

Your Healthcare Home.

Healthcare Homes: Ending the Health Care Lottery —
a guaranteed primary care team for every
Saskatchewan person, not just the lucky ones



Key Recommendations

- **End the lottery in law, not just in language or practice.** Pass a **Primary Care Act** that guarantees every Saskatchewan resident connection to a full primary care team — not just an individual provider — as the legislated standard.
- **As part of that Act, legislate a no-abandonment guarantee** — Healthcare Homes will ensure that when individual providers retire, relocate, or leave, patients remain attached to their Healthcare Home. When an entire clinic closes, the health system becomes responsible for assisting unattached patients and navigating them to a home with a publicly reported time frame.
- **Establish Care based on where you live** — Imagine if public education worked like primary care: families phoning school after school, hoping someone will take their child. We would never accept that. In 2026, in the birthplace of medicare, we shouldn't accept it in healthcare either. **Every Saskatchewan person should have a Healthcare Home responsible for them based on where they live — care by address, not care by chance.**
- **Replace passive search with active matching** — create a province-wide attachment system that actively matches unattached patients to available teams, prioritizes people according to need, and gives patients a navigator responsible for helping them find a permanent home rather than leaving them to phone clinics themselves. The Sask NDP introduced legislation that would require a registry of NPs and family doctors accepting new patients on the heels of a petition launched by the College of Family Physicians calling for one. In its absence, a Regina resident built his own website attempting to track local doctors accepting patients. But the goal should go further: **patients shouldn't have to search for care; the system should be responsible for finding them a Home.**
- **Build different Homes for different communities** — set a common provincial standard for the functions every health-care home must provide, while allowing urban, rural, northern and Indigenous communities to design different team configurations around local population needs and available workforce. **Universality does not mean "all the same".**
- **Publish a needs-based rollout and measure continuity, not just attachment.** Prioritize communities with the poorest access and weakest team-based coverage, publish dates for bringing every part of Saskatchewan under the guarantee, and publicly report both **attachment and continuity**. Government should have to show not merely how many people got a provider, but whether they remained connected to ongoing care.