

### MIDDLESEX-LONDON HEALTH UNIT

#### **REPORT NO.022-17**

TO: Chair and Members of the Finance and Facilities Committee

FROM: Laura Di Cesare, Acting Chief Executive Officer

DATE: 2017 May 04

### FAMILY HEALTH CLINIC: UPDATE AND NEXT STEPS

### Recommendation

It is recommended that the Finance & Facilities Committee make a recommendation to the Board of Health to close the Family Health Clinic as of June 30, 2017, as outlined in Report No. 022-17FFC.

# **Key Points**

- It is recommended that implementation of the disinvestment proposal #1-0021, realigning the Family Health Clinic, be altered. By approving this change, budget obligations for 2017 will be met.
- In further consideration of the mandate and foundational principles of public health, the need to optimize the Middlesex-London Health Unit's (MLHU) use of resources, and after analyzing local needs and context, MLHU recommends the closure of its Family Health Clinic effective June 30<sup>th</sup>, 2017
- A transition plan is in place to ensure existing clients have access to primary care.
- A PBMA proposal for the full disinvestment of the Family Health Clinic will be submitted this year.

## **Background**

In December 2016, the Board of Health approved disinvestment proposal #1-0021 "Realign Family Health Clinic" as presented in the Finance and Facilities Report No. 046-16FFC. This 0.5FTE disinvestment proposal was based on consideration of the Family Health Clinic's intended purpose, the current Middlesex-London primary health care context, and the need to better align MLHU's resources with its mandate.

In 2017, a number of implementation steps have been taken to realign the Family Health Clinic with its intended purpose, enhance tracking of clients accessing service, and to reach out to Primary Care Providers in the community to further determine availability of primary care.

Although the initial plan had been to fully implement disinvestment proposal #1-0021 early in 2017, a number of factors contributed to the delay of its full implementation. As a result, rather than shifting to part-time early in the year, the Nurse Practitioner will work full-time until the end of June. With this approach, budget obligations of the approved disinvestment will still be met for 2017.

### **Next Steps Regarding the Family Health Clinic (FHC)**

In view of the mandate and foundational principles of public health and the need to maximize MLHU's use of resources, and in consideration of local needs, priorities, and contexts, MLHU recommends closing its Family Health Clinic effective June 30<sup>th</sup>, 2017.

Currently, the Family Health Clinic (FHC) has a total of 155 clients. Of these clients, 35 of them currently either have no health card or have access to care only through the Interim Federal Health Program. A total of 108 clients have a health card, but do not currently have a regular primary health care provider. Only 12 clients report having a primary health care provider, other than the FHC's Nurse Practitioner.

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A transition plan has been developed to phase out the Family Health Clinic and to ensure that clients continue to have access to primary care services:

- Effective May 1, the FHC will not accept new clients and drop-in clinics will be discontinued.
- Until June 30, or until transferred to an ongoing Primary Care Provider, existing clients can continue to access Nurse Practitioner services by appointment.
- Clients with OHIP but with no regular Primary Care Provider are being encouraged to register with Health Care Connect, provided with a list of Primary Care Providers and pediatricians accepting new clients, offered support to facilitate connection with accepting Primary Care Providers or pediatricians as needed, and given information about walk-in and urgent care clinics.
- MLHU is working to transfer clients without OHIP, or with Interim Federal Health coverage only, to Health Zone for Primary Care Provider services. Should any of these clients actually have OHIP but not a health card, they will be supported, as possible, in acquiring a health card.
- Clients with significant higher-risk medical needs will be identified by the Nurse Practitioner and prioritized for "warm" transfer to accepting Primary Care Providers.

A PBMA proposal will be submitted for complete disinvestment of the Family Health Clinic through the 2018 PBMA process.

### Conclusion

The implementation plan for disinvestment proposal #1-0021 has been altered; however, budget obligations for 2017 will be met. Based on further consideration of the public health mandate, community context and prudent resource allocation, it is recommended that the Family Health Clinic be closed effective June 30, 2017. A transition plan is in place to ensure that existing clients have access to primary care. A PBMA proposal for full disinvestment of the Family Health Clinic will be submitted.

This report submitted by the Nurse-Family Partnership Team, Healthy Start Division.

Laura Di Cesare, CHRE Acting Chief Executive Officer