

# Provincial committee studies Group Health Centre programs

By Frank Dobrovnik  
THE SAULT STAR

Even in the face of resource limitations, Sault Ste. Marie's Group Health Centre is leading by example in showing the health industry the possibilities, says the chair of an arms-length group created by the provincial government to improve health care of Ontarians.

"These people, even though they're stuffed into a constrained facility, and they're shorter in numbers than they'd like to be, are producing very good results. . . . Outstanding results, I would say," said Raymond Hession, chair of the Ontario Health Quality Council.

Hession and other OHQC members were in Sault Ste. Marie for the first time this week to see first-hand GHC's much lauded integrated delivery model.

In particular, they wanted to learn more about the myriad programs GHC offers to for patients to self-manage chronic disease, as well as an electronic medical records system that's "not unique in Canada, but is still the best we've ever seen," Hession said.

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health-care system, has been in

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place at GHC since 1997.

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Initiatives such as GHC's Congestive Heart Failure program were highlighted in both of the council's two annual reports, which last year focused on access to health care and in March managing chronic disease.

Hession called GHC "as good as if not the best example of managing chronic disease and prevention as we've seen anywhere in Ontario, and Canada, for that matter."

The council will continue to focus on chronic disease in its third annual report, and members will take the examples they took in first-hand this week to prepare the third report, he said.

More than anything else, chronic disease drives costs to the system, he said. "If we prevent disease upstream, that is, at an earlier stage of life, we'll avoid costs when these awful consequences show up. . . . Yes, you have to spend more on primary care up front, but you'll spend less on acute care down the road."

At the same time as GHC boasts the quality of care for its more than 60,000 rostered patients, Hession acknowledged thousands more orphan patients have no access.

"We all admittedly recognize there are resource issues."

The Northern Ontario School of Medicine, which recently welcomed its third first-year students, is hoped to be one way to retain physicians in Northern Ontario, he said.



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