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# Nunavut

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



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## Access and Wait Times

Nunavut received targeted funds for wait times reduction in 2005/2006<sup>1</sup> and established a Patient Wait Time Guarantee in 2007.<sup>2</sup> However, Nunavut still does not report publicly on wait times, since the majority of residents are sent to facilities outside of the territory for surgeries.<sup>3</sup> The Canadian Institute for Health Information and the Wait Times Alliance do not report on wait times in the territories.<sup>4,5</sup>

With a very low-density population spread across a vast territory, the distances to health care services represent an important challenge. In 2011, the Department of Health and Social Services reported that wait times for transportation to the location of care were often as long as 12 hours, which could mean wait times of up to 16 hours to receive care. However, the territory awarded a new medevac contract to a provider that uses specially equipped jets, and wait times have been reduced to approximately four hours. Visits by orthopedic surgeons reduced waits by 6 to 12 months for some surgeries and resulted in savings in travel costs.<sup>6</sup>

### Health human resources

Nunavut has undertaken various initiatives to support Inuit employment and strengthen the health human resources work force. Community Health Representatives are key partners working with the Government of Nunavut and communities to help implement the Public Health Strategy. The Department of Health and Social Services continues to work with Nunavut Arctic College to provide training opportunities to develop

Community Health Representatives across the territory. Red River College, in partnership with the department and Nunavut Arctic College, began a three-year certificate program in Health Services Leadership and Management in January 2013.<sup>3</sup>

In November 2010, Nunavut passed the *Licensed Practical Nurses Act*, and has been working to recruit qualified candidates for the Nunavut Arctic College Licensed Practical Nursing program. Between 2007 and 2012, the Nunavut Nursing Recruitment and Retention Strategy reduced nursing vacancy rates by 12% and increased the number of Inuit nurses by 50%.<sup>3</sup>

Family physician positions are staffed across the territory through full-time and locum contracts. In April 2012, Nunavut allocated funding to hire 12 new mental health workers. After these individuals complete the Nunavut Arctic College Mental Health Diploma program, they will be distributed across the territory.<sup>3</sup>

### Access to ambulatory and community care

In Nunavut, home and community care are available in all communities to enable people with disabilities and chronic or acute illnesses to receive care at home and to live as independently as possible. Nunavummiut have access to training to become home and community care workers through Nunavut Arctic College.<sup>3</sup>

No information on improving ambulatory care is currently available.

## Primary Health Care Reform and Electronic Health Records

Nunavut has few primary care practitioners in the territory—there is roughly one physician for every 3,000 residents and only 46 nurses or nurse practitioners serving the whole territory (about 30,000 people). To help address this shortage, the 2007–2012 Nunavut Nursing Recruitment and Retention Strategy established training programs for nurses at the Nunavut Arctic College in Iqaluit.<sup>7</sup> Community health centres provide access to primary care through interprofessional teams or family doctors, and the centres can access other physicians and specialists through the telehealth infrastructure.<sup>3</sup>

Iqaluit is home to a hospital, public health facility, and family practice clinic delivering primary care. Twenty-four community health centres coordinate health services in all Nunavut communities. These health centres provide access to a range of primary care and public health services, and their health care programs cover the entire health/illness continuum and diversity of clients. Front-line health care services are integrated and coordinated with other specialty services to provide an interprofessional approach to client care.<sup>3</sup>

### Electronic health and medical records

Nunavut's strategy for implementing integrated Electronic Health Records (iEHRs) includes ensuring electronic medical records are available in all primary care clinics in the territory.<sup>7</sup> In 2010, Nunavut began implementing the strategy in order to support the delivery of primary care across the territory. The strategy involved a phased approach, because foundational systems components needed to be in place to support subsequent components. This approach also ensured that iEHRs would be implemented in each of the three regional hubs—Iqaluit, Cambridge Bay, and Rankin Inlet—first, and then in the smaller communities. In phase 1, various components of the iEHR, including health records, diagnostic imaging reports, and electronic ordering, were implemented in all three hubs in 2011. In phase 2, other components, such as online medication orders and electronic prescribing, are being implemented in the regional hubs. This phase is expected to be completed by summer 2013. In phase 3, implementation of iEHRs will be initiated in the remaining communities in fall 2013.<sup>3</sup>

Implementation of iEHRs across the continuum of care is being supported through funds from Canada Health Infoway.<sup>8</sup>

Information about the proportion of primary care practices using an electronic medical record is not available.

## Pharmaceuticals Management

### Catastrophic drug coverage

Catastrophic drug coverage refers to drug coverage for individuals and families whose drug costs cause undue financial hardship. In Nunavut, First Nations people and Inuit are covered for prescription medications by Health Canada's Non-Insured Health Benefits program (NIHB) if the drug is listed on the NIHB formulary.<sup>9</sup>

The Extended Health Benefits (EHB) program provides prescription drug coverage for non-Aboriginal residents with a chronic illness, seniors, and people without other insurance. The EHB program funds drugs listed on the formulary.<sup>3</sup>

The Department of Health and Social Services completed a review of the EHB policy, which expired on March 31, 2012. The policy was extended by cabinet until March 31, 2013, to allow the department time to recommend changes and determine financial implications.<sup>3</sup>

### Drug formulary and approvals

The drugs available through NIHB are listed on the Health Canada NIHB website. The territorial pharmacist and the Pharmacy and Therapeutics Committee are responsible for reviewing the formulary and updating it as necessary.<sup>3</sup>

### Drug pricing strategies

In July 2012, the Council of the Federation Working Group on Health Care Innovation announced that premiers would be collaborating on a number of strategies to reduce pricing of brand-name and generic drugs.<sup>10</sup> Nunavut is working with other jurisdictions to consider the implications of the council's recommendations.<sup>3</sup>

The Council of the Federation has also announced that the provinces and territories are collaborating to set prices for six widely used generic drugs at 18% of the price of the brand name drug. This initiative is expected to save up to \$100 million for provincial and territorial drug plans. The new prices came into effect on April 1, 2013.<sup>11</sup>

The Department of Health and Social Services has an agreement with HealthPro that guarantees pricing on listed drugs and stock and provides cost savings to the territory. The department uses a regional distribution strategy that is managed through the iEHR to ensure that required drugs are available consistently. The iEHR tracks inventories, provides financial reporting for the purchase and distribution of drugs throughout the territory, and manages the Nunavut formulary.<sup>3</sup>

## Prescribing

In Nunavut, pharmacists' scope of practice has not been expanded.<sup>12</sup> The Department of Health and Social Services has partnered with The Ottawa Hospital to provide advanced prescribing services for clinically related questions and content. This remote pharmacy service is available to all health facilities across the territory where regional services are not available.<sup>3</sup>

A drug information system is accessible in some regions of Nunavut.<sup>3</sup>

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## Prevention, Promotion, and Public Health

### Infectious diseases and public health emergencies

The Department of Health and Social Services is developing a new public health act. The current act, which Nunavut inherited from the Northwest Territories, dates back to 1957 and includes many outdated elements. Changes are proposed in areas such as health promotion, health impact and evaluation, and public health emergencies.<sup>13</sup> Work is progressing, but no date has been set for introducing the bill into the legislature.<sup>3</sup>

Information about responses to pandemics is not publicly available, although a webpage informs the public about the flu virus and steps individuals can take to minimize its spread.<sup>14</sup> The territorial pandemic influenza plan has been updated.<sup>3</sup>

### Immunizations

Community health centres and public health offices provide vaccines to the population of Nunavut, and the ages at which vaccines should be administered is available on the department's website. There are specific immunization programs for infants, pre-school and school children, and adults.<sup>15</sup>

### Public health and integrated disease strategies

Healthy children and families was one of two major areas of focus in the *Public Health Strategy for Nunavut 2008–2013*.<sup>16</sup> Childhood health continues to be a priority. The Department of Health and Social Services developed guidelines for breakfast programs. The department is now working with partners to develop community-driven parenting programs in 2012/2013, implement them in 2013/2014, and evaluate the parenting support programs in 2014/2015.<sup>3,17</sup>

Nunavut's report on comparable health indicators in 2011 showed disparities between residents of Nunavut and the rest of Canada for conditions such as diabetes and cancer, as well as for health behaviour indicators such as smoking, drinking, and physical activity.<sup>18</sup>

### Healthy schools

Nunavut is addressing suicide through collaborations involving all levels of government and non-government organizations. Through these collaborations, the Nunavut Suicide Prevention

Action Plan is being implemented. A number of curriculum modules on Health and Wellness for grades 7 to 9 are being developed related to mental health issues, bullying prevention, and career development. Other initiatives focus on healthy eating choices, fetal alcohol spectrum disorder, and tobacco use.<sup>19</sup>

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## Aboriginal Health

### The Aboriginal Health Transition Fund

In Nunavut, The Aboriginal Health Transition Fund supported one integration project, two adaptation projects, and four pan-Canadian projects.<sup>20-22</sup>

Funded projects included the Community Wellness Strategy, which was conducted by Nunavut Tunngavik Incorporated. This strategy supported the integration of health needs assessments of six communities into the government's health plans.<sup>23</sup> The government is currently seeking input and establishing health care delivery standards for each of Nunavut's 25 communities.<sup>17</sup>

### The Aboriginal Health Human Resources Initiative

Nunavut plans to enhance higher-education opportunities and health human resources through programs in nursing, maternal care/midwifery, and community health.<sup>17</sup>

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