

28-20(1)

The Honourable Lesa Semmler
Minister of Health and Social Services

Medical Travel

Mr. Speaker, I have a Return to Written Question asked by the Member for Yellowknife North on February 6, 2026, regarding Medical Travel.

The Member asked for a status report on the Referral Coordination Project identified by the Northwest Territories Health and Social Services Authority in its 2023 Deficit Reduction Plan as an initiative to improve the coordination of air ambulance and medical travel, including information on the project's objectives, timelines, activities undertaken, milestones achieved to date, and any measured impacts on service coordination and costs.

The objectives of the Referral Coordination Project were to achieve a coordinated approach to referral management, optimize travel clinic appointments to streamline medical travel for specialty services, and develop a user interface or dashboard to illustrate waitlist pressures. The project was focused primarily on outpatient specialist physician services provided by Stanton Territorial Hospital.

Successes include the creation of waitlist standard operating procedures, and the piloting of centralized territorial waitlists in selected specialties. As well, the project gathered data for future implementation of a waitlist dashboard, and applied improvements related to 'max packing', for example, scheduling coordination of appointments across multiple specialties.

The project encountered several challenges that will inform future improvement work and system development. Challenges included patient safety risks that exist as a downside of the 'max packing' approach, for example, higher acuity patients cannot be bumped to allow for appointment coordination. Data challenges were also recognized and will need to be resolved through the future Electronic Health Record to support a dashboard creation.

The project officially ended in 2024 when the Territorial Health Investment funding for the project manager sunset, and the Healthcare System Sustainability Unit was established. Standardized formats and processes for waitlist data entry are still being expanded to support high-quality, analyzable data along with guidelines for travel clinic operations are also being implemented.

The Member asked for a detailed policy rationale which links the outcomes of the Referral Coordination Project to the proposal in the 2026-2027 Main Estimates for three new Medical Travel Case Managers, including how these positions will operationalize referral coordination, reduce duplication or rebooking, and improve patient experience.

The introduction of Nurse Case Managers in the Yellowknife Region primary care is for a two-year initiative. This expands Referral Coordination Project work to patient case management and a focus on out-of-territory care. The Nurse Case Manager pilot offers a proactive strategy that includes coordinating with providers and programs that frequently refer or receive patients for out-of-territory care, evaluating opportunities for virtual care alternatives, and helping patients receive care closer to home whenever possible. While these roles may generate broader system insight and impact across other areas of case management, the priority focus is on medical travel as a cost driver and patient burden.

The goals of the initiative include guaranteeing real-time case management to ensure travel is necessary and that virtual options are considered as well as timely redirection of patients to in-territory options when clinically appropriate. Work will include the development of best practices and data on how to reduce travel-related expenditures, improve patient navigation, and achieve cost savings to the system.

The Member asked what performance measures the department will use to assess the effectiveness of the referral coordination project and the proposed medical travel case manager positions, specifically which indicators will be used to evaluate outcomes. The key performance metrics for the nurse case manager pilot are still under development. However, the indicators being considered include the volume and type of referrals reviewed, the number of cases redirected from out-of-territory travel, the number of medical travel episodes avoided, estimated cost savings, the number of bundled appointments created, patient experience and satisfaction, and staff feedback regarding workflow impacts.

Thank you, Mr. Speaker.