



**MINUTES** of the **BOARD OF DIRECTORS** meeting held on **Thursday, April 04, 2019**, 17:00 hours, Auditorium, Met Campus, 1995 Lens Avenue, Windsor, Ontario.

**PRESENT:**

Dan Wilson, Chair

Lynne Watts

Anthony Paniccia

Leanne Leech

Genevieve Isshak

Penny Allen

Pam Skillings

Dr. Maureen Muldoon

Arvind Arya

John Leontowicz

Michael Lavoie

Dr. Laurie Freeman

Patricia France

Cynthia Bissonnette

Dr. Anat Ravid (ex-officio, non-voting)

Dr. Anil Dhar (ex-officio, non-voting)

Dr. Gary Ing (ex-officio, non-voting)

David Musyj (ex-officio, non-voting)

Dr. Joslyn Warwaruk (ex-officio, non-voting)

Karen McCullough (ex-officio, non-voting)

**STAFF:**

Executive Committee

**REGRETS:**

Paul Lachance

Dr. Larry Jacobs (ex-officio, non-voting)

**1. CALL TO ORDER :**

The meeting was called to order at 17:02 hours with Mr. Wilson presiding as Chair, and Ms. Clark recording the minutes.

**2. WELCOME Dr. Anat Ravid:**

The Chair welcomed Dr. Ravid to the Board in her capacity as Vice-President, Professional Staff.

**3. DECLARATIONS OF CONFLICT OF INTEREST:**

None noted.

**4. PREVIOUS MINUTES – March 07, 2019**

The minutes of the March 07, 2019 Board of Directors meetings had been previously distributed.

**MOVED** by Ms. P. France, **SECONDED** by Ms. L. Watts and **CARRIED**

**THAT** the minutes from the March 07, 2019 Board of Directors meetings be approved.

**5. REPORT OF THE PRESIDENT & CEO:**

Mr. Musyj referred to his report and highlighted the following:

- Mr. Musyj stated the biggest announcement in the past few weeks was concerning the formation of the Ontario Health Teams and the Readiness Assessment document

that had to be completed by groups wishing to become one of the “teams”. Organizations have to work together to complete the document as a cohesive unit, and submit it to the Ministry within six weeks to be considered to be one of the 30-50 across the province. It is estimated that about 300,000 people will be covered within the area of each Ontario Health Team. The Ministry has been clear that this new approach to healthcare will be population focused; healthcare needs for a particular population, not disease focused. All health care organizations should review what the LHIN has been funding in our particular area. One of the goals is to have a seamless system for all patients. Organizations must work together to make it seamless and less complicated than it is now. Primary care will be very important in this. The goal is to keep people as healthy as possible. We want to reduce wait times. For us as a region, we are working together with multiple agencies and have had a lot of dialogue over the past few months. We will apply to be one of the teams. If multiple teams apply from the same region, the Ministry will connect back to the groups and indicate they need to get together instead of sending in separate teams. They will pick 10 to move forward with immediately. Others will be contacted and informed what they have to do to get ready if their submission is not initially accepted. Mr. Musyj will keep the Board updated.

**Board question:** When several agencies can go in together, who will be the initiator?

**Musyj:** We will hopefully apply as one entity. We will list those who are part of the application. The Ministry will leave it up to the groups on how to organize and govern themselves. The concept is that everyone involved, is in it together, and all should be considered equal. The Ministry has made it clear that those agencies who submit early will receive a lot of support from them.

**Board question:** A lot of this is primary care driven. Is there a physician involved and how is that integrated with OHIP?

**Musyj:** The Ministry has made it clear they will fund agencies - they want to give the one team the funding and then that should be divided among the organizations who take care of the patients. Physicians will still bill OHIP separately. As an example, the goal is to give a certain amount of money for hips/knees - we will receive a specific amount of money and rehab will receive a specific amount for their services. In some cases, we will have a patient whose surgery is more complicated and they will have to stay longer and it is a loss for us. There will also be gains. If you review the U.K. model, it is bundled care.

**Musyj:** We still have a LHIN but their Board is gone. Their Board is now the Ontario Health Board, which is comprised of 11 Board members for all those agencies. Under legislation, there will no longer be any LHINs. Ontario Health may have five regional offices across the province. They could perhaps take on some of the functions of the LHINs. The government wants to consolidate the best they can and to fund fewer agencies. Today they announced a review of all public sector unions and how they are compensated.

**Board comment:** The general consensus is that it is better to be at the beginning rather than at the end of the cycle. We have to get over the “trust” issue associated with this – there will be bumps in the road as we progress. This will be completely different than

what we have experienced. We have to be open to change and trust each other. We will self-govern and keep the patient front and centre.

**6. SCHULICH REPORT:**

Dr. Jacobs was absent.

**7. CONSENT AGENDA: None**

**8. NEW BUSINESS: None**

**9. BUSINESS ARISING: None**

**10. CORRESPONDENCE/PRINTED MATTER:**

- The Standard
- Electronic version of the new media report (sent separately)

**11. DATE OF NEXT REGULAR MEETING:**

**Thursday, May 02, 2019, Met Auditorium**

**12. BOARD MEMBERS QUESTIONS, COMMENTS OR NOTICES OF MOTIONS:**

None.

**13. ADJOURNMENT:**

There being no further business to discuss, it was

**MOVED** by Ms. L. Leech, **SECONDED** by Mr. A. Paniccia and **CARRIED**  
**THAT** the April 04, 2019 Board of Directors meeting be adjourned at 1732 hours.

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Dan Wilson, Chair  
Board of Directors

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Cheryle Clark  
Recording Secretary

/cc