



Northwest Territories Medical Association  
nwtmda@gmail.com

March 1, 2024

Minister Caroline Wawzonek, Minister of Finance  
Minister Lesa Semmler, Minister of Health and Social Services  
Government of the Northwest Territories

**Re: Submission of the NWT Medical Association in Response to the Call for submissions for *Restoring Balance: A Fiscal Sustainability Strategy for the 20th Legislative Assembly***

Dear Ministers Wawzonek and Semmler,

The Government of the Northwest Territories has asked for employee engagement and input on measures that the GNWT can take to find efficiencies in the delivery of essential services to the people of the NWT.

We are a group of deeply caring, committed physicians with many years of collective clinical practice experience in the NWT, and more broadly in the Canadian health care system. Many of us have served as physician leaders and bring both clinical and medical administrative perspectives. We have a unique and valuable perspective to share on reforming how residents in the NWT access health care and stay healthy, without breaking the bank. In this letter we outline a set of measures we believe could produce significant efficiencies, while improving quality of care, health outcomes and clinician engagement.

We are pleased that access to health care and addressing the effects of trauma are among the top priorities for the 20th Legislative Assembly.<sup>1</sup> Others with deep knowledge of the Canadian health care system agree the time is now to make meaningful change to how we access health care.<sup>2 3</sup> With increased funding coming from federal health transfers, coupled with the 20th Assembly's Fiscal Sustainability Strategy, now is a crucial moment in shaping the health of the people of the NWT for years to come.

The six domains of Quality in healthcare are Safety, Effectiveness (avoiding underuse and misuse), Patient-Centered, Timeliness, Efficiency (avoiding waste of equipment, supplies, ideas,

---

<sup>1</sup> [https://www.ntassembly.ca/sites/assembly/files/20th\\_assembly\\_priorities\\_0.pdf](https://www.ntassembly.ca/sites/assembly/files/20th_assembly_priorities_0.pdf)

<sup>2</sup> <https://ppforum.ca/publications/taking-back-health-care/>

<sup>3</sup> [https://issuu.com/dfcm/docs/primary\\_care\\_needs\\_ourcare\\_the\\_final\\_report\\_of\\_the?fr=xKAE9\\_zU1NQ](https://issuu.com/dfcm/docs/primary_care_needs_ourcare_the_final_report_of_the?fr=xKAE9_zU1NQ)

and energy) and Equity.<sup>4</sup> It is well known that high quality care is less costly overall because of earlier detection/ prevention/ intervention, more accurate diagnoses, fewer treatment errors, lower complication rates, or less complex or prolonged treatments.

Health care is a complex system, with rural and remote areas being particularly challenged with respect to the domains of quality, with the added dimension of providing service over vast geography. We recognize that there has been substantial work to date to understand the healthcare needs of the NWT population and possible solutions, and suggest that any path forward leverage this work, adding new information and evidence-based strategies.<sup>5</sup>

Below we list four areas of focus for increased efficiency and decreased cost, along with specific measures to accompany them. These are:

1. Reduce unnecessary medical travel;
2. Reduce inefficient administrative tasks;
3. Workforce planning to ensure right provider / right care / right time / right place
4. Optimize Partnerships for Quality Improvement

All of our suggestions are framed in the spirit of reconciliation, with patient-centered, trauma-informed, culturally safe care at the forefront of how we hope to improve care efficiently and cost effectively.

As stewards of a publicly-funded healthcare system, there is an imperative to allocate available resources responsibly for the greatest overall good. We urge the Government of the Northwest Territories to consider our recommendations, engage in courageous conversation, and create a workplace culture in which it becomes safer for people at all levels to engage in this critical dialogue.

We would be pleased to discuss any of our recommendations in further detail.

---

<sup>4</sup> Institute of Medicine (IOM). Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, D.C: National Academy Press; 2001.

<sup>5</sup> Multiple previous internal documents including but not limited to: Report and Recommendations: Northwest Territories Physician Workforce Plan 2020 and Butcher Reports (<https://ournthssa.ca/physician-workforce-plan/>), Virtual Integrated Care Team proposal 2020: [https://ournthssa.ca/document\\_library/virtual-integrated-care-teams/](https://ournthssa.ca/document_library/virtual-integrated-care-teams/), 2004 Integrated Service Delivery model: <chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/http://library.assembly.gov.nt.ca/2004/HSS/a186560.pdf>

## 1. Reduce unnecessary medical travel

The Northwest Territories has the second most expensive healthcare system in Canada, just behind Nunavut. CIHI's 2023 forecast for NWT health spending is \$21,750 per person, well over double the national average of \$8740 per person.<sup>6</sup> A large contributor to this is the cost of moving people, sometimes for unnecessary care.

*Bring care close to home, when appropriate*

*Move the patient to care, when necessary*

*When movement is required, optimize it*

*(from Choosing Wisely NWT's Rural Medicine Toolkit, publication expected March 2024)<sup>7</sup>*

### a. Reduce the overall need for out of territory specialist-to-patient consultation

- **Solution:** approve use of E-consult for practitioner to practitioner specialist consultation. This is a service whereby practitioners can consult a specialist directly on an asynchronous platform regarding a patient to receive advice, without the specialist having to see nor accept the overall care of the patient. It has been shown to be cost effective,<sup>8</sup> and we expect even greater savings in our remote context. Specifically, adapt the Nunavut-Ontario E-consult contract to enable NWT practitioners to access the well-established Ontario E-consult program.<sup>9</sup> (Alberta does not have a comparable program, and accessing clinician-to-clinician advice in another jurisdiction does not disrupt regular referral patterns to Alberta when a patient needs to be seen).

### b. Increase local capacity to reduce unnecessary patient movement

- **Solutions:**
  - Examine what services can go to communities rather than moving people to the service, for example sending Holter monitors to communities then back to Stanton for interpretation, mobile mammography, or remote ultrasound (which Nunavut has explored)
  - Ensure each community has a designated physician(s) who regularly travels to the community, and when not in the community

---

<sup>6</sup> <https://www.cihi.ca/en/how-do-the-provinces-and-territories-compare>

<sup>7</sup>

[https://ournthssa.ca/clinical\\_resources/grand-rounds-presentation-choosing-wisely-nwt-the-rural-medicine-toolkit/](https://ournthssa.ca/clinical_resources/grand-rounds-presentation-choosing-wisely-nwt-the-rural-medicine-toolkit/)

<sup>8</sup> <https://bmjopen.bmj.com/content/6/6/e010920>

<sup>9</sup> Details from Ontario E-consult on the NU-Ontario agreement available upon request.

is able to provide telehealth and remote support by phone and electronic health record.<sup>10 11</sup> (see further detail in section #3)

- Ensure there is a designated physician on call (can be a territorial resource) for communities to ensure no nurse is left without clear direction and support to decrease resource utilization, while at the same time allowing the territory to expand clinical case care such as home care, palliative care, long term care, and public health support. Where we lack in-house capacity, create a remote call service (which can include long-term recurrent locums who know our communities but may be outside of the territory while providing this service).
- Ensure that all clinicians serving the NWT have effective and up-to-date orientation as well as point-of-care orientation tools so they know what tests and treatments are available in communities (reducing inadvertent medical travel), processes, and cultural safety considerations (consider adopting the HealthNU app and adding information about community-specific tests, treatments and medical travel considerations)

**c. Reduce overtesting and overtreatment that may lead to unnecessary travel:**

- Solutions:
  - a. Evaluate territorial nursing guidelines that may drive overtesting and overtreatment, ensuring they are consistent with current best medical practices to align care plans between CHN's and consulting MD/ NPs.
  - b. Continue to adopt and adapt Choosing Wisely Canada guidelines to ensure appropriate care
  - c. Provide Audit and Feedback to clinicians on their utilization and appropriateness patterns, with a quality improvement spirit. This depends upon having adequate access to data (see section 4)

**d. Coordinate Medical Travel to reduce unnecessary patient movement:**

- Solutions:
  - Designate medical travel “navigators” that have access to appointment information regardless of who is arranging or paying. Navigators need to be enabled to coordinate all appointments to avoid multiple trips for separate tests/ treatments/ consults, for both patients and their escorts.
  - Partner with Alberta to advocate for and allow NWT clinicians to access a centralized referral system for out of territory referrals,

---

<sup>10</sup> Report and Recommendations: Northwest Territories Physician Workforce Plan 2020 (<https://ournthssa.ca/physician-workforce-plan/>)

<sup>11</sup> Virtual Integrated Care Team proposal 2020 ([https://ournthssa.ca/document\\_library/virtual-integrated-care-teams/](https://ournthssa.ca/document_library/virtual-integrated-care-teams/))

similar to what already exists for surgical referrals in Alberta (Facilitated Access to Specialized Treatment (FAST))<sup>12</sup>, but for all out of territory referrals. This means referring patients to a central intake rather than to an individual specialist, which should increase efficiency and decrease wait times.

**e. Optimize medical travel appropriateness:**

■ Solutions:

- Reintroduce clinical oversight of the medical travel system to allow for timely and more cost effective medical travel decisions to be made. Clinical oversight also provides an invaluable opportunity to complete an ongoing medevac and medical travel audit which in turn informs system change and cost reduction.

---

**2. Reduce inefficient administrative tasks**

Administrative burden has been identified as one of the largest drivers of physician burnout. Family physicians spend up to the equivalent of one day a week in administrative tasks which takes them away from direct patient care, thus reducing access.

**a. Enable effective and efficient access to health information within the circle of care, including across the border to Alberta** (when patients cross the border to Alberta or back for care, information is frequently not optimally available, leading to significant patient safety concerns as well as inefficiency)

■ Solutions:

- Access to MyHealth Records: advocate for Alberta to grant access to NWT patients to access their health records (as Alberta residents can) via their patient portal.
- When the EMR is replaced, ensure the selected successor is compatible with ConnectCare for easy information sharing
- Address legislative barriers that currently prevent efficient and appropriate information sharing between Alberta and NWT.
- Allow requisitions from specialists out of territory to be processed by NWT lab rather than having NWT physicians reproducing and then managing and faxing the results back to the ordering physician (this is done in other provinces)

---

<sup>12</sup> <https://www.albertahealthservices.ca/aop/Page14114.aspx>

**b. Allow patients to easily access their own health information**

■ Solutions:

- Create an NWT patient portal for patients to access their own personal health information including diagnostic results and clinical records.
- Advocate for access to Alberta MyHealth Records - see above

**c. Updated Territorial EMR**

■ Solutions:

- Replace EMR with an updated and comprehensive one that links hospital and communities throughout NWT, is compatible with information sharing with Alberta, and has the capacity to generate data that can be used for quality improvement and clinician feedback
- Ensure the new EMR has the capacity for patients to book their own appointments and set reminders for appointments
- Ensure the new EMR prescriber software can send prescriptions directly to the pharmacies to allow for timely information transfer and to reduce medication errors. Ensure direct messaging with the local pharmacies to enhance communication and facilitate clarifications.

**d. Streamline forms and administrative requests**

■ Solutions:

- Review all territorially generated forms requiring physicians/NP completion for relevance and ease of use (including those from within DHSS/ OCPHO/ NTHSSA).
- Eliminate request from the GNWT and other government organizations for sick notes for absences
- Join the many organizations and provinces advocating to the federal government to do the same with forms and sick notes

---

**3. Workforce planning to ensure right provider/ right care/ right time/ right place**

The NWT health care system has evolved incrementally over its history to provide a broad range of medical services. The changes in services provided by family physicians, specialists, and other healthcare providers over time have resulted from a combination of individual and historic practice patterns, piecemeal decisions and efforts to improve and provide care closer to home. However, these decisions have not always taken into account long-term health system goals, outcome measures, nor the resources and funding required for sustainability. Existing funding models do not fully address the current and evolving scope of service delivery nor

interdisciplinary clinical roles. It is critical to the sustainability of the healthcare system to ensure the costs of clinician services are thoroughly understood and properly funded.

**a. An updated territorial model of physician services should be formalized and funded**

- Solution: review, analyze, update, and implement the NWT Physician Workforce Plan<sup>13</sup> to match funding to strategic and evidence-based decisions on what clinical services will and will not be provided in the NWT.

**b. Create an effective Territorial Primary Care Model based on equitable access and continuity**

- Solutions:
  - Review, update and implement the primary care components of the 2020 NWT Physician Workforce Plan<sup>14</sup> with an aim to:
    - a. Provide each community with access to a regular family physician, ensuring every resident has a relationship with a primary care clinician. This is a critical component of culturally safe care. This will take investment in physician resources but we feel it is possible to recruit and retain the number of family physicians required to do this in our territory, and it will bring substantial health benefits to the residents of all NWT communities.
    - b. Prioritize continuity between primary care clinicians (embedded in a multidisciplinary team) and patients: every person in the NWT should have a primary care provider or continuous team.
    - c. Expand interdisciplinary teams to include mental health services, social work services, nursing chronic disease management and pharmacy services.
    - d. Provide care as close to home as appropriate

**c. Improve physician recruitment and retention:**

- Solutions:
  - Approve a physician part-time as a recruiter to work with the recruitment team (physicians are the most effective recruiters of physicians)
  - Expand the residency training program to four residents per year to ensure a steady pipeline of new northern trained physicians into the workforce who understand our system and our patients.

---

<sup>13</sup> <https://ournthssa.ca/wp-content/uploads/2020/09/NWT-Physician-Workforce-Plan-Internal-Oct-2020.pdf>

<sup>14</sup> Report and Recommendations: Northwest Territories Physician Workforce Plan 2020 (<https://ournthssa.ca/physician-workforce-plan/>)

- Improve physician retention by implementing evidence based strategies as set out by the AMA and IHI.<sup>1516</sup>
- Support physician engagement and work satisfaction by allowing and promoting physician-led innovation and quality improvement projects on the front line, involvement in research, and supporting physicians to engage in leadership positions outside of the health authority to bring expertise back to the NWT.
- Complete an economic analysis of locum physicians visiting the NWT for limited periods, versus contract physicians resident in the NWT. We anticipate that such analysis will show that locally-resident contract physicians contribute substantially more to the local economy, in addition to having a profound connection to the NWT communities where they live. This warrants even greater recruitment and retention effort for contract physicians.
- Reevaluate the physician contract to reward physicians and retain health care providers dedicated to serving the north long term

#### **d. Optimize use of locum physicians**

##### ■ Solution:

- When addressing locum recruitment and retention, prioritize regular returning locums who have relationships with communities and knowledge of the system. Specifically, providing financial incentives for those who spend over a certain threshold of time providing services to NWT residents each year is anticipated to reduce cost and administrative burden.<sup>17</sup>
- Incentivize longer locum periods to increase continuity, decrease travel cost and emissions. Support long-term recurrent locums to provide care remotely between visits: our physician workforce should be seen as local physicians plus locum physicians anywhere in the country who know our patients and communities.
- Enable locums to participate in Cultural Safety Training
- Support the national voices advocating for national licensure of physicians.

#### **e. Re-evaluate the health system's leadership model**

##### ■ Solution:

- Support physician leadership: Organizations with high levels of physician leadership perform better on both financial and clinical

---

<sup>15</sup> <https://edhub.ama-assn.org/steps-forward/module/2702510>

<sup>16</sup> <https://www.ihl.org/resources/white-papers/ihl-framework-improving-joy-work>

<sup>17</sup> Internal NTHSSA document entitled "Long term recurrent locum incentive plan", 2019 (author Dr. D. Urquhart)



measures<sup>18</sup>, and have greater success in reform and improvement efforts<sup>19</sup>

- Analyze the efficiency of the current administrative model, including identifying and reducing any duplication of management positions between HSS and NTHSSA
  - Support a distributed leadership model that encourages problem solving close to the source rather than top-down decision making.
  - Encourage any leader with clinical training to work part-time clinically to best understand issues and solutions
    - a. Ensure adequate administrative support for clinical leaders to optimize their leadership contributions while enabling ongoing clinical engagement.
- 

#### 4. Optimize Partnerships for Quality Improvement

The NWT has a small population to draw upon to perform all the functions which regularly occur in larger provincial health authorities. We recommend partnerships with external agencies to expand the reach of proven practice, policies, and programs. Though these may need to be adapted to a northern context, the NWT should avoid attempts to “reinvent the wheel” given our paucity of human resources.

##### a. Allow expert external agencies to assist NTHSSA more regularly to achieve our goals.

###### ■ Solutions:

- Access to Data: partner with organizations such as Canadian Primary Care Sentinel Surveillance Network (CPCSSN), NWT Statistics Bureau and Canadian Institute for Health Information. The Canadian Medical Association’s 2023 “Improving Accountability in Healthcare for Canadians” paper<sup>20</sup> underscores the importance of health system data. We need data on a macro level but also on an individual clinician level for quality improvement, feedback, and proactive management of primary care panels.
- Research - consider participating in high quality national initiatives committed to culturally safe research so we have opportunities to harness national resources and add the NWT perspective (a

---

<sup>18</sup> <https://pubmed.ncbi.nlm.nih.gov/26083633/>

<sup>19</sup> <https://physicianleaders.ca/assets/whitepapercsp10210.pdf>

<sup>20</sup> <chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.cma.ca/sites/default/files/2023-07/Indicators-Report-EN.pdf>

recent example of a missed opportunity was not participating in the national OurCare primary care project)<sup>21</sup>

- Innovation - partner with organizations such as Healthcare Excellence Canada to scale and spread proven interventions in healthcare improvement and patient safety.
- Adopt and adapt national or other provincial guidelines, standards and policies rather than rewriting or creating our own.

**b. Clarify and streamline the roles of the Department and Health Authorities, which continue to be unclear and duplicative.**

■ Solutions:

- Carefully evaluate the structure and functions of DHSS (policy and metrics, the "what"), and NTHSSA as operational (the "how").

These are a few of our collective ideas and recommendations. Some may seem lofty and long-term while others are easily achievable in short order. We believe that all will contribute toward increased quality in our delivery of healthcare to the people of the NWT, which ultimately will reduce overall cost.

We look forward to working in partnership with you to achieve both quality and sustainability in supporting the health and wellness of the people we serve.

Sincerely,

Northwest Territories Medical Association

Cc:

Assistant Deputy Minister, Department of Health and Social Services  
Assistant Deputy Minister, Department of Finance  
CEO, NTHSSA

---

<sup>21</sup> <https://www.ourcare.ca/>