



**The Municipal Corporation of the Town of Fort Erie  
Community Health Care Services Committee Minutes**

**September 24, 2024, 4:00 p.m.  
Conference Room 2**

**1. Call to Order**

The meeting was called to order at 4:06 p.m.

**2. Roll Call**

The Chair gave the roll call.

Present: Amy Devereaux, John Walpole, Carol Nagy, Councillor Christensen,  
Councillor McDermott, Mayor Redekop

Staff: Alice Preston, Chris McQueen

Absent: Kathleen Moses, Jill Croteau

Guests: None

**3. Disclosure of Pecuniary Interest**

None

**4. Adoption of the Agenda**

**That:** The Agenda for September 24, 2024 be adopted as presented.

Moved by: Councillor Christensen

Seconded by: Amy Devereaux

**Carried**

**5. Adoption of Minutes**

**That:** The minutes from July 16, 2024, be adopted as submitted.

Moved by: Amy Devereaux

Seconded by: Councillor Christensen  
**Carried**

**6. Delegations**

None

**7. Correspondence**

The letter attached is signed by Harprett Bassi and Mary Jane Johnson. Councillor McDermott shared that the Councillors discussed it last evening at Council. We requested that the Mayor and Councillors have a meeting with the Board of Directors at Niagara Health. Chris made some comments at last evening's meeting and I outlined a number of things this Committee has made progress on. My hope is Niagara Health will rejoin. Councillor Christensen added that Niagara Health says in their letter that they are not in the primary care business, however they run the Urgent Care Centre. Dollars that are being spent on primary care should stay in our community. Councillor Lewis also spoke at Council indicating that we should revisit our decision on the \$3M, as the commitment at that time was to continue our Urgent Care Centre and now they are not. It was a very involved discussion from Council. The article from the local Radio station covers this discussion. In any case, we did keep the door open that we are looking forward to them returning to the Committee. We were excluded from that last round of meetings, so I assume now that we are invited. John Walpole concluded that we will wait for Niagara Health to respond.

**8. Niagara Region Report**

Jill Croteau was not in attendance.

**9. Coordinator, Community Health Care Services Report**

- Virtual Meetings took place over the summer with representatives from Niagara Ontario Health Team (NOHT), Niagara Health (NH), Niagara Physician Health Alliance (NPHA), Bridges Community Health Centre (CHC) and Aboriginal Health. Discussions were around the primary care needs of Fort Erie, and the submission of an Expression of Interest (EOI) in the spring of 2025 for a new primary care model. It was decided that we needed physician input, so the Town hosted a dinner meeting which was held on July 30<sup>th</sup>. Physicians from each physician model group were present, along with Chris McQueen, myself, Mayor Redekop, Taralea McLean from Bridges CHC, Frank Ruberto from NPHA and Dr. Robert from NH. Sabrina Piluso from NOHT led the discussion regarding the request from Ontario West to write and submit a plan for a primary care model, ideally in collaboration with Port Colborne physicians, for a total budget of \$2-\$3M. Subsequent to this meeting, Ontario West said “just put in what you feel is needed”. The Fort Erie Family Group Practice, 238 Bertie Street, voiced an interest in taking a lead. Dr. Luterman, spokesperson for the Fort Erie Group, Dr. Vandenberg from Port Colborne and Sabrina Piluso are meeting on October 1<sup>st</sup> to discuss further. They

will then bring the two physician groups together to finalize a draft which will go to the Ministry. Targeting Mid-October.

- Dr. Bharti's start date is on hold as Drs. Sharma and Hanna want to build their rosters further before she starts. We will be putting in an ad in the Observer for both Doctors that they are accepting patients and will include Bridges CHC Nurse Practitioner.
- Chris McQueen and I met with Dr. Scher to discuss the Palliative Care Program. He was asking for support funding for a Nurse Practitioner. We are advocating for NP support for his program through the EOI. Carol Nagy added that she, Sabrina Piluso and Dr. Scher have met and they are proposing a Nurse Practitioner be dedicated to the Fort Erie Palliative Care Program and that this Nurse Practitioner will integrate into the Community to be part of the Outreach Palliative Care Team so there is equitable access to palliative care and that all services are available to Residents of Fort Erie.
- Repatriation Events: Jill Croteau, Dr. Remington and I are attending a repatriation event in Dublin and a recruitment event in Manchester in the month of October. 250 Medical Students will be in attendance in Dublin and 75 UK docs are registered for the recruitment event. There will be 20 Physician Recruiters there, mainly from Ontario.
- Although Port Colborne has decided not to launch a Resident survey, the NOHT has asked us to go ahead with our survey as they need this data for the EOI. Launch date is today in the Observer. Other posters will be distributed throughout the Community.

#### **10. Chief Administrative Officer Report**

Alice Preston has been working with the Crystal Beach Firehall. The project was stalled due to a fallout in the relationship between the prospective physician and the owners. We were approached to assist and have since connected them with another physician group. Fingers crossed that this will happen. Stay tuned.

#### **11. Council Representative Report**

Chris McQueen and Alice Preston advised me about six to eight weeks ago about an initiative in Renfrew County. They have the same pressures we have with respect to accessing primary healthcare. They have a higher level of municipal government and a much larger geographic area. They have some things we do not have, like a family health team under a blended salary model. It is a Family Health Organization but physicians are paid a base salary with capitation. A different relationship than most Family Health Teams. They applied for funds to develop a Virtual Service Program. Details are as follows:

**County of Renfrew – Transfer Payment Agency and holder of provincial funds**

- Five communities in the largest land mass county in Ontario
- No UCC or walk-ins
- Shortage of registered nurses
- Could not get doctors to move to the area so a virtual approach was employed
- 4% rates of unattachment with older, poorer, sicker patients
- VTAC was a COVID solution – Arnprior CEO, Judy Hill, EMS
- Program includes:
  - Qualified medical reception and triage – screens call
  - Registration
  - Sets appointment
  - Clinician assessment determines whether to treat, escalate or transferred to ER
- Program uses phone, video and secure messaging
- Five community assessment sites remain operational post- COVID

### **What is Hybrid Care?**

- Balance clinical need with patient preference
- Utilize the advantages and strengths of virtual care
- Have in-person care available when needed.

### **VTAC Operations**

- Hours of operation:
  - 24/7 for the phone lines
  - Clinical Assessment Centres are open Monday to Friday from 8am-5pm.

### **Staff complement:**

- Medical Receptionists
  - 26 Medical Receptionists staff the phone lines:
    - Weekly, Monday to Friday, staff work 225 remote (off-site) hours and 70 hours on-site hours.
    - Weekends, Saturday and Sundays, staff work 64 hours of remote (off-site) hours.

- The program provides a total of 359 hours weekly.
- Community Paramedics
  - 10 paramedics work at the Clinical Assessment Centres.
    - Some CAC's are assigned 2 paramedics and some are assigned 1 based on demand and location.
    - There is a weekly total of 124 hours of clinical paramedic time.
- Physicians
  - 50 physicians on staff are compensated through the province's blended salary model (combined base salary and capitation)
  - For VTAC activities, physicians are paid as follows:
    - \$15/hour for phone services
    - \$20/hour for video services
    - \$135/hour for sessional services

**Budget:**

- Current VTAC budget = 2.8 million for medical receptionists and paramedics
- Excludes physician hours. Physicians have their own contract with MOH.
- Current physician staffing totals 250 hours a week

**Bottom Line:**

- Renfrew County has a four-year history – it's no longer a model

Additional information shared was a 30-day snap shot. Fewer than 3% of the calls were advised to go to an Emergency Department or call 911. Paramedics can also go out to patients' homes. There are hands-on capacity in this, paid capacity by fully-trained Paramedics. John Walpole commented on how Paramedics have expanded their scope and that potential for EMS in our community is huge. Councillor Christensen continued. This program does speak to concerns mentioned by Chris McQueen about fragmented funding. It is managed by one Manager, Renfrew County. They have hybrid appointments and virtual appointments.

They provided a slide about referrals and spoke to the direction of primary health care around prevention, screening, appropriate testing, continuity of care and access to interprofessional healthcare providers. It is a very interesting project. We haven't taken it any further than this initial discussion.

Carol Nagy added that virtual services are spreading across Ontario and the NOHT is promoting the same kind of program in Toronto. I think for this

Committee, it might be very helpful to ask Sabrina Piluso to speak to our Committee about virtual access to care. We need to tap into what is already happening in Niagara so we don't duplicate efforts and that we use our health care funding wisely. It is more difficult for primary care practitioners to switch a practise into these options, but if we do endorse this service, we will need to start to communicate with physicians that our Committee is promoting virtual care.

Councillor Christensen advised we had not made any decisions but were just obtaining information. Renfrew also has a database of physicians we can tap into. It may be the next competitive field, who gets which communities. But you raised some interesting facts. I will say that some of the people that spoke to Chris McQueen, Alice Preston and I are people from Niagara who are aware of this program. Not sure how closely tied they are with the NOHT. We don't want to be duplicating. If this is a viable option, then it needs to be done in a way that ensures all residents have the best access. Your comment about changing the nature of practise has to be set up front. I was involved when the first Family Health Teams came about. There is a need to look at different ways of doing things and there will be a driving imperative to do this in the future to optimize our resources. Thank you again for your comments.

The people from the VTAC Program are going to be attending the SOS workshop tomorrow.

**Motion:** That the Committee invite Sabrina Piluso, Executive Director, NOHT to attend our next Committee Meeting to discuss Virtual Care across our region.

Moved by: Councillor Christensen

Seconded by: Carol Nagy.

**Carried**

Councillor Christensen added that the success measure for the province seems to be focused on patient rostering. Two other things that need to be considered are Emergency Department avoidance and access to care. Once you go virtual, people with transportation and mobility issues can get access to preliminary health care assessments. Add these two measurements to the EOI.

Alice Preston will clarify with Renfrew County whether or not their physician rates are per call, versus per hour, and will email Sabrina Piluso to invite her to our next Committee meeting.

**12. New Business**

None

**13. Next Meeting Date**

October 29th, 4:00 p.m.

**14. Adjournment**

**That:** The meeting be adjourned at 4:49 p.m.

Moved by: Councillor McDermott

Seconded by: Amy Devereaux  
**Carried**