

Members of Manitoba's Provincial Clinical and Preventive Services Planning project have now held the first wave of engagement sessions with physicians and clinical providers across the province.

Clinical experts and health system leaders leading the development of Manitoba's first Provincial Clinical and Preventive Services Plan have committed to ongoing engagement across three phases of meetings involving physicians, clinical providers including nurses and allied health professionals, and community leaders as the plan is developed.

Sessions have shared information about health system transformation, the development of a provincial clinical plan and ongoing efforts to lay the foundation for improved patient access and better health outcomes for Manitobans.

More than 150 physicians participated in the first wave of meetings. Members of Manitoba's Transformation Leadership Team and Provincial Clinical Teams involved in the planning provided an overview of the work completed so far, including observations of the current state and the need for change.

Participants were then asked to provide open and direct feedback on the planning process, the emerging models of care, and any current issues in their practice, community or region that they feel the plan must address in order to be successful.

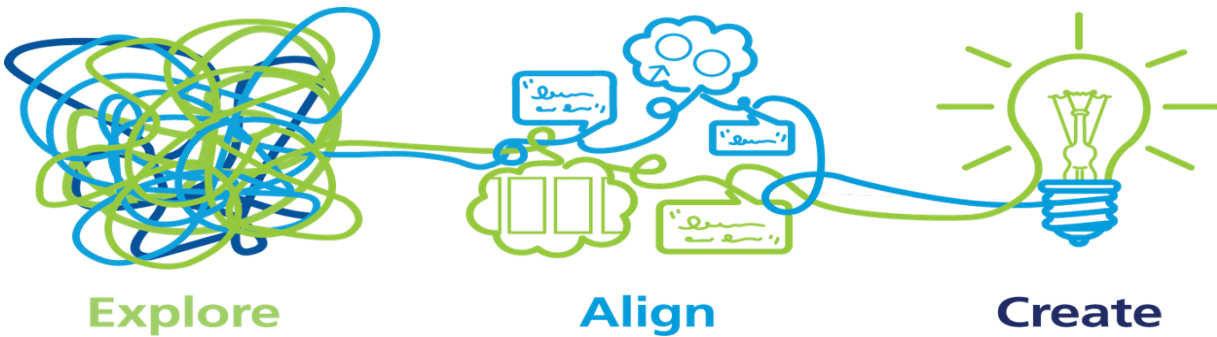
Here is what we heard.

The Need for Change and the Importance of Careful Preparation

The majority of participants in the sessions agreed with the general need for change and improvement to access and outcomes but cautioned that such change must include careful preparation – including to the need to build capacity locally in order to enable improvements to access and reduction in transports.

Participants indicated early skepticism and concern about the planning process, emphasizing that they felt some regions were under-represented, that the process felt Winnipeg-centric both in terms of the planning “voice” and in terms of who the plan was being designed to benefit.

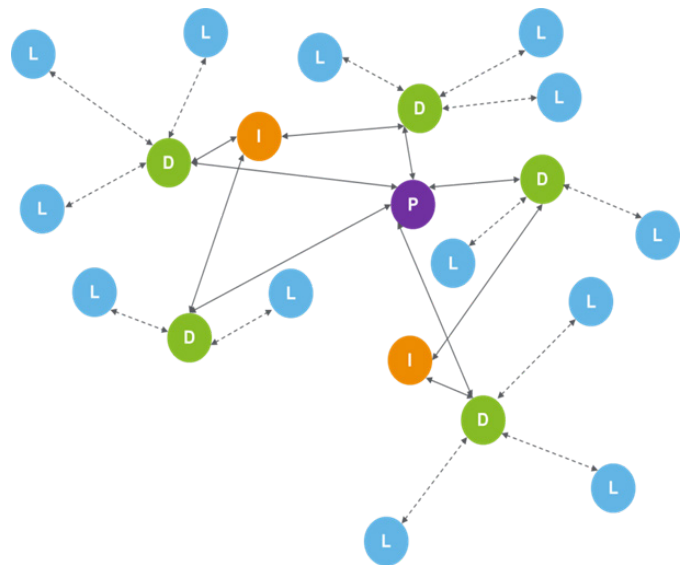
Confusion also stemmed from the simultaneous timing of clinical consolidation in Winnipeg and the development of the plan. And some individuals felt that the planning was already complete and their participation was purely ornamental. Clinical leaders and providers emphasized that as the process had become more detailed, their comfort level increased and that they could now begin to see their voice reflected in the conclusions and materials being refined.



Participants across all regions requested a clear understanding of how their feedback would be incorporated, commenting that they would like to be presented with a problem, provided with the relevant data, asked for input and allowed to identify immediate steps to resolve the issue.

The Network Model: Early Support, Desire for Details

In general, physicians indicated cautious optimism about the model but requested more specific details including examples of defined pathways and proposed location of services such as digital health enablers and diagnostics. Physicians at each meeting raised the need for appropriate enablers to support the network model in operation, including the use of patient transport resources to support the movement of patients to appropriate levels of care and improved digital communication and technology, such as a provincial electronic patient record.



Many felt that the concept of the network model was something they could support but emphasized that Manitoba's geography and ongoing challenges associated with information technology and connectivity would continue to be a barrier if not improved. Physicians across rural and northern communities also raised the issue of patient repatriation and the need for both enhanced community-care options and ongoing support from more specialized levels of care.

The need for flexibility was a consistent point raised as clinicians pointed to differences between communities and segments of the population. There was a sense that continued overlap or duplication of services would be necessary in some cases to ensure appropriate proximity of care based on patient population, needs and geography. There was also optimism that once the provincial plan was in place, people working in the regions would have the ability to see the vision and begin planning and operationalizing their piece of it.

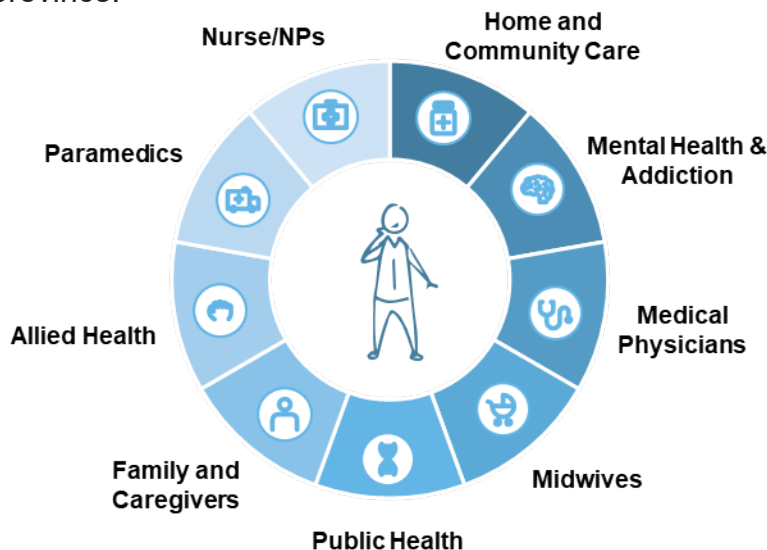
The Need to Build Up

Across the province, services and the system need to be “built up” prior to change, particularly with respect to strengthening services and supports outside of Winnipeg. Discussion in some groups focused on both enhancing local services and ensuring providers are enabled to work to the full scope of their practice.

The perspective of those working at larger sites in rural Manitoba was that opportunities exist for them to manage sicker patients with appropriate levels of care, with advance planning and a redistribution of resources, including medical remuneration model, staff ratios and training.

Feedback included:

- **Enhanced community and primary care** - to support patients closer to home, particularly in regions where populations are growing and aging. Groups questioned what investments might be made in primary care to enable the delivery of a broader range of services in communities throughout the province.



- **Easier access to primary care physicians** – to support the delivery of care closer to home, reduce unnecessary emergency department visits, and unnecessary transport for follow-ups that could be done by a primary care provider.
- **Clear definitions for the role of primary care** – including consideration of the varying roles for providers in rural and urban communities.
- **Investment in preventive care** – to better support community members and reduce unnecessary interaction with the health system.
- **Physician access to education/training** – participants emphasized a need for better coordination of education and training opportunities to support the delivery of enhanced care in local communities.
- **Enhancements to community supports** - such as allied health professionals and home care to ensure patients are able to be returned closer to home and cared for appropriately at home or in the community, including special focus on care for the elderly closer to home.

- **Access to diagnostic services** - Physicians indicated patients are often referred to Winnipeg for diagnostics when a location close to home might be available. Clarity around access to diagnostics and the pathways for patients are needed.
 - **Digital Health support is critical** - lack of access to patient information can make work-arounds necessary. Physicians are looking for easier access to patient records and more seamless connections. IT solutions are felt to frequently be cumbersome and time-consuming and make patient transfer decisions more challenging.
 - **Provincial EMS and Patient Transport** - EMS scope of practice and skill sets are not consistent across the province, or even within some regions as scope of practice can depend on the individual.
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Rural Retention

The need to make scope of practice meaningful and attractive to new graduates and other potential recruits echoed through each rural and northern meeting. New graduates want to practice the way they have been trained and are open and enthusiastic about working in inter-disciplinary teams. They want full scope and breadth of practice and so should be considered as models of care are developed.

Improving Access to Specialists: An Eye on Mental Health and Addictions

Physicians highlighted the complicated pathways that exist for specialist referrals, resulting in time spent on the phone searching for support and completing required paperwork. Participants suggested bringing specialty areas together to break down silos and collaborate on clear, simple pathways or to find innovative ways to bridge the gap between generalists and specialists.

One specialty area raised at each meeting was mental health and addictions, which physicians indicated is an area incredibly challenging to navigate and very time consuming for physicians.

Physicians repeatedly identified the need for better access to specialized care for mental health, including psychiatrist and community supports, a clear process to access and navigate mental health services/care, and more supports within the community as many patients are presenting at emergency departments because there is nowhere else for them to go. Physicians also noted the need for additional preventive services in Manitoba communities.

Participants suggested expanding scope of practice for primary care physicians to allow them to do some of the work that currently must be completed by specialists (such as the requirement that a psychiatrist sign insurance forms for patients), increased virtual or tele-supports and more services similar to the Rapid Access to Consultative Expertise (RACE) program to provide advice and support to providers.

Indigenous Health

Across Manitoba, there was recognition throughout the engagement sessions of the importance of ensuring the clinical plan reflects and addresses the needs of Manitoba's growing Indigenous population.

Concerns were raised about current barriers to care for some segments of Manitoba's Indigenous population, including access to transportation for those in rural and remote communities and challenges with discharge planning for those returning to a community with limited local services to support their care.

Participants identified opportunities to expand the scope of work for some professionals and specifically referenced the need for enhanced wound care in northern locations where it could potentially be provided by trained nurses.

Next Steps

All physicians involved in this first round of engagement emphasized the importance of detail, data and flexibility. Where services will be available, who will provide them and how the pathways to care will change for both patients and providers were raised as priority areas. Strong sentiment throughout the sessions supported enhanced services for rural hubs, including consideration of what specialties and sub specialties will be available at locations throughout the province, but particularly those outside the perimeter.

Above all, we heard that one size will not fit all. Planning must follow key principles but must also be adaptable to population need and flexible over time as needs – and our ability to meet them – change over time.

Throughout April and May, Provincial Clinical Team members and health system leaders involved in the development of the provincial plan, will once again be visiting communities throughout the province. These meetings will present additional details on the development of specific pathways and the enablers (digital health, diagnostic services and emergency medical services and patient transport) that are necessary for the successful implementation of change.

We look forward to the continued thoughtful, informed and collaborative feedback that characterized the first 16 engagement sessions across Manitoba.
