

RIGHT CARE.

RIGHT TIME.

RIGHT PLACE.

Health System Transformation

Blueprint for Change

June 2018

Summary

Between 2003 and 2016, health-care funding in Manitoba rose by 97 per cent. Despite these funding increases, Manitoba remains at or near the bottom of national rankings in a number of categories, including waits for emergency department services and some diagnostic tests and surgeries.

Per capita, Manitoba has more emergency departments and the second-highest health spending in the country, yet continues to struggle with poor health outcomes.

Countless studies have concluded the way Manitoba's health-system is organized is an impediment to effective provincial service delivery. There is strong system-wide understanding of the need for strategic change in Manitoba's complex health system.

Previous studies of our health system – including the KPMG Health System Sustainability and Innovation Review (HSIR), the Provincial Clinical and Preventive Services Planning for Manitoba: Doing Things Differently and Better (the Peachey Report), the Wait Times Reduction Task Force Final Report, the Mental Health and Addictions Strategy (Virgo Report) and the 2013 Manitoba EMS Review have confirmed many opportunities exist for improvement and change.

These studies have provided data and information about what the system does well for patients and areas where improvements could, and should, be made. These reviews included extensive engagement of patients, clinicians and the public, resulting in the identification of areas of opportunity for both health outcomes and system sustainability.

In other jurisdictions, changes in governance and the development of a clinical services plan have improved outcomes and resulted in more consistent access to quality services. These changes have also resulted in more informed and integrated planning for human resources, including physician recruitment and retention.

The Health System Transformation Program has been established to guide the thoughtful planning and phased implementation of broad health-system changes aimed at improving the quality, accessibility and efficiency of health-care services province-wide.

A transformation leadership team has been established, including representatives from across the health system. Using data, leading practices and experience from other jurisdictions, the expertise of Manitoba clinicians and broad stakeholder engagement, the team is prioritizing transformation initiatives and making recommendations on governance and policy development.

Consultations with more than 80 stakeholder groups and organizations across the health-care system have helped develop a blueprint that describes the target state of the health system. Further engagement will occur through the planning and implementation of each initiative within the transformation.

The blueprint and roadmap will guide Manitoba's health transformation journey. It outlines the role of each health organization in the target state, the functions each will perform and how organizations will interact with each other to achieve a more aligned and responsive health system for Manitobans. And, it organizes services to become more effective.

Why is Change Needed?

Manitoba's health system is very good at treating the very sick. In emergency situations, when minutes count, data shows we perform well. Individual organizations, specialty programs and facilities have success stories and experiences that should be leveraged or expanded provincially, capitalizing on existing strengths to improve care and efficiency province-wide.

However, for too many Manitobans seeking care, outcomes rank below those of many other Canadian jurisdictions and are at or near the bottom of a number of nationally monitored wait time categories.

Per capita, Manitobans pay more than most Canadians for a health system that does not deliver better care, and which lacks consistency in the standards, quality and delivery of services across the province.

Numerous studies of Manitoba's health system have concluded it is among the jurisdictions with the highest level of complexity and, in many cases, acts as a barrier to effective and efficient delivery of services. This complexity affects how care is delivered. Complexity affects patient care because it is fractured between organizations. It also increases costs because of inefficiency, overlap and duplication in administrative and support processes.

A better health system is one that is simple in structure and ease of access, which ensures stability to allow for continued investment in priority front-line services, in staff that are organized and supported to deliver excellent patient care, and ensures access to modern equipment and innovative technologies.

Health system transformation will provide the tools necessary to achieve a better system. To determine priority areas through the development of a clinical and preventive services plan that will identify and address gaps in service, establish standards of care, models of service delivery and clear pathways for patients and providers.

Transformation will improve accountability through a system of reporting and oversight that ensures organizations are achieving their established objectives and service delivery targets. This will allow those organizations to focus on work that is important for patients.

Above all, transformation is essential for the health of all Manitobans, and to ensure stability and sustainability for current and future generations.

The Transition to a Target State for Health Care in Manitoba

Health care is one of the most important – and most expensive – services provided by the Manitoba government. It affects every person, and the people close to them, so it is important that health system transformation is done right.

In 1997, the regional health authorities were created to better manage health care services closer to the patient. In 2017, there were eight independent health delivery organizations - the five regional health authorities (Northern, Prairie Mountain, Southern, Interlake-Eastern and Winnipeg), Diagnostic Services Manitoba, CancerCare Manitoba and the Addictions Foundation of Manitoba.

Each of these organizations planned health services in relative isolation from one another, leading to duplicate services and inefficient service delivery while acting as an impediment to the development and implementation of a clinical services plan to benefit all Manitobans.

Currently, health services are funded by Manitoba Health, Seniors and Active Living and organized through five regional health authorities, three health organizations and provincial services and facilities (including Selkirk Mental Health Centre and Cadham Provincial Laboratory).

In addition, there are more than 200 service delivery and stakeholder organizations, more than 250 service purchase agreements and 183 bargaining units. The system includes more than 55,000 staff, with a budget of more than \$6 billion and a direct impact on the health services of 1.3 million people in Manitoba.

The current health system is highly complex and is overwhelmingly oriented around acute/hospital based services. There are some success stories, just a few of which include the consolidation of emergency surgeries and bed management for critical care in Winnipeg, the development of a centralized intake for endoscopy triage and a teleconferencing process for the neonatal intensive care unit. But, room for improvement remains.

The delivery cost for this kind of system is much higher than for one with a focus on community and preventive services. Fewer patients can be managed, leading to long waits for some services. The results do not point to better care or better patient experiences despite significant increases in investment.

With the exception of a few organizations whose mandates are to plan provincially, Manitoba has taken a regional approach to planning. This has resulted in duplicate services, uncoordinated service delivery and the absence of a provincial clinical and preventive services plan.

Work to support health system transformation began in June 2017, when the Manitoba government committed to the realignment of the health system. In the spring of 2018, the province created Shared Health, which was given the mandate of improving patient care and providing co-ordinated clinical and business support to the province's health system.

Shared Health is responsible for the development of a provincial clinical and preventive services plan, and will be responsible for physician recruitment strategies, health labour relations and workplace safety and health. It will also include support functions that are better managed provincially such as contracting and procurement, information and communications technology, human resources and laundry services.

Key facilities with a provincial scope of clinical services and provincial health programs including emergency medical services, patient transport and Health Sciences Centre, will shift to Shared Health. Manitoba Health, Seniors and Active Living will take on a strengthened role in health system planning, health system performance and accountability management, as well as information management and analytics.

As functions and areas of responsibility are realigned or consolidated within Shared Health or transitioned to Manitoba Health, Seniors and Active Living, regional health authorities and service delivery organizations will refocus on priorities around care and service delivery in their new roles.

The clinical and preventive plan will include recommendations for service changes in rural Manitoba based on population need. Additional planning and evaluation is required to ensure consistent, reliable, high-quality services are available province-wide.

Manitoba's complex, siloed health system and its current governance model require careful transformation. Changes must be founded in a complete understanding of what makes up the current system and how the move to a more coordinated, integrated, effective and sustainable state may be successfully transitioned while maintaining a focus on improved patient care throughout.

The Health System Transformation Program is guiding the planning and phased implementation of broad health-system changes to improve the quality, accessibility and efficiency of health-care services across Manitoba.

Above all, transformation is about improving patient access and quality of care, finding ways to continue doing what is already done well and expand it where appropriate, identifying areas where the system can and should do better, and putting a stop to the things that are not working so those resources may be used in a more effective and sustainable way.

Manitoba's health system transformation is adapting leading practices from other jurisdictions to establish models of care and shared services that will strengthen the delivery of health care in the province and build a sustainable system for the future.

The simplification of the overall system and a reduction in the number of organizations will achieve cost savings along the way while establishing role clarity and improved accountability for the provincial government, Manitoba Health, Seniors and Active Living, Shared Health, the regional health authorities and health-care delivery organizations.

At the same time, collective bargaining units will be streamlined into a reduced and far more efficient structure.

Work has already begun on many of the projects and initiatives that are foundational to the success of the overall transformation. Each project is based on several key principles to ensure changes will improve how care is provided. These include:

- **efficiency, effectiveness and sustainability:** eliminating overlapping/duplicate processes, integrating functions and capabilities and improving the effectiveness of the department and health care delivery organizations as part of an integrated system;
- **economy:** achieving cost savings by realigning the system;
- **role clarity:** improving accountability and responsibility throughout the system, and clarifying the role of central government, Shared Health, the department (MHSAL), regions and health-care delivery organizations; and
- **simplification:** simplifying of the overall system, the role, function and number of boards required to oversee the system, reducing the number of organizations in the system and streamlining and aligning collective bargaining units.

The development of a new provincial clinical and preventive services plan, led by Shared Health, will span organizational and geographic boundaries, engaging patients, health-care providers and communities.

Working groups made up of clinical leaders from different professional backgrounds, health organizations and communities across Manitoba are being engaged in the process. At the same time, collective bargaining units will be streamlined and labour negotiations simplified into a reduced and far more efficient structure. A commissioner has been appointed to oversee the process and is seeking the views of unions and health employer organization representatives province-wide.

The commissioner will determine the composition of bargaining units, and will conduct representation votes to determine which union will represent employees in each defined bargaining unit.

The health system transformation process allows the opportunity to look broadly at what services are offered and to create a plan focusing on more integration and more effective delivery of health services across the province.

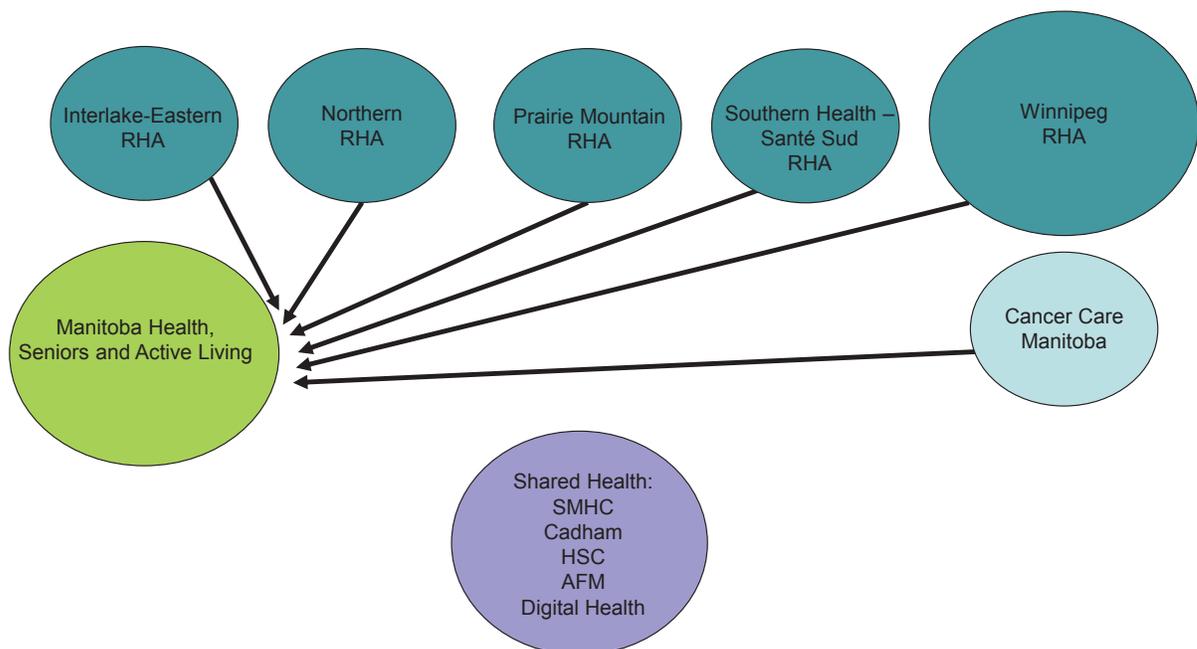
Blueprint for Transformation

Manitoba's Health System Transformation Program Blueprint will guide the transformation journey and outlines the role of each health organization, the functions it will perform in the target state and how each will interact and connect to achieve a more aligned and responsive health system for Manitobans.

Manitoba Health, Seniors and Active Living

In the target state, the role of the health department will no longer include direct service delivery. Instead, Manitoba Health, Seniors and Active Living will focus on policy, planning, funding and oversight of the health system. This will reduce overlap between the department and health service providers, and ensure appropriate oversight and accountability of the system as a whole.

Strategic System Realignment



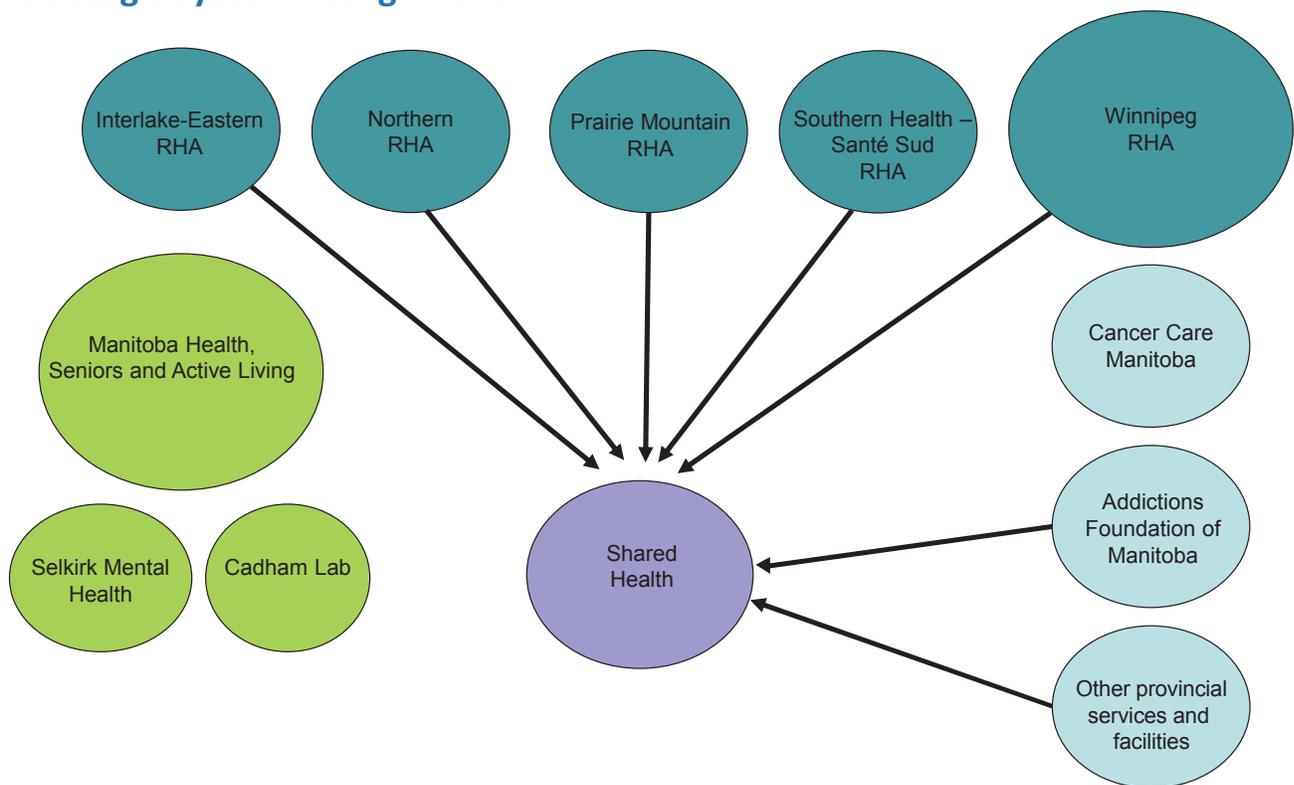
To strengthen the department's role, specific resources from the regional health authorities and health organizations will be realigned and come under Manitoba Health, Seniors and Active Living. This will include resources associated with information management and analytics, performance and accountability management, provincial service integration and policy. Manitoba's Health System Transformation Program Blueprint will guide the transformation journey and outlines the role of each health organization, the functions it will perform in the target state and how each will interact and connect to achieve a more aligned and responsive health system for Manitobans.

Shared Health

The first step of the transformation was the creation of Shared Health, which will guide the development of a provincial clinical and preventive services plan, lead health human resource planning and collective bargaining and provide health clinical and support services and administrative services for the health sector.

The clinical and preventive plan will include recommendations for service changes in rural Manitoba based on population need. Additional planning and evaluation is required to ensure consistent, reliable, high-quality services are available province-wide.

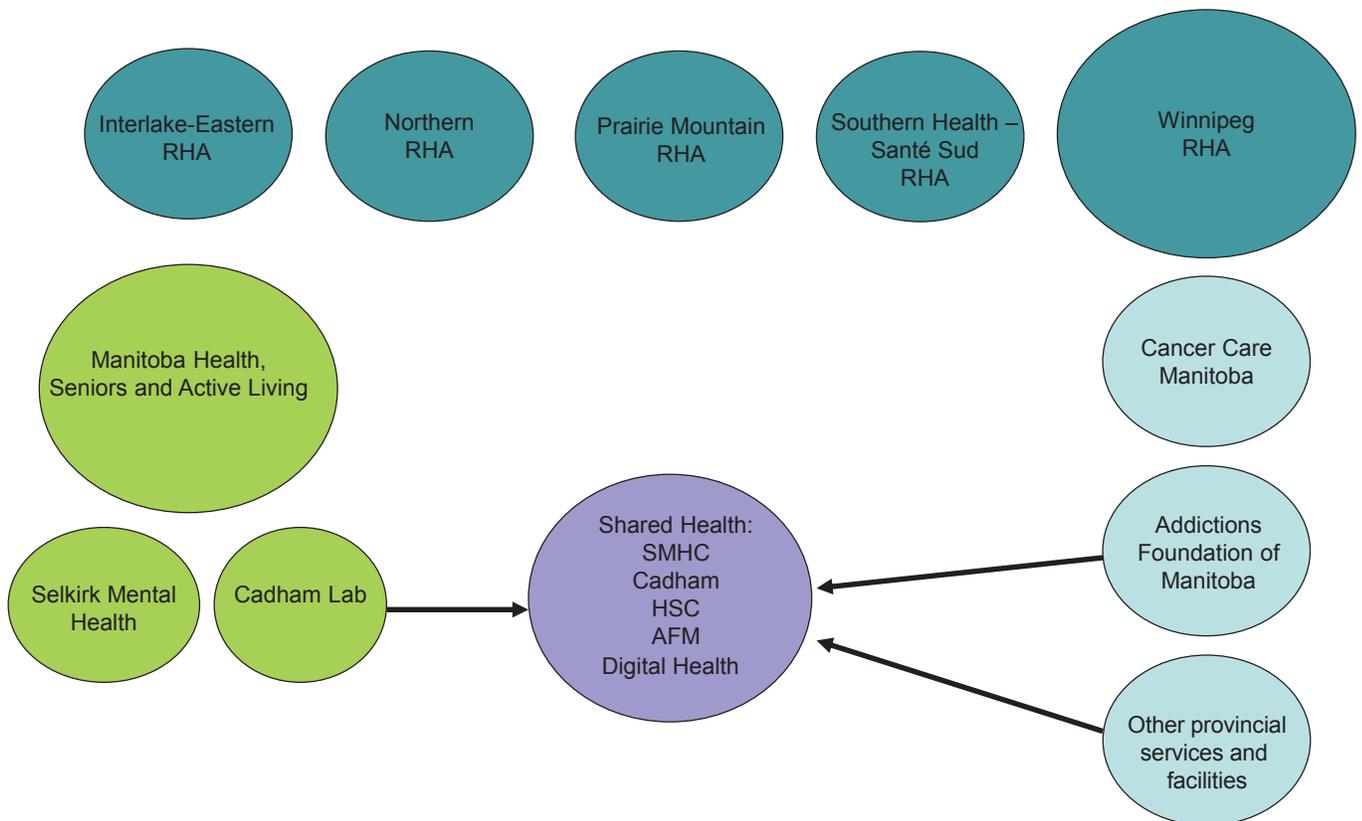
Strategic System Realignment



To support this work, select resources from the regional health authorities and health organizations have been identified for increased integration, expanded provincial scope and improved service delivery. These will be realigned under Shared Health and used to meet the needs of the system province-wide. Clinical planning and governance, central bargaining, health support services (including food services, laundry services and medical device reprocessing) and administrative services (payroll and benefits, supply chain, legal and capital planning) will be consolidated within Shared Health.

In addition, key facilities that offer services province-wide will come under the governance of Shared Health. This includes Health Sciences Centre Winnipeg, the Addictions Foundation of Manitoba, Selkirk Mental Health Centre and Cadham Provincial Laboratory. Some provincial health programs such as emergency medical services, diagnostics and pharmaceutical procurement and distribution will also be established and led by Shared Health.

Strategic System Realignment



Regional Health Authorities and CancerCare Manitoba

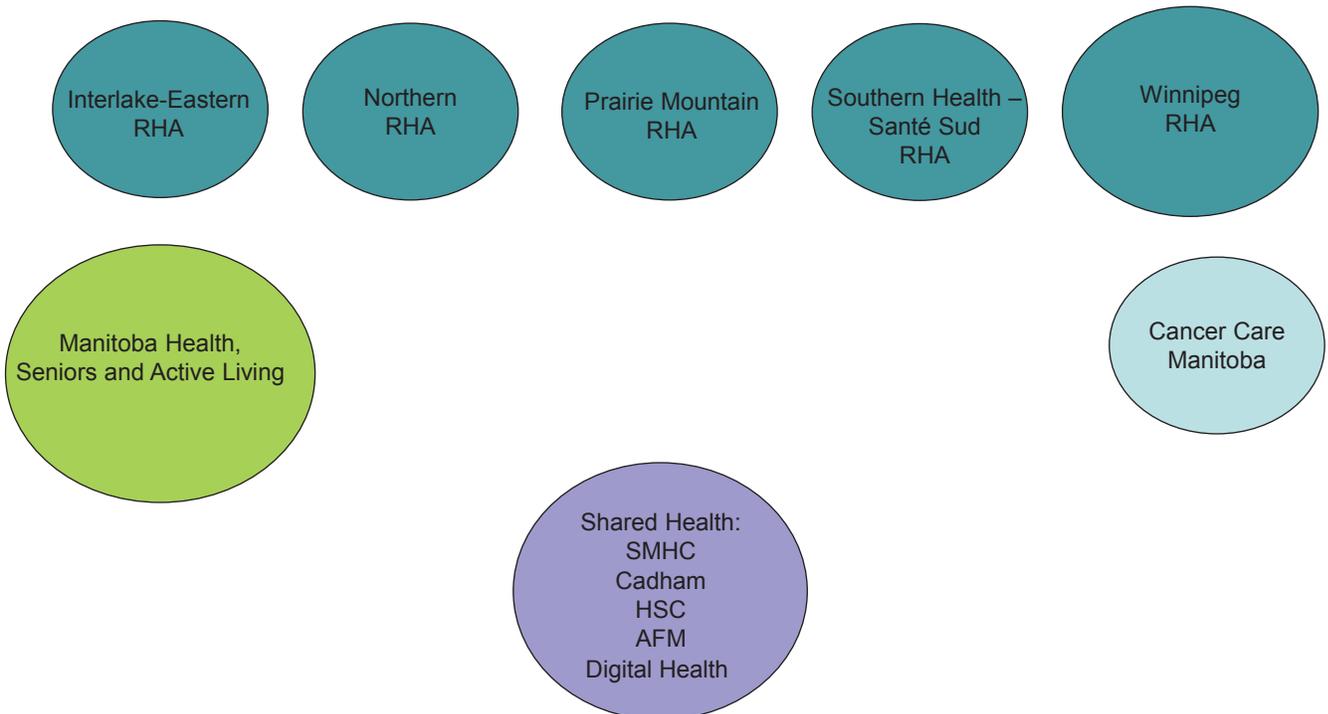
Service delivery organizations, including regional health authorities and CancerCare Manitoba, will focus on delivering excellent patient care. They will participate in the development of the provincial clinical and preventive service plan and will align their planning and delivery of services to ensure Manitobans have access to consistent, reliable care across the province.

Target State

At the end of the health system transformation, the health department will have a stronger role focused on policy, planning, funding and oversight. The regions will focus on service delivery and Shared Health will lead provincial planning and coordinate province-wide clinical and support services.

And most importantly for patients, health care will be easier to access, with services of a consistent quality across the province. Clinically-supported and evidence-based investments will be made in priority services, appropriate staffing, modern equipment and innovative technology. The result will be a health system that is better, with improve outcomes and shorter waits for services both now and in the future.

Strategic System Realignment



Transformation Waves

The transformation will take place in three waves over the next five years. More detailed implementation work will take place in Wave One. As the implementation continues, concrete work plans for the implementation of Wave Two and Wave Three will be finalized. This is so any issues that arise can be addressed.

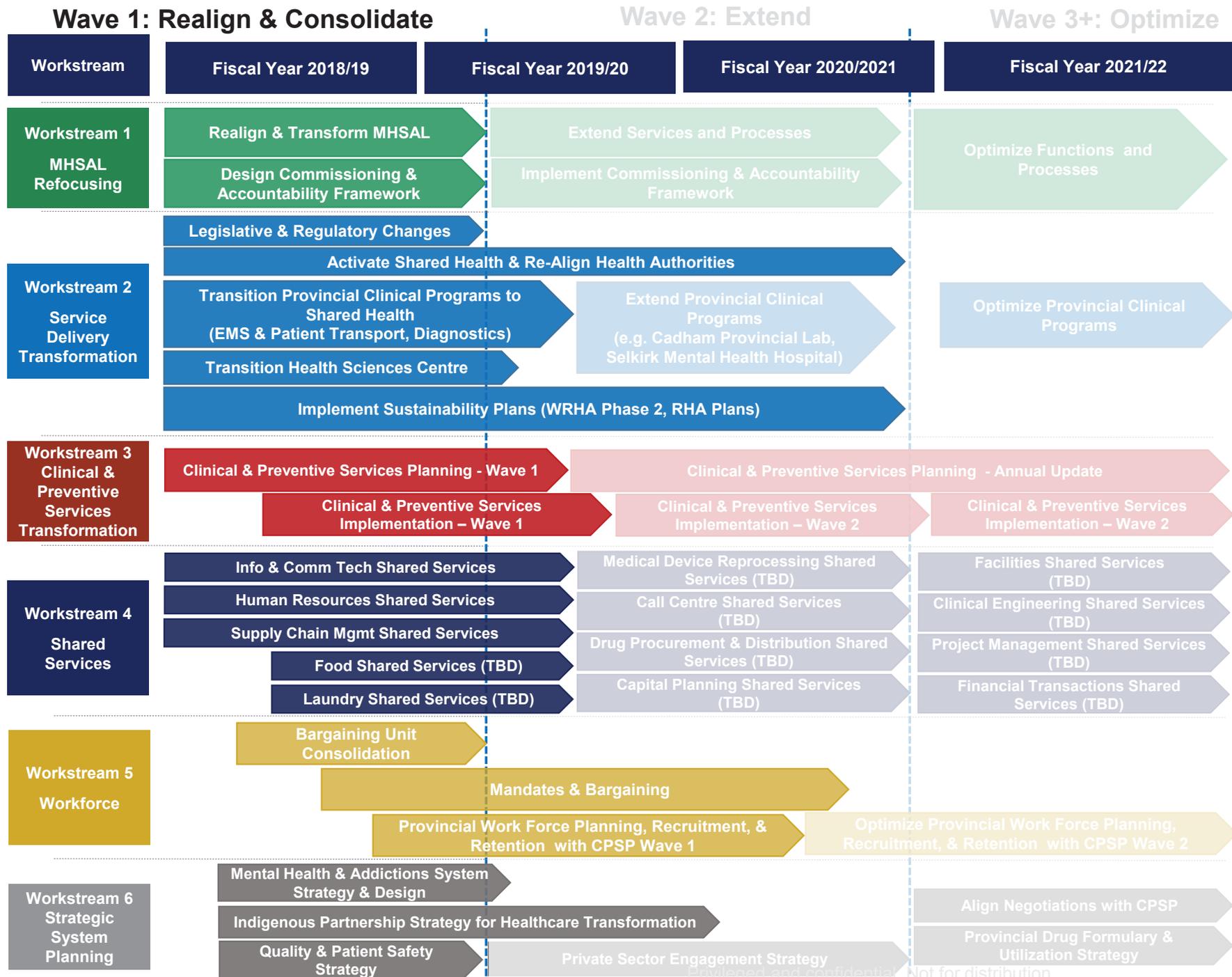
Wave One

The first wave will focus on realigning and consolidating the roles of the organizations including work within Manitoba Health, Seniors and Active Living to develop a commissioning framework to guide the implementation of specific projects. It will also bring a provincial focus to restructure bargaining units and begin labour negotiations.

Clinical changes in the first year include first steps to realign emergency medical services and patient transport, the completion and implementation of Wave One priorities identified through the Provincial Clinical and Preventive Services Plan, mental health and addictions strategy and design, the implementation of Phase II of the Winnipeg Regional Health Authority's Healing our Health System Plan and the transition of Health Sciences Centre to Shared Health.

In this wave, shared services and provincial programs will be established within Shared Health, including diagnostics, information and communication technology, health workforce, some food services and laundry services.

Specific priorities across all projects during this wave include engagement and collaboration to create an Indigenous partnership strategy and an intense focus on quality and patient safety.



Wave Two

The second wave will include extending services and processes to achieve more consistent provincial service delivery. As part of the planning process, a thorough evaluation and detailed business case will be developed for each project, and final decisions will be made before implementation.

Manitoba Health, Seniors and Active Living will no longer deliver services, and will transfer the operation of Selkirk Mental Health Centre and Cadham Provincial Laboratory to Shared Health. The department will focus on the implementation of the commissioning and accountability frameworks, including public and population health policy and surveillance.

Labour negotiations will continue in waves and planning related to workforce, recruitment and retention will be aligned with the clinical planning process.

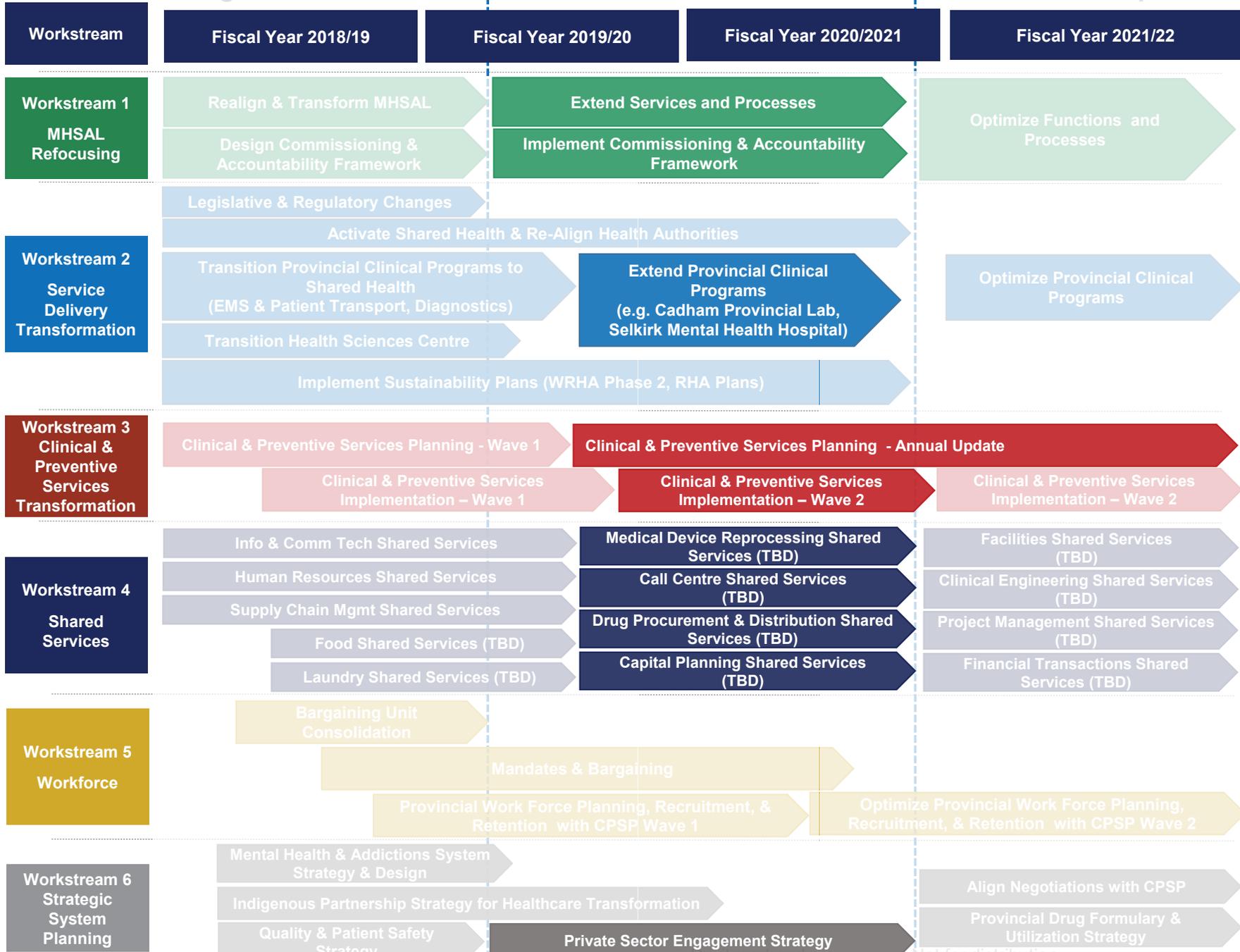
Shared services and provincial programs will continue to be consolidated, with preliminary work in areas related to pharmaceutical procurement and distribution, medical device reprocessing and capital planning.

The implementation of Manitoba's clinical and preventive services plan will continue, as will service and protocol changes to emergency medical services across the province, and Phase II of the WRHA's clinical consolidation.

Wave 1: Realign & Consolidate

Wave 2: Extend

Wave 3+: Optimize



Wave Three

The third wave will focus on optimizing how the health system performs. This will involve aligning planning, implementation and negotiations across all projects to ensure the successful functioning of each organization within their desired target state.

The target state is administratively and organizationally smaller – with fewer organizations (eight versus 12), fewer boards (seven versus nine), fewer bargaining units (approximately 40 instead of 183) and standardized service purchase agreement templates (two versus more than 250).

The new system will leverage services that should be delivered provincially, allowing scale and volume that enables both excellence and efficiency in delivery. Common standards for care will be in place across the province, and providers will be engaged in the planning process.

Patients will be able to access consistent, reliable care and see improved access to critical services. Entry to care will be smoother, wait times will be shorter and services will be more consistent and reliable in all regions of the province.

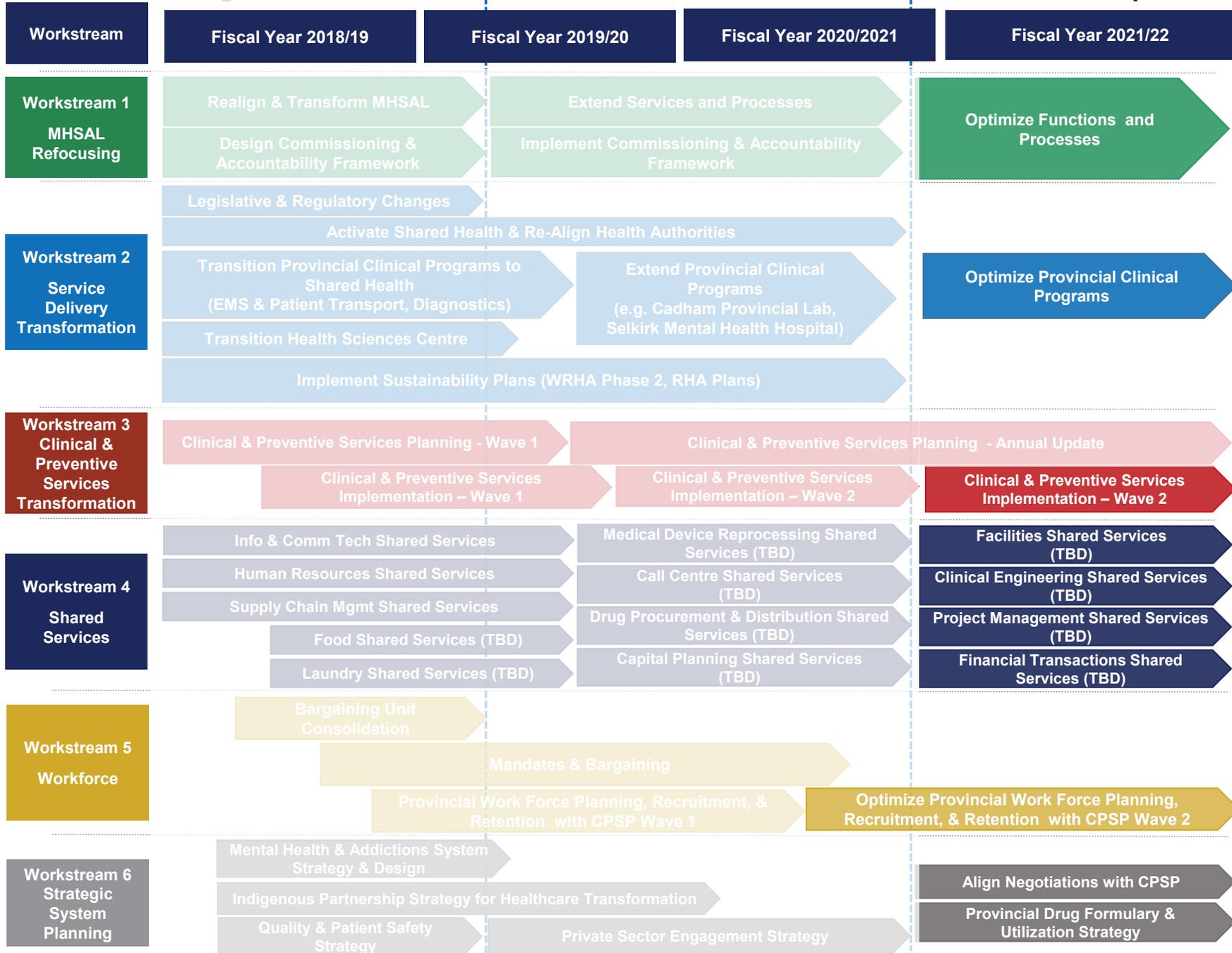
The system will plan provincially, with an increase in aligned, provincially-shared services, provincial facilities and provincial programs. Regional health authorities and service delivery organizations will focus on priorities around care and service delivery and free up resources to support transformation efforts. For Shared Health, it means an emphasis on creating a leaner strategic service organization.

Patients will be able to access consistent, reliable care and see improved access to critical services.

Wave 1: Realign & Consolidate

Wave 2: Extend

Wave 3+: Optimize



Next Steps

Many of the foundational projects and activities required to transform the health system from the current state to the target state are underway, with others in various stages of planning.

Work to identify individual projects and program-wide activities, as well as their resource needs for successful implementation, has resulted in a staged implementation strategy with concrete timelines to guide the overall transformation journey. As part of the planning process, a thorough evaluation and detailed business case will be developed for each project, and final decisions will be made before implementation.

Updates on individual projects throughout the transformation will be made regularly and will be available at <http://www.gov.mb.ca/health/hst/>.