

Ingersoll Primary Care Recruitment and Retention Advisory Committee

Agenda

Tuesday, March 22, 2022 – 7:00 pm

Notice: This meeting will be held virtually and will not be recorded. Any member of the public wishing to view the virtual meeting may contact business@ingersoll.ca for a link to the Zoom meeting.

1. Call to order / Introductions
2. Approval of Agenda
THAT the agenda for the March 22, 2022 meeting of the Ingersoll Primary Care Recruitment and Retention Advisory Committee be approved as presented.
Moved by: Seconded by: Carried
3. Approval of Minutes
THAT the minutes for the January 18, 2022 meeting of the Ingersoll Primary Care Recruitment and Retention Advisory Committee be approved as presented.
Moved by: Seconded by: Carried
4. Business Arising from the Minutes
 - ROMA delegation meeting update and discussion
 - Alexandra Hospital CEO update
5. New Business
 - a) Inventory of Physicians and Opportunities
 - b) Activities and Ideas
 - Discovery Week – Medical Students, May 30th-June 3rd 2022
 - c) County Physician Recruitment Committee Update
 - d) Consultant Proposal
 - e) Access to Team-Based Primary Care in Underserved Rural Communities
 - Draft policy supported by Ingersoll Chamber. To be discussed (attached)
 - f) Round Table and General Discussion
6. Next Meeting – To be Discussed
7. Adjournment
THAT the March 22, 2022 meeting of the Ingersoll Primary Care Recruitment and Retention Advisory Committee be adjourned.
Moved by:

A. Access to Team-Based Primary Care in Underserved Rural Communities

Authored by the Tillsonburg District Chamber of Commerce

Issue

The Ontario landscape for equitable access to primary care and mental health and addictions support continues to present a number of health system gaps and challenges specific to: 1) Lack of family physicians, and 2) Lack of access to team-based care in Rural Communities, resulting in increased and inappropriate Emergency Department (ED) visits and hospital admissions.

Background

There are several salient challenges faced by the health system that hinder the provision of community services:¹

Lack of family physicians and lack of access to team-based care

For those patients without physicians, walk-in clinics are relied on, but in many rural communities they don't exist. Alternatively, the Emergency Department (ED) is relied on for primary care, or patients who chose to ignore health issues, resulting in untreated conditions that then lead to hospital admission. This results in a high rate of avoidable visits to EDs for problems that are more appropriately managed in the community.

Continuity of care problems also result from not having a family physician and not being rostered with a Nurse Practitioner (unattached patients). HealthCare Connect is available to connect physicians with unrostered patients but often physicians do not use it due to the concern of complex patient issues.

Additionally, from an employer's perspective, employees who don't have access to a primary care provider to assess injuries and general illness have difficulties getting assessed and receiving care potentially resulting in longer periods of absenteeism.

Additional rural challenges

Rural community populations are rapidly increasing with no additional investment in health care supports, programs and services to support the population. The senior population is often higher in these communities presenting a more prevalent need for chronic disease care, such as hypertension and diabetes mellitus support, for example.

Rural communities also tend to present with higher numbers of high-strength opioid users and alcohol use disorder due to isolation and anxiety.

Access and wait times for mental health and addiction support are also higher due to lack of programs and services available.

¹ Some of these issues were identified in the Oxford County and Area Ontario Health Team (OHT) Full Application but are seen across the province.

Recommendation

The Ontario Chamber of Commerce urges the Government of Ontario to:

1. Investigate the opportunities available to establish equitable team-based primary care access to all rural communities across the province, specifically in areas that are identified as high need.
<https://www.health.gov.on.ca/en/pro/programs/highneed/>
2. Invest to expand team-based Primary Care models such as Family Health Teams (FHTs); Community Health Centres (CHCs), Nurse Practitioner Led Clinics (NPLCs) and expand the Family Health Organizations (FHOs), to enhance access and increase capacity for unattached patients to team-based primary care in rural communities.
3. Roster patients to Nurse Practitioners to avoid duplicate primary care in rural communities with physician shortages.

Submitted By:

Tillsonburg District Chamber of Commerce
February 4, 2022