

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.

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.**

Your Bridge.

Your Bridge: care within reach wherever you live



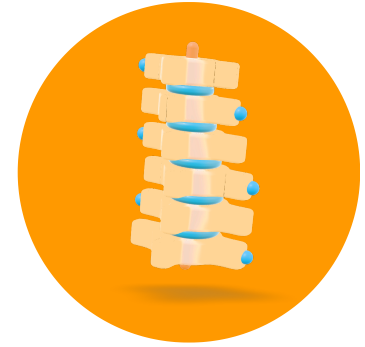
Key Recommendations

- **Create a community navigator role within Hubs for people who need more help navigating the system.** For people without access to primary care or a Healthcare Home, assign a community navigator to bridge their care and assist in active matching to a permanent team – a concrete mechanism for the no-abandonment principle this plan has already committed to under “Healthcare Home”. **No revolving door of providers, and no one left to navigate the system alone.**
- **Adopt a Relational Virtual Care Standard and make virtual care an extension of a patient’s Healthcare Home and Hub.** Set a provincial standard requiring publicly funded virtual primary care to provide continuity with a responsible team, appropriate follow-up and a pathway to hands-on care when needed. **Virtual care should strengthen relationships, not replace them.**
- **Build a permanent mobile primary-care workforce.** Expand existing services that currently exist only in some communities, including Community Paramedicine, expanded home care, Community Wellness Buses, and mobile nursing and other appropriate services. Prioritize rural, northern, homebound, high-needs and post-discharge patients. **Bring prevention, monitoring, treatment and follow-up closer to home to save money and improve care.**
- **Reimagine HealthLine 811 as the missing front door and as a universal healthcare navigator:**
 - Move beyond symptom triage so 811 can connect every Saskatchewan person – attached or not – to the right care, including their Home, regional Hub, home care, mental-health and addictions services, community supports, virtual care and mobile care. **Patients should get connected to care, not another number to call.**
 - **Build navigation around the patient’s Home and Hub.** When someone has a Healthcare Home, 811 should connect back to that team and its after-hours coverage wherever possible; when broader capacity is needed, it should connect into the Hub rather than yet another disconnected service for the patient to navigate on their own. *Your Care, Your Say* identified a “system without a front door,” where patients are too often left to navigate disconnected services themselves, and called for comprehensive, coordinated primary care that “connects the dots.” **Making 811 a universal navigator puts that principle into practice by giving every Saskatchewan person one place to start**

- **Connect navigation, virtual care and hands-on care into one pathway.**
Enable 811, Healthcare Homes and Hubs to move patients seamlessly from navigation, to virtual assessment, to mobile or in-person care when required. Community paramedics, nurses and other mobile providers should be able to work with physicians, nurse practitioners and specialists remotely rather than leaving the patient to start again somewhere else.
- **Set the standard and prove the value.**
Establish common requirements for publicly funded Bridge services and publicly report access, continuity, geographic coverage, follow-up, ED diversion, patient safety and outcomes. Expansion should represent **additional capacity rather than a substitute for existing emergency or local services**, and any contracted virtual-care arrangements should be evaluated transparently before becoming permanent.

Your digital Backbone.

The Backbone: Building out the digital backbone once and for all



Key Recommendations

- **Pass the Saskatchewan Connected Care and Patient Data Rights Act.** Introduce a modern provincial legislative framework that mirrors federal *Bill S-5*, legally establishing a clear, enforceable right for Saskatchewan patients to timely, secure and no-cost electronic access to their complete health information.
- **Expand MySaskHealthRecord into a true one-stop shop**, with a long-term goal of navigation and triage capability that is integrated directly with a modernized HealthLine 811 so a resident can move from symptom to service in one place; two-way secure messaging within your own care team, not just static records; genuine appointment and lab booking, not just the reminders the tool already offers; and access to full clinical visit notes, not just the fact that a visit occurred.
- **Establish the eHealth Primary Care Integration Taskforce.** Launch a dedicated, clinician-led taskforce within eHealth Saskatchewan with a mandate to eliminate fax machines from all clinics within a set timeline. Provide support to equip primary care providers with modern, fully interoperable Electronic Medical Record (EMR) software that seamlessly connects to the provincial circle of care.
- **Legislate a public accountability gate — the direct lesson of the 2014 EHR finding.** Write into the Act itself that no major funding tranche for the MySaskHealthRecord expansion can be released without an independent, publicly published milestone review confirming measurable progress against a preset benchmark. This is the specific, named answer to the *2012–2014 eHealth Saskatchewan finding*, where more than \$500 million was spent with insufficient public accounting for progress along the way. Pairing this recommendation with the broader platform's own "Anti-AIMS" financial accountability clause turns Saskatchewan's two biggest Sask Party digital-government memories — one payroll, one health records — into the reason to trust this one.