

## Manitoba Health Telephone Town Hall

Thursday, January 18, 2018

**Sarah Guillemard, MLA:** Hello everyone and welcome my name is Sarah Guillemard, and I'm the MLA for Fort Richmond, assistant to the Minister of Health Senior and Active Living. I'll be your host this evening, and I welcome you to this live and interactive telephone town hall, discussion about Manitoba's health system transformation. With us this evening are health system experts and leaders of the health system transformation here in Manitoba. They will be on the line with us for the next hour to provide you with some information and to answer as many of your questions as possible in the time we have available. You will hear from health Minister Kelvin Goertzen and deputy Minister of Manitoba Health Seniors and Active Living. Health system expert and author of the Peachey Report, Dr. David Peachey is joining us, as is Dr. Brock Wright, Chief Executive Officer of Shared Health, the provincial health organization that will be coordinating the development of a provincial clinical and preventative health services plan. Thank you to everyone on the line for taking the time to join us tonight. We are talking about health system transformation, a topic that we know has left many of you with questions about changes taking place both province wide and in specific regions, when these changes will take place, and how the changes will improve patient's access to care across our province, are questions we hope to address in more details with our guests this evening. Our guests will each have the opportunity to provide an update this evening and will also be able to answer some of your questions over the course of the town hall. We will attempt to get to as many individual's questions as possible, in the time available. Simply press star three if you have a question and we will do our best to provide you with a response. Minister Goertzen, let's start with you.

**Minister Goertzen:** Thank you Sarah, and good evening to everyone who is on the call with us tonight. I want to thank you for taking time out of your schedule to be with us, and we all appreciate the fact that you're doing that. I want to say first of all that I appreciate that each of you do within our healthcare system I know that the jobs that you have are difficult, at times are stressful but they are critically critically important. And while we often as you do I'm sure sometimes hear concerns about this system, overwhelmingly I as minister hear positive comments about the work of our health care professionals throughout the system, and I appreciate that and the very difficult circumstances each and every day you may work in the fact that we hear so many positive comments is really a testament to each of you I also acknowledge that I know that many of you have concerns and questions about what is happening within the health system transformation. I want what these changes will mean for you and for patient care that's one of the reasons why we wanted to have this forum here tonight

because we are committed to being open and transparent throughout this process and really want to have your feedback as we move health transformation. I know that one of the chief concerns that you may hear this evening are how changes are being communicated both to the public and to you as health care workers within our system, everyone will work hard- I think -to ensure that changes are transparent and that you know about them before they're implemented to ensure that we're not just improving the system, but that you're aware of those. To the extent that there's been challenges and concerns about communication, if you personally been affected because you haven't had the information you feel that you've needed before changes have happened, I want to both assure you that we've had great discussions with those within the regions to talk about the need to improve that communication. I also want to say to you that I apologize personally to you if you feel that you've not had that communication that you've deserved as we've gone through this system. I certainly hope that our conversation tonight will help alleviate some of the concerns and will give you some further insights to the health transformation that we've undergoing which is required to ensure that our healthcare system is better, and patients are served better. Manitoba's health care system has been recognized as being overly complex for a population of about 1.3 million people in our province. We have 55 000 employees that are spread out across 8 independent organizations, and by enlarge they're doing their own planning and standard setting and their own service delivery in relative isolation from one another. Of course, we also have a health department with the responsibility for setting priorities, providing funding, oversight and delivering some services as well. Healthcare is a provincial resource and our job is to ensure that no matter where those resources are provided in our province that they are held essentially to the same standard. And Dr. Peachey, I want to thank Dr. Peachey for being on this call here tonight, I appreciate him taking his time as well. He gave us a starting point for identifying that there was an absence of a provincial plan, and provided a number of recommendations as to how one might be developed. The planning process that Dr. Peachey embarked upon, brought groups of people together from across the province, often for the very first time, which broke down barriers and really and really leveraged a wealth of experience and expertise that we are fortunate to have in Manitoba. And that is the kind of ongoing engagement that we need - the sharing of expert opinions and their experiences, that is really key to the transformation. That is also continued through the work of the wait times direction task force. The co-chairs spent about 12 months holding more than 100 consultations with members of the public and health system staff as well. That report which was released just before Christmas confirmed what we all know which was that no single change will solve all the problems that are identified within our system, but it reinforced that there are interdependencies between program areas, facilities, regions, and for us to be successful, we all need to work together across that system. We all know that change is required. The one this that is consistent from my time as Minister of health is almost nobody comes to me and says

the status quo is acceptable. Everyone believes that there needs to be change in this system, and we are committed to ensuring that appropriate detailed planning that is necessary to ensure that the system can transition properly happens. Really the key to that transition is you. We want a system that you can use your skills to the best possible ability because we know that patients in Manitoba will get the best care they possibly can. So again, thank you for participating this evening, thank you for the work that you do within our healthcare system each and every day. I wish I had the opportunity to individually thank you personally, but I do want to take the opportunity I have tonight, to express on behalf of myself and our government, and those who are working for the department of health, our great appreciation for the difficult work that you do, the valuable work that you do, and the professional work that you do each and every day and we look forward to your comments and feedback, not just today, but in the days ahead as well.

**Sarah Guillemard, MLA:** Thank you very much Minister Goertzen. Please remember that this is an interactive conversation. To ask the minister or other participants a question about the future of health care in Manitoba, just press your star and three buttons on your phone. We will take as many calls as possible over the next hour. For those of you just joining us, you are on a live telephone town hall with Manitoba's Minister of Health, Deputy Minister Karen Herd, system transformation lead, Dr. Brock Wright and health system expert Dr. David Peachey. Minister Goertzen, the creation of a provincial health organization has been announced. Can you speak about the motivation behind this decision, and how it is expected to improve our health system?

**Minister Goertzen:** Yeah thanks Sarah. You know there are many things that work very well within our healthcare system, and I think sometimes that gets lost in the discussions that happen publicly or in the media when we talk about the transformation. There's good reason for transformation, but there's many good things are happening and have been happening within Manitoba's healthcare system. But they have to happen in a more coordinated way. So, in June of last year, our Government announced the creation of a new provincial health organization, originally called Shared Health Services Manitoba, we are simply calling it now Shared Health. This organization which I'm pleased to confirm as I have in the past is being led by Dr. Brock Wright who I have tremendous respect for in terms of his vision for this organization, for health care in Manitoba will support a better connected and coordinated provincial planning process. We expect that it will incorporate experiences and expertise of healthcare professionals from across our province to develop a clinical and preventative services plan, and it will consolidate business support functions so that they're available to all health regions rather than solely in Winnipeg, and I know that having lived in rural Manitoba for really all of my life, that has been a concern in terms of some of the disparities of expertise available in rural Manitoba. So, this will result in the development of consistent standards of care across the province, and we believe more

reliable access to services for patients as well. Shared Health has been pulling together clinical specialty leaders from across the province and some tremendously talented individuals with the depths of understanding not only in their areas of practice, but certainly about Manitoba more generally. These experts, physicians, nurses, allied health care professionals will be working collaboratively to develop a provincial clinical and preventative services plan. This is significant because Manitoba has never had such a plan and that is really critical to stress the fact that a province like Manitoba has never had that kind of a plan, is clearly something that is missing, and I think it's going to be a great benefit to us as we move forward in terms of planning. We can't simply do all of the work independently, we have to marshal our expertise and do it in a coordinated way. Doing it independently was simply leaving gaps of services across regions of Manitoba. So, I'm looking forward to Shared Health and their work led by Dr. Wright and the consistent standards and the access to quality patient care that we believe it will provide to all Manitobans.

**Sarah Guillemard, MLA:** Thank you for that Minister Goertzen. For those of you who are just joining us on the line now, I'm Sarah Guillemard, and I'm your host this evening. Tonight, we are talking about Manitoba's healthcare system transformation and how it will strengthen healthcare in the province. To ask the Minister or other participants a question, I encourage you to press the star button and then the number 3 on your phone. This will put you in the queue for asking a question to anyone of our speakers tonight. We will take as many calls as possible over the next hour. Earlier this year, the Government released a report by Dr. David Peachey, that made a number of significant recommendations on how to improve healthcare in Manitoba. Several of those recommendations were intended to address the absence of consistency in the planning and delivery of healthcare across Manitoba. Dr. Peachey, can you tell us about your discussions with healthcare providers and patients across Manitoba, and what you found lacking in our province?

**Dr. Peachey:** Thank you Sarah. When we first began the review at the end of 2015, it was clearly evident that there had not been a coordinated plan at the provincial level, that healthcare was fragmented, and that coordination of care was lacking, in terms of how the regions related to each other. And probably another thing that was not a surprise at the time, and became clear going forward is that the activities within the system were being under-measured, if measured at all, which made it very difficult to do a system assessment. So, we started looking at it from the perspective of planning for healthcare delivery, how the quality of care can be improved, and our mandate was certainly one of quality, but that there was an opportunity to see health as a provincial resource and to and to avoid duplication of services to avoid longer waiting times, and we headed off spending a lot of time meeting with Manitobans across the province. Change was embraced by the patients we spoke with, by the providers we spoke with, and it was in fact the most refreshing part of what we did. And that was the

opportunity to hear that change was that welcome. It was also clear that the pieces that are necessary, and the sort of activity were in place in Manitoba they just weren't coordinated. So, we went ahead and never felt that we would be able to provide more than a starting point for the strategic plan, but as it grew, and the support was there, we felt very very positive, including many actives such as doctor Wright, and Shared Health. The opportunities are strong. We do see this as the beginning and not the end, so it's been very interesting for us.

**Sarah Guillemard, MLA:** Thank you Dr. Peachey. Let's take a moment to go to a question from the phone. We have Mr. Sutherland who has a question about the mental health and some of the systems and future plans. Go ahead Mr. Sutherland. Mr. Sutherland are you there?

**Mr. Sutherland:** Oh sorry. I just wanted to know... The report released earlier outlined some plans for cancer care Manitoba, and the addictions foundation. I'm just wondering if you can elaborate on those?

**Sarah Guillemard, MLA:** Thank you very much for your question, and I will actually turn this over to Dr. Brock Wright for an answer.

**Dr. Brock Wright:** Well the provincial health organization that the Minister referenced is being developed out of an existing organization called diagnostic services Manitoba, so we're not adding any additional organizations. Cancer care Manitoba continues as an organization, and the addictions foundation also exists as an organization that's separate from the regional health authorities. What's important though is that when we do the provincial clinical preventative services planning, that plan is going to be province wide, and it's going to integrate all of the clinical services, including Manitoba Mental health services related to addictions, so those services and the planning around those services is going to be integrated into the broader planning. Does that answer your question?

**Sarah Guillemard, MLA:** That was a great response. So, our callers are not on the line right now, so we'll be answering questions as they have stated them. I would like to refer to Minister Goertzen for a few comments.

**Minister Goertzen:** So, I want to speak a little bit to the question on addictions foundation of Manitoba. Obviously so this particular issue around addictions is critical in the province and we're seeing many communities in Winnipeg and outside of Winnipeg who are struggling with the issue of addiction, whether it's opioids or methamphetamines or alcohol, or other things that people are finding themselves addicted to for different reasons. We have hired a consultant to do a report. My understanding is we expect to get that report on March 31<sup>st</sup>, or around that date. It will be released publicly subsequent to that. And the idea for VIRGO is how can we bring together the mental health and the addictions services, so they're better aligned. We

know that there is a lot of correlation between mental health and addictions. I know that from my own family experience, I'm sure others have seen that within their own family experiences, but the actual system doesn't recognize that, so there's often silos\_\_\_ between mental health and addictions. So, VIRGO I'm sure will have a lot of different suggestions but no doubt one of the key ones is how do we bring those systems together, which no doubt will speak to addictions foundation Manitoba and what that organization looks like going forward. There's good people doing great work at the Addictions foundation of Manitoba, no question about that, but we need to ensure that the system recognized the needs of those who need those services. So, around March 31st we'll receive the report and you'll see it publicly shortly after.

**Sarah Guillemard, MLA:** Great. And I would like to actually formally introduce Dr. Brock Wright now to the conversation, who has been tasked with the very big job of establishing the new provincial health organization. Dr. Wright, you have working in Manitoba's healthcare system for many years. What opportunities do you see for improvement under the leadership of Shared Health?

**Dr. Brock Wright:** Well thank you Sarah, and hello everyone. I would say that we believe the real opportunity for improvement, is the opportunity to plan together and work together across the 5 regional health authorities, Cancer care Manitoba and the addictions foundation. We are, as everybody knows, a provincial health care system, but we haven't functioned as a provincial healthcare system. And as Dr. Peachey just said a moment ago, our health services are not aligned. And this creates real challenges for patients who have to cross from one RHA to another to access care. It can be frustrating for healthcare providers who are trying to access services for their patients and advocate on their behalf. And this lack of alignment to how we provide services is also inefficient, and it wastes resources that could be put to better use by providing more needed services, and it also compromises quality and patient safety. So, Sarah, like many on the call perhaps, I've been part of numerous efforts in the past and initiatives to try and improve how we provide care, but the approach we're taking now is very different. The minister mentioned that we are – the government- is creating a provincial health organization called Shared Health. It's important to note that that organization is being created without any additional administrative costs to the system. It's being created out of an existing organization, a very good organization called Diagnostic services Manitoba. And Shared Health is responsible for bringing care providers together from across the province to as the Minister said, develop a provincial clinical and preventative services plan that emphasizes clinical services, but also prevention, and that will ensure that the services we provide are those that best meet the health needs of the population, and that will ensure that the way we provide those services across the province is patient centered, is effective, and that the services are aligned. Now throughout the planning process, we will be seeking input from patients, from communities, from direct care staff, and as the Minister said, we are very

committed to a transparent planning process. We are also establishing what we are calling a clinical governance model that will support the planning process, and will support the establishment of provincial clinical standards, and it's important for folks to know that we will have very strong rural and Manitoba representation in that governance model at a leadership level and at a membership level, and that's very important to us, that we have that strong rural and Northern perspective in the planning. Shared Health as an organization will also be responsible for managing certain clinical services that are most effectively led and delivered provincially like laboratory services, and diagnostic imaging, and emergency medical services, emergency medical transport and services provided by health sciences center. Shared Health will also be responsible for managing certain support services, that are best managed in an integrative way provincially such as the provincial health labor relations and human resource planning, and for all the services that Shared Health provides, we will be accountable to our partners, the RHAs, and Cancer Care, and Addictions Foundation and others, and accountable to Manitoba health. So, I'll just end by saying, we are really excited, and we're looking forward to the opportunity to work in partnership with our colleagues and the RHAs and Cancer Care, and Addictions Foundation and we also look forward to the continued guidance and strong support that we've received from our colleagues at Manitoba health. So, thank you for joining the call.

**Sarah Guillemard, MLA:** Thank you Dr. Wright. Now there have been a number of questions submitted tonight on the phone about deletions. Why are they necessary, and will they result in job loss? Minister could you speak to that?

**Minister Goertzen:** Thanks Sarah, and thanks to those who put forward those questions. I know that that will be near and dear to those working within the healthcare system, and I certainly understand why. When it comes to health transformation, the critical part of that is to ensure that we have the right people working in the right place to help patients. I mean, ultimately my key goal is to ensure that patients are getting the right care in the right place, and getting it in the right time. That requires that the right staffing mix be there as well. There are a number of units within the healthcare system, who really haven't had their staffing mix levels reviewed in many many years, even though the healthcare system has changed significantly over those years. So, we committed as a government, when this process began, to try to ensure that there is as little disruption as possible, because we know that it's very important for those working in the system. My understanding is that about 94% of those who received deletion notices were not laid off, that they were able to find jobs quite quickly, and I would say that there are a number of different reasons why that number is so high. Certainly not the least of that is that organizations like the Manitoba Nurses' Union worked with us through this process, and I want to commend their leadership, and thank their leadership for that as we've worked through this. But for those staff who have experienced those layoffs, jobs continue to be posted. We've committed that for nurses

and nurse practitioners, we believe that there will be a job available within the system for any nurses or nurse practitioners who desire a job and for those who might be displaced recently know that there are more jobs coming online, and want to work to ensure that they find jobs within the system as well. So, it's something we take very seriously. I know personally that it's difficult for those who are facing a job disruption, even though the vast vast majority were able to find jobs within the system right away. But I also know that we need to ensure that we have the right people and the right mix of staff serving those patients in places so certainly I want to recognize that for staff who've had disruptions that is difficult and challenging, don't think that hasn't been recognized, and we certainly taking all efforts we can to ensure that is minimized, as was our commitment.

**Sarah Guillemard, MLA:** Thank you for that Minister. Just a reminder that if you would like to ask a question, and you've been holding on the line, press the star button and the number three on your keypad or your phone, and let us know and we will try and get to your call. We are going to go and take another question live now. We have Sandra on the line who has a question around the Selkirk Mental Health Centre. Please go-ahead Sandra.

**Sandra:** Hello? Hi?

**Sarah Guillemard, MLA:** Go ahead Sandra

**Sandra:** Currently Selkirk Mental health is on the current organizational chart. Selkirk Mental health Centre is under the directly under the minister of health. With the new organizational chart, we disappear, and just wondering where we'll be going, because we can't seem to be getting any information about that.

**Sarah Guillemard, MLA:** Ok and I'll direct this question to Karen Herd, who is the deputy Minister. Go ahead Karen.

**Karen Herd:** Thanks very much for your question. One of the findings from the KPMG report was that the department still retained many direct service organizations like Selkirk Mental Health Centre that they've identified to us could move forward in a better way as part of the broader provincial health system, and so they have identified to us that we do need to move organizations like Selkirk Mental Health Centre to the provincial system. And right now, we're having discussions about whether that fit would be better with Shared Health or whether it would fit better with a regional health authority. So that's work that's currently underway. We would never want to make that move until the design is fully planned out so that may be some of the difficulty we have in articulating to you the exact date that the transfer will occur. But that's currently the work that's underway.

**Sarah Guillemard, MLA:** So, I'd like to thank you for the question Sandra, and thank you Karen for that response. Now we have spent most of our time this evening talking about health system transformation as it relates to patients and front-line workers. So, we have had a number of questions from departmental employees about the changes likely to affect them, and the important policies, funding and oversight role of the department. And I would like to formally introduce Karen Herd, the deputy Minister of Health Seniors, and Active Living to address some of these topics now. Thanks for joining us tonight. Go ahead Karen.

**Karen Herd:** Thanks for the opportunity to speak with you this evening. Recent studies have show us that the lack of roll clarity amongst organizations in our system has contributed to situations where we've had duplication of effort in some areas and gaps in others. This transformation will allow us to design with intention, the best and most effective organizational structure going forward. As changes are made, the department will continue its role as stewards of the system. Making funding decisions to regional health authorities and Shared Health, also providing oversight on the delivery of services, and insuring the accountability of different agencies and health authorities. The department will also provide overall policy and planning support to ensure the best possible health outcomes for Manitobans. Over the years, we've found that we lack in organization that could house provincial programs and be the location to coordinate health system planning. That's why we're so excited about an organization like Shared Health, that will support a better connected provincial planning process. It will also provide coordinated clinical and business support to Manitoba's regional health authorities. And some provincewide services will flow through Shared Health such as diagnostic and emergency medical services. In the end state, regional health authorities will continue to be responsible for the delivery of the vast majority of healthcare services directly to the public. And regional representatives will take part in provincial service planning, alongside clinical specialty leaders from across the province. And that's the role that Shared Health will serve, as a convener of those groups. Overall, I'll say that one of the common comments we hear is support for change, as long as things are done in a thoughtful, organized and well managed way, that's sensitive to staff. This coordinated approach to planning and service delivery will result in consistent standards of care across the province, and more reliable access to services for patients regardless of where they live in the province. And this is what we're really looking forward to in the new organization structure, where we have a coordinated approach to planning services. Right we're currently in what we call the 'blue-printing' stage. We are designing with intention the structure and makeup of the overall health system. We're also within that process, identifying roles, responsibilities, accountabilities and mandates within the various organizations, so that will help us to move forward to avoid that situation we have currently where we have pockets of duplication and overlap. We expect to have the detailed planning and expected timelines completed in the first quarter of 2018. It's crucial to ensure any organizational and structural changes

keep patient care and safety at the forefront. So, it's important to know that not everything in terms of transitions will happen at the same time but rather in a well thought out, organized manner. It's important that we hear from you throughout this process, regarding how to improve the communication. We can certainly give you visibility into the journey in which we're making this transformation even when the final end state is not totally formulated at this point in time. The Minister's said changes will only be made when the system is ready to move forward with them, and we need to ensure that we're continuing to provide excellent patient care throughout the transition. Thank you.

**Sarah Guillemard, MLA:** Thank you very much for that Karen. There has been a question on the line about Northern and Indigenous healthcare needs. Dr. Peachey, could you speak to the consultations that you did across Manitoba, who you spoke to and how North Manitoba and Indigenous healthcare needs are being considered in the planning for Manitoba?

**Dr. Peachey:** Yes, for sure. The process of connecting with various Manitobans from the patient groups, to the cultural groups to the providers of care was wide spread and we put a lot of focus on more remote communities as it became very evident that there had been a legacy of treatment and opportunity for prevention in more remote communities and indigenous peoples that had not been fulfilled. And there was definitely disadvantage so we continue to meet with as many groups of these as we could centrally and peripherally and developed a context for saying that there are a series of opportunities that we could try to get care closer to home, that we could deal with the social determinates of health as a leading issue in health status and opportunities to decrease medical travel for more remote communities and indigenous peoples, and again to get their care closer to home. So, this became a very central part of our thinking and the reality is that it was very reassuring that we saw more and more evidence that this was not an isolated thought of just the consultants themselves but from all the providers and all the other people involved in the governance of the system. And I think the final thing I would add to that that's really stood out is there was a statement from an indigenous youth that was reported to us by a respected elder in the community and it was very simple, but it told the whole story and that's do it with us not for us. And I think that's being carried forward, and Shared Health is central to that.

**Sarah Guillemard, MLA:** Thank you very much for that Dr. Peachey. Dr. Wright, how are you taking what Dr. Peachey heard and incorporating the needs of northern and Indigenous Manitobans into Shared Health's clinical and preventative planning?

**Dr. Peachey:** Well the planning process involves constructing clinical provincial teams around particular services areas and then bringing physicians, nurses, Allied Health professionals from across the province around those tables to focus on those particular

clinical services and those teams will be asked to reflect on the model of care that's relevant to their areas across the province and look at ways that we can improve the model of care, better utilize everybody's full scope of practice, improve access for patients, improve quality etc. But when those teams start their work, they're not going to be starting with a blank piece of paper. They're going to have in front of them Dr. Peachey's report and the parts of his report that are relevant to those clinical areas. They'll also have in front of them the benefit of the task force reports that the Minister talked about that have come subsequent to Dr. Peachey's work. With regards to the indigenous health issues specifically, Dr. Peachey as he just said identified a real need within the province to focus much more on the health needs of the indigenous population, and support them in addressing the health systems in their communities. And what we're going to do, is we've reached out to a number of indigenous groups and we've met with several indigenous representatives already, and we're pulling together a group that's going to be led by Katherine Cook, who will work across all those planning teams that I just spoke about to make sure what each of those teams comes up with when you add it all together it creates a more effective service model for those indigenous communities. And as I said we'll work very closely with those indigenous representatives to assist them in making those transitions. So, it's a very high priority for us.

**Sarah Guillemard, MLA:** Alright. Thank you for that Dr. Wright. If you'd like to ask a question and you're a caller on the line, please press the star button and the number three on your phone to let us know, and we'll try to get to your call. We're going to go and take another question from David who is from Souris. He has a question about rural hospitals. So, go ahead David.

**David:** Thanks for this opportunity. It's David Cran from Souris. We all recognize that rural healthcare is unique as compared to our colleagues in the city in the sense that positions in the country are integrally involved in the emergency rooms, in the hospitals of the town they work in, in addition to the clinic. We understand change is coming. Twenty years ago, as part of a process we made a plan for organizing emergency room services in rural Manitoba in our area, and it never happened. Now we understand and I'm clear that it's going to happen at some time, which will involve closing emergency rooms and rural hospitals. I just wanted everyone to understand and just put it clear to government the monumental effect this will have on the physicians and their impact on their practices as they care for their patients. Now many of the doctors are long term living in the community quite dedicated to the care in the community and I just ask that when this process occurs there's clarity and transparency. So, my question is when are these changes to emergency rooms going to be occurring? And as well that accommodation be made to physicians, so they can continue to provide the care to those patients in the rural areas which they have for many many years. Just tag on a second question as I may, Karen mentioned that we're stewards of the healthcare

system, and I strongly agree with that, and we're in the process of some cost control and constraint which seems quite reasonable. There's a bit of irony in it in all though in the sense we can't order new cutlery in our facility, but at the same time as a doctor I can order 10 CAT Scans, prescribe as many bizarre medications I want order investigations which are extremely costly, with no oversight whatsoever. And I always use the analogy and Mr. Goertzen's heard this before. It's like trying to control the speed at the Indy 500 speedway, without telling what the speed limit is. And I really think we should make a conscious effort to engage physicians somehow in some fashion, whether it's through a provincial medical association, or whatever mechanism so that we can involve physicians and cost constraint and appropriate utilization of our resources before they dwindle away. So those are my two comments.

**Minister Goertzen:** Thanks very much for that. It's Kelvin Goertzen. I'll start off. I know that Dr. Wright will have some comments as well. First of all, I know having grown up in rural Manitoba, that rural Manitoba healthcare is viewed differently than it is in Winnipeg. In Winnipeg most of our discussions have to do with wait times, and when I get to that emergency room, how long do I have to wait until I get seen. That dominates a lot of the discussion in Winnipeg. In rural Manitoba it's different. In rural Manitoba the question is always access. If I show up at an emergency room, is it going to be open, is it going to be available. So, providing that consistency is very important. We did get a number of suggestions from the various rural RHAs, and we asked for them last year in terms of how they see their RHAs being organized rurally. What we found when we got those in, there were some good suggestions. I think many of them were well thought out, but they weren't thought out necessarily from a provincial system, or how one decision in rural RHA would affect another rural RHA beside it. And that sort of goes to the whole idea provincial planning. Can we insure that when a decision is made in one region that it doesn't just cause a negative or an adverse effect in another region. So, we asked Shared Health, even though Shared Health was relatively new, Dr. Wright has a number of things on his plate, we asked them as one of their early efforts to look at the entire basket of suggestions that were coming from the rural RHAs and coming up with a provincial lens to it and a provincial plan. He and his leaders within Shared Health have taken that on, and my understanding is in late late spring or early summer we'll get a report back on what that might look like and I know as a government we've looked at things such as the Provincial Emergency Consultative Services Plan, the PECS plan as it's known, to have emergency room doctors available located in Winnipeg where available through technology to support those in rural Manitoba who may not have that same level of expertise to make clinical decisions, whether or not individual patients need to be transported into Winnipeg or what type of treatment they might require and certainly as a government we're very interested in that PECS process to try to provide that expertise that exists within Winnipeg to support rural Manitoba, but I certainly understand that rural Manitoba that it is emotional discussions, as they are anywhere because they impact communities, they impact

identities of communities, they impact economies of communities. And so, I know that Dr. Wright has talked about consultations on different decisions that are going to be made and certainly that is important. But we do think with technology and other things we can improve service to make sure that when people are in rural Manitoba and they're making that decision to go to a facility, they must know that facility is actually there and open because it is about access for them. And access is really going to be the focus when decisions are made about rural Manitoba. Dr. Wright?

**Dr. Wright:** Well thanks Dr. Cran for the question. Just to add briefly to what the Minister said. Dr. Peachey and his report talked about the emergency departments in rural and Northern Manitoba and commented on the fact that many of those are often essentially permanently on suspension, and there's also a number when you really look at what care has provided, it may not meet the strict definition of an emergency department. So, Dr. Peachey, who's on the line, has concluded that it's not a sustainable model, and I think there's a lot of agreement about that in the system. The different RHAs in rural and northern Manitoba have ideas and thoughts about different ways of configuring that model. But as the Minister says we're bringing those RHAs together now to put those potential changes on the table to make sure that when you look at it through a provincial lens it makes sense. And if you're to close an emergency department, we have to assure ourselves that there's a strong and robust emergency medical service, ambulance system and emergency medical system in place. That has to be a pre-requisite. And as well we need to pay attention to what is the model of care, or the primary health care system that's going to remain in that community. And we believe that with proper planning and working together that for those communities that may no longer have an emergency department, that we can ensure that there's a very strong primary healthcare system that will provide more reliable and press more appropriate services. The last thing I'll say is that you commented about physicians and that there's differing practices and differing ways of utilizing resources and ordering tests etc. We're very very much aware of that and we've reached out to a number of organizations to work with us to think about how we can better engage physicians, particularly those who aren't part of regional medical staff associations, with those who are practicing independently in the community. They're an incredibly important part of the system. They provide very important services and we need to give them an opportunity to be more engaged in the health system planning and much more engaged in working with us around how to more appropriately use resources develop clinical protocols and guidelines. So really appreciate your question, and we're trying to very much move in that direction.

**Sarah Guillemard, MLA:** Thank you for that Doctor Wright. We're going to go live with another question on the line. We have Antoinette who has a question about medical detox availability. Please go-ahead Antoinette.

**Antoinette:** Hi I was just wondering – and I heard you mention VIRGO Consulting, and so some of it may be coming down the line – but I just wondered for rural Manitoba, and the lack of detox services, and I'm just wondering what since the Brewed Oaks\_\_\_ is now established in Winnipeg, what can be offered for rural Manitobans battling addiction?

**Sarah Guillemard, MLA:** Okay. Maybe we'll send this one over to the Minister.

**Minister Goertzen:** Thanks very much for that call. You know addiction is something that has touched the lives of almost every Manitoban, and certainly I know it has done that for me personally. A number of people in my family have battled addiction, and I know from that that there is no one single answer. I wish that there was. It would have saved a lot of heartache in my own personal life, but it often takes a number of different solutions, and the challenges we have is for the resources that we're provided from Manitobans, how do we best use those resources to ensure that we're impacting the most number of people, so there's no question that VIRGO is looking at service coordination and access because what we're hearing from people who are addicts is that accessing the addiction treatments in Manitoba that it feels like a bit of a pinball machine that kind of gets shot into the machine and they get bounced around from place to place. They never really can feel that they're landing in the right place, and so detox is potentially part of that solution. I've heard different suggestions in terms of detox in rural Manitoba, and those are things we're having discussions about. I do think you'll see both some suggestions and some actions in terms of how we can better support those who are dealing with addictions. I wish from the bottom of my heart I could tell you that there was a single answer, or that there was an easy solution. I just know from very personal experience that those easy solutions don't exist. But we do need to give people more options. And I certainly commit to working to ensure that there are more options. And then we have to engage more communities as well because addictions is as much an issue of the heart as it is of the addiction itself, and it does require community involvement, it does require neighbours supporting neighbours and friends helping friends because it is as much an emotional issue sometimes as an addictive issue, and it really does require that. So, government will play a role, has to play a role, will play a greater role. So, we need to engage communities as well. So, I'll end by saying that what I think Scott Oak is doing to the Bruce Oak foundation is taking a very tragic situation in the life of their family and trying to make something difficult of that situation. I've met with many families who've lost sons and daughters and parents in some cases who are all looking for that way to find meaning, and trying to find meaning So Mr. Oak has a unique ability to do that and I commend him for his work in doing that and trying to find something positive in a difficult situation and government I think will play a greater role in supporting those in need as well.

**Sarah Guillemard, MLA:** Thank you for that Minister Goertzen. Just a reminder for those on the line and for those who just joined us we are here tonight with Manitoba's Minister of Health talking about healthcare and health system transformation. Please remember that this is an interactive conversation. To ask a question just press the star button and the number three on your phone at any time. We're going to go live to another question right now from Larry. The question is in regard to patient flow. Go ahead Larry.

**Larry:** Hello

**Sarah Guillemard, MLA:** Hi Larry. Go ahead.

**Larry:** Hi. This is for the Minister and Mr. Wright. What it is is we've talked a lot about flow in the city, and the actual system is plugged solid. I know the flu has caused problems, but even without the flu, we don't have good flow in the city system. There was somebody from the rural area that called in; we as the city system also have to support the rural system. I don't know how we're going to get moving without more beds behind the emergency rooms. How are we going to do this, and how are we going to implement it without incurring a huge cost to the system.

**Dr. Brock Wright:** Hello it's Brock Wright. You know you raise a very valid issue. When you boil it all down and look at what is really the primary cause of the flow challenges in Winnipeg, it is patients who are in the emergency department who need admission to an inpatient, and it's the availability of those in-patient beds. What the real key is, one of the main options or strategies is for patients who no longer need hospitalization to transition back to the community, so efforts have been made in the WHRA to augment the services that home care can provide so we can discharge people into the community with home care and have a more intensive home care experience for a period of time, and that's in place now, and it seems to be working quite well. We also know in Manitoba that there are patients who do end up often going from hospital to personal care homes that maybe in retrospect didn't need to be in a personal care home if we had more options in the community. And there are patient and personal care homes in Manitoba that wouldn't be in a personal care home in say Ontario, so there's a big focus in the system in looking at that. You're absolutely right that the bed situation in Winnipeg does have ramifications for our ability to accommodate patients from rural and northern Manitoba in a timely way. One of the key issues in rural and Northern Manitoba is the ability to repatriate patients. So, after they've had their treatment in a Winnipeg hospital, and no longer need a tertiary centre say like HFC or St. Boniface, how quickly can they be repatriated back to a facility in their home community, and that's dependent to some extent to how robust and strong is the health system in rural and northern Manitoba. So that's why a very significant focus of this provincial clinical and preventative services planning is looking at how we can strengthen and further stabilize the health system and rural and northern Manitoba

because that's critical to our ability to move patients back to rural Manitoba in a timely way after the acute phase of their illness is over. So, it's a very important issue to us.

**Sarah Guillemard, MLA:** Thank you for that Dr. Wright. Ok we're going to go to the next live callers. And we have Ian from Ericksdale and he has a question about rural health changes. Please go-ahead Ian with your question. Ian are you there? Ok I think we're going to go onto our next question. We have Ashley, who is going to ask a question of Doctor Peachey. Ashley please go ahead with your question for Dr. Peachey.

**Ashley:** Hi Dr. Peachey. My question is about... I think you wrote a very thorough report, and I've had the opportunity to read it and I understand it, but how do you feel the current government is doing on implementing this report, and what further steps do you think they need to take to make sure that it comes to fruition

**Dr. Peachey:** Thank you Ashley. I think that's a very valid question. The whole process of implementation is a challenge. I must say that when we started this, we spoke really from the beginning of our process that there would be a critical need for a strong implementation process. When the unfolding of Shared Health took place, that was a critical first step, and that is to see how to coordination of services across the province can take place. So, I guess the bottom line there is that our feelings is that the implementation process has developed much faster than you often see in this sort of work, and I think it's because of the commitment of government and of the providers to make it happen, and it's really gone in a direction at a rate that I really feel very good about. I think it will continue to grow.

**Sarah Guillemard, MLA:** Thank you for that Dr. Peachey. There have been a number of questions that have come in surrounding rural Manitoba and possible changes that are coming. Minister Goertzen, would you please elaborate on some of those questions and maybe talk about the timeline?

**Minister Goertzen:** Yeah. So, I know there's still a number of questions coming in on the phone on this – and maybe people who've joined the call maybe a bit later. We've asked Shared Health to come back to us as the Department of Health with recommendations around potential changes in rural Manitoba in late spring or early summer. So that's the time frame we expect to get the report back from Shared Health, and then we'll have a chance to evaluate it. I want to say, because I know we talked a lot about timelines, and that's true both in Winnipeg and beyond and I appreciate Dr. Peachey talking about the implementation timelines around some of his recommendations in Winnipeg, but I want to say clearly from a government perspective, we don't have particular timelines. My timeline as a Minister is when is the system ready to make the change. When is it the clinically sound time to make change? And when it came to the phase one changes in Winnipeg, so those affecting the Victoria

and Misericordia those changes were only made when those who are responsible for implementing said we are ready to go. So, they indicated they were ready to go and I think there's been some good indications that they were right in terms of the ability to make those changes. Any future changes in the healthcare system, whether that's further consolidation within Winnipeg, or changes within rural Manitoba, aren't driven by a timeline, they're driven by a system being ready to make those changes. And they'll always be driven by the system ready to make those changes, and as I mentioned earlier about PECS and the availability to use expertise within Winnipeg, that's housed within Winnipeg, to support rural Manitoba through emergency room doctors being able to reach out through technology that will help I thin in those transitions. But we'll get the report back from Shared Health in late spring or early summer, but the timeline for government only relates to when the system is ready for the change.

**Sarah Guillemard, MLA:** Thank you very much for that Minister Goertzen. And we have had some great callers tonight, wonderful questions, and I do hope that some of the answers have been helpful in terms of planning and moving forward. I'm Sarah Guillemard, I've been your host this evening, and I do want to emphasize that if you've had questions that haven't been answered, I encourage you to email the Minister at [min -M-I-N-H-S-A-L@leg.gov.mb.ca](mailto:min-M-I-N-H-S-A-L@leg.gov.mb.ca) and we will do our best to answer the questions that have come forward. Minister Goertzen, I'm just wondering if you'd have a few last words before we end the call at 7:30 tonight.

**Minister Goertzen:** Sure. Thank you again for those who've been on the call- stayed on through this last hour. I want to restate what I said earlier. We appreciate very much the work that you do in the system. We don't always have the opportunity to say it to you personally, but I want you to know that your work is appreciated in what can be difficult circumstances each and every day, I know. Change is ever-present in healthcare. It's happening right across Canada in different ways when I talk to Health Ministers' across Canada. So that's not unusual. Change will continue to happen in the healthcare system we know. The one thing I hope never changes is what I hear from patients, from Manitobans when they tell me that they've come to a hospital or a clinic, or somewhere in the healthcare system, and they say that they got the attention they needed. They got the service they needed, but they got it in a compassionate way. And they got it from people who cared, they got it from a nurse at a bedside who listened to them. They got it from a doctor who took a little bit of extra time to be able to speak to somebody. They got it from an Allied Health professional, who said, "We want to help you" within the system. That should never change – the compassion within the system. And when we talk about system, and we've talked about them here tonight, that's important, but ultimately here tonight, changes are designed to ensure that that compassion can continue to happen. That people are getting the right care from the right people at the right time, because we know those that are working in the

healthcare system, that's what they want to provide, it's what they want to do. And ultimately that's why you went into the profession you went into, so you could help people in the hour they needed help the most. So, we'll continue to talk about system transformation and change in the system, but we're not changing the system for the sake of changing it. We want to change it, so you can continue to provide that passion and bedside care, which is what people ultimately remember when they leave that hospital or when they leave the clinic. So, thank you again for being here tonight, and thank you again for all the work that you do each and every day within the healthcare system in Manitoba.