

RIGHT CARE.

RIGHT TIME.

RIGHT PLACE.

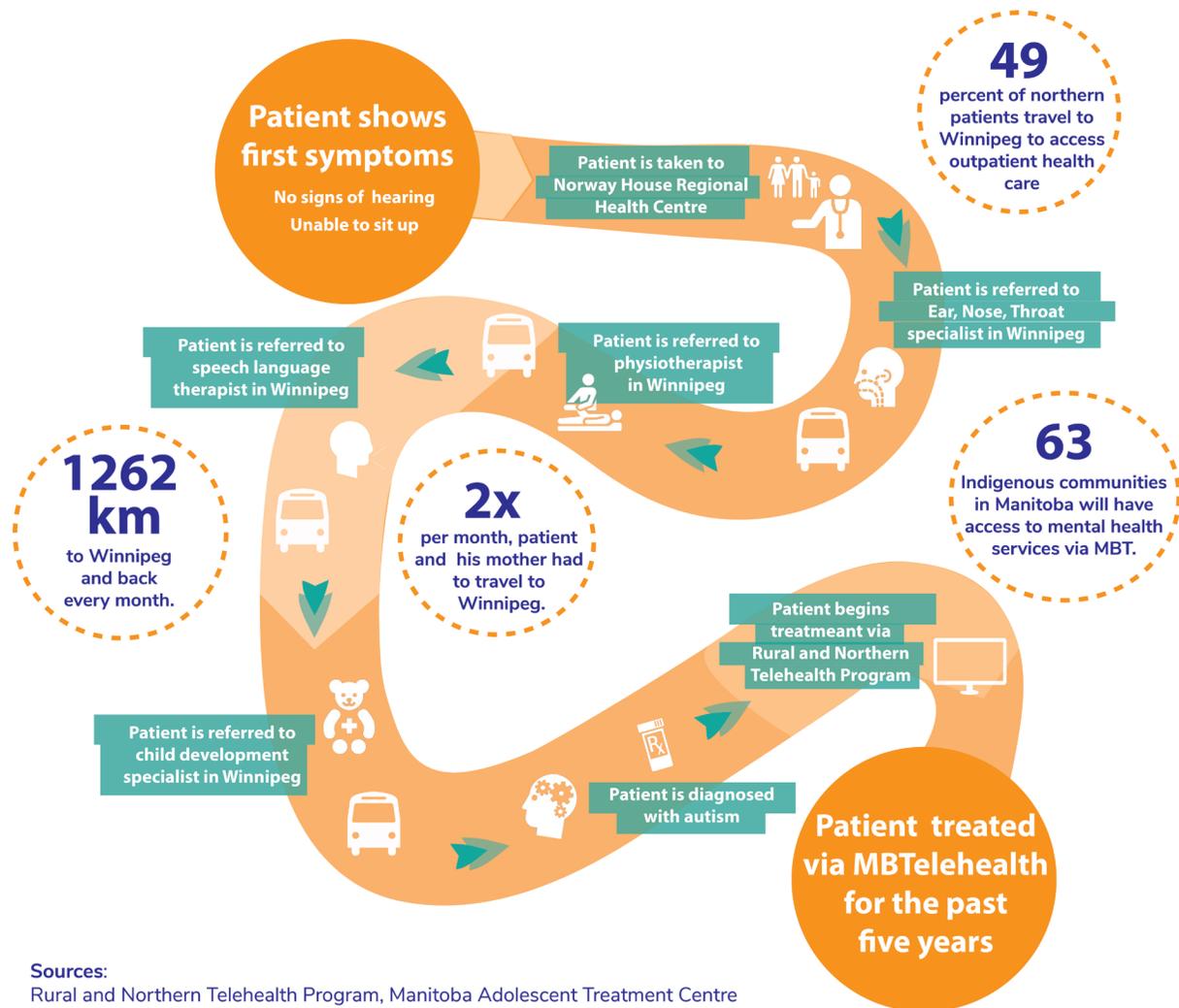
# Health System Transformation

## Transformation Update

January 21, 2019

### Accessing care closer to home- Jennifer's story

When Jennifer's son was diagnosed with autism, his family had already become very familiar with Manitoba's health system, having sought access, diagnosis and care for his health needs. The diagnosis was complicated by the lack of specialized support and treatment services for neurodevelopmental disorders like autism in Jennifer's northern Manitoba community.



Like many rural and northern patients, Jennifer and her young child travelled to Winnipeg to access specialized care. They boarded a bus from Norway House Cree Nation to Ponton, then onward to Grand Rapids and Ashern before arriving in Winnipeg more than 10 hours later. This same journey – and the accompanying return trip home – was repeated monthly until an alternate mode of care, one that would reduce the travel required and allow the family to access services at their local nursing station, was made available.

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# Health System Transformation

Jennifer's family began accessing care through Manitoba Adolescent Treatment Centre's (MATC) rural and northern telehealth service. This service, supported through Jordan's Principle, an initiative mandating provincial and federal governments to provide equity of access to health care services for First Nations children both on and off reserve, allows secure videoconferencing via MBTelehealth. Through the rural and northern telehealth service, Jennifer and her son have regular access to specialized counseling, treatment and support services in real time without leaving their home community. In addition to providing remote access to specialized services, the clinical providers at MATC ensure that up to date medical information is available to care providers community.

[Watch Jennifer's story here](#)

## The evolution of health care

Jennifer's experience is the reality for many patients and their families in rural and remote areas of Manitoba. But innovative approaches, advances in technology (including virtual consultation and treatment) and expanded scopes of practice for health care providers have changed the delivery of health care over the last 50 years.

Jurisdictions across Canada and around the globe have enhanced their community services and primary care and more clearly identified the pathways and coordination between specialist/acute services and those in the community . These changes have enabled improvements to access, patient flow and communication amongst providers allowing health systems to support the increasing demands that aging populations and increased incidence of chronic disease place on services closer to home.

Manitoba has been slower to adapt and modernize than some other jurisdictions and faces continued challenges in providing both community services and specialized care to the province's dispersed population. Access to primary care providers after hours and on weekends, especially in rural and remote regions, inconsistent availability of home care services and community-based care, and wait times for specialty services have long been issues that providers and patients have been forced to work around.

## Specialized MBTelehealth sessions conducted in 2017/18\*

**8,472** oncology

**1,982** psychiatry

**397** rehabilitation

\*2017-2018 fiscal year, Manitoba eHealth

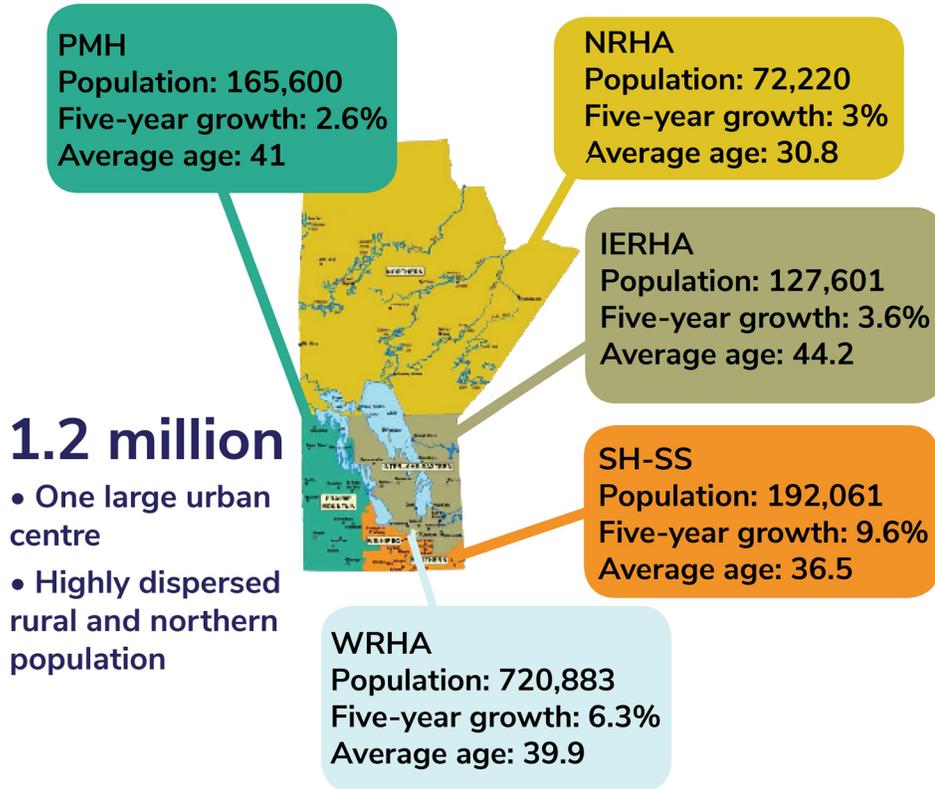
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Inequitable access to health services and below national average health outcomes remain a reality despite significant increases to Manitoba's investment in health care over the last decade, in large part due to the focus on regional, rather than provincial, health care planning.



## 1.2 million

- One large urban centre
- Highly dispersed rural and northern population

## QUICK FACTS

More than **50%** of patients in rural and northern regions travel out of region for inpatient or day surgery.

More than **1/2** of Manitobans aged 40+ had more than one chronic condition\* (2015/16)

- Of this group, **20%** had more than three chronic conditions

↑ Manitoba's diabetes prevalence is above the Canadian average of 7.3 per cent

\*including hypertension



## WOMENS HEALTH

In Manitoba,  
**95%** of pediatricians  
**85%** of gynecologists  
**50%** of midwives  
 ...are located in Winnipeg.



50% of women from NRHA, IERHA, and SH-SS have women's health-related day procedures outside their region.

Future population profiles will influence the type, location, quantity and model of service delivery throughout the province.

Sources: Manitoba's Provincial Clinical and Preventive Services Plan, 2018

To address this, Manitoba is working on a provincial plan that will support the integration, collaboration and innovation necessary to support the health care needs of our population today and into the future.

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## Manitoba's Provincial Clinical and Preventive Services Plan: The Heart of Transformation

This new plan, Manitoba's first Provincial Clinical and Preventive Services Plan (PCPSP), will ensure models of care, provider roles, and patient and clinical pathways are clearly defined across the continuum of care, resulting in improved access, equity and patient outcomes. The plan will also ensure the long-term sustainability of Manitoba's health system, by realigning services to meet the needs of the population while freeing up resources to be invested in priority areas.

An integrated plan, the PCPSP is at the centre of Manitoba's health system transformation, informed by – and informing – other projects underway.

The refocusing of Manitoba Health, Seniors and Active Living will enable the department to receive the clinical plan when final and use it to inform strategic and operational decisions about how and where services are delivered. The department's increased oversight capacity and focus on performance management will ensure outcomes are monitored and measured as the plan is implemented. For more information on MHSAL projects, including Provincial Health System Performance Management and Provincial Information Management and Analytics visit [https://www.gov.mb.ca/health/hst/docs/mhsal/hst\\_update6.pdf](https://www.gov.mb.ca/health/hst/docs/mhsal/hst_update6.pdf).

Manitoba's move to provincial workforce planning, recruitment and retention, the development of a provincial strategy for bilingual human resources and ongoing work to consolidate bargaining units will enable the expanded scope of practice for service providers. The PCPSP, in turn, will ensure the availability of clear provider roles and models of care to assist in the training, recruitment and retention of needed health professionals. More information on Workforce projects will be shared in the February Health System Transformation update.

Provincial shared services, including digital health, diagnostic services, emergency medical services and patient transport, laundry, and supply chain will allow for increased consistency in the delivery of care. Each clinical and business support area is contributing its expertise to the development of the plan to ensure the realignment of services will meet the needs of the population. For more information on Provincial Diagnostic Services Consolidation, Information & Communication Technology Shared Services Planning and Emergency Medical Services and Patient Transport visit [https://www.gov.mb.ca/health/hst/docs/mhsal/hst\\_update6.pdf](https://www.gov.mb.ca/health/hst/docs/mhsal/hst_update6.pdf).

## Developing the plan- "We are here"



Aided by data, public and population health information, evidence and leading practice, Manitoba clinical leaders are developing this new plan. Using their experience and clinical expertise, providers are making data-informed, evidence-based, locally-relevant and sustainable recommendations.

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Eleven teams, organized around specialty areas of care like primary health and community services, mental health and addictions, chronic and complex medicine, and women and child health, have reviewed data, models of care and outcomes, analyzed the needs of specialized populations and assessed opportunities to improve access, coordination and quality of care. Cross-clinical working groups with expertise in Indigenous Health, Quality and Patient Safety, Digital Health, Diagnostics and Emergency Medical Services and Patient Transport are working across all teams to ensure the recommendations are integrated into a provincial plan that is appropriate for the needs, acuity and geography of Manitoba's population.

For more information on the membership of the Provincial Clinical Teams visit [https://www.gov.mb.ca/health/hst/docs/membership\\_list.pdf](https://www.gov.mb.ca/health/hst/docs/membership_list.pdf). For answers to Frequently Asked Questions about the development of Manitoba's Provincial Clinical and Preventive Services Plan visit [https://www.gov.mb.ca/health/hst/docs/faq\\_pcpsp.pdf](https://www.gov.mb.ca/health/hst/docs/faq_pcpsp.pdf).

This work, underway since the summer, has involved a close look at Manitoba's population, resulting in a better understanding of the challenges facing Manitoba patients and health care providers. Who are the patients we serve? Where do they access services? What challenges are faced by those who do not speak English as their primary language? And how do we ensure services are available and accessible to all Manitobans, including our growing immigrant populations, our Indigenous peoples, and those for whom French is their language of choice?

## Who are our patients?

A quarter of Manitoba's population lives outside the province's urban centres yet a significant percentage of Manitoba's health-care providers work in urban settings while nearly all specialists are located in Winnipeg. Services are planned and delivered via five regional health authorities (RHAs) each with varied population, growth rates, average age and social determinants of health such as incomes, education and employment rates. Disease prevalence and health status also vary by region though incidence of chronic disease and the percent of the population over 60 are both on the rise across the province.

This misalignment of resources and population need creates inconsistent access to services, challenges the sustainability of operations and consistent availability of clinicians and results in high volumes of patients being transferred to Winnipeg for specialized care.

## Opportunities and possibilities

Health care providers and their patients struggle in our current system to overcome the barriers of distance, time and expense. Opportunities to manage the health needs of patients closer to home - via tools like remote consultation or access to specialized care, building capacity in the community, enhancing scope of practice or implementing shared team models – exist and are in regular use in other jurisdictions and offer opportunities for real improvement to how – and where – care is offered in Manitoba.

Provincial Clinical Teams have reviewed service delivery practices and models of care used in other health jurisdictions. Examples with relevance to the Manitoba health care environment (population profile, rural and remote communities, diverse makeup of health care providers) inform the design of a future model of service delivery.

Innovative care models, use of technology, provider roles and opportunities to enhance or streamline care delivery are being reviewed and the corresponding outcomes and achievements are being observed in areas like:



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## Next steps

While the work to develop the PCPSP is in progress, it remains in the discovery and planning phase, gathering and analyzing data and reviewing leading practices. Decisions have not been made and opportunities for the broader health system and the public to be involved and provide feedback will begin in early 2019.

Staff are encouraged to be part of this process, to share your experience and gain a better understanding of the work underway. More information on PCPSP events will be made available [here](#) in early 2019.

We want to hear from you. Share your input or questions on health system transformation at: <http://www.gov.mb.ca/health/hst/feedback.html>