Protecting Women's Health in Sault Ste. Marie

Goal

To obtain and maintain accessible, timely, comprehensive care in a collaborative health care setting while addressing the concerns specific to Women's Health (WH) in Sault Ste. Marie. Our goal is aligned with Health Equity Charter "to dismantle barriers, eliminate health inequities and improve access to health care, especially for those who have historically faced and continue to face discrimination and disadvantage".

The Women's Health Clinic will be supported by one full time Obstetrician/Gynecologist (OB/GYN), 2 full-time nurse practitioners (NP), 1 full-time Registered Nurse (RN), 1 full-time Registered Practical Nurse (RPN), 1 full-time Social Worker (RSW), 2 clerical staff. Technical resources and space will be shared with the Algoma Nurse Practitioner-Led Clinic (ANPLC) pending approval of adequate operational funding. The ANPLC has already been approved to expand to a 5000 square foot facility. The addition of the Women's health Clinic would require, at least, 6500 sq.ft. and additional 1500 sq. ft.

Executive Summary

Currently there are 3000 women on a wait list to address, urgent and elective gynaecological issues. This waitlist had an insidious onset and has occurred over a 3-year period. It has assuredly grown since our complement of Obstetrician/Gynecologists and specialty NPs have dwindled. Since the inception of this original request another Obstetrician/Gynecologist has decided to leave Sault Ste. Marie (September 2022) leaving only 3 from an original 5 specialty physicians.

One of these 3 is not accepting any new patients, does not take call or practice obstetrics leaving 2 to provide care for the OB/GYN population in Sault Ste. Marie. This physician only sees selective gynaecological patients. Recruitment and retention in this specialty, both in medicine and nursing, has been a longstanding challenge and barrier to access to care in Northern Ontario. In September 2021 a Nurse Practitioner (NP) specializing in obstetrics and gynaecology retired and there has been no replacement. In May of 2022 another NP specializing in gynaecology also retired with no replacement. This will leave no specialized female NP service and only 2 Obstetrician/Gynecologist physicians for the entire female population in this northern Ontario community including Sault Ste. Marie and surrounding areas plus the 1 Gynecologist providing a very selective gynecologic service. Sault Area Hospital has recently stepped up and is implementing an obstetrical clinic with locum physicians and midwives. The ANPLC clinic is currently seeing registered and non-registered elective gynaecology patients in a limited fashion to help with this crisis. ~~and o~~Obstetrical ~~s~~ prenatal care~~care~~ of registered patients of the ANPLC is also being provided up to 12~~24~~ weeks gestation.~~.~~ Although helpful, these are "band-aid" fixes and are not sustainable or optimal.

Introduction

The Algoma Nurse Practitioner-Led Clinic is a non-profit agency that has been providing ~~es~~ primary care to the residents of Sault Ste. Marie and surrounding area since 2011~~.~~. The clinic is 100% funded by the Ministry of Health and Long-Term Care and~~.~~ ~~The clinic~~ provides accessible comprehensive, patient-focused care to patients

across their lifespan, including health promotion, disease prevention, chronic health, and mental health management. The multidisciplinary team works collaboratively to assist~~aid~~ patients in navigating the healthcare system to coordinate integrated care within established community partnerships.

The Algoma Nurse Practitioner-Led Clinic (NPLC) would be a perfect collaborative model to partner with ~~house~~ a Women's Health Clinic in Sault Ste Marie.

Algoma Female Patient Demographics

The following statistics have been taken from the Algoma Community Health Profile September 2018. We can only assume that these statistics have increased significantly since 2018 considering our decrease in available resources and the pandemic.

Rate of Newly diagnosed cancer cases per 100,000 people for common cancers (Public Health Ontario 2018)	**Algoma**	**Ontario**
Female Breast cancer	193.1	141.5
Cervical cancer	12.3	7.5
Breast Cancer Screening	58.0%	65.2%

About 1 in 4 deaths in Algoma are due to cancer however our local statistics are higher than the rest of Ontario.

Rate of cancer-related deaths per 100,000 people for common cancers	**Algoma**	**Ontario**
Female Breast Cancer	30.9	25.6
Cervical cancer	4.7	2.6

Identified Problem

Currently, all elective gynaecological concerns are being denied locally. This critical and dangerous situation is just the latest addition to the long list of factors which have historically limited access to women's healthcare in Northern Ontario. Urgent surgeries are delayed due to a lack of initial consult appointments. Women are being referred out of town and forced to be seen in ~~S~~southern Ontario incurring unnecessary costs and risks for elective and urgent concerns. In this regard, many low-income women do not have the means that would allow them to travel to southern Ontario. According to the 2018 Community Health Profile by Algoma Public Health, the median income after taxes is $29,267 and the overall unemployment rate in Algoma is 10.6%. For this population, paying up front for expenses associated to an appointment in ~~S~~southern Ontario (lodging, transportation) is extremely difficult or even impossible. In Algoma, the unfortunate ~~sad~~ reality is low-income women are disqualified from receiving the care required to properly manage their condition. This is a compelling example of how a systemic issue can profoundly impact the health of

vulnerable individuals. It is a perfect example of the inequities in our healthcare system.

From a medical personnel planning perspective, physician recruitment has been a chronic challenge in n~~N~~orthern Ontario for many years. Programs and measures implemented by the Ministry of Health to address the critical shortage have not yielded the expected results. In Sault Ste Marie, this problem is most intensely felt in Women's health. With only 2 Obstetrician/Gynecologists serving approximately 50,000 women in Algoma, our region is critically underserved. Furthermore, emerging data seem to indicate that the Covid 19-related healthcare system changes have led to significant delays in diagnosis and management of diseases. Unfortunately, women's health was not spared as similar trends are also observed in this specialty.

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Proposed Solution

A stand-alone clinic may not be practical logistically, or timely and would be more costly. Leveraging the flexibility, efficacy and cost effectiveness of the Nurse Practitioner Led Clinic is a far better option. A collaborative partnership between these two entities involving a partnered governance and sharing of resources would ultimately optimize access to care for women. One example of a significant advantage ~~This~~ would be realised in the ~~also~~ ~~allow~~ cross-training of primary care NPs to maximize their skill level and relieve the burden on our dwindling specialty physician

complement. Primary Care NPs who are trained in IUD insertion and endometrial biospies woud help alleviate some of this burden.

Deeply rooted in the Nurse Practitioner-Led Clinic model is the principle of multidisciplinary collaboration of healthcare professionals. ——This important collaboration creates a context where patients -access care at the right place, by the right clinician, in a timely manner, in our own community.

We currently have the resources (2 retired experienced and skilled NPs in women's health) to be able to address these issues within our community and be able to assist in relieving the burden and stress placed on the OB/GYN physicians in our community and improve access to female specific healthcare for women. The availability of these skilled NPs to mentor others (i.e., NPs in the Algoma NP-Led Clinic) is a significant opportunity we should take advantage of. The table below provides an estimate of potential costs:

WHC Requirements	**Estimated Additional Costs**
NP – 2 FTE	
RPN – 1 FTE	
RN – 1 FTE	
Administrative Staff – 2 FTE	
Social Worker - FTE	
Capital Expenditure Requirements	
Additional Rental Costs (incl CAMS)	
Additional Insurance	

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Additional Utilities	

Risk Assessment

Currently, the OB/GYN physicians have an overwhelmingly obstetrical patient population within their practices, leaving very little opportunity to see the gynaecology population. Without prompt action, this waitlist will, most likely grow by 1000 patients per year, risking the onset of more severe disease for many patients. Primary care providers in our community are now accountable for following the care of women they have already referred to a specialist. Without the advanced knowledge, skills and judgement that comes with this specialized care, the primary care provider must maintain their patients' care until they can be seen by a gynecologist. This can be up to 2 years which is most likely significantly longer now due to the recent changes in OB/GYN physicians. If there is a change or decompensation in the patient's status, the primary care provider can reach out to the specialist and the patient may be re-triaged or referred out of town. However, this patchwork healthcare is flawed on many levels and has the potential for detrimental effects for the women caught in this tangled, fragmented care. This is the reality within our community. Scarce gynaecological services can be a significant risk factor for the loss of human lives.

Furthermore, the lack of community women's health services can ultimately result in higher health related expenses. For instance, insufficient gynaecological services in the region can result in an increase in the utilization of emergency visits, requirement of advanced disease treatment and return visits to the primary care offices. The

associated burden of healthcare costs for these services and treatments far outweighs the upstream approaches of equitable access to publicly funded gynaecological services including health promotion, primary and secondary prevention.

Not one woman should die of cervical cancer; however, in our community this is a potential reality considering 43.6 % of our non-rostered female population do not have access to the service of cervical screening. In summary, improving access to gynaecological/obstetrics health services in our community can only lead to favourable healthcare outcomes and reduction in healthcare costs.

Conclusion

In conclusion, adding a Women's Health Clinic to the Algoma NPLC's portfolio will help optimize access to care for women in this community. Without this additional service, there is risk of a waitlist well over 5000 patients over the next 2 years. This number will not be accurate because currently referrals are being denied instead of waitlisted. Health promotion and illness prevention as we know, is far more cost effective and favourable for our patient population. The ability to provide NP-led elective obstetrics/gynaecology care to women in our community, would allow OB/GYN physicians to see patients requiring serious or surgical gynaecology interventions and obstetrical care.

Improvements in healthcare outcomes while reducing health care system costs can be realised with this collaboration of gynaecological services with the Algoma Nurse Practitioner-Led Clinic.