



Putting People First

2022 Annual Report

The independent comprehensive review of the Yukon's health and social services and the resulting report, *Putting People First*, as well as the implementation of some of its recommendations has been made possible with funding through Health Canada's Territorial Health Investment Fund. The views expressed herein do not necessarily represent the views of Health Canada.

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Minister's message

The hard work and tireless dedication of health and social services staff, providers and all front-line workers over the past few years is nothing short of extraordinary. These professionals continue to go above and beyond to make sure Yukoners receive the care and support they need and I thank each and every one of them. The pandemic has been an extremely challenging time for everyone, particularly for those working in health care and social services, and I commend their work to help keep us safe from COVID-19 while also ensuring day-to-day operations, care and support continue.

As the Minister of Health and Social Services, fulfilling our government's commitment to improve the health and wellbeing of Yukoners is a priority. During the comprehensive review of the health and social services system, we heard very clearly from Yukoners that our system needs improvements. This is why we remain resolutely dedicated to implementing the recommendations in the *Putting People First* report.

We are focused on achieving a health and social system that is integrated, collaborative, culturally safe and anti-racist and puts Yukoners at the centre. The *Putting People First* report is a road map to help us achieve this vision.

At the core of our work is the establishment of a health authority for the Yukon, which is a critical step to the success of transforming our health system as described in *Putting People First*.

We remain committed to transforming the Yukon's health care system into a more holistic, collaborative and people-centred structure that will better meet the needs of Yukoners.

We know that improving access to health care services and supports for all Yukoners is at the heart of ensuring everyone is cared for and able to thrive.

Tracy-Anne McPhee

Minister of Health and Social Services

Introduction

A few years ago, we had a conversation with Yukoners about what they wanted to improve about the health care system. We heard that while the system has many strengths, many areas needed to be improved.

The *Putting People First* report contains 76 recommendations for how to make the health and social system better for Yukoners. Together, the recommendations constitute a significant transformation of our health care system.

The panel found that to achieve the transformation they envisioned, there would have to be substantial changes, including:

- increasing collaboration with Yukon First Nations on health outcomes, cultural safety and traditional healing;
- creating a new organization – a health authority – to manage and deliver a redesigned, integrated approach;
- modernizing financial arrangements that better support holistic, integrated care;
- working across organizations and sectors to coordinate in the interests of Yukoners;
- partnering with people with lived experience and communities to identify, design and implement services; and
- harnessing the power of data, evaluation and input to continuously evaluate and improve services and outcomes.

While many recommendations can and have been actioned quickly, the report outlines many longer term, fundamental changes that will take time to implement and are intended to be completed over a number of years.

The purpose of this report is to provide an update on the work done to date to implement *Putting People First*. Moving forward, we will publish annual reports as part of our commitment to transparency and accountability.

Working together

There are many recommendations that are shared responsibilities. We are working with departments across the Yukon government to implement these recommendations.

Some recommendations also align with work being done in other reports like *Our Clean Future*, the *Yukon Aging in Place Action Plan*, the *Housing Action Plan for Yukon*, *Changing the Story to Upholding Dignity and Justice: Yukon's Missing and Murdered Indigenous Women, Girls and Two-spirit+ People Strategy*, and the *LGBTQ2S+ Inclusion Action Plan*.

The transformation described in *Putting People First* can't and won't be done by the Yukon government alone. We are committed to doing this work differently and setting up new structures so we can work more closely with Yukon First Nations, people with lived experiences and health system partners and providers.

The world today

Since the comprehensive review, a lot has changed that has impacted the health and social system and our ability to implement the *Putting People First* recommendations. Responding to the pandemic has consumed a great deal of attention and resources that would have otherwise been used to implement recommendations. The pandemic also caused a global health human resource crisis that is affecting the Yukon. Shortages of staff and front-line workers are resulting in unprecedented challenges for everyone in the system.

The pandemic disproportionately affected vulnerable people and showed us where there are gaps in the system. It reinforced how important it is that our health and social system be equitable, agile and responsive to individual and community needs every day, as well as during a crisis.

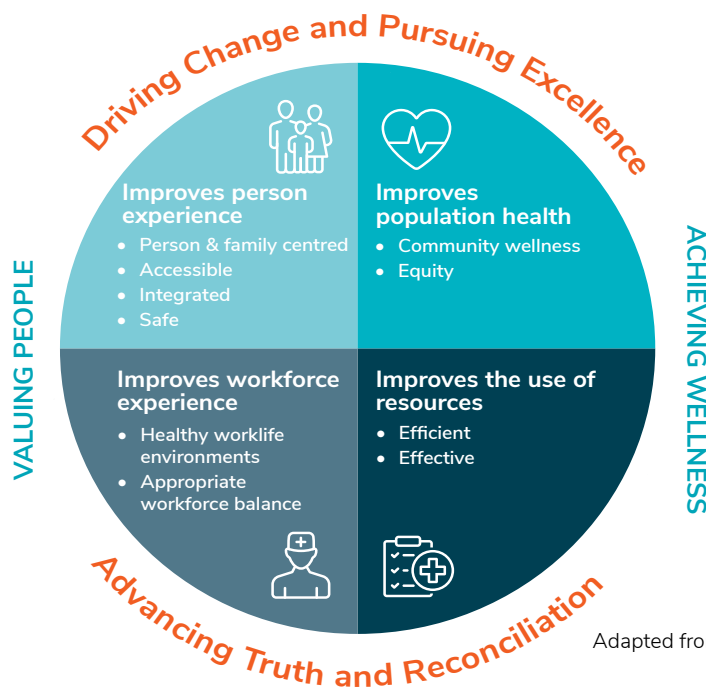
Our vision for the future

The quadruple aim

Putting People First references the quadruple aim of health care, which will be used as the framework for the Yukon's health and social system. The quadruple aim for the Yukon seeks to simultaneously improve:

- the experience of people, where the system is person and family centered, culturally safe, anti-racist, accessible and integrated;
- the workforce experience, where the workforce is supported, staffed appropriately and has work-life balance;
- population health, where the system improves health equity and community wellness; and
- the use of resources, where the system is efficient and effective and manages costs.

We will be evaluating the effectiveness of each recommendation against the quadruple aim.



Adapted from *Putting People First* figure 1.1: Quadruple Aim

A high-performing system

This table shows elements of a high-performing health and social system, the current state of each element and what the Yukon is working towards.

Attribute	Current state	Future state
<p>People, capability and a person-centred culture</p> <p>A focus on supporting the needs and choices of the individual.</p>	<ul style="list-style-type: none"> • Yukoners have very little say in treatment options. Many feel that health care is “done” to them. • Fragmented training and onboarding for health and social providers. 	<ul style="list-style-type: none"> • People are partners in their own health care. • Systemic racism and discrimination in the system is addressed. • Consistent and comprehensive onboarding and training for employees.
<p>Comprehensive care delivery</p> <p>Person-centred values are applied in every interaction with patients, care partners and families.</p>	<ul style="list-style-type: none"> • Services are organized around illnesses and disease. 	<ul style="list-style-type: none"> • Every Yukoner has a care team and can access quality services when, where and how they are needed. • Services are integrated and culturally safe. • Focused on health promotion and prevention.
<p>A clear purpose, strategy and strong leadership</p> <p>Leadership drives the organization to achieve exceptional person-centred care.</p>	<ul style="list-style-type: none"> • Separate organizations with no common vision. 	<ul style="list-style-type: none"> • One organization with a common vision and governance with person-centred care at the core.
<p>Person-centred governance systems</p> <p>The system involves consumers at all levels of the organization.</p>	<ul style="list-style-type: none"> • Public engagement but little reporting on how it is used. • Lack of accountability and public reporting on performance. 	<ul style="list-style-type: none"> • Ongoing public engagement for continuous improvement. • Publicly report on health system results.
<p>Person-centred technology and built environments</p> <p>Technology is used to enable person-centred care, not as a replacement for people, culture and capability.</p>	<ul style="list-style-type: none"> • Siloed medical records. • Separate program-level data systems. • No centralized data, analysis, or IT support. 	<ul style="list-style-type: none"> • Effective use of virtual care including visits with providers, booking visits, access to own health information and prescription renewal. • Electronic medical record. • Centralized data warehouse, data analysis and interpretation, and IT support.
<p>Measurement for improvement</p> <p>An organization-wide culture of continuous improvement, focused on measuring and strengthening patient outcomes and experiences.</p>	<ul style="list-style-type: none"> • Patient outcomes and experiences are not measured. • No opportunities for people to provide feedback into the care received. 	<ul style="list-style-type: none"> • Multiple opportunities for communities and people with lived experiences to provide input into care and programming.

Adapted from *Putting People First* figure 1.2: Elements of a high-performing health and social system.

Health and Wellness Yukon

One of the key recommendations in the *Putting People First* report is to create a health authority for the Yukon.

What is a health authority?

A health authority is an arms-length agency that plans and delivers public health care for its region. Health and Wellness Yukon / Santé et mieux-être Yukon / Shāw Kwā'ą is the name we are using for the Yukon's new health authority. In Canada, all jurisdictions except the Yukon and Nunavut have a health authority.

Health and Wellness Yukon will be responsible for the day-to-day delivery of health and some social services in the territory. We anticipate it will manage the hospitals, community health centers, primary and long-term care, mental wellness and substance use, services for children and adults with disabilities, emergency medical services and medical travel.

What is the name of the health authority?

The *Putting People First* report proposed a name for the Yukon's future health authority: Wellness Yukon. We have decided to use the name Health and Wellness Yukon as it more explicitly speaks to the link between health and overall wellness.



Why does the Yukon need a health authority?

The goal of creating Health and Wellness Yukon is to create an entity that will break down the silos that exist in the system to put Yukoners at the centre and serve them better. We believe that many of the issues we heard during the comprehensive review can be tackled and solved within Health and Wellness Yukon.

There are many benefits to a health authority.

- 1. Collaborative, integrated care:** When services are organized under a single umbrella, the barriers to enabling collaborative care are much lower.
- 2. Efficiency and outcomes:** A health authority can take a whole-system view, which enables better planning, efficiencies, and innovations in health care delivery.
- 3. Clear division of roles:** The Yukon government will be able to focus on strategic direction, evaluation and oversight, and the health authority can focus on delivery. This increases accountability, clarity and focus for each.
- 4. Clearer accountability:** In a health authority, the Board of Directors and the CEO are accountable for service delivery. The Yukon government will be accountable for long-term strategy, resource allocation and oversight.
- 5. Connection to community:** A health authority can directly and frequently engage with people with lived experience and the public.
- 6. Agility:** A health authority is not encumbered by the same structures and processes that are necessary in a government. As a result, it can be more agile in how it operates.
- 7. Arms-length from politics:** With a health authority, the CEO will address questions about specific services and programs rather than the Minister.

When will the Yukon have a health authority?

Creating Health and Wellness Yukon is complex and won't happen overnight, but work is underway. We are currently working on legislation needed to create Health and Wellness Yukon as a new entity. We expect to transition to a health authority model in a phased approach over the course of the next three to five years.




Partnership with Yukon First Nations

Government-to-government work with Yukon First Nations is an essential element of system transformation and we are committed to working in partnership with First Nations governments. We have initiated bilateral discussions to co-design an oversight structure to guide the system change forward. Cultural safety, reconciliation and health equity are principles and outcomes of the health and social system that we're working towards and this can't be done unless we partner with Yukon First Nations.

Progress

Progress statuses

All *Putting People First* recommendations are assigned one of three progress statuses:

- 
Operational
 The recommendation has been implemented.
- 
In progress
 Work on the recommendation is underway.
- 
Not started
 Work on the recommendation has not started or is being planned in a phased approach.

Operational vs complete

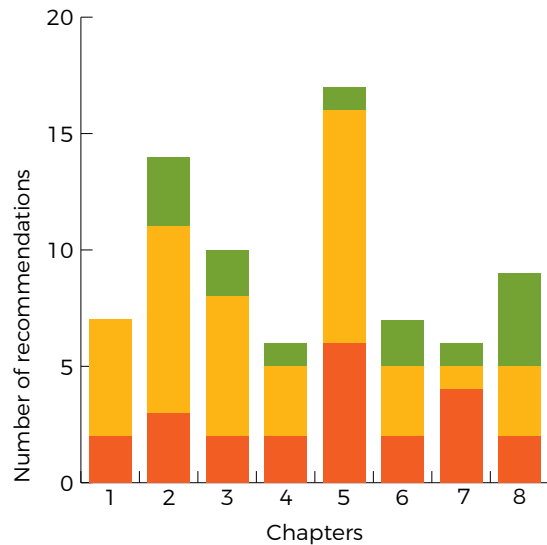
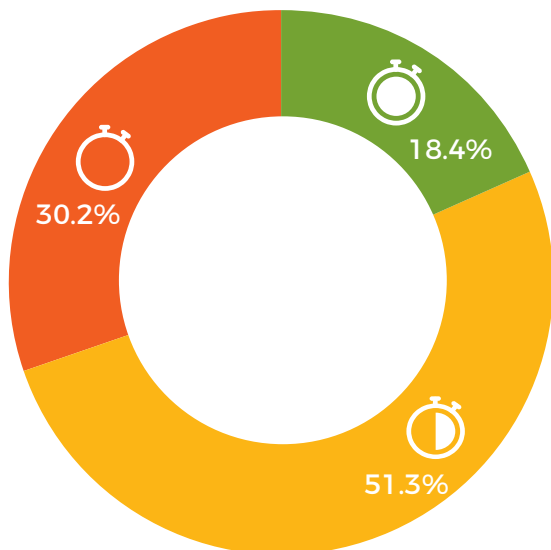
We have chosen to classify recommendations that have been implemented as “operational” rather than “complete”. Some recommendations are akin to underlying principles that can never be seen as complete. Additionally, we are committing to a culture of continuous improvement where programs, services and initiatives will continue to be improved even after they are in place.

Progress by chapter

Currently, the recommendations are grouped by chapter, like in the *Putting People First* report. As work continues, future annual reports may group the recommendations by theme rather than chapter.

Of the 76 recommendations:

- 70% are operational or in progress; and
- 30% have not yet been started.



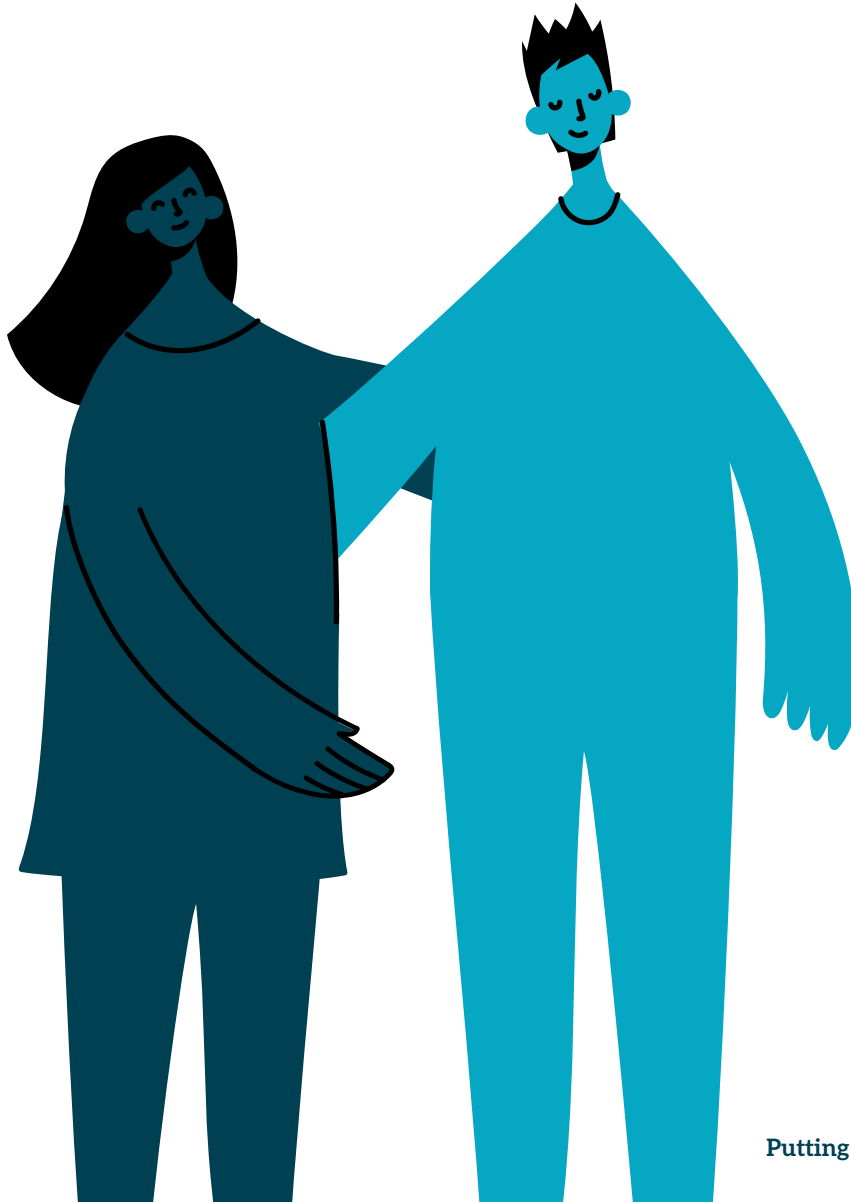
- Chapter 1 – Transforming the health and social system
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Some recommendations can't be started or be operational until there is a health authority. These recommendations are marked **H&WY**

There are many recommendations that are shared responsibilities. The implementation will be led by different departments.

Some recommendations also align with work being done in other reports and are shared priorities:

- Yukon Aging in Place Action Plan
- Changing the Story to Upholding Dignity and Justice: Yukon's Missing and Murdered Indigenous Women, Girls and Two-spirit+ People Strategy (The Yukon's MMIWG2S+ Strategy)
- Housing Action Plan for Yukon
- LGBTQ2S+ Inclusion Action Plan
- Our Clean Future: A Yukon strategy for climate change, energy and a green economy



CHAPTER 1: Transforming the health and social system

These recommendations focus on a new approach to delivering health and social services, one that is focused on achieving the quadruple aim.

1.1 Reorient Yukon's health care system from a traditional and fragmented medical model to focus on population health accompanied by integrated, person-centred care across the health and social system.



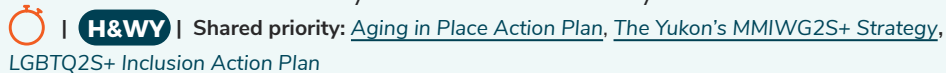
1.2 Create Wellness Yukon, a new, arms-length government agency that delivers basic health and social services in the territory and contracts with NGOs or other providers to deliver specialty services on their behalf. This includes managing the hospitals currently under the Yukon Hospital Corporation and primary care, long-term care and treatment facilities under the Department of Health and Social Services.



1.3 Work with the Yukon Medical Association through the next contract negotiation cycle to develop alternative payment models to transition away from primarily fee-for service payment for medical services.



1.4 Partner with First Nations governments, municipal governments, non governmental organizations and member of the public in the long term planning of health and social services that meet community needs and are culturally safe.



1.5 Implement a population health approach that considers the social determinants of health to reduce inequities and improve the health of the entire population.



1.6 Implement an evidence-based approach to system planning and decision-making.



1.7 Use clearly identified savings from some current programs and invest additional resources to move from a focus on acute medical care to a primary-care based population health model with upstream investments in prevention to improve outcomes and ensure the long-term sustainability of the health and social services system.



CHAPTER 2: Putting people first

These recommendations focus on achieving integrated, person-centred care across the health and social system.

2.1 Create a holistic, expanded primary care system built on relationships between providers and their clients. In this system, Yukoners are empowered to take control of their care and actively share responsibility for their and their families' health and wellness.



2.2 Connect every Yukoner to a primary care provider (physician or nurse practitioner) who provides care as part of an integrated health care team.



2.3 Increase the use of virtual care and develop options for Yukoners to connect with care from their homes and in their communities.



| Shared priority: [Our Clean Future](#), [Aging in Place Action Plan](#), [LGBTQ2S+ Inclusion Action Plan](#)

2.4 Double the current medical travel subsidy from \$75 per day to \$150 per day, beginning on the first day of travel if an overnight stay is needed, and index to inflation going forward.



| Shared priority: [Aging in Place Action Plan](#)

2.5 Conduct more research on the costs and benefits to provide an additional subsidy for low-income Yukoners who may not receive care due to travel-related cost barriers.



| Shared priority: [Aging in Place Action Plan](#)

2.6 Create residences in Whitehorse and Vancouver to reduce the need for hotel accommodations for medical travellers, provide a base for more coordinated out-of-territory care and discharge back to care in Yukon, and support those who may need help navigating care away from home.



| Shared priority: [Aging in Place Action Plan](#)

2.7 Establish a single unit responsible for case management, implementing decisions on medevac or commercial flights, decisions on escorts, liaising with home and out-of-territory clinicians, medical facilities, hotels and people's families.



| **H&WY** | Shared priority: [Aging in Place Action Plan](#)

2.8 Eliminate the restriction of medical travel destinations ("gateway cities") in the current medical travel regulations under the *Travel for Medical Treatment Act*.



| Shared priority: [Aging in Place Action Plan](#), [LGBTQ2S+ Inclusion Action Plan](#)

2.9 Work in partnership with First Nations and municipal governments to provide safe driving services between rural communities and Whitehorse.



| Shared priority: [Aging in Place Action Plan](#)

2.10 Develop a client charter that empowers clients to be proactive partners in their own health and wellness care.



2.11 Ensure primary care physicians are integrated into the implementation of 1Health, the territory's electronic medical record, by working in partnership with the Yukon Medical Association to support full implementation in physician clinics.



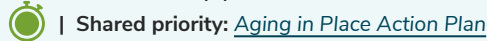
2.12 Help Yukoners access their personal health information by making it available via a secure client portal connected to the 1Health system.



2.13 Trial models that provide rapid access to a primary care provider for family-practice sensitive conditions, reducing the use of the Whitehorse General Hospital emergency department for this purpose.



2.14 Expand the department's vaccine program to incorporate new vaccinations recommended by public health available at no cost to clients.



CHAPTER 3: Fostering community wellness

These recommendations focus on delivering care as close to home as possible, with a focus on promoting health and wellness in our communities and involving Yukoners in developing solutions.

3.1 Involve communities in assessing their local health and social needs and planning local health and social programs and services that meet their needs and are culturally safe.



H&WY

| Shared priority: [Aging in Place Action Plan](#), [The Yukon's MMIWG2S+ Strategy](#)

3.2 Increase the availability of community-based providers by better retaining established providers, and developing new pathways that encourage rural and First Nations Yukoners to enter into health and social services careers.



| Shared priority: [The Yukon's MMIWG2S+ Strategy](#)

3.3 Increase services offered in the communities through mobile screening and service provision.



3.4 Involve client-owners and families in planning transitions from hospital to community by implementing a patient-oriented care transitions bundle modelled on the Bridge-to Home Program as promoted by the Canadian Foundation for Healthcare Improvement.



| Shared priority: [Aging in Place Action Plan](#)

3.5 Adopt a universal approach to mental health and substance use prevention for children and youth in Yukon that builds on the success of the Planet Youth model.



3.6 Working with First Nations partners and rural communities, define trauma informed practice for Yukon.



3.7 Improve health outcomes and reduce the social harms by introducing a suite of evidence-informed policy and legislative changes to encourage a culture of moderate alcohol consumption in the territory and create an environment that supports individual decision-making.




3.8 Work towards fully-funded, universal early childhood education for all Yukon children over the age of one and provide families with options to improve children's learning outcomes:


- a. Coordinate early learning services at all levels to ensure the child is put at the centre by moving early learning to the Department of Education.
- b. Open current preventative and supportive early learning programs, moving towards universal access for all Yukon families.
- c. Increase accessible training opportunities for day home and daycare providers to support continued integration of preventative and early learning supports.
- d. Provide access to early learning and/or childcare services opportunities for more families by increasing the current subsidy system in Yukon.




3.9 Expand palliative and end-of-life programs and supports by providing direct funding to individuals and families.

 | Shared priority: [Aging in Place Action Plan](#)

3.10 a) Expand support for Yukoners with dementia and their families to allow client-owners to remain in their own homes as long as possible. Expanding the already successful day program at Whistle Bend Place will help lighten the load for families caring for a loved one with dementia.

 | Shared priority: [Aging in Place Action Plan](#)

b) Expand support for Yukoners with dementia and their families to allow client-owners to remain in their own homes as long as possible. Provide dementia training for formal and informal caregivers to support Yukoners to remain at home longer.


 | Shared priority: [Aging in Place Action Plan](#)

CHAPTER 4: Advancing reconciliation


These recommendations focus on working with Yukon First Nations to create a system that is culturally safe and to reduce health inequities for Yukon First Nations citizens.

It is important to note that we hope to work with Yukon First Nations on many recommendations, not just those in this chapter, with the goal of advancing reconciliation. Many recommendations, like the development of a health authority, are foundational parts of transforming the health and social system and cultural safety needs to be embedded from the start.

4.1 Partner with Yukon First Nations to develop and implement a comprehensive and coordinated approach to cultural safety and humility that prevents racism.

 | Shared priority: [The Yukon's MMIWG2S+ Strategy](#)

4.2 Enhance programs and services at long-term care homes to better support First Nations residents and their families. This includes culturally focused activities, increasing staff knowledge and sensitivity, offering traditional meals, and ensuring residents' spiritual needs are met.

 | Shared priority: [Aging in Place Action Plan](#)

4.3 Collaborate with Yukon First Nations governments to develop understanding of Indigenous determinants of health in Yukon and their role in health disparities, and implement effective interventions to address them, in order to eliminate the disparities in health outcomes experienced by First Nations Yukoners.




4.4 Work with Yukon First Nations, using ownership, control, access and possession (OCAP) principles, to understand health inequities within the territory and develop responses to reduce these inequities.



4.5 Work with Yukon First Nations governments and the Government of Canada to fund a rural, on-the-land mental health and substance treatment centre that incorporates: Clinical and traditional/cultural approaches (including land-based healing), Strong linkages with community-based cultural healing resources (pre- and post-treatment).

 | Shared priority: [The Yukon's MMIWG2S+ Strategy](#)

4.6 Partner with the Government of Canada to create a fund to support land-based healing in communities across the territory that includes program planning, infrastructure and training.

 | Shared priority: [The Yukon's MMIWG2S+ Strategy](#)

CHAPTER 5: Closing the gaps for lower-income Yukoners

These recommendations focus on reorganizing disability services and income support to better fit Yukoners' needs and financial resources.

5.1 Bring together all social assistance delivery agents to create a common vision for social assistance, leading to the design and delivery of more equitable, effective, easy-to-navigate and person-centred income support programming.



5.2 Develop a referral policy and procedure to employment and training services for all individuals on social assistance to determine work readiness and/or vocational planning.



5.3 Develop a referral policy and procedure for community health services for individuals with medical barriers to work if they are not currently receiving medical treatment.



5.4 Create a framework and provide support for data management and analysis for social supports programs.



5.5 Conduct a program evaluation of social supports, to determine if current practices and policies are achieving program objectives and are cost-effective, and what the most influential factors in entering, staying on, and leaving social assistance are in Yukon.



5.6 Provide funding to NGOs to formally implement free tax clinics for low-income Yukoners to maximize benefits tied to income tax filing.



5.7 Design and implement a guaranteed annual income pilot, in collaboration with the Yukon Anti-Poverty Coalition, and potential funding partners such as the federal government, health and social research programs and others.



5.8 Create an income tested, payer-of-last-resort public plan for extended benefits.



5.9 Working with First Nations governments and the Government of Canada, determine how to coordinate the delivery of non-insured health benefits to all Yukoners to ensure consistency in benefits and efficient delivery.



5.10 Create a separate, stand-alone disability benefit for those with permanent disabilities. Leave the Yukon Social Assistance top-up in place for individuals with short-term disabilities, who generally have higher expenses than the average social assistance recipient.



5.11 Increase the disability top-up amount to \$325, to reflect inflation since 2005, and index disability income to inflation going forward.



5.12 Combine Adult Disability Services and Child Disability Services into one needs-based program and develop a new eligibility and assessment framework for services based on the needs of adults and children with disabilities.



5.13 Expand the mandate of adult programming to cover broader range of disabilities and create new services to meet the needs of this expanded service population.



5.14 Provide self- or family-managed care funding to enable adult Yukoners with disabilities to live at home for longer.



5.15 Align Government of Yukon housing initiatives under one provider, including management of NGO services for Yukoners requiring housing supports.



5.16 Implement a By-Name List to improve coordination among service providers and reduce homelessness in the territory.



5.17 Work with partners to increase investment in infrastructure and programming for community food hubs in all Yukon communities.

 | Shared priority: [Our Clean Future](#)

CHAPTER 6: Creating a high performing health and social system

These recommendations focus on developing a new approach to how health and social services are delivered.

- 6.1 With Health and Wellness Yukon acting in leadership role** create one vision and core principles for the health and social services system.



- 6.2 Create a rigorous annual planning cycle** with robust processes to translate the strategy into action, driving purposeful decision-making and accountability. Incorporate system-level data into strategic plan processes to ensure evidence is driving system planning. Use evidence and community engagement to plan services that are delivered in the community or as close to the community-level as possible.



- 6.3 Develop an engagement and experience team** to involve Yukoners in designing, implementing, evaluating and improving programs and services.



- 6.4 Create integrated polyclinics¹ and a community health care network** to provide extended primary health care services and link client-owners with additional services as required. The establishment of a bilingual primary health care team(s) in a Whitehorse polyclinic is a recommended step in implementing this model.



- 6.5 As an interim measure while developing Health and Wellness Yukon, hire additional nurse practitioners** where needed to increase access to primary health care providers in the communities and in specialized clinics.



- 6.6 Encourage all providers in the system to work to their full scope** of practice and remove barriers, such as lack of hospital privileges for nurse practitioners, to achieve this.



- 6.7 Develop new training tools and approaches** to ensure that all those involved in handling personal health information, and those who assess the handling of information, understand the full purpose of the *Health Information Privacy and Management Act*, including its role in facilitating the effective provision of health care.



¹ The *Putting People First* report uses the term polyclinics, however moving forward, they will be more commonly referred to as integrated primary care clinics.

CHAPTER 7: Creating a system that keeps us well

These recommendations are focused on taking an evidence-based, population health approach.

7.1 Implement a Health in All Policies approach for the Government of Yukon and work with the federal government and Yukon First Nations governments to identify and mitigate potential health impacts of proposed programs and policies.



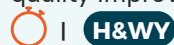
7.2 Invest in a comprehensive mix of interventions to address health that will have long-lasting impacts.



7.3 Work with partners across the health and social system to develop a broad range of health and social indicators, and track and publish them at regular and timely intervals, as a way to track progress on initiatives and ensure transparency and accountability.



7.4 Provide leadership and coordination for the development of a formal and comprehensive quality improvement approach for the health and social services system.



7.5 Create an evidence and evaluation unit with a clear population health mandate to support the health and social system, including program area staff and care providers, with data gathering, analysis, surveillance and evaluation.



7.6 Partner with another Canadian jurisdiction to create a data warehouse, bringing together data from different programs to support the implementation of a population health approach in a privacy-sensitive way.



CHAPTER 8: Ensuring financial sustainability

These recommendations focus on addressing areas that no longer provide value-for-money for Yukoners, where cost-savings can be re-invested in other areas of the health and social system.

8.1 End rural zone medical travel subsidies for Yukoners residing in zones 1 and 2 outside of Whitehorse.



8.2 Conduct a program evaluation of the medical treatment program, focussed on the medevac program.



| Shared priority: [Aging in Place Action Plan](#)

8.3 Increase the daily rate for residential long-term care from \$35 to \$50 over three years and index to inflation.



8.4 Work in partnership with the federal government to support a model for a Canada-wide universal pharmacare program.



8.5 Reduce pharmacy markups and fees to a level close to the national average.



8.6 Harmonize and simplify Government of Yukon pharmaceutical programs and outsource the administration of these programs. Combine the four different public pharmaceutical benefits programs into one program. The new program should have one consistent formulary.



8.7 Move responsibility for pharmaceutical purchasing for all bedded facilities to Health and Wellness Yukon.

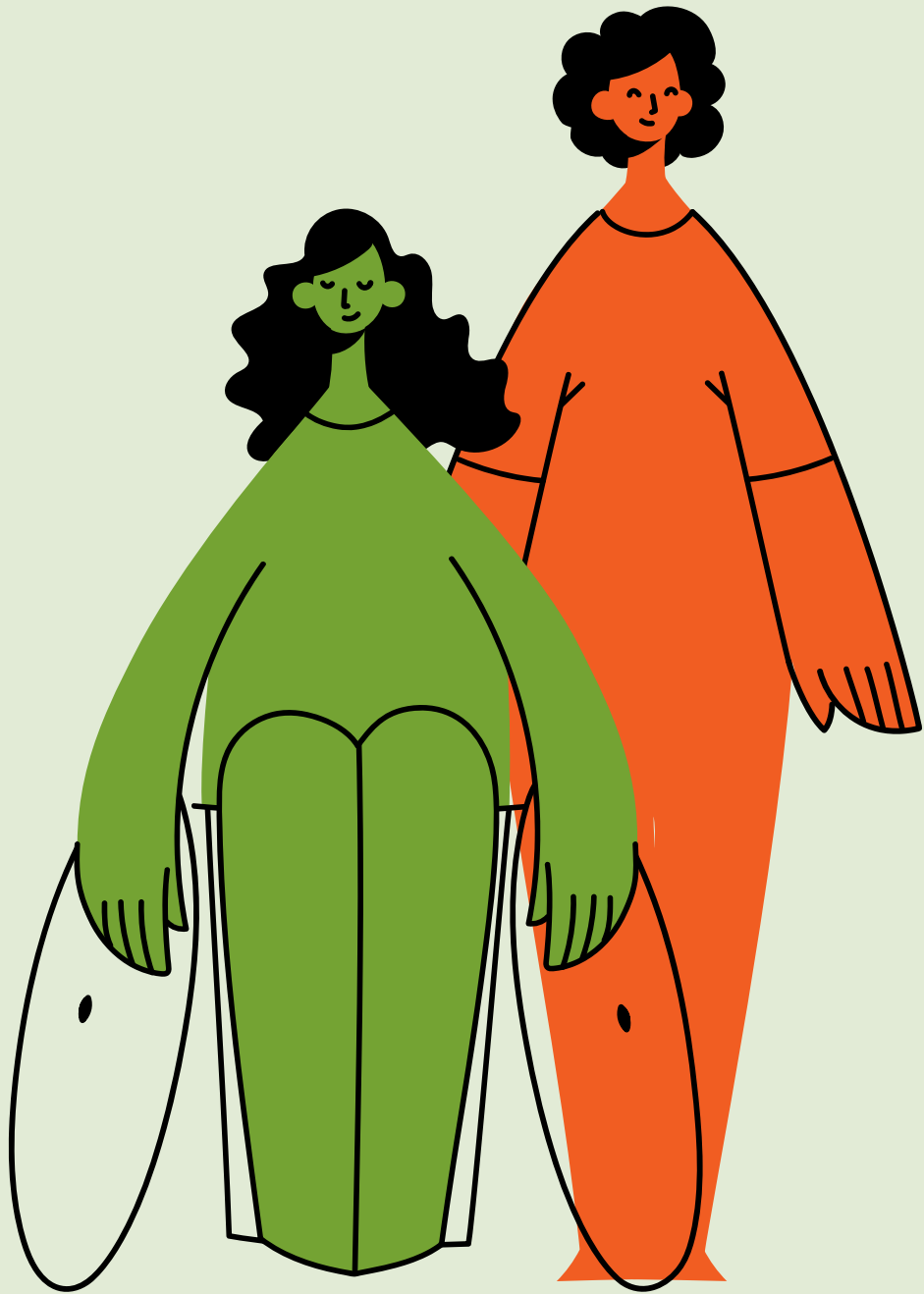


8.8 Transition Yukon public drug program coverage of biologic drugs from biologic “originators” to “biosimilars” where clinically appropriate.



8.9 Develop a robust prescription monitoring system for Yukon modelled on the Nova Scotia Prescription Monitoring Program, partnering with other jurisdictions where possible to increase capacity.





Yukon

