Bridging the Gap

The IIU Telehealth Network

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NUNAVUT
TERRITORY
Grise Fiord
Resolute Bay
Arctic Bay
Nanisivik
Pond Inlet
Clyde River
Holman
Baffin Region
Kitikmeot Region
Cambridge Bay
Kugkuluk
Bay Chimo
Bathurst Inlet
Taloyoak
Gjoa Haven
Pelly Bay
Igloolik
Hall Beach
Qikiqtarjuaq
Pangnirtung
Repulse Bay
Keewatin Region
Cape Dorset
Iqaluit
Kimmirut
Baker Lake
Coral Harbour
Chesterfield Inlet
Rankin Inlet
Whale Cove
Arviat
Sanikiluaq

Nunavut - at a glance

- **24% of Canada's land mass**
- **30,000 residents**
- **85% Inuit**
- **26 communities ranging in population 150-5000**
- **50% of those communities have population < 660**
- **Only accessible by air or sea (very short season)**
- **Capital: Iqaluit**
- **Iqaluit's population: c. 5000**
- **Language: Inuktitut, English, French**

Bathurst Mandate

- Healthy Communities
- Simplicity and Unity
- Self-Reliance
- Continuing Learning

H&SS Mission

- **Promote, protect and provide for the health and well-being of the people of Nunavut in support of leading self-reliant and productive lives**

What is our health status?

- **Compared to national average:**
  - **2x Infant mortality rate**
  - **3xTeenage pregnancy**
  - **6x Suicide rate**
  - **8x TB**
  - **13-20x STI**
  - **26x Solvent abuse**
  - **5x Violent crime**
  - **7x Sexual assault**
- **50% of the population is less than 25 years of age**
- **60%+ of adult population are smokers**
- **42% of residents >15 years have less than grade 9 education**
- **26-40% Unemployment rates**

Care Closer to Home

- Allows people at great distances to unite and communicate
- Promotes family contact
- Timely access to health and social services
- Provides enhanced sense of partnership and reduction in feeling of isolationism by health and social services professionals

Telehealth: A history lesson

- 1998: NWT installs 3 telehealth systems
  - Project fails
- 1999: NWT installs 3 telehealth systems
  - Marginal success
- 2000: NU installs 2 telehealth systems
  - Marginal success
- 2001: NU takes a needs based approach and upgrades 5 and add 10 new communities
- 2004: NU adds 7 communities

Telehealth Program Goals

- Improve access to health care services including health, social services, public health and administration
- Support the ongoing investment in Telehealth, by expanding the infrastructure, service of telehealth
- Support staff providing health services in remote locations through continuing education, enhanced problem solving and greater participation in patent care plans and delivery
- Delivering tools to support the integration of telehealth on the health and social services delivery system, including health information and access to other specialists / professional opinions.

What are the benefits?

- Diagnose/treat/rehab more people in their communities
- Timely diagnosis and treatment
- Increased support in emergency/triage situations
- Increase access to broader range of practitioners/programs
- Access to secondary and tertiary specialists
- Reduce travel costs and provide more cost effective services
- Reduced isolationism of practitioners
- Ongoing training/education and enhance program administration

Telehealth:
What are the challenges?

- Existing infrastructure does not meet our needs
- Telco costs are expensive
- National standards have yet to be established
- Lack of human resources in the North

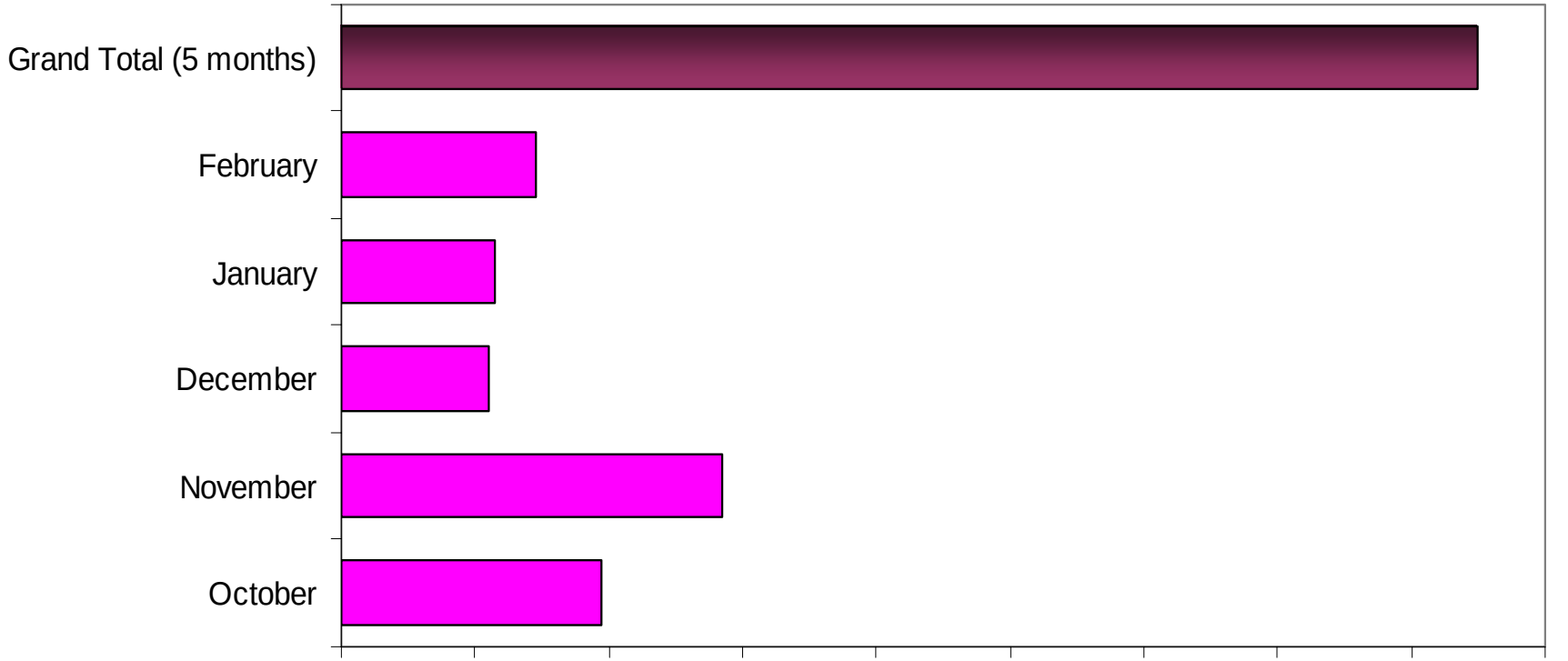
Categories of Telehealth Services

Clinical	Educational	Family Visitation	Administration
•Community Physician Clinics •Dermatology •Mental Health •Psychiatry •Paediatric Neurology •Physiotherapy •Occupational Therapy •Audiology & Speech Therapy •Case conferences •Discharge Planning	•Regional educational programs •Territorial Education programs •Southern Educational programs	•Pre Natal visits •Maternal Visits •Family Visits	•Administrative meetings •- Regional •- Territorial •Steering Committee meeting •Regional working group meetings •Training for Site Technicians

Clinical

- June 2003 to August 2003
  - Estimated 31 trips avoided @ $56,200.00
- October 2003 to February 2004
  - Estimated 170 trips avoided @ $323,000.00
- Total patients serviced in community
  - 201 patients/clients
- Total travel costs avoided
  - $379,200.00

Figure 1.5 Telehealth Clinical Activity
October 2003 - February 2004



	October	November	December	January	February	Grand Total (5 months)
Clinical	19.5	28.5	11	11.5	14.5	85

Usage (hours)

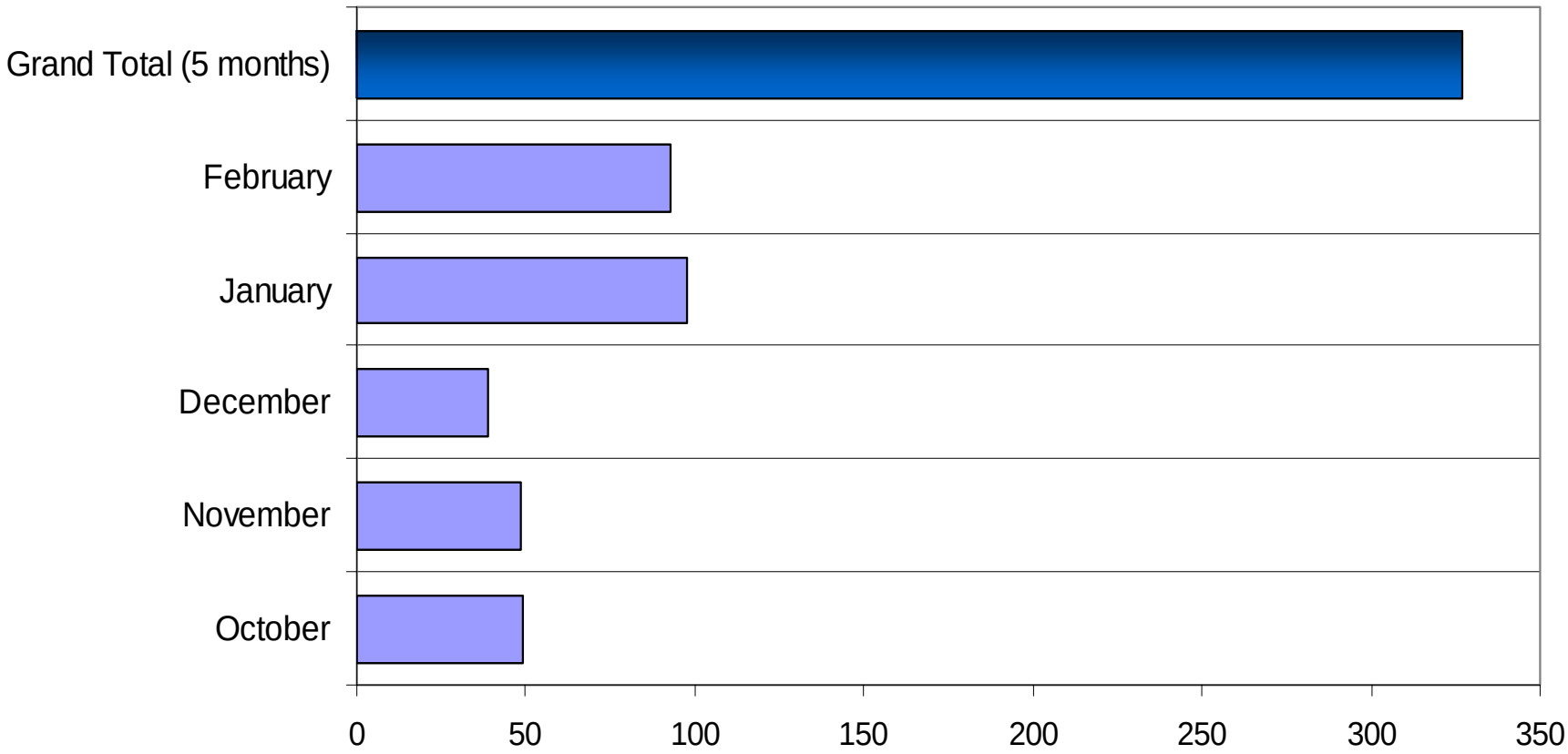
Education

Continuing Education Session Titles				
Diabetes	Suicide Prevention	Pre natal Care	Nutrition	Guidelines for COPD patients
Paediatric Obesity	Palliative care	Respiratory and GI conditions	OB – Gynaecology	FASD
Adolescent Addictions	Bullying	Use of antibiotics	ER Rounds	Environmental Health
Women's Health	Mental Health	Laboratory Procedures	ENT	Orthopaedics
Community Health Representative Training	Child Protection	Communicable diseases	Health Records and coding	Tuberculosis

Education

- April 2003 to August 2003
  - 33 hours of educational activity
  - Estimated travel costs avoided @ $132,000.00
- October 2003 to February 2004
  - 327 hours of educational activity
  - Estimated travel costs avoided @ $654,000.00
- Total hours 360 hours of education attended by on average 3 participants = 1080 attendees
- Total estimated travel costs avoided $786,000.00

Figure 2.5 Continuing Education Activity
October 2003 - February 2004



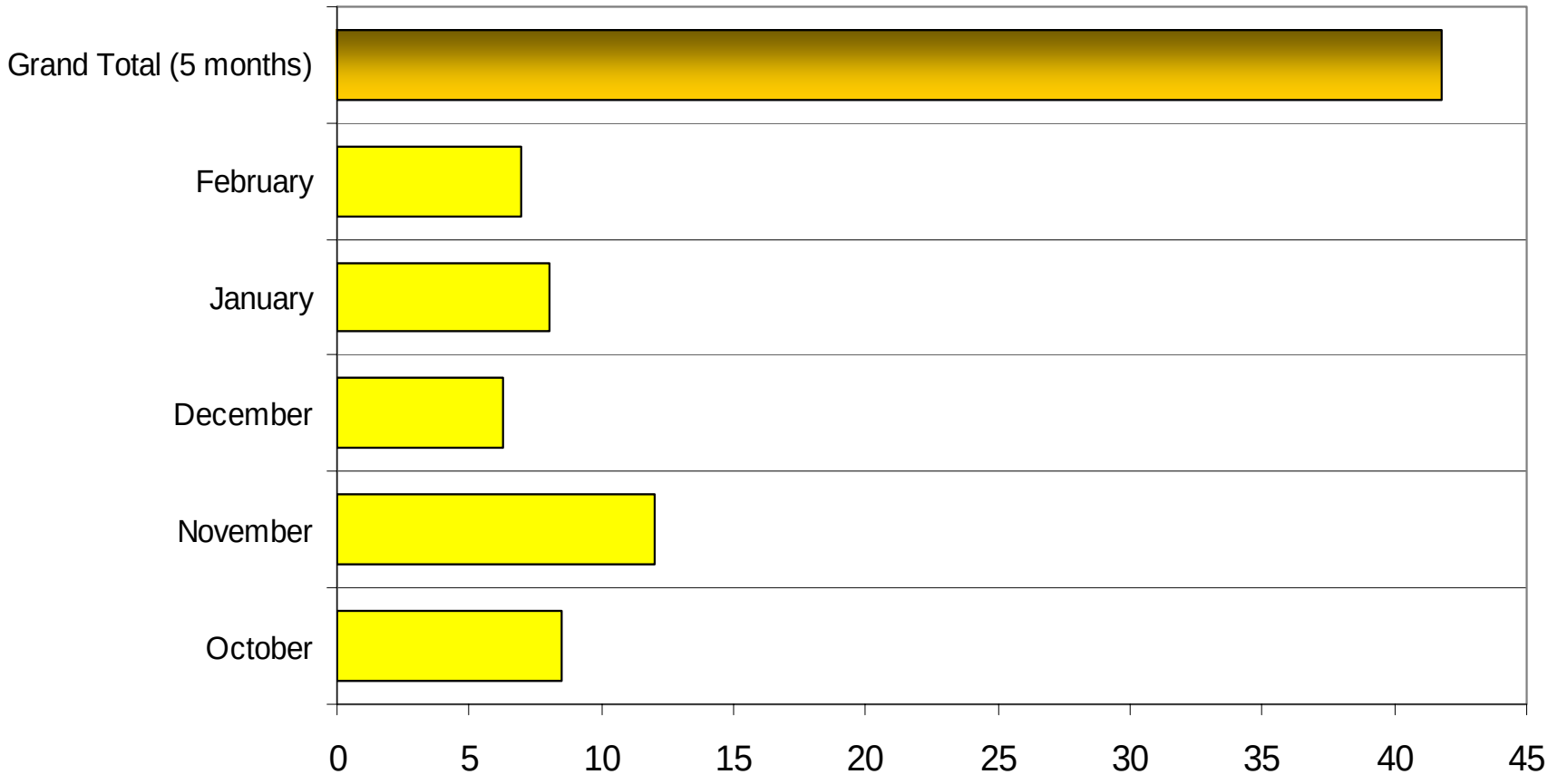
	October	November	December	January	February	Grand Total (5 months)
Education	49	48.75	39	97.5	92.75	327

Usage (hours)

Family Visits

- April 2003 to August 2003
  - No data collected
- October 2003 to February 2004
  - 40 families connected in 5 months

Figure 3.5 Family Visitation Activity
October 2003 - February 2004

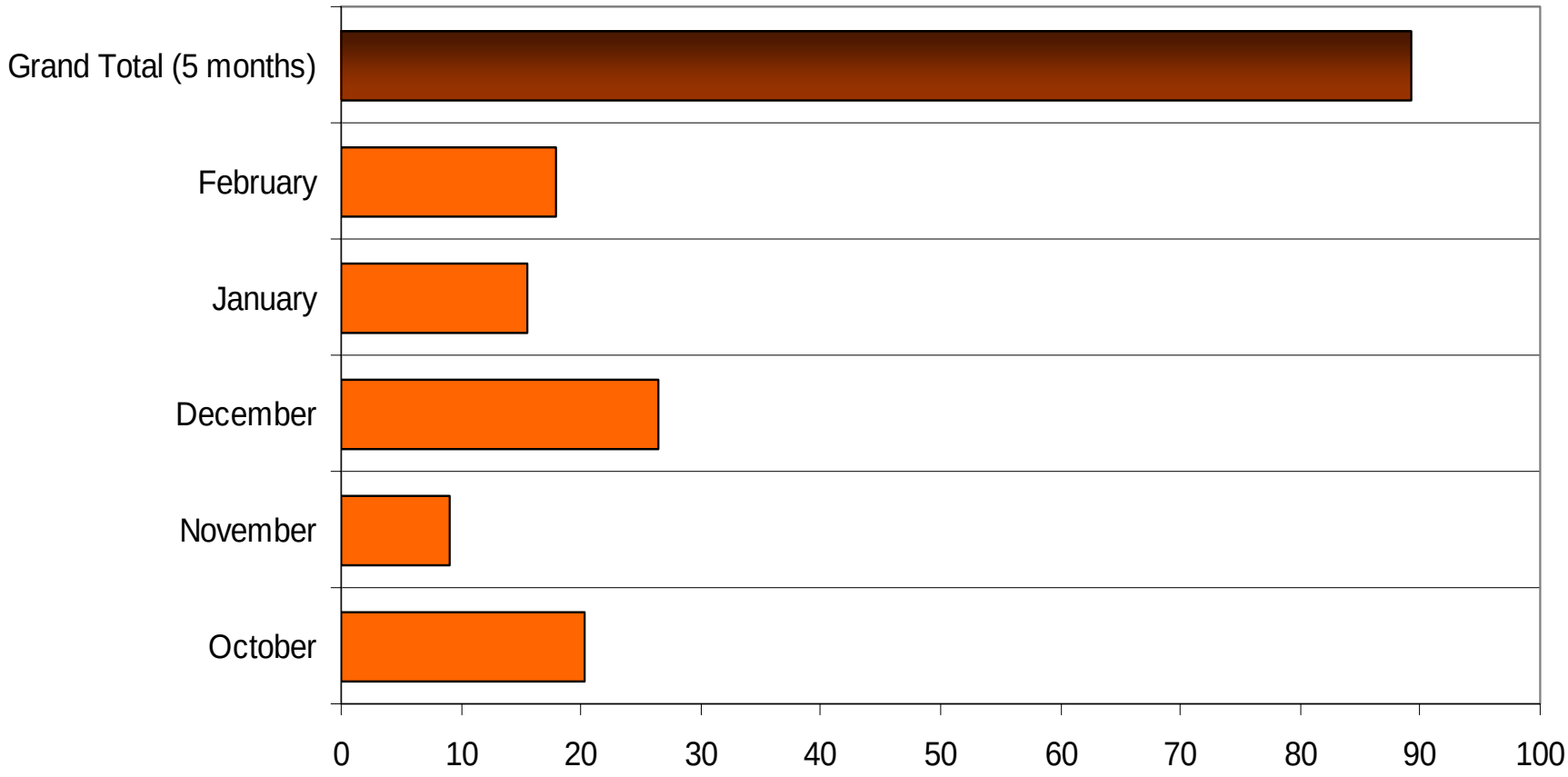


	October	November	December	January	February	Grand Total (5 months)
Visitation	8.5	12	6.25	8	7	41.75

Administration

- April 2003 to August 2003
  - No data
- October 2003 to February 2004
  - 89.5 hours of activity

Figure 4.5 Telehealth Administration Activity
October 2003 - February 2004



	October	November	December	January	February	Grand Total (5 months)
Administration	20.25	9	26.5	15.5	18	89.25

Impacts

- No patients have refused to use telehealth
- Televisitation gets positive reactions from patients and families
- Volumes are low – too soon to tell whether health status will be affected
- Access to care has increased
- Seen as especially important for access to specialized services
- Might help with improving continuity of care

Telehealth Communities

Baffin	Kivalliq	Kitikmeot
•Iqaluit -Baffin Regional Hospital -Grinnell Social Services -HSS Headquarters •Pangnirtung •Igloolik •Pond Inlet •Cape Dorset •Grise Fiord •Arctic Bay	•Rankin Inlet •Arviat •Baker Lake •Sanikiluaq •Chesterfield Inlet	•Cambridge Bay •Gjoa Haven •Kugluktuk

New telehealth communities

- Primary Health Care Transition Fund, Aboriginal Envelope enables 7 additional telehealth communities
  - Hall Beach
  - Resolute Bay
  - Clyde River
  - Coral Harbour
  - Repulse Bay
  - Kugaaruk
  - Taloyoak

Who are the people that make it work?

Conclusion

- Increase in access
- Promotes families
- Marked increase in clinical and educational activity
- More effective communication tool for community staff, regions and headquarters
- Reduction in lost time at work by reducing employee travel