

Facilitating the development of a cross-jurisdictional decision-making process for northern Saskatchewan

Final report, 2006

**Josée G. Lavoie, PhD,
Centre for Aboriginal Health Research, Winnipeg, MB
University of Northern British Columbia, Prince George, BC
jlavoie0@unbc.ca**



Defining Jurisdiction

- a. **Jurisdiction at the collective level**: Collectively, all NHS partners have the authority to and are responsible for the planning and managing a northern health care system that is seamless, equitable and meets the needs of northerners with minimal overlap or gaps.
- b. **Jurisdiction at the individual partner's level**: Each NHS partner is responsible for the planning and delivery of a set of health services, as defined by,
 - (1) **Legislation (Saskatchewan Health, the RHAs, the Population Health Unit);**
 - (2) **Big Policy and Treaty obligations (FNIHB);**
 - (3) **Contribution Agreements (AHA, LLR, MLTC, PBCN, PAGC, NITHA and NMS);**
 - (4) **Small policy (all); and**
 - (5) **Habits and practice (all).**

Personal reflection

- **The test of seamlessness in the northern health care system will only be realized by improved communications, coordination and commitment.**
- **While current gaps in services may be addressed with clearer definitions and prudent wording, new gaps will continue to emerge over time as opportunities emerge, needs change and as long as federal and provincial governments continue to plan and operate autonomously.**

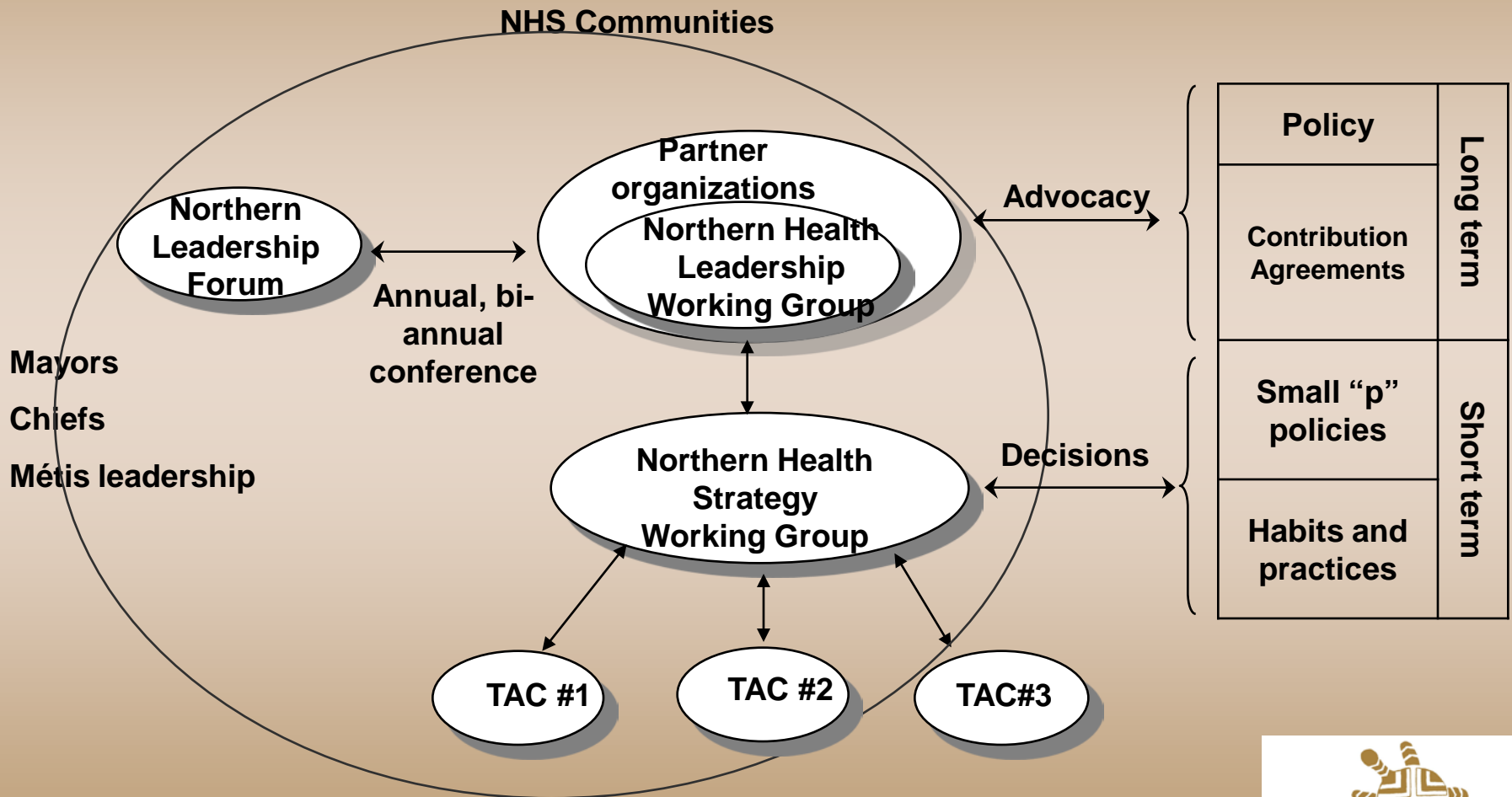
Jurisdictional issues raised by the Leadership

- 1. A northern health care financing formula**
- 2. Addressing economic barriers to access care affecting individuals and families**
- 3. Setting up a Northern Cross-Jurisdictional Transportation Taskforce**
- 4. Telehealth Deployment Across the North**
- 5. Northern Labour Strategy: More information sharing and coordination**
- 6. Streamlining reporting**

Jurisdictional issues raised by the Leadership, 2

- 7. Greater northern involvement in policy development (regional)**
- 8. Greater coordination of services within the north**
- 9. Formalization and improvement to the patient referral process, coordination of /appointments/services/tests, etc to reduce the need for transportation**
- 10. Up to date information: A mechanism is needed to ensure that service providers have update information.**
- 11. A Common Voice to lobby for the north**

A cross-jurisdictional decision-making mechanism for northern Saskatchewan



Features of this mechanism

- It maintains the Northern Leadership Forum (NLF), with broad representation from the Chiefs and Mayors.
- It creates a Northern Health Leadership Working Group (NHLWG) with representatives from each Partner's Health Board of Directors, to make recommendations to the NSWG.
- Issues requiring advocacy will be brought to the attention of the Northern Leadership Forum and the Northern Health Leadership Working Group for their support. Consensus building will continue to be key.
- It maintains the Northern Health Strategy Working Group (NSWG), with the current membership, i.e. CEOs of Partners' health organizations.
- It gives a central and equitable place to all northern communities and residents.
- It is a starting point. This mechanism will be evaluated after one year to ensure that it performs as intended.

Formalizing the process

Memorandum of Understanding

Conclusions

As the result of the NHS and of this project, Northern Saskatchewan Health Stakeholders are now poised to begin rethinking and redesigning key aspects of the northern Saskatchewan health care system to ensure that it meets the test of seamlessness and equity for all northerners.

This initiative must be recognized as a best practice model across Canada, and supported accordingly.