

Answers to the delegation's points of concern:

Petition books were in circulation for 2 years; located at every store in the North Shuswap; at the clinic, which is still being signed; written about in the Kicker; petition forms in the Kicker for people to mail in; Health Society Board members were available in the NS Health Centre parking lot and store locations through out those two years to engage with people and explain that there are no Ministry of Health dollars attached to the clinic or to rural community health care centers in general.

Several written presentations were provided to the CSRD; a delegation which included the health centre, health society board members, community members, and other community groups attended a CSRD board meeting to present a request for funding; a 2nd delegation attended a CSRD board meeting along with Dr. Mistry to request Direct Taxation; the online petition and paper petition documentation were submitted to the CSRD for AAP.

The CSRD was approached because of the **AREA F Community Master Plan** that outlined Primary Health Care Services were to be provided to residents of the North Shuswap. The NSHC is an essential service which requested to receive funding as the North Shuswap First Responders do through taxation.

1. The online petition was run for a short period of time to avoid overlap of signatures or before it reached outside our area & catchment area. The reference of 3200 is permanent population; the NSHC serves also serves seasonal residents and emergency patients and the petition was a way to capture those seasonal residents.
2. The Petition states the following:

NSHC & NS Community Petition to the CSRD: "Petition to the CSRD to support health care funding for NSHC through a Contribution Agreement"

Petition to support NS Health Centre Funding: "We, the residents of Area F, want a contribution agreement with the CSRD to support paying towards health care funding of NSHC through an annual contribution tax."

Print name/sign/Area F -North Shuswap Address / phone / date

The wet signature petition was audited to ensure only residents living in the North Shuswap signed it and was audited to ensure we only received one signature from each person signing it. Signatures were not collected from people living in Chase.

4. The petition was never started to financially support a doctor and both petitions were started before Dr. Bucarelli was hired to work in the clinic. Our funding request was put forward in January of 2020, petitions were started May 2020, Dr. Bucarelli started in clinic October 2020.

Dr. Bucarelli informed us of her full-time status change at the end of this August.

5. The 4600 patient visits referenced include: patients seeing the doctor, patients receiving lab services, Patients seeing the public health nurse, patients seeing the footcare nurse, and community people coming in for vaccine clinics.

Patient appointments times are not booked in just 15 minute or less intervals. The only people who we have not been able to serve are summer visitors and they are referred to Chase emergency and walk-in clinics as needed. Although we have still helped visitors who were experiencing heart attacks, cuts that needed stiches, etc. We call 911 for people so first responders and paramedics can assist on site too.

Patient visits are not limited to 15 minutes; the time frame is orientated to an individual patient's health care needs. A health center has various appointment types and appointment times for example, a 5-minute prescription renewal, a 15- minute phone or in clinic consult, a 30- minute physician consult, a 30 - 60-minute procedural visit, a 30 - 60-minute palliative care in clinic or a home visit, to list just a few.

Most of the patient panel consists of people above the age of sixty with an extremely high number of elderly and chronic care patients. N

SHC is not a designated walk-in facility and therefore we do not simply set 10 to 15-minute appointments to fill the day up, we are engaged in primary health care services based on each patient's health care needs.

6. This is false information. People are asked if they are a patient at the health centre and whether they have a doctor elsewhere. This information needs to be confirmed for proper data management within the medical record program and for the clinic wait list. Patients can not have more than one doctor.
7. This is false information, there was not a previous full-time doctor at NSHC nor one that brought a case load of patients from those communities. There is not a 'medical spot' assigned for each resident or each seasonal resident; we accept patients from the North Shuswap who need a family physician. People also have chosen to have a doctor in Salmon Arm, Chase, Kamloops, Kelowna for a variety of reasons. These people still access the NSHC for other health & allied health services.
8. The CRSD is responsible for the AAP process, not Director Simpson. Although Director Simpson has participated in our presentation discussions.
9. NSHC is overseen by the NSHC Society, which is a Registered Canadian Charity, a Chartered Accountant completes the financials, and we report to the CRA as a Canadian Charity. We are a non-for-profit based community health care center. A doctor position is not attached to this funding; the funding is for operating the health centre. When Dr. Bucarelli changes her full-time status to contract, Dr. Mistry will be covering for her and the NSHC is currently in the process of recruiting a doctor and a second physician as a second position was recently approved by the Health Authority for NSHC. Even though we are not a health authority facility, we are still accountable under the health authority umbrella.
10. A petition process was chosen so we could participate in the Alternative Approval Process and to save approximately \$60,000.00 in referendum costs. Volunteer health society board members canvassed the North Shuswap residents seeking support for the process.
11. There is significant history of the community supporting the health society, starting with the society forming in 2011 when Interior Health pulled out of the medical center because rural funding was pulled from rural communities and people were left with no medical services. The

society raised community dollars to purchase the clinic and have worked diligently to fundraise to keep the clinic open. Fundraising needs to be supplemented for the clinic to stay operational and to provide medical & allied health care services in the North Shuswap.

The funding amount requested of approximately \$25.00 per household in the North Shuswap was determined by the average cost of gas for the average person to leave the North Shuswap for average health care needs which equated to \$400.00 a year per person.

12. The NSHC does not receive overhead costs now; but we are working with various groups such as the BC Association of Community Health Care Centres to lobby the Ministry of Health for change. The NSHC manages & operates the medical practice; the doctor is employed and does not manage the clinic.

Doctors are paid through a Fee for Service model, meaning they are paid a set amount of money for specific patient visits. This does not include the time it takes for charting; sending prescriptions, referring to specialists; filling several types of medical forms out; reviewing various medical test results, lab & x ray results, emergency, surgical & hospital reports.

The province is not simply giving money to doctors and medical practices; there is an application process for those who qualify and obvious parameters for any amount that may be received, not a set amount for every doctor.

The NSHC engaged in the AAP process with the CSRD and the community to ensure that medical & allied health care service will continue to be provided to the residents of the North Shuswap. The NSHC will continue to apply for pertinent grants to assist with program development and capital expenditures.

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NSHC