

THE CORPORATION OF THE TOWN OF GEORGINA

REPORT NO. SI-2023-0016

**FOR THE CONSIDERATION OF
COUNCIL**

November 22, 2023

SUBJECT: Research and considerations to inform Council on Health Georgina's request for funding re: Physician Recruitment and a future Urgent Care Centre

1. RECOMMENDATION:

- 1. That Council receive Report No. SI-2023-0016 prepared by the Strategic Initiatives Department, dated November 22, 2023, respecting the research to inform Council's decision on Health Georgina's request for funding related to Physician Recruitment and a future Urgent Care Centre.**
- 2. That Council provide direction to staff on its preferred path forward based on the contents of this report.**

2. PURPOSE:

This report was developed in response to Health Georgina's request for the Town to fund both physician recruitment and the future construction of a Health Hub/Urgent Care Centre in Georgina. Council referred this request to staff for consideration.

The report draws from a variety of sources, including information shared by the Province and other health partners. The report attempts to provide Council with adequate information and context to make an informed decision on a go forward approach.

3. BACKGROUND:

Overview of Health Georgina's request

Health Georgina is a federally chartered not-for-profit, self-financed, volunteer run organization governed by a Board of Directors. The organization is dedicated to ensuring the citizens of the Town of Georgina have easy access to medical professionals, mental health and wellness providers through maintaining contact with the health care community, promoting awareness, conducting research, facilitating health care provider recruitment and to give people an independent voice in their local health care.

In November 2022, Health Georgina delegated to Council requesting the Town establish a reserve fund as a pilot project in the amount of \$40,000 annually for the next five years as a recruitment incentive to recruit two additional doctors, and an amount of \$100,000 annually over the next 10 years in support of the future vision to work with Markham-Stouffville Hospital, Oak Valley Health Hub and Southlake Regional Health Centre to develop and execute a plan for a Georgina Health Hub.

The proposed 10,000-15,000 square foot Health Hub facility would be located centrally in Georgina to provide urgent care and ambulatory services, including an expanded/updated Emergency Department, state-of-the-art operating rooms, labour/delivery unit, neonatal Intensive Care Unit, clinical labs, 20 short-term in-patient beds and roof-top helipad with added clinical technology and equipment, with a target completion date of 2032. Following the delegation, the Resolution below was carried by Council:

- RESOLUTION NO. C-2022-0361 Moved By Councillor Biggerstaff seconded by Councillor Neeson that the delegation made by Steve Jacobson of Health Georgina, a not-for-profit volunteer-run organization dedicated to ensuring easy access to medical professionals, mental care and wellness providers, requesting a grant in the amount of \$200,000 over five years for the recruitment of two medical practitioners, and \$1,000,000 over a 10-year term for the development and plan for a future integrated Health Hub to be centrally located in Georgina to provide urgent care and ambulatory services to our residents, be received. Carried.

In January 2023, as follow up to the Resolution above, Council carried the following:

- RESOLUTION NO. C-2023-0069 Moved By Councillor Neeson Seconded By Councillor Fellini That Council refer the Health Georgina's 2023 grant request of \$200,000 over four or five years to the Chief Administrative Officer for further investigation and discussion with relevant staff, the Senior Leadership Team and Health Georgina representatives, and provide a brief update to Council by the beginning of the third quarter of 2023. Carried.

Also, in January 2023, a practicing physician in Georgina, reached out to Mayor Quirk requesting equal treatment (given the strains on health care across the sector) as it applies to receiving incentive funding for existing physicians already established in the community and details on the source of such funding. Mayor Quirk responded, clarifying that the funding request from Health Georgina had been referred back to Town staff for investigation.

In May 2023, staff provided Council with an update that the research paper being provided by Health Georgina, to be completed by students from the Schulich School of Business, had been delayed and may not provide the details staff were expecting. The 90-page document was received by staff in late July 2023. It was reviewed and informed this report, where verifiable data sources were used.

The student report, as part of a class project, was requested by Health Georgina with the initial purpose of reviewing Oak Valley Health (Markham Stouffville and Uxbridge) employees' understanding of their strategic plan, identifying any gaps and determining how they could support the Town of Georgina in building an Urgent Care Facility.

In the process of completing the report, it appears the students became aware of Southlake Community-Ontario Health Team's Expression of Interest (EOI) submission to the Ministry of Health. Taking that into account, the scope of the report was refined to include Southlake as a partner.

Although the report has some valuable information related to 'health care needs in Georgina', staff have approached the report with caution related to accuracy of the data and somewhat limited scope. That said, we certainly appreciate the hard work of the Schulich students and congratulate them on a solid research effort. Health Georgina representatives have requested that Town staff not share the document itself publically.

Understanding Southlake Community-Ontario Health Team's emerging and centralized role in partnership with Ontario Health

Ontario Health

Ontario Health is a Crown agency of the Government of Ontario (Ministry of Health) created to connect, coordinate and modernize our province's health care system; working with partners, providers and patients to make the health system more efficient. Ontario Health oversees health care planning and delivery across the province to build a person-centred health care system, (Province of Ontario, 2023).

Ontario Health Teams (OHTs)

Introduced and supported by Ontario Health, Ontario Health Teams (OHTs), are self-organized groups of health care services in "clusters" based in local communities, with a goal to better coordinate and integrate health care. Envisioned to deliver local integrated care at scale, OHTs include hospitals, doctors and home/community providers that work as one coordinated team, no matter where they provide care. OHTs at maturity are anticipated to replace much of the role held by the 14 Local Health Integration Networks (LHINs) until April 2021, (Province of Ontario, 2023).

The Southlake Community Ontario Health Team is a partnership of health care organizations that provide a wide range of health care services to the residents of northern York Region and southern Simcoe County. Their goal is to work together to bring connected care to the communities they serve, as well as to improve access and reduce gaps in the health care system. The team is led by a Joint Executive Steering Committee and Co-chairs (Dr. David Makary, Primary Care lead and Christina Bisanz, CEO of Community and Home Assistance to Seniors/CHATS).

In May 2023, staff met with Gayle Seddon, Director of Community Partnerships with Southlake and Executive Director of the Southlake Community OHT and Dave Pearson, Director of Primary Care with Ontario Health to receive an update on health care efforts in Georgina and across the province.

Information was shared regarding preliminary health care data and the submission of the Expression of Interest (EOI) to the Ministry of Health. Also shared was the direction of Ontario Health, including the focus on primary care and mention of Southlake as the hospital partner for Georgina, with communication and discussion in that regard to be led by the Province.

On June 7, 2023, Gayle Seddon and Christine Bisanz delegated to Council outlining the goals for the EOI as follows:

- Target population:
 - People without access to family doctors or nurse practitioners in Georgina.
 - Added focus on marginalized people who have not had primary care for an extended period of time.
 - People experiencing homelessness and in need of harm reduction services.
- Vision to service the community:
 - **Primary Care Clinic:** To establish a new clinic for the unattached population in the community or provide comprehensive primary care services, including the addition of one Primary Care Physician, one Nurse Practitioner and a full inter-disciplinary team.
 - **Virtual Care Services:** To provide virtual care services to improve health care accessibility and enhance the patient experience.
 - **Mobile Clinic:** To deploy a mobile clinic to bring vital services directly to individuals.

As part of the delegation, Southlake requested and was approved to receive a letter of support that was to be included with the above EOI submission, with a decision from the Province likely by fall of 2023.

Further, Southlake shared the possibility of securing space for one Primary Care Physician to operate on-site six days per week (Monday-Saturday) through a current health services partner, if and when the EOI proposal is approved to move forward.

Also, Georgina's Nurse Practitioner-Led Clinic (NPLC), a not-for-profit interdisciplinary care team funded by Ontario Health, put forward an EOI to the Ministry of Health in August 2023. The EOI was based on data from a recent environmental scan through their work with Southlake Community OHT, their current waitlist and communication with a local doctor on their plans to retire.

The EOI included the addition of two Primary Health Care Nurse Practitioners (NP). One NP will work both at the clinic and provide support to the proposed Southlake Community OHT Primary Care Clinic. The second NP will focus on supporting the local

doctor to transition to retirement. The EOI also requested additional resources in the areas of mental health/social work and medical secretary.

It is not known by staff if any additional health care providers in Georgina submitted EOIs to the Ministry of Health.

As well, the Province outlined support for Southlake Regional Health Centre to become a two-site hospital with the existing facility transitioned to an Urgent Care Centre (UCC). However, following the Province's recent decision to return properties back to the Greenbelt, the proposal to develop a health care facility on the property in King Township would not align with Greenbelt Plan policies.

Getting the perspective of the York Region Medical Officer of Health

In August 2023, staff met with the York Region Medical Officer of Health, Dr. Pakes, for a high-level conversation on areas related to improving access to health care in Georgina.

With respect to the role of York Region in the delivery of health care, Dr. Pakes stated that the mandate of York Region Public Health is public health programs and services such as protection, prevention, immunization, education and harm reduction. Whereas health care is the mandate of the Province. That said, he indicated a willingness to participate in health care planning with the Town and shared much of his perspective from his experience as a physician, educator and urgent care doctor.

The Town of Georgina's participation in the health care landscape

The Town of Georgina has supported and continues to support improving access to health care. For instance, in 2021, \$100,000 was provided to Health Georgina by the Town to help offset the cost associated with the development approval process required to construct the building now occupied by the Nurse Practitioner-Led Clinic. Also as mentioned above, in June 2023 Council provided a letter of support that was included with Southlake Community OTH's EOI submission to the Province on June 16, 2023.

More recently, Town staff supported a Southlake Community OHT led Health Fair at the Ice Palace on October 12, 2023. Staff are also in discussions with Southlake Community OHT regarding programming that could be delivered out of the Town's new Multi-use Recreation Complex (MURC) facility scheduled to open in Q1 2024.

It is also noted that a development application is currently being processed by the Town's Planning Division for a proposal to develop a Life Sciences and Technology Park within the Keswick Business Park which could provide various future partnership opportunities related to health services.

From a legal and legislative perspective, the Municipal Act, 2001 gives municipal governments the authority to provide any service or thing that the municipality considers necessary or desirable for the public (subject to certain limitations imposed by the Act).

It would appear, on this basis, that Council has the ability to make decisions involving direct contributions and/or the funding of activities related to health care should it decide that it is in the municipality's interest to do so.

4. ANALYSIS:

Through the collection and review of information provided by the Southlake Community OHT and Health Georgina, as well as extensive research, including the review of 11 national and international articles/studies, an assessment of 57 Infrastructure Ontario health care projects, an environmental scan of 60 municipalities and a review of two local health care groups and 75 health care providers, staff are able to provide a summary of findings and analysis in the following four areas:

- Health care needs in Georgina
- Physician recruitment and retention
- Urgent Care Centres
- Opportunities for enhanced collaboration

Health care needs in Georgina

The Schulich student report outlines concerns within the Ontario health care system including the troubling reality that growth in demand for health care services is outpacing the level of supply. Although it is important to understand the strains on the overall health care system, it is of equal or greater importance to isolate the health care needs specific to the Town of Georgina, in order to develop local solutions that align with the work of the Province. Based on the report, below are the key highlights of local health care needs by category.

Uncertainly Attached

According to data provided by the Southlake Community OHT, as referenced through the Ontario Health Data portal for OHTs (Sept. 2023), individuals within the Town of Georgina that are uncertainly attached to a Primary Care Provider (Family Physician or Nurse Practitioner) increased from 9.25 per cent of the attributed population in 2020 to 12.78 per cent in 2022. In comparison, the average of uncertainly attached across the province of Ontario for 2022 is 15 per cent. Communities, inclusive of northern York Region and southern Simcoe County, overall uncertainly attached rate is 9.3 per cent. In short, the Town's uncertainly attached is slightly higher than the broader catchment area as a whole and slightly lower than the provincial average.

Dispersion of Health Care Services

Within Georgina, as referenced through the student report (July 2023), the community of Keswick has the most accessible health care services. As of 2019, this area of Georgina had the highest number of family physicians (30 in Keswick and 9 in the Town's surrounding areas), health care providers and diagnostic services in the Town, with most reporting that they are at capacity and not accepting new patients.

Given Keswick residents have the most accessible health care services, it is curious, that Southlake OHT reports Keswick as a hot spot for residents making Emergency Department visits (accessing services outside of the community and beyond the established Primary Care network).

The Community Safety and Well-Being Plan undertaken by York Region identifies specific risk factors including in northern Georgina, such as mental health and economic stability. The Community Safety and Well-Being Plan references 54 actions, with Georgina's Community Action Table supporting York Region to deliver on the actions specific to Georgina.

Transportation and Technology

According to Health Georgina, the concentration of health care services in Keswick may also lead to longer trips for many residents in other areas of Town and challenges related to transportation. Based on information from a recent Health Georgina focus group, transportation was identified as a primary barrier to accessing health care.

In addition, the student report indicated that some Georgina residents do not have access to stable internet for virtual appointments or on-line booking, making access to health care via this method a challenge.

Given the Province's focus on expanding virtual health care, continuing the expansion of broadband technology infrastructure will be critical. The Town is working closely with and supporting YorkNet and various Internet service providers to rapidly expand broadband services across Georgina that will improve access to virtual health care.

Needs by Demographic Profile

Age

The student report referenced the 50-64 age group as the largest cohort for Georgina, with an expected increase of five per cent by 2026. This increase may impact the need for services and put additional strain on the system. It was also noted that increased costs for services and affordability for long-term care homes and Personal Support Workers (PSW) may create challenges for residents in Georgina. Within the same report, based on Statistics Canada data, residents living in Jackson's Point and the Chippewas of Georgina Island First Nation population have the highest median age ranging from 50-60 years, which may indicate a higher prevalence of an aging population in those communities and need for enhanced and improved access to health care services.

Indigenous Peoples

According to the Canadian Journal on Aging (2021), compared to other population groups, Indigenous Peoples experience increased challenges related to chronic conditions such as diabetes, renal disease and dementia at a younger age. In a study conducted by Statistics Canada, depression and anxiety were the leading mental health

conditions reported by one in five Indigenous adults, compared to one in ten non-Indigenous adults.

The lack of available resources and limitations on the provision of culturally specific care, as well as a higher prevalence of multiple chronic conditions are some factors that contribute to challenges with receiving care in the Indigenous community.

General Findings

General findings from the student report outline the pressing need for improved and more comprehensive health care resources to support an aging population in the Town of Georgina. As well, a rise in mental health and addiction within the community, is causing high demand for services and prevention programs, with individuals reporting that they are unable to obtain the care they need unless they are in a crisis or are able to pay for the services on their own.

Also, through the discussion with Dr. Pakes (York Region Medical Officer of Health), he mentioned recent internal data collected but not yet shared, outlines Georgina as having some poorer health metrics compared to the rest of York Region (evidenced as one of the healthiest and wealthiest across the province). In addition, he discussed York Region's plans to conduct a population health assessment, including collecting data on Social Determinants of Health and the use various strategies to obtain relevant data and information that will inform their move forward approach.

The student report also indicates the primary barriers that inhibit access to health care services being accessibility (transportation), affordability and a need for cohesiveness within the system. Of particular note, the report indicated that improving collaboration and joint planning between health care providers across the health care system in Georgina, is needed in order to reduce duplication and leverage collective efforts toward improved health care outcomes and impact. Town staff's independent research fully supports this assessment.

Review of physician recruitment and Urgent Care Centres

The limits and challenges in the provision of health care are well documented across the Province, with some municipalities opting to create local strategies and programs, and continue their advocacy efforts, to address the identified gaps in service.

In response to these challenges and included in the 2023 budget request from Health Georgina, were the two distinct approaches of physician recruitment and the construction of a new Urgent Care Centre. In order to better understand and best inform Council on potential options for moving forward, staff focused research on these two areas with a summary of findings and analysis below.

Physician recruitment and retention

Physician recruitment and retention is the process by which medical students, pre-residents, residents, practicing physicians and international medical graduates (IMGs) are enlisted to set-up practice in a particular community and supported to remain in the community well into the future.

Results from a recent [survey](#) conducted on behalf of the Ontario College of Family Physicians, of more than 1,300 family doctors clearly show a full-blown crisis in retaining family physicians. An alarming number of family doctors – 65 per cent – are preparing to leave the profession or reduce hours in the next five years, reporting that they are overwhelmed with unnecessary administrative work and a lack of support.

It is generally assumed that physician retention is poor in underserved rural areas, however, four of five relevant studies show that it is actually comparable to urban settings, (Luman et al., 2007, Pathman et al., 2004, Philo et al., 2003, Journal of Social Science and Medicine, 2009). Given the reported provincial and national shortages of physicians within the health care system, the approaches below are considered, across research studies, to have demonstrated the best outcomes and long-term success.

1. Rural history, training and experience

General Practitioners (GPs) with rural backgrounds, rural experience during undergraduate or postgraduate training and/or a history of being community-oriented with strong community and geographic ties are more likely to practice in rural areas and remain practicing in the community long-term. The location of the final year of training, including opportunities for local mentorship and being immersed in the local culture and landscape is particularly influential, (Medical Journal of Australia, 2022 and Journal of Social Science and Medicine, Netherlands, 2019).

2. Presence of regional medical centre (school of medicine)

The presence of a regional medical centre (RMC) or medical school in a community has a positive influence on where a physician chooses to practice. It helps build an academic environment, improves the quality of health services, creates a dynamic atmosphere in the region's hospitals and demonstrates economic impacts on the region through employment and investments.

Access to professional development and academic opportunities that continue to enhance skills increases the success rate in recruiting and retaining physicians; with a success rate of 75 per cent in England and 80 per cent in Australia, (Medical Journal of Australia, 2022).

3. Work environment and compatibility with the community

The work environment (team oriented, collegial and well-organized) is of particular importance to medical students choosing to practice in rural communities. Reducing the

level of administration (providing turn-key operation), ensuring a flexible team-based environment, and locum programs (that support physicians to take time off for holidays and medical education) are noted as primary drivers to successful recruitment and retention, (OCPS Survey 2023, Canadian Medical Education Journal, 2018).

Interestingly, international medical graduates recruited to rural areas to practice did not remain there, most citing incompatibility as the primary reason for their decision to leave, with 73 per cent not completing the three-year obligation period, (Bio-Med Central Health Services Research, United Kingdom, 2016).

4. Family, spousal interest and quality of life

Health care professionals value factors such as spousal employment, family settlement and quality of life in determining where to set-up practice, (Canadian Broadcasting Corporation, 2022).

Addressing spousal or family integration, including employment, housing, childcare, etc. are some of the most important factors in determining where physicians work (Canadian Medical Education Journal, 2018). Once basic needs were met, decisions to stay or leave were based on intangibles such as work environment and quality of life, (Journal of Social Science and Medicine, Netherlands, 2019).

5. Financial incentives

Financial incentives to recruit and retain physicians, medical graduates or existing physicians looking to set up full-time practice in underserved (rural) communities, may include funding, grants or stipends in the form of fixed term agreements, interest-free loans and support for moving costs, etc.

A Western University study states that incentives can play a role in the recruitment process if used in combination with other approaches. That said, health care professionals ranked financial incentives as only "moderately important" for recruitment and "not at all important" for retention.

In some cases, doctors paid out of their contracts to leave a community or fulfilled their service commitment and moved on, as noted in Alberta having reduced the number of doctors after the introduction of such a program and New Zealand where 89 per cent of physicians opted out of their service agreements after three-years, (Bio-Med Central Health Services Research, United Kingdom, 2016).

6. Overall strategies

Overall strategies such as recruitment marketing (e.g. presence at health fairs, promotion on websites, brochures outlining community value/benefits, etc.) seemed to have little impact, actually decreasing recruitment in one particular UK study. More success was reported through peer-to-peer recruitment as an influence of choice.

Also, a specialized recruiter/case manager with a Bachelor in Health and 2-years health related experience demonstrated success in recruitment, however, there was no evidence of retention outcomes, (Bio-Med Central Health Services Research, United Kingdom, 2016).

In discussion with Dr. Pakes (York Region Medical Officer of Health) and Michelle Laing (Health Workforce Advisor, Ontario Health) there was consistent support for the findings above. In addition, below are examples obtained through a municipal environmental scan that also support the above mentioned findings:

The City of Windsor (Population 422,630 – 2021 Stats Can)

- Partnership with the Schulich School of Medicine, including a medical facility in the community, reports a 35 per cent increase in family physicians and a 31 per cent increase in specialists; the program has added almost 100 physicians to the region since inception in 2008

The City of Sault Ste. Marie (Population 76,731 - 2021 Stats Can)

- Partnership with the Northern Ontario School of Medicine (NOSM), the first medical school built in Canada in more than 30 years, reported having recruited 193 physicians (2002 – present), 25 in the last two years, 48 per cent having had medical training in the Sault, most through NOSM

Southlake Regional Health Centre (Town of Newmarket and surrounding areas)

- Southlake Academic Family Health Team, in partnership with the University of Toronto and Southlake's Family Medicine Teaching Unit established in 2009, enrolling nine family medicine physician trainees (seven Canadian and two international medical graduates) every year for a two-year program

29 of the 60 municipalities including Brantford, London, Thunder Bay, North Bay, Owen Sound, Durham, Goderich, Belleville, Muskoka, Barrie, Sarnia/Lampton, etc. reported the following:

- The existence of a recruitment and retention program that includes staff support (e.g. Durham Region's recent posting for a physician recruiter), promotional activities and incentives, etc., with 62 per cent led by external organizations (such as physicians, hospitals, Chambers of Commerce or a not-for-profit organization) and 38 per cent led and managed through the municipality.
- For those led by external organizations, funding is provided through various sources with a municipal contribution ranging from \$17,000 to \$145,000; for those led and managed by municipalities the funding ranges from \$20,000 to \$175,000, both are either per annum or annualized over three to five years. The delivery of most financial incentive initiatives is done through term-based agreements with medical residents starting a full-time practice in the community.
- Of note, is the peer-to-peer recruitment program in the City of Thunder Bay which offers a \$1,000 referral fee to physicians who refer a physician candidate from

outside North Western Ontario - this is led through the Thunder Bay Community Economic Development Commission.

With that said, there are municipalities having made the decision to decrease their contribution (City of North Bay) or reluctantly providing incentives (Kingston and Port Hope) mentioning it as a Band-Aid solution to an immediate challenge, with advocacy to the provincial government as a longer-term strategy.

Also, most municipalities have not made outcomes available to the public related to their physician recruitment and retention program. For those having reported outcomes, the standard is to focus on recruitment numbers, not retention, e.g. Region of Durham recruited 25 doctors (2007-2017) and City of Sarnia/Lampton recruited 25 doctors (2001 to present).

In addition, a recent announcement from the College of Family Physicians of Canada (CFPC) outlining its plan to increase the length of family medicine residency from two years to three, has been opposed by the Canadian Federation of Medical Students (CFMS) and Resident Doctors of Canada (RDoC) and some doctors, including representatives of rural and emergency medicine organizations. Stating that it may deter medical students from pursuing a career in family medicine at a time when there is a crisis in Primary Care and what this might mean to already under-served communities, (Canadian Broadcasting Corporation – CBC, 2023).

Summary – Physician recruitment and retention

The recruitment and retention of physicians is a critical and complex issue that is being actively worked on by key stakeholders at the national, provincial and local level. As such, enhanced collaboration and alignment of stakeholders toward a coordinated and integrated strategy will help to optimize advocacy efforts, ensure strategic allocation of financial support and maximize success in improving access to health care.

Although providing financial incentives may be the quickest/easiest approach in investing towards improved access to health care, a focus on rural students/experience, presence of a medical facility, quality of work environment – reducing administration, family settlement and community compatibility, combined with carefully crafted and structured incentive programs, are proven to yield better results.

Municipalities that have been most successful have invested in partnerships with a provincially recognized medical school and have also supported enhanced collaboration through the creation of a task force (comprised of a diverse group of health care providers) that develops a focused strategy/plan for improving access to health care in the community.

Urgent Care Centres

Urgent Care Centres (UCC) play an important role within the health care system. Primarily staffed by physicians, nurses and technicians, these centres provide medical care for an illness or injury that needs prompt attention (e.g. infection, fever, sprain, minor fractures, stiches, rash, etc.). Their presence in a community can improve access to health care and reduce the workload and staff pressures of the primary hospital.

As of 2023, there are a total of 140 public hospital corporations, 56 Urgent Care Centres and 16,990 family medicine and practice physicians in the province of Ontario, (Province of Ontario, 2023).

In speaking with Dr. Pakes, the York Region Medical Officer of Health, he confirmed the essential role Urgent Care Centres can play within the community. That said, and based on his experience as an Urgent Care Physician, he did outline a few challenges such as health care providers being required to make on-the-spot assessments of a patient's condition without access to their full medical history and being limited to providing immediate care only. Access to full medical histories has some benefits, but also dramatically decreases the flow, volume and capacity of urgent and episodic care, requiring an order of magnitude and more resources.

Also, with regard to closures of facilities across the province, Dr. Pakes validated health care staff shortages and high construction building/operating costs as real concerns when moving forward with decisions regarding urgent care. Of note, the overwhelming majority of urgent care, primary care and walk-in clinics in Ontario are private, physician owned and operated clinics. This model is not financially feasible without subsidization when patients health care needs are more complex or volumes are lower.

Provincial approval is required for the construction of a new public or private health care facility. For public facilities, the Province is the primary funder, with projects managed through Infrastructure Ontario.

Additional funding is provided through municipalities, private/foundation donations, fund raising and capital investment campaign efforts, etc. For private facilities, although not under the direct administration of the Province, they are required to meet all provincial and federal regulations and commit to fully funding the construction of the facility without government support. They are also subject to provincial regulations related to staffing of the facility and associated operational funding, (Province of Ontario, 2023).

In reviewing 57 approved Infrastructure Ontario health care projects, primary approvals are given to general hospitals (new, redevelopment, renovation/expansion), Urgent Care/Ambulatory Centre conversions and specialty facilities (cancer, cardiac, mental health and rehabilitation) with a total investment of \$12.9B.

One health care hub was approved (Orleans in Ottawa) being a 96,000 square foot facility with no in-patient beds at a cost of \$59M. Most projects (77 per cent) are in urban or urban/rural mix areas, (Infrastructure Ontario, 2023).

Based on information available through Infrastructure Ontario, the estimated average size of a new health care facility is 473,000 sq. ft. and 298 beds (1,588 square feet/bed). Using this data to better understand the request put forward from Health Georgina, a 20-bed in-patient facility estimated at 10-15,000 square feet may actually require up to 31,760 square feet.

With respect to costs, the range per facility varied from \$5.5M to \$3.6B. The estimated average cost per square foot (new facility) is \$1,335.24. For a 20-bed facility at 31,760 square feet (as per above), the approximate total investment may be upward of \$42.4M.

Based on information available through Infrastructure Ontario, it can be between 3-10 years and up to 11 years, to implement health care infrastructure projects from initial approval to completion. Additional pressures including the availability of capital and the capacity of the construction industry to implement projects may impact these timelines.

In addition, staffing of facilities has become a significant challenge. During the past year (December 2022-July 2023), there have been several reported closures of Emergency Rooms and/or Urgent Care Centres, including in Minden, Hamilton, Port Colborne, Fort Erie, Huron Perth, Northumberland and Carlton.

Of the reported closures, 100 per cent were due to staff shortages (both physicians and nurses) with rural areas being the most impacted during holiday and summer periods, (CTV Television Network, 2023).

Summary – Urgent Care Centres

Although Urgent Care Centres (UCC) play a key role within the health care system, they are costly ranging from \$5.5M to \$3.6B, take significant time to complete up to 11 years and require support from the Province. In addition, staffing shortages, referenced by recent emergency department closures across the province, especially in rural areas, pose a significant challenge.

As previously mentioned, the Province outlined support for Southlake Regional Health Centre to become a two-site hospital with the existing facility transitioned to an UCC. However, following the Province's recent decision to return properties back to the Greenbelt, with the intension of preserving the boundaries in legislation, the proposal to develop a health care facility on the property in King Township would not align with Greenbelt Plan policies.

Based on the Minister of Health's announcement of a \$5M investment to support the planning for a state-of-the-art new hospital and the redevelopment of Southlake's Davis Drive Campus, Southlake is working with the Ministry (MOH) on approval of Master Plan and preparation for the implementation of the next phase of planning/functional programming. To date, more than 25 properties have been evaluated against criteria

such as size, proximity to the communities they serve, and transit accessibility, and while a site has not yet been secured, efforts continue to identify the optimal location for a new Southlake.

Opportunities for enhanced collaboration

There are several critical factors that require close consideration with regard to the best approach for moving forward. Just some of these include the following:

- Emerging role of the Southlake Community Ontario Health Team in providing enhanced health care for Georgina
- Complex and evolving nature of Ontario's health care system
- Impact of the recent Greenbelt lands decision on Southlake's expansion plans
- Expressions of Interest submitted to the Province by both the Southlake OHT and the Georgina Nurse Practitioner-Led Clinic
- Province advising that Southlake is Georgina's partner hospital
- Limited Provincial health care funding available
- Budgetary pressures at the Town and the desire to allocate dollars in a way that will provide the best return on investment
- Number of different stakeholders and providers working to improve access to health care in Georgina
- Perspective of existing health care professionals in Georgina and their retention in the community
- Broad range of different types of health care and wellness professionals required to address Georgina's current and future needs etc.

Given the above, it is suggested that close coordination and collaboration between key stakeholders is critical to maximize impact and avoid any duplication of efforts.

Recent announcements from both the Ontario College of Family Physicians and College of Family Physicians of Canada, as well as previously referenced research and data from various studies and the Schulich report supports the notion that improved collaboration and the development of a common/consistent strategy for improving access to health care in the community would yield more positive outcomes.

To this end, more than 18 municipalities have or are in the process of creating task forces or committees with a collaborative approach to improving access to health care (e.g., Kitchener Waterloo Health Care Resources Council, Kawartha Lakes Health Care Initiative, and Brantford Brant Norfolk Primary Care Council).

The task forces/committees include various community partners such as hospitals, health providers, municipalities, Ontario Health, Family Health Teams, residents/businesses, volunteers and the Chambers of Commerce.

The majority of the task forces/committees are led by health care professionals and experts in the field with a goal of developing and implementing a strategy or plan to improve access to health care, financially supported in part by the municipality and other partners.

Of specific note is Brantford Brant Norfolk Primary Care Council, a self-organized group that has been active since 2019. The Council had remarkable success in providing leadership and a cohesive voice for primary care providers in the region and has developed a 2022-2025 Primary Care Strategic Plan, reporting 99 per cent success rate in retaining physicians through their collective efforts over the past five years.

Within the Town of Georgina, there are two primary overarching health care groups/organizations that are working to integrate, advocate and develop programs/services related to health care.

As mentioned previously, [Health Georgina](#) is a federally chartered not-for-profit organization based in Sutton, with a goal of ensuring that the citizens of the Town of Georgina have easy access to health care and the [Southlake Community-Ontario Health Team](#), introduced and supported by the Province (Ontario Health), is a self-organized partnership of health care organizations working closely together to improve access to health care and reduce gaps in the health care system.

The two groups have similarities in mandate and although their priorities at times may differ, both groups have a strong commitment to improving access to health care for Georgina.

In addition, there are more than 75 health care providers supporting various aspects of the health care system in Georgina, including primary care, long term care/home care, rehabilitation, hospice and respite care and mental health/addictions, etc. that may add to the overall complexity.

Summary – Opportunities for enhanced collaboration

There are multiple groups and partners, with similar goals and mandates, committed to and working toward improving access to health care in Georgina. Building on the success of other municipalities, there is opportunity for the Town to provide assistance in supporting the development of a collective and coordinated approach for health care improvements in Georgina.

This may be a pivotal time to leverage the Town's unique position to retain a health expert(s) to lead the development of a 'Made-in-Georgina Health Care Strategy' that will improve the state of health care for the community and surrounding area, and give us the best chance of securing future support from the Province. In this regard, staff are suggesting the following as potential next steps for Council's consideration.

Potential next steps for consideration

- Retain a health care systems expert (supported by other subject specific experts and staff resources where required) to develop a made-in-Georgina Health Care Strategy and Action Plan, that will guide the future direction of improving access to health care in the community and provide a coordinated framework to support long-term solutions that will assist all partners to secure Provincial support/funding and other future financial investments. Such an exercise is estimated to cost upwards of \$200K (or more) depending on the eventual scope of the exercise. Given the number of stakeholders involved, the exercise would likely take 9-12 months.
- Establish a time limited task force, inclusive of various partners such as representatives from Town Council, Ontario Health, Health Georgina, Southlake Community OHT, Oak Valley Health, York Region, Chippewas of Georgina Island First Nation health care providers, etc. to be responsible for supporting and steering the development of the Strategy and Action Plan.
- Support provided by the Town, related to the above, would be temporary to ensure successful development of the Strategy and Action Plan and enhanced collaboration between local partners. Once the strategy shifts to implementation, leadership could be transitioned to a centralized local third-party health partner, with the Town participating and providing advice and support as one of many partners moving forward.

5. RELATIONSHIP TO STRATEGIC PLAN:

The engagement feedback provided by residents, partners and staff as part of the Town of Georgina 2023-2027 Corporate Strategic Plan clearly outlined concerns with regular access to health care (specifically primary care) within the community.

As a result, the following priority initiative was included in the Plan:

Pillar	Create a vibrant, healthy, and safety community for all
Goal	Support a safe, healthy and inclusive community
Initiative	Advocate for enhanced health and wellness services, partnership and investment attraction for Georgina

6. FINANCIAL AND BUDGETARY IMPACT:

Funding to support the above considerations would come from the Town of Georgina's Tax Rate Stabilization Reserve.

7. PUBLIC CONSULTATION AND NOTICE REQUIREMENTS:

This report did not involve public consultation.

8. CONCLUSION:

The challenges facing a strained health care system across the province and in local communities, like the Town of Georgina, are well known and “expected to persist” as a result of underfunding and a shortage of frontline workers.

In a report released in September 2023, the Financial Accountability Office (FAO) found that Ontario will be short about \$21.3 billion in health spending by 2027-2028. As a result, it is “unlikely” the province will achieve its goals of adding enough beds and hiring enough staff to keep up with demand.

Although the Province is responsible for providing funding and leadership in the delivery of health care, there are areas of local challenge that go beyond the Province’s capacity that may benefit from the assistance of the municipality, with respect to enhancing coordination between health care providers and supporting the development of a coordinated local strategy.

Given that health care is not a core service provided by local municipalities, the staff recommendations seek direction from Council with regard to their desired path forward.

APPROVALS

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