at inefficiencies, money wasted
- 3 x Increase/create a tax on items that are harmful to health e.g. fast food, cigarettes, alcohol
- 3 x Increase taxes
- 3 x Efficiency
- 3 x Raise taxes on alcohol and tobacco,
- 2 x There is no need for increase revenue – just eliminate waste
- 2 x Reduce abuse of system
- 2 x Recognize/recruit donors/sponsors
- 2 x More health awareness
- 2 x Monitor abuse/overuse of clinics/hospitals
- 2 x Low universal fee
- 2 x Invest in prevention/early intervention
- 2 x Institute a Yukon lottery where all monies raised would go to the local hospital
- 2 x Have all users pay a minimum nominal fee
- 2 x Fundraise (car/house raffles, etc.)
- 2 x Federal \$
- 2 x Encourage people to take more responsibility for their health with incentives, etc
- 2 x Based on ability to pay
- Look for more efficient delivery of existing services
- Surely YTG can get expert advice on this?
- Accountability i.e. drug costs
- Save \$ on other spending such as arts and/or sports
- % payment for use of health care; this should be prorated
- Address addictions – provide housing so these people (homeless, addicts, etc) are not on the streets and in hospitals regularly



Eliminate requirement to see doctor every time prescription renewed and make more use of nurse practitioners

Book non-emergency 2 weeks in advance to save on airfare – talk to Air North

Review “admin” costs – refine efficiencies of personnel/space/need necessary to make good use of available resources; ie. Duplication of services, eliminate where possible

Increase residency requirement to 8 or 9 months per year and monitor abuse

Use more revenue from alcohol sales towards health care

Create health care clinics with professionals on salary

There is waste everyday throughout government

Increase budget for health, decrease budget for grants for a select few

Look at a system used in Victoria – James Bay Community Centre

Spend less \$ on people who choose to make themselves sick with addictions

Preventative therapy and education

Wasted medical travel trips due to poor or no scheduling at other end

Make birth control more available to those who make unwise decisions – FAS babies that the system pays for their whole lives

Look at Manitoba’s system for drug coverage

Health and wellness tourism

Spend \$\$\$ wisely i.e. Watson Lake health project (\$30 million and an empty shell)

Review effectiveness of existing programs

Financial accountability

Increase health promotion

Increase mental health support

Should charge for elective procedures ie. Cosmetic surgery

Ask health care professionals directly where they can see ways to do more with less

Put more emphasis on personal responsibility

Stronger penalties for abuse of system

More nurse practitioners

Consider fee for ambulance services

Enforce residency qualifications

Invest in early learning and preventive healthcare – education and promotion of quality living

Bring back monthly health care fees

Teach people how to take care of themselves

Tax reform

Change way of purchasing pharmaceuticals increase use of nurse practitioners

By being more accountable in their spending practices...

1. Increase program funding for NGOs with programming in areas of on health prevention or caring for high risk individuals, like FASSY or Blood Ties.
2. Take charge of providing services/accommodation, etc. in Yukon so that it is not less costly than in the rest of Canada.
3. Do something about FASD now! Every child born with FASD costs government an enormous amount of health care dollars, not to mention secondary costs. FASD is preventable!
4. Mail out YHIS statements of account to each health care recipient so that we are more aware of the cost of health care services. How can I care or do anything about my own health care costs if I don't even know what the associated cost for a service is?

Make liquor less available or put more taxes on liquor sales



Hire a pathologist and radiologist to cast a critical eye on the system and what Yukon should offer.
Cancel the crazy plan of building 2 new acute care hospitals in Watson Lake and Dawson City.
Have we not learned anything from the follies of Nunavut and lower Canada, especially Alberta?
Nunavut built 2 new acute care hospitals in recent years that were closed because they couldn't get staffing. Every small town in Alberta had an acute hospital under Lougheed - they were all closed and regionalized in the 90s. Use the savings from this to properly staff the Nursing stations and WGH and to improve the medivac system. Even WGH is not truly acute care -the truly acute patients are stabilized and sent down south. The communities do not need acute care hospitals - what a misguided waste of taxpayer dollars!

First please include people from the health care sector in these decisions. People such as Doctors, Nurses and Technologists that know their needs to do their jobs better. Having Ministers who know nothing about how a Hospital is run is just a waste of time and money.

Invest in must-have equipment instead of it-would-be-nice-to-have, ie. the CAT scan, which is always broken and its use abused because it's convenient. 30k people, how are we justifying 3 hospitals? A fully staffed health center in Beaver Creek for 40 people? Doctors are afraid of lawsuits so they are OVER cautious with their patients. Too many tests ordered because they want to be 'safe'. Start educating them. Revamp EMS. Deal with people's expectations.

1. Increase preventative medicine practices i.e. acupuncture, massage, physiotherapy.
2. Have doctors not abuse the system by double booking
3. Calling patient in to review test results when results are o.k. you pay for the call and you pay for the visit.
4. Have unnecessary x-rays (x-rays don't show the whole picture) done but go right to having an ultra sound, or MRI or CTScan to see the whole picture. Seems costly to do both x-ray and other scans. My doctor said an x-ray has to be first done before doing the scan, and that practice should be eliminated.
5. Preventive education is a must

We could increase the cost of living at McCauley Lodge. \$17.50 sounds pretty cheap to me. When can I move in and get full around the clock care and meals? Increasing costs for out of Territory or partially living in the Territory people that come and use the health care.

Increased "SIN" taxes: alcohol, tobacco, carbonated drinks, etc.

Should assess long term ramifications of spending: such as cost of building and maintaining 2 new hospitals vs. cost of transporting patients to WGH for treatment

Initiate user fees based on ability to pay!

Bring up more specialists, rather than sending patients outside; invest in more equipment to reduce need for outside travel

Much can be done by a nurse. Prescriptions and referrals can be done by phone or email.

Demand accountability and justification for how funds are spent.

Need more information.

Make everyone pay taxes.

Public discussion

Most First Nations know which plants to use for minor ailments – this should be taught more.

Better/more program evaluation.

Make health care more of a partnership with patient/doctors/health care providers.

Minimum charge for doctor and emergency room visits.

Doctors and nurses earn their money and should be paid more than government executives.

Talk to the people directly involved in the delivery of health care and listen to what they have to say.

Develop overall strategic plan

Money should be targeted to areas of highest benefit for all Yukoners.



Encourage NGOs to become involved e.g. transitional housing for seniors
 Charge a health tax
 Do not build hospitals in rural communities. This is not cost-effective.
 Consolidate services
 License midwives
 Open the Thompson Centre into a long term care facility
 Deal with the areas where we are really out of line with the rest of the country
 Visits to doctor's office should be controlled. Make better use of nurses. Consider fees.
 I think there is wasted money in other government areas i.e. Watson Lake Hospital and investments in ABCP. That money should have gone to health care
 Try to reduce unnecessary hospital (emergency) visits
 Reduce unnecessary diagnostic procedures
 Separate acute use and keep in hospital. For individuals to chronic issues – create clinics. For drug/alcohol issues – have a separate clinic/detox. Have separate palliative care. Have separate mental health unit
 Have more dialogue about programs used – eliminate or reduce those not used
 Become GOOD managers
 How to increase Yukon government revenues for health care?
 Do not pay for medical travel out of territory if specialist will be coming here
 Focus more on preventative care like affordable housing; budget within \$ available and don't spend \$ on studies and more studies
 More government accountability
 Better management for outside travel; save on unnecessary airline costs
 Do not build hospital in Dawson City
 Introduce incentives for departments to come in under budget
 Work on improving efficiency within the system
 Increasing taxes to pay for health care would be acceptable
 Use lottery funds and eliminate least useful government programs
 Increase taxes ie. \$100/year, if 15,000 taxpayers pay then that is 1.5 million
 Add a sales tax – to only go towards health or charge a premium, but find a cost effective way to collect them such as through income tax
 Charge individuals \$10 to \$15 for every patient-initiated doctor visit. This should help reduce frivolous overuse
 People who go to the doctor a lot more than others should pay; ie. Someone that goes every month vs. someone that goes once or twice a year
 Devise a longer term plan to include the focus on educating every individual to be proactive in living healthier lives
 Increase budget for health, decrease budget for grants for a select few and find areas money wasted
 Maybe have affordable fees for services that aren't necessities
 Lottery funds and "SIN" taxes
 Community work done by inmates with revenue going into health care
 More focus on preventative measures to reduce disease and illness
 Better management of local revenues
 Charge fee for ER visits so people use physicians clinics instead
 Charge minimal fees for health care coverage
 User fees not taxes



Balance priorities – govt expenditures require rebalancing “user” fees for emergency and EMS services
 Health care premiums on ability to pay, excluding seniors
 Reduce govt medical travel by offering better service here
 Prevent poor project management – wasted millions of health care dollars, ie: Watson Lake facility
 Add annual or monthly premium that is fair to all
 Have fund raisers and draws for medical equipment
 Charge health care premiums
 Again I believe that putting in a tax line for health then all tax payers would pay and that would generate revenue as we do need the funds and this is better than a monthly fee that needs to be collected.
 Hire a radiologist - utilize the new CAT scan machine to its full capacity and look at implementing "Medical tourism" to decrease wait times in southern Canada. Pick one thing - do it well, see if it makes money and then continue. It is a waste for this new CAT scanner to sit unmanned and unused for >16 hours/day like it currently is. Use a business model for demand procedures across Canada/Alaska - offer them in Yukon and increase local revenues. Levy a tax on mining to cover health care.
 See above. Also charge a user fee for some services. There are many seniors who move here for the free healthcare which is not available in the Provinces. This is unfair on seniors who have lived here all their lives and may now be seeing a reduced service if funds are not available. Too many things are free and gives everyone a sense of entitlement and diminishes the value. It also takes away the individuals responsibility to maintain their own health. I have heard too many smokers say "If the government wants me to stop smoking they should pay for the drugs to make me quit".
ALL Yukon residents should pay the “new healthcare tax”.
 Premiums and user fees, based on ability to pay
 Increase efficiency of services and equipment already in place
 A standard monthly fee for every Yukoner
 Improve promotion of healthy lifestyle and prevention
 Reinstate monthly premiums for individuals and increase daily fees for extended care as we are the lowest in Canada
 Since I don't believe the public would be in favor of Health Care premiums this will mean an increase in taxes. This increase would also account for low income families.
 Increase corporate taxes.
 Increase corporate and business taxes. Tax processed food.
 Add 5% to GST to be refunded by feds back to YG – this not incurring any collection costs. This being done in some eastern provinces.
 Tax businesses that are not based in YT but benefiting from the resources or people.
 This is why politicians are elected.
 Ask for more federal funding
 Use funds from other departments.
 Use lottery revenue
 Re-look at new programs that offer similar services; re: Healthy Families, Public Health etc and combine these services to one
 Increase taxes on the sale of cigarettes and alcohol and apply that to health care costs
 Reduce the drug costs and reduce reliance on drug use
 Monthly health care fees, have a min \$5.00 charge on all visits to doctor office or/and ER
 Make hospital a teaching hospital



2. What's Working and What's Not?

In your opinion:

c) What is working well in our health care system?

- 77 x Everything working well/excellent
 - 32 x All is working well
 - 23 x WGH and/or services, ER staff better than elsewhere
 - 21 x The health care system is mostly really great. Nurses are amazing at hospital and public health.
Hospital is a good facility
 - 12 x Good visiting specialist program
 - 10 x Public health services
 - 10 x Enough doctors for population
 - 8 x Medical travel
 - 7 x Well-baby clinics
 - 7 x Immunizations
 - 6 x Acute care services high quality
 - 5 x Specialist services/visits
 - 5 x Great doctor service here
 - 5 x Care for seniors is good
 - 4 x Short wait times for operations compared to rest of Canada
 - 4 x Medical travel and drug plan
 - 4 x Home Care
 - 3 x Universal health care/access
 - 3 x Seniors benefits/care
 - 3 x Our health care is the best in the country and everything is working well
 - 3 x Treatment of acute illness
 - 3 x Immunizations
 - 3 x Chronic care
 - 3 x Pharmacare and Chronic Care programs
 - 2 x Well-baby clinics, medical travel, hospital services
 - 2 x Universality
 - 2 x Resident specialists
 - 2 x Prevention and education campaigns
 - 2 x Preventative measure such as immunizations, baby well clinics etc work well, home care is a great model
 - 2 x Pre and post natal care is superb
 - 2 x Nurses and LPNs
 - 2 x Free access for everyone
 - 2 x Chronic disease program, medical travel, community health, public health , home care
 - 2 x Baby well clinics and or/prenatal care
 - 2 x (Free) access for all Yukon residents
- We are so fortunate to have the health care that we do and should do whatever we need to do to help what we have
- I think we have the best health care in Canada. We are well taken care of here.



Good nursing care
Please check with health care professionals, they will tell you
Home care staff are great
Good medical care; responsive to need of Yukoners
Access to tests and procedures
Drop-in/walk-in clinics alleviating line ups in emergency
Decent access (except specialists), affordability and community clinics
Excellent care in all areas, especially seniors
Specialist care seniors benefits are exceptional
811 Nurse line is a good service
Long term and acute care
Pharmacare and seniors benefits are the envy of other jurisdictions and elsewhere should model themselves after us. I would suggest don't tamper with this.
Accessibility of services
Efficient referral service to BC/AB
Quality of service, medical travel, drug programs
I have not needed many services but the kindergarten fair was wonderful!
What Yukon health care does for people with children. Baby clinics, immunizations, homecare.
Fund raisers (lotteries?), charge nominal fee for service
All working well, but need more resources for mental health
Emergency access and outside specialists
inadequate facilities at the hospital and care for mental health patients; inadequate care and treatment for cancer patients
HC in Yukon is first rate
Specialist referrals and availability of specialists that come to Yukon
Doc visits, I don't have to wait long, immunizations, well baby clinics, health fairs
Public health services: infant care, immunizations, Dental care in schools
ER services
811 Nurseline is great!
Community health, well baby clinics
Access to services needed
Best health care in Canada, so let's keep it this way. The people that abuse it will ruin it for the rest of us
Universal health care for rich and poor
Acute care
Recovery room and outside referrals
Good facilities/caring staff
Extended benefits, pharmacare, access to specialists
Home care
Access to doctors, mammograms, medical travel, 811 Nurseline
Excellent health care and services within Yukon and access to services outside for those not provided here
Good service – short waits
Cancer patient care
Public Health services
Access and cost
Seldom use medical system – use and pay for alternative health care



The call in Health Info Line (811)

Arrangements with B.C. and Alberta for tertiary care

From my experience, we seem to have much better access to many services than in cities like Vancouver. However, it appears that there is a discrepancy in access to services for rural Yukoners

Very proud of our health care system

Long term care

d) What is not working well in our health care system?

19 x Availability of doctors

12 x Wait times for visiting specialists

11 x Wait times for services and treatments from specialists

11 x Access to family doctor

8 x Wait time to see family doctors

8 x Recruitment and retention of health care professionals

8 x Mental health

7 x Shortage of nursing staff

6 x Not enough emphasis on prevention

5 x Not integrated well enough with mental health, alcohol and drug related services

5 x Long term care

4 x Wait times and/or lists

4 x Top heavy. Too many people in management

4 x Medical travel – spend more on equipment that will cut down on flights, etc.

4 x Home care is too minimal

3 x Wait time for diagnostic procedures

3 x Prevention

3 x Pharmaceutical drug and extended benefit programs

3 x Overuse of the system

3 x Need more nurses

3 x Medical travel program

3 x Medical travel

3 x Buy an MRI

3 x “Non-resident” residents with Box Office #'s

2 x Waste of health care fund on wasteful capital projects like Watson Lake hospital

2 x Treatment of chronic illness

2 x Specialist services wait times

2 x More beds in long term care would decrease # of people awaiting placement in hospital

2 x Medical Travel Program – too much abuse

2 x Management relations with hospital staff (nurses)

2 x Long wait times for surgery

2 x Little or no support for alternative medicine/healthcare

2 x I think the hospital could do with some customer service education

2 x I believe there is a lot of abuse of our health care system and if this is addressed, a lot of money would be saved

2 x Hospital services



2 x Home care
2 x Home care
2 x Efficiency
2 x Alcohol/drug abuse
2 x Abuse of the system
Not enough full time nurses
Wait times for x-rays, etc
Casual health care workers not being made permanent after years of dedicated service
Long waits for testing
Consideration for people's right to die with dignity when considering use of technology and medical intervention
Vast expense put out in transporting and caring for alcohol abusers in hospital facility – their care requirements are chronic; we require more mental health support
Doctors leaving Yukon; medical travel
Having to make a doctor appointment for prescription renewal and not allowing foreign doctors into our system
The demand by individuals for questionable medical travel are too readily accommodated
Better drug and alcohol programs and prevention
Supported living for people with disabilities, mental health
Prevention medicine – initiatives to enable people to live healthier lives
Long wait for physio services
Doctor visits required for everything – need to reduce gatekeeper role for MDs – other health care professionals could do some of this
High cost for pharmaceuticals for chronic conditions; lack of family doctors accepting new patients and doctors with language barrier
A smoking area at the hospital?!
Hospital services
Staff shortage and funding gap in future
Management and employee morale
Investigate prescription drugs, pharmacies are making too much \$\$\$\$
Private practice clinics are very expensive
Chronic disease care, heart smart rehab programs
Territory wars between docs in hospital and between Yukon docs and incoming specialists
Yukoners expect too much of the system
Specialist wait times
Overuse of ER
Political interference – do Dawson and Watson need full size hospitals?
More focus and promotion on holistic approaches and alternative practices
No emphasis on personal care/responsibility; are more focus and promotion on holistic approaches and alternative practices
Tax payers will get stuck paying for the “system abusers”
More long term care beds and enforce residency laws for newcomers
Abuse of ambulance service and hospital emergency being used as drunk tank
Wait times to see doctors
More community nurses
Everything is free or almost



Health care capital construction projects such as Watson Lake

Quality of doctors

Hospitals in Watson Lake and Dawson City (money pits)

Need more services available locally

I do believe we need to do something to better retain nurses. My understanding is that YTG pays one of the lowest rates in Canada to their nurses. My understanding is that they make really good money if they are just contract nurses, but that those same nurses won't take permanent YTG positions because they will lose pay.

Accredited persons working in areas that they are not properly trained in because that department received the equipment but not the funding for proper training. Not having a Pediatrician in the Yukon is a tragedy. Not only do you have to come to Whitehorse to have your baby you have to go to Vancouver or Edmonton to see a Pediatrician...and the wait is much too long to consider it a good solution. A Radiologist and a Pathologist would be a good start as well. People who know what is needed for those departments and have the authority to make those decisions.

Communication between physicians/patient/YG medical travel when arranging medical appointments outside territory

Diagnosis – delayed or lost results; lack of follow-up

Treating alcoholism, drug addiction; FASD; mental illness

My son had to wait a week for parts to come from Vancouver for an operation. I could have got them overnight by courier.

F.N. people seem to have poorer health and greater need of health services – poverty, alcohol, teen pregnancies, high usage of ER for non-emergent complaints.

Doctors billing to make money, not what is in best interest of hospital

Senior benefits cannot continue at these levels

Ambulance staffing

Unsustainable

Poor personal responsibility and unhealthy lifestyles

Poor location of public health centre

ER services – understaffed

Abuse of programs and services by small portion of the population

Mental health

Allow doctors to perform small surgeries at offices i.e. removing warts

Consider having a palliative care unit

c) How could this be improved?

13 x Attract more doctors

8 x Stronger recruitment methods

6 x Monitor “non-resident” residents

5 x Focus on prevention and patient educations

5 x Add nurse practitioners

4 x Increase visiting specialists or hire permanent ones

3 x Decrease reliance on reactionary treatments, with a shift to prevention through lifestyle choices, including improved nutrition, exercise, education, etc

2 x Residency requirement

2 x Recruit more health care professionals



2 x More user pay fees
 2 x More mental health support
 2 x More equipment and staff
 2 x Improve /expand home care
 2 x Hire nurses full time
 2 x Get more specialists to come here
 2 x Education
 2 x Deal with poor management of nursing staff
 2 x Cover alternative medicine
 More equipment
 Home care staff should be validated and made permanent
 Independent, lower cost operation for ETOH and drug abusers? This would reduce abuse/violence in
 emerg and allow staff to focus on emergency issues
 Provide incentives for doctors to come here and stay
 Make more use of nurse practitioners and introduce some user pay for some services
 An oversight committee to flag dubious users of the health care system
 Have an MRI and technician here; increase homecare
 Provide level 1, supervised care homes. Saskatchewan has many personal care home run privately and it
 seems to supplement the public system well
 Free public exercise programs, free use of facilities such as school gyms, CGC for fitness programs
 including games for children and youth
 Limit number of doctor visits per year and then charge small fee
 Hire more staff; reduce overtime costs, reduce overhead costs and find cost effective solutions
 Offer a variety of entry points into health care ie. Collaborative practice multi professional clinics, etc
 Therapy clinic at WGH and no long term programs or follow up care
 User fees based on income
 Increase awareness and coverage for naturopathic, chiropractic and other alternative healthcare
 practices
 More aches and pains should be channeled to physician clinics instead of clogging the emergency ward
 More promotion and prevention
 Nurse practitioners should be able to see patients with minor symptoms and prescribe medications if
 necessary, Need to invest in medical records to doctors and nurses have access to client's records
 Offer grants to Yukon students wishing to get into medical field
 Open Thompson Center
 Open the gates for private health care
 Better support for national safety programs; requiring helmets for downhill skiing, snowboarding, etc.
 Let people know the actual costs of services provided
 Expansion of available services here
 Recognize that some services should not be free
 Place nursing homes under Yukon Hospital Corp to cut down administration and make for better use of
 staff and facilities
 Expanded hospital services for the mentally ill
 Hire overseers (pathologist and radiologist). Tackle the huge drug and alcohol problems, which also tie
 into mental health services. Keep wages and benefits to par or better than southern jurisdictions
 - even then it will be hard to recruit or retain, just ask Nunavut and NWT. Listen to communities



and front line staff and ask what they need, and do what they say. Take some of the power away from Senior Admin - they are not "on the pulse" of the Health Care system.

Collaborative practice units - Whitehorse

Do more tests locally and follow up with patient

Yukon Medical Association should police their peers better.

Walk-in clinics need to have doctors with hospital privileges.

Better technology

More staff for home care/long term care. Establish chronic conditions health centres

More integration with departments and a government strategy to identify and address priorities.

Have collaborative practices – contract physicians and nurse practitioners Whitehorse

Return to level of services from 15 years ago.

Increase access to primary care through nurses and midwives

Stop building poorly thought out projects and invest in people/staff.

Increase collaborative projects that look at prevention and chronic care

Implement prescription drug tracking system and smart health card to prevent system abuse

A blood donor system that works might lower costs and would be beneficial to Yukoners

Charge people for services if they refuse to address addictions that cause health issues

Educate public on what services are provided and what are not provided

Make hospital a "teaching" hospital

3. Your thoughts about recommendations in the Yukon Health Care Review

Here are some key recommendations from the review. Tell us what you think about these.

b) Do you agree with expanding awareness and marketing campaigns and offering education programs for these areas of high risk behaviors?

strongly agree	This should start in elementary school
strongly agree	Individuals abusing tobacco and alcohol should be paying more of the cost of health services arising from that behavior – not by the general public.
strongly agree	Yukoners need to assume more individual responsibility for their health care need particularly as a result of high risk behaviors
strongly agree	these programs should include nutritional and lifestyle changes
strongly agree	education and preventative measures
strongly agree	Need more rehab and medical rehab for detox.
strongly agree	Start with kids.
strongly agree	Also offer tax incentives for preventative behaviour
strongly agree	Target young people
agree	Need more than marketing and education
agree	Important to focus on schools
agree	Doctors can make patients more aware; educate in school more
agree	Start at young age
agree	Key is to get the target people involved and aware.
agree	Target young people
agree	Make these programs mandatory for health risk behaviour abusers
neutral	A lot has been done in this regard.
neutral	Go into schools, insist on greater physical activities.



neutral	Make sports available to low-income people.
neutral	Promote healthy living.
neutral	You need a decent treatment centre with a decent ongoing program for this.
neutral	Advertising is stupid
somewhat disagree	Constant education is an expensive waste of health care dollars
somewhat disagree	There has been plenty of education/awareness already, and those at risk will continue to ignore such efforts. The \$ is better spent elsewhere. Some is still necessary, but don't expand
somewhat disagree	Self inflicted health problems should receive less. I work hard to keep healthy and end up paying for those who don't care.
somewhat disagree	Waste of time and \$\$\$
somewhat disagree	Individuals need to take responsibility for behaviors that impact health issues
somewhat disagree	Most people with these problems don't pay attention to these types of campaigns – it's a waste of money
somewhat disagree	Most know about this already, need to address socio – economic status and cultural implications to achieve change
4 x somewhat disagree	Somewhat disagree – enough public awareness
somewhat disagree	No campaign against obesity – it is an eating disorder.
strongly disagree	People are already aware of risks
strongly disagree	This is an area you can save \$ in
strongly disagree	Save on advertising and spend on services
strongly disagree	Need services not marketing – youth shelter, halfway houses, supported housing for addictions, treatment programs of one year or more
strongly disagree	Enough awareness
strongly disagree	If you don't know these things now, govt can't solve the problem. Would be a waste of precious dollars.
strongly disagree	Not working now – just political hype.
strongly disagree	These campaigns don't address root cause x 2.
strongly disagree	Tax incentives for preventative behaviour

b) Free or low cost immunizations and flu programs should continue to be provided by Yukon government.

strongly agree	Low cost acceptable
agree	But I feel that we are over immunizing our children
2 x agree	But only for disease, <u>not</u> flu shots for the general public
agree	Only for high risk populations.
agree	Basic coverage with fees for immunizations related to travel outside of the country
agree	Especially for children – measles, mumps etc.
neutral	Don't think the flu shot is effective.
somewhat disagree	Flu programs required for elderly not healthy children and adults
somewhat disagree	Risks involved to YTG does not make known to public
strongly disagree	Don't spend more; primary school grade is the best place to start new behaviors



Immunization programs should be expanded if they will help reduce the risk of a disease.

agree Only is there is strong evidence the new programs will be beneficial

c) The Yukon Health Care Review recommended that the government should consider a user fee for non-emergency out-of-Yukon medical travel based on ability to pay with an annual maximum amount. Do you agree with this type of fee?

strongly agree	How do we determine ability to pay?
strongly agree	Time to control abuse
2 x agree	On ability to pay
agree	Stop paying per diem, you never used to
agree	Who decides who has the ability to pay?
agree	Depends on premium rates and income levels.
agree	Premiums should be low.
agree	Based on income.
neutral	Require more information to make a decision
neutral	How does Nunavut/NWT deal with this?
neutral	Depends on length of time in Yukon
neutral	NWT and Nunavut have this kind of program.
4 x somewhat disagree	Don't have services here
somewhat disagree	Continue to add specialists here to cut down on travel costs and how do you determine ability to pay?
somewhat disagree	The expenses covered now are minimal and people pay a lot out of pocket.
3 x somewhat/strongly disagree	Although YTG gives financial assistance towards medical travel, not all costs are covered. Accommodations, meals and transportation once person has arrived to where treatment is scheduled is not covered and is a hardship for some
strongly disagree	Cancel the mileage for driving from communities; most people come in to shop anyways
6 x strongly disagree	Services not available here, we shouldn't have to pay
strongly disagree	No, because then certain people will still get this for free
strongly disagree	Expand services in Yukon
strongly disagree	Book non-emergency 2 weeks in advance for better rate, maybe Whitehorse being the capital needs more equipment here
10 x strongly disagree	Don't have services here
2 x strongly disagree	A fee may prevent someone from getting help. Until our system can provide these services we have to send people out
strongly disagree	Don't have services here; early detection and treatment saves in the long run
strongly disagree	Look at isolation of Yukon – do not compare.
strongly disagree	Should be provided free as this could save later, if person does not end up in emergency situation.

d) Do you think that Yukon should increase the maximum deductible amount that users pay to an amount similar to what other Canadians pay?

strongly agree Since our average income is 2nd highest in the country, it makes sense that we should pay more



strongly agree	Yukoners earn more than most in the rest of the country
7 x agree	Based on ability to pay/income
agree	Could be moderately increased
agree	Not \$1,700 maybe \$480.
agree	Don't make single people subsidize families
somewhat disagree	People need help covering these costs if long term
somewhat disagree	Someone on chronic care may not be able to work and might not afford meds which is more expensive on health care in the long run
somewhat disagree	Based on income
somewhat disagree	Should be based on ability to pay and exclude seniors and children
somewhat disagree	Not enough information.
somewhat disagree	Most individuals on chronic funding are on low and fixed incomes.
strongly disagree	The cost of medication here is much higher than the same meds in other jurisdictions
strongly disagree	People with chronic diseases already have many out-of-pocket expenses that are not covered by any program
strongly disagree	It should <u>not</u> be influenced by other provinces/territories
strongly disagree	Don't tie to income – What is free to one Yukoner should be free to another; equal access and equal cost for all
strongly disagree	People on chronic disability cannot generally work full time and puts a burden on family income as it is
strongly disagree	Comparisons to the rest of Canada are not valid.

e) Do you think that the Pharmacare and Extended Health programs should include an annual maximum deductible (based on the ability to pay) similar to what seniors in the rest of Canada pay?

strongly agree	Based on household income
strongly agree	A <u>spouse</u> should have nothing to do with eligibility
strongly agree	Alberta uses blue cross – cost to seniors is still low. Again, Yukoners generally have more money
4 x agree	Based on ability to pay
agree	Based on net income not gross and include debts as well
agree	But not based on ability to pay – who determines someone's ability to pay?
agree	Need online billing system
agree	Only if <u>EVERYONE</u> pays!
agree	Make requirements the same as chronic disease and disability program
agree	Rates should be kept low.
neutral	Not on ability to pay, but based on years in territory
2 x neutral	Some move families here to take advantage of this
somewhat disagree	Someone under 65 may need this program
somewhat disagree	We need to encourage people to stay in Yukon after retirement
somewhat disagree	Against increasing costs for those who can least afford it.
2 x strongly disagree	Seniors have paid their dues
5 x strongly disagree	Seniors on fixed income!
strongly disagree	Forget what others pay, base it on our (Yukoner) situation only



strongly disagree Govt should be cut down on the 44% mark ups as was done in BC
 strongly disagree Let Yukon lead by example.

Do you think these two programs should be restricted to people who are 65 or older?

strongly agree 65 and older
 strongly agree Single people are penalized
 neutral It should be more needs based and less based on age
 neutral Depends on circumstance
 somewhat disagree Based on income
 somewhat disagree If younger spouse is still working and has coverage then yes
 strongly disagree These people have been paying taxes for years and have earned these benefits

f) Do you agree with the following recommendations from the Yukon Health Care Review?

The daily accommodation rates charged residents living in the government's long-term care facilities should be closer to rates charged in the provinces.

strongly agree Rate increase should be phased in slowly and to the lower end of the national scale
 10 x strongly agree/agree Based on ability to pay
 strongly agree Follow B.C. rates
 15 x agree The fee should remain reasonable i.e. \$25 to \$35/day
 11 x agree Depending on income/based on ability to pay
 2 x agree There should be a residency requirement before getting the "Yukoner rate" for these facilities
 agree The persons pensions and supplements to cover living families should not have to supplement care
 agree Moderate increase only
 agree But not as much as N.B.
 agree What if the can't afford it?
 agree Unfortunately rates go up
 3 x agree Not more than \$29, 30/day; gradual increase
 agree No Yukoner should be turned away due to inability to pay.
 Based on ability to pay.
 agree Yes like B.C. not N.B.\
 agree Access should be restricted to senior who have a minimum of two yrs residency in Yukon.
 agree Tie into CPI changes.
 agree Closer to B.C.'s rate, not New Brunswick. Too many people bring their elderly parents to live in YT and take advantage of YT's health care system, sometimes to the detriment of long time Yukoners
 2 x neutral Moderate increase might be acceptable
 2 x neutral Slight increase based on ability to pay
 neutral Are there sufficient beds available to people that need them? Focus on that.
 somewhat disagree Could be same as B.C. but not higher
 somewhat disagree Charge according to length of residency in Yukon
 somewhat disagree Not enough information.



2 x strongly agree/agree	People move to Yukon for “cheap” long term care
somewhat disagree	Base rates on length of residency in Yukon
somewhat disagree	Charges should be rated or prorated in a Yukon context and for Yukon residents only
somewhat disagree	Case by case for existing; but flat out charge all new incoming residence
somewhat disagree	Will the care, facilities and activities be increased?
somewhat disagree	What if they cannot afford the daily rate? Where will they go? On the streets? Burden families?
strongly disagree	Seniors are on fixed income
strongly disagree	For this kind of money a person could live in a first class hotel with a nurse visiting several times a day. People should get this option.
strongly disagree	May deter increasing trend to retire and remain in Yukon.
strongly disagree	Multiple rates are an administrative nightmare.

New rates should be gradually increased, possibly grandfathering existing residents at existing rates.

3 x strongly agree	No grandfathering!
strongly agree	Increase gradually. No to grandfathering
2 x strongly agree/agree	Gradually
2 x agree	Gradual increase, based on ability to pay
10 x agree	Gradual increase, but not grandfathering
agree	Caution as not to be too high if spouse is in community and have another residence to pay for
agree	GRADUALLY being the key word
agree	That would be fair
agree	Sliding scale, based on income
agree	Based on ability to pay
agree	No grandfathering
neutral	Develop a range based on ability to pay.
somewhat disagree	No grandfathering
somewhat disagree	Based on years in territory, new customers pay higher rate
somewhat disagree	Rates should be on continuum reflecting national cost of living increases annually
somewhat disagree	If rates are increased gradually, should include all residents
somewhat disagree	2 x Yes, gradually increase, 5 x No to grandfathering
strongly disagree	No new rates
strongly disagree	It would reduce strain on these facilities and reduce wait lists as well as people coming here to take advantage of the low rates

g) Do you think the government should consider re-introducing health care premiums to help pay the cost of health care services in Yukon?

strongly agree	Monthly prorated premiums are an “investment” in health and would maybe encourage positive change
2 x strongly agree	This should have never stopped
strongly agree	Find some way to make collection cost effective. Why should northerners be exempt when no place else is



5 x agree	Provided the admin fees to not outweigh revenue
agree	A small premium
agree	Based on level of income/ability to pay and excluding seniors
agree	If it will bring doctors who stay
agree	Based on ability to pay and should include eye exams
agree	Rates based on taxable income
agree	Would agree if rest remains as is
3 x agree	Based on income/ ability to pay
agree	Only if other measures fail to cover funding gap
agree	Small fee
agree	Put premium revenue into diagnostic machines to reduce medical travel costs
2 x agree	Base it on income
neutral	How costly would premiums be? A small fee might stop some abuse of the system
2 x neutral	Only if costs to collect do not exceed premium income
neutral	The problem before was how to deal with those who wouldn't register or pay once they needed service. No fair to penalize providers
neutral	Maybe employer paid ie. % of payroll
neutral	ONLY if you can keep those rates to about \$30 per individual/month and \$50 per family max
neutral	Either premium or increase taxes, but not both
neutral	Based on ability to pay might work
neutral	We need to work smart. Building hospitals in Watson Lake and Dawson is great for votes, but not smart for spending money.
neutral	Only if cost effective.
neutral	It is better to have a premium than scattering fees around
3 x neutral/somewhat disagree	Costs too much to administration \$\$\$, let's not go back
2 x somewhat disagree	Cost to administer would likely void any gain
somewhat disagree	This puts the cost of health care on working families
somewhat disagree	Once again, this adds burden to the middle class while poor people continue to be subsidized
somewhat disagree	Unless premiums are paid by employers, <u>not</u> individuals
somewhat disagree	Only as a last resort
somewhat disagree	Currently no, not with global recession but in the future, yes
somewhat disagree	Depending on individuals proactive healthcare and frequency of Doctor visits
strongly disagree	Not cost effective with small population base
6 x strongly disagree	It would cost as much to administer it; not worth it
strongly disagree	Charge new residents premiums
strongly disagree	Collecting is a nightmare – what do you do if people don't pay? Cut them off?
strongly disagree	No, because then certain people will still get this for free and that is not fair
strongly disagree	Costs more to collect and what if they don't pay???
strongly disagree	They are better ways
strongly disagree	Bureaucracy costs money and if people don't pay, collections cost money
strongly disagree	People/children who cannot afford it will not get care they need
strongly disagree	Tried this before



strongly disagree	There has to be some benefit for living here. Perhaps premiums should be paid by “snowbirds”?
strongly disagree	Have “user” and “abuser” fees
strongly disagree	It cost more to collect than it was worth, we don’t need another bureaucracy
strongly disagree	Too costly to administer

h) *The Yukon Health Care Review report recommends that government should continue to invest in expanded home care, community support programs and supported/assisted living as it keeps people out of institutional long-term care while providing services at a lower cost. What do you think about this?*

strongly agree	Expanded home care should include private sector services
strongly agree	Home care workers are great and need to be expanded
strongly agree	Offer financial incentive to care givers
strongly agree	We need more assisted living
6 x strongly agree	Better quality of life this way, people want to stay home as long as possible
strongly agree	Over financial support/ incentive to home care takers (relatives) to care for them
strongly agree	Lowens the cost and better for the people
strongly agree	Also need assisted living facilities for seniors
strongly agree	Support community housing projects. Meals, support and emergency care available as needed.
strongly agree	Studies bear out that staying a home costs much less.
strongly agree	Prime importance.
agree	If the quality of support in home is equal to that in an institution
agree	Provided home-based care is more economically feasible and is safe, adequate and suitable
3 x agree	People do better when they are able to remain at home/home care is best

i) *Do you think the Yukon government should look at ways to get its costs for drug programs closer to what is paid in the provinces?*

strongly agree	Why no maximum mark up limit?
strongly agree	Monitor patient prescriptions; too many people selling them!
strongly agree	44% mark up is only greed
strongly agree	Do not subsidize local pharmacy
strongly agree	Reduce mark up by pharmacies and promote lower cost generic drugs
strongly agree	Want movement away from “poly-pharmacy” and reliance on prescription drugs.
strongly agree	Get on with it and renegotiate the contract!
3 x strongly agree/agree	Should be able to use generic brands
agree	Pay less for drugs – focus on nutrition.
agree	Place greater emphasis in the health care system to alternative treatments-not more drugs.
agree	Not to the detriment of local pharmacies



j) As one way to help reduce alcohol abuse, do you agree that liquor taxes should be at levels comparable to, or above other Canadian jurisdictions?

11 x strongly agree/agree	Charge more for alcohol and tobacco, fast and/or junk food
strongly agree	Improve drug and alcohol treatment programs
4 x strongly agree/agree	Increase tax alcohol and tobacco and put revenue back into health care
strongly agree	Reduce liquor store house and off sales, etc
strongly agree	YTG is the liquor vendor – just make sure to put the revenue back into health care
strongly agree	YTG provides the liquor, they should fix the problem
strongly agree	Taxes on cigarettes and junk food should be increased.
strongly agree	Subsidize organic local produce.
agree	Alcoholics will always find ways to buy even if it means giving up something else such as a proper diet
agree	As long as those revenues are used directly for awareness, prevention and treatment x 2.
agree	Taxes alone will not prevent alcohol abuse.
2 x neutral	Would this stop alcohol abuse?
neutral	People will just buy more mouthwash or vanilla extract
11 x neutral	The tax increase would probably do little to change drinking habits of those who have alcohol abuse problems
somewhat disagree	Increase to provincial levels ok but not over
4 x somewhat disagree	Increasing taxes on alcohol will just increase crime
strongly disagree	I disagree with using the cost of an item as deterrent; education and positive incentive programs for lifestyle change
2 x strongly disagree	This penalizes those who do not abuse alcohol
strongly disagree	Will only punish the social drinker and make no difference to those who will find ways to feed their habits
strongly disagree	Get rid of liquor control board and sell alcohol in grocery stores.
strongly disagree	Raising the price of alcohol to a prohibitive level will only serve to increase theft as that is a source of income to satisfy addictions.

4. Is there anything else you would like to say?

- 5 x Dental care should be added to health care
- 3 x Thank you for all you are doing for us and the opportunity to provide input
- 2 x Incentives for fitness/sports etc
- 2 x We know there are abuses in the system – find a way to stop the abuses
- 2 x Needs to be more consultation in Whitehorse. Survey is quite simple and questions lead to agree answers
- 2 x We think Yukon does well with existing services and hopefully we can all contribute to helping to keep what we have here
- 2 x Many Yukoners are bringing their “old” parents here to live out their remaining years because of Yukon Health benefits. This should end
- 2 x Yukon Medicare/Pharmacare is an excellent program. Every reasonable effort to keep it intact is appropriate including minimizing abuses



- Yukon takes very good care of low income people that cannot afford it
- Consider raising taxes on junk food; encourage more exercise at all ages; maybe subsidize fitness related activities
- Have marketing campaigns to emphasize that health is the individuals responsibility, prevention is best health care, promote healthy lifestyle
- Increased health care costs should be addressed by increase in taxation and by prioritization in govt spending
- More specialist visits will reduce medical travel costs and more diagnosis/treatment in the Yukon
- Adolescent drug and alcohol treatment centre is highly needed
- Govt should be more accountable to \$ available ie. WGH has 2-pane windows and high ceilings (high heat costs)
- We feel that Yukon has a great health care system. Keep up the good work!
- Closer scrutiny of user abusers of the system; i.e. “non-resident” residents
- I generally support modest tax increase or fees for service; moderate overuse of system, to ensure sustainability of health services. Yukon has good program
- Consider junk/fast food tax and physical activity incentives
- Increase medical coverage to encourage families and seniors to stay with good service and care. This will increase your tax base for service
- We’ve been taking health care for granted and it’s grossly abused. The public must be made to take more responsibility
- Increasing costs to individuals might only shift government expenses from health care to spending in social areas
- I think women with history of drinking while pregnant who already have one FAS child should be housed somewhere to keep their unborn babies safe or have abortions, as FASD children cost the taxpayers lots of money
- We urgently need multi-care facility for aging population; could be private/public or combination of both
- Yukoners should receive an annual statement of their treatment costs under Medicare. Everyone should also know the average individual cost of care in the territory.
- Programs to reduce obesity, smoking, consumption of pop, etc should be initiated. Programs to encourage increased activity should be initiated – especially for children
- Sadly, the reality is that to provide services to a small population spread out all over an area so remote from the rest of Canada is going to be expensive.
- Health care is one piece of the pie – the main concern should be well-being of the citizens; mentally, physically and spiritually
- Taxes obtained by alcohol sales should be put into addiction prevention/treatment programs/initiatives
- Yukon is a great place to live! Let’s work to keep it that way. I think cutting waste would be a great start.
- Too many people moving family up here to access Yukon’s wonderful health care system – there need to be a way to regulate or user pay. Long time Yukoners should be given priority
- Programs for children are great; your dental program is awesome.
- We are a Territory not a province. Many provinces aren’t doing a good job with their health care – why would we want to mimic them?
- Filling out this question form has made me more aware of the issues concerning health care and its future – thank you!



- Health care should not be available to those who live outside of Yukon for more than 6 months
- People who are careless with their health should not be rewarded with free health care
- More permanent jobs for RNs are needed, this would save \$\$\$\$ in the end and promote retention
- There could be better way to collect info but YTG will do what it wants regardless of what we think!
- Stop penalizing citizens who work hard for their \$ and at living healthy lifestyle; very little encouragement/incentive from govt to live this way. Pharmaceutical companies overrun and overrated.
- Thank you for looking into this for Yukoners. I'm concerned about # of docs and nurses available now and in future. Need more focus on getting Yukon kids into medical careers and more focus /tax breaks on preventative behaviors (helmets, healthy eating, etc)
- Review effectiveness of existing programs before adding more; Tender medivac contract – this should be done – use fair and transparent tendering process.
- People who take vitamin supplements generally require less medical care and they take more responsibility for their health
- I agree that changes need to occur but disagree with high income/low income fees for the same service. Once again, the middle class will carry the financial burden
- Stop penalizing people who work hard for their income and at living a healthy lifestyle. Very little encouragement and incentive to live this way.
- Need to go back to SA paying clients rent, hydro, etc so they have less cash to spend on alcohol/drugs
- I was disappointed to see that the health care review report did not address prevention in any substantial way. We need to get a handle on this or it will never change.
- YTG need to put a lot more into alcohol/drug
- I recommend the formation of a committee to study details of Romanow report
- A good health care facility in Dawson and Watson are needed, not a full hospital
- People should take responsibility for their own health and well-being....
- Have one delivery system via WGH for all Yukon communities – including Dawson, Mayo, and Watson Lake facilities all mandated as combined system rather than separate.
- There is far too much emphasis in this survey on what “others do”. Solutions should be “Yukon Unique” since our territory has its own special way of coping with issues as we have such a small population.
- My experience in health care in Yukon over the last 30 years has been very satisfactory. I have had a truly remarkable doctor and exceptional care and service in the Yukon medical system. Thank you.
- Better support for drug and alcohol abuse
- Privatize some things such as doctor's offices/clinics, pharmacies, physio clinics and labs and x-rays
- WGH should be run by YTG and not a board that doesn't know anything about health care
- No health care premiums please. Use the tax system if you must since it is far more efficient and you can put on a health surcharge that individuals and corporations can pay. Businesses in Yukon have a stake in a healthy population and should foot some of the bill in their taxes.
- Residents moving their seniors into the Yukon should have to pay deductibles or have a waiting period before being eligible for home care, nursing homes etc.
- I was below the poverty line only 5 years ago, I remember how much our health care system helped then. I also remember that \$4,000 dental bill. I am now in the middle class and am happy to pay taxes to provide this great service. But I believe that business, especially out of territory business, needs to pitch in.



- I think that the Yukon Govt should look at increasing taxes on tobacco and this should go directly to our health care system as should the alcohol taxes if increased. Overall if the Yukon Govt increased our taxes by \$100-150 a year for each taxpayer that would make a huge impact on our health funds and there would be no collection of the funds (another bureaucracy avoided) as we all (or most of us) do our taxes on an annual basis. And \$100 annual is only \$8.33 per month and \$150 year is only \$12.50 per month so not a huge amount per person but a huge difference in the health budget. We have a great health system and I would hate to see that change. If it did then there is no reason to retire here, we could go south.
- Please don't cut services or institute premiums! I support an increase in territorial income tax to offset health care costs instead.
- It's a huge financial burden to ask people to pay for non-threatening medical travel fees to see specialists out of the Yukon. People with chronic illnesses need to see specialists and in some cases they are not available in Whitehorse, however without this visit, the patient can become in danger then leading to an emergency situation. I would like to see a better emphasis on mental health. It's a brain disorder that is often neglected and not as visible - except for the external behaviors people see. Many mental health patients do not have a facility to go to, do not get the help they need, are then homeless or become part of the justice system.
- Stricter residency requirement to receive healthcare – this is a drain on our resources!
- I suspect the cost of this study and survey costs as much as the annual medical evacuation budget.
- Declare an all out war on cigarettes. Sue tobacco companies. Develop a rally effective marketing strategy aimed at children. Make smoking look uncool. Use strategies of tobacco companies who target children. Every time they get a child hooked they know they will make millions over the life of that child and society will be stuck with the health bill. Use celebrities (sports, film, music) to make smoking look disgusting to young people. Do not punish people who are addicted raising taxes. They already have problems and probably want to quit. Exorbitant taxes just make life even harder for them and their families. This should be funded by the Canadian Cancer Society. Get rid of the “sin and punishment” model for alcohol, drugs and tobacco. It doesn't work! Try education and positive initiatives.
- Why would you think that we should be doing what other provinces do or charge what other provinces charge? This is the Yukon – costs here are different, population mix is different and problems are different.
- By making existing benefit payable only to those Yukoners who have lived here continuously for the past 10 years or more
- Health should be looked at holistically. If a person has poor housing, their health might not be good. The government has to consider long term solutions that will prevent health problems for its citizens.
- Organ donation should continue to be strongly encouraged to Yukoners, and this is an item that should continue to be 100% covered.
- People who choose unhealthy lifestyles should have severe limits on service if they continue unhealthy choices.
- There seems to be a big push to invite people to the Yukon to live. How will we accommodate the health care needs of the population? There is a push for a hospital in Watson Lake (what a mess) and now Dawson City – when will we talk about expanding and improving WGH?
- Although I am over 60, I think Pharmacare, dental and eyecare for senior should be scrapped and instead provided to children up to 16 yrs old.
- The ever-increasing costs to society aren't just medical issues. Please think outside your box.



- Reduce administrative/management costs through attrition and put the savings into services.
- Increase the penalty for drinking while driving.
- Delighted that the Romanow Report is mentioned.
- Send us a statement to show what charges were incurred on our behalf – yearly, every six months.
- Time to get creative – not stupid or try to bleed anymore dollars or programs.
- Thank you for creating this form – but I’m sure that came to a cost also.
- Train our own medical personnel at Yukon College.
- Allow professionals like nurse practitioners, ophthalmologists and others to use their full scope of competencies.
- Be innovative and focus more on prevention – Proactive vs reactive.
- Higher taxes for alcohol and cigarettes
- Tax junk food like soda pop.
- Charge more for health services to out of territory residents (Alaskans, tourists)
- Increase rates for preferred accommodations in hospitals.
- Charge for health permits
- Charge \$2 – 3 for each health advice call.
- We have one of the best systems in the country let alone the world. Let’s work to keep it that way if at all possible. Not only for those of us now – but for future generations.
- If the Yukon plans on implementing a sales tax, it will have to be paid by ALL Yukoners and visitors.
- I feel that the biggest problem is mismanaged funds. Take a look at the ambulance station and the money that is wasted because of poor scheduling; nurses that make quite a nice living working ¾ time and are paid overtime for anything above that. I don’t think the problem is that there is not enough money, but that there is too much, so it is not being watched close enough.
- Mental health – should be looking at some kind of facility and programs for individuals, not the jail or hospital
- Stop being reactive and become proactive – we don’t have to repeat all the mistakes made in the rest of Canada – Why don’t we learn from them!
- The government will have to do a better job of selling the problem if it is going to make the right (tough) decisions
- Revamp the health care system
- Particularly in the Yukon, more should be spent on education to reduce alcohol abuse, as well as use of illicit drugs. I believe that is more pressing than obesity and smoking (albeit not as “politically correct”)
- We have an excellent health care program and facilities here in the Yukon
- Given our population base and remoteness, I think Yukoners are very fortunate to have access to quality health care services. However, I think where health care is concerned, attitudes need to be shifted from one that the government is always responsible to provide to one where individuals and communities are taking on responsibility for health and well-being. This is happening slowly, but there needs to be political support for a shift in attitudes to occur.
- Thank you for asking for the public’s input
- Everyone needs to be more responsible for their own health. The Yukon Medical Guide and the 811 service are good programs. A strong drive to limit our resources to those people that live here should be made. Everyone knows someone who receives health services here but live elsewhere most of the year
- Generally Yukoners complain a lot for services that are far superior to the provinces. There is short waits for specialists, private rooms and excellent facilities.



- We are extremely lucky in Yukon to have the services we have. The system is not perfect but we need to maintain the services we have in a sustainable, cost-effective way based on sound management practices and leadership.
- Seems like a good all-encompassing questionnaire to me – let the peoples' will be done! Any Yukon government may find such questionnaires useful on other significant issues.
- Poverty needs to be addressed. People who are poor have increased medical needs that are often not addressed.
- Palliative care team needs more support.
- Seeking information from other jurisdictions can be helpful. The Yukon, however, is unique in many respects and needs unique solutions to a lot of its healthcare problems. Do the necessary work and make fairness your guide.
- Thank you for this opportunity. It appears that governments over the years, regardless of political stripe, have not made important changes in financing our health care services to ensure a health care system that is relevant and solvent.
- A lot of time and energy is spent on some of the “marginal” street people. Programs and institutions could be made available to help direct their lives into something a little more rewarding.
- Health care premiums will be used by government as another form of tax and can keep being raised. Health care premiums don't show patients the real cost of healthcare. We should have a deductible where patients pay the first \$1,000 every year themselves – that would show the real cost.

