

On December 3, 2018 nearly 300 clinical leaders from across Manitoba gathered in Winnipeg for a Provincial Clinical Symposium, the next step in the development of Manitoba's first Provincial Clinical and Preventive Services Plan (PCPSP).



Members of [Provincial Clinical Teams](#), the Manitoba Clinical Leadership Council (MCLC), the PCPSP advisory group, Shared Health and Manitoba's Transformation Management Office participated in the symposium.

Cross-clinical working groups with expertise in Indigenous Health, Quality and Patient Safety, Digital Health, Diagnostics and Emergency Medical Services and Patient Transport also attended, offering their expertise as discussion continued on the development of proposed models of care appropriate for the needs, acuity and geography of Manitoba's population.

Previous workshops had allowed clinicians the opportunity to review data, models of care and outcomes, analyze the needs of specialized populations and assess opportunities to improve access, coordination and quality of care.



Learning from Global Success

Front-line providers and clinical experts from across our province are working on the development of a made-in-Manitoba plan to deliver better health outcomes, shorter wait times and improved national rankings. Participants are gathering information and reviewing data on services, delivery and models of care from across the province as well as leading practices from other jurisdictions.



December's Provincial Clinical Symposium offered the opportunity for participants in the development of Manitoba's Provincial Clinical and Preventive Services Plan to hear from Dr. Rohan Hammett, Asia Pacific Healthcare Lead Partner with Deloitte Inc. A consultant physician in gastroenterology, Dr. Hammett has experience as a clinician, health system manager and government regulator and has led global initiatives to transform healthcare delivery around the world.

"Manitoba clinical leaders have a once in a generation opportunity to achieve real change through their direct involvement in the design of the province's health system of the future." -Dr. Rohan Hammett

Dr. Hammett spoke about his experience working in a jurisdiction similar to Manitoba in its population base, highly distributed rural population and single urban centre and that had experienced poorer than national outcomes and was faced with high incidence of chronic disease and significant variation across sites in procedures, treatment and tests.

The presentation concluded with three key takeaways for Manitoba's Provincial Clinical Teams to consider.

- Data and evidence must inform choices;
- Robust Primary Health and Community Services are key;
- The establishment of good clinical governance is essential to ensuring consistency and quality of care.

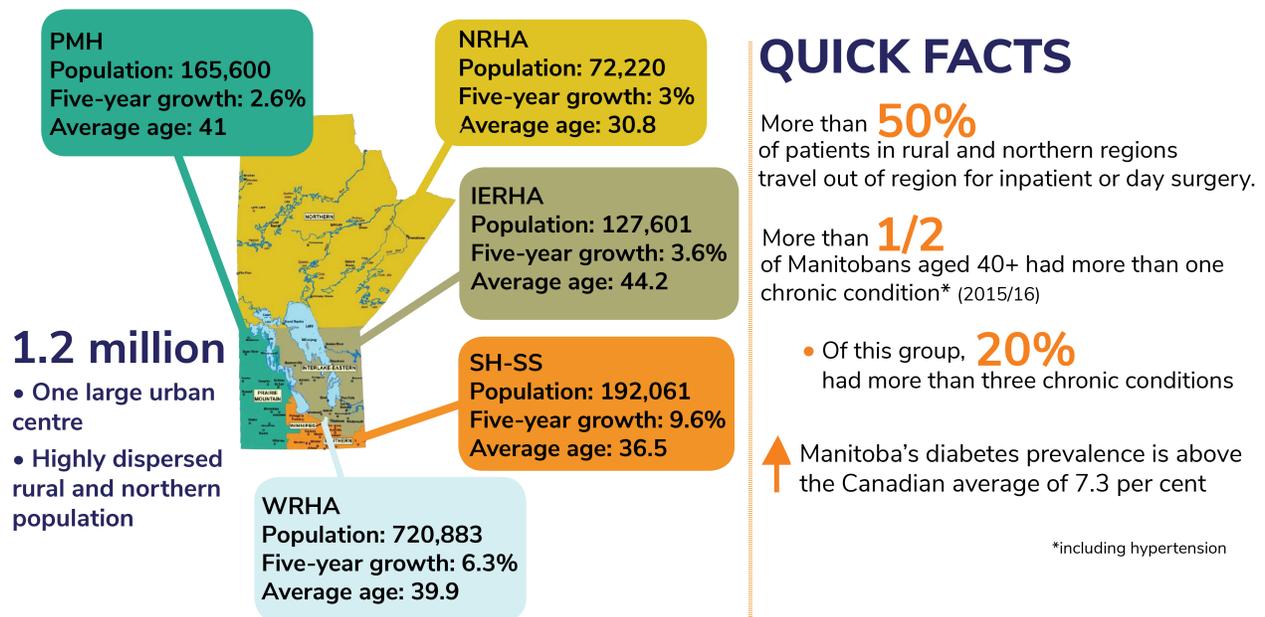
Who are our Patients and Where are They Accessing Care?

The work of the Provincial Clinical Teams has involved a close look at Manitoba's population. This has led to a better understanding of the challenges facing Manitoba patients and health care providers.

Manitoba's population is geographically dispersed, with varied levels of population growth, an overall aging population and pockets of younger Manitobans particularly among the province's Indigenous communities and in the north. Social determinants of health such as income, education and employment rates impact health outcomes and services planned and delivered via five regional health authorities (RHAs) each with varied disease prevalence and health status.

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.

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.



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.

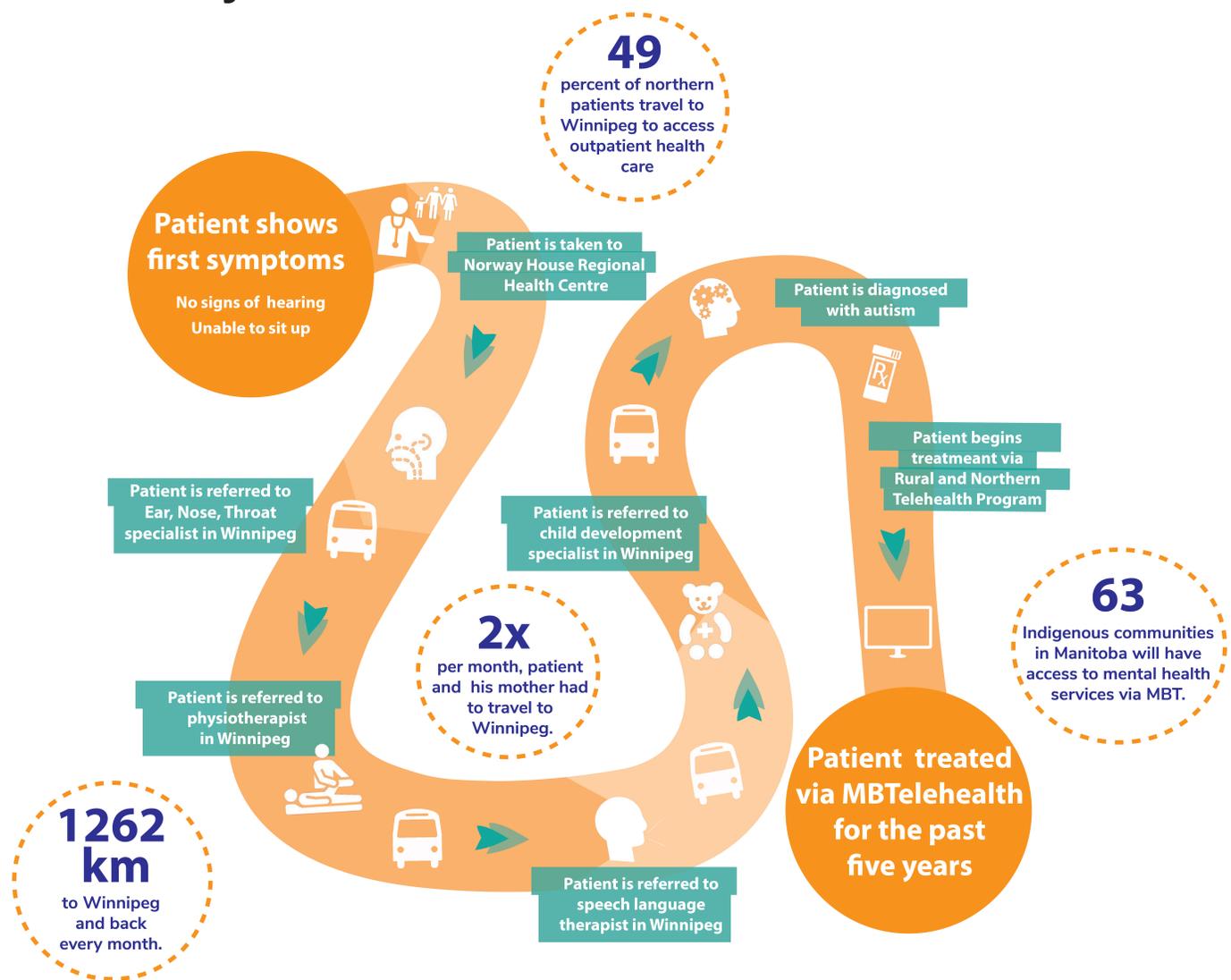
Future population profiles will influence the type, location, quantity and model of service delivery throughout the province.

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

A Spotlight on French Language Services

Participants were provided with an orientation of the challenges in coordinating services and ensuring consistent access for Manitoba's geographically dispersed French-speaking population. To ensure improved access to health services in French, two independently funded projects are being undertaken as a partnership between Shared Health – Soins communs, Manitoba's Francophone Affairs Secretariat and Santé en français. The projects will ensure the integration of French language services within Shared Health – Soins communs as well as result in a provincial strategy for bilingual human resources.

Accessing Care Closer to Home - Jennifer's story



Sources:
Rural and Northern Telehealth Program, Manitoba Adolescent Treatment Centre
Manitoba's Provincial Clinical and Preventive Services Plan, 2018

Advancements in digital health allowed Jennifer's family to begin accessing care through Manitoba Adolescent Treatment Centre's (MATC) rural and northern telehealth service. Jennifer and her son now have regular access from their home community to specialized counseling, treatment and support services while local providers are able to access the family's up-to-date medical information.

WATCH JENNIFER'S STORY

We Must First Build Up

A common focus within each PCT and across the integrated planning groups is the need to capitalize on opportunities to avoid unnecessary hospital-based care. Accomplishing this will require better continuity of care and more clearly established pathways between local and more specialized services.

These improvements rely upon enablers like digital health and diagnostics to allow for both appropriate patient transfers to higher levels of care and repatriation of patients to be cared for closer to home.

Elements of the proposed model of the future, including necessary enhancements to capacity in order to allow for consistent access to clinical expertise, will continue to be refined and tested against the needs of the population as PCTs continue to meet in early 2019.

Upcoming workshops

- January 21, 2019 - Surgery and Anesthesia, Trauma Services, Child and Women's Health
 - January 25, 2019 - Mental Health and Addictions, Cardiovascular and Thoracic, Neurosciences
 - February 1, 2019 - Chronic Health and Complex Medicine, Cancer and Palliative Care, Seniors and Rehabilitation
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Our goals

Simplified pathways and processes

Integration across providers and across continuum of care

Coordinated functions, reducing fragmentation

Standards and services established by provider
