

2024 County of Essex ROMA Delegation Submission
Ontario Ministry of Health and Long-Term Care

Summary of the Issue

Windsor-Essex is in dire need of provincial support to alleviate systemic issues, and unique local ones, contributing to excessive waits at emergency rooms, persistent ambulance shortages, high percentages of unattached patients to primary care and substandard health outcomes for regional residents. Left unchecked, these problems will grow worse as our population explodes over the next decade, fueled by generational investments expected to create tens of thousand of jobs.

A chronic physician shortage and a lack of primary and urgent care clinics with weekend and evening hours has created an unsustainable strain on local health care resources. Residents rely on 911 for non-urgent issues, clogging emergency rooms and pulling precious Paramedic resources from the road, creating Code Blacks and Reds, instances when zero or fewer than two ambulances are available.

This undermines public faith in the health care system. It negatively affects the morale of Paramedics and hospital workers. It perpetuates an outdated and reactive approach to patient care instead of embracing a progressive, proactive one focused on preventive medicine and providing the right treatment at the right time in the right place.

Health care providers in Windsor-Essex have experienced tremendous success leveraging provincial funding and support to roll out innovative, inter-disciplinary models of care that improve patient outcomes, particularly for marginalized communities, and relieve systemic pressures by taking a wholistic, team-based approach that eliminates traditional silos of care with an emphasis on preventive medicine.

There are currently 13 Expressions of Interest from local health care agencies and municipalities awaiting review and approval at the ministry level. We urge the province to address these on an expedited basis. Our diverse and growing region, with its mix of rural and urban municipalities, is a microcosm of Ontario and an ideal location to launch pilot projects that can be refined and rolled out across the Province, improving patient care and public satisfaction.

Background

More than 31,000 residents in Windsor-Essex are without a family doctor and the problem will only get worse with our region expecting to grow by more than 10 per cent over the next decade. Nearly fifty per cent of those people live in neighbourhoods with the lowest average incomes. Physician retirements over the next five years may see as many as 100,000 area residents without access to a family doctor. Urgent action is imperative.

This physician shortage combined with a dearth of walk-in clinics with evening and weekend hours results in local residents using 911 for non-urgent needs. Windsor-Essex has an extraordinarily high percentage – the highest in Ontario – of patients who arrive by ambulance at emergency rooms, a trend fueled in part by a lacklustre regional transit system. The provincial average for June was 18 per cent and the average for each of our three hospitals was 38 per cent, 31 per cent and 23 per cent.

This has created a significant and unsustainable strain on local health care resources, causing excessive waits at hospital emergency departments for both patients and the Paramedics who ferried them there. Ambulances are forced to idle for hours outside of hospitals, creating Code Blacks and Reds, instances when zero or fewer than two ambulances are available. These issues are well covered by the media, undermining public faith in the health care system and negatively impacting the morale of Paramedics and hospital workers.

It also perpetuates an outdated and reactive approach to patient treatment that is characterized by inefficient silos of care. This has not served local residents well. Premature deaths in Windsor-Essex per 1,000 people are 56.3 per cent higher than Ontario, while potential years of lost life are 63.4 per cent higher. Residents here suffer higher incidents of hypertension, hypercholesterolaemia and other dyslipidemia, depression, asthma and acute and other respiratory diseases and disorders.

The Solution

A new approach is required to address these longstanding systemic issues, a team-based, interdisciplinary one that leverages digital technology to provide patients a team of health-care providers focused on preventive medicine and providing the right treatment at the right time in the right place.

Health care providers in Windsor-Essex have enjoyed tremendous success leveraging provincial funding and support to roll out innovative, inter-disciplinary models of health care that improve patient outcomes, particularly for historically marginalized communities. This agile, team-based approach puts patients first and relieves systemic pressure by leveraging digital technology to eliminate silos of care while placing an emphasis on preventive, community medicine.

Examples in Windsor-Essex include:

- Windsor-Essex has team-based primary care organizations, including Family Health Teams, Community Health Centres, Nurse Practitioner Led Clinics, and Aboriginal Health

Access Centres, that provide comprehensive primary healthcare in their communities with a focus on preventive medicine.

- The Mobile Medical Unit run by the Windsor-Essex Ontario Health Team brings care to our most vulnerable residents when and where they need it. This unit evolved from the former Community Response and Stabilization Team, an agile, multi-disciplinary team formed during the pandemic that tested and vaccinated agricultural workers, long-term care home residents and the homeless.
- The Mental Health and Addictions Response Team. Paramedics with Essex-Windsor EMS respond with a social worker in an EMS SUV to non-critical, low-to-moderate acuity mental health and addictions calls. The team frees up scarce ambulance resources and ensures residents are receiving the right care at the right time by the right provider in alignment with Ontario's Roadmap to Wellness.
- The Community Assessment Triage Team works with the Central Ambulance Communications Centre to divert low acuity and non-urgent patients away from congested emergency departments. This frees up ambulance resources and relieves hospital congestion.

In a press release issued when she came to Windsor-Essex to learn more about these innovative programs, Sylvia Jones, Ontario's Minister of Health, touted the "amazing work that can happen when we all work together." These programs were launched and achieved success because of her commitment and her support. Substantially more progress can be achieved with continued investments in team-based models of care.

There are currently 13 Expressions of Interest from local health care agencies and municipalities awaiting review and approval at the ministry level. We urge the province to address these on an expedited basis. Our diverse and growing region, with its mix of rural and urban municipalities, is a microcosm of Ontario and an ideal location to launch pilot projects that can be refined and rolled out across the Province.

Local team-based primary care agencies have participated in the Expression of Interest process and have provided solutions to address barriers to care for unattached, marginalized and vulnerable populations in their respective communities. An investment in these established, provincially funded organizations will advance local and provincial system pressures on shorter timelines and allow for focused direction from our funders.

The Windsor Essex Ontario Health Team has endorsed these applications and recognizes that there is an opportunity to attach additional Physician resources to existing teams by approving Physician positions in all funded models, including salaried models (ie. BSM FHTs, CHCs, AHACs). By leveraging existing local expertise through team-based primary care leadership, enhancement and expansion strategies will address the local issues and align with Ontario Health Team and Ministry of Health objectives.

Health care providers in Windsor-Essex have a proven track record of embracing innovative, team-based solutions to overcome new challenges and systemic obstacles. With continued provincial support, we can continue to break new ground and break down barriers, improving patient care and public satisfaction with the health care system.