



Nunavut

Introduction

On April 1, 1999, Nunavut became Canada's third and newest territory. The Territory spans two million square kilometres and covers one-fifth of Canada's total landmass. There are 25 communities located across three time zones in Nunavut. Nunavut is divided into three regions: the Baffin (or Qikiqtaaluk), which consists of 13 communities; the Kivalliq, which consists of seven communities; and the Kitikmeot, which consists of five communities. There are no roads or railways connecting Nunavut's communities; air travel is the only means of travelling into, around and out of the Territory. The population of Nunavut was 31,762 as of April 1, 2009¹.

Approximately 53 percent of the population is under the age of 25 years². Inuit make up about 84 percent of Nunavut's population³. There is a small French-speaking population located predominantly in the capital city of Iqaluit. There is also a highly transient workforce in some communities in Nunavut, which includes skilled labourers and seasonal workers from other provinces and territories.

Legislation governing the administration of health and social services in Nunavut was carried over from the Northwest Territories (as Nunavut statutes) pursuant to the *Nunavut Act* (1999). The Department of Health and Social Services (the Department) continues to review existing legislation to ensure its relevancy and appropriateness with the Government of Nunavut's mandate and objectives. *Tamapta: Building Our Future Together 2009–2013* describes the Government's vision and commitment to 10 strategic priorities:

- (1) improving education and training outcomes;
- (2) reducing poverty;
- (3) connecting the community;
- (4) increasing housing options;
- (5) increasing support for culture and the arts;
- (6) helping those at risk in the communities;
- (7) supporting community-based, sustainable economies;
- (8) addressing social concerns at their roots;
- (9) improving health through prevention; and
- (10) enhancing Nunavut's recognition in Canada and the world.

All Government of Nunavut departments and agencies also strive to incorporate Inuit societal values into program and policy development as well as into service design and delivery.

The delivery of health services in Nunavut is based on a primary health care model. There are local health centres in 24 communities across Nunavut, including new regional facilities in Rankin Inlet (Kivalliq) and Cambridge Bay (Kitikmeot) with in- and out-patient capacity and one hospital in Iqaluit. The Qikiqtani General Hospital (QGH), formerly known as the Baffin Regional Hospital is a \$64 million dollar, 54,000 square foot, acute care facility that officially opened in October 2007. Services based in the new hospital include 24 hour emergency services, inpatient care (including obstetrics, paediatrics and palliative care), surgical services, laboratory services, diagnostic imaging, respiratory therapy and health records and information. QGH remains connected to the old hospital building (46,000 square feet). Repurposing activities to accommodate some services that were unable to be accommodated in the new QGH building due to cost and space considerations are in the planning stage. This includes pharmacy, medical support services, cafeteria, administration, housekeeping and office space for physicians and medical specialists.

1. Statistics Canada, Quarterly Demographic Estimates – January to March 2009, Catalogue no. 91-002-X

2. Statistics Canada, 2006 Census

3. Ibid

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Nunavut's primary health care providers are family physicians, nurse practitioners, community health nurses, and pharmacists. Nunavut recruits and hires its own family physicians and accesses specialist services primarily from its main referral centres in Ottawa, Winnipeg, and Yellowknife. Recruitment of full-time family physicians has improved significantly. There are 21 family physician positions funded through the Department providing over 5,000 days of service annually across the Territory. In 2008–2009, all family physician positions in Nunavut were staffed. Recruitment and retention efforts are now focused on increasing the number of long-term family physicians practicing in Nunavut to provide consistent care for the population.

The management and delivery of health services in Nunavut were integrated into the overall operations of the Department on March 31, 2000, when the former regional boards (Baffin, Keewatin (Kivalliq) and Kitikmeot) were dissolved. Former board staff became employees of the Department at that time. The Department has a regional office in each of the three regions that manages the delivery of health services at a regional level. Iqaluit operations are administered separately.

The territorial operations and maintenance budget for the Department of Health and Social Services in 2008–2009 was \$251,388,000⁴. An additional \$14,373,000 was allocated to the Department for capital projects⁵.

In 2008–2009, Telehealth was accessible in all 25 communities in Nunavut. Nunavut's Telehealth network provides communities with a broad range of health-related services, which include: clinical program delivery such as specialist consultation services; health education; continuing medical education; family visitation; and administrative functions. The network is used for a wide range of services such as: discharge planning, telepsychiatry, geriatrics, occupational therapy, and patient post-operation follow-up. In 2008–2009, use of the Telehealth network totalled approximately 4,030 hours, of which 1,678 hours were for clinical services.

Nunavut has many unique needs and challenges with respect to the health and well-being of its residents. Despite aggressive national and international recruitment and retention activities, Nunavut continues to be challenged by the acute shortage of nurses.

In November 2007, the Department introduced its *Nunavut Nursing Recruitment and Retention Strategy*. The Strategy was developed to address the long-term health care needs of Nunavut by focusing on: promoting recruitment of new nursing personnel; further educating, training and retaining nurses in the territorial workforce; and preparing Inuit for careers in the nursing profession. In 2008–2009, comprehensive implementation of the Strategy got underway, including the introduction of an enhanced compensation and benefits package, a dedicated nursing website [www.nunavutnurses.ca], a professional development fund, and the introduction of an access year for students entering the nursing education program offered by Nunavut Arctic College.

Over one quarter of the Department's total operational budget is spent on costs associated with medical travel and treatment provided in out-of-territory facilities. Due to the very low population density in this vast territory and limited health infrastructure (i.e. diagnostic services), access to a range of hospital and specialist services often requires that residents be sent out of the Territory. The two regional health facilities (Rankin Inlet and Cambridge Bay), as well as the Qiqiktani General Hospital, enable Nunavut to build internal capacity and enhance the range of services that can be provided within the Territory. For example, on May 19, 2008, the Kivalliq Regional Health Facility opened its Day Hospital Program which allows for the treatment and observation of patients who require a stay for periods longer than can normally be accommodated in a health centre. Patients admitted are assessed throughout their stay to determine whether plans will be made for a medical evacuation or a release and return home.

The Department continues to operate a Family Practice Clinic in Iqaluit. The Clinic, established in 2006 with funding from the Primary Health Care Transition Fund, has been successful in helping to reduce pressure on the emergency and out-patient departments of the QGH during working hours. At present, the Clinic is staffed by two nurse practitioners (with consult visits from doctors of the hospital) and continues to be quite busy, with approximately 500 patient visits per month.

The Department is committed to providing a health system that focuses not only on treating illness but also on promoting healthy living. In November 2007, the Department introduced its first public health strategy. *Developing Healthy Communities: A Public Health Strategy for Nunavut* is a 5-year plan that focuses on

4. Government of Nunavut. 2008–2009 Main Estimates. This figure does not include any supplementary appropriations or budget adjustments.

5. Government of Nunavut 2008–2009 Capital Estimates. This figure does not include capital carryovers from 2007–2008.

two priority areas: (1) healthy children and families; and (2) addiction reduction. The Strategy outlines specific measures to promote and protect health and to prevent disease and injury. Implementation efforts in 2008–2009 focused on initiatives such as maternal and newborn care, sexual health, food security and chronic disease and injury prevention. Integration of the Strategy at the regional and community level is a top priority for the Department.

The Department is committed to supporting and increasing access to midwifery services and improving maternal care services across the territory. In September 2008, the *Midwifery Profession Act* was passed in the Legislative Assembly, enabling the Government of Nunavut to regulate registered Midwives. The supporting regulatory framework will be in place in 2009–2010 and a *Maternal and Newborn Health Care Strategy* will be introduced to integrate new maternal and midwifery services into the health system.

1.0 Public Administration

1.1 Health Care Insurance Plan and Public Authority

The health care insurance plans of Nunavut, including physician and hospital services, are administered by the Department on a non-profit basis.

The *Medical Care Act* (NWT, 1988 and as duplicated for Nunavut by section 29 of the *Nunavut Act*, 1999) governs the entitlement to and payment of benefits for insured medical services. The *Hospital Insurance and Health and Social Services Administration Act* (NWT, 1988 and as duplicated for Nunavut by section 29 of the *Nunavut Act*, 1999) enables the establishment of hospital and other health services.

Through the *Dissolution Act* (Nunavut, 1999), the three former Health and Social Services Boards of Baffin, Keewatin and Kitikmeot were dissolved and their operations were integrated into the Department effective April 1, 2000. The Department retained regional operations in each region of Nunavut to support front-line workers and community-based delivery of a wide range of health and social services programs and services.

There were no legislative amendments in fiscal year 2008–2009.

1.2 Reporting Relationship

A Director of Medical Insurance is appointed under the *Medical Care Act* and is responsible for the administration of the Territory's medical care insurance plan. The Director reports to the Minister of Health and Social Services and is required to submit an annual report on the operations of the medical insurance plan. The Department's annual submissions to the Canada Health Act Annual Report serve as the basis for these reports under the *Medical Care Act*.

1.3 Audit of Accounts

The Auditor General of Canada is the auditor of the Government of Nunavut in accordance with section 30.1 of the *Financial Administration Act* (Nunavut, 1999). The Auditor General is required to conduct an annual audit of the transactions and consolidated financial statements of the Government of Nunavut. The most recent audited report tabled in the Legislative Assembly of Nunavut was for the year ended March 31, 2008.

The Auditor General has the mandate to audit the activities of the Department. A report specific to the financial management practices of the Department of Health and Social Services will be issued by the Office of the Auditor General in 2009–2010.

2.0 Comprehensiveness

2.1 Insured Hospital Services

Insured hospital services are provided in Nunavut under the authority of the *Hospital Insurance and Health and Social Services Administration Act* and Regulations, sections 2 to 4. No amendments were made to the Act or regulations in 2008–2009.

In 2008–2009, insured hospital services were delivered in 28 facilities across Nunavut, including one general hospital (Iqaluit), two regional health facilities (Rankin Inlet and Cambridge Bay), 22 Community Health Centres, one public health facility (Iqaluit), and one family practice clinic (Iqaluit). There is also rehabilitative treatment available through the Timimut Ikajuksivik Centre located in Iqaluit. The Qikiqtani General Hospital is currently the only acute care facility in Nunavut providing a range of in- and out-patient hospital services as defined by the *Canada Health Act*. However, as the two regional facilities in

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Rankin Inlet and Cambridge Bay are able to recruit additional physicians, they will also be able to offer a broader range of in-patient and out-patient services. Community health centres provide public health, out-patient services and urgent treatment services. There are also a limited number of birthing beds at the Rankin Inlet Birthing Centre. Public health services are provided at public health clinics located in Rankin Inlet and Iqaluit.

The Department is responsible for authorizing, licensing, inspecting and supervising all health facilities and social services facilities in the Territory.

Insured in-patient hospital services include: accommodation and meals at the standard ward level; necessary nursing services; laboratory, radiological and other diagnostic procedures, together with the necessary interpretations; drugs, biological and related preparations prescribed by a physician and administered in hospital; routine surgical supplies; use of operating room, case-room and anaesthetic facilities; use of radiotherapy and physiotherapy services where available; psychiatric and psychological services provided under an approved program; services rendered by persons who are paid by the hospital; and services rendered by an approved detoxification centre.

Out-patient services include: laboratory tests and x-rays, including interpretations, when requested by a physician and performed in an out-patient facility or in an approved hospital; hospital services in connection with most minor medical and surgical procedures; physiotherapy, occupational therapy, limited audiology and speech therapy services in an out-patient facility or in an approved hospital; and psychiatric and psychology services provided under an approved hospital program.

The Department makes the determination to add insured services in its facilities based on the availability of appropriate resources, equipment and overall feasibility in accordance with financial guidelines set by the Department and with the approval of the Financial Management Board. No new services were added in 2008–2009 to the list of insured hospital services.

2.2 Insured Physician Services

The *Medical Care Act*, section 3(1), and Medical Care Regulations, section 3, provide for insured physician services in Nunavut. No amendments were made to

the Act or regulations in 2008–2009. The *Nursing Act* now allows for licensure of nurse practitioners in Nunavut; previously only medical doctors were permitted to deliver insured physician services in Nunavut.

Physicians must be in good standing with a College of Physicians and Surgeons (Canada) and be licensed to practice in Nunavut. The Government of Nunavut's Medical Registration Committee currently manages this process for Nunavut physicians. There are a total of 24 full-time physician positions in Nunavut (14 in the Baffin region; 4.5 positions in the Kivalliq region; 2.5 positions in the Kitikmeot region; as well as 1 surgeon, 1 anaesthetist and 1 pediatrician at the Qiqiktani General Hospital). Visiting specialists, general practitioners and locums, through arrangements made by each of the Department's three regions, also provide insured physician services. On March 31, 2009, Nunavut had 218 physicians participating in the health insurance plan.

Physicians can make an election to collect fees other than those under the Medical Care Plan in accordance with section 12 (2)(a) or (b) of the *Medical Care Act* by notifying the Director in writing. An election can be revoked the first day of the following month after a letter to that effect is delivered to the Director. In 2008–2009, no physicians provided written notice of this election.

All physicians practicing in Nunavut are under contract with the Department.

Insured physician services refers to all services rendered by medical practitioners that are medically required. Where insured services are unavailable in some places in Nunavut, the patient is referred to another jurisdiction to obtain the insured service. Nunavut has in place health service agreements with medical and treatment centres in Ottawa, Winnipeg, Churchill, Yellowknife and Edmonton. These are the out-of-territory sites to which Nunavut mainly refers its patients to access medical services not available within the Territory.

The addition or deletion of insured physician services requires government approval. For this, the Director of Medical Insurance would become involved in negotiations with a collective group of physicians to discuss the service. Then the decision of the group would be presented to Cabinet for approval. No insured physician services were added or deleted in 2008–2009.

2.3 Insured Surgical-Dental Services

Dentists providing insured surgical-dental services under the Medical Care Insurance Plan of the Territory must be licensed pursuant to the *Dental Professions Act* (NWT, 1988 and as duplicated for Nunavut by section 29 of the *Nunavut Act*, 1999). Billing numbers are provided for billing the Plan regarding the provision of insured dental services. In 2008–2009, 3 oral surgeons were permitted to bill the Nunavut Medical Care Insurance Plan for insured dental services.

Insured dental services are limited to those dental-surgical procedures scheduled in the Regulations, requiring the unique capabilities of a hospital for their performance; for example, orthognathic surgery. Oral surgeons are brought to Nunavut on a regular basis, but on rare occasions, for medically complicated situations, patients are flown out of the Territory.

The addition of new surgical-dental services to the list of insured services requires government approval. No new services were added to the list in 2008–2009.

2.4 Uninsured Hospital, Physician and Surgical-Dental Services

Services provided under the *Workers' Compensation Act* (NWT, 1988 and as duplicated for Nunavut by section 29 of the *Nunavut Act*, 1999) or other Acts of Canada, except the *Canada Health Act*, are excluded.

Services provided by physicians that are not insured include: yearly physicals; cosmetic surgery; services that are considered experimental; prescription drugs; physical examinations done at the request of a third party; optometric services; dental services other than specific procedures related to jaw injury or disease; the services of chiropractors, naturopaths, podiatrists, osteopaths and acupuncture treatments; and physiotherapy, speech therapy and psychology services, received in a facility that is not an insured out-patient facility (hospital).

Services not covered in a hospital include: hospital charges above the standard ward rate for private or semi-private accommodation; services that are not medically required, such as cosmetic surgery; services that are considered experimental; ambulance

charges (except inter-hospital transfers); dental services, other than specific procedures related to jaw injury or disease; and alcohol and drug rehabilitation, without prior approval.

The Qikiqtani General Hospital charges \$1,876 per diem for services provided for non-Canadian resident stays.

When residents are sent out of the Territory for services, the Department relies on the policies and procedures guiding that particular jurisdiction when they provide services to Nunavut residents that could result in additional costs, only to the extent that these costs are covered by Nunavut's Medical Insurance Plan (see section 4.2 under Portability). Any query or complaint is handled on an individual basis with the jurisdiction involved.

The Department also administers the Non-Insured Health Benefits (NIHB) Program on behalf of Health Canada for Inuit and First Nations residents in Nunavut. NIHB covers a co-payment for medical travel, accommodations and meals at boarding homes (in Ottawa, Winnipeg, Churchill, Edmonton, Yellowknife and Iqaluit), prescription drugs, dental treatment, vision care, medical supplies and prostheses, and a number of other incidental services.

3.0 Universality

3.1 Eligibility

Eligibility for the Nunavut Health Care Plan is briefly defined under sections 3(1), (2), and (3) of the *Medical Care Act*. The Department also adheres to the Inter-Provincial Agreement on Eligibility and Portability as well as internal guidelines. No amendments were made to the Act or regulations in 2008–2009.

Subject to these provisions, every Nunavut resident is eligible for and entitled to insured health services on uniform terms and conditions. A resident means a person lawfully entitled to be or to remain in Canada, who makes his or her home and is ordinarily present in Nunavut, but does not include a tourist, transient or visitor to Nunavut. Applications are accepted for health coverage, and supporting documentation is required to confirm residency. Eligible residents receive a health card with a unique health care number.

Coverage generally begins the first day of the third month after arrival in Nunavut, but first-day coverage is provided under a number of circumstances (e.g., newborns whose mothers or fathers are eligible for coverage). As well, permanent residents (landed immigrants), returning Canadians, repatriated Canadians, returning permanent residents and a non-Canadian who has been issued an employment visa for a period of 12 months or more are also granted first-day coverage.

Members of the Canadian Armed Forces, the Royal Canadian Mounted Police (RCMP) and inmates of a federal penitentiary are not eligible for registration. These groups are granted first-day coverage under the Nunavut Health Care Plan upon discharge.

Pursuant to section 7 of the Inter-Provincial Agreement on Eligibility and Portability, persons in Nunavut who are temporarily absent from their home province/territory and who are not establishing residency in Nunavut remain covered by their home provincial or territorial health insurance plans for up to one year.

3.2 Registration Requirements

Registration requirements include a completed application form and supporting documentation. A health care card is issued to each resident. To streamline document processing, a staggered renewal process was initiated in Nunavut in 2006. No premiums exist. Coverage under the Nunavut Medical Insurance Plan is linked to verification of registration, although every effort is made to ensure registration occurs when a coverage issue arises for an eligible resident. For non-residents, a valid health care card from their home province/territory is required.

On March 31, 2009, 32,207 individuals were registered with the Nunavut Health Care Plan, up by 795 from the previous year. There are no formal provisions for Nunavut residents to opt out of the health care insurance plan.

3.3 Other Categories of Individual

Non-Canadian holders of employment visas of less than 12 months, foreign students with visas of less than 12 months, transient workers and individuals holding a Minister's Permit (with one exception) are not eligible for coverage. When unique circumstances occur, assessment is done on an individual basis. This is consistent with section 15 of the Northwest Territories' Guidelines for Health Care Plan Registration, which was adopted by Nunavut in 1999.

4.0 Portability

4.1 Minimum Waiting Period

Consistent with section 3 of the Inter-Provincial/Territorial Agreement on Eligibility and Portability, the waiting period before coverage begins for individuals moving within Canada is three months; or the first day of the third month following the establishment of residency in a new province or territory; or the first day of the third month when an individual, who has been temporarily absent from his or her home province, decides to take up permanent residency in Nunavut.

4.2 Coverage During Temporary Absences in Canada

The *Medical Care Act*, section 4(2), prescribes the benefits payable where insured medical services are provided outside Nunavut but within Canada. The *Hospital Insurance and Health and Social Services Administration Act*, sections 5(d) and 28(1)(j)(o), provide the authority for the Minister to enter into agreements with other jurisdictions to provide health services to Nunavut residents and the terms and conditions of payment. No legislative or regulatory changes were made in 2008–2009 with respect to coverage outside Nunavut.

Students studying outside Nunavut must notify the Department and provide proof of enrolment to ensure continuing coverage. Requests for extensions must be renewed yearly and are subject to approval by the Director. Temporary absences for work, vacation or other reasons for up to one-year are approved by the Director upon receipt of a written request from the insured person. The Director may approve absences in excess of 12 continuous months, upon receiving a written request from the insured person.

The provisions regarding coverage during temporary absences in Canada fully comply with the terms and conditions of the Inter-Provincial/Territorial Agreement on Eligibility and Portability, as of January 1, 2001.

Nunavut participates in physician and hospital reciprocal billing. As well, special bilateral agreements are in place with Ontario, Manitoba, Alberta and the Northwest Territories. The Hospital Reciprocal Billing Agreements provide payment of in- and out-patient hospital services to eligible Nunavut residents receiving insured services outside the Territory. High-cost procedure rates, newborn rates

and out-patient rates are based on those established by the Interprovincial Health Insurance Agreements Coordinating Committee. A special agreement exists between the Northwest Territories and Nunavut, which, based on a block-funding approach, enables the Stanton Hospital in Yellowknife to provide services to Nunavut residents in the hospital and through visiting specialist services in the Kitikmeot area (western part of the Territory).

The Physician Reciprocal Billing Agreements provide payment of insured physician services on behalf of eligible Nunavut residents receiving insured services outside the Territory. Payment is made to the host province at the rates established by that province.

In the fiscal year 2008–2009, a total of \$29,030,549 was paid for out inpatient (\$19,205,288) and out-patient (\$5,056,873) hospital and physician (\$4,768,388) services.

4.3 Coverage During Temporary Absences Outside Canada

The *Medical Care Act*, section 4(3), prescribes the benefits payable where insured medical services are provided outside Canada. The *Hospital Insurance and Health and Social Services Administration Act*, section 28(1) (j) (o), provides the authority for the Minister to set the terms and conditions of payment for services provided to Nunavut residents outside Canada. Individuals are granted coverage for up to one year if they are temporarily out of the country for any reason, although they must give prior notice in writing. For services provided to residents who have been referred out of the country for highly specialized procedures unavailable in Nunavut and Canada, Nunavut will pay the full cost. For non-referred or non-emergency services, the payment for hospital services is \$1,876 per day and \$231 for out-patient care. These rates increased by \$480 and \$73 respectively from 2007–2008.

In 2008–2009 there were no payments for insured emergency in-patient and out-patient health services to eligible residents temporarily outside Canada.

In the fiscal year 2008–2009, a total of \$2,458 was paid for physician services provided outside of Canada.

Insured physician services provided to eligible residents temporarily outside the country are paid at rates equivalent to those paid had that service been provided in the Territory. Reimbursement is

made to the insured person or directly to the provider of the insured service.

4.4 Prior Approval Requirement

Prior approval is required for elective services provided in private facilities in Canada or in any facility outside the country.

5.0 Accessibility

5.1 Access to Insured Health Services

The *Medical Care Act*, section 14, prohibits extra-billing by physicians unless the medical practitioner has made an election that is still in effect. Access to insured services is provided on uniform terms and conditions. To break down the barrier posed by distance and cost of travel, the Government of Nunavut provides medical travel assistance. Interpretation services in the Inuit language are also provided to patients in any health care setting.

5.2 Access to Insured Hospital Services

The Qikiqtani General Hospital in Iqaluit is the only operating acute care hospital facility in Nunavut. The hospital has a total of 35 beds available for acute, rehabilitative, palliative and chronic care services. There are also 6 day surgery beds and 4 recovery beds. The facility provides in-patient, out-patient and 24-hour emergency services. On-site physicians provide emergency services on rotation. Medical services provided include an ambulatory care/out-patient clinic, limited intensive care services, and general medical care, maternity and palliative care. Surgical services provided include minor orthopaedics, gynaecology, paediatrics, general abdominal, emergency trauma and ENT/otolaryngology. Patients requiring specialized surgeries are sent to other jurisdictions. Diagnostic services include radiology, laboratory and electrocardiogram. Rehabilitative services are limited to Iqaluit. Although nursing and other health professionals were not at full capacity, basic services were provided in 2008–2009.

Outside of Iqaluit, out-patient and 24-hour emergency nursing services are provided by local health centres in Nunavut's 24 other communities. Telehealth services are available in all 25 communities in Nunavut. The long-term goal is to integrate Telehealth into the primary care delivery system, enabling residents of

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Nunavut greater access to a broader range of service options and allowing service providers and communities to use existing resources more effectively.

Nunavut has formalized arrangements with out-of-territory facilities to provide insured services to referred patients.

5.3 Access to Insured Physician and Surgical-Dental Services

Nunavut has agreements in place with a number of out-of-territory regional health authorities and specific facilities to provide medical specialists and other visiting health practitioner services. The following specialist services were provided in Nunavut during 2008–2009 under the visiting specialists program: ophthalmology; orthopaedics; internal medicine; otolaryngology; neurology; rheumatology; dermatology; paediatrics; obstetrics; physiotherapy; occupational therapy; psychiatry; and dental surgery. Visiting specialist clinics are held depending on demand and availability of specialists.

Nunavut's Telehealth network, linking all 25 communities, allows for the delivery of a broad range of services over distances: specialist consultation services such as dermatology, psychiatry and internal medicine; rehabilitation services; regularly scheduled counselling sessions; family visitation; and continuing medical education.

For services and equipment unavailable in Nunavut, patients are referred to other jurisdictions.

5.4 Physician Compensation

All full-time physicians in Nunavut work under contract with the Department. The terms of the contracts are set by the Department. Visiting consultants are either paid on a per-diem basis or fee-for-service.

5.5 Payments to Hospitals

Funding for the Qiqiktani General Hospital, regional health facilities and community health centres is provided through the Government of Nunavut's budget process.

6.0 Recognition Given to Federal Transfers

The Government of Nunavut recognized the Canada Health Transfer in the *Director of Medical Insurance Annual Report on the Operation of the Medical Care Plan for Fiscal Year 2007–2008* which was tabled in the Legislative Assembly on March 27, 2009.

7.0 Extended Health Care Services

Nursing Home Intermediate Care and Adult Residential Care

Adult residential care facilities are located in a total of five communities with a total of 64 beds, and serve the needs of Nunavummiut through a mix of predominately privately owned service providers and one publicly-owned and operated facility. Licensing agreements are in place to provide for the leasing of the publicly-owned facilities. Each facility welcomes both male and female clients and offers Level III or Level IV type care on an indeterminate basis. Most facilities offer respite services and nursing services on an as needed or on a regular (8 hour/day and hereafter on-site basis). Personal care is provided to all residents on a round-the-clock basis, with home care services generally offered on an as-needed basis. Rehabilitation services (physiotherapy, occupational therapy and speech-language pathology) are also offered to residents.

The Naja Isabelle Home in Chesterfield Inlet provides supervised care and treatment and specialized programming for 10 clients assessed at care levels IV and V on a 24/7 basis. The facility employs Licensed Practical Nurses (registered in Nunavut as Certified Nursing Assistants) and acute care needs are provided by the Chesterfield Inlet Health Centre. The facility is often able to provide respite care for levels IV and V clients.

Nursing home services are available at the Iqaluit and Arviat Elders Homes. These facilities provide the highest level of long-term care in Nunavut; that is, extensive chronic care services up to the point of requiring acute care when they would need to be transferred to the closest hospital.

No legislation currently exists in Nunavut to formally enable the extended health care services described above.

Home Care Services

The Home and Community Care (HCC) program provides health care and support services to people who require extra attention because of illness, poor health, or disability. The HCC program supports the efforts of Nunavummiut to care for themselves with help from family and community. This is accomplished by providing care in a person's home and/or community, thereby allowing individuals to remain in familiar surroundings close to loved ones and to maintain their sense of independence and well-being.

The guiding objectives of the program are to respect the traditional and contemporary Inuit approach to health and well-being, to support family and community-based healthcare, to be available to individuals of any age with an assessed need, and to provide a level of care equal to that of other Canadians.

During 2008–2009, a full array of home care services was offered in Nunavut, including nursing and personal care, respite care, elders programs and home-making services (which generally represent the majority of service hours provided). In addition, rehabilitation services in the form of physiotherapy and occupational therapy were offered to clients on an as needed basis. Services offered in communities across the Territory vary, as a result of staffing capacity, community needs and fiscal constraints.

The HCC program is coordinated through three regional centres with service delivery by: Home and Community Care Workers; Home and Community Care Representatives; Home Care Nurses; and Physiotherapists and Occupational Therapists. HCC program standards are developed by the Territorial

Home and Continuing Care Coordinator, in consultation with the three Regional Home and Community Care Managers.

No legislation currently exists in Nunavut to formally enable the home and community care services described above.

Ambulatory Health Care Services

In 2008–2009, ambulatory health care services were not offered across Nunavut.

In October of 2004, the Department formed a Continuing Care Task Force to provide recommendations to address Nunavut's aging population as part of a coordinated territorial continuum of care. A report issued by the Task Force outlined several recommendations, including: the construction of four new continuing care facilities; the development of a Healthy Living Strategy for elders (intended to decrease illness and the onset of diseases that may become chronic for the elderly); the increase of home and community care services to support independent living; and the ongoing collaboration with and provision of funding to Nunavut Arctic College to provide health care training and certification in continuing care, either through distance education or on campus learning.

Construction of two new continuing care facilities in Gjoa Haven and Igloolik was nearing completion in 2008–2009. These 10-bed facilities will provide long term care for elders and other adults that require 24 hour, 7 days a week access to nursing and other care that cannot be provided in their homes. To meet the staffing needs of the facilities, Nunavut Arctic College began offering a Home and Continuing Worker Program in both Gjoa Haven and Igloolik in 2008–2009.

REGISTERED PERSONS					
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
1. Number as of March 31st (#).	31,525	31,172	30,104	31,412	32,207

INSURED HOSPITAL SERVICES WITHIN OWN PROVINCE OR TERRITORY					
Public Facilities	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
2. Number (#):					
a. acute care	1	1	1	1	1
b. chronic care	not available				
c. rehabilitative care	not available	1	1	1	1
d. other	25 ⁶	26 ⁶	26 ⁶	26 ⁶	26 ⁶
e. total	not available	28	28	28	28
3. Payments for insured health services (\$):					
a. acute care	not available				
b. chronic care	not available				
c. rehabilitative care	not available				
d. other	not available				
e. total	not available				
Private For-Profit Facilities	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
4. Number of private for-profit facilities providing insured health services (#):					
a. surgical facilities	0	0	0	0	0
b. diagnostic imaging facilities	0	0	0	0	0
c. total	0	0	0	0	0
5. Payments to private for-profit facilities for insured health services(\$):					
a. surgical facilities	0	0	0	0	0
b. diagnostic imaging facilities	0	0	0	0	0
c. total	0	0	0	0	0

INSURED HOSPITAL SERVICES PROVIDED TO RESIDENTS IN ANOTHER PROVINCE OR TERRITORY					
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
6. Total number of claims, in-patient (#).	2,603	2,752	2,761	2,255	1,953
7. Total payments, in-patient (\$).	16,452,793	18,179,969	21,829,373	19,001,348	19,205,288
8. Total number of claims, out-patient (#).	14,538	17,269	16,242	15,192	16,297
9. Total payments, out-patient (\$).	2,683,401	3,719,884	3,652,515	3,659,654	5,056,873

INSURED HOSPITAL SERVICES PROVIDED OUTSIDE CANADA					
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
10. Total number of claims, in-patient (#).	1	1	0	0	0
11. Total payments, in-patient (\$).	6,345	954	0	0	0
12. Total number of claims, out-patient (#).	1	16	5	0	0
13. Total payments, out-patient (\$).	433	2,637	1,105	0	0

6. This includes 22 community health centres and two regional health centres located in communities throughout the Territory, as well as a public health unit and family practice clinic (both located in Iqaluit). The family practice clinic currently has two nurse practitioners on staff offering primary health care, as it would if located in one of the communities and operating as a community health centre.

INSURED HOSPITAL SERVICES WITHIN OWN PROVINCE OR TERRITORY					
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
14. Number of participating physicians (#):					
a. general practitioners	86	74	60	91	134
b. specialists	82	61	67	65	84
c. other	0	0	0	0	0
d. total	168	135	127	156	218
15. Number of opted-out physicians (#):					
a. general practitioners	0	0	0	0	0
b. specialists	0	0	0	0	0
c. other	0	0	0	0	0
d. total	0	0	0	0	0
16. Number of not participating physicians (#):					
a. general practitioners	0	0	0	0	0
b. specialists	0	0	0	0	0
c. other	0	0	0	0	0
d. total	0	0	0	0	0
17. Services provided by physicians paid through all payment methods:					
a. number of services (#)	not available				
b. total payments (\$)	not available				
18. Services provided by physicians paid through fee-for-service: ⁷					
a. number of services (#)	59,542	57,363	46,368	44,071	27,406 ⁷
b. total payments (\$)	3,112,661	2,863,075	2,380,746	2,158,549	1,021,829 ⁷

INSURED PHYSICIAN SERVICES PROVIDED TO RESIDENTS IN ANOTHER PROVINCE OR TERRITORY					
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
19. Number of services (#).	45,334	57,332	59,121	53,022	65,171
20. Total payments (\$).	2,816,282	3,471,307	3,623,163	3,845,570	4,768,388
INSURED PHYSICIAN SERVICES PROVIDED OUTSIDE CANADA					
21. Number of services (#).	0	36	5	15	36
22. Total payments (\$).	0	2,459	1,105	796	2,458

INSURED SURGICAL-DENTAL SERVICES WITHIN OWN PROVINCE OR TERRITORY					
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
23. Number of participating dentists (#).	not available ⁸				
24. Number of services provided (#).	not available				
25. Total payments (\$).	not available				

7. Nunavut does not pay physicians through fee-for-service. Instead, the majority of physicians are compensated through salaries and alternative methods. Information on salaried physicians is reported via the shadow billing process. Figures include shadow billed claims.

8. In Nunavut, oral surgeries are only performed at the Qiqiktani General Hospital in Iqaluit. The three oral surgeons permitted to bill Nunavut Medical Care Insurance Plan in 2008–2009 for insured dental services are reflected in reporting numbers contained under 14b (specialists).