Northwest Territories Health and Social Services

REVIEW OF CHANGES TO MEDICAL SERVICES

J.A. Hildes Northern Medical Unit & Keewatin Regional Health Board

McGill University & Baffin Regional Health and Social Services Board

SUBMITTED BY:

David Ramsden, Deputy Minister
Department of Health and Social Services

REVIEW TEAM MEMBERS:

Department of Health and Social Services

Marnie Bell	Nursing Consultant, Community Wellness
Darrell Bower	Director, Health Services Administration
Margaret Dunn	Manager, Regional Support
Lona Heinzig	Communicable Disease Analyst
Dennis Marchiori	Insured Services Officer

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EXECUTIVE SUMMARY

The Keewatin Regional Health Board has terminated its contractual relationship with the J.A. Hildes Northern Medical Unit (NMU) of the University of Manitoba. Under this contract NMU provided general physician services out of Churchill and Rankin. Visiting physician specialist services to the Keewatin were provided on a scheduled basis. The board is proposing to assume the direct recruitment of general practitioner and specialist physicians and the subsequent scheduling of specialist services.

The Baffin Regional Health Board has ended its contractual relationship with McGill University for the provision of visiting specialist physician services based in Montreal. The board is actively planning for the delivery of all services from the Ottawa area.

The initial focus of this review was on board decision making process and transition planning supporting the changes in service provisions, and the effects these changes would have on residents. It became apparent early on that formal or documented plans had not existed to any extent, neither at the time of key board decisions, nor at the start of changes.

The department had considerable prior knowledge of the overall directions of the Keewatin board, and had provided general support. The department had approved recent repatriation plans for specific services, but had not been involved in the negotiations with the Northern Medical Unit from Manitoba. With changes underway, consideration was given to the degree of disruption or risk that was likely to be experienced by residents.

The Keewatin board does not have a full complement of physicians recruited at this time. No documented contingency is in place to address current or future physician shortages. There may be short term disruptions in specialist services in the Region. There is a shortage of General Practitioners today, and the shortage is expected to last for up to 3-4 months. There is minimal risk of disruption in Winnipeg hospital services. The patient referral services have been transferred from NMU but are in place.

The department has had little involvement in the Baffin board's plans to focus on Ottawa-based services. While there is recognition of the need to phase in the change over a period of time, the board does not have a detailed transition plan today. There is little evidence of thorough cost / benefit analysis of the service options in Montreal and Ottawa. There may be minor disruption in specialist services.

Both boards have been active in responding to media reports, concerns from regional leaders, and southern service providers, but have largely failed to communicate with the public regarding the changes planned, and rationale for change. They would be aided greatly by detailed communication plans and improved staff and trustee communication.

In general, the department needs to put in place the resources necessary to evaluate board operations and programs. The department must judge board activities as they relate to ministerial or department objectives. Currently, there are no staff dedicated to this area.

The department should also play a key role, along with other stakeholders, in addressing the serious situation of recruitment and retention of physicians in the NWT. This is a problem that all northern boards face. It seems practical to address this issue across the whole NWT rather than expecting each board to find its own solution.

RECOMMENDATIONS

Keewatin Regional Health Board: It is recommended

1) that the Keewatin Regional Health Board:

- advise the Minister immediately of how many General Practitioners are currently available to people in the Keewatin, along with details of how it plans to recruit their complement of GP's;

- report monthly to the department on the number of General Practitioners and the action taken or planned to address vacancies.

2) that the Keewatin Regional Health Board:

- submit to the department within 30 days, a schedule detailing visiting specialist services to the Keewatin. Any change from the previously developed schedule under the Northern Medical Unit must be reported publicly to residents of the Keewatin;

- report monthly to the department any changes from the previous schedule, and actions taken or to be taken to address vacancies.

3) that the Keewatin Regional Health Board:

- prepare and implement immediately, a complete communication plan that informs residents and caregivers of the intentions and actions of the board.

4) that the Keewatin Regional Health Board:

- in conjunction with the department, document the new service arrangements and identify outstanding transition issues. This should be completed within two months.

Baffin Regional Health Board: It is recommended

1) that the Baffin Regional Health Board:

- complete and submit to the Minister, a cost/benefit analysis comparing service provision in Quebec and in Ontario before to entering into any further arrangements with the Ottawa Heart Institute. The department will approve the parameters of the cost/benefit analysis.

2) in conjunction with the department, develop a transition plan and submit it to the Minister for approval, if the cost/benefit analysis supports a move to Ottawa. The plan will address physician services, hospital services, referral services, labour relations, asset acquisition and disposal, administrative structures, budgeting, interprovincial arrangements, and any other matters affecting the delivery of services to Baffin residents associated with obtaining health services in the Ottawa area.

3) that the Baffin Regional Health Board:

- submit to the department within 30 days, a schedule detailing visiting specialist services to the Baffin. Any change from the previously developed schedule under the prior McGill contract schedule must be reported publicly to residents of the Baffin;

- report monthly to the department, any changes from the previous schedule, and actions taken or planned to address vacancies.

4) that the Baffin Regional Health Board:

- prepare and implement immediately, a complete communication plan that informs residents and caregivers of the intentions and actions of the board.

Department of Health and Social Services: It is recommended

1) that the department:

- in conjunction with the NWT Medical Association and the NWT Health Care Association, develop within three months, a physician recruitment and retention plan for Northwest Territories.

2) that the department:

develop and assign internally the resources to evaluate and assess board operations and program delivery.

INTRODUCTION

The residents of the Baffin and the Keewatin regions receive medical services through a mixture of local and visiting doctors and by going to southern Canada. Most residents have to travel to see a doctor or wait for the doctor to visit their community. They are also treated by community health nurses and other caregivers. There is help available for them when they have to travel to see a doctor.

Residents want to be sure that medical services will be available when they need them. They have expressed concern over the service changes proposed by the Keewatin Regional Health Board and the Baffin Regional Health Board.

The Minister of Health and Social Services has requested a review to determine the continuity of services currently contracted by the Keewatin Regional Health Board and Baffin Regional Health Board. Boards have the authority to decide how programs are delivered. However, they are accountable to the Minister to ensure that the necessary services are provided.

This review was undertaken by a team of department staff under the direction of the Deputy Minister. The team met with staff of the boards, with the contracted service providers, with those organizations proposed to take over the services and with others (see Interviewee List).

It should be noted that this review did not focus on whether the decisions to change service providers were right or wrong. As noted earlier, the review focussed on the services available during the changes.

A review of background documents and the interviews were conducted from Sept. 15-23, 1997, inclusive.

KEEWATIN REGIONAL HEALTH BOARD

Background/Current Services:

Because Keewatin communities are small and far away from major centres, some medical services cannot be based there. Over the years, arrangements were made to have these services provided by organizations in Manitoba. One example is the contract between the Keewatin Regional Health Board and the J.A. Hildes Northern Medical Unit (NMU) at the University of Manitoba.

Health Canada negotiated the first contract with the NMU in 1971. The contract provided General Practitioners and specialist services. One General Practitioner (Family Doctor) was based in Rankin Inlet and two in Churchill, Manitoba. The Churchill based General Practitioners regularly visited Keewatin communities. Specialists from Winnipeg visited the Keewatin on a regular schedule.

The NMU was responsible for hiring the General Practitioners. From time to time, there were vacant positions, but for the most part, contract provisions were fulfilled. Turnover of doctors was frequent, as is the case in all isolated parts of the country.

The contract also included:

- interpreter services based in Churchill and Winnipeg for Keewatin patients travelling to those places;
- a patient care coordinator and a patient referral clerk based in Winnipeg. Working with the Winnipeg interpreter, these people formed the Patient Referral Unit which provided support to patients while they travelled to and from Winnipeg and while they were in the city.

Although not specifically mentioned in the contract, the NMU also provided 24-hour telephone advice for community health nurses, and occasional medevac consultation and support.

Service Changes

The board is maintaining the historical connection that it has held with Manitoba. The board has ended the contractual relationship with NMU, and is planning to contract directly with General Practitioners and specialists for service delivery. It is felt that this will eliminate administration costs and allow more service days to be provided in the Keewatin.

Proposed are 3 General Practitioners in Rankin, one in Arviat and one in Baker Lake and visiting specialists on a similar schedule to the NMU contract. The patient referral unit in Winnipeg has been transferred to board control. Churchill interpreter services remain unchanged at this time.

Planning / Board Support

In 1993, the Keewatin Regional Health Board accepted the **Keewatin Regional Health Services Plan** prepared by a consulting company (Resource Planning Group Inc.). One of the recommendations in this report was to have family doctors (General Practitioners) live in the Keewatin. The expectation was that resident doctors would be able to provide more service. Another report, **Medical Services Audit and Future Options**, which was prepared in 1994 by K.R. Mansen, made the same recommendation.

The goal of the board has clearly been to bring as many services as appropriate to the Keewatin. For example, in partnership with the Department, a birthing centre has recently expanded from community to regional service. Colposcopy, laboratory services, and ultrasound services are now available in the region.

The NMU was aware of the board's desire to base more services in the Keewatin. In fact, the NMU had submitted proposals in the early 90's that were similar to the plans the board is following today. The NMU had expected that doctors would eventually live in the region and had indicated to the board that they were willing to help achieve this.

In January 1996, the department issued a report that questioned the high administrative costs of the NMU contract. The report set up a framework for a subsequent review of the contract. The responsibility to review the contract was passed to the board.

Assessment

The board started negotiations with the NMU to renew their contract in the fall of 1996. The board hired a negotiator to represent it because relations were strained between the board's Executive Director and the Director of NMU. In January 1997, NMU and the board signed an Agreement in Principle which provided a long-term vision of moving contract services to the board. It was to cover operations from April 1, 1997 to Sept. 30, 1997 until a longer contract could be developed.

Negotiations continued over several meetings but ended on April 30, 1997. The board broke off the negotiations, despite being close to a settlement. While negotiations were still going on, the board had been trying to hire other doctors to work in the

Keewatin under contract with the board. Med-Emerg Inc. had also been contracted by the board to assist in the recruitment of doctors.

After negotiations ended, NMU continued to work under the terms of the old contract. The board increased its efforts to recruit new doctors. No documented plan exists to bridge the services provided by NMU to those to be provided by the board. The board knows what has to be provided and is working toward putting these services in place.

The status of these services as of Oct. 1, 1997 is:

1) General Practitioner services

The board proposes to have three General Practitioners in Rankin Inlet and one each in Arviat and Baker Lake. This would create a higher level of service than the NMU had provided. As of Sept. 29, 1997, one doctor's position in Rankin Inlet has been filled on a locum basis for approximately the next six months. The board is trying to have another doctor registered to work in the NWT, starting in mid- October. A third doctor has expressed interest but would not be available until November or December at the earliest.

The shortage of General Practitioners in the region will mean an increase in medical transportation of Keewatin residents. This being said, most Keewatin communities only received visiting services from a General Practitioner under the NMU contract. Medevacs were always used for emergencies and other urgent cases.

2) Specialist Services

Under the NMU contract, specialists visited the Keewatin on a regular schedule. The board intends to maintain the same schedules. To date, a psychiatrist and a paediatrician have been hired to cover off the immediate visits. Recruitment for OBS\Gyne and orthopaedic specialists is continuing. There will be no immediate disruption in services.

Most of the visiting specialists have had longstanding relationships with the Keewatin. Depending on the board's success at recruiting the existing specialists, there is some risk of loss of history with turnover.

3) Patient Referral Unit

The Patient Referral Unit has been successfully transferred to Ublivik, the Winnipeg Boarding Home, through the collaborative efforts of the board and NMU.

4) General Practitioner Consultation

Phone consultation for health centre staff will be provided until the end of December by General Practitioners at the Churchill Health Centre. By that time the board intends to have hired doctors who will be able to provide the service in the Keewatin.

Communications

The board has been heavily criticized in recent months. They have responded to this criticism, but largely in reaction. No formal communication plan exists at this time, although the development of such a plan would have better prepared the Board for both proactive and reactive information sharing. This omission has turned what could have been a straightforward change in service providers into a major regional issue.

Recommendations

1) That the Keewatin Regional Health Board:

- advise the Minister immediately of how many General Practitioners are currently available to people in the Keewatin, along with details of how it plans to recruit their complement of General Practitioners;

- report monthly to the department on the number of General Practitioners and the action taken or planned to address vacancies.

2) That the Keewatin Regional Health Board:

- submit to the department within 30 days, a schedule detailing visiting specialist services to the Keewatin. Any change from the previously developed schedule under the Northern Medical Unit must be reported publicly to residents of the Keewatin;

- report monthly to the department any changes from the previous schedule, and actions taken or to be taken to address vacancies.

3) That the Keewatin Regional Health Board:

- prepare and implement immediately, a complete communication plan that informs residents and caregivers of the intentions and actions of the board.

4) That the Keewatin Regional Health Board:

- ☐ in conjunction with the department, document the new service arrangements and identify outstanding transition issues. This should be completed within two months.

BAFFIN REGIONAL HEALTH BOARD

Background and Current Services

The Baffin region has traditionally contracted with institutions in Montreal for medical services. Most Baffin communities are served by a community health centre, except for Iqaluit which has a hospital. General Practitioner services are provided by private practice doctors who live in Iqaluit.

Until recently, physician specialist services were acquired from Montreal, either by specialists visiting Baffin communities or by Baffin residents going to Montreal. Services in Montreal are provided by specialist doctors and by several hospitals. In addition, the Baffin Regional Health Board has established and operates the Baffin House boarding home/transient centre in Montreal.

For visiting specialist services in the Baffin, the board has contracted with McGill University. This arrangement was started over 30 years ago by Health Canada. In addition to the specialist services, the contract provides two administration positions and 1.5 social worker positions, all based in Montreal.

Planning for Change (Board Support)

In recent years, the board had begun to review its contract with McGill.
The board had several reasons for wanting to do this, including:

- difficulties experienced by Inuit residents who did not speak French
- a lack of assistance for Baffin residents who need help to cope in an unfamiliar city
- the cost of the Baffin boarding home
- lateness in receiving reports and patient records
- care directions being provided in French
- a wish to improve administration practices. This would in turn improve patient care

During 1997, the board began discussions with the Ottawa Heart Institute to explore a shift in services from Montreal to Ottawa. On Aug. 11, 1997 the board and the OHI signed a Letter of Understanding stating the Board's intention to deal with the OHI to develop the services. According to the Letter of Understanding, the proposed services to be provided would include:

- specialist services from both physicians and other health care providers;
- hospital services in Ottawa, including all aspects of inpatient care;

- management of patient travel to and from the Baffin region;
- boarding home services in Ottawa.

Very few details have been provided about these services. The capability of the Ottawa Heart Institute to provide for these services has not been tested. The programs noted in the Letter of Understanding, if developed, would provide a similar level of service to that provided in Montreal.

The most recent contract with McGill was for the period April 1, 1997 to Sept. 30, 1997. The board gave McGill notice that this contract was not going to be renewed on Sept. 1, 1997.

On Sept. 23, 1997, OHI made a presentation to the Baffin board on the provision of services from the Ottawa area. The board voted unanimously to move services from Montreal to Ottawa. From this, it was anticipated that a final agreement would be signed and "formal preparation of and agreement to transition schedules can begin so that the delivery of services can be planned over a reasonable period of time," (quotation from the Aug. 11 Letter of Understanding).

No documentation exists that explains how the board decided to make the move, what the move involves or what the exact services will be. The board has stated that it intends to deal with the Ottawa Heart Institute (OHI) to have them develop the services. The board intends to enter into an agreement with some form of a not-for-profit corporation to provide the services. This corporation has yet to be formed.

The OHI has been provided $100,000 to develop a plan of what the services will be and how they will be implemented. Other than general direction from a senior board staff member, no board employees have been assigned to assist in the development of this plan for services to Baffin residents.

The board has stated that patients will continue to be referred to Montreal until Ottawa is prepared to accept patients on a regular basis. Conversations with McGill indicate that doctors in the Montreal area will continue to accept patients. This being the case, hospital services would still be available because these doctors have admitting privileges at local hospitals.

The board intends to maintain the visiting schedule followed by the McGill specialists. A cardiologist and a rheumatologist have been hired to meet immediate needs.

Assessment

It is clear that the board has no formal transition plan for the shift of services, and that the lack of a plan has led to unnecessary uncertainty among caregivers and residents of the Baffin. There needs to be clear communication about how services will be provided during the transition period.

However, with the continuation of services from hospitals and physicians in Montreal, and with continuation of visiting specialist services, there is no apparent gap in services to Baffin residents. At this time, there appears to be an adequate transition period to develop the needed services in Ottawa without putting Baffin residents at risk.

The development of services in Ottawa still holds considerable uncertainty and risk. While the Ottawa Heart Institute has committed to providing a similar range of services to that in Montreal, very few details have been provided or worked out. Areas of risk include:

- Financial: There has been no cost/benefit analysis completed on the shift from Montreal to Ottawa. The shift involves a change in contract arrangements, a shift in hospitals (with different per diem rates), a shift in provinces, and the development of a new infrastructure for patient care services (boarding home) and medical travel arrangements. Without a cost/benefit analysis or a detailed budget, the board is exposed to financial risk;

- Services: Until more certainty can be brought to the details of the services through the OHI, there are risks of service delays early in 1998.

- Restructuring: Hospital restructuring occurring in both the Ottawa and Montreal areas over the next two years will undoubtedly bring complications to the transition process.

Recommendations

1) That the Baffin Regional Health Board:

- complete and submit to the Minister, a cost/benefit analysis comparing service provision in Quebec and in Ontario prior to entering into any further arrangements with the Ottawa Heart Institute. The department will approve the parameters of the cost/benefit analysis.

2) in conjunction with the department, develop a transition plan and submit it to the Minister for approval, if the cost/benefit analysis supports a move to Ottawa.

The plan will address physician services, hospital services, referral services, labour relations, asset acquisition and disposal, administrative structures, budgeting, interprovincial arrangements, and any other matters affecting the delivery of services to Baffin residents associated with obtaining health services in the Ottawa area.

3) That the Baffin Regional Health Board:

- submit to the department within 30 days a schedule detailing visiting specialist services to the Baffin. Any change from the previously developed schedule under the prior McGill contract schedule must be reported publicly to residents of the Baffin;

- report monthly to the department any changes from the previous schedule, and actions taken or planned address vacancies.

4) That the Baffin Regional Health Board:

- prepare and implement immediately, a complete communication plan that informs residents and caregivers of the intentions and actions of the board.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

The Baffin Regional Health Board and the Keewatin Regional Health Board are responsible for providing services to their residents. To do so, they must make decisions based on their goals and their resources. The department supports these actions.

The department is responsible for ensuring that board goals are compatible with NWT-wide goals and directions and for ensuring that mandated services are provided by the boards. The department has not been actively evaluating the actions of boards to ensure that they are meeting their mandates in ways that will withstand public scrutiny. The department currently has not assigned staff to do this.

Active monitoring of boards may have prevented the situations in the Baffin and the Keewatin from escalating.

The review also brings to light the difficulty of recruiting doctors to NWT communities. Competition is fierce across Canada and from other countries for those few doctors prepared to make the move. The Keewatin Regional Health Board, along with other boards, is trying to address the situation by itself. This is consuming valuable time of senior board staff. The department should expedite development of an overall approach to recruiting and retaining physicians. Unless this is done, doctor recruitment will continue to be handled on a crisis basis.

Recommendations

1) That the department:

- in conjunction with the NWT Medical Association and the NWT Health Care Association, develop within three months, a physician recruitment and retention plan for Northwest Territories.

2) That the department:

develop and assign internally the resources to evaluate and assess board operations and program delivery.

TERMS OF REFERENCE

REVIEW OF CHANGES TO MEDICAL SERVICES

Objective

To review and determine the level of continuity for services provided, or previously provided, under contract between the University of Manitoba (Northern Medical Unit) and the Keewatin Regional Health Board and between McGill University and the Baffin Regional Health Board.

Scope

The review shall consist of material currently in the Department of Health and Social Services' possession, interviews with board CEOs and relevant staff, materials provided by boards and interviews with contracted providers or those contractors proposed.

Report

The report shall:

- outline what services are provided under the existing contracts;
- summarize how the services are proposed to be provided in the future, noting changes;
- summarize the material the respective boards have to support a shift in service provision;
- assess the completeness and quality of plans to facilitate a shift;
- verify the existence of board (trustee) support for planned service provision;
- document the consultation and communication process utilized or to be utilized by the board;
- determine that the board has identified and planned for contingencies in a transition of service delivery;

- identify the resources (dollar, human and time) assigned to facilitate a shift.

Time frame

A report shall be presented to the Deputy Minister of Health and Social Services on or before September 26, 1997 for conveyance to the Minister.

Review Team Members

Darrell Bower (lead)	Department of Health and Social Services
Marnie Bell	Department of Health and Social Services
Margaret Dunn	Department of Health and Social Services
Lona Heinzig	Department of Health and Social Services
Dennis Marchiori	Department of Health and Social Services

INTERVIEWEES

Mr. James Egan	Executive Director, KRHB
Ms. Sue Coulter	Director, Community Health Services, KRHB
Mr. Glen Aitchison	Director, Fiance and Administration, KRHB
Ms. Beverley Robson	Director, Community Health Services, KRHB
Mr. Alan Bigelow	Manager, Information Systems, KRHB
Ms. Bette Palfry	Chair, KRHB
Ms. Rosemary Brown	Director, Quality Assurance and Control, KRHB
Dr. Sharon MacDonald	Director, NMU
Dr. Bruce Martin	Associate Director, NMU
Dr. Pamela Orr	Specialist with NMU
Mr. Mike Burdette	Negotiator, contracted by KRHB
Ms. Pat Kermeen	Chief Executive Officer, BRHB
Mr. Doug Sage	Director, Community Services, BRHB
Ms. Ann Hanson	Chair, BRHB
Dr. Tim Carn	Chief of Staff, BRHB
Ms. Susan Hotson, RN	A/Director, Patient Care Services; A/Mgr Ambulatory Care
Ms. Lorraine Colford	Medical Secretary, BRHB
Dr. Paul Stubbing	GP-Anaesthetist (by telephone, Sept 22/97)
Dr. Gary Pekeles	Program Director, McGill-Baffin Program, McGill University Health Centre (MUCH)
Ms. Nicole Michaud	Administrator-Coordinator, McGill-Baffin Program
Dr. Nicolas Steinmetz	Executive Director, MUCH
Dr. Michael Churchill-Smith	Chief of Emergency Medicine, MGH; Director, SkyServices, MUCH
Dr. Françoise Chagnon	Director of Professional Services, MGH, MUCH
Dr. Claire Dupont	Director of Professional Services, MCH, MUCH
Dr. Denis Roy	Director of Professional Services, RVH, MUCH
Ms. Elisabeth Riley	Associate Executive Director, MCH, MUCH
Ms. Margaret Butler, BSW	Pediatric Social Worker (0.5 salary paid under McGill/Baffin agreement for service to the Baffin pediatric patients)
Ms. Margaret Ann Smith	Director, Department of Social Services, MCH, MUCH
Ms. Rosalie Edwards-Dupré	Manager/Nurse Liaison, Baffin House, BRHB
Ms. Kathleen Moores-Kinnear	Adult Social Worker, MGH, MUCH

Dr. Tim Cheung	Manager, Information Technology, OHI
Ms. Heather Sherrard	Director of Clinical Services, OHI
Ms. Katrin Smith	Director of Operations; VP, OHI
Mr. Watson Gale	Gowling, Strathy & Henderson, Barristers & Solicitors
Mr. Norm Moore	Passenger Sales, First Air