Promoting Unity in Northern Ontario

LEG Leads & Administrators Meeting

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November 4, 2017

Presenter Disclosure

I have no relationships with commercial interests to disclose

Introduction

Northern Ontario current clinical and academic environment:

- One School of Medicine
- 2 Universities
- 2 LHINs
- 2 AHSCs
- 40 + community hospitals

Current challenges:

- Large geography representing two-thirds of Ontario
- Small dispersed population split into 2 small regions
- Poorest population health status of all Ontario
- Large indigenous population
- Relatively new academic role for NOSM and the 2 AHSCs

Opportunity

Northern Ontario academic leadership:

- 3 of the 5 academic institutions will be new
- 2 new LHIN CEOs

Governance of both the academic and HC systems:

- Capitalize on the one medical school on 2 campuses model
- Strength in unity: one voice representing 800 k population vs 2 voices representing very small regional populations

Challenges of a relatively new AHSC

From a clinician scientist or academic perspective:

- High clinical needs monopolize potential research time & opportunities
- Clinical culture legacy of merged community hospitals
- Migration of Family Physicians out of the AHSC

From a Research Ethics perspective:

- Processing research projects
- Recruitment of research participants: opt-in vs opt-out strategies

Challenges of a relatively new AHSC

From a research and teaching funding perspective:

- Diminishing seed funding from FedNor & NOHFC
- Aging infrastructure impacting capital investments
- Absence of tradition for philanthropic support of research
- Competing clinical, academic and scientific priorities for Hospital base funding
- Limited funding hinders innovation and research programs opportunities
- No funding available for protected time for physician scientists and teachers

Impact of Migration of GPs out of the Hospital

From a quality of care perspective:

- Inappropriate admissions of frail, chronically ill or dying patients
- Poor continuity of care
- Increased LOS and
- Growing cost to fund hospitalists

Contribution of Community GPs

Family practice must be integrated back into the AHSC & community hospitals:

- How can we foster and support better integration?
- How do AHSCs & Hospitals re-engage community primary care providers?
- What resources do family practice clinics require to come back or stay in Hospitals?

TBRHSC Regional Programs to Support Community Hospitals

Existing:

- Regional MSK Program
- Regional ICU Program
- Regional Pharmacy Program

What other programs would support community primary care providers?

Questions?

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