

Meeting – September 16, 2009  
Sault College Boardroom – 6:30 p.m.

Attendance:

Board Members:

Present: J. Briglio, D. Graystone, R. Peters, J. Breckenridge, C. Provenzano, J. Robertson, M. Tasz, J. Sippell

Absent: J. Ovens

Steering Committee:

Present: B. Maloney, M.E.Luukkonen, K. Scott, J. McLeod

F. Rose, M.E. Szadkowski

1. Welcome – Acting Chair C. Provenzano welcomed all to the meeting and thanked the Steering Committee for their attendance at the meeting.
2. Questions and Answers for the Steering Committee  
C. Provenzano asked the Board members to address the Steering Committee with questions that they had with regards to the Business Plan

J. Robertson

- congratulated the Steering Committee on the Business Plan

Concerns:

- i) it appears that the first priority for patients was that of College students and staff
  - should we not be addressing the community at large
  - there are 1000's of patients who don't have a primary care provider
- ii) the initial registration for the clinic
  - should it not be an application process and then a determination of who requires care
- iii) implementation period
  - 18 months for registration would probably be too long
  - should perhaps be first come, first served
- iv) cost
  - \$1 million too high?
  - perhaps review other primary care models

Response:

J. McLeod – gave a historical perspective of the development of the business plan

- proposal grew out of a partnership with Sault College
- Sault College students, staff and family would be the unattached individuals that do not have attachments
- also recognized that it is open to the public
- wanted to provide an educational component to college students

- out of two visions the Business Plan was developed

## Numbers

- the Steering Committee also had concerns about the numbers
- 800 is the benchmark by the Ministry
- combination of registered patients who are there for primary care and a combination of services offered

## K. Scott

- a lot of transients would be involved with respect to the College students
- if a student is sick they can access the clinic
- it is not the population that the Clinic should hit totally
- the concentration would be patients without primary care providers

## J. Sippell

- how many students, staff, are unattached?

## J. McLeod

- these are people that are episodic and require little service

## B. Maloney

- there is a large of unattached patients in the community
- ideally they would be laced in family health team
- problem morally is that we can only look after a proportion of these people
- when we developed the plan we looked at a target population and how we could get the best bang for the buck
- the dilemma – it is a costly proposal
- there will be negotiation
- have to be objective about the cost/patient
- if you look at the number of patients that are complicated cases and load them onto the NPs – they will be in trouble
- you have to have a mix of patients
- the registration process has to be thought out – the thought regarding the 2400 patients is that if we are going to get beyond this figure then you need a mix of patients
- NP clinics are more expensive than family care clinics
- can't get up to those numbers with all complex patients

## C. Provenzano

- given the wording of the proposal – it is a matter of emphasis
- could we soften the language to dull the focus

## J. Roberston

- the 18 months phase in process – can it be shortened – Yes

## F. Rose

- the college wanted to be involved – have students out of emerg. for other complex care patients

M.E. Szadkowski

- the first proposal of a family health team which brought together the Ministry of Health and the Ministry of Education was not approved because of lack of funding

K. Scott

- the numbers are arbitrary

J. McLeod

- there has to be a bench mark

B. Maloney

- there may be a bottleneck given that there are only so many NPs and X# of appointments

J. Sippell

- the salary? – is it fixed by the Ministry of Health – Yes
- if NPs are required to fill out forms who gets the \$'s – that would be determined
- administration appears to be heavy? – this came as a template from the Ministry
  - the physical space – when will the space be available? – the decision has been made by the College – southwest corner of L-Wing

J. Briglio

- is funding based on NP influence

B. Maloney

- intention to deliver operating plan according to NP Led
- funding is not tied to NP participation in the governance

J. Briglio

- don't see the NP autonomy

K. Scott

- patients will be registered to the NP
- the physician is the consultant

J. Briglio

- pharmacist – don't see the need to have on-site
- perhaps use the \$'s elsewhere

M.E. Szadkowski

- if it is requested in the business plan then would have to use it for that purpose

J. Briglio

- concern regarding the #'s

R. Peters

- regarding the budget – better to go in asking for more than you want

\*\*All questions were addressed by Steering Committee – R. Peters and C. Provenzano thanked the Steering Committee for clarification

- break in the meeting – Steering Committee reconvened

Recommendations from the Steering Committee regarding Business Plan revisions

- clarification of language with respect to target population

- a mixture of patients is required

- have to have a broader focus

D. Graystone will meet with M.E. Szadkowski to make the recommended changes

- recommendations attached to minutes