

# **Primary Health Care Needs in Bolton**

## ***A Discussion Paper***

***March 29, 2009***

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## Introduction

In June 2008, the Central West Local Health Integration Network (CW LHIN) conducted a comprehensive analysis of the health care needs of the Central West Region and set out a plan of action for addressing these needs over the next several years. The plan was developed based on the following five principles:

- Equitable access based on patient/client need
- Preservation of patient/client choice
- People-centred, community-focused care that responds to local population health needs
- Measurable, results-driven outcomes
- Shared accountability between providers, government, community and citizens.

In the plan, the CW LHIN highlighted the need to “strengthen primary care” and to establish effective linkages between primary care and other health sectors in order to create an “effective, integrated health care system”. Primary care is defined as:

- *Care provided by health care professionals such as a family physicians, nurse practitioners, mental health workers, midwives, etc. who provide care for patients when they first contact the health care system. It also includes care provided to patients with chronic diseases such as arthritis, asthma, cancer, cardiac disease, diabetes, mental illness, neurodegenerative diseases (e.g. Parkinson’s disease, Alzheimer’s disease, dementia, etc.) respiratory disease and people suffering from strokes.*

As part of this plan, the CW LHIN identified the need to develop a number of community-based Health and Care Centres in communities such as Bolton, Brampton, Orangeville, Shelburne, Malton, Rexdale and Woodbridge. It is intended that the five basic planning principles set out in the HSPP are adhered to in planning for these new Health and Care Centres.

The focus of these new Health and Care Centres will be to provide improved access for residents to a broad range of community-based health care services and to build upon the community resources that currently exist within each of the targeted communities. Previous research studies have indicated that improving access to primary care services can greatly assist in preventing the need for accessing emergency departments, acute hospital inpatient care and other more costly services. Similarly, development of chronic disease management programs can assist residents in learning about their disease, monitoring their health status and receiving ongoing support from a team of health care professionals.

The CW LHIN has also identified a number of other strategic goals that must be considered when developing these new Health and Care Centres, such as:

- Ensuring local access to primary and secondary services within an efficient delivery model.
- Relocating services that can be accommodated within community settings.
- Increasing the level of integration through cross appointments.
- Developing low acuity, high volume niches in appropriate ambulatory settings.
- Maximizing the use of telemedicine, telephone advisory services, videoconferencing and telehomecare.
- Working with community-based service providers in the development of clinical pathways and performance metrics to ensure optimal service delivery.
- Integration of community based health services with primary health care services.

### **Primary Care Models in other Countries**

Review of the health care literature indicates that many other countries around the world have been addressing the need for improved access to primary care services. In New Zealand, there has been a major change in the way primary care is delivered. The focus has been on the establishment of health care organizations that serve a defined catchment population. Teams of health care providers including family physicians, nurses, nurse practitioners, mental health workers, social workers, pharmacists and others have been organized to provide care for defined populations. There has been a strong emphasis on health promotion, wellness and illness prevention as part of this overall new direction.

In Australia, the government has committed to the development of a series of General Practitioner Super Clinics in 31 communities across the country. These clinics will focus on health promotion, illness prevention, chronic disease management and improved coordination between private family physicians and community health services. The Super Clinics will bring together family physicians, nurses, medical specialists, and other allied health professionals to provide services based on the needs of the specific community served. The development of multidisciplinary teams will be key to this new strategy. The government plans to maximize the use of electronic health records and other electronic health information systems to ensure that health records are available to all practitioners. Research and continuing education programs will be part of the Super Clinics in order to attract health care professionals to these new Super Clinics. Professionals will be on a fee for service basis and it is anticipated that new business models will be developed to make the clinics more efficient from a business perspective. It is expected that the Super Clinics will be integrated with existing community-based agencies to ensure that services are

coordinated and integrated for patients. It is anticipated that the clinics will provide after-hours care, include rehab specialists such as physiotherapists and occupational therapists, services for seniors, mental health services, chronic disease management, dental services, pharmacy and diagnostic services. The new clinics will be expected to form linkages with local hospitals, community health services, telephone triage services, and telehealth services. Programs will be integrated at the Commonwealth, State, Territory and local government level as well as with private health care providers. Facilities may be located in hospitals, community health centres or other facilities owned by government agencies.

In Sweden, there has been an increasing emphasis on primary care services with the creation of health centres comprised of physicians, nurses, midwives working in multi-disciplinary teams. These health centres are either privately operated or operated directly by county councils. There is also a greater focus on integrated care for those with chronic conditions and for seniors. Hospitals, health centres and social service agencies are encouraged to work together to meet the needs of local patients. Each county council determines the best way to provide services to its residents including the provision of preventative care and health promotion programs. All county councils produce information on the internet on how to access health care services. The councils also have developed telephone help lines where residents can obtain information about health care services. Electronic medical records are kept for all patients and in most councils these records are integrated between the hospital sector and the primary care sector.

In British Columbia, there has been a plan to develop integrated health networks to better serve patients. Health care teams comprised of family physicians, allied health professionals, community based organizations and patients work together to ensure that patients receive the right care at the right time. The family physician is the coordinator of each patient's plan and works with other allied health professionals to ensure the needs of the patient are met.

Alberta has also developed a new approach to primary health care with the formation of Primary Care Networks. There are approximately 30 PCNs operating across the Province and another 7 are in the process of being developed. About 60% of the family physicians in the Province are currently working in these new PCNs. A PCN is a group of family physicians, nurse practitioners, nurses, mental health workers, dietitians and other allied health professionals working together to better serve the needs of patients. The range of programs and services provided by each PCN is dependent on the needs of the catchment area served by the family physicians. Health promotion, illness prevention and management of chronic disease are the primary areas of focus of the new PCNs. The Primary Care Initiative includes the development of a number of web sites for both

patients and health professionals to assist in the delivery of care. Information about these resources can be obtained by reviewing the web site *www.albertapci.ca*.

There are many models of primary health care. However, most of the models focus on team based care provided by family physicians and allied health professionals. There is a greater emphasis on primary care in most countries and among Canadian provinces as the benefits of focusing on health promotion, illness prevention and management of patients with chronic disease is well recognized in the health care literature.

## **Planning for Health Services in Bolton**

The CW LHIN has identified the need to develop a Health and Care Centre in Bolton in order to improve access to community based services in this rapidly growing community. In order to develop a plan for this new Health and Care Centre, there is a need to gather more information about the current health care needs of the community, its current health resources and health care needs and gaps that should be addressed in the future.

The following terms of reference were developed for this project:

- 1. To assess the primary health care needs of the community of Bolton based on an analysis of demographic data, socio-economic data, referral patterns, utilization of current primary care services and previous reports and studies undertaken by the CW LHIN.*
- 2. To develop an inventory of primary health care providers and agencies currently providing services to the Bolton community.*
- 3. To survey the health care providers and community leaders through a series of interviews, focus groups and community meetings in order to determine the primary health care needs and priorities for the Bolton community.*
- 4. To develop alternative approaches to improving access, coordination and integration of primary health care services to meet current and future health care needs of the Bolton community.*
- 5. To develop an implementation plan including a management organization structure, roles, responsibilities, operating costs and overall timeframe for implementation of a Health and Care Centre in Bolton*

This Discussion Paper presents the results of this analysis.

## **Project Work Plan**

In order to develop a plan for the creation of a Health and Care Centre in Bolton, there was a need to gather information about the current and future needs for health care services in the community. It will be important that this work is coordinated with other health planning and community development projects that are currently being undertaken by the CW LHIN such as the chronic disease management initiative and plans for expanded services for seniors. The following workplan was developed for the project:

- **Phase I - Data Collection**

- Review and analyze demographic and socio-economic data for Bolton including current and projected population by age-sex groups, housing statistics, education levels, income levels, school enrollment, development plans, etc.
- Review economic development plans for Caledon
- Review previous CW LHIN health care studies and current planning projects that could impact the Bolton community
- Review utilization data regarding the current use of hospitals, emergency departments, ambulatory care services, CCAC, long term care, public health and other health care services in the community
- Access referral and utilization data related to the use of laboratories, diagnostic imaging, ultrasound, mammography, bone density testing, EKG tests and other diagnostic procedures
- Identify case management and public information services
- Identify referral patterns for accessing rehabilitation services such as physiotherapy, occupational therapy, speech therapy.
- Identify referral patterns to access medical and surgical specialists and specialty clinics
- Assess transportation services, both public and private
- Prepare an inventory and list of programs and services provided by all health and social service agencies in the community
- Conduct a series of interviews and focus groups with health care providers, community leaders, elected officials and others regarding gaps in service and need for new services in the community

- **Phase II – Analysis**

- Prepare a Discussion Paper summarizing the findings and conclusions based on the information gathered in Phase I
- Identify program strengths and weaknesses, gaps in service, access problems, transportation problems and funding challenges

- Assess community and program priorities and integration opportunities
- **Phase III – Develop Alternative Models for a Bolton Health and Care Centre**
  - Develop a number of alternative models for a Health and Care Centre in Bolton
  - Identify primary care models that have been developed in other communities
  - Develop criteria for the selection of a preferred model (e.g. use of current resources, access to care, operating costs, clinical pathways, efficiency, effectiveness, ability to attract health professionals, information and referral mechanisms, etc)
  - Prepare a Discussion Paper describing the potential models for Bolton
- **Phase IV – Selection of a Proposed Model and Action Plan**
  - Identify a preferred model of primary care for the new Health and Care Centre
  - Develop an Implementation Plan setting out an organization and management structure, roles, responsibilities, operating costs and timeframe for implementation
  - Present the Implementation Plan to the CW LHIN.

## **The Health Care Needs of Bolton**

The community of Bolton dates back to early 1800 when members of the Bolton family settled in the area and assumed responsibility for the operation of the local flour mill. As part of the Township of Albion, Bolton grew quickly and was the centre of commerce for farmers in the area. In 1872, Bolton was officially incorporated as a community with some 800 residents. In 1974, Bolton became Ward Five of the new Town of Caledon in the Region of Peel and today; Bolton has a population of some 25,000, which is approximately 50% of the population of Caledon.

## **Demographic Analysis of Bolton and Caledon**

Statistical data provided by Census Canada indicates that the population of Bolton was 24,492 in 2006, based on 2006 census data. In 2001, the population was 20,553 indicating that there was a 20% increase in the population during this five-year timeframe. Assuming that the population has continued to increase at the same rate as in the 2001 to 2006 period, the 2008/09 population is estimated to be in the range of 27,000 to 28,000 residents. Assuming a 20% increase over the next five and ten year periods, the population of Bolton should increase to 36,000 by 2016 and to 43,000 by 2021. However, there are many factors that will effect this population growth including the economic status of Ontario, economic growth in Peel and Caledon and housing development in Caledon and Bolton.

The Town of Caledon has prepared an Economic Development Strategy for the period 2008 to 2012 and this document sets out a number of goals that will influence population growth in Bolton

and Caledon. The economic plan indicates the current population of Caledon is 57,000 and plans for future economic development will ensure that the population increases in the future. Some of the key aspects of the strategic plan include the following:

- Caledon is a prosperous community and an attractive place to live with its natural environment, golf courses and parks.
- The anticipated rate of growth of the Town of Caledon over the next 25 years will be significant and the resulting population and employment growth will have an impact on the nature of the community.
- The proportion of the population under the age of 30 has seen a substantial increase in recent years, providing a sustainable local work force.
- There has been a significant increase in the number of people over the age of 50 as a result of the large number of older adults who have retired to the community (18% of the population is over the age of 50 in Bolton). The Town will be expected to provide a greater range of health care services for this older population.
- The Town is well positioned to attract a broad range of industries, especially manufacturing industries to the community, due to the large labor force and the availability of serviced land.
- Transportation routes via highways and access to the airport will be attractive to new industries.
- There are significant opportunities for future development in Bolton, Tullamore and Mayfield West along the Highway 410 extension.
- There are a number of weaknesses in the community including the lack of public transit, congestion on the roads, lack of business amenities such as hotels, high costs of living, deteriorating downtown Bolton, lack of housing and lack of a plan for economic development.

The Town of Caledon has adopted a strategic plan that will promote the ongoing economic development of Caledon as an attractive location for new and expanding businesses. The Town is committed to streamlining its development processes so that businesses can proceed with their plans in a timely manner. The Town is committed to the creation of serviced employment lands that will allow for new business to settle in Caledon and for current businesses to expand their operations. The Town is also committed to ensuring that municipal infrastructure, transportation linkages and housing is developed to meet the overall expansion of the community. There is no doubt that the community of Bolton will continue to grow based on this aggressive economic development plan.

The CW LHIN has identified a number of unique aspects of the community that must be considered when planning for a Health and Care Centre in Bolton:

- Caledon comprises 7.7% of the CW LHIN population or about 50,000 residents.
- Bolton comprises about 50% of the population within Caledon (approximately 25,000) and is increasing at about 4% per year.
- The elderly population (over the age of 50) is expected to increase significantly over the next ten years.
- Caledon is a young, educated population and newborns, children and youth comprise a higher proportion of the population than other parts of the CW LHIN.
- Potential new programs include immunization clinics, sexual health and family planning, smoking cessation, eating disorders, healthy child development screening, development programs for high risk children, mental health and addiction services, paediatric services, rehabilitation services, ante-natal care, post-partum care, newborn care, etc.
- With approximately 10% of the population over the age of 65 in Bolton, there will be a need for specialized services for seniors, geriatric patients, geriatric outpatient clinics, geriatric day hospitals and access to specialty acute geriatric assessment and rehabilitation services.
- Approximately, 30% of hospital emergency visits are semi-urgent or non-urgent and many of these patients could be cared for in family physicians offices or other primary care settings.

It is estimated that approximately 30% of the population is under the age of 19 (compared with the CW LHIN at approximately 25%). This young population will have an impact on the types of health care services that should be provided in the community.

There are three elementary schools in Bolton with a total of 1,600 students and four secondary schools with 3,300 students. There is the potential to work with these schools to develop health education, health promotion and illness prevention services for students who participate in high risk activities such as smoking, sexual activity, alcohol and drug abuse.

At the same time, the 2006 census data indicates that there are approximately 1,700 seniors in the 65 plus age group or 7% of the total population. It is estimated that this elderly population will increase substantially over the next several years and population projections suggest that this population could double in the next ten years. Services for seniors and chronic disease management programs could be an important need in the future in Bolton. It will be important to review plans for new housing developments in the Bolton area to assess the potential impact on future population growth. Other statistical data for Bolton (Source; Statistics Canada) indicates:

- There are approximately 8,000 private dwellings in Bolton.
- 70% of the population speaks English and there are 5,000 immigrants in the community and 1500 visible minorities.
- Most of the immigrant population is under the age of 45.
- There are 160 First Nations people in the community.
- Unemployment levels are very low (less than 4%).
- There are 500 individuals employed in health care including 45 professionals and 170 nursing professionals.
- 12% of the populations has a university education and 50% of the population have a post secondary school certificate, diploma or university degree.
- There are only 4% of the population considered to be low income.

### Health Utilization Statistics

The CW LHIN has provided statistical data on the current utilization of health services by the Bolton community. This data has indicates a number of important features of the Bolton community. In 2007, there were 2,386 admissions to hospital by Bolton residents who utilized a number of different hospitals as shown in the chart below.

<b>Name of Hospital</b>	<b># of admissions in 2007</b>	<b>% of total admissions in 2007</b>
Williams Osler, Etobicoke site	615	28%
Headwaters Health Care Centre	446	20%
Williams Osler, Brampton site	230	10%
Humber Regional Hospital	141	6%
York Central Hospital, Richmond Hill	122	5%
Mount Sinai Hospital	118	5%
Sunnybrook Health Sciences Centre	116	5%
Southlake Regional Hospital, Newmarket	94	4%
University Health Network	90	4%
Trillium Health Centre	78	3%
St. Michael's Hospital	76	3%
Hospital for Sick Children	66	3%
Credit Valley Hospital	41	2%
<b>TOTAL</b>	<b>2,233</b>	<b>98%</b>

It is clear from this chart that the majority of inpatients utilize the services of the William Olser Hospital in Etobicoke. Interviews with family physicians in Bolton confirm that historically the family physicians in Bolton have referred patients requiring specialty medical care to the Etobicoke site for diagnosis, assessment and treatment. However, with the opening of the new Brampton Civic Hospital in 2008, there is the potential that these historical referral patterns may change in the future. Patients who utilized the tertiary care centres such as Mount Sinai Hospital, Sunnybrook, St. Michael’s and University Health Network were probably referred to these hospitals for more complex, tertiary care services. In total, approximately 60% of patients use the Headwaters, Brampton or Etobicoke hospital sites for inpatient care.

**Patient Diagnosis**

Examination of hospital utilization statistics provides an overview of the types of health care problems that patients from Bolton are facing. The chart below shows the program cluster category of all patients from Bolton who were admitted to any of the hospitals noted above. The program cluster category provides a description of the type of services that hospital patients received when admitted to hospital.

<b>Program Cluster Category</b>	<b>Percent of all patients</b>
Obstetrical patients	20%
Newborns	20%
Cardio/thoracic	9%
Pulmonary	4%
Orthopaedic	6%
Gastroenterology	6%
General surgery	7%
General medicine	4%
Urology and nephrology	4%
Neurology	3%
Trauma	3%
Oncology	2%
Ear, nose and throat	2%
Psychiatry	1%

The important health trends indicated by this data include the following:

- Obstetrical patients account for the largest percentage of patients admitted to hospital.
- Patients suffering cardiac disease, heart attacks and thoracic problems account for 8% of hospital admissions.
- Pulmonary disease accounts for 4% of all hospital admissions.
- Patients requiring orthopaedic surgery due to fractures and diseases of the musculoskeletal system account for 6% of hospital admissions.
- Gastro-intestinal disorders account for 6% of admissions to hospital.
- Urinary tract problems and kidney disease account for 4% of all hospital admissions.
- Patients with neurological diseases account for 3% of admissions.
- Trauma patients account for only 3% of hospital admissions.
- Cancer patients account for 2% of hospital admissions.
- Patients are admitted for a mental health problem account for on 1% of hospital admissions.

This data indicates that chronic illnesses such as cardiac disease, pulmonary disease and gastro-intestinal diseases account for the majority of hospital admissions. These are common health care problems faced by many Bolton residents. As the population of Bolton ages, it is expected that there will be a substantial increase in the demand for health services to meet the significant increase in chronic illnesses among the citizens of Bolton.

The population of Bolton is relatively young and this accounts for the large number of births among Bolton residents (approximately 470). This suggests that there will be an increasing need for child and maternal care services in the community in the future as well as services to meet the need of young children (e.g. immunizations, children's mental health, newborn care, etc)

This data only provides a limited perspective on the health care needs of the residents of Bolton. Most Bolton residents are receiving primary health care from their family physician, the local walk-in clinic or from other health care providers in the community such as mental health providers, pharmacists, physiotherapists, the Community Care Access Centre and other agencies.

### **Ambulatory Care Visits**

In 2007, there were approximately 17,000 visits by Bolton residents to hospital emergency departments and other hospital ambulatory care facilities across the Province. Most of these visits were at the following four hospitals:

<b>Hospital</b>	<b># of ambulatory visits</b>
Headwaters Health Care Centre	4,200
Brampton Civic Hospital	2,000
Etobicoke site	3,000
Trillium Health Centre	1,200
<b>TOTAL</b>	<b>10,400</b>

Analysis of these visits by major diagnosis indicates the types of diseases, disorders and health problems that the residents of the Bolton community encounter, as shown in the chart below:

<b>Diagnostic Category</b>	<b>% of all visits</b>
Trauma	19
Kidney and urinary system	19
Digestive system	13
Health Examinations	11
Circulatory system	5
Ear, nose and throat	5
Cancer	4
Respiratory system	4
Diseases/disorders of the Nervous system	4
Musculoskeletal system	4
Systemic infections	2
Mental Illness	2
Eye	2
Liver and pancreas	1
Endocrine system	1

There are a number of important trends that should be noted from this table:

- 19% of visits are related to trauma.
- 19% of visits are related to diseases and disorders of the kidney and urinary tract system. It is expected that many of these visits can be attributed to diagnostic investigations.

- Diseases and disorders of the digestive system account for 13% of ambulatory visits and chronic illnesses related to the digestive system are a common source of illness among older adults.
- General health examinations account for 11% of emergency visits. Other studies have indicated that 40 to 50% of emergency patients could be seen in a family physician's office rather than an emergency department. It appears that many Bolton residents are using emergency departments in order to access family physicians. It is estimated that 20 to 30% of Ontario residents do not have a family physician and this accounts for the large number of patients who utilize emergency departments to access a family physician.
- Diseases of the circulatory system including cardiac problems, strokes, high blood pressure and other related health problems are common among older patients. The ongoing management of chronic illnesses associated with the circulatory system is one of the major health issues facing all Ontarians. Preventative strategies need to be developed to reduce the significant burden that these diseases place on the health care system.
- Cancer is another chronic illness that many older residents in Bolton will encounter in the future. Many hospitals operate early detection, screening, day treatment, and outpatient chemotherapy and follow up programs for patients with cancer.
- Diseases of the musculoskeletal system are common among older patients including arthritis, joint injuries, broken hips, trauma and diseases of the bone, joints and muscles.
- It is estimated that 2% of all hospital ambulatory care and emergency services are dedicated to dealing with patients with mental health disorders. As noted below, there is a need to consider the need for a broad range of community-based services for residents with mental health and addiction problems.

This statistical data provides an excellent overview of the range of emergency and ambulatory care programs that are dedicated to serving the health care needs of Bolton residents. Most of the 17,000 ambulatory care visits by Bolton residents to hospital emergency and ambulatory care programs should be considered primary care services and alternative approaches to providing many of these services within the Bolton community should be considered in the future.

### **Mental Health and Addiction Services**

Interviews with individuals, groups, health care providers and citizens of Bolton have clearly indicated that there are significant gaps in the provision of mental health and addiction services in Bolton. There appears to be a need for more services for children, adolescents, young adults and older adults. Although there are a number of private sector mental providers, therapists,

psychologists and others who provide mental health counseling services, there appears to be an acute shortage of non-profit agencies and providers. The Caledon Mental Health Coalition has been addressing this issue for some time.

In the fall of 2007, the CW LHIN commissioned a review of mental health service needs in Dufferin County in order to develop a plan of action for the future delivery of mental health services in an integrated manner. The focus of the project was to:

- Conduct an environmental scan of Dufferin County with respect to mental health and addiction services.
- Prepare an inventory of mental health and addiction services in the County.
- Review previous mental health and addiction plans.
- Conduct a demographic analysis of current and future mental health and addiction needs.
- Review the current utilization and capacity of current mental health and addictions providers.
- Conduct a series of stakeholder consultations.
- Identify key community mental health priorities and delivery models.
- Develop preferred strategies for the future.
- Develop a service development plan for the future.

In July 2008, the Mental Health and Addictions Core Action Group submitted its report to the CW LHIN. This document appears to provide a sound basis for planning for the future mental health and addiction services in Bolton and Caledon. This document has been used as a resource for considering the need for expanded mental health services in Bolton.

Dufferin County is a rural area comprised of a number of small, rural communities as well as the large communities of Orangeville and Shelburne. In 2006, the population of Dufferin County was approximately 59,000 and was projected to increase to 68,000 by 2016. Approximately 56% of the Dufferin population is located in Orangeville with the remainder of the population located in smaller rural communities. In many ways, Dufferin County is very similar to the Caledon community in terms of its demographics, environment, future growth potential and access to mental health and addiction services.

The Dufferin report uses a number of prevalence rates for mental health and addiction services. When these prevalence rates are applied to the population of Caledon and Bolton, the projected need for mental health services is indicated as shown in the chart below. Based on this analysis, there is the potential that there are some 8,000 residents in Bolton who have some type of mental health or addictions problem.

<b>Mental health diagnosis</b>	<b>Prevalence Rate</b>	<b>Projected incidence in Caledon (50,000 residents)</b>	<b>Projected incidence in Bolton (25,000 residents)</b>
Mood disorders	9%	4,500	2,200
Schizophrenia	1%	500	250
Anxiety disorders	12%	6,000	3,000
Personality disorders	6 to 9 %	3,000 to 4,500	1,500 to 2,200
Eating disorders	3%	750	370
Organic brain disorders including dementia	1%	500	250
Addiction and substance abuse	3%	1,500	750
Dual diagnosis (developmental disability and mental health diagnosis)	40% of 2.5% of total population	500	250
Serious mental illness	2.5%	1,250	625
<b>TOTAL</b>		<b>18,500 – 20,000</b>	<b>8,855 – 9,555</b>

*Source: Dufferin Mental Health and Addictions Planning Project, Backgrounder for the Dufferin Plan, One Network, One Organization, One Team, Carver and Associates, July 2008*

There are a number of other important statistics in the Dufferin report that should be considered:

- It is estimated that approximately 15% of children and adolescents have mental health problems.
- 0.8 % of adolescents have a substance abuse problem (e.g. with approximately 2,000 adolescents in Bolton and 3,300 secondary school students, there is the potential for some 250 adolescents with substance abuse problems).
- 15 to 21% of children and youth have at least one mental health disorder (e.g. this would equate to 600 to 800 children and youth in Bolton based on a total of 4,000 children and youth in Bolton).
- 3% of seniors over the age of 65 have a mental health problem.

- 80 to 90% of nursing home patients suffer from a mental health disorder.
- Alzheimer's disease, Parkinson and other dementia disorders affect 8% of seniors over the age of 65 and 30% of seniors over the age of 85.

Similar statistics are report by the Region of Peel in its 2008 report, *A Picture of Health, A Comprehensive Report of Health in Peel*. For example, this study indicates that 2% of residents between the age of 65 and 74 suffers from dementia and 35% of residents over the age of 85 have dementia. When one considers the impact of mental health and addictions problems on spouses, parents, families and friends, it is easy to suggest that mental health and addictions problems probably affect the lives of 18,000 to 20,000 residents in the community of Bolton. This a serious health issue which should be addressed by all of the primary care health providers in Bolton.

Most family physicians suggest that 30 to 50% of their patients could benefit from some form of mental health assistance. In Bolton and Caledon, there are a number of different health professionals, agencies and provider groups that provide mental health and addiction services to Bolton residents as shown in the chart below. There are also a number of hospitals that provide inpatient acute psychiatric services for Bolton and Caledon residents including the Brampton Civic Hospital and Penetanguishene Mental Health Centre.

<b>AGENCY</b>	<b>Mental health or addiction services provided</b>
Al-anon	Mutual support and counseling for youth with addiction problems
Alcoholics Anonymous	Mutual support and counseling for adults with alcohol abuse problems
Alzheimer Society of Dufferin County	Mutual support and information services
Caledon Community Services	Seniors supportive housing, geriatric assessment and counseling, respite care, crisis support, support for single parents, community information,
Caledon Mental Health Coalition	A group of providers and consumers interested in promoting improved access to mental health services
Canadian Mental Health Association, Peel Branch	Case managers provide assessment and referral services to mental health agencies throughout Peel Region
Catholic Family Services Peel-Dufferin	Individual, group and family counseling, childhood abuse counseling, partner abuse, partner assault response, programs for children exposed to assault, public education

	and outreach workshops.
Central West Community Care Access Centre	In home nursing care, social work counseling, case management and referral services. Specialized programs include acquired brain injury, mental health, palliative care and respite care.
Community Mental Health Clinic, William Osler Health Centre	Provides a range of mental health services including assessment, psychiatric consultation, counseling, psychotherapy, group therapy, case management, referral services, adult day treatment, child and adolescent day hospital, consultation liaison, crisis intervention, eating disorders clinic, outpatient programs and inpatient treatment programs.
Caledon/Dufferin Victim Services	Provides front line crisis support to victims of crime, tragedy and disaster including a 24/7 on-call crisis support, counseling, support and information service.
F.A.M.E.	Provides advocacy, education, referrals and counseling to families who have a mentally ill relative.
Family Transition Place	Provides a range of services to abused women and their children
Family Services of Peel	Counseling for individuals, couples and families
Family physicians	20 family physicians located at 170 McEwan Rd,
	3 family physicians located at 18 King St
	-----family physicians located at 30 Martha St.
	-----Highway #50
	3 family physicians located at 3938 Cottrelle Road (adjacent to Shoppers Drug Mart)
Peel Children's Centre	Provides a broad range of children's mental health services for children, youth and their families including centralized intake, alternatives to day treatment, child witness program, respite services, community intervention, concurrent disorders, counseling services, court clinic, crisis response, day treatment, residential treatment, child and family services, preschool services, psychiatric services, psychological assessment, sexual abuse treatment, arson prevention, infant parent and volunteer program.
Psychological services	Private psychologists and mental health workers providing assessment, counseling and referral services for individuals facing mental health problems
Telecare Distress Centre	Provides crisis support and information over the telephone

The Dufferin report provides a number of interesting ideas on how mental health and addiction services could be improved in the future, including the following:

- Develop a leadership structure for mental health and addiction services with full participation from all providers to champion the mental health agenda.
- Enhance resources for core mental health and addiction services.
- Establish a community based mental health organization.
- Increase psychiatric services so that they can provide back up support to family physicians.
- Increase 24/7 mental health crisis intervention services.
- Encourage mental health teams to work with Family Health Teams so that mental health resources are used most effectively.

There is no doubt that there is a need to address the complex mental health and addictions problems in Bolton and Caledon. The Dufferin mental health report appears to offer a number of interesting approaches that should be considered to meet the needs of Bolton and Caledon. Given the close proximity of the two communities and the similarities in the demographic profiles of the two communities, there is the potential that the model of care proposed for Dufferin County could be expanded to include the Bolton/Caledon community.

The Caledon Mental Health Coalition is a group of mental health providers and consumers who have been attempting to increase awareness in the Bolton community for the need for expanded mental health and addictions services. The CW LHIN should work with this group to develop a long-term plan for mental health and addictions services that builds on the work of the Dufferin County mental health study.

### **Chronic Disease Management**

In recent months, the CW LHIN has undertaken a number of planning initiatives including the development of a number of strategies to address the need for expanded chronic disease management ( CDM) programs and services. In July 2007, the CW LHIN identified a number of strategies for improving chronic disease management in the Region including:

- Enhancing the development and integration of patient self-management programs across community settings.
- Using knowledge transfer and strategic partnerships to enhance best practices using evidence-based guidelines for chronic disease management.
- Developing a regional diabetes education and management strategy that focuses on the use of regional diabetes education teams, CHCs, FHTs, CCAC case managers and physician group practices to promote the use of best CDM practice guidelines.

- Developing a regional asthma strategy that focuses on patient self-management and knowledge transfer with CHCs, FHTs, and physician group practices while building upon the Ontario Asthma Action Plan.

It will be important to build upon these and other chronic disease management initiatives in the development of plans for improved access to primary care services in Bolton.

The health care literature clearly indicates that heart disease, diabetes, smoking, obesity, high blood pressure, respiratory diseases, arthritis, cancer, stroke and other chronic illnesses are the leading causes of mortality and morbidity in Canada. The World Health Organization has attributed nearly 90% of deaths in Canada to chronic illnesses. It is estimated that deaths from diabetes will increase some 44% over the next ten years in Canada and the Ontario Ministry of Health has targeted this disease as one of its top priorities for funding. Arthritis and other related diseases is one of the most common chronic illnesses. Studies by the Peel Public Health Department have confirmed these trends (Source: *A Picture of Health, A Comprehensive Report on Health in Peel, 2008*).

Recent studies by the CW LHIN on the incidence and prevalence of chronic illnesses across the region indicates that for the Bolton community:

- 2.8% of residents over the age of 35 have **chronic obstructive lung disease**.
- 9% of residents over the age of 20 have **arthritis** (rates are higher among women).
- 4.5% of female residents over the age of 20 have had a **heart attack** and 10.2 male residents per 100 over the age of 20.
- 4.0% of residents over the age of 20 will have **heart disease**.
- 6.5% of male residents over the age of 20 will have **diabetes**.
- 5.5% of females over the age of 20 will have **diabetes**.
- 2% of the population between the age of 11 and 40 will have **asthma**.
- 1.7% of residents over the age of 20 will suffer from a **stroke**.

*Source: Access to Health Services in Ontario, ICES Atlas.*

Similar statistics are reported in a 2008 report by the Region of Peel, *A Picture of Health, A Comprehensive Report on Health in Peel*. This study reports that 40% of women and 45% of men will develop cancer and 24% will die from cancer. The incidence and prevalence of chronic illness is a serious concern for all Ontario residents and there is a need for a greater focus on health promotion and illness prevention strategies that will assist in the prevention, early detection, treatment and follow-up of patients with chronic illnesses. There is a need to consider the

development of specific strategies and programs that would address the needs of Bolton residents as part of an overall approach to primary care.

### **Bolton Primary Health Care Resources**

It has been a challenge to identify all of the health care agencies and organizations that serve the Bolton community. However, our research indicates that there are a number of sources of information about health services in Bolton including the following:

- **Caledon Community Services** has an extensive list of health care agencies serving the Bolton and Caledon communities. The Coordinator, Information Services and Knowledge Management at CCS, maintains this list and also provides telephone referral services for residents or health professionals who call her office,
- The Region of Peel has developed a telephone service (accessible by **dialing 211, Community Connection**) which provides a telephone referral service for residents seeking information about health and social services.
- There is an on-line internet referral service ([www.peelregion.ca](http://www.peelregion.ca)) operated by the Region of Peel and a number of partners. This service has been developed over many years and Caledon Community Services has been an active partner in the development of this service.

Our research has indicated that many health professionals and residents of Bolton are not aware of these sources of health information. It is apparent that there is a need for a public education and marketing plan to ensure that all health providers in Bolton, especially family physicians, are aware of these sources of information. Caledon Community Services has organized a group called Caledon Network, which is a group of front-line health care workers who meet on a monthly basis to share information about the programs and services that their organizations provide. This is an excellent way for local health care providers to learn about the broad range of health and social service agencies that provide services to the Bolton/Caledon community. The family physicians would benefit from meeting with this group on occasion.

It is clear that there is a need to ensure that all residents of Bolton are aware of these sources of health information. Access to information about health and social services is a key for all residents of Bolton. Although these sources of information exist, the lack of knowledge about these sources of information is a key barrier to accessing health services in Bolton. Improved marketing of these information centres and more use by residents, health professionals and health agencies would greatly improve access to health services in Bolton.

### Bolton health agencies

Our research indicates that there are a large number of health care organizations in Bolton, Caledon and Peel Region that serve the health care needs of Bolton residents. Some of these agencies are located in Bolton, some are located in Caledon and some have satellite offices in Bolton. Many of these agencies operate their own web sites and information about the range of services offered, how to contact the agencies and other information is available from these web sites. A brief description of the services provided by each agency is provided in *Appendix A*. The range of health care agencies that serve the Bolton/Caledon community is outlined in the chart below.

<b>Bolton Primary Care Agencies</b>
Al-anon
Alcoholics Anonymous
Audiology services provided by several private organizations
Alzheimer Society of Dufferin County
Brampton Civic Hospital, Brampton
Bolton Centre for Women's Health
Bolton Physiotherapy Clinic
Bolton Satellite Diabetes Education Centre
Bolton Walk-in clinic
Caledon Community Services
Caledon Meals on Wheels
Caledon Parent Child Centre
Caledon Seniors Centre
Caledon Recreation and Lifestyle
Caledon Mental Health Coalition
Canadian Mental Health Association, Peel Branch
Catholic Family Services Peel-Dufferin
Central West Community Care Access Centre
Chiropractor
Charlestown residential School
Community Mental Health Clinic, William Osler Health Centre
Davis Centre, Home for the aged

Dentists
Caledon/Dufferin Victim Services
Etobicoke General Hospital
F.A.M.E.
Family Transition Place
Family Services of Peel
Family physicians, in three locations
Foot care services
Hospice Caledon
Headwaters Health Care Centre, Orangeville
King Nursing Home
Message therapists
Physiotherapy
Peace Ranch
Peel Children's Centre
Peel Newcomer Information Centre
Pharmacy services
Peel Health (ambulance, public health, long term care)
Psychological services
Telecare Distress Centre
Sexual Health Clinic
Optometrists and opticians
Health spas and wellness centres
Wellness Centre

There are also a number of other community-based agencies in Caledon and the CW Region who provide services to the Bolton community and its residents. It is also anticipated that many Bolton residents travel to adjacent communities in Caledon, Dufferin County and throughout the Region to access services not available in Bolton.

### **Access to Family Physicians**

Throughout Ontario, there is an acute shortage of family physicians and previous studies suggest that approximately 30% of residents do not have a family physician. In rural communities, the percentage of residents who do not have a family physician is frequently higher. Based on

discussions with primary care providers and local citizens in Bolton, it appears that that approximately 30% of residents of Bolton do not have a family physician. Although long time residents of Bolton frequently have a family physician; newcomers to the community frequently experience difficulties accessing a family physician. As a result, they use the Bolton walk-in clinics, the emergency departments of local hospitals or family physicians who are located in other communities. As the community of Bolton increases, there will be an increasing need for family physicians and as the number of older adults with chronic illnesses increases there will be an increasing need for family physicians.

Although there are some 20 family physicians practicing in Bolton; many of these family physicians do not work full time in their clinical practices. Most of the physicians do not have privileges at local hospitals but refer their patients to medical and surgical specialists at these hospitals. It is estimated that there is a need for at least two or three additional family physicians.

### **New Models of Primary Care**

Over the past several years, the Ontario Ministry of Health and Long Term Care has been promoting the development of a number of new and innovative approaches to the delivery of primary care services including the creation of Family Health Groups, Family Health Organizations, Family Health Networks, Family Health Teams, Community Health Centres, Nurse Practitioner Clinics, urgent care centres and expanded ambulatory care centres. Some of these new models have been developed in the CW Region and there is an opportunity to build upon the success of these new primary care organizations. The ability of each of these new models of primary care to respond to the health care needs of a community is based on the health care needs of the community, the catchment area to be served and the willingness of current health care providers to work together to create an integrated primary care system that meets the unique needs of its community. Experience has shown that the development of an integrated primary care system in one community may not be the same model as used in another community. Each community has unique characteristics and a unique set of resources that will determine the most appropriate model of care that should be developed. For example, if there is a hospital in a community, there may be the ability to leverage the resources of the hospital to provide an integrated primary care system. In other communities, integrating and collocating groups of family physicians with other community based health providers may be the best way to build upon the current resources within a community. Integration of existing community based primary care services is key to the successful implementation of a primary care system.

On February 12, 2009, the Ontario Ministry of Health launched a new web site ([www.ontario.ca/healthcareoptions](http://www.ontario.ca/healthcareoptions)) that encourages Ontario residents who do not have a family physician and require health care, to contact walk-in clinics, family health teams and urgent care centres. The Ministry has provided a definition of these services, as follows:

- **Urgent care centres** provide services to patients without an appointment seeking treatment for non-life threatening conditions during the day, in the evening and on weekends. Urgent Care Centres are equipped to provide all types of treatment, with the exception of surgery. Provides immediate care for minor or uncomplicated conditions in less urgent situations such as eye injuries, sutures, casts, x-rays and laboratory tests.
- A **Family Health Team** brings together different health care providers to deliver the highest possible quality of care for the patient. Family Health Teams are designed to give physicians support from other health care professionals including nurses, nurse practitioners and other professionals who work together to provide you with a range of health care options.
- **Community Health Centres** are non-profit organizations that provide health and health promotion programs for individuals, families and communities. A health centre is established and governed by a community-elected board of directors. Provide care for those who have difficulty accessing primary health care due to barriers such as language, culture, physical disabilities, homelessness, poverty or geographic isolation.
- A **walk-in clinic** is a non-hospital based clinic where care is provided for patients with uncomplicated and non-emergency needs. Clinic hours usually extend into the evenings and weekends and often do not require an appointment.
- The **emergency room** is the department of a hospital responsible for the provision of medical and surgical care to patients arriving at the hospital in need of immediate medical attention. Provides immediate care for emergency situations including serious or life-threatening illnesses or injuries.

The Ministry of Health web site identifies the following urgent care centres in Ontario:

- Willet Urgent care centre, Paris
- Cambridge Urgent Care Centre
- Hotel Dieu Urgent Care Centre, Kingston
- Huronia Urgent Care Centre, Midland
- Muskoka Algonquin Urgent Care Centre, Burk's Falls
- Niagara Health System, Ontario Street Site, St. Catharines
- North York General Hospital, Branson Division, Toronto

- Orleans Urgent Care Centre, Ottawa
- Riverside Health Centre, Emo Site, operated by the Riverside Health Centre, Fort Francis
- St. Joseph's Ambulatory Care Centre, Stoney Creek
- St. Joseph's Hospital Urgent Care Centre, London
- Trillium Health Centre Urgent Care Centre, Etobicoke
- Women's College Urgent Care Centre, Toronto.

Review of these urgent care centres indicates that each one is unique in terms of its funding, medical and nursing staffing levels, funding for physicians, hours of operation, linkages to acute care hospitals, level of service provided, linkages to ambulance services management and governance structures. A brief description of several of these urgent care centres is provided in *Appendix B*.

### **St. Joseph's Ambulatory Care Centre, Stoney Creek**

St. Joseph's Hospital in Hamilton has operated an ambulatory care centre in Stoney Creek (the east end of Hamilton) for approximately twenty years. The ambulatory care centre provides a number of programs from this site including an urgent care centre, a community based mental health service, an eye surgery program, a regional dialysis program and many other programs.

The urgent care centre that operates from the site serves approximately 48,000 patients per year. Initially, the facility was designed to serve some 25,000 residents of the east-end of Hamilton, but over the years the catchment area and number of patients served has increased substantially. Some of the key features of the urgent care centre include the following:

- The urgent care centre is staffed by fully trained emergency physicians from St. Joseph's Hospital in Hamilton.
- Staffing includes registered nurses, clerical staff and other support workers.
- Hours of operation include from 0800 to 2200 hours.
- The urgent care centre has access to a full range of laboratory, radiology, ultrasound, EKG and other diagnostic services that are located on site.
- Ambulances will not take patients to the urgent care centre.
- Ambulances will be called to transport seriously ill patients with life-threatening conditions from the urgent care centre to other emergency departments, after these patients have been stabilized by the urgent care physicians.
- After-hours, there is a security service at the urgent care centre and ambulances will be called to transport patients who arrive after the urgent care department closes.

The St. Joseph's urgent care service is only one of a number of services located at the Ambulatory Care site. Other services include:

- A community based mental health service
- A geriatric program including a 15-person day hospital
- A communications disorder program
- A diabetes education program
- A parent child program
- Chiropody services
- A women's health centre including breast imaging, the Ontario Breast Screening program and a mature women's health program
- A children's asthma education program
- A 40-bed regional dialysis unit
- Regional cataract surgery clinic
- Laboratory services
- Diagnostic imaging services including ultrasound, EKG
- Rehabilitation services including physiotherapy, occupational therapy, speech therapy, etc
- Health promotion and illness prevention services
- Family physician clinics, which operate on nights and weekends
- Special medical clinics including internal medicine, cardiology, paediatrics, gynaecologists.

### **Family Health Teams**

Over the past three years, the Ministry of Health has developed a series of Family Health Teams (FHTs) throughout the Province. These FHTs are designed to provide a broad range of primary health care services to a community utilizing the resources of a team of health care professionals including family physicians, primary care nurses, nurse practitioners, mental health workers, pharmacists, case managers, health educators and other administrative and support staff. The Ministry of Health provides funding for the salaries and benefits of all of the allied health and support staff as well as all funding for office accommodation, equipment, patient education materials, medical and surgical supplies and equipment, computers and an electronic health record system. Groups of family physicians can receive funding for an electronic health record system for their offices as well as access to primary care nurses, nurse practitioners, mental health workers, case managers and others to assist them in caring for their patients. There are 150 Family Health Teams in Ontario and the Minister of Health has committed to develop another 50 FHTs over the next year. A call for proposals to develop FHTs is expected within the next couple of months. On average, each FHT has received approximately \$1 million in operating funding and up to \$500,000

in capital funding to assist in the creation of a FHT. The level of funding depends on the size of the FHT and the number of patients cared for (rostered) by the FHT.

One of the most successful FHTs operates in Orangeville where a group of 21 family physicians (operating in three separate locations) is working with a group of allied health professionals to serve 34,000 rostered patients. The FHT is comprised of the following allied health professionals:

- 5 mental health workers
- 4 nurse educators (a total of 6 have been approved)
- 2 dieticians
- 2 nurse practitioners ( a total of 4 have been approved)
- 1 pharmacist
- 2 diabetes educators
- 0.5 psychiatrist
- 4 administrative and support staff.

In North Bay, there is a FHT comprised 14 family physicians located in six different locations throughout the city. Each family physician operates his/her own practice with their own patients. The family physicians are able to access a group of allied health professionals comprised of:

- 9 registered nurses
- 2 nurse practitioners
- 2 dieticians
- 2 mental health social workers
- 1 pharmacist
- 1 health educator
- Stipends for medical specialists.

The FHT also receives funding for a Medical Director, an Executive Director, an office manager, finance manager and 5 administrative assistants. The FHT operates a walk-in clinic in nights and weekends in order to provide after-hours services to their patients. This FHT has developed a number of creative health promotion and illness prevention programs focusing on chronic illnesses such as diabetes, high blood pressure, cardiac disease, respiratory disease, arthritis, obesity, smoking cessation, stress management, neuro-degenerative diseases and many other chronic illnesses. The group has installed an electronic medical record system and a new office building is under construction to accommodate the allied health professionals and some of the

family physicians. The new office building is being funded by the Ministry of Health at a total cost of approximately \$1 million.

Based on discussions with the family physicians in Bolton, there appears to be little interest in or awareness of the Family Health Team model of care. The family physicians are individual private practitioners and there appears to be very little sharing of information or working together as a group to develop new primary care programs and services to serve the Bolton community. The family physicians are all very busy serving patients, providing services to long term care facilities, working in walk-in clinics and operating other health related businesses. They have very little time for explore the potential benefits of a Family Health Team.

However, there is great potential for the creation of a Family Health Team in Bolton. Based on the experiences of other communities, Bolton is ideally suited for the creation of a Family Health Team. Most of the family physicians would benefit financially as well as professionally from working in a team with a group of allied health professionals. Many of their patients would benefit from the skills and professional knowledge of nurses, nurse practitioners, mental health workers, pharmacists, case managers, health educators and others to assist them in accessing primary care services. The development of a broad range of health promotion and illness prevention programs would meet the needs of the increasing number of older adults who have chronic illnesses. The challenge is to find the time for the family physicians to learn more about the benefits of the Family Health Team model. This will take strong leadership from among the Bolton physicians.

### **Emergency Services**

The Bolton/Caledon community is currently served by six hospitals including Headwaters Health Centre, Etobicoke General Hospital, the Brampton Civic Hospital, Trillium Health Centre, and the hospitals in New Market and Richmond Hill. Accessing inpatient hospital services is not a problem. The real need is to be able to access primary care services including chronic disease management services, which would include specialty medical services such as rheumatologists, psychiatrists, internal medicine specialists, cardiologists, and respirologists. Many patients travel long distances to access emergency and ambulatory care services in these hospitals as well as to access specialty diagnostic and medical specialist services. Bolton residents account for over 17,000 visits to hospital emergency and ambulatory care services in hospitals throughout Ontario.

Ambulance services are an important part of the emergency health care system for Bolton residents. We are currently in the process of obtaining information from Peel Region on the utilization of ambulance services by Bolton residents. There are approximately 2,500 calls for

ambulances from Caledon per year. There is an ambulance station in Bolton and there are three other ambulance stations in Caledon. All of the ambulances are collocated with fire services in Peel.

### **The need for additional family physicians in Bolton**

There appears to be a shortage of family physicians in Bolton and the Caledon Physician Recruitment Committee is currently in the process of attracting two or three additional family physicians to the community. However, there are a number of older family physicians in the community and as the community increases there will be a need for more family physicians.

The recruitment of family physicians is a complicated process. The community of Bolton is fortunate to have a dedicated group of volunteers, the Caledon Physician Recruitment Committee that has taken on this task and understands the challenges in attracting family physicians. The Committee is actively promoting the benefits of the community to potential family physicians and is involved in a number of other activities that will assist in the recruitment of family physicians to the community.

There are a number of changes taking place in the way family physicians practice medicine. These changes include:

- New models of primary care have been developed and promoted by the Ontario Ministry of Health and the Ontario Medical Association.
- Compensation levels for family physicians have increased substantially for those physicians who have moved to these new models of primary care.
- Most family physicians want to work in a group practice setting with access to modern facilities, the internet, shared support services and a turnkey office arrangement.
- Most family physicians do not want to own and manage their office but would prefer a turnkey office arrangement.
- Most family physicians do not want to work more than 30 to 40 hours per week and want to have significant family time.
- Most family physicians are prepared to share on-call responsibilities with a large group of physicians.
- Most family physicians want to work in teams with other allied health professionals such as primary care nurses, nurse practitioners, mental health workers, nutritionists, pharmacists, physiotherapists and case managers.
- Most family physicians want to be able to refer patients to medical specialists with minimal difficulty.

- Most family physicians want to be able to access diagnostic radiology, laboratory, ultrasound, mammography and other diagnostic procedures with minimal difficulty.

In order to offer new types of practice approaches to family physicians, there is a need for a new way of providing family physician services in Bolton. Alternative approaches that should be considered include:

- The development of a Bolton Family Health Team comprised of family physicians and allied health professionals such as nurses, nurse practitioners, mental health workers, social workers, health educators, case managers, dieticians, pharmacists and others.
- Development of a group practice among some of the family physicians.
- Development of turnkey office facilities for family physicians.
- Development of not-for-profit office facilities with linkages to other health and social service providers in Bolton.
- Development of a Bolton Health and Care Centre that includes linkages to all primary care providers in Bolton.
- Development of linkages with medical specialists located at either the Headwaters Health Care Centre or the Brampton Civic Hospital.
- Development of priority access to diagnostic and medical specialty services at either the Headwaters Health Care Centre or the Brampton Civic Hospital.

## **Summary**

As the community of Bolton grows over the next ten years, the demand for more health care services will increase. The population in Bolton is expected to increase as is the resident population in Caledon expands. This expanded population will place increasing demands on current health care programs and services and it is expected that there will be increasing pressures from local residents to develop more services in Bolton. At present, many Bolton residents travel to other communities such as Orangeville, Richmond Hill, Etobicoke, Brampton and Mississauga to access primary care services. As the population increases, more residents will be forced to utilize services outside of their community, unless more services are developed in Caledon.

Over the next ten years, the number of elderly residents in the Bolton population is expected to increase substantially. This increase in the older adult population will result in an increase in chronic illnesses such as heart disease, strokes, arthritis, rheumatology, diabetes, asthma, respiratory disease, urinary tract disease, cancer and neurodegenerative disorders. The increasing number of residents with these chronic illnesses will place greater demands on family physicians, mental health workers, hospital emergency departments, walk-in clinics and other primary care providers. It is

also expected that there will be greater demands for long-term care programs, nursing homes, supportive housing, community support services and other similar agencies. These agencies will face increasing pressure to provide more services to more people in the Bolton community.

Bolton is a hub for many services provided to Caledon residents. Increasing growth in the Caledon community will place greater pressure for more and expanded services on Bolton health and social service providers. This will add to the pressure created by Bolton residents.

It is difficult to assess the impact of the current economic downturn on the future need for primary health care services among Bolton residents. However, if there is an increase in unemployment, greater social pressures, greater family stress, it is reasonable to expect that there will be an increase in the demand for health and social services in the community. These stresses will be particularly noticeable among selected groups within the community including the unemployed, low-income families, single parent families, older residents, single older adults, immigrants and those individuals with lower levels of education. Many studies have indicated that these determinants of health have a great impact on the incidence and prevalence of illness among populations (*Source: 2008 A Picture of Health, A Comprehensive Report on Health in Peel, Region of Peel*).

In summary, there is no doubt that there will be an increasing demand for primary health care services in the Bolton community. Current primary care service providers will face increasing demand for more and a broader range of services. If Bolton residents cannot access these services in Bolton, they will travel to other adjacent services to access these services. It is expected that there will be greater pressure from local residents to access primary health care services, closer to home. Faced with these challenges, there are a number of options that the community should consider in order to be able to respond to this increasing need and demand for primary care services.

## **A Plan for the Future**

Based on the research described in this Discussion Paper, there is a need for a plan of action to improve access to primary health care services in Bolton. There is a unique opportunity to build upon the current strengths of the various health and social agencies that currently serve the Bolton community and to create a new organization that will provide the necessary leadership in the creation of a new Health and Care Centre in Bolton. Strong leadership will be key to the creation of a new Bolton Health and Care Centre. Key components of the proposed new Bolton Health and Care Centre are described in the following sections.

**Create a Bolton Community Health Task Force**

At the present time, no one agency is responsible for the delivery of primary health care services in Bolton. Although there are some 50 different health and social service agencies who provide services in Bolton, there is no one agency that has a specific mandate to plan, organize and deliver these services in the community.

However, there are a number of organizations and agencies that have responded to the need for primary care services and many of these agencies have the potential to take on a larger role in the provision of primary care services. For example, Caledon Community Services provides a wide range of health and social services to the Bolton and Caledon communities. Services provided by this agency range from a comprehensive information service to mental health counseling, transportation, employment, job search, employment training and many other services. Similarly, the Seniors Centre, which has a membership of 500 members, has a long history of providing a broad range of health and social services to the community.

In order to develop a Bolton Community Health Task Force, there is an opportunity to recruit representatives from organizations such as the Seniors Centre, Caledon Community Services, Chamber of Commerce, physicians, Caledon Mental Health Coalition, Caledon Hospice, Meals on wheels, CCAC Board, LHIN Board, Headwaters Health Care Centre Board, Brampton Civic Hospital Board and others to create a Board of 10 to 12 members. There is also an opportunity to develop a providers working group (comprised of physicians, mental health workers, meal on wheels, social workers, home support workers, nurses, nurse practitioners, psychologists) to assist in the development of proposals and ideas for improving primary health services in Bolton.

The focus of this group would be to work with the CW LHIN to assist in the ongoing plan and development of primary health services in Bolton. The mandate of the community health Task Force would be work with existing agencies to assist in the integration of programs and services and to assist in planning for new programs and services. The Task Force would focus on coordination, integration and information sharing. The Task Force would not assume responsibility for operating or funding of any of the current agencies. Further discussion of this approach is required among health care provider agencies in the Bolton community.

**A new Health and Care Centre in Bolton**

Based on the research set out in this Discussion Paper, it appears that the development of a Health and Care Centre in Bolton would meet most of the primary health care needs of the community. The Health and Care Centre would be composed of a number of elements including:

- An information and referral centre including use of ehealth technologies
- An urgent care centre, providing evening and weekend services
- A community based mental health and addiction service
- Access to diagnostic and assessment services
- A Family Health Team including nurse practitioners and other allied health professionals
- Medical specialty clinics provided by medical specialists from Headwaters Healthcare
- Offer a broad range of ambulatory primary care services such as chronic disease management services, diabetes education, health and wellness programs, seniors health services, geriatric health services, rehabilitation services and specialized services for elderly.
- Partnerships with other health and social service agencies in the community.

The concept for a Health and Care Centre was identified by the CW LHIN in June 2008. At that time, the need to develop a number of community-based Health and Care Centres in communities such as Bolton, Brampton, Orangeville, Shelburne, Malton, Rexdale and Woodbridge was outlined. Based on the model proposed by the CW LHIN, the proposed Bolton Health and Care Centre should:

- Respond to the specific health care needs of Bolton as outlined in this Discussion Paper.
- Act as a gateway for Bolton residents to access a broad range of health care services.
- Foster and facilitate a holistic approach to health and include health promotion, disease prevention, healthcare treatment and rehabilitation services.
- Link the broad range of community-based health care providers in Bolton, including family physicians, in order to provide a comprehensive range of health services.
- Improve access to health services by providing extended hours on nights and weekends.
- Be managed by existing community health care providers.
- Be sensitive to the cultural characteristics of the community and build on the strengths of existing community-based agencies.
- Include ambulatory care clinics that focus on chronic diseases (diabetes, COPD, arthritis, cardiac disease, strokes, etc), geriatric services, mental health and addiction services, health promotion and illness prevention programs, access and referral mechanisms, case management, patient education and self-management, nurse practitioner clinics and family physician group practices.
- Consider the potential for the establishment of mobile health clinics, outreach services, tele-homecare and improved transportation services.

The focus of this new Bolton Health and Care Centre will be to provide improved access for residents to a broad range of community-based health care services and to build upon the

community resources that currently exist within Bolton. Previous research studies have indicated that improving access to primary care services can greatly assist in preventing the need for accessing emergency departments, acute hospital inpatient care and other more costly services. Similarly, development of chronic disease management programs can assist residents in learning about their disease, monitoring their health status and receiving ongoing support from a team of health care professionals. The proposed new Bolton Health and Care Centre will be able to assist residents who do not have a family physician to access care from a team of health care professionals, including family physicians and nurse practitioners.

### **Improve access to health services information**

Caledon Community Services has developed an extensive data-base of health resources in Bolton and Peel. In addition, the referral service that they operate is an excellent source of information and is able to provide Bolton residents and health care providers in Bolton with assistance in how to access primary health care services, and other services, in Bolton. There is the potential that this service could be expanded to include a number of services and perhaps be able to the community for twelve or sixteen hours per day. There is also a need to promote and market this excellent service to the community, especially family physicians and other primary care providers, to ensure that is better know in the community. Other potential components of this information and referral service could include:

- Maintain an up to date list of family physicians and medical specialists in the community who will accept new patients.
- Be able to assemble a package of health information for residents seeking advice on a particular health topic such as a chronic illnesses such as diabetes, high blood pressure, asthma, respiratory disease, neuro-degenerative diseases, etc.
- Assist residents and health professionals in accessing the internet to obtain health information.
- Develop sources of information include web sites, brochures, books and local community agencies and health professionals who can provide advice and assistance.
- Consulting services for new health professionals and health care organizations who are interesting on contacting other health care providers or marketing their services to Bolton residents and other health professionals.
- Multi-language services for those residents of Bolton who do not speak English.
- Create a health speakers bureau of health organizations and individuals who would be prepared to speak to groups of Bolton residents about health care issues.

- Maintain a data-base of information requests that could be used to plan for new and expanded health care programs and services in the community and to assist in the identification of barriers to accessing primary care health services.
- Develop a group of health care “coaches”, case managers or system navigators who could assist residents in accessing sources of information and in ensuring that residents follow the care guidelines that have been provided to them.

In Alberta, the Provincial government has established a system of patient navigators to assist patients with heart disease. The patient navigators help coordinate patients care, assists in liaison with other health care providers, provides referrals and provides advocacy for patients. Special telephone lines have been established to facilitate the referral of cardiac patients. In Ontario, there are several pilot projects using the patient navigator role. It is anticipated that such patient navigation systems will help patients to avoid hospital readmission and to reduce the need for accessing hospital emergency departments. Patient navigators focus on assessment, service coordination, referral of clients to services, navigating clients from one service to another, ensuring that there are no gaps in service and assisting in planning for discharge and transition from one health organization to another. A similar system could be beneficial to Bolton residents who are dependent on a wide variety of health care organizations throughout the Region of Peel.

Access to information about the availability of primary health care services for Bolton residents could be improved. The current information and referral service provided by Caledon Community Services provides a strong foundation for the future enhancement and marketing of this important resource. There is the potential to build on the strengths of this program in the future.

### **Development of mental health services**

The need for expanded mental health services in Bolton is well recognized by family physicians, mental health providers, consumers and other health providers who currently serve the Bolton community. As indicated earlier in this Discussion Paper, the need for expanded mental health services includes the need for services for children, adolescents, young adults and older adults. Although the types of programs and services required by each of these population groups will be unique, there is the potential for the integration and expansion of current services to focus on the needs of Bolton residents.

Dufferin County has recently undertaken a comprehensive review of mental health services and has developed a service model that appears to be appropriate for other rural communities such as Bolton/Caledon. The Caledon Mental Health Coalition has been working together to raise

awareness of the need for new and expanded mental health services. There are a number of opportunities for expanding mental health services in Bolton including:

- Develop a Family Health Team in Bolton that could include mental health workers.
- Create a Bolton community based mental health team with dedicated funding.
- Develop a partnership among current mental health agencies that serve Bolton with a focus on expanding the range and scope of services in Bolton.

The Caledon Mental Health Coalition is a group of mental health providers and consumers who have been attempting to increase awareness in the Bolton community for the need for expanded mental health and addictions services. The CW LHIN could work with this group to develop a long term plan for mental health and addictions services that builds on the work of the Dufferin County mental health study. The development of new mental health services in Bolton should be a top priority for the new Bolton Health and Care Centre.

### **Develop a Bolton Family Health Team**

Over the past several years, the Ministry of Health has developed 150 Family Health Teams across Ontario. There currently are 10 Family Health Teams operating in the CW LHIN. One of the most successful FHTs is located on Orangeville where a group of 20 family physicians, operating from three locations, have created the Dufferin Family Health Team. This FHT is comprised of 16 allied health professionals including 5 mental health workers, nurse practitioners, nurses, pharmacists, nurse educators and support staff.

The family physicians in Bolton could work with local health care providers such as Caledon Community Services, the Caledon Network, the Caledon Mental Health Coalition, the Peel CCAC to develop a proposal for the creation of a Bolton Family Health Team.

The Minister of Health has indicated that an additional 50 Family Health Teams will be awarded to successful communities in the spring of 2009. It is expected that the Ministry will issue a call for submissions from communities and that the requirements for submission of a proposal will be set out at that time.

In the interim, the Bolton community should begin to learn more about this model of primary care delivery and should meet with the local Bolton family physicians to determine their interest in this new model of care. The development of a Family Health Team is a challenging project that would require strong leadership from family physicians, strong leadership from other health partners and strong community leadership. There is also the potential that a Bolton Family Health

Team may need to raise some funding to support the capital requirements of the FHT. There are many other issues that also need to be explored.

The CW LHIN should be prepared to assist the community of Bolton in the development of a proposal for a new FHT in Bolton and to draw upon the expertise of other FHTs in the CW LHIN. The Bolton Family Health Team should be part of the new Bolton Health and Care Centre.

### **Develop a range of medical specialty clinics**

Based on our research, there is a need for the community to be able to access a broader range of specialist medical services in the community. At the present time, family physicians refer patients to specialists in Orangeville, Etobicoke, Brampton, Mississauga, Richmond Hill or other communities. With the increasing number of elderly residents in Bolton and the increasing prevalence of chronic diseases such as arthritis, cardiac disease, bone disease, asthma, urology, respiratory disease, diabetes, neurodegenerative disease (e.g. Parkinson's, Alzheimer's, dementia, etc), there is the potential for a number of medical specialist clinics to be developed in Bolton.

The Headwaters Health Care Centre in Orangeville provides a number of services to Bolton and Caledon residents including emergency services, diagnostic services, consultation and referral services, mental health services and acute inpatient care. The hospital operates one of the most modern radiology services in the province with computerized internet linkages with hospitals throughout the Province. Services include digitalized diagnostic imaging, CT scanning, ultrasound, bone density testing, mammography and nuclear medicine. Many residents of Bolton prefer to utilize the services of Headwaters because of its close proximity, friendly service, convenient location, easy parking, modern facilities and "rural" roots. The Hospital emergency department has over 35,000 visits per year and is staffed by 15 specialty trained emergency physicians. The Hospital also has a broad range of medical specialists including:

- 6 internal medicine specialists
- 1 paediatrician
- 3 obstetrician/gynaecologists
- 5 general surgeons
- 6 anaesthetists
- 3 radiologists
- 1 ophthalmologist
- visiting specialists in dermatology, endocrinology, neurology, nephrology, oncology, orthopedics, peripheral vascular and urology.

The Hospital also provides a wide range of ambulatory care services including cardiac wellness, chemotherapy, diabetes education, dialysis, infection control, occupational therapy, ophthalmology testing, palliative care, physiotherapy, respiratory therapy, sexual assault and domestic violence services, speech therapy and day surgery services.

Recent discussions with the CEO of the Headwaters Health Centre indicated that the organization would be interested in assisting in the development of primary health services in Bolton. Although the nature of this assistance has not been determined, some possibilities include:

- Development of specialty medical clinics in Bolton that would meet the needs of the Bolton family physicians.
- Development of outreach programs in Bolton such as diagnostic laboratory and radiology.
- Assisting in the ongoing education of a Bolton health and social service organization through governance education sessions.

Family physicians in Bolton require access to a number of medical specialists including internal medicine, cardiologists, general surgeons, orthopaedic surgeons, gastro-enterologists, rheumatologists and psychiatrists. A Bolton Health and Care Centre could facilitate access to these types of medical specialists by working with the specialists associated with the Healthwaters Health Care Centre or the new Brampton Civic Hospital.

### **Develop an urgent care centre**

Our research has indicated that many Bolton residents currently utilize the Emergency Departments in the five community hospitals that serve the Bolton community. Many of these patients could be cared for in an urgent care centre that was staffed by family physicians and nurse practitioners with access to appropriate diagnostic services such as laboratory, radiology and ultrasound services. Over the past several months, the Ministry of Health has been encouraging communities to consider the potential for the creation of urgent care centres as an alternative to hospital Emergency departments. There is the potential that an urgent care centre could be developed within the Bolton community. Urgent care centres provide an alternative to patients who currently utilize hospital emergency departments. Several recent studies have indicated that approximately 50% of the patients who utilize a hospital emergency department could be cared for in an urgent care centre. An urgent care centre could provide eight to twelve hours of service per day including access to family physicians, nurse practitioners, primary care nurses, diagnostic services, mammography screening, suturing, minor day surgery, assessment and treatment of chronic illnesses, follow-up treatments, application and changing of casts, treatment of minor injuries and other similar services. An urgent care centre would provide a broader range of services than those found in a walk-in

clinic. With over 17,000 visits to hospital emergency and ambulatory care programs by Bolton residents, there is the potential that many of these visits could be redirected to an urgent care centre. An urgent care centre should be developed as part of the Bolton Health and Care Centre.

### **Ambulatory Care Services**

St. Joseph's Hospital in Hamilton has operated an ambulatory care centre in Stoney Creek (the east end of Hamilton) for approximately twenty years. The ambulatory care centre provides a number of programs from this site including an urgent care centre, a community based mental health service, an eye surgery program, a regional dialysis program and many other programs. A similar type of facility could be developed in Bolton that provides the following types of services:

- A community based mental health service
- A geriatric program including a day hospital
- A communications disorder program
- A diabetes education program
- A parent child program
- Chiropody services
- A women's health centre including breast imaging, the Ontario Breast Screening program and a mature women's health program
- A children's asthma education program
- Day surgery services
- Laboratory and diagnostic imaging services including ultrasound, EKG, mammography, bone density testing
- Rehabilitation services including physiotherapy, occupational therapy, speech therapy, etc
- Health promotion and illness prevention services
- Family physician clinics, which operate on nights and weekends
- Special medical clinics including internal medicine, cardiology, paediatrics, gynaecologists, rheumatologists, psychiatrists, general surgeons, etc.

The range of programs and services could be developed over time to meet the needs of the community and the availability of funding from the Ministry of Health and other sources.

### **Facilities**

At the present time, primary health care services are provided in Bolton from a number of locations. Caledon Community Services operates from a downtown Bolton location as well as from a number of other locations including several supportive housing units. There are a number resources

currently located at the Goodfellow Professional building on McEwan Road in the southern part of Bolton including twenty family physicians, a pharmacy, mental health and addiction workers, laboratory services, a walk-in clinic, a radiology service and rehabilitation services. The Seniors Centre operates from facilities in the northern part of the community and has plans to expand its facilities to create ambulatory care facilities that could be used by nurse practitioners, family physicians, medical specialists, mental health workers, nurses, physiotherapists and other allied health professionals.

Bolton is the economic centre of Caledon but there are many other communities, agencies and organizations located in other parts of Caledon. As the Health and Care Centre is developed in Bolton, there is the potential that outreach services could be developed to reach out to other smaller communities throughout Caledon and to serve those living in rural settings. There is also the potential that telehealth services, video conferencing facilities and internet services could be developed to link agencies, residents and health professionals throughout Caledon.

In order to build on these facilities, it is recommended that a multi-site model of primary health care delivery be developed in Bolton. There is the potential to utilize existing facilities in Bolton to provide an expanded range of services and there is also the potential to expand many of the current locations of services. The new Bolton Health and Care Centre will have to assess its facility needs as new and expanded programs are developed.

## **Next Steps**

This Discussion Paper describes a plan of action for improving primary health care services in Bolton through the development of a Health and Care Centre in Bolton. Our research has indicated that there is a rich supply of primary health agencies and professionals currently serving the Bolton community. However, there is a need for new and expanded primary health care programs to meet the needs of residents and families with mental health and addiction problems, to meet the needs of the increasing number of seniors in the community, to facilitate access to primary health services in the community and to increase the focus on the development of health promotion and illness prevention programs for all residents of the community.

The next steps in this planning process will provide an opportunity for current health care providers, health professionals and the citizens of Bolton to discuss the plan of action that is set out in this Discussion Paper, to proposed any changes to the plan and to move forward to implement that plan for improving primary care services in Bolton for the future.

**Appendix A, Primary Health Care Providers Serving Bolton and Caledon**

<b>ORGANIZATION</b>	<b>SERVICES PROVIDED</b>
Al-anon	Mutual support and counseling for youth with addiction problems
Alcoholics Anonymous	Mutual support and counseling for adults with alcohol abuse problems
Audiology services provided by several private organizations	Hearing testing and fitting for hearing devices
Alzheimer Society of Dufferin County	Mutual support and information services
Brampton Civic Hospital, Brampton	Comprehensive range of emergency, ambulatory care, diagnostic and specialty medical services
Bolton Centre for Women’s Health	
Bolton Physiotherapy Clinic	Assessment and treatment services for patients with injuries, disabilities or chronic illnesses
Bolton Satellite Diabetes Education Centre	Operated by the William Osler Health Centre at Caledon Community Services offices.
Bolton Walk-in clinic	Provides access to family physicians Monday to Friday from 1600 to 2000 hours and on weekends from 1000 to 1500 hours.
Caledon Community Services	Seniors supportive housing, respite care, transportation, employment services, jobs development, crisis support, support for single parents, community information, language instruction for newcomers to Canada, retail clothing store, retail household store, youth assistance program, youth victimization program, volunteer services, employment training programs and office accommodation for a number of other primary health and social service agencies
Caledon Meals on Wheels	Providing meals in the homes
Caledon Parent Child Centre	Provides support, resources, education and children’s early learning programs such as children’s play opportunities, adult/child learning, pre and post natal child development, breastfeeding clinics, family enrichment programs, health

	promotion, children dental clinics, child care information, community outreach programs, consulting services and other children's programs.
Caledon Seniors Centre	Provides a broad range of recreation, exercise, health promotion, wellness programs and social programs, for adults over the age of 55
Caledon Recreation and Lifestyle	
Caledon Mental Health Coalition	A group of providers and consumers interested in promoting improved access to mental health services
Canadian Mental Health Association, Peel Branch	Case managers provide assessment and referral services to mental health agencies throughout Peel Region
Catholic Family Services Peel-Dufferin	Individual, group and family counseling, community wellness program, childhood abuse counseling, partner abuse, partner assault response, programs for children exposed to assault, public education and outreach workshops.
Central West Community Care Access Centre	In home nursing care, personal care and assistance, physiotherapy, occupational therapy, speech-language therapy, social work counseling, nutritional counseling, case management and referral services. Specialized programs include acquired brain injury, convalescent care, child and family services, school health support, mental health, palliative care and respite care. Referral to other agencies that provide adult day programs, meal delivery, assistance with shopping and cleaning and transportation assistance.
Chiropractor	Private practitioners who provide assessment and treatment services for patients with musculo-skeletal disease and injuries and chronic pain
Charlestown residential School	
Community Mental Health Clinic, William Osler Health Centre	Provides a range of mental health services including assessment, psychiatric consultation, counseling, psychotherapy, group therapy, case management, referral services, adult day treatment, child and adolescent day hospital, consultation liaison, crisis intervention, eating

	disorders clinic, outpatient programs and inpatient treatment programs.
Davis Centre, Home for the aged	Nursing care for long term care patients
Dentists	Assessment of dental needs, restoration and corrective services and dental hygiene services
Caledon/Dufferin Victim Services	Provides front line crisis support to victims of crime, tragedy and disaster including a 24/7 on-call crisis support, counseling, support and information service.
Etobicoke General Hospital	Broad range of emergency, ambulatory care, diagnostic, day surgery and specialty medical services
F.A.M.E.	Provides advocacy, education, referrals and counseling to families who have a mentally ill relative.
Family Transition Place	Provides a range of services to abused women and their children including emergency transportation, emergency shelter, safety planning, 24-hour crisis, individual and group counseling, transitional support, legal support, workshops, sexual assault counseling, children counseling, men's support assistance and community education.
Family Services of Peel	Counseling for individuals, couples and families
Family physicians	20 family physicians located at 170 McEwan Rd,
	3 family physicians located at 18 King St
	5 family physicians located at 30 Martha St.
	10 Highway #50
	3 family physicians located at 3938 Cottrelle Road (adjacent to Shoppers Drug Mart)
Foot care services	Assessment of foot problems and a range of treatment services by several private practitioners
Hospice Caledon	Provides emotional, psychological, spiritual and human comfort to individuals and their families facing a life challenging illness. Bereavement support, caregiver support, grief counseling, support groups, home visitations, adolescent support and information services. 10-bed hospice to open in 2009.
Headwaters Health Care Centre, Orangeville	Provides emergency, ambulatory care, rehabilitation, diagnostic services and access to a number of medical specialty physicians

King Nursing Home	Long term care nursing care
Message therapists	Assessment and treatment for musculo-skeletal injuries and chronic pain
Physiotherapy	Assessment and treatment services by private physiotherapists
Peace Ranch	
Peel Children's Centre	Provides a broad range of children's mental health services for children, youth and their families including centralized intake, alternatives to day treatment, child witness program, respite services, community intervention, concurrent disorders, counseling services, court clinic, crisis response, day treatment, residential treatment, child and family services, preschool services, psychiatric services, psychological assessment, sexual abuse treatment, arson prevention, infant parent and volunteer program.
Peel Newcomer Information Centre	Access to a wide range of information about services in Peel Region including health and social service agencies
Pharmacy services	Total Health Pharmacy, Shoppers Drug Mart, Rexall provide drug and pharmaceutical information and counseling services on many chronic diseases such as diabetes, arthritis, high blood pressure, etc
Peel Health Services	Provides emergency services (ambulance/paramedics), Public Health and Long Term Care services to all Region of Peel residents. Services provided include chronic disease and injury prevention services, health promotion, illness prevention, case management, family health, pregnancy information, breastfeeding, parenting skills, healthy eating for children, information services, assistance to children with developmental problems, sexual health, communicable disease information, monitoring of communicable diseases, immunization programs, tobacco and substance abuse, school health, workplace health, cancer and heart health, healthy eating, violence prevention, prenatal health, parent education and many other programs and services. Monitors the level of illness and the overall health of the Region. Clinics include immunization, healthy sexuality, breastfeeding, dental, smoking cessation and services supporting the homeless.
Psychological services	Private psychologists and mental health workers providing assessment, counseling and referral services for individuals facing mental health problems
Telecare Distress Centre	Provides crisis support and information over the telephone
Sexual Health Clinic	Operated by Peel Health Services; provides information and counseling on sexually transmitted diseases, birth control, HIV testing, pregnancy testing, sexual health and related

	health matters.
Optometrists and opticians	Provide vision testing, assessment and eye glasses
Health spas and wellness centres	Health and wellness counseling and treatments
Wellness Centre	Physiotherapy, exercises, workplace injury assessment and treatment, recreational exercise programs, weight loss counseling, etc

## *Appendix B, Urgent Care Centres in Ontario*

### **St. Catharines Prompt Care Centre**

Over the past several years, there has been a major transformation of hospital services in St. Catharines. At one time, there were two full service acute care hospitals each operating a full-service emergency department. In recent years, the operation of these two hospitals have been taken over by the Niagara Health System which operates hospitals in St. Catharines, Niagara Falls, Welland, Niagara-on-the-lake, Fort Erie and Port Colborne. As part of the restructuring of health services in St. Catharines, the Hotel Dieu site has been converted to an ambulatory care facility and the emergency department has been converted to an prompt (urgent) care centre which operates from 0800 to 2200 hours, seven days per week. The prompt care centre serves a catchment population of approximately 155,000 in St. Catharines and Thorold and surrounding communities. The prompt care provided services to 33,000 patients in 2007 and 36,000 patients in 2008.

In addition to the prompt care centre, there are a number of other ambulatory care programs located at this site including:

- 43 Addiction recovery and detoxification beds
- Anaesthesia services
- Cardiology services
- Diabetes education centre
- Diagnostic imaging
- Chronic kidney disease
- Endoscopy
- Laboratory services
- Ophthalmology services
- Pharmacy
- Physiotherapy
- Plastic surgery.

The web site for the NHS provides an interesting chart showing the differences between urgent care centres and emergency departments, as follows:

Prompt/urgent care centres treat	Emergency Departments treat
Broken bones, sprains, sports injuries	Chest pain (especially if patients have a

	history of heart problems
Cuts that may need sutures	Shortness of breath
Minor burns	Dizziness
Minor abdominal pain (nausea, vomiting, flu)	Severe abdominal pain
Ear, nose and throat problems	Stroke problems
Coughs and colds	Numbness in your arms or hands
Eye problems	Major injuries
Urgent care centres have access to on-site services such as x-rays, lab tests and pharmacy	Mental health issues
Ambulances do not bring patients to urgent care centres	Any serious condition that patients feel may be worsening

The web site also indicates that “ambulances take patients to emergency departments and emergency departments have a full range of diagnostic and laboratory services”. Our research also indicates that many urgent care centres provide a full range of on-site diagnostic services.

The web site also indicates “urgent care physicians do not admit patients to an inpatient unit, although they may keep a patient for several hours for observation. Patients who require more detailed diagnostic tests or treatments are transferred to a full-service emergency department.”

### **Niagara Health System**

Over the past several months, the Region of Niagara has been undergoing a major change in the way that health services are provided in this community. The Niagara Health System is comprised of a number of sites including hospitals in Port Colborne, Fort Erie, Niagara-on-the Lake, Welland, Niagara Falls and two hospitals in St. Catharines. In August 2008, the NHS submitted a Hospital Improvement Plan (HIP) to the Niagara, Hamilton Brantford LHIN. One of the most controversial recommendations of the HIP has been the conversion of the hospital emergency departments in Port Colborne and Fort Erie to urgent care centres.

The HIP suggested that in addition to the creation of 16-hour urgent care centres in Port Colborne and Fort Erie, the following services would also be provided on these sites:

- Diagnostic laboratory and radiology services including breast screening, mammography and ultrasound services
- Outpatient mental health services
- Medical and surgical consultation clinics

- Supportive housing unit
- 46 complex continuing care beds
- Diabetes education
- Health information and referral services.

As part of its response to the proposal to convert the emergency department to an urgent care centre, Port Colborne has suggested a number of changes to how primary care services are provided in the community. The community is also suggesting that:

- The urgent care centre should be **staffed by family physicians** with specialty training in emergency medicine.
- The urgent care centre should be staffed by **primary care registered nurses** and there is the potential that physician assistants and nurse practitioners could work in the urgent care centre.
- The urgent care centre should have appropriate **diagnostic services** on site including laboratory services, basic radiology services, EKG services, ultrasound services and access to other basic diagnostic services.
- The new urgent care facility should include **four “holding beds”** where patients can be held up to 24 hours for observation before being discharged home or transferred to another facility.
- Appropriate **patient monitoring equipment** and **emergency treatment equipment** should be available in the urgent care centre
- The urgent care physicians should also be able to **access internal medical and other specialist physicians** for consultation via telephone, internet and video conferencing systems.
- The urgent care centre should have facilities to allow **minor surgical procedures** to be performed such as minor suturing as well as applying and changing casts.

The community is also proposing that primary care services should be enhanced in the community in a number of ways, including:

- Create a walk-in primary care service staffed by family physicians and nurse practitioners to care for patients who do not have a family physician.
- Develop a clinical decision unit in which patients will be observed and aggressively treated in order to avoid short-stay admissions and deferrable admissions.
- Develop a broad range of outpatient rehabilitation services for patients suffering from strokes, arthritis, dementia, post-surgical patients and other patients who could benefit from an aggressive rehabilitation program.

- Develop selected medical and surgical specialty clinics such as cardiology, rheumatology, respiratory medicine, diabetes education, general surgery, etc.
- Consider the development of specialty medical services such as chemotherapy and dialysis services.
- Expand community based mental health and addiction services.
- Establish a geriatric day hospital service for seniors with dementia, neurodegenerative disorders and mental health problems.
- Establish a palliative care program and perhaps a palliative care unit that would complement community based palliative care service and a hospice service.
- Create a Day Hospital Program with a focus on rehabilitation.
- Develop supportive housing as part of the complex.

The community of Port Colborne is carefully examining the broad range of primary care services that are needed in its community to complement and changes that may occur to hospital emergency services in its community.

### **Muskoka Algonquin Healthcare, Burks' Falls**

The Burk's Falls urgent care centre is part of Muskoka Algonquin Healthcare, which operates hospitals in Burk's Falls, Huntsville and Bracebridge. There are five family physicians in the community and four of these physicians have their offices located at the Health Centre. The four family physicians are funded under an alternate payment plan that includes providing service to the urgent care centre, Monday to Friday, 9000 to 1600 hours.

Registered nurses and a nurse practitioner staff the clinic. Ambulances do not take patients to the urgent care centre but transport patients to the emergency department in Huntsville. There are a number of other health services located at the Burk's Falls site including laboratory specimen collection, radiology, physiotherapy, addiction services, dietician, discharge planning and patient information. Ambulances do not take patients to this urgent care centre but they will transport patients from the urgent care centre to the Huntsville emergency department.

Muskoka Algonquin Healthcare is currently working with the Ministry of Health primary care division to develop a new Family Health Team building adjacent to the Burk's Falls facility. If the project proceeds, a new health centre will be constructed with space for up to five family physicians. The building will also accommodate laboratory services (specimen collection only) radiology services, offices for the Community Care Access Centre, Public Health, mental health services and

other health related agencies. There is also the potential that supportive housing a retirement facility or assisted living facilities could be added to the complex.

### **The Willet Hospital, Paris**

In 1997, the Willet Hospital in Paris embarked upon an expansion of its primary care services by working with local family physicians to develop a new model of care. The Hospital currently provides urgent care services, diagnostic laboratory and radiology services, ultrasound, geriatric assessment services, nutritional counseling, diabetes outreach, eating disorders, orthotics, health education and promotion, allergy clinic, rehab services, outpatient physiotherapy, paediatric cardiology clinic, massage therapy and acupuncture, child and family counseling, psychological counseling, minor surgical procedures, asthma clinic, geriatric services, pain management, secondary stroke prevention, social and recreational therapy, children' aid services, health and wellness promotion and many other services.

The urgent care centre is staff by five family physicians that work as a Family Health Team and provide a broad range of primary care services with the assistance of a nurse practitioner, registered nurses, pharmacists, chiropodist dietician, health educator, social worker and linkages to over 120 different health and social agencies in the community.

### **Trillium Health Centre, Etobicoke site**

The Trillium Health Centre in the west end of Toronto operates on two sites. The Mississauga site houses all of the inpatient beds as well as a 24/7 emergency department. The Etobicoke location is the site of the former Queensway General Hospital. This site has been transformed into an ambulatory care facility that currently accommodates a large number of ambulatory care programs including an Urgent Care Centre. The site provides care for some 40,000 patients per year, 25% of them children. The types of patient conditions cared for in the urgent care centre include:

- Sore throat, earache, cough, fever
- Limb injuries including possible fractures and dislocations
- Cuts requiring suturing
- Burns
- Insect bites and allergy reactions
- Skin rashes and infections
- Eye injuries and infections
- Workplace injuries.

In addition to the urgent care centre, the Etobicoke site offers a wide range of ambulatory care services including the following:

- Day surgery services
- Cardiac diagnostic services including stress testing, nuclear cardiology, echo-cardiology, ultrasound, pacemaker clinic, angioplasty, cardiac catheterization, etc.
- Diabetes management centre
- Cardiac wellness and rehabilitation centre
- Women's health services
- Spine centre
- Health information and wellness centre.

### **The New Women's College Hospital**

The New Women's College Hospital is located in downtown Toronto and offers a comprehensive range of ambulatory care services including:

- Allergy clinics
- Birth Control centre
- Psychotherapy counseling
- Dermatology program
- Environmental health clinic
- Exercise the pregnancy helpline
- Family practice health centre
- Foot care clinic
- Haematology services
- Breast screening centre
- Infertility support and counseling centre
- Women's health information centre
- Mental health services
- Osteoporosis program
- Perinatal and gynaecology services
- Internal medicine clinics
- Reproductive care
- Respiriology, asthma and COPD clinics
- Sexual assault and domestic violence centre
- Sport injuries and care
- Day surgical services

- Diabetes education centre
- 23-hour medical day care unit
- Wellness and health promotion services
- Cardiovascular health
- Diagnostic services.

The Hospital also operates a Family Practice Health Centre that includes family physicians, nurse practitioners, registered nurses, dietitians, physiotherapists and social workers. The Hospital provides low-risk obstetrical care including prenatal and post natal care, in conjunction with the Sunnybrook Health Sciences Centre.

The Ministry of Health appears to be supporting the development of more urgent care centres. However, there has been no policy documentation about the scope of services, funding, staffing, regulation, quality assurance, monitoring or oversight of these urgent care centres.