MINUTES OF THE YUKON HEALTH AND SOCIAL SERVICES COUNCIL MEETING

WHITEHORSE

March 4 & 5, 2005

MINUTES OF THE YUKON HEALTH AND SOCIAL SERVICES COUNCIL MEETING

Windsor Boardroom of Edgewater Hotel
March 4 & 5, 2005

MEMBERS PRESENT: Colleen Wirth – Chair
Glenis Allen – Co-chair
David Ravensdale
Iris Cormier
Dorothy John
James Allen
Margaret Titus
Shirley Laverdure

REGRETS: Phil Dyke
Sandra Beckman
Rosemary Rowlands

SECRETARIAT: Amar Dhillon

ALSO PRESENT: Jan Horton, Coordinator, PHCTF
Anne Westcott, Co-Chair, Children's Act Review Project
Sharon Specht, Palliative Care Development Coordinator
Brian Kitchen, Director, Policy & Program Development
Sherri Wright, A/Director, YHCIP & Hearing Services
Dianne Tait, Manager, Pharmaceuticals & Extended Benefits
Donna Hogan, Yukon's Representative, Canada Health Council
David Shewchuck, Commander/Superintendent, RCMP "M" Division
Tracy Hardy, Inspector, RCMP
Dr. Wayne MacNicol, President, Yukon Medical Assoc.
Hazel Booth, Vice President, Yukon Registered Nurses Association (YRNA)
Cathy Bradbury, Coordinator, Regulatory Program,YRNA

The Yukon Health and Social Services Council held its fourth meeting of 2004-05 on March 4 & 5, 2005. The meeting commenced at 9:00 a.m. on Friday, March 4, 2005.

RECOMMENDATIONS:

#1 Whereas, there is shortage of physicians in Yukon;
whereas greater than 2000 Yukoners are without a family physician;
and, whereas best practices in medical collaboration have been successful in meeting these challenges in a cost effective manner;

The Council recommends that Government take immediate measures to legally recognize the expanded role of nurse practitioners and then establish a collaborative practice health service delivery model in Yukon. In this regard, Government is to commence dialogue with all health care professionals.

#2 Whereas substance abuse in the Yukon is in a state of an emergency due to the arrival of drugs such as crystal meth and crack cocaine;
whereas the fact is that even the first use of crystal meth can lead to instant brain damage and addiction;

The Council recommends that ongoing complacency towards drug use is unacceptable and that an imminent development of a comprehensive drug strategy is critical.

FRIDAY, MARCH 4

ANNOUNCEMENTS:

Sandra Beckman has accepted a position in Alberta. Iris Cormier may attend part of the meeting as she is not feeling well and Phil Dyke is on vacation.

REVIEW OF AGENDA:

Motion: Moved by James Allen, seconded by Dorothy John to adopt the agenda as presented. Motion Carried.

REVIEW OF MINUTES:

Motion: Moved by Glenis Allen, seconded by Dave Ravensdale that the minutes from December 2004 meeting be accepted as presented. Motion Carried.

CO-CHAIRS' REPORT ON MEETING WITH THE MINISTER OF H&SS:

Co-chairs provided a brief on the following items that they discussed with the Minister:

- Appointments to the Council

- YOF Facility
- Presentations to the Council and recommendation
- WCC and non-smoking initiative
- FASSY & Hon. Edzerza's initiative
- Minister's immediate priorities are the budget for next fiscal year and alcohol and drug services

PALLIATIVE CARE:
[Sharon Specht, Palliative Care Development Coordinator]

Primary Health Care Transition Fund has provided funds to review and develop a Yukon-wide Palliative Care program. All Canadians have the right to quality end-of-life care that allows them to die with dignity. Also, how we treat those who are dying in our communities reflects who we are.

Hospice Palliative Care aims to relieve suffering and improve the quality of both living and dying. Sharon will be consulting with communities to identify needs and gaps and then developing a draft plan for review. She hopes to develop a program that will educate, empower (develop capacity) and support the individuals involved.

Program value is that it is a circle of care not bound by geography and partners in a circle of care each bring their own unique skills and contribute to this circle. Goal of the program is to establish a model of care that supports Yukoners where they are and objective would be to link partners in a circle of care.

Sharon elaborated on how the information is being gathered from the communities and various aspects of how the program report is being developed as listed below:

- Currently, some people are getting the service but it varies in community to community
- 24-hour service is available only for emergencies
- To date, it is based on initial needs assessment, recommendations and committed partners
- It acknowledges and respects people's values and cultural influence on end-of-life care
- Communities are asked how would they access palliative care information/services for them and/or their clients; and
- What they find difficult about providing care for the dying and where they refer caregivers for support,
- Build capacity of care providers and give them information on sources they can access
- Who supports people in each community with advancing chronic diseases, e.g. MS, HIF, dementia, cancer, etc.
- Every community is unique and has its own strengths and circle of supports and when things are not going well, are problems/barrier identifiable?

She described what an accessible and sustainable program would look like and described following three models:

Model 1: Primary Resource Team that include doctor, nurse, pharmacist, social worker; provide assistance with complex case needs; responsible for educating professionals; agreements to move from one work environment to another; and have additional areas, i.e. with beds.

Model 2: Solo practitioner model refer to consult with other resources or Professionals to assist with pain management; refers to other services, e.g. social worker, therapies, pastoral, etc.; assist family and patient with advanced directive planning.

Model 3: Geographic model has in-patient unit and individuals are assessed by a team and then go to where they've been assessed to go, e.g. long-term care facility, home care, etc.

Council suggested to include a volunteer roster among First Nations who speak the language.

HEALTH & SOCIAL SERVICES ACTIVITIES: UPDATE

[Brian Kitchen, Director of Policy & Program Development]

Brian provided information on following items:

Northern Strategy: This stems from federal election and government's decision to address the northern territories issues. On December 14, 2004, a high level framework for a Northern Strategy was launched. YTG's Executive Council Office is taking the lead on this while H&SS is focussing on items specific to the Department who is building healthy and safe communities.

Council's input is being sought and the following options are how it can provide input:

a) look at Northern Strategy and input through questionnaire directly to ECO
b) review and comment on what Department plans to submit and/or include Council comments in Department's submission
c) a sub-committee of Council approach was suggested

Consultation Process package contains the information that already has been obtained through various consultations, e.g. two Health Summits, ongoing interaction with NGOs, etc.

Early Learning and Child Care: Federal government has assigned $5 billion to the ELCC initiative over five years. Ministers are working on details of process, expectations, arriving at an agreement as to what it means and a F/P/T working group has been established to work on these. There are a couple of outstanding issues: a) wording

and approach feds are taking is objectionable to some jurisdictions in some areas; and, b) base funding involving four small jurisdictions (3 territories & PEI). Per capita allocation of funds does not work well for these due to lack of economies of scale. Federal Minister Dryden is meeting with all F/P/T Ministers and will be in Whitehorse on March 14th to meet with Hon. Jenkins.

Federal Budget: $1 billion over five years committed to "Care Giver Program" to support people who look after disabled people. The money will be in the next budget. Meanwhile feds will consult with provinces and territories to develop a Care Giver Strategy. There is planned increase in Guaranteed Income Supplement (GIS) for the seniors.

Guardianship Act: This is a three-piece legislation and was passed a year ago but has not been proclaimed, as regulations are not complete. Regulations are under development and will be ready in May. Two issues are not resolved in regulations and perhaps can be addressed in some other way:

a) FN desire to be paid to provide protection services – volume unknown
b) Cost of adult guardianship assessments will be passed on to the client. There would be a hardship policy in place for those who can not afford. Professionals will conduct the assessments.

Anti-Poverty: There is some movement on this item again and a resurrection of the bigger question of poverty in society. Deputy wants to collect information on how to what people are thinking. The first step will be to bring this Council, FN Health Commission and other groups together for an initial discussion. The Department will initiate this meeting.

Health Care Funding Summary document: This document will be brought to the Council for the next meeting to provide an overview of all the federal funding commitments over past few years.

Collaboration Project: Final report will be forwarded to the Council. It has been distributed to the participants and Chiefs of the First Nations. Next step is to distribute the report to the Council and NGOs.

Health Privacy Information: This is a national issue to address how health information will be shared among caregivers, who has access, etc.

DRUG PROGRAMS : BRIEFING

[Sherri Wright, A/Director, Health Insurance & Hearing Programs]
[Dianne Tait, Manager, Extended Benefits & Pharmaceutical Programs]

Health Services Branch delivers three drug-related programs:

a) Pharmacare and Extended Benfits for the seniors who are 65 years or older and for their spouse, 60 years and older. There are approximately 1500 clients;

b) Chronic Disease – there is a $250 deductible and 80 diseases are covered. There are approximately 1200 clients. Under this program there are two components – drug and equipment required to support the clients; and,
c) Children's Drug and Optical Program – for children 19 and under from low-income families. There are 165 clients.

First Nations have their own program with the federal government for Status individuals. There is 15% rise per year in pharmaceutical prices and it is a concern.

At national level, research for the catastrophic drug coverage (people who cannot afford high cost drugs) is under way. As well, the National Pharmaceutical Strategy is looking at a model where each province/territory can provide catastrophic coverage to protect low-income people. Nationally, an effort is being made to find common program delivery. British Columbia has done a lot of research and has tremendous computer program with linkages with relevant programs and pharmacies.

Formulary provides management of list of drugs department covers under its various programs. National Formulary assesses each drug and provides recommendation whether to add to the territory's formulary. All local physicians have the formulary so they are aware what is covered at the time of prescribing, quantity is restricted to three-month supply. This information is on the website.

Lifestyle drugs such as diet pills, Hair-Gro, Viagara, etc. are not covered. Yukon's drug programs are payors of last resort, i.e., if there is insurance coverage, that has to pay the cost first. Generic drugs are substituted unless doctors restrict to the use of brand name. Over the counter drugs and herbal drugs are not covered.

Patent Branch looks after the fact that when a new drug comes on the market, it is priced moderately.

Health Services is working to establish links between the programs but it will take time due to issues relating to privacy and confidentiality that have to be addressed first through legislation.

CANADA HEALTH COUNCIL

[Donna Hogan, Yukon's Representative]

Following introductions, Donna provided a brief on her background. She is currently administering First Nation programs at the Hospital. In December 2003, First Nations and Yukon Medical Association forwarded her nomination as non-government candidate for the Canada Health Council (CHC) but she was appointed as Yukon Government's member.

The CHC consists of 27 members with varied backgrounds from all provinces and territories – doctors, associate deputy ministers, deputy ministers, nurses, etc. There are

four First Nation individuals. The CHC members are divided into sub-groups who work on specific items, e.g. Donna sits on Primary Health Care Group. She reports to CYFN's Grand Chief and the Minister of Health and Social Services.

The CHC was mandated to report in a year to Canadians which was released on January 5, 2005. CHC hosts five meetings per year and one meeting on September 27 & 28 will be held in Whitehorse.

INTRODUCTION & VISION OF RCMP SERVICES IN THE YUKON

[Superintendent/Chief Commander Dave Schewchuk and Inspector Tracy Hardy, RCMP]

Following introductions, Chief Commander Shewchuck advised that he has traveled to each community in the Yukon and met with all First Nation Chiefs and the Grand Chief, to identify their priorities. He has adopted the same priorities for his force in each community.

Currently, main the priority is drugs and Tracy has been tasked to work on a Drug Strategy. Work has already commenced on:

1. Demand reduction
2. Education
3. Drug Summit – this forum is being lead by the Deputy Minister of Justice to develop a holistic plan to address drug problem in Yukon

It is hoped that following the Drug Summit, YTG departments will work with RCMP to look at providing necessary programs such as counseling, education, drug court, mental health, chronic cases, and testing.

Communities and the judiciary needs to be on board, although it is recognized that this is difficult in small communities, Crime Stoppers could help as the identity of the informant is kept confidential. Regardless, people have to come forward with information for any effort to succeed. There also have to be consequences for criminal activities.

There is serious concern with 'crystal meth' as it can cause permanent damage and psychosis even with first use. Death rate due to crystal meth is raised to 600% in British Columbia. The RCMP has put more staff and resources to deal with various situations and increased street patrols. As well, as noted in the last presentation, it is involved in many activities to prevent prevalence. A team is being put together to come up with ideas as to how to deal with drug related issues.

RCMP is educating its members so when the holistic plan is being implemented, they have the tools to carry it through. Members of the force are donating numerous hours to support youth related activities. Evaluation of DARE Program states it is very effective.

Chief Commander Schewchuk believes that when communities get involved, things start to happen.

RECRUITMENT & RETENTION AND HEALTH CARE ISSUES:

[Dr. Wayne MacNicol, President, Yukon Medical Association]

The Yukon Medical Association (YMA) 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. It is a non-profit volunteer organization. It is actively involved at all levels of government to develop policies to benefit Yukoners.

Recruitment & retention: for past 6-7 years, YMA has been faced with a serious problem maintaining a quota particularly in small communities – Dawson has four doctors, there are salaried positions in two communities and Whitehorse has 40 plus specialists such as psychiatrist, general surgeon, obstetrician. Number of family physician ratio is quite high but low for specialists for the population. An internist and a general surgeon were recently added to the team of physicians. Crisis is in family physicians, as YMA has not been able to replace a few doctors who left the territory. Another issue is the obsolete *Medical Professions Act* that is inconsistent with the *Medical Act* in other jurisdictions. Yukon has become ground for international doctors to get training they need and then leave. Many of these physicians leave behind patients who require long-term on-going care. Hence Yukon has thousands of "orphaned" patients going to emergency which is not equipped to handle this volume of 70 to 100 per day. Also, inspite of the fact that regulations were revised to accommodate and provide hospital privileges, international physicians did not take up this opportunity.

Doctors do not report to anyone as they are in private business so when they decide to leave, only people they have to notify is their patients.

YMA, medical clinics and individual doctors all are advertising to get more doctors. We are also working with University of Northern British Columbia's medical college to attract rural physicians but it is some way ahead. Another issue is availability, for example, last year University of British Columbia certified only one internist while in Yukon we need three internists and three general surgeons.

We can look at alternative medical care, expanded role of nurse practitioners, community nurse practitioner, etc. Department of Health and Social Services is looking at funding a model and are in discussions with YMA.

Health Line: Yukon has been looking at it for some time but due to logistics, we can not utilize it for another year or so. It is a 1-800 number that people can dial to get help and a nurse on-line can assess through series of questions. It might be helpful along with the Health Guide.

Voice-mail: burden of a phone is extraordinary for doctors' nurses as they hardly have any time to do any other work, but on the other hand he understands patients' need to talk to a real voice. Dr. MacNicol committed to raising this issue with YMA, although he can't see an immediate solution to this.

General comments: Diagnostic procedures are exploding every year and require enormous time on doctors' part, as well as fee-for-service requires a lot of paperwork on top of keeping abreast of evolving medical practice. YMA is looking at possible solutions but there is no quick fix for the people who are without doctors currently.

YMA is lobbying nationally regarding relationship between doctors and pharmaceutical companies who are out to make money and hence the stringent patent protection. Twenty-two medical journals decided not to advertise any drug unless it was registered or without seeing the research results. This should be a safeguard for the patients regarding side effects, etc.

SATURDAY, MARCH 5

CHILDREN'S ACT REVIEW PROJECT: UPDATE:
[Anne Westcott, Co-Chair, Children's Act Review Project]

Anne distributed workbooks from the Forum, and noted that the Project has held two policy forums. The First Forum dealt with fundamental issues of governance, i.e., how and by whom. It appears that Manitoba model is becoming more amenable. Second Forum dealt with prevention, childcare, alternative to court process, adoption, education, intervention and custody and was very successful.

A process of developing legislation has commenced following two policy forums. Policy objectives and vision have to be in place before developing legislation, as we need to have clear sense of what is to be achieved in the legislation.

Two more group meetings are being considered with health directors and Family and Children's staff to review what should be in the policy paper. The Panel continue to receive comments, as objective is to have maximum input and feedback from the people.

Drafter of legislation has changed from contract as Legal Services recently had re-assignments and were able to come up with a legislative lawyer who is also experienced and has worked with First Nations. The legislation will be worked in pieces and each piece will be sent out as draft to key people and First Nations for review. As well, the Panel is considering possibility of hosting series of community meetings in November/December to discuss draft before finalizing. It is best for many people to see the draft and provide feedback so the final product is stronger and acceptable to everyone. The Project Team is hoping to table the legislation in spring Session of 2006.

Council reiterated and applauded the process adopted and carried through so meticulously and inclusively. Members recognize how much work it has been, but at the end the product will be exceptional.

PRIMARY HEALTH CARE TRANSITION FUND (PHCTF) : UPDATE
[Jan Horton, Coordinator of PHCTF)

Jan highlighted updates on PHCTF's ongoing activities and the new areas it is exploring regarding healthy eating and health literature. Later is to determine whether there are options to get access to better information.

Jan distributed copies of a user's manual for the Institute of Medicine's '*Quality Chasm'* report that could be a model for developing alternative health care delivery models in the Yukon. It outlines a recommended framework for design of the health care systems and comprises of four levels of interest:
Level A – experience of patients
Level B – functioning of small units of care delivery (or "microsystems")
Level C – functioning of the organizations that house or otherwise support microsystems
Level D – environment of policy, payment, regulations, accreditation and other such factors.

Yukon Health Guide will be in the mail to all households in the Yukon, as well there will be additional information available on the web at www.ykhealthguide.org. Help Line is on hold until terms and cost to use B.C.'s line are negotiated.

She noted that the evaluation of all PHCTF related activities has commenced, although Health Canada has extended the program which means that instead of it ending in March 2006, it will end in September 2006. This is extension in time. No additional funding will be provided.

NURSE PRACTITIONERS
[Hazel Booth, Vice-President of Yukon Registered Nurses Association (YRNA)]
[Cathy Bradbury, Coordinator of Regulatory Program, YRNA]

Following introductions, Hazel described level of education and scope of practice for a nurse practitioner (NP). The NP is highly educated and experienced individual who can prescribe medicine, blood work, diagnose common diseases, perform minor skin biopsies, has a role in community development, monitor low-risk pregnancies, make referrals to other health practitioners, teach clients, promote health, advise on active life styles, and birth control. NPs can diagnose and treat 50% of emergency conditions and they can be used in numerous areas of health care. Effectively employed NP would have three outcomes: a) cost outcome -decrease in health care cost; b) service outcome – client satisfaction; and, c) medical outcome – improvement in patient health.

In Yukon, there are three resident NPs who are unable to practice due to lack of NP legislation here. They will also have difficulty in maintaining license if they cannot practice full scope of NP. In order to maintain license, Yukon needs to recognize them formally and need to define each roster of nursing practice. Community Nurse

Practitioners are practicing in expanded roles in Yukon communities but their role is defined by the employer and not by the legislation.

YRNA is promoting life styles, recognition and job satisfaction as more critical than pay scales, although it also has to be part of the total package of recruitment and retention. It also requires more resources to deal with the issues relating to NPs, as a full-time individual needs to be employed to work on this initiative. Additional insurance coverage is required for NPs in order to practice in full scope of job. Government will be hard pressed if it is ready to go forward and YRNA is not, so both need to work together on NPs initiative.

Romanow Report and Health Canada both recognize the value of NP and later undertook the implementation of consistent standards, exams and implementing NPs in each jurisdiction.

YRNA believes that collaboration between doctors and NPs will definitely provide better health services and meet people's needs for health care.

Council noted that the general public has to be educated on NPs role.

COUNCIL BUSINESS:

Discussion of Presentations:

Palliative Care Initiative: Consultations have taken the right approach by involving the communities and assessing their strengths and incorporating training and education. It would certainly be helpful for people to stay at home with an option to go to a formal place, if need arises. Capacity building in communities is a critical element of this planning.

H&SS Activities Update: Concern was raised regarding not attaching enough resources for the implementation of Guardianship Act in order to provide financial assistance to First Nations.

A Sub-committee was established to provide feedback on Northern Strategy. Members of the sub-committee are David Ravensdale, Dorothy John, James Allen, Glenis Allen and Colleen Wirth.

Secretariat will schedule a meeting for this Sub-committee to meet with Brian Kitchen and Violet VanHees to provide the input.

Council believes that Alcohol & Drug Summit meetings should also include general public, communities, First Nations, as well as users in order to develop a comprehensive Yukon-wide drug strategy. This strategy should include an intermediate step to prevent abuse of pharmaceutical drugs until electronic drug tracking system is implemented.

Drug Programs Briefing: Council's sub-committee members have been working with the Department for a year and will be meeting again in the near future to assist with re-design of the program and tracking of prescriptions throughout Yukon to prevent abuse of prescription drugs.

Canada Health Council: The Council is pleased with Yukon's representation and will have Donna attend Council meetings in the future to keep them updated.

RCMP: Council is pleased to see that RCMP is dealing actively with drug abuse and making their priority what each community views as its priority.

Yukon Medical Association: Council is pleased to see that YMA is taking a stance on ethical practices of pharmaceutical companies. It will invite YMA to talk about its views on collaborative health delivery models.

Children's Act Review: Members to forward comments to the Secretariat by April 11th for compilation and forward to Project Team.

PHCTF: Accepted the presentation as information.

Council Forum: The Chair discussed it with Brian Kitchen. Council needs to come up with what it wants the Forum to be. Dave Ravensdale was included in the membership of sub-committee on Council Forum planning.

YCEE: The Chair was unable to get in touch with YCEE's Chair. Minutes of YCEE are in the reading material for the members.

Social Assistance Sub-Committee: Did not meet.

Chair received an invitation to attend International Youth Substance Abuse being held on May 9 – 12, 2005. If any member is interested, she will forward the information when available.

Meeting adjourned.