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Business Leadership, Change and Technology

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Sault Ste. Marie Health and Economic Development Opportunities  
Inventory

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Prepared for: Destiny Sault Ste. Marie

Prepared by : BLCT Consulting

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# 1 Introduction

Destiny in partnership with the Group Health Association and Sault Area Hospital engaged Michael DiAngelo and Reg St-Amour of BLCT Consulting to develop an inventory of opportunities in the Health sector with possible economic development potential. The desired outcome is a documented inventory list of those opportunities that will lead to the creation of jobs with the support of multiple partners.

The approach used to achieve the outcome of developing the Opportunities Inventory involved the following steps:

- Step 1: Establish Project Direction
- Step 2: Assess Current State
- Step 3: Articulate Future State
- Step 4: Prioritize and Sequence Potential Opportunities
- Step 5: Develop Final Report

Primary activities taken in support of developing this inventory involved:

- A review of the current state through the interview of key individuals
- Acquisition of key documents and internet research
- Positioning of the future state through the development of vision elements
- Conducting workshops in support of developing opportunities.

A steering committee was established to provide the necessary direction, support and content for the opportunities. Members were Greg Punch (GHA), Ian Plumley (SAH), Bill Therriault (Destiny) and Bruce Strapp (EDC).

## 2 Current State Review

Once project direction was established, the current state directly related to this assignment was reviewed.

The review involved a brief environmental scan that was conducted to identify and understand any external factors that may influence the creation of opportunities. This included a look at where public and private sector business is focusing their attention for new business development. Some of the important documents and information examined included:

- Vision 2020 by the Ministry of Health and Long Term Care
- Minister of Health comments on the future of health care
- Pervasive Computing (Home Care Study)
- Top businesses in the U.S. for 2005 (e.g., home care for elders)
- A number of project examples in Health Care

As part of the review, interviews were conducted with members of the partner organizations and other stakeholders in health. Their input formed the basis for the following observations, which were validated by the Steering Committee:

- Partners have been individually working on potential revenue opportunities
- Partners are moving forward on some initiatives individually
- There is a willingness by SAH and GHA to partner with others
- The combination of GHA roster and SAH present a unique characteristic for creating opportunities
- Destiny Sault Ste. Marie has a Growth Engine in Health, Social and Public Sector Development
- FedNor has 14 Guiding Principles for Health Related Projects, such as projects that:
  - Are regionally significant
  - Involve a number of local organizations/partners and health care providers
  - Have economic benefits
- It is important to avoid duplication with Smart Systems for Health and to leverage relationships where the following are involved:
  - Common IT platform
  - Secure Messaging Infrastructure
  - Hosting Services

- Provincial Government funding for home based care has increased
  - The ACCAC budget has increased \$1.4 million; creating 10 -12 new jobs with potential for additional funding re equipment into homes
  - Potential opportunities exist within Respite Care and Educational Programs
- Public Health requirements may support opportunities identified by the partners, such as:
  - Education programs in health geared to health inspection, registered therapy (speech-language, respiratory, etc.)
  - Research in terms of:
    1. Using GIS for health data capture and applied research
    2. Establishing Sault Ste. Marie as Health Information Centre for Ontario or Canada
- Sault College is a potential partner in the opportunities that have been identified during this assignment, in particular:
  - Research in support of its Bachelor of Sciences and Nursing program where students need to complete a certain level of research and are therefore available as resources
  - Aboriginal Health where an opportunity exists to better prepare aboriginal students in the Science area prior to the start of a bachelor program
  - Leveraging the existing successful nursing program and expanding its capabilities

### 3 Vision and Opportunity List

It was important to have a shared understanding of what the preferred future state will represent in terms of what is expected for business development and job creation.

Workshops with the partners identified key elements required for the future state:

- Focus on the growth of the health industry
- Outcome needs to be creation of jobs and/or share of this market
- Need to leverage Sault Ste. Marie strengths versus starting from "scratch"
- Grow employment in the health industry
- Position Sault Ste. Marie to acquire a market share of the health industry
- Provide opportunity of a revenue source for local health organizations

The key elements evolved into a vision that was summarized as follows:

Position Sault Ste. Marie to be a recognized player in the health industry with the objective of acquiring profitable market share and growing employment by capitalizing on Sault Ste. Marie's existing strengths.

The vision was important in identifying opportunities (opportunities had to be in alignment with the vision).

A workshop was conducted for the purpose of identifying opportunities that aligned with the vision. At the workshop, evaluation criteria were established and applied to each potential opportunity. The criteria were:

<b>Evaluation Criteria</b>	<b>Explanation</b>
1. Multiple partners	Partners includes GHA, SAH, Destiny, Private Sector
2. Supports economic diversification	Creates jobs outside the primary economic focus of the community
3. Employment generating - new jobs	Creates new jobs
4. Employment generating - sustains jobs	Sustains an existing group of

<b>Evaluation Criteria</b>	<b>Explanation</b>
	jobs
5. Growth potential (jobs and revenue)	The potential for additional job growth and/or revenue growth beyond the initial launch
6. Value of jobs	The jobs created are in the low, medium and high criteria. Low - Under \$35,000 Medium - \$35,000 - \$50,000 High - Greater than \$50,000
7. Costs	What does it take to implement?
8. Funding potential	Does the opportunity align to the objectives of the funders?
9. Timeframe	Allows for categorization of quick hits and long term
10. Proprietary to Sault Ste. Marie	Does it leverage an existing strength of Sault Ste. Marie?

The first workshop with the Steering Committee identified and prioritized a number of opportunities; resulting in the following list:

### **Prioritized Opportunity List**

<u>Priority</u>	<u>Opportunity</u>	<u>Votes</u>
1.	MedCura (Services and Consulting)	8 votes
2.	Research - Eco Health	6 votes
3.	Wellness Destination	5 votes
4.	Commercialize Health Infrastructure Capacity	5 votes
5.	Health Gaming	5 votes
6.	Aboriginal Health	5 votes
7.	VIP Portal	4 votes
8.	BioMedical	4 votes
9.	Nursing Program	3 votes
10.	Telemedicine-Linked to specific topic or group	0 votes

During the current state interviews, a number of situations were identified that did not fit our opportunity list and/or did not have detail information available but could generate some follow up activities. These include:



- Local Health Integrated Network

The initiative is intended to make the health care system function as a true system that is patient-centred, community-based, responsive to people's health needs, and accountable for results. LHINs will 'plan, coordinate, and fund the delivery of health services locally'. It has been suggested that LHINs will 'organize health services along set geographic boundaries that reflect patient referral and health care patterns'. They will include hospitals, CCACs, physicians, long-term care homes and public health agencies.

The objective would be to ensure Sault Ste. Marie could be one of the LHIN offices.

- Respite Care

By definition, "respite" refers to short term, temporary care provided to people with disabilities in order that their families can take a break from the daily routine of care giving. This care is typically home based and can involve any number of health care services. There may be value to patients and efficiencies to organizations if all care programs were coordinated. Increased funding to CCAC's demonstrates the Government's commitment to home based care.

Increasing respite care would require an increase in government funding.

- Food Security

There are a number of people in the community without the means for ample food. By example, statistics indicate that 25% of pregnant women do not have the means for obtaining an adequate amount of food. Food Security is part of a movement for food banks to develop a process to feed a community. The Ontario Public Health Association supports this and there are a number of communities with programs e.g., Waterloo, Montreal, Sudbury. AHU is interested in public - private sector partnerships for Food Security that are profitable for the private sector.

The opportunity is in the growth of the public - private sector partnerships.

- Information Health Gathering

It has been suggested that the Sault could become the Information Health Centre for gathering information from across Canada and transforming it into data usable for health care programs. The data can include latest studies, reports, articles, etc. and does not have to be clinical based. Existing call centres can be leveraged to conduct surveys and gather data - which would create jobs. Additional, well paying jobs would also be created to work with the data. Forestry Labs are a good example of how this could work for health.

Since Sault Ste. Marie was not successful at influencing the CDC setup in Sault Ste. Marie, the information health gathering could be an alternative.

- Nursing

Sault College has committed to developing its Nursing and Health Sciences Programs. Nursing has recently offered both BScN and Practical Nursing programs while Health Sciences continues to offer a number of allied health care programs. Additional programming might consider the GHA and AHU requirements for primary care and home based care/public health inspections.

The opportunity is to expand this program and attract a greater number of students thus creating jobs in the delivery of the program as well as contributing economic dollars to the local economy.

## 4 Prioritized Opportunities

The Prioritized Opportunity List from Workshop 1 formed the basis for the second workshop, which was designed to capture additional details about each of the opportunities and sequence any further action in terms of placing the focus on the highest priority items first.

The additional information captured during the workshop allowed for better understanding the potential and subsequent value and importance of each opportunity. In turn, this understanding allowed for the initial ranking to be adjusted and a potential sequence to be developed.

For purposes of this report, the additional detail has been developed and presented in three different degrees.

The first degree is as a summary of information about all opportunities. It is shown in chart format as Figure 1, which presents opportunities from the highest to lowest ranking. On the chart, opportunities are listed down the left hand column while criteria have been numbered and listed across the top as follows:

<u>Number</u>	<u>Criteria</u>
---------------	-----------------

1. Multiple partners
2. Supports economic diversification
3. Employment generating - new jobs
4. Employment generating - sustains jobs
5. Growth potential (jobs and revenue)
6. Value of jobs
7. Costs
8. Funding potential
9. Timeframe
10. Proprietary to Sault Ste. Marie

The second degree of detail expands on each of the criteria. Results are shown as Figure 2.

The third degree of detail provides all information available for the exercise in a standard format. The list of Detailed Opportunities is shown in Appendix A.

**Figure 1: Summary of Prioritized Opportunities**

<b>Opportunity</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
1. S&C 310 APPT	Yes	Yes	266 to 2666	No	High & Mid	Low	Part of 1-888-DICTATE business case	Mid	6 mths	Yes
2. S&C Dictate	Yes	Yes	100 to 1000	No	High & Mid	Mid	\$60,000 for planning .6 to \$1 million for infrastructure	Mid	6 to 12 mths	Yes
3. Health Gaming	Yes	Yes	Under 10	May be	Mid & High	Mid	\$50,000 Market research & business case Other costs game dependent	High	18 to 24 mths	Yes
4. Aboriginal Health	Yes	Yes	Low	Yes	N/A	Mid	Exploratory Study - \$200,000	High	N/A	Yes
5. S&C Consulting	Yes	Yes	Under 10	No	Mid & Mid	High	Business Development & Resource knowledge transfer - \$200,000	Mid	6 to 12 mths	Yes
6. VIP Portal	Yes	Yes	25 to 50	No	Low & Mid	Mid	+\$25,000 for business case (make part of 1-888-Dictate)	High	18 to 24 mths	Yes
7. Wellness Destination	Yes	Yes	200 (service industry)	Yes	High & High	Low & Mid	\$5 million	Mid	30 ++ mths	Yes
8. Research	Yes	Yes	5 plus 50 if Eco	Yes	Mid	High	\$5 million	High	12 to 24 mths	Yes
9. S&C Application Development	Yes	Yes	Under 10	No	Mid & Mid	High	N/A	Mid	18+ mths	Yes
10. Commercialize Excess Capacity	Yes	Yes	Low	No	Low & High	Mid	Low cost	Low	12 mths	Yes
11. Nursing										

**Figure 2 - High Level Description of Opportunities**

Opportunity	Evaluation Elements
<p>1. Services &amp; Consulting (S&amp;C) 310-APPT</p>	<ol style="list-style-type: none"> <li>1. Multiple Partners               <ol style="list-style-type: none"> <li>a. GHA, SAH, IC, Destiny, call centers and other private sector</li> </ol> </li> <li>2. Supports Economic Diversification               <ol style="list-style-type: none"> <li>a. Yes, expands on call centre jobs</li> </ol> </li> <li>3. Employment Generation - New Jobs               <ol style="list-style-type: none"> <li>a. Calculation based on 16 jobs for current 60,000 patient roster</li> <li>b. Full acquisition of Northern Ontario market would generate 266 jobs</li> <li>c. Full acquisition of Provincial market would generate 2666 jobs</li> </ol> </li> <li>4. Employment Generation - Sustains               <ol style="list-style-type: none"> <li>a. No - this is a new market exploitation and current jobs not impacted from a positive or negative perspective</li> </ol> </li> <li>5. Growth Potential - Jobs &amp; Revenue               <ol style="list-style-type: none"> <li>a. High potential for job growth based on market acquisition</li> <li>b. Revenue is in medium category</li> </ol> </li> <li>6. Value of Jobs               <ol style="list-style-type: none"> <li>a. Low end jobs in the \$20,000 range</li> </ol> </li> <li>7. Costs               <ol style="list-style-type: none"> <li>a. Low cost of entry until current phone system needs to be changed</li> <li>b. Outsourcing could impact investment required</li> <li>c. Business case needs funding (part of 1-800-DICTATE)</li> </ol> </li> <li>8. Funding Potential               <ol style="list-style-type: none"> <li>a. Medium - involves a number of partners with good job creation therefore meets some of the funding criteria</li> </ol> </li> <li>9. Timeframe               <ol style="list-style-type: none"> <li>a. Under 6 months based on leveraging the current people, process and technology environment</li> </ol> </li> <li>10. Proprietary to SSM               <ol style="list-style-type: none"> <li>a. Primary Care Management (model)</li> </ol> </li> </ol>
<p>2. S&amp;C 1-800-DICTATE</p>	<ol style="list-style-type: none"> <li>1. Multiple Partners               <ol style="list-style-type: none"> <li>a. GHA, SAH, IC, Destiny, Call Centers and other private sector</li> </ol> </li> <li>2. Supports Economic Diversification               <ol style="list-style-type: none"> <li>a. Yes, partial building of call center but with higher skill required jobs</li> </ol> </li> <li>3. Employment Generation - New Jobs               <ol style="list-style-type: none"> <li>a. Calculation based on approx. 30 jobs to support local market</li> <li>b. Full acquisition of Northern Ontario market would generate 100 jobs</li> <li>c. Full acquisition of Provincial market would generate 1000 jobs</li> </ol> </li> <li>4. Employment Generation - Sustains</li> </ol>

Opportunity	Evaluation Elements
	<ul style="list-style-type: none"> <li>a. No - this is a new market exploitation and current jobs not impacted from a positive or negative perspective</li> <li>b. Could reduce impact of any consolidation savings by amalgamating GHA and SAH</li> </ul> <p>5. Growth Potential - Jobs &amp; Revenue</p> <ul style="list-style-type: none"> <li>a. High potential for job growth based on market acquisition</li> <li>b. Revenue is in medium category (need to establish a profitable model)</li> </ul> <p>6. Value of Jobs</p> <ul style="list-style-type: none"> <li>a. Medium in the \$35,000 to \$50,000 range</li> </ul> <p>7. Costs</p> <ul style="list-style-type: none"> <li>a. Business plan &amp; Market research requires \$60,000</li> <li>b. Potential infrastructure cost of \$600,000 to \$1 million for the software application and hardware</li> </ul> <p>8. Funding Potential</p> <ul style="list-style-type: none"> <li>a. Medium - involves a number of partners with good job creation therefore meets some of the funding criteria</li> </ul> <p>9. Timeframe</p> <ul style="list-style-type: none"> <li>a. 6 to 12 months</li> </ul> <p>10. Proprietary to SSM</p> <ul style="list-style-type: none"> <li>a. Leverages Primary Care Management</li> </ul>
3. Health Gaming	<p>1. Multiple Partners</p> <ul style="list-style-type: none"> <li>a. Health sector &amp; OLGC</li> </ul> <p>2. Supports Economic Diversification</p> <ul style="list-style-type: none"> <li>a. Yes. Strengthens a position and/or creates new opportunities</li> </ul> <p>3. Employment Generation - New Jobs</p> <ul style="list-style-type: none"> <li>a. Yes. Under 10 jobs</li> </ul> <p>4. Employment Generation - Sustains</p> <ul style="list-style-type: none"> <li>a. Possibility</li> </ul> <p>5. Growth Potential - Jobs &amp; Revenue</p> <ul style="list-style-type: none"> <li>a. Medium in terms of jobs but high in terms of revenue</li> </ul> <p>6. Value of Jobs</p> <ul style="list-style-type: none"> <li>a. Medium in the \$35,000 to \$50,000 range</li> </ul> <p>7. Costs</p> <ul style="list-style-type: none"> <li>a. Business plan &amp; Market research requires \$50,000</li> <li>b. Full cost will depend on nature of product</li> <li>c. \$75,000 in potential licensing costs</li> <li>d. Model is for every \$1 of revenue consider .65 cent payout and .12 cent for operation</li> </ul> <p>8. Funding Potential</p> <ul style="list-style-type: none"> <li>a. Good for business case since it has the potential of creating jobs and provides revenue to health care organizations</li> </ul> <p>9. Timeframe</p> <ul style="list-style-type: none"> <li>a. 18 to 24 months with the potential of shortening the process by partnering with OLGC</li> </ul> <p>10. Proprietary to SSM</p> <ul style="list-style-type: none"> <li>a. Takes advantage of local knowledge in Gaming</li> </ul>

Opportunity	Evaluation Elements
4. Aboriginal Health	<ol style="list-style-type: none"> <li>1. Multiple Partners               <ol style="list-style-type: none"> <li>a. Bands, GHA, SAH, AUC and Sault College</li> </ol> </li> <li>2. Supports Economic Diversification               <ol style="list-style-type: none"> <li>a. Yes, re-enforces a current sector</li> </ol> </li> <li>3. Employment Generation - New Jobs               <ol style="list-style-type: none"> <li>a. Low</li> </ol> </li> <li>4. Employment Generation - Sustains               <ol style="list-style-type: none"> <li>b. Yes with the potential of spin offs</li> </ol> </li> <li>5. Growth Potential - Jobs &amp; Revenue               <ol style="list-style-type: none"> <li>a. Unknown</li> </ol> </li> <li>6. Value of Jobs               <ol style="list-style-type: none"> <li>a. Medium in the \$35,000 to \$50,000 range and High above \$50,000</li> </ol> </li> <li>7. Costs               <ol style="list-style-type: none"> <li>a. Complete study - \$200,000</li> </ol> </li> <li>8. Funding Potential               <ol style="list-style-type: none"> <li>a. High considering the current funding for Aboriginal Health</li> </ol> </li> <li>9. Timeframe               <ol style="list-style-type: none"> <li>a. Unknown till study complete</li> </ol> </li> <li>10. Proprietary to SSM               <ol style="list-style-type: none"> <li>a. Proximity and Geography</li> </ol> </li> </ol>
5. S&C Consulting	<ol style="list-style-type: none"> <li>1. Multiple Partners               <ol style="list-style-type: none"> <li>a. GHA, SAH, IC, Destiny, local private sector</li> </ol> </li> <li>2. Supports Economic Diversification               <ol style="list-style-type: none"> <li>a. Yes, builds an underdevelopment sector</li> </ol> </li> <li>3. Employment Generation - New Jobs               <ol style="list-style-type: none"> <li>a. Yes, under 10 jobs</li> </ol> </li> <li>4. Employment Generation - Sustains               <ol style="list-style-type: none"> <li>a. No, complete new opportunities</li> </ol> </li> <li>5. Growth Potential - Jobs &amp; Revenue               <ol style="list-style-type: none"> <li>a. Medium to Low in terms of the number of jobs it can create and high in terms of revenue for local partners</li> </ol> </li> <li>6. Value of Jobs               <ol style="list-style-type: none"> <li>a. High - greater than \$50,000</li> </ol> </li> <li>7. Costs               <ol style="list-style-type: none"> <li>a. Business development and resource knowledge transfer would be the focus therefore the need exists for \$200,000 for human resources to generate leads</li> </ol> </li> <li>8. Funding Potential               <ol style="list-style-type: none"> <li>a. Medium - meets the partner and job creation</li> </ol> </li> <li>9. Timeframe               <ol style="list-style-type: none"> <li>a. 6 to 12 months</li> </ol> </li> <li>10. Proprietary to SSM               <ol style="list-style-type: none"> <li>a. Leverage Primary Care Management</li> </ol> </li> </ol>
6. VIP Portal	<ol style="list-style-type: none"> <li>1. Multiple Partners               <ol style="list-style-type: none"> <li>a. GHA, Private Sector, SAH</li> </ol> </li> <li>2. Supports Economic Diversification</li> </ol>

Opportunity	Evaluation Elements
	<ul style="list-style-type: none"> <li>a. Yes</li> <li>3. Employment Generation - New Jobs               <ul style="list-style-type: none"> <li>a. Yes, 25 to 50 jobs</li> </ul> </li> <li>4. Employment Generation - Sustains               <ul style="list-style-type: none"> <li>a. No</li> </ul> </li> <li>5. Growth Potential - Jobs &amp; Revenue               <ul style="list-style-type: none"> <li>a. Low for number of jobs and medium for revenue where the revenue flow can represent a profitable business but it is small \$ transactions</li> </ul> </li> <li>6. Value of Jobs               <ul style="list-style-type: none"> <li>a. Medium - \$35,000 to \$50,000</li> </ul> </li> <li>7. Costs               <ul style="list-style-type: none"> <li>a. Add \$25,000 to the Dictate request for business case funding and conduct both studies together</li> </ul> </li> <li>8. Funding Potential               <ul style="list-style-type: none"> <li>a. Show be high since it build off existing funding provided and has the potential of making the initial funding even more effective</li> </ul> </li> <li>9. Timeframe               <ul style="list-style-type: none"> <li>a. 18 to 24 months</li> </ul> </li> <li>10. Proprietary to SSM               <ul style="list-style-type: none"> <li>a. Primary Care Management plus leverages an existing project that was launched by GHA</li> </ul> </li> </ul>
7. Wellness Destination	<ul style="list-style-type: none"> <li>1. Multiple Partners               <ul style="list-style-type: none"> <li>a. Local SPA providers (service industry), Tourism, GHA, SAH, Sault College and Aboriginal community</li> </ul> </li> <li>2. Supports Economic Diversification               <ul style="list-style-type: none"> <li>a. Yes, builds off the service industry</li> </ul> </li> <li>3. Employment Generation - New Jobs               <ul style="list-style-type: none"> <li>a. Yes - 200 jobs in the service industry</li> </ul> </li> <li>4. Employment Generation - Sustains               <ul style="list-style-type: none"> <li>a. Yes - Physiotherapy delisting; Service Industry</li> </ul> </li> <li>5. Growth Potential - Jobs &amp; Revenue               <ul style="list-style-type: none"> <li>a. High in terms of spin off in the entertainment and destination and high in terms of revenue</li> </ul> </li> <li>6. Value of Jobs               <ul style="list-style-type: none"> <li>a. Low under \$35,000 in the service industry and medium \$35,000 to \$50,000 in the health industry</li> </ul> </li> <li>7. Costs               <ul style="list-style-type: none"> <li>a. Multi million \$ start up in the range of \$5 million</li> </ul> </li> <li>8. Funding Potential               <ul style="list-style-type: none"> <li>a. High if industry and tourism still target (i.e. builds off an existing theme with venture capital support)</li> </ul> </li> <li>9. Timeframe               <ul style="list-style-type: none"> <li>a. 30++ months</li> </ul> </li> <li>10. Proprietary to SSM               <ul style="list-style-type: none"> <li>a. Regional and naturally gifted</li> <li>b. Border</li> <li>c. Year round destination</li> </ul> </li> </ul>



Opportunity	Evaluation Elements
8. Research	<ol style="list-style-type: none"> <li>1. Multiple Partners               <ol style="list-style-type: none"> <li>a. Yes, GHA, SAH, Science Works; Ulern; NOMS; MNR, AHU, Sault College</li> </ol> </li> <li>2. Supports Economic Diversification               <ol style="list-style-type: none"> <li>a. Yes</li> </ol> </li> <li>3. Employment Generation - New Jobs               <ol style="list-style-type: none"> <li>a. Yes - 4 to 5 jobs with the potential of 50 if research crosses over into Eco</li> </ol> </li> <li>4. Employment Generation - Sustains               <ol style="list-style-type: none"> <li>a. Yes - retention of Doctors and potential expanded role for Ulern</li> </ol> </li> <li>5. Growth Potential - Jobs &amp; Revenue               <ol style="list-style-type: none"> <li>a. Medium in terms of job creation and revenue is really impacted on the ability to commercialize</li> </ol> </li> <li>6. Value of Jobs               <ol style="list-style-type: none"> <li>a. High - over \$50,000</li> </ol> </li> <li>7. Costs               <ol style="list-style-type: none"> <li>a. Research Center - \$5 million start up</li> </ol> </li> <li>8. Funding Potential               <ol style="list-style-type: none"> <li>a. Government wants research; 2 upper levels of Government; Private Business support</li> </ol> </li> <li>9. Timeframe               <ol style="list-style-type: none"> <li>a. 12 to 24 months</li> </ol> </li> <li>10. Proprietary to SSM               <ol style="list-style-type: none"> <li>a. Leverage today's GHA database</li> <li>b. Close to the U.S.</li> <li>c. Leverage GIS</li> <li>d. Great Lake basin</li> </ol> </li> </ol>
9. S&C Application Development	<ol style="list-style-type: none"> <li>1. Multiple Partners               <ol style="list-style-type: none"> <li>a. GHA, SAH, IC, Destiny</li> </ol> </li> <li>2. Supports Economic Diversification               <ol style="list-style-type: none"> <li>a. Yes</li> </ol> </li> <li>3. Employment Generation - New Jobs               <ol style="list-style-type: none"> <li>a. Under 10 jobs</li> </ol> </li> <li>4. Employment Generation - Sustains               <ol style="list-style-type: none"> <li>a. No</li> </ol> </li> <li>5. Growth Potential - Jobs &amp; Revenue               <ol style="list-style-type: none"> <li>a. Medium in jobs and Medium revenue</li> </ol> </li> <li>6. Value of Jobs               <ol style="list-style-type: none"> <li>a. High - \$50,000</li> </ol> </li> <li>7. Costs               <ol style="list-style-type: none"> <li>a. To be determined based on approach</li> <li>b. Could be royalty partnership</li> </ol> </li> <li>8. Funding Potential               <ol style="list-style-type: none"> <li>a. Jobs and Partners</li> </ol> </li> <li>9. Timeframe               <ol style="list-style-type: none"> <li>a. 18+ months</li> </ol> </li> <li>10. Proprietary to SSM               <ol style="list-style-type: none"> <li>a. Primary Care Management</li> </ol> </li> </ol>

Opportunity	Evaluation Elements
10. Commercialize Excess Capacity	<ol style="list-style-type: none"> <li>1. Multiple Partners               <ol style="list-style-type: none"> <li>a. GHA &amp; SAH</li> </ol> </li> <li>2. Supports Economic Diversification               <ol style="list-style-type: none"> <li>a. Yes</li> </ol> </li> <li>3. Employment Generation - New Jobs               <ol style="list-style-type: none"> <li>a. Low</li> </ol> </li> <li>4. Employment Generation - Sustains               <ol style="list-style-type: none"> <li>a. No</li> </ol> </li> <li>5. Growth Potential - Jobs &amp; Revenue               <ol style="list-style-type: none"> <li>a. Low for jobs and High for revenue since it uses an existing asset with little cost</li> </ol> </li> <li>6. Value of Jobs               <ol style="list-style-type: none"> <li>a. Medium - \$35,000 to \$50,000 &amp; High - greater than \$50,000</li> </ol> </li> <li>7. Costs               <ol style="list-style-type: none"> <li>a. Low entry cost some promotional \$'s</li> </ol> </li> <li>8. Funding Potential               <ol style="list-style-type: none"> <li>a. Low</li> </ol> </li> <li>9. Timeframe               <ol style="list-style-type: none"> <li>a. 12 months if you consider the required government buy in</li> </ol> </li> <li>10. Proprietary to SSM               <ol style="list-style-type: none"> <li>a. Nobody doing it; U.S. market proximity</li> </ol> </li> </ol>

## 5 Road Map

The Opportunities Inventory represents a significant list of opportunities that can move the partners towards their vision of supporting economic development and creating jobs in Sault Ste. Marie.

The sequence developed through the prioritizing exercise provides focus to the partners in terms of where to start and what to do.

The next step is to take action on the opportunities.

The following provides a high level view of the opportunities and their potential time frame with further detail available in Figure 3:

<b>Opportunity Inventory Road Map</b>			
<b>Description</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3-5</b>
<i>Preparation Activities</i>	X		
<i>Consulting &amp; Services</i>			
1-800-Dictate	X		
310-APPT (310-2778)	X		
Consulting Services	X		
Application Development		X	
<b>Commercialize Health Infrastructure Capacity</b>	X		
<b>Health Gaming</b>		X	
<b>Research – Eco Health</b>		X	
<b>VIP Portal</b>		X	
<b>Wellness Destination</b>			X
<b>Aboriginal Health</b>			Unknown

Figure 3 represents a Road Map of activities that can be undertaken as an approach to build commitment for the Opportunities Inventory (see section below on Preparation Activities) and to take specific action steps. Explanations for the various activities and time lines for action are also provided.

Figure 3 - Road Map to Action

Opportunity /Support	Activity	Explanation	Time Frame		
			Yr 1	Yr 2	Yr 3-5
<b>Preparation Activities</b>	Distribute report and obtain buy-in	<ul style="list-style-type: none"> <li>➤ Steering Committee provides final sign off on report</li> </ul>	<1 mth		
	Determine communication approach: internal & external stakeholders	<ul style="list-style-type: none"> <li>➤ Identify key focus areas:               <ul style="list-style-type: none"> <li>○ Executives of partners</li> <li>○ Funding agencies</li> <li>○ Key community groups</li> </ul> </li> </ul>	<1 mth		
	Use Report to Build Growth Engine Definition for Health	<ul style="list-style-type: none"> <li>➤ Present report to Destiny Steering Committee Members, Resource Members and Advisory Committee Members</li> <li>➤ Establish Opportunities Inventory as key driver within Growth Engine of Health, Social and Public Sector Development</li> </ul>	<1 mth		
	Present Report to Executive, Board of GHA, SAH	<ul style="list-style-type: none"> <li>➤ Partners present report to their respective organizations</li> <li>➤ Commitment obtained for:               <ul style="list-style-type: none"> <li>○ Opportunities &amp; Priorities</li> <li>○ Willingness to commit professional resources</li> </ul> </li> </ul>	<1 mth		
	Bring key stakeholders from local health industry to forum	<ul style="list-style-type: none"> <li>➤ Partners arrange forum to communicate initiatives to key stakeholders in terms of:               <ul style="list-style-type: none"> <li>○ Presenting detailed opportunities</li> <li>○ Soliciting input from participants</li> <li>○ Review non detailed opportunities for possible inclusion</li> </ul> </li> </ul>	<2 mths		
	Obtain feedback from local politicians	<ul style="list-style-type: none"> <li>➤ Present report to community, provincial and federal representatives</li> <li>➤ Obtain feedback on degree of</li> </ul>	<2 mths		

Opportunity /Support	Activity	Explanation	Time Frame		
			Yr 1	Yr 2	Yr 3-5
		support ➤ Build buy-in to an opportunity from specific politician(s)			
	Create Steering Committee from greater audience	➤ Establish Steering Committee of health partners ➤ Encourage specific representation e.g., Algoma Health Unit; Sault College ➤ Provide support and have Steering Committee identify "Quick Wins" and/or take action on key initiatives	<2 mths		
	Approach funding agencies	➤ Present Opportunities Inventory to funding agencies ➤ Obtain feedback and support for specific opportunities ➤ Identify any available support	<2 mths		
	Update Road Map	➤ Establish Opportunity Steering Committee ➤ Reassess top priorities ➤ Support plan development for each top priority ➤ Identify any additional stakeholder participants ➤ Identify lead from each partner organization	<2 mths		
<b>Services &amp; Consulting (S&amp;C) 310-APPT</b>	Set Scope, Direction and Project Team	➤ Establish an upfront scope, direction and success measures (to measure progress against scope and direction) ➤ Identify project team ➤ Obtain funding for preparing business case ➤ Prepare business case	6 mths		
<b>S&amp;C 1-800-DICTATE</b>	Set Scope, Direction & Project Team	➤ Establish an upfront scope, direction and success measures (to measure progress against scope and direction) ➤ Link to 310-APPT funding request	6 - 12 mths		
<b>Health Gaming</b>	Determine feasibility and potential for opportunity	➤ Determine feasibility in terms of AGCO licensing requirements and OLGC support / role ➤ If feasible, assess potential in		18 - 24 mths	

Opportunity /Support	Activity	Explanation	Time Frame		
			Yr 1	Yr 2	Yr 3-5
		<p>terms of revenues, partnerships and scope</p> <ul style="list-style-type: none"> <li>➤ Complete market study and business case</li> </ul>			
<b>Aboriginal Health</b>	Determine potential for opportunity	<ul style="list-style-type: none"> <li>➤ Develop understanding of aboriginal health requirements and market in terms of any potential opportunity</li> <li>➤ Identify and involve key aboriginal stakeholders to validate any potential opportunity</li> <li>➤ Determine if opportunity exists and apply for necessary funding</li> </ul>			<b>Do not know</b>
<b>S&amp;C Consulting</b>	Prepare Scope, Determine Services and Identify Partners for Consulting Service	<ul style="list-style-type: none"> <li>➤ Determine scope of consulting services to offer / provide</li> <li>➤ Determine operating model for consultancy e.g., costing, sales, invoicing, approaches/methodologies, key competencies, organization structure, decision making process, etc.</li> <li>➤ Determine process for identifying and allocating resources while maintaining operational requirements</li> <li>➤ Identify any third party support for developing and implementing model for consultancy</li> <li>➤ Decide on model for consultancy</li> </ul>	<b>6 - 12 mths</b>		
<b>VIP Portal</b>	Set Scope, Model and Approach	<ul style="list-style-type: none"> <li>➤ Complete development of portal</li> <li>➤ Determine scope of opportunity e.g., does it include telecare?</li> <li>➤ Link to APPT/DICTATE funding request</li> </ul>		<b>18 - 24 mths</b>	
<b>Wellness Destination</b>	Develop Wellness Model, Build Support and Identify Partners	<ul style="list-style-type: none"> <li>➤ Create a tangible model for wellness</li> <li>➤ Promote wellness model to community</li> <li>➤ Identify champion and stakeholders e.g., Tourism,</li> <li>➤ Identify funding source(s)</li> <li>➤ Develop strategies for moving</li> </ul>			<b>30++ mths</b>

Opportunity /Support	Activity	Explanation	Time Frame		
			Yr 1	Yr 2	Yr 3-5
		forward			
<b>Research</b>	Determine Scope, Model and Plan for Research Institute	<ul style="list-style-type: none"> <li>➤ Complete feasibility work on separate research institute</li> <li>➤ Identify lead person / organization</li> <li>➤ Identify research parameters, any corresponding funding and potential investors and clients</li> <li>➤ Develop strategies for launching separate research institute</li> </ul>		<b>12 - 24 mths</b>	
<b>S&amp;C Application Development</b>	Set Scope, Direction and Project Team	<ul style="list-style-type: none"> <li>➤ Establish an upfront scope, direction and success measures (to measure progress against scope and direction)</li> <li>➤ Identify project team</li> <li>➤ Obtain funding for evaluating opportunity and capability to deliver</li> </ul>		<b>18 mths</b>	
<b>Commercialize Excess Capacity</b>	Determine feasibility and potential for opportunity	<ul style="list-style-type: none"> <li>➤ Determine if this opportunity continues to form part of this initiative</li> <li>➤ Determine feasibility in terms of: <ul style="list-style-type: none"> <li>○ Canada Health Act</li> <li>○ Access to facilities and technical staffing</li> <li>○ Liabilities e.g., international patients</li> <li>○ Logistics e.g., travel</li> <li>○ Revenue and costing</li> </ul> </li> <li>➤ Validate support from medical community</li> <li>➤ If feasible and support exists, develop programming and strategies</li> </ul>	<b>12 mths</b>		

## 6 Opportunity Grouping by Business Model

Opportunities that form part of the inventory have been categorized according to potential business models. The potential business models have not been detailed and/or studied, the categorization is based on the opinion of the consultants based on their experience and understanding of the opportunities.

The potential business model(s) was selected from one of the following four options:

1. Deliver within existing partner structure
2. Create profit based company
3. Private sector involvement / driven
4. Cost Recovery (breakeven / not for profit)

Figure 4 presents the Type of Model by Opportunity and provides an explanation for the selection.

**Figure 4: Potential Business Models**

Opportunity	Type of Model	Explanation
Services & Consulting (S&C) 310-APPT	Private sector involvement / driven	<ul style="list-style-type: none"> <li>➤ Partnership with contact centre would provide infrastructure (technology, people, processes), investment dollars and sales / marketing competencies / network</li> </ul>
S&C 1-800-DICTATE	Create profit based company, acquire necessary resources/expertise from partners and involve the private sector	<ul style="list-style-type: none"> <li>➤ Utilize existing competencies</li> <li>➤ Use investment in technology as barrier for others to enter market</li> <li>➤ Consider leveraging call centre industry for telephony requirements</li> </ul>
Health Gaming	Deliver within existing partner structure in partnership with OLGC	<ul style="list-style-type: none"> <li>➤ Use existing foundations to maintain charitable / tax status</li> <li>➤ Rely on third party game</li> </ul>



Opportunity	Type of Model	Explanation
		<p>developers and network providers at fixed price for services / support</p> <ul style="list-style-type: none"> <li>➤ Leverage local expertise to obtain a faster to market strategy</li> </ul>
Aboriginal Health	Private sector involvement / driven	<ul style="list-style-type: none"> <li>➤ Assumes aboriginal community represents private sector</li> <li>➤ Aboriginal partnerships required to succeed with any opportunity</li> </ul>
S&C Consulting	<p>Create for profit based company</p> <p>Acquire expertise from internal partner structure and leverage private sector where possible</p>	<ul style="list-style-type: none"> <li>➤ Utilize existing competencies and networks</li> <li>➤ Maintain ownership of growth strategy, targets, approach, etc.</li> </ul>
<p>VIP Portal</p> <p>S&amp;C Application Development</p>	<p>Deliver within existing partner structure</p> <p>Consider private sector partnership</p>	<ul style="list-style-type: none"> <li>➤ Utilize existing competencies and networks</li> <li>➤ Maintain ownership of growth strategy, targets, approach, etc.</li> <li>➤ Consider private sector where it can help with investment requirement and potentially operational expertise</li> <li>➤ Partnership with developer / marketer would leverage partner's expertise / competencies to bring products to market and generate revenues quicker and with less risk</li> </ul>
Wellness Destination	Private sector involvement / driven	<ul style="list-style-type: none"> <li>➤ Success contingent on finding private sector champion / investment dollars</li> <li>➤ Outside of partner's mission</li> </ul>

Opportunity	Type of Model	Explanation
Research	Cost Recovery Private Sector	<ul style="list-style-type: none"> <li>➤ Research can be undertaken on the minimum basis that costs are recovered</li> <li>➤ Special partnerships can be established to achieve specific objectives</li> <li>➤ Consider any private sector partnership that would help commercialization effort</li> </ul>
Commercialize Excess Capacity	Deliver within existing partner structure	<ul style="list-style-type: none"> <li>➤ Maintain compliance with policy and patient requirements re accessibility</li> </ul>

## Appendix A – Detailed Opportunities

### Name/Description

**Name: Services & Consulting**

**Description:**

Consulting & Service is a bundle of opportunities that if explored can leverage the strengths in the area of People, Process and Technology from local area health organizations with a primary focus on Group Health Centre and Sault Area Hospital.

The bundle for Consulting & Services includes:

**1-800-DICTATE**

GHA's current infrastructure would allow us to provide transcription services to physicians anywhere in North America. The fact that GHA is Ontario based does provide them with a geographic advantage that may be helpful in soliciting business from individual physicians or small physician groups who are less inclined to use similar services that are off-shore (primarily India). Many physicians in smaller communities have difficulty training and retaining competent staff in the transcription area.

**310-APPT (310-2778)**

310 phone numbers are masks for 1-800 numbers. It allows a person to make a "local" call but have the call routed through the 1-800 system to another community. Sault Ste. Marie's local health unit has been very impressed with the results since GHA introduced the practice of booking flu shot appointments. It has made for better matching of staffing levels to actual needs at the injection clinics, greater efficiencies in the delivery of service and a more orderly approach to the clinics. GHA has been approached to provide this service for the Algoma Health Unit in all of the communities they serve. This is a

### Details

**Strengths:**

**1-800-DICTATE:**

- Trained staff in place and conducting this service for GHA and SAH
- Need exists for GHA & Hospital and therefore this base service could be leveraged for growth outside the local market
- Niche market – hospital require this service and it is costly due to the technology investment
- Volume allows affordability where individual organizations cannot afford the technology
- Clinics going to EMR need to populate this type information electronically (knowledge exists on how to approach this challenge)

**310-APPT (310-2778):**

- business infrastructure in place and servicing this need
- contract with AHU for flu shots
- outpatient services being discussed with SAH
- specialized call centers
- open to partnership & investment

**Consulting Services:**

- 40 years of success
- noted leaders for primary care
- will be a recognized model
- can demonstrate its ability to do primary & chronic disease
- EMR in place for 8 years
- Other initiatives showing capabilities to deliver
- SAH expertise in joining two hospitals

service GHA could expand to other health units, or for a wider range of services that this health unit offers. Appointment services could be offered to other clinics or practitioners as well (i.e. Sault Area Hospital Outpatient programs).

Provincial health centers; in bound call centre; multiple book patients and facilities

### **Billing Services**

There are a number of contract billing services across the province and this is a service that GHA could offer to other clinics, or smaller hospitals that do not have the expertise in the area of billings. GHA's ability to do third party billings, allied service billings, Independent Health Facility (IHF) billings and especially "shadow billing" give us a core competency and knowledge that few contract providers have. This may be particularly beneficial to Family Health Networks (FHNs).

### **EMR**

The development work that has been done with the EMR since 1997 provides the GHA with a distinct advantage in helping other offices set up EMR systems as well as managing and maintaining those systems. This can be done on a stand-alone or Application Service Provider (ASP) basis. We currently operate out of 11 service sites and have over 60,000 people on our EMR.

As the GHA becomes more dependent on the EMR, our cost to customize and maintain the system continues to grow. With advent of FHNs it is apparent that these costs will eventually be born by the health system as physicians and other providers buy into electronic records. The GHA is currently developing its own EMR. Once this software is developed it can be customized to any specification and marketed to other users at a fraction of the cost for its purchase and maintenance.

Discussions are currently taking place with the Sault Ste. Marie Innovation Centre for the joint development of OSCAR initially with subsequent

### **Application Development:**

- EMR exists since 8 years
- Needs analysis to application development including security and infra structure design
- Integration with other applications (appointment)
- Integrated to MediTech (80% of province)
- IC focus on health & GIS
- Data repository option (Microage)

### **Challenges:**

#### **1-800-DICTATE:**

- next level of technology (voice recognition) is costly \$500,000
- market share definition – what is the real potential
- How can it be done profitably?
- Labor market
- Confidentiality of information will need to be addressed

#### **310-APPT (310-2778):**

- more capacity will be required (own infrastructure & people capacity)
- Union conflict with options for contracting out
- Other area codes need to be available to keep the 310-APPT handle

### **Consulting Services:**

- Integration to a broader model – GHA, SAH, CCAC
- Resource challenges – current resources delivering day to day services
- Need support from professional consulting (RFP, costing of jobs etc...)
- Taking professional individuals out of current work environment

### **Application Development:**

improvements to include smart templates, secure access by non-GHA providers, and GIS applications.

Also, the software can be interfaced with other applications that support medical care. These interfaces include but are not limited to prescription writing, medication tracking, laboratory, registration, and eventually hospital software.

The software is capable of supporting clinical and population based research that has been a cornerstone to the delivery of health and wellness programs provided at the Centre. Roy Romanow embraced our accomplishments by calling the Group Health Centre "Canada's Best Kept Secret".

**Roster and Registration**

Provincial governments in Western Canada, Ontario, and Eastern Canada are establishing health care models that fund the providers based on the number of patients who enlist with them to receive their health care. Management of this roster is a cornerstone to ensuring that patients receive the care they require as well as maximizing financial returns for providers. GHA has managed a roster that now approaches 60,000 patients for over forty years and can bring this expertise to other providers and clinics. The computer application that assists us in managing the roster is interfaced with GHA's EMR and can be tailored to suit the needs of individual providers.

**Management Services**

The GHA is uniquely able to provide a complete range of management services for physician clinics and other providers. This could be done on a "buffet" basis, where a clinic may wish to select various support services that we would provide. Due to GHA's capacity to provide such a wide range of services it is probably the only agency in the country that could market and offer a total "turn-key" solution for a physician's office, from appointments, billing, staffing and

- Infrastructure for application development
- Liabilities associated with selling software
- Does all expertise exist within health industry in Sault Ste. Marie or within the I.T. sector?

**Costing Information:**

**1-800-DICTATE:**

- \$600,000 to \$1 million
- Business Plan & Market share - \$60,000

**310-APPT (310-2778):**

- part of 1-800-DICTATE business case
- if phone system change required – significant \$ investment

**Consulting Services:**

- business development & resource knowledge transfer (partner identification) - \$200,000 for human resource to generate leads

**Application Development:**

- to be determined based on approach
- could be a royalty partnership

**Job Creation:**

**1-800-DICTATE:**

- High
- under 30 for local support
- Northern Ontario – 100 jobs
- Provincial – 1000 jobs
- Home based jobs (self employment, contract)

**310-APPT (310-2778):**

- 16 for GHA support for 60,000

EMR support.

Locally the GHA may provide record management services for SAH, HR and payroll services to SAH and CCAC, etc.

**Consulting Services**

Both the ADMG and the GHA can market their expertise, knowledge, and planning and implementation capabilities to other agencies or jurisdictions. To date they have had indications of interest from both coasts as well as other communities in Ontario. There may also be a significant increase in demand for such services depending on the outcome of the next election and the primary care models, which are brought forward.

**Educational Services**

The GHA can provide 3-5 day sessions on primary care administration with the program offering courses or sessions in areas such as Rostering, Registration, Roster Management, Capitation Funding, EMR, PIPEDA, Practice Management Applications, Billing, Fundraising, Research management, Medical Group Governance, Integration of Allied Services, Member Services, Communications, etc. These sessions could be offered in conjunction with AUC, Laurentian University or Sault College, which could provide certificates. They could be multi-level courses that may see a participant return to the Sault 3 or 4 times of a two-year period for 3 days at a time. Target would be primary care managers, clinic managers, lead physicians, etc.

**Application Development – Health Care**

Identify niche applications in health care where the market could provide opportunities. The applications would be developed locally and marketed beyond the region.

**Value Added Services – Health Care**

Identify, develop and market value added

- patients (3750 patient per resource)
- \$20,000 per year job
- Northern Ontario market – 1 million based on ratio 266 jobs
- Provincial – 10 million based on ratio 2666 jobs

**Consulting Services:**

- under 10 people

**Application Development:**

- Under 10 people

**Implementation Timeframe:**

**1-800-DICTATE:**

- 6 month to 12 months

**310-APPT (310-2778):**

- scalable
- under 6 months

**Consulting Services:**

- 6 to 12 months

**Application Development:**

- 18+ months

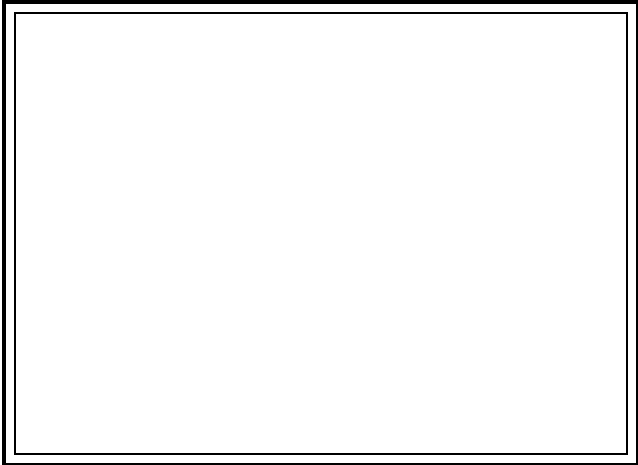
**Dependency:**

- business case (Dictate)
  - Application development will require business case
- funding of infrastructure (Dictate)
- sales force issues (APPT)

services in the health care arena. The exact services are not defined at this time but could include services that today are not available for certain patient group who may be willing to pay a premium.

Note: **Service & Consulting** includes: Billing Services, Roster & Registration, Management Services, Consulting Services, Education Services and Value Added Services.

**Application Development** includes: EMR and Health Care



## Evaluation Criteria

### Evaluation Element:

11. Multiple Partners
12. Supports Economic Diversification
13. Employment Generation – New Jobs
14. Employment Generation – Sustains
15. Growth Potential – Jobs & Revenue
16. Value of Jobs
17. Costs
18. Funding Potential
19. Timeframe
20. Proprietary to SSM

### Results

1. GHA, SAH, IC, Destiny, Call Center plus others
2. Yes
3. Yes
4. No
5. High & Medium
6. High (application & consulting); Low – APPT; Dictate - Medium
7. see above
8. Jobs; partners;
9. see above
10. Primary Care Management

## Name/Description

**Name: Research**

**Description:**

Further development of population-based research provides an opportunity for the GHA. The magnitude of GHA's database, 6 years of electronically stored data for 60,000 patients, provides opportunities for disease specific research studies. Significant work has been done around the development of a separate research institute. The institute could be a major economic catalyst providing opportunities for other types of research as well as high-end jobs.

One consideration for this research is our strength in the GIS arena and the possible links between GIS and the patient database for research purposes.

Another consideration is the AHU's suggested information health centre which could be combined with other research requirements.

The Sault College program requires students to perform research in their 4<sup>th</sup> year and could become resources to the process.

Customer of research could be agencies; material/ findings could be published for public interest

## Details

**Strengths:**

- Chronic disease management
- Largest electronic database in Canada for patient information
- Largest Diabetic registry in Canada
- Proven health care cost savings – because applied research against database

**Challenges:**

- How do you keep research going – staying ahead of the pack?
- Competition
- Other kinds of research
- Hospital more involved
- Research capabilities – Doctors
- Ethical quality research

**Costing Information:**

- Population based – EMR – lower cost research
- Research center - \$5 million requirement

**Job Creation:**

- Very high end jobs
- 4 to 5 jobs
- potential 50 if crosses into Eco

**Implementation Timeframe:**

- 12 to 24 months

**Dependency:**

- Commercializing opportunities



# Evaluation Criteria

## Evaluation Element:

1. Multiple Partners
2. Supports Economic Diversification
3. Employment Generation – New Jobs
4. Employment Generation – Sustains
5. Growth Potential – Jobs & Revenue
6. Value of Jobs
7. Costs
8. Funding Potential
  
9. Timeframe
10. Proprietary to SSM

## Results

1. Yes – Science Works; Ulearn; NOMS; MNR; AHU
2. Yes
3. Yes
4. Yes – retention of doctors; Ulearn
5. Mid & Commercialize Potential
6. High
7. see above
8. Government wants research; 2 upper levels of Government; Private Business
9. see above
10. Cross over to BioMed & Database; close to U.S. & Great Lake basin

## Name/Description

**Name: Wellness Destination**

**Description:**

The concept of wellness involves a holistic approach to health care with a focus on preventative maintenance vitality. A wellness program would have links to tourism. Needs further definition.

Broad menu of wellness of SPA & Vitality;

Destination add on for tourism & local;

**Strengths:**

- Tour train – 70,000 tourists in the fall
- Regional isolation – these services not delivered
- Possibility of taking advantage of the nature
- Complimentary real estate settings (Gateway & SAH)

**Challenges:**

- Promotion
- Architecture costs
- How to you get existing business to buy in (local support)

## Details

**Costing Information:**

- Multi million (\$5 million)

**Job Creation:**

- 200 jobs (service industry)

**Implementation Timeframe:**

- 30 months ++

**Dependency:**

- strategy planning
- community buy-in
- Tangible concept design (up front money)
- Champion (Leadership & Coordination)

## Evaluation Criteria

**Evaluation Element:**

1. Multiple Partners
2. Supports Economic Diversification
3. Employment Generation – New Jobs
4. Employment Generation – Sustains
5. Growth Potential – Jobs & Revenue
6. Value of Jobs
7. Costs
8. Funding Potential

**Results**

1. Yes – Local (SPA) Providers; Tourism (1); GHA & SAH; Sault College; aboriginal
2. Yes
3. Yes
4. Yes (Physio delisting – service industry)
5. High (spin off such as Casino) & high
6. Low & Medium
7. see above
8. Tourism; Venture Capital

- 9. Timeframe
- 10. Proprietary to SSM

- 9. see above
- 10. Regional & Naturally gifted & Border and year round destination

## Name/Description

**Name: Commercialize Health Infrastructure Capacity**

**Description:**

The main focus would be on taking advantage in excess capacity of diagnostic imaging in general and operating room facility – excess capacity of provincially funded equipment

May involve a number of areas such as:

- patient accommodations
- increasing access to equipment at SAH and GHA

**Strengths:**

- excess capacity exists
- low sunk cost
- access to Michigan market (border)
- potential price advantage (CND \$)
- reasonably quick access to T.O. market (cost reasonable for travel and local accommodations)

**Challenges:**

- using provincially funded equipment (is this acceptable politically?)
- Canada Health Act – what are the restrictions?
- air travel connections and number of flights
- competition
- buy in by physicians & availability of tech specialist & granting privileges
- liability for international patients
- distance
- weather

## Details

**Costing Information:**

- Low entry cost
- Promotion requirements

**Job Creation:**

- low

**Implementation Timeframe:**

- as soon as available (12 months – linked to lobbying)

**Dependency:**

- lobbying of governments

## Evaluation Criteria

### Evaluation Element:

1. Multiple Partners
2. Supports Economic Diversification
3. Employment Generation – New Jobs
4. Employment Generation – Sustains
5. Growth Potential – Jobs & Revenue
6. Value of Jobs
7. Costs
8. Funding Potential
9. Timeframe
10. Proprietary to SSM

### Results

1. GHA & SAH
2. Yes
3. Low
4. No
5. Low & High
6. Medium to High
7. see above
8. Low
9. see above
10. Nobody doing it ( could be first); U.S. market proximity

## Name/Description

**Name: Health Gaming**

**Description:**

This opportunity is related to the creation of a Provincial Health Gaming offering – the game creation and operation would happen locally and made available to the provincially.

**Strengths:**

- Local gaming skills/infrastructure
- Local linked bingo company selling Bingo outside Canada
- Relative void in these type of products
- Ability both legally & technically to leverage internet
- Supplements funding for Northern Ontario health care

**Challenges:**

- AGCO licensing could be a challenge
- Potential opposition from OLGC

## Details

**Costing Information:**

- Depends on nature of product
- \$75,000 in potential licensing costs
- \$1 revenue – 65 cent payout plus 12% for operating
- Market research & Business Case - \$50,000

**Job Creation:**

- Under 10 jobs

**Implementation Timeframe:**

- 18 to 24 months
- 12 to 24 if outsourced to OLGC with job commitments

**Dependency:**

- political discussions
- Need to conduct market research & prepare business case (partner design; revenue sharing)

## Evaluation Criteria

**Evaluation Element:**

1. Multiple Partners
2. Supports Economic Diversification
3. Employment Generation – New Jobs
4. Employment Generation – Sustains
5. Growth Potential – Jobs & Revenue
6. Job Value
7. Costs
8. Funding Potential
9. Timeframe
10. Proprietary to SSM

**Results**

1. Yes – number of health & OLGC
2. Yes – strengthens a position or creates new opportunity
3. Yes
4. Maybe -
5. Medium & High
6. Medium
7. see above
8. Good for business case development
9. See above
10. Medium (local knowledge)

## Name/Description

**Name: Aboriginal Health**

**Description:**

There may be an opportunity to either provide additional services to the aboriginal community or partner with aboriginal groups for specific health care programming.

One area of focus could be to leverage the Sault College program and expand its capability to better prepare Aboriginal students in the Sciences area prior to having them join a health care program.

Areas of focus could include diabetics & research.

**Strengths:**

- Proximity – Multiple bands locally in both Canada and the U.S.
- College & AUC offer Aboriginal Programming
- Community Diabetic program (database)

**Challenges:**

- Different funding model
- Different approach to medicine

## Details

**Costing Information:**

- Exploratory Study - \$200,000

**Job Creation:**

- More in sustaining jobs that creation
- Spin off potential

**Implementation Timeframe:**

- unknown till study

**Dependency:**

- Need to investigate this market to understand opportunity

## Evaluation Criteria

**Evaluation Element:**

1. Multiple Partners
2. Supports Economic Diversification
3. Employment Generation – New Jobs
4. Employment Generation – Sustains
5. Growth Potential – Jobs & Revenue
6. Value of Jobs
7. Costs
8. Funding Potential
9. Timeframe
10. Proprietary to SSM

**Results**

1. Yes – Bands; GHA; SAH; AUC, College
2. Yes
3. Low
4. Yes
5. Unknown
6. Medium to High
7. see above
8. High Potential
9. see above
10. Proximity; Geography

## Name/Description

**Name: VIP Patient Portal**

**Description:**

The Vascular Intervention Program known as the VIP Patient Portal has been designed to support one key aspect of managing chronic disease. The program provides the patient (as well as providers) information about the management of their vascular health care. The portal involves a patient centric website that would educate, activate, motivate, involve and help the patient access specific health care information to us in managing their illness or improving their health.

The discussion at the session included evolving this opportunity to include telecare.

Program includes service delivery program contributing to healthier lifestyle.

Access to medical record abroad or anywhere, anytime is one of the concepts.

Offering the expertise of this type of program belongs in the delivery of consulting & services.

The potential for hosting such an application and offering the service across the province as a competitive model is more of a stand alone opportunity.

## Details

**Strengths:**

- Portal in development stages
- \$800,000 has been invested (program & technology development)
- interest from drug industry
- revenue model based on value added service to patients

**Challenges:**

- selling to doctors (may not be willing to pay and/or participate)
- Overlays on multiple application (private practice)
- Own patent of interface and let other develop accordingly

**Costing Information:**

- Business case; market funders; market research - \$+ 25,000 to Dictate opportunity
- Start up costs will be dependent on type of business model used

**Job Creation:**

- 25 to 50 jobs (development; operations)

**Implementation Timeframe:**

- 18 to 24 months

**Dependency:**

- business case
- completion of initial development



## Evaluation Criteria

### Evaluation Element:

1. Multiple Partners
2. Supports Economic Diversification
3. Employment Generation – New Jobs
4. Employment Generation – Sustains
5. Growth Potential – Jobs & Revenue
6. Value of Jobs
7. Costs
8. Funding Potential
  
9. Timeframe
10. Proprietary to SSM

### Results

1. GHA; Private Sector; SAH
2. Yes
3. Yes
4. No
5. Low & Mid
6. Medium
7. see above
8. Builds off existing funding; high (e-patient)
  
9. see above
10. Start of project based on funding