



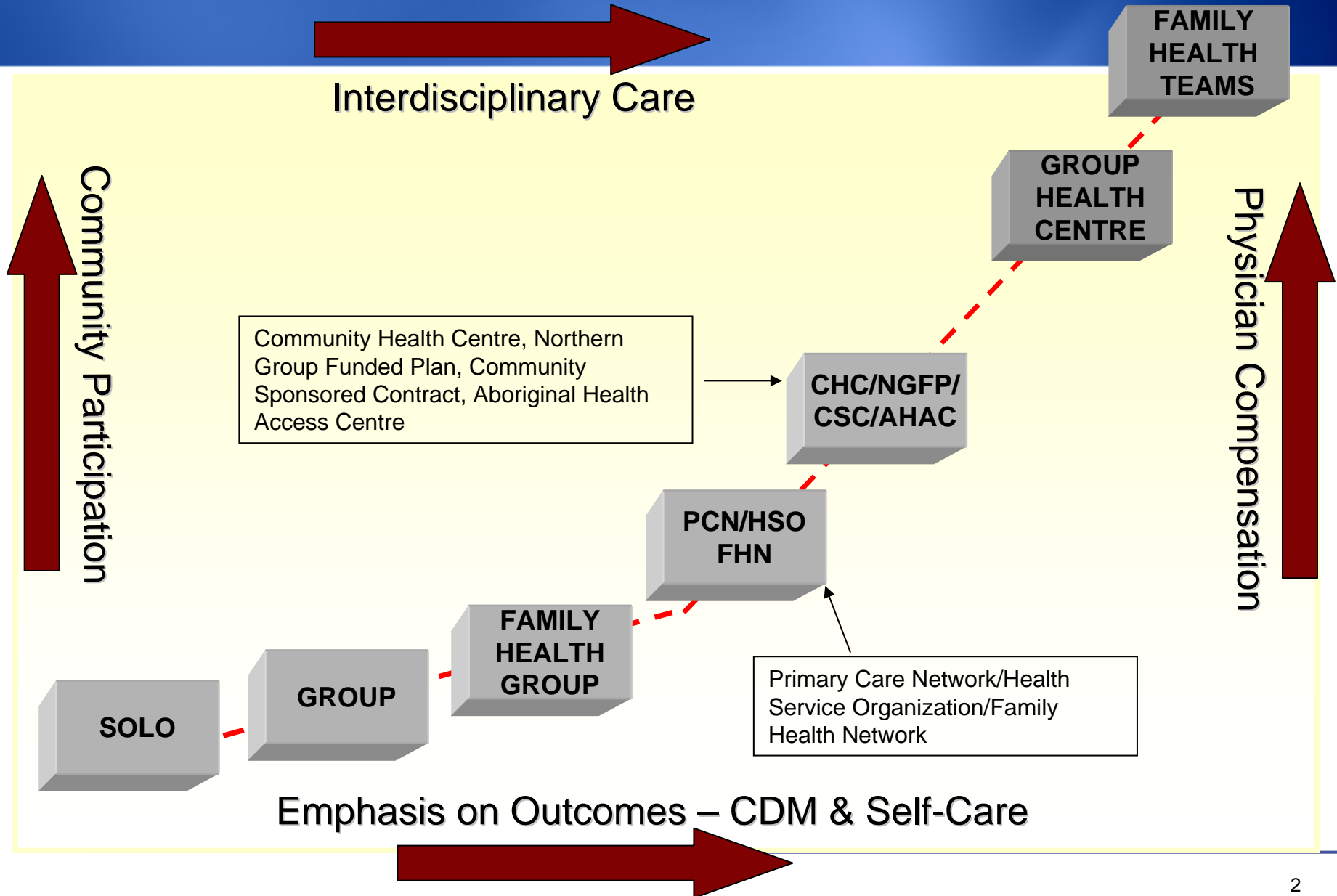
THE CITY OF LAKES FAMILY HEALTH TEAM



CoL FHT: History

- ***Family Health Teams are part of continuum of Primary Care Renewal ongoing > 10 years***
- ***Common Elements:***
 - ***Group Practice***
 - ***Multi-Disciplinary Care***
 - ***Alternate payment mechanisms***
 - ***Variable Levels of Community Participation***

Comparison of Primary Health Care Models



City of Lakes FHT: History

- ***MOHLTC – OMA Agreement in 2004 / 05 Introduces FHTs***
- ***Call for “Expressions of Interest” early 2005***
- ***NO APPLICATION FROM SUDBURY: \$600M Government Priority***
- ***Prior Discussion with Region results in decision to go forward***
- ***NOSM Support invited and given***
- ***Multiple meetings with physicians***

CoL FHT: History

- *Discussions with MDs:*
 - *Physicians express varying degrees of interest*
 - *Possibility of ER Doc participation in UCC*
 - *Pediatric Support*
 - *Psychiatry Support*
 - *Consider Lab and DI Component*

Proposal Written and Accepted

CoL FHT: Commitments

MOHLTC:

Development Grant: 96K (BPD, Meetings, Co-ordinator)
Staff Support

HRSRH:

Project Development / Facilitation
Recruitment Support, Initial Accounting Services
Eventual Infra-Structure Support:
Accounting, Materials Mgmt, HR Services, etc

CGS:

property in perpetuity of use
renovation cost assistance

CoL FHT: The Interests of the Parties

The Physicians:

***enhanced and stable payment;
support comprehensive care;
shared workload;
relieve administrative burden;
relieve overhead expense;***

CoL FHT: The Interests of the Parties

HRSRH:

engagement of Family MDs in Hospital Mission;

engagement of HRSRH in Family MDs' Mission

support continuum of care = improved efficiency;

enhance support to hospitalist program;

decompress inpatient & ER demand;

integrate Hospital and community

CoL FHT: The Interests of the Parties

City of Greater Sudbury:

enhance service to periphery;

utilize city owned properties;

consistency with “Geriatric Campus;”

recruitment of MDs to “turn-key ops”

CoL FHT: The Interests of the Parties

NOSM:

stable educational platform;

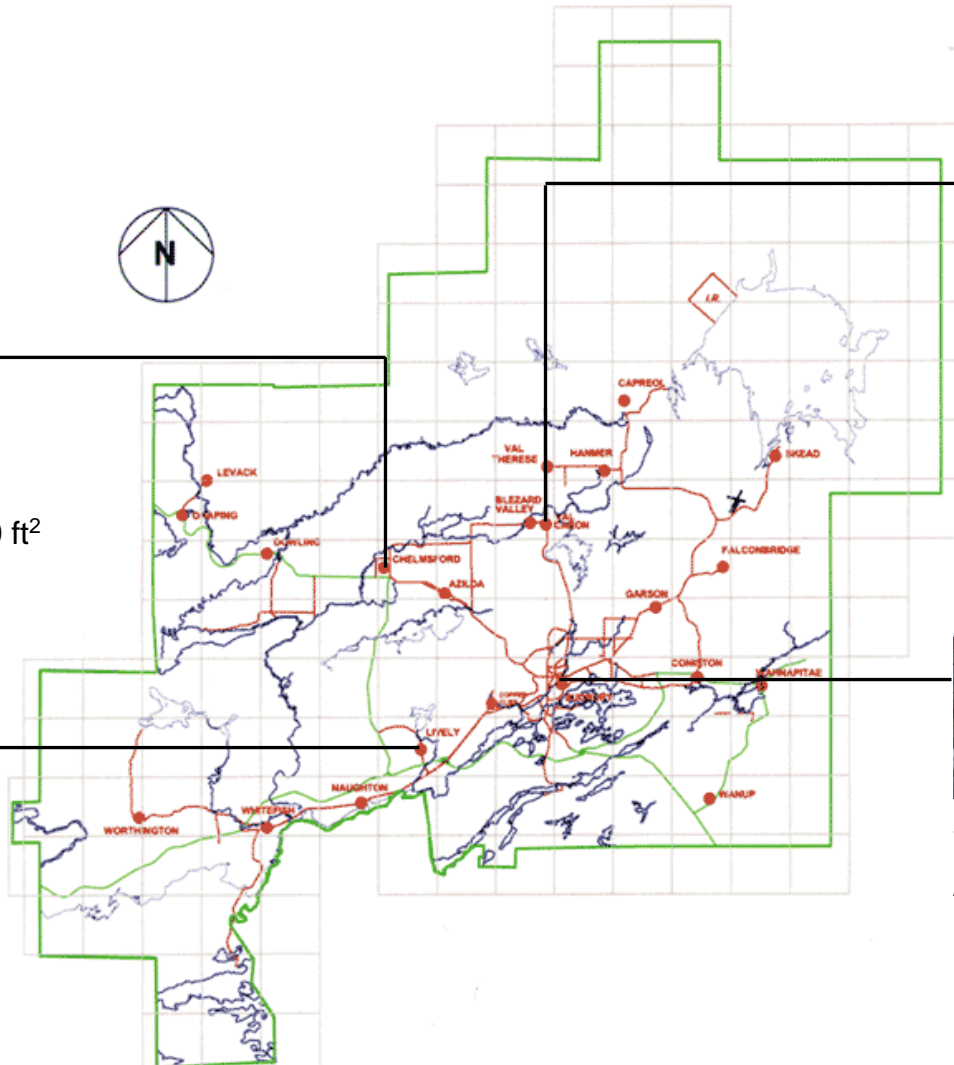
integrated academic resources;

a more appropriate funding model for faculty

Available space - 7,500 ft²



Available space – 5,000 ft²



Available space - 4,500 ft²



Anticipated space - 10,000 ft²

CoL FHT: Development

Decision: First “site” in periphery

- **Walden or Val Caron**
sites judged near ready
part-time MDs available but no anchor
- **Pioneer Site on hold pending peripheral**
MD's available to start
Extensive / Expensive renovation
Need for a “transitional plan”

CoLFHT: The Case for Change

- **Ongoing Need**
 - **Of our communities**
- **Ongoing Commitment**
 - **The Hospital**
 - **The City**
 - **The Medical School**
 - **The Ministry**

CoL FHT: Development

Decision:

Maintain Requirement for Hospital Privileges

Decision:

Maintain Central Role of Family MDs

Decision:

Move forward simultaneously rather than sequentially

Decision:

Commence transitional plan and governance recruit

CoLFHT: Next Steps

- Appoint Program Director:
- Develop Community / Partner Council
- Transitional Site
- Move Forward with Pioneer Manor Site
 - MD Leadership and presence
 - Allied Health Support
- Simultaneous Development of Transitional Site
 - Full Time Allied Health
 - Initial part-time Physician Support

CoL FHT: Next Steps

1. Move forward with central site: PM vs Transitional
initial MDs available “demonstration site”
will recruit
support with NPs and Allied Health
2. Begin Val Caron site:
part-time MDs
full-time NPs

CoL FHT: Next Steps

3. Amend Business Plan
 - altered time lines
 - slower, staged growth

4. Continue Dialogue:
 - with MOH Staff
 - with CGS

Thanks

? ? QUESTIONS ? ?

