

# Progress Report 2011:

HEALTH CARE RENEWAL IN CANADA

APPENDIX: PROVINCIAL AND TERRITORIAL PROFILES

May 2011





## ABOUT THE HEALTH COUNCIL OF CANADA

Created by the 2003 *First Ministers' Accord on Health Care Renewal*, the Health Council of Canada is an independent national agency that reports on the progress of health care renewal in Canada. The Council provides a system-wide perspective on health care reform and disseminates information on best practices and innovation across the country. The Councillors are appointed by the participating provincial and territorial governments and the Government of Canada.

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# Progress Report 2011:

## HEALTH CARE RENEWAL IN CANADA

### APPENDIX: PROVINCIAL AND TERRITORIAL PROFILES



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The jurisdictional profiles do not include the provinces of Alberta or Quebec as they are not members of the Health Council of Canada.

# British Columbia Profile



As part of our mandate, the Health Council monitors the progress of accord commitments in federal, provincial and territorial jurisdictions. Provinces and territories have different health care needs and priorities and, as a result, each health care system is changing in different ways. The following profile presents a snapshot of health system renewal in British Columbia as of April 2011. We have compiled health care priorities stated, targets set and performance reported. In addition, we direct interested readers to where they can go to follow progress.

The information comes from government sources (such as ministry websites, annual reports and news releases) and from organizations that report on aspects of health care. This information has been supplemented and updated in communication with officials from the Ministry of Health. All jurisdictional profiles have been developed in consultation with federal, provincial and territorial health ministry officials.

## WAIT TIMES

British Columbia has a comprehensive wait times reduction strategy. The Ministry of Health lists waits for surgical procedures and for some diagnostic screening tests on its website, along with the pan-Canadian benchmarks and the province's targets for reaching them (that is, having a certain percentage of patients treated within the benchmark) by a specific date. In 2007, British Columbia adopted the following provincial wait times targets to achieve pan-Canadian benchmarks:

- maintain greater than 90% of patients who are ready to treat to receive radiotherapy within four weeks;
- 90% of patients to receive coronary artery bypass graft for each of the three priority levels within two to 26 weeks;
- 90% of patients who are at high risk to receive cataract surgery within 16 weeks;
- 90% of patients to receive hip replacement surgery within 26 weeks;
- 90% of patients to receive knee replacement surgery within 26 weeks;
- 95% of patients to receive fixation of hip fracture within 48 hours;
- maintain greater than 70% of women to receive cervical screening, starting at 18 years old, every three years to age 69; and
- 70% of women aged 50–59 to receive screening mammography every two years by March 2017.<sup>1</sup>

British Columbia received \$76.4 million from the Patient Wait Times Guarantee Trust to establish a Patient Wait Times Guarantee to provide access to radiation therapy for cancer patients within eight weeks and to improve the province's Surgical Patient Registry.<sup>1, 2</sup>

All facilities in British Columbia report wait times information. British Columbia developed the Surgical Patient Registry in 2007 and all health authorities began using the database in 2008.<sup>3</sup> All surgical procedures performed in the province are entered into the health facility's operating-room booking



system and automatically uploaded on a nightly basis to the registry.<sup>4</sup> Data-input quality measures are regularly monitored and a monthly snapshot of the data is used to populate the BC Surgical Wait Times website.<sup>5</sup>

The new BC Surgical Wait Times website was launched in November 2010. British Columbia's strategy for shortening waits has included creating the Surgical Patient Registry and setting up data collection to inform decision-making.<sup>1</sup> Information on wait times for over 80 procedures done in the province (including radiation therapy) is available on the Surgical Wait Times website. The website provides information on adult elective surgeries only; emergency and pediatric surgical procedures are not included in the data that are reported.<sup>6</sup> The website is searchable by procedure, facility, surgeon, and health authority. The wait list is managed using a province-wide information system through collaboration between the BC Cancer Agency and the BC Surgical Patient Registry.<sup>5</sup>

British Columbia conducted an internal audit in 2010 to ensure that wait times targets related to the five priority areas were not crowding out other surgeries. The data indicated that there was no crowding-out of other surgeries and that capacity was actually increased through a number of measures including work being done at the Centre for Surgical Innovation at the University of British Columbia.

In December 2010, British Columbia implemented the Patient Prioritization Initiative. Through an extensive collaboration process with over 120 British Columbia surgeons, a list of adult diagnosis/patient condition codes was developed with wait times targets for all surgical procedures performed in the province.<sup>7</sup> Each code relates to one of the five priority levels with maximum recommended wait times targets. Surgeons are now able to develop reports on the patients on their wait lists with a colour-coded system that enables them to prioritize patients based on their relative urgency. British Columbia has also adopted the Paediatric Canadian Access Targets for Surgery (P-CATS) codes developed by the Canadian Paediatric Surgical Wait Times Project (funded by Health Canada) across the province.<sup>8</sup>

In April 2010, British Columbia announced that it would invest \$250 million over the next two years to implement patient-focused funding to hospitals province-wide, thus ensuring that patients would receive more timely, accessible care.<sup>9</sup>

**To follow progress, go to:** [www.health.gov.bc.ca/swt/](http://www.health.gov.bc.ca/swt/)

## PHARMACEUTICALS MANAGEMENT

### *Catastrophic drug coverage*

British Columbia offers all residents coverage for catastrophic drug costs. In 2003, British Columbia residents started receiving catastrophic drug coverage and support for high-cost drugs through the Fair PharmaCare plan. Fair PharmaCare is the province's universal, income-based drug insurance plan. Under this plan, registered families in British Columbia will never have to pay more than 4% of their net income on eligible drug costs.<sup>10</sup>

The University of British Columbia's Centre for Health Services and Policy Research published five reports in November 2006 which focused on the effects of the 2002 seniors' co-payment policy and the 2003 Fair PharmaCare policy on drug utilization in British Columbia.<sup>11-15</sup> These papers reported that overall Fair PharmaCare had met its goals in the short term: (1) drug spending was reduced; (2) access to medicines was maintained; and (3) financial equity was enhanced.<sup>11</sup>

**To follow progress, go to:** [www.health.gov.bc.ca/pharmacare/plani/planiindex.html](http://www.health.gov.bc.ca/pharmacare/plani/planiindex.html)

### *Joint purchasing initiatives*

British Columbia has implemented a number of measures to obtain improved value for the public investment in medications subsidized by the Fair PharmaCare plan. In late 2009, the province concluded an agreement with the British Columbia Pharmacy Association which delivered savings through reimbursement limits on new generic drugs and controls on the frequency of dispensing

medications for chronic conditions. This initial agreement was followed by a more comprehensive accord in July 2010 which resulted in substantial reductions in generic drug prices and provided for reinvestments in pharmacy compensation and the delivery of new value-added clinical services.

Pursuant to the Premiers' agreement to establish a pan-Canadian purchasing alliance, British Columbia is also leading an initiative to identify and explore opportunities for cross-jurisdictional collaboration in procurement of drugs, medical supplies, and equipment utilized by provincial health authorities, hospitals, and other institutions. British Columbia has already consolidated procurement for its six health authorities with a central agency, Health Shared Services BC. Through aggregation of purchasing volumes and product standardization, British Columbia has achieved significant reductions in its overall expenditures on these items. British Columbia has also benefited from consolidation of purchasing volumes with Alberta and Saskatchewan through reliance on a common group-purchasing organization.

**To follow progress, go to:**

PharmaCare website: [www.health.gov.bc.ca/pharmacare/suppliers.html](http://www.health.gov.bc.ca/pharmacare/suppliers.html)

Health Shared Services BC website: [www.hssbc.ca/default.htm](http://www.hssbc.ca/default.htm)

**Drug information systems**

British Columbia's drug information system is called PharmaNet. PharmaNet captures a personal medication profile for British Columbia residents including all prescriptions dispensed by community pharmacies.<sup>16</sup> It has been used by 100% of community pharmacists since 1995. In 1999, PharmaNet access was expanded to hospital emergency departments and piloted in a number of medical practices. It became accessible province-wide to medical practices in 2005 and to hospitals in 2006. The system provides a drug-use evaluation for all prescriptions, and pharmacists are required to review the results of that evaluation before dispensing medication to the patient.

In 2009, PharmaNet processed over 57 million prescriptions dispensed in British Columbia and flagged over 30 million drug interactions (more than 134,000 of which were "Severity Level 1," indicating a potential drug combination that was clearly contraindicated), assisting pharmacists in identifying and warning patients about potentially harmful medication interactions and unintended duplications.

British Columbia is in the process of implementing upgrades to the PharmaNet system to support e-prescribing. E-prescribing "will allow physicians to submit prescriptions directly to PharmaNet using their office electronic medication record system. Pharmacies will then be able to retrieve prescriptions from PharmaNet."<sup>16</sup> A limited deployment at specific sites will be implemented in early 2012, followed by full roll-out across the province in 2013.

**To follow progress, go to:** [www.health.gov.bc.ca/pharmacare/pharmanet/netindex.html](http://www.health.gov.bc.ca/pharmacare/pharmanet/netindex.html)

**Pharmacists' scope of practice**

In the February 2008 Speech from the Throne, the Government of British Columbia announced that pharmacists would be permitted to authorize routine prescription renewals.<sup>17</sup> This expanded scope of practice for pharmacists was first utilized on January 1, 2009, when the College of Pharmacists of British Columbia's *Professional Practice Policy-58* was implemented.

The *Professional Practice Policy-58* protocol for Medication Management (Adapting a Prescription) considers three professional activities in the expansion of pharmacists' scope of practice: changing the dose, formulation, or regimen of a new prescription; renewing a previously filled prescription for continuing care; and making a therapeutic drug substitution within the same therapeutic class for a new prescription.

Between January 2009 and December 2010, pharmacists performed 204,210 adaptations. Pharmacists' expanded scope of practice does not include the authorization of pharmacists to prescribe.

On October 21, 2009, the Minister of Health announced amendments to the *Pharmacists Regulation of the Health Professions Act* to include the administration of intramuscular, intradermal, or subcutaneous injections in pharmacists' scope of practice.<sup>18</sup>

The British Columbia Medication Management Project is a collaboration between the British Columbia Ministry of Health and the British Columbia Pharmacy Association. The pilot project involves the provision of a standard service by a pharmacist to a patient, documentation of patient and care details, and evaluation of the service. The service involves a thorough assessment of the patient's medications and medication history to identify and resolve actual or potential medication management issues. The project is funded to include 300 pharmacists working in up to 125 community pharmacies and providing the service to patients between September 2010 and the end of January 2012.<sup>19</sup>

**To follow progress, go to:**

[www.bcpharmacists.org/legislation\\_standards/provincial\\_legislation/professional\\_practice\\_policies.php](http://www.bcpharmacists.org/legislation_standards/provincial_legislation/professional_practice_policies.php)

## ELECTRONIC HEALTH RECORD

The Ministry of Health launched an initiative in 2007 in collaboration with the British Columbia Medical Association to support physician adoption of electronic medical record systems in community-based primary care and specialist settings. In an effort to achieve an electronic medical record adoption target of 75% by community physicians, \$108 million was allocated over a five-year period.<sup>20</sup> This initiative has been successfully underway for three years and the Ministry of Health is now actively working towards integration of physician electronic medical record systems with the provincial electronic health record system, which contains priority clinical information such as medications and lab results.<sup>21, 22</sup> In particular, the first phase of system integration will establish the foundation for e-prescribing, which will be available online in early 2012. British Columbia is making significant progress and aims to have its key electronic health record systems completed and in production in 2012. The development of the interoperable electronic health record is largely complete. The focus has shifted towards system integration and clinical deployment by spring 2012.

**To follow progress, go to:** [www.health.gov.bc.ca/ehealth](http://www.health.gov.bc.ca/ehealth)

## TELETRIAGE

When they were introduced in 2001, BC HealthGuide services included a handbook, a website (BC HealthGuide OnLine), a 24/7 nurse call centre (BC NurseLine), and a series of handouts (BC HealthFiles).<sup>23</sup> In 2008, the service was consolidated to include an on-call dietitian and access to health service representatives who assist with any non-triage-related health information calls. The services were brought together under a three-digit phone number (811) to make it easier for residents.<sup>24</sup> Now called HealthLink BC, the system offers residents information on over 4,000 health topics as well as teletriage.<sup>25</sup> The phone service provides 24/7 access to a registered nurse; access to pharmacists from 5 p.m. to 9 a.m., seven days a week; and access to registered dietitians from 9 a.m. to 5 p.m. Monday to Friday.<sup>25</sup> In 2010, there were over 4.5 million page views on the HealthLink BC website and a total of 378,520 calls to the telephone line. British Columbia also provides telephone access to registered nurses on a 24/7 basis to Yukon residents.<sup>26</sup>

HealthLink BC services were not established to provide a link between patients and their primary health care providers. There is limited follow-up from two small-scale, teletriage services to primary health care providers. In these limited cases, a report about the call is sent to the hospital, clinic, or primary care provider the following day. A survey of British Columbia residents conducted in the fall of 2010 found that 85% of participants gave a rating of satisfied or higher for HealthLink BC nursing services, 84% for the HealthGuide handbook, and 75% for the website (which is currently being redesigned). A formal evaluation of HealthLink BC is expected to occur in 2011/12.

**To follow progress, go to:** [www.healthlinkbc.ca](http://www.healthlinkbc.ca)

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# Saskatchewan Profile



As part of our mandate, the Health Council monitors the progress of accord commitments in federal, provincial and territorial jurisdictions. Provinces and territories have different health care needs and priorities and, as a result, each health care system is changing in different ways. The following profile presents a snapshot of health system renewal in Saskatchewan as of April 2011. We have compiled health care priorities stated, targets set and performance reported. In addition, we direct interested readers to where they can go to follow progress.

The information comes from government sources (such as ministry websites, annual reports and news releases) and from organizations that report on aspects of health care. This information has been supplemented and updated in communication with officials from the Ministry of Health. All jurisdictional profiles have been developed in consultation with federal, provincial and territorial health ministry officials.

## WAIT TIMES

Saskatchewan established provincial wait times targets for the pan-Canadian benchmarks. The provincial wait times targets for surgeries were as follows:

- 100% of patients to receive coronary artery bypass graft within two to 26 weeks (depending on priority level) by January 2010, unless patient refuses recourse options;
- 90% of patients who are high-risk to receive cataract surgery within 16 weeks by 2008/09 (Priority Level 1, 2, and 3 cases in Saskatchewan's target-time-frame system are considered to be the high-risk cases for purposes of the cataract surgery benchmark);
- 100% of patients to receive fixation of hip fracture within 48 hours by 2010/11;
- 90% of patients to receive hip replacement surgery within 26 weeks by 2011/12; and
- 90% of patients to receive knee replacement surgery within 26 weeks by 2011/12.<sup>1</sup>

Although no pan-Canadian benchmarks have been established for diagnostic imaging, Saskatchewan has developed provincial wait times targets for performing CT and MRI procedures. The wait times targets for CT and MRI are: Level 1 (emergency) within 24 hours, Level 2 (urgent) within two to seven days, Level 3 (semi-urgent) within eight to 30 days, and Level 4 (non-urgent) within 31 to 90 days.<sup>2-5</sup>

Saskatchewan received \$24.8 million in federal funding to establish a Patient Wait Times Guarantee for patients requiring a coronary artery bypass graft (CABG) by January 2010. A pilot project on patient recourse for CABG patients is being undertaken to ensure that they are able to receive CABG surgery within the pan-Canadian benchmark time frame.<sup>6</sup>

The province launched the Saskatchewan Surgical Initiative in March 2010 to reduce wait times for all surgeries to less than three months by 2014.<sup>7,8</sup> The initiative is a plan to improve the surgical experience for Saskatchewan residents. The plan will be a comprehensive reform of how surgical services are coordinated and delivered in the province and will address the patient's entire journey from contact with primary health care services through post-operative care.<sup>9</sup>

Saskatchewan reports the percentage of patients treated within pan-Canadian benchmarks for radiation therapy, cardiac bypass surgery, cataract surgery, hip and knee replacements, and hip fracture repair on the Saskatchewan Surgical Initiative website. The website, which also includes wait times for other procedures, is updated monthly.<sup>10</sup> Waits for radiation therapy and cancer surgeries are reported by the Saskatchewan Cancer Agency.<sup>11</sup> The priority groups and target wait times for CT, MRI, and bone mineral density are listed on the Ministry of Health website.<sup>2-5</sup>

Saskatchewan has set up multidisciplinary clinics for patients requiring hip or knee replacement surgery to decrease wait times by improving the efficiency of the process from referral to rehabilitation.<sup>12</sup>

The province started publishing wait times for specific surgeons practising in the province in June 2010. Wait times data comes from the Surgical Patient Registry. The site also includes information surgeons provide about their practices, such as average waits for a consultation and what procedures they perform.<sup>13, 14</sup>

**To follow progress, go to:**

For surgical waits: [www.sasksurgery.ca](http://www.sasksurgery.ca)

For cancer surgery and radiation therapy waits:

[www.saskcancer.ca/Default.aspx?DN=1f0c384c-8695-4123-898c-73f702682f3b](http://www.saskcancer.ca/Default.aspx?DN=1f0c384c-8695-4123-898c-73f702682f3b)

For diagnostic imaging waits: [www.health.gov.sk.ca/diagnostic-imaging-wait-times](http://www.health.gov.sk.ca/diagnostic-imaging-wait-times)

## PHARMACEUTICALS MANAGEMENT

### *Catastrophic drug coverage*

Saskatchewan takes the position that its drug plan “provides reasonable access for catastrophic drug costs.”<sup>15</sup> The scope of coverage was expanded in 2003/04 to include diabetic supplies and nutritional products, using health reform funding.<sup>15</sup> In July 2007, the province introduced the Children’s Insulin Pump Program which enables children 17 years of age and younger who meet specific criteria to receive insulin pumps free of charge, and get assistance with the cost of insulin pump supplies.<sup>16</sup> Also in 2007, the province limited seniors’ co-payments for prescriptions to \$15, to ensure that seniors are able to access prescription drugs on Saskatchewan’s drug plan.<sup>17</sup> In 2008, the province introduced the Children’s Drug Plan, which limited co-payments for prescriptions to \$15 for children 14 years of age or younger.<sup>18</sup>

**To follow progress, go to:** [www.health.gov.sk.ca/prescription-drugs](http://www.health.gov.sk.ca/prescription-drugs)

### *Joint purchasing initiatives*

Saskatchewan is participating in Western Pricing and Purchasing. This collaboration establishes a framework for jurisdictions to work towards policy alignment and collaborative approaches to assist in obtaining fair and consistent pricing for drugs reimbursed by provincial and territorial drug plans. The province also signed the *New West Partnership Trade Agreement* (with British Columbia and Alberta), which focuses on joint procurement of some health supplies.<sup>19</sup>

### *Drug information systems*

The Pharmaceutical Information Program (PIP) was established to give providers up-to-date drug information and tools to make optimal drug therapy decisions with their patients. Since 2006 a web-based computer application has given health care professionals such as pharmacists, physicians, and nurses secure access to the medication histories of Saskatchewan patients.<sup>20</sup>

E-prescribing has been available since 2007. This enables prescribers to create prescriptions in PIP.<sup>21</sup> As of January 2011, there were over 4,500 registered users of PIP. Almost all community pharmacists have access to it, as do 150 hospitals, health care centres, home care, clinics, and other regional health authority agencies. PIP is now entering a new phase, where PIP information can be sent directly to

Pharmacy Management Software (PMS) via the pan-Canadian drug information system message standard. This initiative is being piloted in a number of community pharmacies across the province.

**To follow progress, go to:** [www.health.gov.sk.ca/pip](http://www.health.gov.sk.ca/pip)

### **Pharmacists' scope of practice**

Effective March 4, 2011, Saskatchewan pharmacists were provided with enhanced prescriptive authority in accordance with the bylaws of the Saskatchewan College of Pharmacists. These amendments authorize pharmacists to provide services such as extending refills on existing prescriptions; providing emergency supplies of prescribed medications, changing a dose, formulation, or making a therapeutic substitution, and prescribing certain medications for minor ailments. Pharmacists who obtain advanced training in disease management will have an expanded role in prescribing disease-specific drugs in consultation with physicians.<sup>22,23</sup>

**To follow progress, go to:** <http://saskpharm.ca/> or [www.skpharmacists.ca/](http://www.skpharmacists.ca/)

## **ELECTRONIC HEALTH RECORD**

The eHealth Saskatchewan initiative is described in our main report, *Progress Report 2011: Health Care Renewal in Canada*, in Section 3 - Electronic Health Records (p. 18).

**To follow progress, go to:** [www.health.gov.sk.ca/ehealth](http://www.health.gov.sk.ca/ehealth)

## **TELETRIAGE**

HealthLine offers an on-line information service and a confidential 24-hour health advice telephone line, staffed by registered nurses. It started in August 2003 with over 40,000 calls that year, followed by over 73,000 calls the second year.<sup>15, 24</sup> In 2006 the program was expanded to include 24-hour access to mental health advice.<sup>25</sup> The program went online in 2006/2007, and by March 31, 2008 there were over 85,000 calls and over 18,000 visitors to HealthLine Online.<sup>25, 26</sup> In 2009/10, Saskatchewan HealthLine answered 98,037 calls, which resulted in 135,827 patient records (a call could involve a parent calling about themselves and a child, resulting in two records). From April 1 to December 31, 2010, HealthLine answered 58,570 calls, which resulted in 82,821 patient records.

The HealthLine Online website, [www.health.gov.sk.ca/healthline-online](http://www.health.gov.sk.ca/healthline-online), has an extensive list of topics including mental health, healthy lifestyle, and infants and toddlers.

Patients were asked about their use of HealthLine as part of a 2010 patient experience survey. This survey was conducted to support quality initiatives and assist in determining strategic direction for primary health care in the province. Fifty-five of the current 71 primary health care teams were part of the survey (41 rural and 14 urban).

**To follow progress, go to:** [www.health.gov.sk.ca/healthline](http://www.health.gov.sk.ca/healthline)

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# Manitoba Profile



As part of our mandate, the Health Council monitors the progress of accord commitments in federal, provincial and territorial jurisdictions. Provinces and territories have different health care needs and priorities and, as a result, each health care system is changing in different ways. The following profile presents a snapshot of health system renewal in Manitoba as of April 2011. We have compiled health care priorities stated, targets set and performance reported. In addition, we direct interested readers to where they can go to follow progress.

The information comes from government sources (such as ministry websites, annual reports and news releases) and from organizations that report on aspects of health care. This information has been supplemented and updated in communication with officials from Manitoba Health. All jurisdictional profiles have been developed in consultation with federal, provincial and territorial health ministry officials.

## WAIT TIMES

Manitoba Health has a link to wait times information on its main page. The link leads to information on waits for diagnostic, surgical, and cancer services, as well as other information including frequently asked questions and a description of Manitoba's Wait Times Strategy. Manitoba's website is updated monthly. Median wait times are reported and annual numbers of procedures are posted. Manitoba is working in collaboration with stakeholders and clinical experts to develop wait times targets to monitor progress. The website does not currently show wait times results compared to provincial benchmarks or pan-Canadian standards.<sup>1</sup>

Manitoba made reducing waits a major priority and in 2005 announced a five-part strategy and funding for it, including money for more surgery (\$57.1 million), diagnostic testing (\$25.5 million), and health professionals (\$12.4 million), as well as increased prevention and health promotion (\$17.2 million) and \$10.5 million for system innovation and better wait-list management. New ways are being tested to manage wait lists and referrals from general practitioners to specialists in key areas.<sup>2</sup> Manitoba also created the Manitoba Patient Access Network, which supports innovative approaches to improving patient access and patient flow.<sup>3</sup>

Manitoba received \$28.1 million from the federal Patient Wait Times Guarantee Trust to implement an aggressive wait times guarantee of four weeks for patients requiring radiation therapy.<sup>4</sup>

**To follow progress, go to:** [www.gov.mb.ca/health/waittime/index.html](http://www.gov.mb.ca/health/waittime/index.html)

## PHARMACEUTICALS MANAGEMENT

### *Catastrophic drug coverage*

The Manitoba Pharmacare program covers Manitobans whose high prescription drug costs seriously impact their income. The program provides coverage, regardless of disease or age, for eligible prescription drugs once an income-adjusted deductible is met.<sup>5</sup> However, because even an income-

adjusted deductible can be financially difficult to manage for some people with high drug costs, participants have been able to pay deductibles in instalments since 2006.<sup>6</sup>

**To follow progress, go to:** [www.gov.mb.ca/health/pharmacare/general.html](http://www.gov.mb.ca/health/pharmacare/general.html)

### *Joint purchasing initiatives*

In June 2010 at the Western Premiers' Conference, attended by four provinces including Manitoba, and three territories, a Memorandum of Understanding was signed. This collaboration establishes a framework for jurisdictions to work towards policy alignment and collaborative approaches to assist in obtaining fair and consistent pricing for drugs reimbursed by provincial and territorial drug plans. It should also be noted that western premiers will also collaborate on bulk purchasing of health care supplies in order to achieve savings.<sup>7</sup>

### *Drug information systems*

eChart Manitoba provides authorized health care providers with a consolidated view of patient health information. The Drug Programs Information Network feeds into eChart Manitoba, giving health care providers information on prescriptions filled at retail pharmacies.

This system contains a record of all dispensed drugs as well as laboratory test results and immunization records. It will be implemented in about 30 sites in early 2011 before being rolled out extensively to primary care sites and emergency rooms across Manitoba. Plans exist to expand the service to include diagnostic imaging reports, as well as to automate linkages to clinic-based electronic medical records and hospital-based electronic patient records.<sup>8, 9</sup>

Medications in Acute Care: Manitoba recently implemented a computerized provider order entry system at the St. Boniface General Hospital, one of its two tertiary hospital centres. This system automates the medication-ordering process, including the use of sophisticated evidence-based order sets. In its first year of operation, the system handled just under one million medication orders and allowed physicians to avoid about 13,000 medication errors. There are plans to expand the use of this system to all sites in the coming years.

Regional Drug Information System: In Winnipeg, all hospitals but one are now using a shared drug information system that is connected to robotized medication-dispensing systems.

**To follow progress, go to:** [www.connectedcare.ca/echartmanitoba/whatsNew.html](http://www.connectedcare.ca/echartmanitoba/whatsNew.html)

### *Pharmacists' scope of practice*

The 2010 draft Pharmaceutical Regulations Policy document, which includes a proposal to expand pharmacists' scope of practice, was approved by the Manitoba Pharmaceutical Association in November 2010. If it is implemented, qualified pharmacists will be able to provide emergency prescription refills, renew or extend prescriptions, prescribe medications for minor ailments such as rashes and infections, order some diagnostic tests, and administer drugs (subject to regulations, not ready at the time of writing).<sup>10-12</sup>

**To follow progress, go to:** <http://mpha.ca>

## **ELECTRONIC HEALTH RECORD**

In addition to the initiatives described in the *Drug information systems* section above, Manitoba recently completed the deployment phase of its Radiology Information System/Picture Archiving and Communications System (RIS/PACS), which will allow health care providers to share diagnostic images, reports, and information electronically. By early April 2010, 25 sites were using the RIS or PACS systems.<sup>13,14</sup>

As of December 2010, all diagnostic images and reports from all hospital sites in the province were digital. In 2011, it is expected that this service will be extended to primary care settings as it is integrated with the recently announced eChart Manitoba service.

**To follow progress, go to:** [www.connectedcare.ca/echartmanitoba/](http://www.connectedcare.ca/echartmanitoba/)

## TELETRIAGE

In 2003, Manitoba expanded its telephone-based health information system, Health Links, increasing its capacity from 100,000 to 300,000 calls a year. The goal of the service is to improve access to primary health care by providing information to promote health, prevent disease and injuries, and help manage chronic diseases. It provides services in English and French and has translation available for Swampy Cree, Ojibway, and 110 other languages.<sup>15</sup>

Manitoba Health noted in its 2004/05 annual report that the Primary Health Care Transition Fund had provided money to develop a congestive heart disease management program using the Health Links infrastructure. That one-year project was to include an evaluation of its effect on the use of health services.<sup>16</sup> The project evolved into TeleCARE Manitoba, which offers help to people with type 2 diabetes and is targeted to those with limited access to chronic disease management programs.<sup>17</sup>

MBTelehealth continues its growth. The program recently announced its 100<sup>th</sup> site and 10,000<sup>th</sup> clinical event per year landmark. A recently completed evaluation report highlights the value that this program is generating as well as its cost savings.<sup>18</sup>

**To follow progress, go to:** [www.gov.mb.ca/health/phc/telecare/index.html](http://www.gov.mb.ca/health/phc/telecare/index.html)

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# Ontario Profile



As part of our mandate, the Health Council monitors the progress of accord commitments in federal, provincial and territorial jurisdictions. Provinces and territories have different health care needs and priorities and, as a result, each health care system is changing in different ways. The following profile presents a snapshot of health system renewal in Ontario as of April 2011. We have compiled health care priorities stated, targets set and performance reported. In addition, we direct interested readers to where they can go to follow progress.

The information comes from government sources (such as ministry websites, annual reports and news releases) and from organizations that report on aspects of health care. This information has been supplemented and updated in communication with officials from the Ministry of Health and Long-Term Care. All jurisdictional profiles have been developed in consultation with federal, provincial and territorial health ministry officials.

## WAIT TIMES

Managing wait times was already a focus in Ontario before the 2003 First Ministers' Accord and 2004 10-Year Plan,<sup>1</sup> and became a key priority thereafter. The Ontario wait times website tracks a wide range of services and procedures across the province, reporting on wait times at the 90th percentile, by hospital and in aggregate by Local Health Integration Network, but not by specialist. Ontario measures waits for a broad range of surgeries including: cancer, cardiac, ear, nose and throat, head and neck, general, gynecologic, neuro, ophthalmic, oral and maxillofacial, orthopedic, plastic and reconstructive, thoracic, urologic and vascular.<sup>2</sup> The province also measures diagnostic scans, and since 2008, has reported on waits in emergency departments.<sup>2-5</sup> Wait times information is updated monthly. The percentage of patients treated within targets is internally reported monthly as a measure to track performance.

The targets for achieving pan-Canadian benchmarks are as follows:

- 90% of patients to receive radiation therapy within four weeks by March 2009;
- 90% of patients to receive fixation of hip fracture within 48 hours by March 2009;
- 90% of patients to receive cataract surgery within 26 weeks;
- 90% of patients to receive cardiac bypass surgery within 26 weeks;
- 90% of patients to receive hip replacement surgery within 26 weeks; and
- 90% of patients to receive knee replacement surgery within 26 weeks.<sup>6</sup>

The provincial goal for emergency department wait times is for a minimum of 90% of patients to be treated within the four-hour (minor or uncomplicated conditions) and eight-hour (complex conditions) targets by summer 2011.

Ontario received \$204.3 million from the federal Patient Wait Times Guarantee Trust to establish a guarantee that patients would receive cataract surgery within 26 weeks. A process was established to

coordinate surgeries. First, attempts are made to accommodate patients for surgery in their own regions, but if this isn't possible, surgery is scheduled in Toronto at one of two selected sites and travel assistance is provided beyond 100 km.<sup>7</sup>

**To follow progress, go to:**

For surgery and diagnostic imaging waits: [www.waittimes.net/SurgeryDI/EN/ProvincialSummary.aspx](http://www.waittimes.net/SurgeryDI/EN/ProvincialSummary.aspx)

For emergency department waits: <http://waittimes.hco-on.ca/en/search/er>

## PHARMACEUTICALS MANAGEMENT

### *Catastrophic drug coverage*

Ontario has several programs to reduce the burden of high-cost prescription drugs for its residents. The government provides drug coverage to eligible recipients through a number of programs under the Ontario Public Drug Programs including the Ontario Drug Benefit (ODB) Program, the Exceptional Access Program, the Special Drugs Program, the New Drug Funding Program for Cancer Care, the Inherited Metabolic Diseases Program, and the Respiratory Syncytial Virus Prophylaxis for High-Risk Infants Program.<sup>8</sup> In Ontario, catastrophic drug coverage is provided through the Trillium Drug Program. It provides drug benefits to citizens who have high drug costs in relation to their household net income. Established in 1995, the Trillium Drug Program provides coverage for any Ontario resident who does not qualify in any of the other categories of recipients under the Ontario Public Drug Programs.<sup>9</sup>

In the summer of 2010, the Government of Ontario further reformed the prescription drug system to provide better access to lower-cost generic drugs for patients, while continuing to increase annual funding to the drug system as a whole.<sup>10</sup> The initiative was built on steps taken in October 2006 through the *Transparent Drug System for Patients Act, 2006*.<sup>11</sup> As part of this initiative, Ontario took action on drug costs by extending the province's price limits for generic drugs to private benefit plans and to individuals who pay out-of-pocket.<sup>10</sup>

**To follow progress, go to:** [www.health.gov.on.ca/en/public/programs/drugs/drugs.aspx](http://www.health.gov.on.ca/en/public/programs/drugs/drugs.aspx)

### *Joint purchasing initiatives*

The provincial and territorial health ministers agreed to look at options for joint purchasing in their September 2010 meeting.<sup>12</sup> Ontario is taking the lead on examining opportunities in pharmaceuticals. Ontario recognizes that efforts to address pricing and purchasing issues may be enhanced through a more coordinated approach among the jurisdictions—one that capitalizes on their collective purchasing power and market position. Ontario has engaged provincial and territorial colleagues in discussions about the potential for a joint drug pricing plan. The work is currently being developed; however, it is too early to tell what steps towards a joint pricing plan might come out of this pan-Canadian initiative.<sup>13-15</sup>

### *Drug information systems*

At the time of the health accords, Ontario had systems for processing drug claims for Ontario Drug Benefit recipients, and in 2005 introduced the Drug Profile Viewer in hospitals, which holds information on people who receive Ontario Drug Benefits or Trillium Drug Benefits.<sup>16</sup> Ontario is currently exploring options to enable expansion of the viewer to a selected group of community physicians in 2011/12.

The eHealth strategy released in 2009 sets medication management as a priority, and plans to use e-prescribing (i.e. the process of electronically generating, authorizing, and transmitting prescriptions from physicians and other prescribers to pharmacists and other dispensers) and a centralized drug information system for the development of comprehensive medication profiles.<sup>17</sup> Full roll-out of the Drug Information System is to begin in 2013/14, with a target of 50% of community physicians sending

prescription information and 100% of community pharmacies submitting dispensing events to the system by March 2016.

**To follow progress, go to:** [www.ehealthontario.on.ca/programs/ePrescribing.asp](http://www.ehealthontario.on.ca/programs/ePrescribing.asp) and [www.ehealthontario.on.ca/programs/dpv.asp](http://www.ehealthontario.on.ca/programs/dpv.asp)

### **Pharmacists' scope of practice**

In 2008, the Health Professionals Regulatory Advisory Council released a report supporting expanded scope of practice for pharmacists. The Council did not recommend allowing pharmacists to administer medications or inject vaccinations.<sup>18</sup> After review and consideration of the report, the province introduced Bill 179, the *Regulated Health Professions Statute Law Amendment Act, 2009*, which was passed and will authorize pharmacists to perform the following expanded-scope activities once regulations are in place: extend/adapt/adjust prescriptions, prescribe drugs for smoking cessation, order lab tests, and administer substances by injection or inhalation for the purposes of education.

**To follow progress, go to:** <http://www.ocpinfo.com>

## **ELECTRONIC HEALTH RECORD**

Under a new board and senior executive team, eHealth Ontario has a government-endorsed strategy to 2015, which reflects considerable input from health care partners. The overarching goal remains an electronic health record for all Ontarians by 2015. To achieve this, eHealth Ontario is focusing on completing foundational systems, accelerating the adoption of electronic medical records, ensuring interoperability, and developing the electronic health record through regional hubs. The top clinical priorities remain creating systems for better diabetes and medication management. Building the Diabetes Registry has driven the development and integration of foundational systems crucial to the electronic health record, including provider, client, and user registries as well as the Ontario Laboratory Information System.<sup>17</sup>

In the past year, there has been notable progress on several fronts. For example, over 6,700 primary care and specialist physicians throughout the province are receiving funding and support to implement electronic medical records; work to connect these systems with other health information sources, such as the provincial laboratory information system, is underway.<sup>19</sup> All of the province's hospitals now store their diagnostic images digitally, and roughly two-thirds are connected to regional repositories that enable them to share diagnostic images with other connected hospitals.<sup>20</sup> The province's Emergency Neuro Image Transfer System has been fully implemented. Since January 2009, roughly 3,000 remote consults have been completed using the system, and several hundred patient transfers have been avoided, saving an estimated \$50 million.

eHealth Ontario is responsible for planning and implementing the electronic health record, and for public reporting on progress in the availability and use of electronic health records.

**To follow progress, go to:** [www.ehealthontario.on.ca](http://www.ehealthontario.on.ca)

## **TELETRIAGE**

Ontario had a basic teletriage system in place by December 2001 called Telehealth Ontario.<sup>1</sup> It received 10,000 calls per day during the peak of the 2003 Severe Acute Respiratory Syndrome (SARS) crisis. The H1N1 pandemic in 2009 saw volumes peaking at 16,000 per day. An integrated physician-referral service, the Telephone Health Advisory Service (THAS), was added in 2003 for patients enrolled with certain primary care groups.<sup>21</sup> As of January 2011, THAS was servicing almost 700 primary care groups, with approximately 7,225 physicians and over nine million patients. Telehealth Ontario and THAS comprise Ontario's teletriage services, which offer 24/7 access to a registered nurse for health advice, triage information, and referrals to community resources. Services are offered in English and



French and there is translation support for 110 languages, as well as a direct-dial number for people with hearing or speech impairments. The Ontario Pharmacists Association offers support to Telehealth Ontario by providing a Medication Information Service between 7 a.m. and 11 p.m.<sup>22</sup>

In 2009, Health Care Connect was launched, a program to help Ontarians without a family health care provider find one in their community. People can register by calling 1-800-445-1822 or visiting [www.ontario.ca/healthcareconnect](http://www.ontario.ca/healthcareconnect).<sup>23</sup> In November 2010, a coordinated online service was launched, called Health Care Options. This website provides information about health care services in communities across Ontario.<sup>24</sup> It can be accessed at [www.ontario.ca/healthcareoptions](http://www.ontario.ca/healthcareoptions).

**To follow progress, go to:** [www.health.gov.on.ca/en/public/programs/telehealth](http://www.health.gov.on.ca/en/public/programs/telehealth)

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# New Brunswick Profile



As part of our mandate, the Health Council monitors the progress of accord commitments in federal, provincial and territorial jurisdictions. Provinces and territories have different health care needs and priorities and, as a result, each health care system is changing in different ways. The following profile presents a snapshot of health system renewal in New Brunswick as of April 2011. We have compiled health care priorities stated, targets set and performance reported. In addition, we direct interested readers to where they can go to follow progress.

The information comes from government sources (such as ministry websites, annual reports and news releases) and from organizations that report on aspects of health care. This information has been supplemented and updated in communication with officials from the Department of Health. All jurisdictional profiles have been developed in consultation with federal, provincial and territorial health ministry officials.

## WAIT TIMES

The New Brunswick Department of Health tackled wait times early in the health accord period, and went beyond the five priority areas identified in the accords and reported on waits for a broad range of surgeries.<sup>1</sup> There are links to surgical waits and cancer surgery waits on the department's home page. New Brunswick reports wait times by hospital, region, and procedure. Performance according to surgical pan-Canadian benchmarks is also reported for the entire province (not broken down by hospital). Wait times are reported for cancer surgeries. There do not appear to be wait times reported for diagnostic procedures. Information on surgical wait times is updated quarterly. Radiation therapy and cancer surgery wait times are reported by the New Brunswick Cancer Network and are updated monthly.<sup>2</sup>

A pilot project was introduced in April 2008 to monitor and manage radiation therapy wait times. A Patient Wait Times Guarantee for radiation therapy was implemented by March 2010. It promises that no patient will wait more than eight weeks from the time they are ready to be treated to the time they are treated.<sup>3</sup> The guarantee provides patients with alternate care options in other Atlantic provinces if necessary. The four Atlantic health ministers signed a Memorandum of Understanding for the development and operational framework to support this guarantee.<sup>4,5</sup> New Brunswick also held discussions to establish similar recourse agreement for radiation therapy with the Province of Quebec. Patients are informed about the guarantee through their consultation with the radiation oncologist. A new public website for wait times in radiation therapy will provide information about the Patient Wait Times Guarantee for Radiation Therapy.

### To follow progress, go to:

Surgical waits: [www1.gnb.ca/0217/surgicalwaittimes/index-e.aspx](http://www1.gnb.ca/0217/surgicalwaittimes/index-e.aspx)

Cancer surgeries and radiation therapy waits: [www.gnb.ca/0051/cancer/wait-times-e.asp](http://www.gnb.ca/0051/cancer/wait-times-e.asp)

## PHARMACEUTICALS MANAGEMENT

### *Catastrophic drug coverage*

In March 2011, New Brunswick announced that work is currently underway to develop a catastrophic drug program for the province. This program will be part of the provincial government's poverty reduction strategy. A subcommittee has been formed to begin working on the development process and will start by examining the current services available to residents who don't have any insurance.<sup>6</sup>

**To follow progress, go to:** [www.gnb.ca/0051/0212/index-e.asp](http://www.gnb.ca/0051/0212/index-e.asp)

### *Joint purchasing initiatives*

There is a reference to a joint purchasing plan in the 2008 Provincial Health Plan, which mentions that New Brunswick and the other Atlantic provinces are exploring regional purchasing initiatives.<sup>1</sup> There were media reports in 2010 that discussions might be underway,<sup>7</sup> but there have been no further comments.

### *Drug information systems*

New Brunswick is committed to developing a comprehensive drug information system as part of its overall One Patient One Record system. By late summer 2011, the Department of Health is expected to implement a Drug Information System to feed information from community pharmacists to a provincial interoperable electronic health record.<sup>8</sup>

### *Pharmacists' scope of practice*

The Canadian Pharmacists Association indicates that pharmacists in New Brunswick are authorized to perform seven of the nine scope activities it monitors, the exceptions of which are prescribing drugs for minor ailments and for lifestyle conditions, such as quitting smoking.<sup>9</sup>

**To follow progress, go to:** [www.nbpharma.ca/default.asp?mn=1.19](http://www.nbpharma.ca/default.asp?mn=1.19)  
or <http://www.nbpharmacists.ca/>

## ELECTRONIC HEALTH RECORD

New Brunswick is currently in the process of going live with its interoperable electronic health record. Target user training is expected to occur in April to June 2011. In order to reach this level of achievement, New Brunswick partnered with Canada Health Infoway in the development of an electronic health record for New Brunswick.<sup>10</sup> The 2004/05 annual report said an e-Health strategic plan—involving a series of projects leading to a provincial electronic health record—had been developed.<sup>11</sup> The 2005/06 report said there had been significant work on advancing both the electronic health record and the vision for One Patient One Record. In the same year, with the assistance of Canada Health Infoway, planning and design began for an interoperable electronic health record repository and viewing portal.<sup>12</sup> In 2006/07, the information services department was reorganized to enhance its ability to deliver e-health. Further progress was made on One Patient One Record, which included the interoperable electronic health record, and client and provider registries. Together they are intended to make a single source of patient information accessible across the province, including the provincial Diagnostic Imaging Archive.<sup>13</sup> The 2007/08 annual report set a target for completing the imaging repository by September 2009 and a target for implementation of the interoperable record by December 2009.<sup>14</sup> Unpublished e-health documents from the Department of Health stated that by fall 2010 the iEHR viewer, client registry, provider index, and clinical data repository would be working in all eight zones of the province. When operational, authorized providers across the province will be able to view patient admission and discharge data, laboratory reports, and diagnostic imaging reports.<sup>15</sup>

While there is no publicly available evidence that the province is focused on increasing the penetration of electronic medical records among New Brunswick physicians and primary care teams, New Brunswick remains focused on building the core interoperable system to facilitate the achievement of a completely integrated e-health vision.



The Department of Health, in collaboration with the regional health authorities, is responsible for planning and implementing electronic health records. The Department of Health will report on progress in the availability and use of electronic health records.

## TELETRIAGE

When the health accords were developed, New Brunswick had a teletriage system, which was launched in 1995.<sup>16</sup> The Tele-Care Service and Health-Related Information Lines gave residents of New Brunswick bilingual access to telephone triage, advice, and information from nurses for non-urgent problems 24 hours a day, seven days a week on five toll-free lines (multiple lines for separate health issues: teletriage, rabies information, West Nile virus information, poison information, gambling help line, and prenatal information).<sup>10</sup>

The 2003/04 report provided data on the total number of calls, stratified by call type.<sup>10</sup> In 2004/05 there was a one-month marketing campaign and another report on call volumes.<sup>11</sup> In 2005/06 there was a public awareness campaign for the teletriage line,<sup>12</sup> and in 2006/07 a re-assessment of the Tele-Care Service, including requests for proposals and evaluation of vendors.<sup>13</sup> In 2007/08, a pathology review line was added.<sup>14</sup> In 2010, the province launched the 811 Telecare line.<sup>14</sup> It is prominently displayed on the Department of Health home page. However, annual reports show that call volumes have been dropping over the last few years, and this decline has been noted by the New Brunswick Health Council. There is no official, publicly available review of the teletriage system.

**To follow progress, go to:** [www.gnb.ca/0217/Tele-Care-e.asp](http://www.gnb.ca/0217/Tele-Care-e.asp)

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# Nova Scotia Profile



As part of our mandate, the Health Council monitors the progress of accord commitments in federal, provincial and territorial jurisdictions. Provinces and territories have different health care needs and priorities and, as a result, each health care system is changing in different ways. The following profile presents a snapshot of health system renewal in Nova Scotia as of April 2011. We have compiled health care priorities stated, targets set and performance reported. In addition, we direct interested readers to where they can go to follow progress.

The information comes from government sources (such as ministry websites, annual reports and news releases) and from organizations that report on aspects of health care. This information has been supplemented and updated in communication with officials from the Department of Health and Wellness. All jurisdictional profiles have been developed in consultation with federal, provincial and territorial health ministry officials.

## WAIT TIMES

The latest results from the Canadian Institute for Health Information (CIHI) show that Nova Scotia is making progress in a number of areas but that their challenge continues to be with hip and knee replacement surgeries (based on patients who received treatment from April 1 to September 30, 2010):

- 85% of cancer patients received radiation therapy within the four-week National Benchmark;
- 100% of patients received coronary artery bypass graft within the 26-week National Benchmark;
- 84% of high-risk patients received cataract surgery within the 16-week National Benchmark;
- 57% of patients received hip replacements within the 26-week National Benchmark; and
- 42% of patients received knee replacements within the 26-week National Benchmark.<sup>1</sup>

Nova Scotia's priority after signing the health accords was to collect data for tracking waits. A 2004/05 report said wait times had been reduced in some areas and the province had formed both a steering committee for its wait times project and an advisory committee to oversee development of the wait times information system and public reporting of information. The system was to focus on diagnostics and basic surgical services, beginning with hip and knee replacements, as well as referrals from general practitioners to specialists in gastroenterology, medical oncology, and plastic surgery.<sup>2</sup> Between 2004 and 2005, the province began collecting data on diagnostic procedures and specialist consultations.

In October 2005, Nova Scotia launched a wait times website.<sup>3</sup> In 2006/07, the province released a strategic plan for the Wait Times Monitoring Project and funding started to reduce waits for radiation therapy, surgery, and diagnostic imaging. The province also put money into the creation of a national pediatric surgery waiting list.<sup>4</sup> In 2008/09, the province made investments to reduce waits for breast and colon cancer screening and for mental health and addiction services. In a pilot project, the Health Department increased minor orthopaedic surgeries at a surgical clinic by 485 in 2008/2009, freeing up hospital operating-room time for more complex hip and knee replacement surgeries.<sup>5,6</sup> This project was extended for 2009/2010.

A pilot project was introduced in April 2008 to monitor and manage radiation therapy wait times. A Patient Wait Times Guarantee was implemented by March 2010. It promises that no patient will wait more than eight weeks from being ready to treat to receiving treatment with radiation therapy.<sup>7</sup> The guarantee provides patients with alternate care options with other Atlantic provinces if necessary. The four Atlantic health ministers signed a Memorandum of Understanding for the development and operational framework to support this guarantee.<sup>8</sup> As well, the Nova Scotia Cancer Centre and Cape Breton Cancer Centre have been able to provide better image quality and patient care as a result of investments to upgrade equipment.<sup>9</sup> A new linear accelerator for radiation treatments will soon be operational in Cape Breton and construction on the expansion of the Nova Scotia Cancer Centre in Halifax is underway.

In 2009/10, waits decreased for continuing care, chronic pain treatment, cardiac surgery, and screening procedures (mammograms and bone density).<sup>10</sup>

Nova Scotia has implemented the Patient Access Registry for Nova Scotia, a foundational step in identifying and evaluating initiatives to improve patient access to timely care.<sup>11</sup> The province has also implemented and expanded prehabilitation clinics for arthroplasty, resulting in significant achievements in reducing waits for specialist referral in this area as well as addressing appropriateness of care.<sup>6</sup>

In 2010, the provincial wait times website was redesigned to standardize measurements and improve meaningfulness and accessibility of information. The website currently provides wait times information for 40 different services.

**To follow progress, go to:** [www.gov.ns.ca/health/waittimes](http://www.gov.ns.ca/health/waittimes)

## PHARMACEUTICALS MANAGEMENT

### *Catastrophic drug coverage*

When the health accords were established, Nova Scotia did not have catastrophic drug coverage. By 2004/05 the province reported that more than 20% of Nova Scotians did not have prescription drug coverage and it was starting work on an income-based prescription drug insurance program.<sup>2</sup> An assistance program for low-income seniors with diabetes was introduced in 2005/06,<sup>12</sup> and in 2008 the Family Pharmacare Program was implemented, to provide assistance with prescription drug costs for all residents, with a target of enrolling 20,000 families by March 2009.<sup>13</sup>

**To follow progress, go to:** [www.gov.ns.ca/health/pharmacare/](http://www.gov.ns.ca/health/pharmacare/)

### *Joint purchasing initiatives*

Pharmacare programs are community-based and provide reimbursement to pharmacies.<sup>14, 15</sup> Efforts are placed on collaborating and implementing pricing strategies to obtain fair drug prices across the Atlantic provinces.<sup>16-18</sup>

**To follow progress, go to:** [www.gov.ns.ca/health/fairdrugprices](http://www.gov.ns.ca/health/fairdrugprices)

### *Drug information systems*

In partnership with Canada Health Infoway, Nova Scotia has approved funding for the Drug Information System project to start in the 2010/11 fiscal year. Its implementation is expected to be completed by the end of 2014. The medication history or the drug information is a mandatory component for the electronic health record and will be integrated with SHARe (Secure Health Access Record). The e-prescribing component of the drug information system will be linked to the electronic medical record that is being implemented in general physicians' offices.

### *Pharmacists' scope of practice*

In 2010, legislation was passed which expands the scope of practice for pharmacists and allows them to undertake the prescribing of drugs for minor and common ailments, for preventable diseases, and to do collaborative prescribing when a diagnosis is provided. Pharmacists may also prescribe in emergency situations, renew or adapt prescriptions, and make substitutions for drugs in the same therapeutic class.<sup>19, 20</sup>

**To follow progress, go to:** <http://www.nspharmacists.ca/standards/index.html>

## **ELECTRONIC HEALTH RECORD**

The Nova Scotia Department of Health and Wellness reports its progress on electronic health records in its annual accountability reports and business plans. At the time of the health accords, Nova Scotia had a hospital information system that included laboratory services, radiology, pharmacy, and administrative details such as admission and discharge, scheduling, and patient care documentation.<sup>21, 22</sup> In its 2004/05 report, the province described the system as the foundation for an interoperable electronic health record.<sup>23</sup>

The 2005/06 business plan said the hospital information system and the imaging archive had 5,000 users in 26 hospitals. It also reported that electronic medical records were being introduced through the Primary Healthcare Information Management Program.<sup>12</sup>

The electronic medical record project was introduced in 2004/05 as the Primary Healthcare Information Management Program. In 2007/08, 93 clinics were live with the Primary Healthcare Information Management Program and 40 more were in the planning stages.<sup>24</sup> The number of clinics using electronic records grew from 47 in March 2008 to 79 in March 2009, with an additional 72 clinics expressing interest.<sup>6</sup> In March 2011, there were 138 live clinics and 68 additional clinics that had expressed an interest in electronic medical records. The goal is for 70% of family physicians and 20% of community-based specialists to be using electronic medical records by 2013.

In December 2007, Nova Scotia initiated the creation and implementation of the provincial electronic health record system known as the Secure Health Access Record (SHARe), which is a foundational component of Nova Scotia's information management structure. SHARe creates a single, integrated record from patient information contained in a number of electronic health care information systems, such as those at hospitals and other diagnostic and treatment centres. SHARe will allow health care professionals to access patient health information where and when it is needed, contributing to better care, faster treatment, and improved access to information and services. In September 2010, the first 104 clinical users went live in a discovery phase. Since then, the number of health care providers across the province requesting access has grown steadily, and continued roll-out will occur throughout 2011. Early indications are increased efficiency and enhanced quality of care. To date, Nova Scotia has invested \$10.5 million in SHARe.

Nova Scotia was the first province to create a provincial program to deliver diagnostic imaging results electronically through PACS (Picture Archiving and Communications Systems). PACS is replacing nearly all film-based imaging in the province with faster, safer, and more streamlined processes that will give physicians instant access to results of diagnostic imaging tests including CT scans and ultrasounds. Nova Scotia has invested \$13 million in PACS and today PACS is an entirely digital system.

Nova Scotia's public information e-health website is in final development and is expected to go live in 2011.



## TELETRIAGE

On July 29, 2009, HealthLink 811 began providing Nova Scotians with 24/7 access to a registered nurse through a dedicated toll-free telephone line.<sup>25</sup> On the heels of the launch of HealthLink 811, the H1N1 pandemic was a significant test of the new service.<sup>26</sup> HealthLink 811 was a key component of Nova Scotia's provincial response to the H1N1 pandemic. Nova Scotia's targeted call volume is 143,750 for 2010/11 and 168,750 for 2011/12.

Recent activities to promote Nova Scotia's plan for Better Care Sooner—the plan to improve emergency care in the province—included HealthLink 811, and have resulted in increased call volumes.<sup>27</sup> The current plan for HealthLink 811 includes a specific promotional campaign which will be implemented in late spring/early summer 2011.

HealthLink has a web page with links to topics of current interest and health topics to support the provision of health information and education. There is also a directory of primary care physicians accepting new patients.<sup>28</sup>

**To follow progress, go to:** <http://nshealthlink811.ca>

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# Prince Edward Island Profile



As part of our mandate, the Health Council monitors the progress of accord commitments in federal, provincial and territorial jurisdictions. Provinces and territories have different health care needs and priorities and, as a result, each health care system is changing in different ways. The following profile presents a snapshot of health system renewal in Prince Edward Island as of April 2011. We have compiled health care priorities stated, targets set and performance reported. In addition, we direct interested readers to where they can go to follow progress.

The information comes from government sources (such as ministry websites, annual reports and news releases) and from organizations that report on aspects of health care. This information has been supplemented and updated in communication with officials from the Department of Health and Wellness. All jurisdictional profiles have been developed in consultation with federal, provincial and territorial health ministry officials.

## WAIT TIMES

The wait times website available through Health PEI tracks its performance on the pan-Canadian priority areas, except for cardiac surgery, which is not done in the province.<sup>1</sup> Prince Edward Island has set its own wait times targets, including:

- 90% of cancer patients to receive curative radiotherapy within four weeks by 2010/11;
- 90% of patients to receive hip replacement surgery within 26 weeks by 2010/11;
- 90% of patients to receive knee replacement surgery within 26 weeks by 2010/11; and
- 90% of patients who are high-risk to receive cataract surgery within 16 weeks by 2010/11.<sup>2</sup>

MRI and CT wait targets are set against three categories of urgency: 90% of patients at urgency Level 1 within two weeks of referral and 90% of those at Level 2 within four weeks of referral for MRI and CT; and 90% of those at Level 3 within 12 weeks of referral for MRI and within eight weeks of referral for CT.<sup>2</sup>

Overall, there has been significant improvement over time as the province has expanded its capacity to do these scans. The Health PEI Wait Times website is updated every four months.

Prince Edward Island received \$12.1 million from the federal Patient Wait Times Guarantee Trust.<sup>3</sup> The province used these funds for a pilot project to target wait times for radiation therapy, and guaranteed that no patient will wait more than eight weeks from the time they are ready to be treated to the time they are treated.<sup>4</sup> The province has developed a number of strategies to meet its wait times guarantee for radiation therapy. These include signing a Memorandum of Understanding with the other Atlantic provinces to ensure timely access to radiation therapy services by providing patients with alternate care options in other Atlantic provinces if necessary.<sup>5</sup>

The Atlantic Interprovincial Radiation Therapy Access Committee has been established to oversee the development and management of the strategic and operational framework for referral of patients affected by the Memorandum of Understanding. Process maps have been developed for referring PEI residents off-Island and for accepting patients from other Atlantic provinces. If the Prince Edward

Island Cancer Treatment Centre was in danger of not meeting the eight-week guarantee due to demand exceeding capacity, radiation oncologists would be notified and patients would be identified and asked if they were willing to go off-Island for treatment. To date, no patient has been referred off-Island for treatment, nor have any patients been referred from other Atlantic provinces resulting from the Memorandum of Understanding.

**To follow progress, go to** [www.healthpei.ca/waittimes](http://www.healthpei.ca/waittimes)

## PHARMACEUTICALS MANAGEMENT

### *Catastrophic drug coverage*

Prince Edward Island does not have a comprehensive catastrophic drug program.<sup>6</sup> However, provincial drug coverage has expanded considerably since 2004. A High Cost Drug Program was introduced which provides assistance to Prince Edward Islanders for the purchase of approved high-cost drugs, including drugs used to treat cancer, diabetes, multiple sclerosis, pulmonary arterial hypertension, psoriatic arthritis, rheumatoid arthritis, macular degeneration, and ankylosing spondylitis and Crohn's disease.<sup>7</sup>

Prince Edward Island residents who meet established clinical criteria are eligible for the High Cost Drug Program. The cost incurred by the patient is determined by net household income and starts at \$2 plus the pharmacy dispensing fee.<sup>7</sup> Prince Edward Island has continued to improve its Pharmacare formulary by adding many new medications since 2004. These additions benefit patients eligible for any of the 29 programs now under PEI Pharmacare.<sup>8</sup> A comprehensive evaluation of the Prince Edward Island drug programs has been announced and preliminary work is underway.

**To follow progress, go to:** <http://healthpei.ca/index.php3?number=1026180&lang=E>

### *Joint purchasing initiatives*

There has been little action on joint purchasing of drugs in Prince Edward Island. It remains to be seen whether cooperation on generic drug pricing between the Atlantic provinces will lead to a joint purchasing initiative.

### *Drug information systems*

The Prince Edward Island Department of Health and Wellness was successful in its development of a drug information system. In September 2008, Prince Edward Island became Canada's first jurisdiction to establish a province-wide drug information system built on Health Level 7 (HL7) messaging standards. The Prince Edward Island Drug Information System provides centralized access to patient medication profiles for health care professionals (i.e. pharmacists, physicians, and others) enabling them to view, record, and manage this information.<sup>9</sup> Implementation of this solution began in April 2008 with continued roll-out through to September 2008; solution optimization and enhanced functionality such as e-prescribing are planned and underway.

**To follow progress, go to:** [www.gov.pe.ca/go/dis](http://www.gov.pe.ca/go/dis)

### *Pharmacists' scope of practice*

Prince Edward Island has expanded scope activities in two areas monitored by the Canadian Pharmacists Association, allowing the extension of an existing prescription for continuity of care and emergency drug refills.<sup>10</sup> The Prince Edward Island Pharmacy Board has begun discussions with the provincial government to further expand the scope of practice for pharmacists in the jurisdiction.<sup>11</sup>

A strategic plan for expanding this scope was published in November 2010 by the Prince Edward Island Pharmacy Board, which regulates the practice of pharmacy.<sup>11</sup> It is the result of a planning session, which involved the Prince Edward Island Pharmacists Association, the Prince Edward Island Pharmacy Board, and hospital and government representatives, to outline goals for the Board for the next five years. The five-year plan includes a change in the *Pharmacy Act* and other changes that would give Prince Edward

Island pharmacists the type of expanded practice the Canadian Pharmacists Association is calling for across the country.

**To follow progress, go to:** <http://napra.ca/pages/PEI/default.aspx>

## ELECTRONIC HEALTH RECORD

The interoperable Electronic Health Record/Clinical Information System (iEHR/CIS) Project delivers an electronic clinical information system to all hospitals and two community health centres in Prince Edward Island.<sup>9</sup> The following functionality is live and operational province-wide: Registration, Scheduling, Medical Records, Labs (General, Microbiology, Anatomic Pathology, and Blood Bank), Pharmacy Dispensing and Inventory, Nursing Clinical Documentation, Physician Progress Notes, Surgical and Emergency Department solutions, interfaces to systems providing diagnostic imaging results, and specialist consultations and other applications that support the operation of the hospital, i.e. charge services that automatically send charges to the Health Financial System for invoicing, as appropriate.<sup>9, 12</sup> A new project has been initiated that will deliver Computerized Provider Order Entry and electronic Medication Administration Record, provincially, in a phased approach, over a two-and-a-half- year period, commencing in the spring of 2011.<sup>13</sup>

The Health Information Management Division of Health PEI is responsible for planning and implementation of electronic health records, and for publicly reporting on progress in the availability and use of electronic health records.<sup>14</sup>

## TELETRIAGE

Prince Edward Island does not provide a telephone-based health information service for its residents. PEI has explored the possibility of establishing a telephone triage service, but will not be proceeding with this initiative at this time. Factors including the compact size of the province, its approach to providing a single integrated care service through Health PEI, and the absence of a crisis in emergency wait times may have made teletriage less of a priority in this jurisdiction.

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# Newfoundland and Labrador Profile



As part of our mandate, the Health Council monitors the progress of accord commitments in federal, provincial and territorial jurisdictions. Provinces and territories have different health care needs and priorities and, as a result, each health care system is changing in different ways. The following profile presents a snapshot of health system renewal in Newfoundland and Labrador as of April 2011. We have compiled health care priorities stated, targets set and performance reported. In addition, we direct interested readers to where they can go to follow progress.

The information comes from government sources (such as ministry websites, annual reports and news releases) and from organizations that report on aspects of health care. This information has been supplemented and updated in communication with officials from the Department of Health and Community Services. All jurisdictional profiles have been developed in consultation with federal, provincial and territorial health ministry officials.

## WAIT TIMES

Wait times information from April to September 2010 indicates that Newfoundland and Labrador continues to perform strongly against benchmarks and that patients are receiving access to care in a timely manner in the majority of cases.<sup>1</sup> Provincial data results from the Provincial Wait Time Benchmark Update show the following:

- 94% of newly diagnosed cancer patients accessed radiation treatment within the 28-day benchmark;
- 100% of patients underwent cardiac bypass surgery within the 182-day benchmark;
- 80% of patients underwent cataract removal on their first eye within the benchmark of 112 days;
- 75% of hip replacements were completed within the recommended benchmark of 182 days;
- close to seven out of 10 (67%) of knee replacements were performed within 182 days (while regional data shows that 9 out of 10 patients accessed knee replacement surgery within the benchmark in three of the health regions; demand is significantly higher in the fourth region and patients there consequently experience much longer waits); and
- close to eight out of 10 (78%) of patients underwent hip fracture surgery within the benchmark of 48 hours, and 9 out of 10 cases were completed within 60 hours.<sup>1</sup>

While Newfoundland and Labrador has consistently met the benchmarks for the pan-Canadian standards, it has been open about the challenges it faces in cutting waits for hip and knee surgery in St. John's, while achieving good results in other areas. The province intends to invest about \$600,000 over two years to help establish a central assessment clinic for patients waiting for hip and knee replacements in St. John's, in order to address these challenges. The centre will assess patients and triage them into three groups: ready for surgery; needing additional services prior to surgery (e.g. physiotherapy); and needing specialized medical care prior to surgery. Minister Kennedy has stated that "this innovative approach will enhance the management of patients who do not require

surgery, better prepare patients physically and psychologically for surgery, and reduce the number of surgical cancellations.”<sup>2</sup>

About \$7.5 million has been spent on the redevelopment of operating rooms at the Janeway Children's Hospital, which has created additional capacity in the adult operating rooms at the Health Science Complex, allowing for two additional adult surgeries to be completed each day, including four additional joint replacements each week.<sup>2</sup>

Newfoundland and Labrador received \$17.7 million from the federal Patient Wait Times Guarantee Trust to ensure that patients receive cardiac bypass surgery within 26 weeks.<sup>3</sup> The province also made major investments in diagnostic imaging in recent years, including expanding the hours of operation of MRI and CT services to 16 hours per day. The province also signed a Memorandum of Understanding with all four Atlantic health ministers for the development and operational framework of recourse process between jurisdictions for radiation therapy.<sup>4</sup>

Newfoundland and Labrador set up a website for provincial wait times information in December 2010, with contact information for each regional health authority's wait times manager.<sup>5,6</sup> The site features benchmark wait times performance in Newfoundland and Labrador, and contains a frequently asked questions section which provides an overview of the more common questions related to wait times.<sup>7</sup> The website notes that the wait times guarantee for cardiac bypass surgery came into effect on March 31, 2010 and that the government is working with experts to identify goals to guide progress towards achieving the pan-Canadian benchmarks.<sup>8</sup>

The provincial strategy for endoscopy services included a commitment of \$240,000 in 2010 to start a new Colorectal Cancer Screening Program, a portion of the \$4.3 million dollars committed over three years. A review of existing capacity and ability to meet demands of the new program were included in the strategy. A provincial wait times strategy for endoscopy services was developed with an additional \$190,000 investment.<sup>2</sup> A review of existing capacity and ability to meet demands of the new program was included in the strategy.

**To follow progress, go to** [www.health.gov.nl.ca/health/wait\\_times/index.html](http://www.health.gov.nl.ca/health/wait_times/index.html)

## PHARMACEUTICALS MANAGEMENT

### *Catastrophic drug coverage*

In 2007, the government launched two additions to the Newfoundland and Labrador Prescription Drug Program (NLPDP): the Access Plan and the Assurance Plan. The Access Plan was launched in January 2007 in order to increase access to eligible prescription drugs for those with low incomes. The amount of coverage is determined by net income level and family status. The program is available to: families with children, including single parents, with net annual incomes of \$42,870 or less; couples without children with net annual incomes of \$30,009 or less; and single individuals with net annual incomes of \$27,151 or less.<sup>9</sup> The Assurance Plan was launched in October 2007 to ensure that individuals and families are not financially burdened by the high costs of a very expensive drug or a combination of different medications. The Assurance Plan caps out-of-pocket eligible drug costs at 5 to 10% of net family income. Drug payments are capped at 5% for incomes up to \$39,999, at 7.5% for incomes from \$40,000 to \$74,999, and at 10% for incomes from \$75,000 to \$149,999.<sup>9</sup>

In November 2010, a marketing campaign was launched to inform residents of the assistance available because enrolment for the Access and Assurance Plans was lower than had been anticipated.<sup>10</sup>

**To follow progress, go to:** [www.health.gov.nl.ca/health/prescription/index.html](http://www.health.gov.nl.ca/health/prescription/index.html)

### *Drug information systems*

Newfoundland and Labrador started connecting pharmacies to its Pharmacy Network in late 2009.<sup>11</sup> Its aim was to enrol 190 community pharmacies by the end of 2010, with full community retail pharmacy

access by June 2011. Later phases will connect hospitals and physicians to the network and allow pharmacists and authorized health care providers to view patients' medication profiles.<sup>12</sup>

The province has committed \$8.6 million and Canada Health Infoway has committed \$17.9 million to develop and implement the network.<sup>12</sup>

**To follow progress, go to** [www.thepharmacynetwork.ca](http://www.thepharmacynetwork.ca)

### **Pharmacists' scope of practice**

In 2010, the Newfoundland and Labrador Pharmacy Board broadened pharmacists' scope of practice through defining the professional activities that may be undertaken by pharmacists as part of "medication management." Pharmacists who provide medication management are required to adhere to practice standards and are permitted to provide interim emergency prescription refills for a minimum amount, extend a prescription, or adapt a prescription.<sup>13, 14</sup>

The changes require pharmacists to document all interventions and to notify the prescribing physician within one week of adapting or extending a prescription and within 72 hours of providing an interim supply.<sup>13</sup> Newfoundland has changed its legislation to allow pharmacists to fill prescriptions from outside the province.<sup>15</sup>

**To follow progress, go to:** [www.panl.net/panl/](http://www.panl.net/panl/)

## **ELECTRONIC HEALTH RECORD**

The Newfoundland and Labrador Centre for Health Information was established in 1996 and is developing a Health Information Network (HIN) tool to allow sharing of information among health professionals. The centre has several projects underway in the development of a HIN and an electronic health record. It has established a client registry and is implementing an online imaging archive. A pharmacy network and laboratory information system are being developed. Making the systems interoperable is an increasing focus.<sup>16</sup> Newfoundland and Labrador passed a *Personal Health Information Act* in 2008,<sup>17</sup> all sections have been fully proclaimed as of April 2011.

Newfoundland and Labrador have set a target of March 31, 2011 to have priority elements of the provincial health information system working.<sup>11</sup> Of the six components of an electronic health record, four are in place and two (a drug information system and lab information system) are being implemented.

**To follow progress, go to:** [www.nlchi.nf.ca/health.php](http://www.nlchi.nf.ca/health.php)

## **TELETRIAGE**

Newfoundland and Labrador's HealthLine was launched in September 2006 as part of the Self-care and Telecare priority identified in the province's Telehealth Strategic Plan.<sup>18</sup> The HealthLine is a toll-free 24/7 teletriage and health information and advice line staffed by experienced registered nurses. Services include the assessment of urgency to determine appropriate referral of non-urgent symptoms to recommend a course of action, and the provision of health information. HealthLine was implemented to improve access to service, to encourage self-care, and to reduce unnecessary or inappropriate physician and emergency department visits.<sup>19</sup> The triage guidelines are comprehensive and cover more than 99% of the symptoms people describe when they call. There are 247 pediatric triage guidelines and 288 adult triage guidelines, which are backed by rigorous research and statistical analysis.<sup>20</sup>

The HealthLine is consistent with a number of the strategic directions and priorities of the Department of Health and Community Services in Newfoundland and Labrador, including Population Health, Public Health Capacity, and Access to Priority Services.

The HealthLine monthly reports show data for the province as a whole as well as for the four regional health authorities, and analysis can be conducted at more specific community levels to assist with assessing health care needs in specific areas of the province.

The HealthLine averages about 4,200 calls per month or 50,000 calls per annum. Approximately 81% of calls are for symptom advice, 17% are for health information, and 2% are related to information about a community service. Of those calling for symptom advice, about 39% are provided with information about self-care, 40% are referred to their family physician, and 17% are referred to the emergency department.

**To follow progress, go to:** [www.yourhealthline.ca/en/index.html](http://www.yourhealthline.ca/en/index.html)

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# Nunavut Profile



As part of our mandate, the Health Council monitors the progress of accord commitments in federal, provincial and territorial jurisdictions. Provinces and territories have different health care needs and priorities and, as a result, each health care system is changing in different ways. The following profile presents a snapshot of health system renewal in Nunavut as of April 2011. We have compiled health care priorities stated, targets set and performance reported. In addition, we direct interested readers to where they can go to follow progress.

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## WAIT TIMES

In April 2007, the federal government announced that all of the provinces and territories had committed to establish a wait times guarantee for at least one of the priority areas by 2010.<sup>1</sup> The Government of Nunavut committed to guaranteeing timely access to certain types of diagnostic imaging, although it did not specify which diagnostic imaging procedures would be covered.<sup>2</sup>

Nunavut received \$4.47 million from the Patient Wait Times Guarantee Trust. The money has been allocated as follows: \$2.3 million to the digital X-ray portion of the interoperable Electronic Health Records Project; and \$2.17 million to the procurement and implementation of a CT scanner for Qikiqtani General Hospital in Iqaluit, to reduce wait times for diagnostic procedures and provide services closer to home. Being able to provide CT scanning services in Iqaluit improves the ability to diagnose the severity of injuries or conditions such as strokes, enabling physicians to select the most appropriate medical intervention.

## PHARMACEUTICALS MANAGEMENT

### *Catastrophic drug coverage*

In Nunavut, the Inuit and First Nations are covered by Health Canada's Non-Insured Health Benefits program (NIHB). The NIHB is Health Canada's national, medically necessary health benefit program that provides coverage for benefit claims for a specified range of drugs, dental care, vision care, medical supplies and equipment, short-term crisis intervention mental health counselling and medical transportation for eligible First Nations people and Inuit.

NIHB benefits are administered by the government of Nunavut on behalf of the federal government. However, Nunavut's Extended Health Benefits Policy provides assistance to eligible people who require services beyond those covered by its territorial health care plan. An eligible person is defined as a Métis or non-Aboriginal senior citizen, a Métis or non-Aboriginal resident with a debilitating long-term disease or condition, or any individual who has exhausted or does not have third-party health care benefits.<sup>3</sup> There are no co-payments and the program provides 100% catastrophic drug coverage.<sup>4</sup>

**To follow progress, go to:** [www.hss.gov.nu.ca/en/HealthInsurance.aspx](http://www.hss.gov.nu.ca/en/HealthInsurance.aspx)

## ELECTRONIC HEALTH RECORD

Nunavut's Department of Health and Social Services has been working with Canada Health Infoway to develop an electronic health record system since 2004. The initiative is expected to cost \$12.6 million. The interoperable Electronic Health Record (iEHR) program will be integrated and available in all Nunavut communities by 2013/14. The iEHR program will facilitate improvements in service delivery and patient care, reduce wait times, and increase cost-effectiveness. An electronic health record in Nunavut will provide clinical reports which will include patient information, laboratory results, diagnostic imaging ordering and results, inpatient and outpatient diagnosis, drug profiles, and immunization and communicable disease information.

Nunavut is working on integrated laboratory and pharmacy information systems, telehealth, and use of portable diagnostic equipment and information management tools. It has made progress in electronic tracking of air travel expenses and materials management. Physicians based in Iqaluit can access client and laboratory information through electronic hospital systems, and the drug information system is accessible at two regional centres—Rankin Inlet and Cambridge Bay.<sup>5</sup>

Nunavut's project includes a comprehensive suite of privacy and security directives that meet national and international standards for the protection of personal health information. In addition, the *Access to Information and Protection of Privacy Act* ensures the protection of personal privacy.

## TELETRIAGE

Nunavut's size, remoteness, and limited medical resources pose particular challenges to delivering health care. Its 25 communities vary in size from 148 to 7,000 people, are mainly reached by sea or air, and depend on satellite communication.<sup>6</sup> Nunavut does not have a teletriage service because each community has a health centre, offering a wide range of primary health care services 24/7.

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# Northwest Territories Profile



As part of our mandate, the Health Council monitors the progress of accord commitments in federal, provincial and territorial jurisdictions. Provinces and territories have different health care needs and priorities and, as a result, each health care system is changing in different ways. The following profile presents a snapshot of health system renewal in the Northwest Territories as of April 2011. We have compiled health care priorities stated, targets set and performance reported. In addition, we direct interested readers to where they can go to follow progress.

The information comes from government sources (such as ministry websites, annual reports and news releases) and from organizations that report on aspects of health care. This information has been supplemented and updated in communication with officials from the Department of Health and Social Services. All jurisdictional profiles have been developed in consultation with federal, provincial and territorial health ministry officials.

## WAIT TIMES

Health care in the Northwest Territories is offered in hospitals and regional and community health centres. The Stanton Territorial Hospital in Yellowknife is the major referral centre for the territory. The territory relies on Alberta Health Services for a range of health care services that it does not have the capacity to provide, such as cardiac surgery and some diagnostic imaging services including MRIs.<sup>1</sup>

The Stanton Territorial Health Authority implemented a number of initiatives to increase the volume of surgery through better management, which increased completed cases by 25% over a one-year period. It has introduced an operating room management system to track and maintain records on surgical procedures and wait times.<sup>1</sup>

When the provinces and territories committed to implement a wait times guarantee for at least one of the priority areas, Northwest Territories chose to guarantee timely access to insured services delivered by primary health care teams by March 2010, reflecting the unique challenges it faces as a small jurisdiction. These initiatives will help improve the health care system's capacity in remote areas.<sup>2</sup> Specifically, the Government of the Northwest Territories chose to reduce wait times by targeting funding to the training of community health nurses. Wait times issues in the Northwest Territories were primarily the result of challenges in access to primary health care services. Delay at the front end is what causes the delay in treatment, not access once the diagnosis has been received. The Government of the Northwest Territories invested in educational programs for their greatest front-line needs—community health nurses and nurse practitioners.<sup>2</sup>

When the Community Health Nurse Program was developed, the vacancy rate in this job category was between 40 and 60%. Currently, 17 of the 21 program enrollees still work in the Government of the Northwest Territories—14 of them in the roles they were trained for. In addition, 18 new nurse practitioners have been hired: 14 from the Northwest Territories' Aurora College training program and four who had successfully completed a prior learning assessment.

There are a number of initiatives underway from the Government of the Northwest Territories' 2009 action plan, *A Foundation for Change*, which link to wait times reduction and improvement of access to the system.<sup>3</sup>

These include:

- adoption of a Northwest Territories bed-management system;
- creation of a standardized form and process for referral to medical specialists by family physicians and nurse practitioners;
- a wait list review of mammography screening (which, in 2010 led to a territory-wide blitz that brought women from all regions to three diagnostic centres for screening, and reduced the wait time for urgent mammography to five days in December 2010);
- creation of a territorial admissions committee that assesses and advises on referrals for long-term care (admissions to long-term care are filled through a territory-wide system to ensure that placements best match client needs); and
- a project that lets health authorities provide treatment for speech-language pathologies at a community level, through tele-video consultation with pathologists in other parts of Canada. This program, called Telespeech, has been successfully deployed in 22 health centres and eight schools across the territory.

**To follow progress, go to:** [www.stha.ca/services/custom\\_page.php?id=100&idCpage=68](http://www.stha.ca/services/custom_page.php?id=100&idCpage=68)

## PHARMACEUTICALS MANAGEMENT

### *Catastrophic drug coverage*

Northwest Territories has Extended Health Benefits for seniors and individuals with an approved specified condition, and Métis Health Benefits which provide coverage for indigenous Métis. These supplementary health benefits provide a range of drug coverage in addition to vision, dental, and medical travel. The programs do not require income testing or have caps, but they do promote third-party coverage.<sup>4, 5</sup>

Northwest Territories is under pressure to contain its drug costs while also ensuring that drug coverage is accessible to residents. Given the scale of resources, the capacity to manage a robust pharmaceutical strategy and to negotiate coverage for even one expensive new drug can have a serious impact on the overall health budget. The impact of other provincial drug programs and/or the federal Non-Insured Health Benefits program can create further pressures on the Northwest Territories drug strategy.

**To follow progress, go to:** [www.hlthss.gov.nt.ca/english/services/health\\_care\\_plan/default.htm](http://www.hlthss.gov.nt.ca/english/services/health_care_plan/default.htm)

### *Joint purchasing initiatives*

The Northwest Territories is involved in initiatives to expand joint purchasing across provincial and territorial borders. In June 2010, a memorandum of understanding on pharmaceutical pricing and purchasing strategies was signed by British Columbia, Alberta, Saskatchewan, Manitoba and Yukon,<sup>6</sup> with the Northwest Territories signing on more recently.

### *Pharmacists' scope of practice*

The Canadian Pharmacists Association indicates that pharmacists in the Northwest Territories are authorized to provide emergency prescription refills and renew/extend prescriptions.<sup>7</sup>



## ELECTRONIC HEALTH RECORD

The Department of Health and Social Services operates HealthNet, which includes an interoperable electronic health record viewer. The viewer allows health professionals to access patient information such as history, lab test results, diagnostic imaging, other medical reports, and past visits. Over the past year, Northwest Territories, in partnership with Canada Health Infoway and Alberta Health Services, deployed the first two releases of its interoperable electronic health record (iEHR) to the majority of clinicians in the territory. The iEHR allows the sharing of key patient information, which includes hospital reports and laboratory results from across the territory and from southern referral laboratories, in support of patient care and safety.<sup>8</sup> Change management and roll-out activities will continue throughout 2010/11 and planning for future releases to enhance information and functionality within the iEHR are already underway. A Laboratory Information System is expected to be completed in 2011/12. A single Diagnostic Imaging and Picture Archiving and Communications System (DI/PACS) solution was procured by the territory and has been operating in all hospitals since May 2009. Computed Radiography readers with direct linkage to the PACS were installed in all community health centres in 2009 and 2010 to provide diagnostic imaging services.

The Department of Health and Social Services is undertaking a territorial electronic medical record project to support an integrated service delivery model and address territorial care pathways. This includes practice management components of scheduling and billing. The system is an electronic record outlining a patient's personal details such as demographics, diagnosis or conditions, and details about the assessments or treatments undertaken by a health care provider. The electronic medical record will be supplied to providers across the territory, and is key to improving patient care and safety.

**To follow progress, go to:** [www.hltss.gov.nt.ca/english/services/informatics/default.htm](http://www.hltss.gov.nt.ca/english/services/informatics/default.htm)

## TELETRIAGE

In 2004, Northwest Territories launched a teletriage system that offered 24/7 telephone advice via a toll-free number. Tele-Care NWT gave residents access to telephone triage, advice, and information from registered nurses for non-urgent problems.<sup>1,9</sup>

An evaluation of the health line showed that most users had access to and experience using the Internet and the service did not meet the goal of increasing access to health information and advice to residents of small communities. The telephone advice service was discontinued in October 2010.<sup>10</sup>

A contract was signed with Alberta Health Services to provide toll-free poison and drug information services to Northwest Territories residents and health professionals through Alberta's Poison and Drug Information System.

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# Yukon Territory Profile



As part of our mandate, the Health Council monitors the progress of accord commitments in federal, provincial and territorial jurisdictions. Provinces and territories have different health care needs and priorities and, as a result, each health care system is changing in different ways. The following profile presents a snapshot of health system renewal in Yukon as of April 2011. We have compiled health care priorities stated, targets set and performance reported. In addition, we direct interested readers to where they can go to follow progress.

The information comes from government sources (such as ministry websites, annual reports and news releases) and from organizations that report on aspects of health care. This information has been supplemented and updated in communication with officials from the Department of Health and Social Services. All jurisdictional profiles have been developed in consultation with federal, provincial and territorial health ministry officials.

## WAIT TIMES

Yukon performs only three of the five procedures identified as priorities for reduced waits in the health accords—knee replacements, cataract surgery, and diagnostic imaging. Median wait times for specialized services such as specialist appointments, non-emergency surgery, and diagnostic imaging are shorter in the Yukon than in the rest of Canada.<sup>1</sup> People who need procedures not performed in the territory must travel to British Columbia or Alberta, which affects waits in those jurisdictions.

Yukon's Department of Health and Social Services has identified mammography, hip and knee replacement, cardiac care, and cancer care as wait-time priorities,<sup>2</sup> but there is no information on waits on the department's website. The Government of Yukon committed to implement a wait times guarantee for mammography and is in the process of implementing its guarantee.

Yukon is reviewing how best to manage wait times and provide services across all service requirements. They are not currently proceeding with implementing specific benchmarks with recourse options for when a benchmark is exceeded.

## PHARMACEUTICALS MANAGEMENT

### *Catastrophic drug coverage*

Yukon has four programs that provide financial support for prescription drugs or medical supplies. The Pharmacare Program covers people 65 years and over and their spouses 60 and over whose medications are not covered by private insurance. The Extended Health Benefits Program provides the same cohort with benefits for hearing, medical surgical supplies, and optical and dental coverage. This program does not require a premium, deductible, or any co-payment. There is another program to provide people who have chronic diseases and disabilities with drugs and medical supplies, and one that provides drugs and eye care to children of low-income families.<sup>1</sup> The *Yukon Health Care Review: Final Report 2008* included recommendations regarding Yukon's public drug plans. Yukon continues to review and update its public drug programs as required.

**To follow progress, go to:** [www.hss.gov.yk.ca/pharmacare.php](http://www.hss.gov.yk.ca/pharmacare.php)

### **Joint purchasing initiatives**

The Yukon is involved in initiatives to expand joint purchasing across provincial and territorial borders. In June 2010, a memorandum of understanding on pharmaceutical pricing and purchasing strategies was signed by British Columbia, Alberta, Saskatchewan, Manitoba and Yukon,<sup>3</sup> with the Northwest Territories signing on more recently.

### **Drug information systems**

The development of a drug information system that includes e-prescribing is part of the overall e-health work currently underway. There is no specific target date for this application at present.

## **ELECTRONIC HEALTH RECORD**

An initiative to develop an electronic health record in the Yukon began in 2006, after high speed Internet access became available to 95% of residents in 2005. The government is working on an e-health strategy with Canada Health Infoway. In September 2009, the Department of Health and Social Services announced that it was developing personal health information legislation to guide policy decisions regarding access and privacy for personal health information.<sup>4</sup> Its goal is a interoperable electronic health record<sup>5</sup> anticipated to be in place by 2014.

## **TELETRIAGE**

There is a direct link to the Yukon HealthLine (phone number 811) on the Department of Health and Social Services website. Yukon HealthLine is provided to Yukon residents through HealthLink BC.<sup>6</sup>

There is currently no information available on the number of phone calls to Yukon HealthLine, and primary care providers do not receive notification of patients' calls. The Government of Yukon will be undertaking a review of the HealthLine in the coming year.

**To follow progress, go to:** [www.hss.gov.yk.ca/811.php](http://www.hss.gov.yk.ca/811.php)

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