

What will you do to ensure inflammatory arthritis patients in Northwest Territories receive the optimal care they require to manage their serious chronic disease?

I represent several households in my riding where this issue had very personal impacts. One of the biggest impacts has been the lost continuity of care between medical professionals.

As described under question two below, ensuring faster access to virtual care including seamless access to electronic medical records across systems, is one pathway that could help improve the pace of care. Maximizing use of virtual care where appropriate should be complimented by an intermittent routine of recurrent visits for those who require an in-person examination. Adding the inperson visits while maximizing virtual appointments should reduce the demand on clinicians during inperson visits and hopefully make their presence as streamlined as possible even on a reduced schedule from what it was historically. Alongside should be attention paid to ensuring the health of our healthcare professionals and their workplaces so that they can continue to deliver healthcare services at their highest capacity.

What will you do to ensure the continuation, improvement, and expansion of virtual care for all Northwest Territories residents and ensure access is equitable to all?

According to the Canadian Institute for Health Information, Nunavut and the NWT are a close one and two for the highest per capita spending on health care in Canada; and well more than double any of the provinces. In 2022-23, the Department of Health and Social Services' base budget already made up almost one third of the entire GNWT operating budget. Then through the year the GNWT added almost \$50 million more through supplementary appropriations. Despite that, the health authority continues to operate on a deficit and staff morale remains damagingly low. What we are doing is not working and resolving it is urgent.

Medical travel is one of the big drivers of high health care costs and also a source of great inconvenience and frustration for residents.

Increasing the availability of virtual care is an opportunity to not only provide far faster access to a medical professional but also solve other problems plaguing our system including high costs and patient inconvenience and discomfort.

We need to ensure that residents have a point of access to reliable and sufficient broadband. That may mean accessing virtual care from a community health facility that is properly equipped with the necessary telecommunications equipment and space for the appointment to take place.

We also need to ensure that our electronic records systems are capable of providing access to medical records across provincial and Territorial borders as well as between medical facilities within the NWT. Prioritizing better digital government services is a platform priority for me.

With the point of access and record systems aligned, there will likely need to be policy guidance on when a patient should presumptively have a virtual appointment vs. not, subject to medical

professional discretion, and public education about the option and opportunity for virtual care so that patients can self-advocate.

Will you introduce culturally appropriate, patient-centered policies, such as a patient care facilitator or “arthritis liaison,” to help Indigenous Peoples navigate the healthcare system and receive coordinated care within their community to manage their arthritis?

Newly introduced within the last two or so years, Indigenous patient advocates, and the Office of Client Experience where the Indigenous patient advocate positions are based, is a patient-oriented approach to health care that provides system navigation support to clients who have or are struggling to access care. I understand anecdotally that the initial client and staff response to this program has been positive.

I would like to examine a more meaningful review of the successes of these positions and of this office in order to determine whether modifications could help make the program more accessible and also what the cost profile would be to expand the program to more.

What will you do to ensure Northwest Territories patients receive hip or knee joint replacement surgery within the medically recommended time of six months?

I looked at approximate patient wait times for hip and knee replacement surgery across different Canadian provinces as estimated by the Canadian Institute for Health Information. It is apparent that there are some that have dramatically shorter wait times than most. I would like to know what those jurisdictions are doing that the NWT could adopt immediately as well as longer term in order to emulate their relative success.