

KEVIN O'REILLY—MLA FRAME LAKE

Midwifery Services

Committee of the Whole—2016-2017 Operating Budget Review

Dept. of Health and Social Services —June 13-14, 2016

June 13:

MR. O'REILLY: Okay, thanks, Mr. Chair. While I encourage the department to find more money for early childhood development and for working with the Minister on the 2017-18 budget. I want to go back to one of his favourite topics which is midwifery. Earlier the Minister talked about how there was a consulting position that was sun setting around for midwifery. Then I understand that there's two people doing work that had been hired as consultants on midwifery. So can the Minister explain what position was sunsetted and why we fired two other consultants? I think I know the answer to the second part, but can you just tell us what's going on. Thanks, Mr. Chair.

CHAIRPERSON (Mr. McNeely): Thank you, Mr. O'Reilly. Mr. Minister.

HON. GLEN ABERNETHY: Thank you, Mr. Chair. I'm happy to answer the question now or we can wait till page 195 where that actually falls. It's up to you.

CHAIRPERSON (Mr. McNeely): Thank you, Mr. Minister. Mr. O'Reilly. Do you want to just wait or you want to have another question addressed on page 184?

MR. O'REILLY: Thanks, Mr. Chair. I thought midwifery was in this section under community health programs 'cause that's where it's found in the business plans, but if the Minister's telling me that I should wait until 195, that's fine I can wait until then.

CHAIRPERSON (Mr. McNeely): I will allow that question on midwifery. Mr. Minister.

HON. GLEN ABERNETHY: Thank you, Mr. Chair. Mr. Chair, this section is not the section that would be in, but I could see why people would think it would be in this section. There have been some changes of where things lay out as we come in line with How CIHI Report, so I totally appreciate that. In previous budgets, there was some money allocated to the Beaufort Delta for the roll-out of a midwifery program in the Beaufort Delta. There was supposed to be some positions established. They were never ultimately established but the money was still there. We are basically eliminating those dollars that were to be spent in the Beaufort Delta. We had been in a previous year one time allowed to spend some of those dollars to do the organ and tissue donation which we did but the funding still technically existed. Given that we're not rolling out a midwifery program similar to other midwifery programs in the Beaufort Delta, those funds were no longer required for that purpose. However, those positions are gone even though technically they were never established. I know it gets a little confusing.

So there was no people tied to those positions. They didn't exist. What remains in the Beaufort Delta is the nurse practitioner responsible for the midwifery program as part of more OB which is a physician-led birthing program in the Beaufort Delta. So that's one MP that's doing some the pre and postnatal stuff that a midwife would do and working with community health nurses to ensure that we're expanding the pre and postnatal work that a midwife does so that's what's happening up there. So all the additional money is gone. We had used some of those dollars to establish some unfunded midwifery consultant positions in the department. Now, we're officially establishing those in the department so they actually show up within our budget. It gets a little confusing.

We had an old one through different funding that sun setted, so now we've brought some of the left over Beaufort Delta money to actually establish it so that we can maintain it to continue our planning. So we've set it up so we have one and a half positions that are dedicated to doing the design on the territorial Midwifery Program. I can get the Department to draw a chart that will hopefully explain how this is a little confusing. When you see it, it makes a little bit more sense, probably a lot better than I'm doing explaining it right now.

Here's how it ends. At the end of the day, we've got the midwifery support-type position through an MP in Beaufort Delta. We've got two positions in Fort Smith providing midwifery, we've got two positions in Hay River providing midwifery, we've got one and a half position in headquarters doing our design on the Territorial Midwifery Program. That's what it looks like. How it got there is a little convoluted.

CHAIRPERSON (Mr. McNeely): Thank you, Mr. Minister. Mr. O'Reilly. [microphone turned off] ...directed to 184, 195, as mentioned earlier, would discuss the financial supports to midwifery services.

MR. O'REILLY: Thanks, Mr. Chair. The reason why I'm asking these questions about midwifery here is because it's community health programs, that's where midwifery was found in the business plan. So I don't know why the Minister is talking about nursing when I want to talk about midwifery, but anything he can do to help clarify would be great because if I wasn't confused before by his explanation, I certainly am now. So if he's got a diagram that'll help that would be great. And I guess at the end of this we still don't have midwifery services in Yellowknife, and that's why we had a person in the gallery earlier today who had to go to Hay River to have her birthing with a midwife there which is kind of ridiculous. Why does somebody have to go to Hay River from Yellowknife to get midwifery services? So I look forward to getting this stuff resolved so that we can actually offer the services in Yellowknife which would also help surrounding communities as well. So if he can give me information or give the House information about what the heck is going on that would be really helpful.

My last question though is: there are midwives that would like to practice in Yellowknife. Are they able to practice in Yellowknife now or do we have to wait for the department to sort this out? Thanks, Mr. Chair.

CHAIRPERSON (Mr. McNeely): Thanks. Mr. O'Reilly. I'll allow that second question to go, but on the basis of the information as the Minister said it was going to be provided on the organizational chart and the finances, or the funding, to support midwifery will be deferred to 195. Go ahead, Mr. Minister.

HON. GLEN ABERNETHY: Thank you, Mr. Chair. Mr. Chair, as I indicated, the way that the mains are presented are to line up with how we are required and needed to report for CIHI for tracking data, so we're to create a logical system. I hear the Member that there's some confusion about how it is between the business plan and the mains. We will work to make sure that everything's lined up. Midwifery services under CIHI falls under nursing services recognizing that midwifery services aren't exactly nursing services but that's where CIHI has put them, so that's why they're identified in that particular section. We will work to make sure it's clearer in the future and that it's consistent with our business plans as much as possible.

At the end of the day, I hear the Member. We have to take the report that had a number of different recommended models for the Northwest Territories. We are exploring the possibility of a Territorial model. We are working on design. I've answered a number of these questions in the House before. I'm committed to midwifery services but I recognize that there are challenges. I mean we have to make sure that the physicians are supportive and buy in. We have to make sure that we're not making it difficult for physicians to maintain their competency especially those that are in obstetric services who are responsible for births here in the Northwest Territories. We're doing this planning, but we're also

making sure that, you know, moving forward that we're prepared to offer these services. By way of example, we're building a new health centre at Norman Wells. We don't have midwifery services there, but we hope someday we will. So that new health centre in Norman Wells actually has a room dedicated to midwifery services all plumbed appropriately to put in birthing tubs. So we are moving forward with birthing tubs and other facilities in the new Stanton Bill that can be utilized possibly by midwives. So we're doing work recognizing that that's a direction we want to go, that we want to be supportive of midwifery services. We still have to build a business case and bring it through this House and get a budget supported. Given our fiscal situation, we're going to have to find that money from somewhere which means we have to be prepared to look at reductions as a way to make these dollars available....

June 14:

... MR. O'REILLY: Thanks, Mr. Chair. This is where I get to go back on the train. Earlier, the discussion about the budget, I was asking questions about midwifery and was referred to this page. The last question I think I have on this is there are a number of midwives in Yellowknife. They would like to be able to practice midwifery. Are there any obstacles to them doing that professionally? Thanks, Mr. Chair.

CHAIRPERSON (Mr. Simpson): Thank you, Mr. O'Reilly. Minister Abernethy.

HON. GLEN ABERNETHY: Thank you. Thank you, Mr. Chair. Mr. Chair, the Midwifery Profession Act has allowed for the licensing of registered midwives since 2005 in the Northwest Territories. The Act establishes a licensing and complaints discipline regulatory framework. The Act does not prohibit private practice.

Currently, registered midwives in the NWT work within the Health and Social Services system as employees, so their services are covered by the NWT health care plan as a core program. This is similar to a number of services such as vision exams, physiotherapy, occupational therapy. These services are not covered if they are provided in a private clinic, and that's true for physiotherapy and occupational therapy and those services as well.

If a registered midwife was willing to assume the costs of private practice such as insurance, overhead, staffing, those types of things, they are free to do so in the Northwest Territories, but a registered midwife would have to bill their clients directly, and their services would not be covered by the Act. Thank you Mr. Chair.

CHAIRPERSON (Mr. Simpson): Thank you, Minister. Mr. O'Reilly?

MR. O'REILLY: Thanks, Mr. Chair. So I take it from the note that the Minister was reading that there's no support provided through Stanton for midwives to actually practice; that they would have to do it on their own; get their own insurance, their own office or whatever. So there's no support through the existing system for midwifery in Yellowknife? Thanks, Mr. Chair.

CHAIRPERSON (Mr. Simpson): Thank you, Mr. O'Reilly. Mr. Minister?

HON. GLEN ABERNETHY: Thank you, Mr. Chair. Mr. Chair, if a midwife wanted to have a private practice here in the Northwest Territories or in Yellowknife in particular they could seek privileges at Stanton; that's something we'd certainly be willing to have a conversation about. But if they wanted to start a private business they would have to have their own insurances and whatnot. Having said that, and I've said it before and I'll say it again, we are looking at developing a territorial midwifery model based out of Yellowknife. We have the one and a half positions, finally able to fill them as of last February; we're moving forward with the design. We have to build a business case so that we can bring it through our

business planning process, through our financial process, to see if we can get the money, but we have to have a plan before we do that. That's the work that we're doing today. Thank you, Mr. Chair.

CHAIRPERSON (Mr. Simpson): Thank you, Minister. Mr. O'Reilly.

MR. O'REILLY: Thanks, Mr. Chair, and I appreciate the response from the Minister. This is just more of a comment, but there's a number of people in Yellowknife that are quite frustrated at the lack of services when it comes to midwifery. I mentioned the other day how one family actually had to go to Hay River at their own expense for a couple of weeks to avail themselves of the service. I appreciate the response from the Minister but I look forward to seeing that business plan as soon as possible. Thanks, Mr. Chair.

CHAIRPERSON (Mr. Simpson): Thank you, Mr. O'Reilly. Would the Minister like to respond?

HON. GLEN ABERNETHY: Thank you, Mr. Chair. Mr. Chair, we are committed to developing the plan. We're committed to expanding the midwifery services that we have here in the Northwest Territories. We've been committed to this for a while. The expansion has been slow but we've gone from providing about \$775,000 worth of midwifery services in 2013-14 to \$1.5 million, so it's not that we haven't been doing anything.

We have expanded-- we had a plan in the Beaufort Delta which was modified. We have midwives in Fort Smith and Hay River and we are looking at a territorial model. At the same time, and as I said yesterday, as we build our facilities, our larger regional facilities, we actually planned space for midwifery services. If you look at the health centre we're building in Norman Wells there's a dedicated room properly plumbed to be a midwife's room with birthing tubs. We're planning ahead even though we haven't done all the work for the final design of a territorial plan, but we are doing the work that is necessary to build appropriate plans....

... **MR. O'REILLY:** Thanks, Mr. Chair. I guess I have to get back on the midwifery train again. My colleague had asked some questions about midwifery services for people in the Dehcho, families in the Dehcho. And I think I heard the Minister say that medical travel would get families to Yellowknife but not to Hay River, where midwifery services are available. I'm not sure I heard the Minister right, but can I confirm that, number one? Thanks, Mr. Chair.

CHAIRPERSON (Mr. Simpson): Thank you, Mr. O'Reilly. Minister.

HON. GLEN ABERNETHY: Thank you. Medical travel is used to get the person to the closest point of where the service can be provided. So, for example, if somebody in Yellowknife was having a baby, we provide obstetrics services in Yellowknife, fully comprehensive state-of-the-art obstetrics services in Yellowknife. Therefore, we wouldn't be using medical travel to transport somebody to another community where the service is actually available, when birthing services are available, in Yellowknife.

But I do take the Member's point that, in something like a location like Simpson, you know, the cost of going to Simpson is probably no different than the cost of going to Yellowknife. So we've already committed that we're going to develop a territorial model which will address this question. But, in the meantime, I will have the department do a quick analysis on how we can actually facilitate for other communities that may want to have birthing services and/or utilize some of the birthing services in that community, recognizing that, if those services exist in the community where you live, medical travel wouldn't make sense. But for Simpson, maybe Providence, maybe it does. Let me get the department to do some analysis on that. There might be some short-term opportunities here until we can actually finalize the development of a territorial midwifery action plan. Thank you, Mr. Chair.

CHAIRPERSON (Mr. Simpson): Thank you, Minister Abernethy. Mr. O'Reilly.

MR. O'REILLY: Thanks, Mr. Chair. I think we might be getting confused in terms of geography here, but I think the Minister meant that, if families in the Dehcho, like from Simpson or Jean Marie River or Kakisa, wanted to go to Hay River for midwifery services, they would look into this and have that medical travel cover that rather than sending families to Yellowknife, where the service isn't even available. So I think that's what he was getting at, and I just wanted to confirm that because I think there was some confusion about geography. Thanks, Mr. Chair.

CHAIRPERSON (Mr. Simpson): Thank you, Mr. O'Reilly. Minister.

HON. GLEN ABERNETHY: I'll commit to looking into that as the Member has described. I will point out one challenge, that the midwifery budget and the number of positions allocated to Hay River were based on the average birth rate in Hay River, and, by having other communities, like Fort Simpson, Fort Providence, the Deh Cho, also adding to that birthing number, it changes the make-up of the requirement and it could actually rapidly overburden the existing midwifery complement in Hay River.

But I hear Mr. Thompson's point; I hear your point, and I see Mr. Nadli nodding. So I hear you, and I'll look into that. I'd be cautious, though. We don't want to set up a situation where we'll set Hay River up to fail by having them overburdened. But, ultimately, I mean, I believe in midwifery services, and we want to do what we can to support. Thank you, Mr. Chair.