

Your Healthcare Hub.

Healthcare Hubs: continuous, coordinated,
connected care behind every Home



Key Recommendations

- **Build a Healthcare Hub behind every network of Homes** – establish regional Hub capacity so every local primary-care team has access to services it cannot reasonably provide on its own, including mental health and addiction care, rehabilitation, pharmacy, home-care coordination, dietician, social work, diagnostics, specialist support, patient navigation, and other community programs that impact people's health.
- **Integrate primary care, home care, and community services around the patient.** Adopt an integrated people-centred care framework, drawing on the Canadian Home Care Association's March 2025 Enhanced Framework for Integrated People-Centred Care Model as the statutory guide for this primary care transformation agenda, so these services share responsibility for populations rather than operate as separate silos that patients must navigate themselves.
- **Measure all existing and new primary care investments** against an integration standard from the beginning.
- **Scale Saskatchewan models that already demonstrate comprehensive care.** Use the principles demonstrated by a handful of existing approaches – from community clinics, to SHA-run primary care centres, to Swift Current's Associate Family Physicians Clinic (AFPC) model – to transform primary care and to expand into today's care deserts rather than leaving integration as exceptions.
- **Consider using the All Nations' Healing Hospital's Indigenous-governance model** as the template for First Nations and northern communities specifically, with flexibility for unique local needs.
- **Set a public, phased target for closing Saskatchewan's primary care investment gap.** Move towards – and then beyond – the 8.1% OECD average share of overall health spending on primary care. **Direct new primary care dollars first toward team-based attachment** with a public target and a public dashboard tracking people newly attached to a family doctor or nurse practitioner.
- **Establish a public roadmap and clear accountability.** Publish a needs-based rollout prioritizing communities with the weakest team-based care, with clear timelines for province-wide coverage. **Measure Hubs by what changes for patients** – avoidable hospital use, delayed discharges and care coordination – **and publicly report where gaps remain and what is working.** Scrutinize closing care deserts as closely as attachment. At the same time, **cost every health platform commitment against this return-on-investment logic.**