

## Joint Municipal Physician Recruitment and Retention Committee to end in 2021

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At their Dec. 2 council meeting, South Algonquin council discussed the impending cessation of operations of the Joint Municipal Physician Recruitment and Retention Committee. While the objective of the committee was to recruit primary care physicians to rural areas like South Algonquin, this responsibility will soon be undertaken by the Ontario Health Teams, or family health teams and the JMPRRC will stop accepting funding after this year and effectively end its tenure after December 2021.

Mayor Jane Dumas explained that the JMPRRC had passed a resolution to end its operations by the end of next year, and filled council in on their rationale for doing so.

?This is the committee of the five municipalities that has been in existence since 1999 and annually each of the five municipalities; South Algonquin, Madawaska Valley, Killaloe Hagarty and Richards, North Algona Wilberforce and Brudenell, Lyndoch and Raglan have been annually putting funds into the JMPRRC and we have been using these funds through the years to provide incentives to physicians to practice primary care in the Madawaska valley and it is the feeling of this committee that it is time to stop this initiative,? she says.

With news that the JMPRRC will be ending its operations in 2021, Killaloe Hagarty and Richards has already withdrawn from the JMPRRC, making it clear that their 2020 payment toward the committee will be its last.

Dumas said that the municipalities have been under pressure from the province to do an efficiency assessment by January 2021, and the province wants them to focus more on their primary core services to the municipality, and she explained that they are not mandated to tax their constituents for health care funding.

While the JMPRRC had success through the years, there is still a huge demand for primary care physicians throughout Ontario and all of Canada.

The dichotomy between being a primary care physician in an urban area and a rural area is quite pronounced, according to Dumas. The rural primary care physician is tied to the hospital, is part of the on-call schedule in the emergency department, and they can admit patients to the hospital and look after them there. In contrast, the urban primary care physician has an office with office hours and usually doesn't have any other ties to the community.

?Some may enjoy that diversity in a rural primary care practice, but the majority prefer an urban centre where those requirements are not made on them,? she says.

Also, the number of graduates going into primary care has decreased over the years, as graduates are pursuing specialties in the medical field.

For those reasons, according to Dumas, the JMPRRC decided it was time to enact an exit strategy, and they will be notifying the municipalities of any updates as they go forward. She elaborated, saying that it would be brought forward at the next Administration Committee Meeting in the new year for further discussion.

Dumas said that South Algonquin will be making its payment to the JMPRRC this year of \$14,000, but that it would be its last payment.

?So, this money will be coming back to South Algonquin to pay toward core services in 2021, that we are being mandated to be more cognizant of by the Ontario government,? she says.

According to Dumas, another thing attracting physicians into primary care are the Ontario health teams, or family health teams, and she pointed out that they had those at Rainbow Valley in Killaloe, the family health organization in Barry's Bay and at their own South Algonquin Family Health Team in Whitney. Jim Etmanski is the executive director of the SAFHT, which was formed in 2007. He says that they joined with their present local physician at that time.

?He has continued as our lead and only physician since then. Yes, we will be doing our own recruiting in the future when the need arises. In this near era of team-based care, I believe new physicians are attracted to this model and Family Health Teams are best suited to recruit their own physicians to address each FHT's unique needs, circumstances and characteristics,? he says.

The Ontario health teams were established by the Connecting Care Act 2019, and they are groups of health care providers who are clinically and fiscally responsible for the delivery of care to their patients including primary care services, home care, acute care, long term care, mental health and addictions services and palliative care services. The OHT is responsible for providing care for their patients, understanding their health care history, easing their transition from one physician to another, directly connecting them to the different types of care they need and providing around the clock help in navigating the health care system.

In a Nov. 18 press release, the Ontario government announced that it was spending \$2.4 million to support an extra 13 OHTs in the province, bringing the grand total to 42 OHTs. These teams will cover over 86 per cent of the provincial population. Ontario is investing around \$28 million to support the 42 OHTs in 2020-2021.

Premier Doug Ford, who made the announcement with Christine Elliott, deputy premier and minister of health, and Merrilee Fullerton, minister of long-term care, says that the investment will not only help Ontario respond more effectively to the COVID-19 crisis but will also help end hallway healthcare and build a better patient-focused health care system in the future.

?While these new teams will provide better support for more Ontarians, we won't stop until every person and every community in Ontario has access to this new improved model of care,? he says.

Dumas echoed Etmanski's assertion that these family health teams were attractive to new graduates. She said that St. Francis Memorial Hospital is also in the process of changing some of its practices to lessen the load on primary care physicians, so their workload is not as onerous as it has been in the past.

?We all remember the days when the doctor worked in his office, he came to the emergency department if there was an emergency, they delivered babies in that time, they did house calls, they looked after Valley Manor. Those were the pioneers of health care in our community and they did an excellent job. It's a different environment now and hopefully a more equitable environment for physicians that provide care to the members of our community. So that's where we sit with that,? she says. ?I'll bring back any other information to our committee so it goes through council and to the community as well.?