Health System Transformation

Update for Media

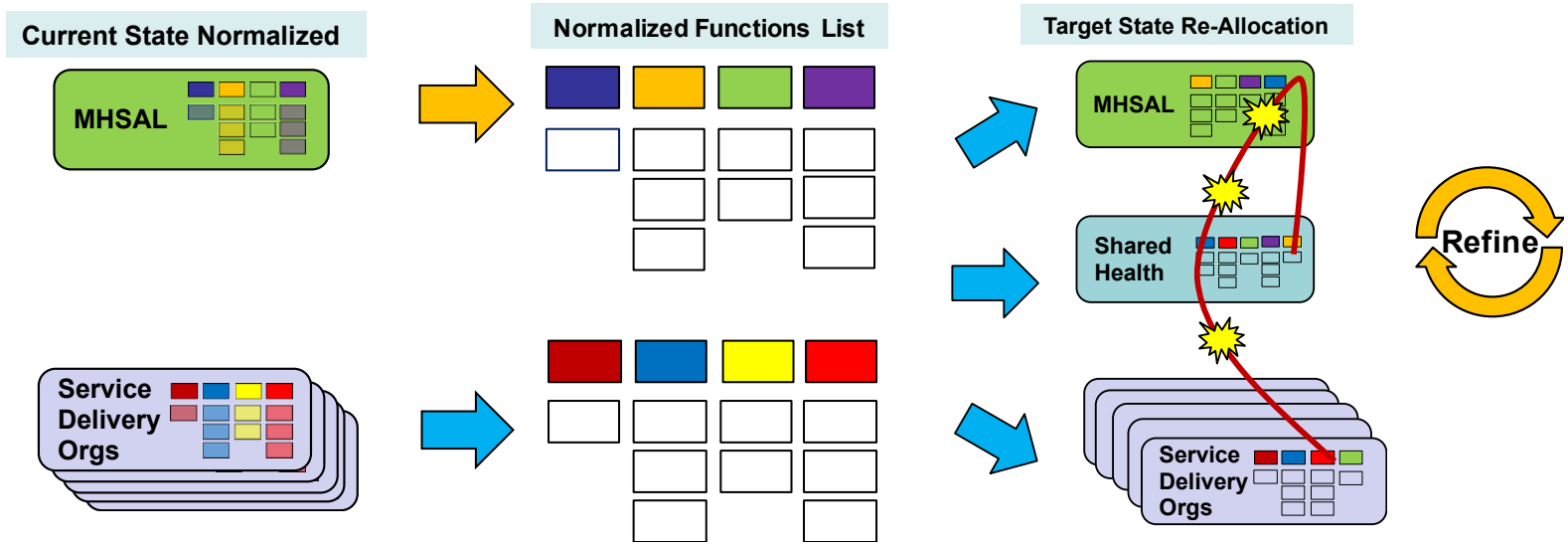
June 14, 2018

RIGHT CARE.
RIGHT TIME.
RIGHT PLACE.

Manitoba

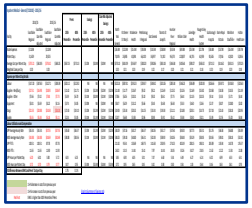
Methodology and approach

Blueprinting



Financial modelling & analysis

- Financial model with drill down capability
  - 16/17 MIS data actuals
  - 16/17 MHSAL SLIR
  - 17/18 position control
- 80+ Stakeholders
- Budget, actuals, and FTE for each organization
- Mapping cost centres to normalized functions for current and target state



- Confirm scale and impact of changes
- Identify cost savings opportunities
- Identify Alternative Service Delivery opportunities

- Scenario analysis
- Confirm business case & benefits realization
- Validate target state
- Validate roadmap
- Identify impact of other initiatives

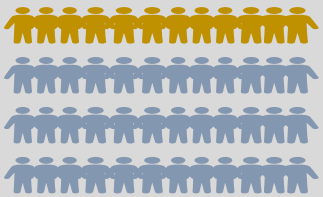
What does the system look like?

1,300,000 citizens

Population by region

- NRHA – 5.7%
- PMH – 12.8%
- SHSS – 14.7%
- IEHRA – 9.6%
- WRHA – 57.1%

Rural/urban



Rural 25%

Urban 75%

French as first language

French (41,365)

First Nations

Inuit and other peoples (2,835)

Metis (78,835)

First Nations (114,230)

Special care populations

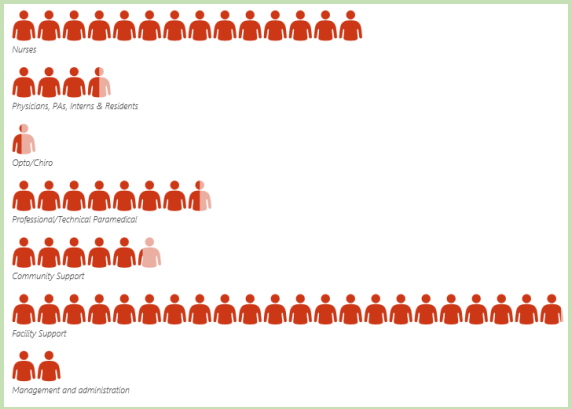
Elderly (199,865)

Mental Health (283,552)

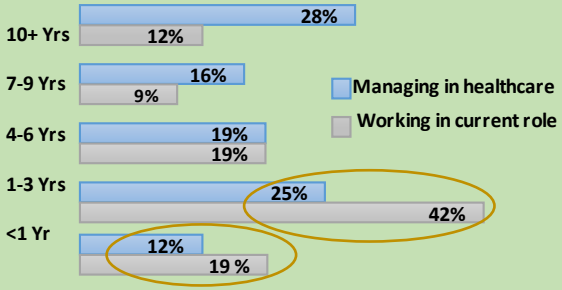
Chronic Conditions (331,828)

55,400 employees

Workforce



Experience of front line managers



71% front line managers who do not feel adequately trained to use available information resources to make effective management decisions

45% front line managers who do not feel proficient with spreadsheet software

Complex system with $6.0B annual spend

Core organizational environment

3	Funding Departments
8	Health Authorities
200+	Delivery & stakeholder organizations
187	Bargaining units
7,500+	Number of business processes
700+	Number of computer systems
68,000+	Number of supply chain materials

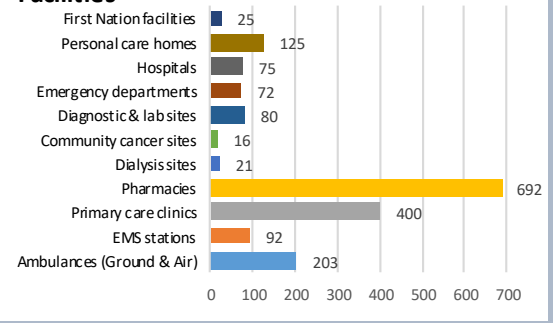
Jurisdictional partners

2	Federal departments
9	Cities
70	Towns/villages
135	Rural municipalities
63	First nations communities

Statutes and agreements

56	Statutes
100+	Regulations
182	Collective agreements
250	Service purchase agreements

Facilities



Customers

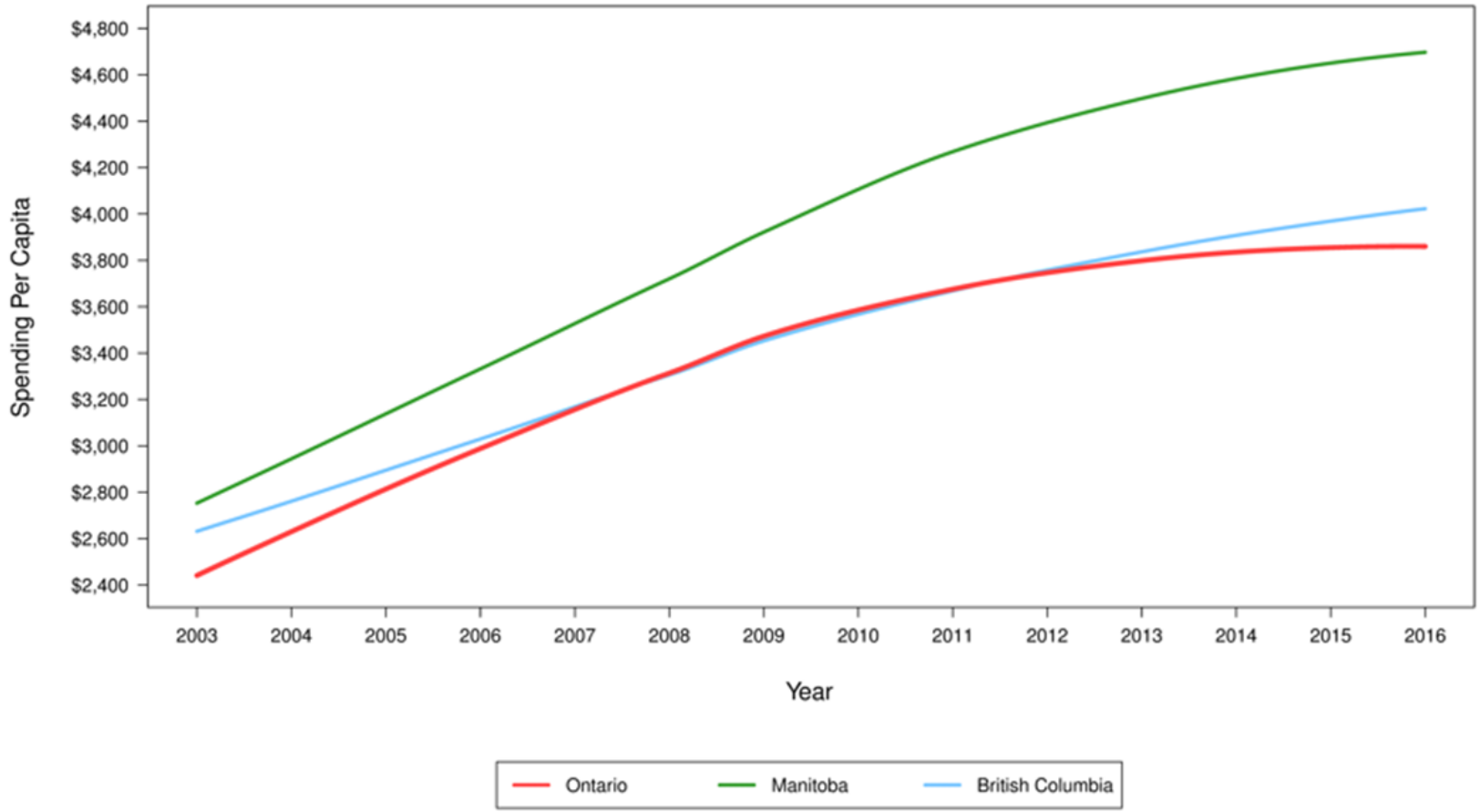
Workforce

Systems & processes

*Various sources including MHSAL estimates. Front line manager findings from WRHA 2017. Actual figures need verification before communication with the public or system stakeholders.

Total Health Expenditures

The per capita cost curves have been bent in Ontario and B.C.



Source: National Health Expenditure Trends, 1975 to 2016

What does the system look like?

Indicator	Canada	Manitoba	Manitoba Ranking	Year
Hip Fracture Surgery within 48 Hours	87.5%	96.1%	1/9	2016/2017
Ambulatory Care Sensitive Conditions Hospitalizations	325 per 100,000	301 per 100,000	2/12	2016/2017
Medical Patients Readmitted to Hospital	13.7%	12.9%	3/12 (tied)	2016/2017
Surgical Patients Readmitted to Hospital	6.9%	6.0%	2/12	2016/2017
Repeat Hospital Stays for Mental Illness	12.1%	9.4%	1/12	2016/2017
Inpatient Average Length of Stay	7.0 days	9.6 days	12/12	2016/2017
ED Wait Time for Physician Initial Assessment (90th percentile)	3.1 hours	5.1 hours*	7/7*	2016/2017
Total Time Spent in ED for Admitted Patients (90th percentile)	32.6 hours	43.5 hours*	7/7*	2016/2017
Hip or Knee Replacement within 6 Months	71%	47%	9/10	2017/2018
Cataract Surgery within 112 Days	71%	32%	10/10	2017/2018

*Note: ED wait time information is only available for the WRHA, and ED rankings include two provinces (SK and NS) that also do not have all facilities submitting

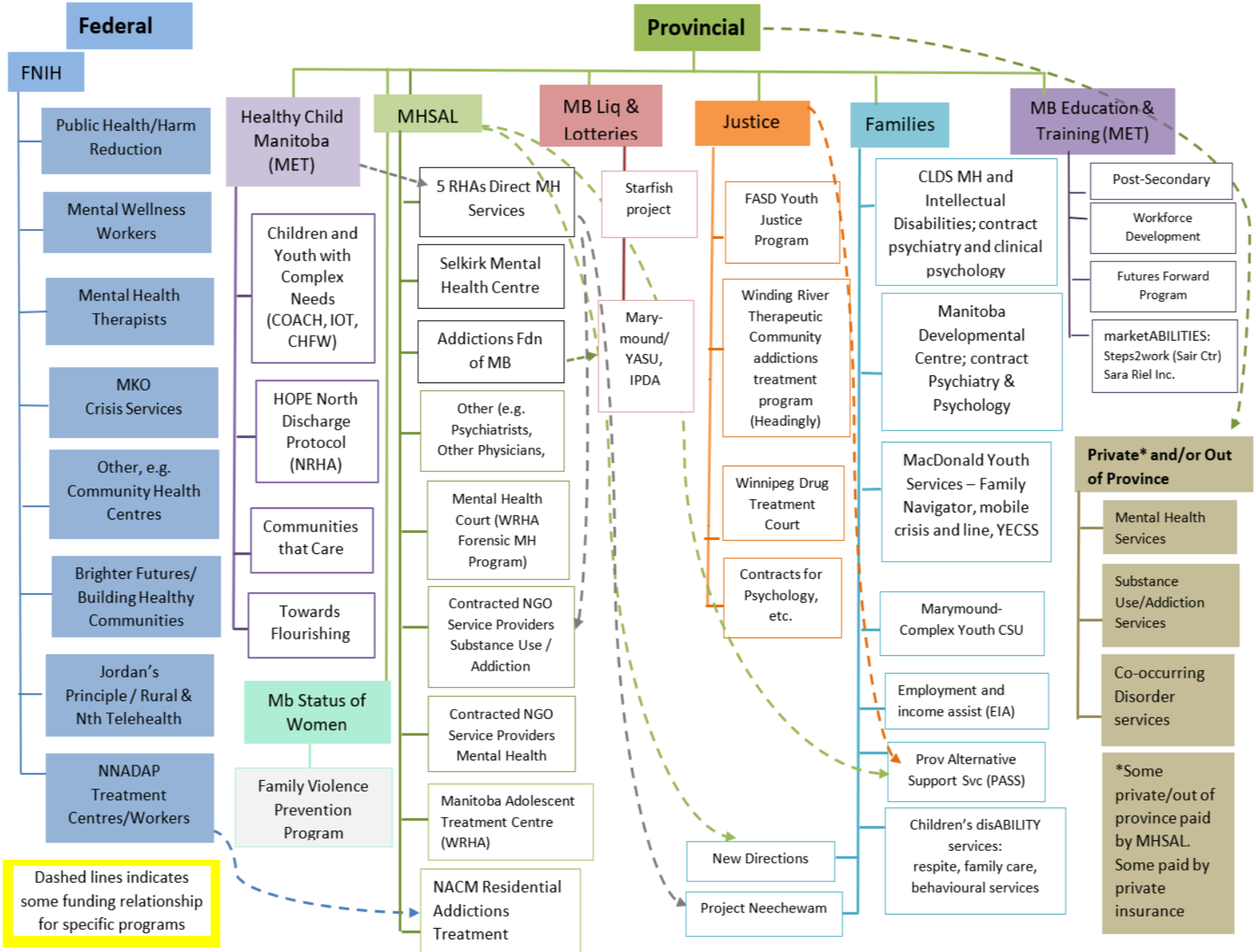
Source: Canadian Institute for Health Information

Provincial Health Expense Comparison (2013)

		Ratio of Manitoba Expenses to Manitoba Expenses at per Capita Rate of:			
Expense Category*	**Manitoba Expenses (in $millions)**	**Ontario**	**Saskatchewan**	**Alberta**	**BC**
Hospital	$ 2,300	1.30	1.09	0.75	1.13
Other Institutions	$ 810	**1.58**	1.01	**1.13**	**1.62**
Physicians	$ 1,090	0.94	0.98	0.83	1.07
Drugs	$ 300	0.75	0.84	0.65	1.28
Capital, Public Health, Administration, Other	$ 1,240	**1.49**	1.03	**1.27**	**1.59**
Total Expenses	**$ 5,740**	**1.23**	1.03	0.88	**1.26**

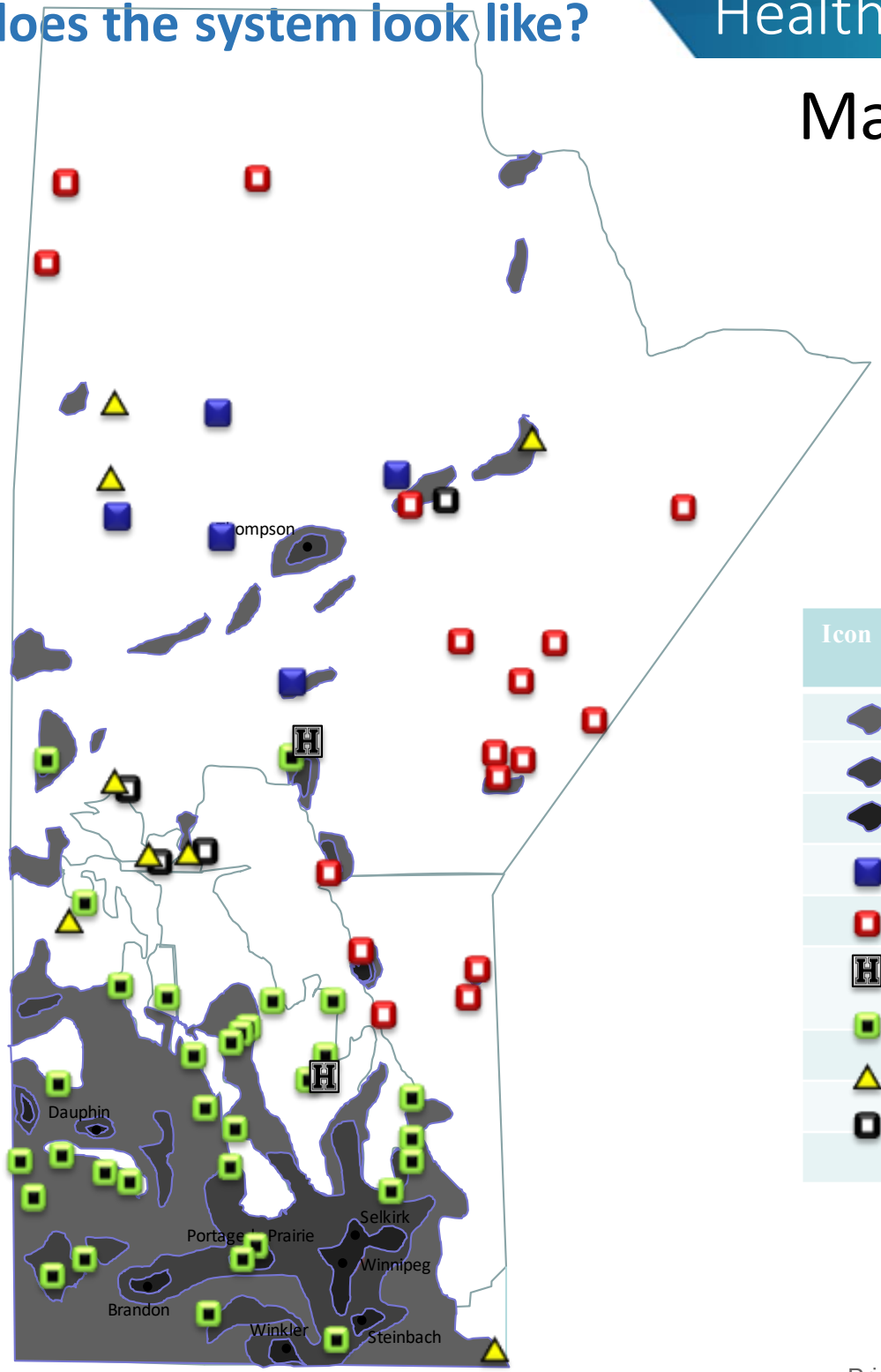
What does the system look like?

Figure 3. Overview of SUA/MH Administration and System Accountability Structures.



What does the system look like?

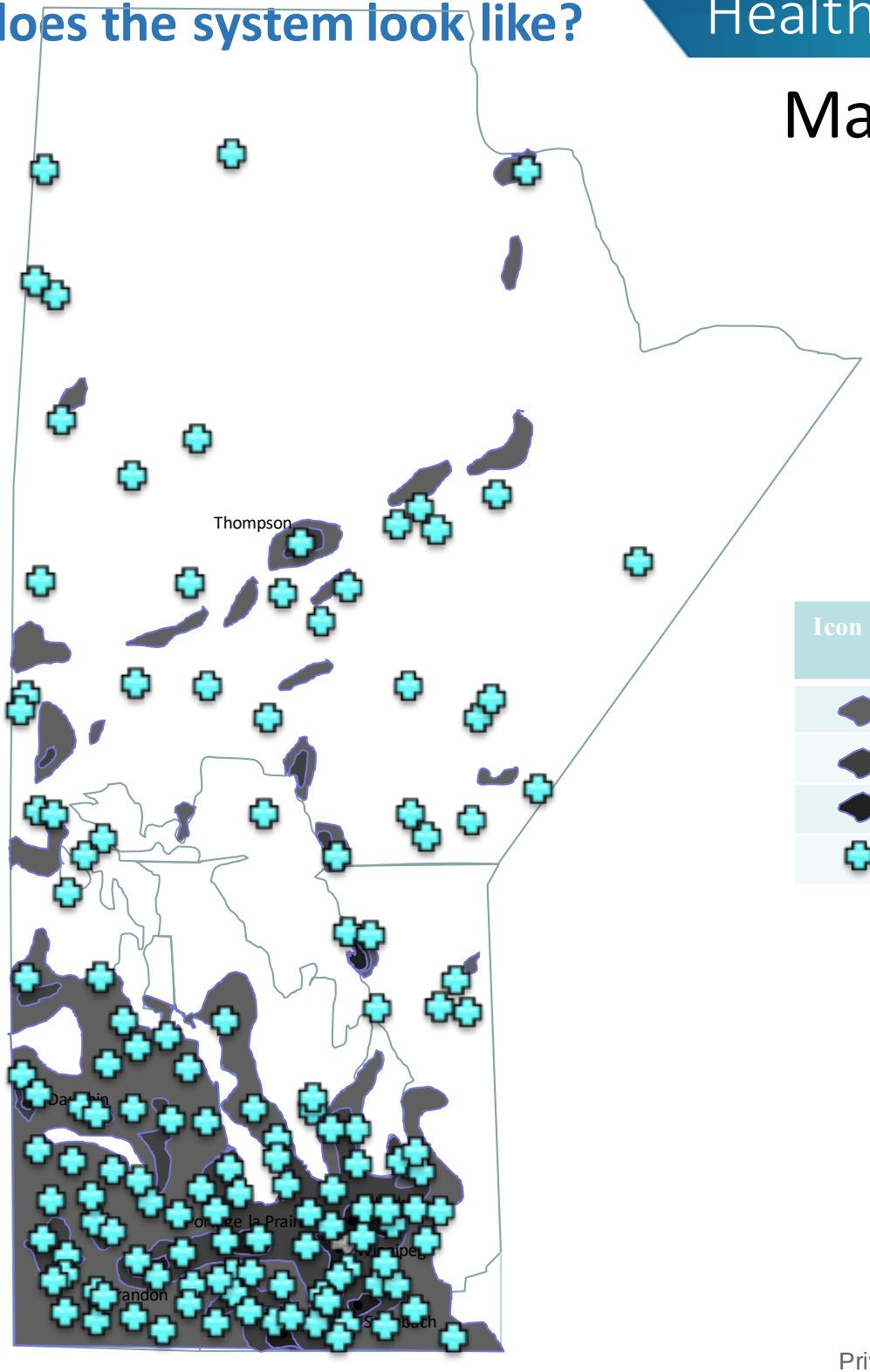
Manitoba First Nations Health Services



Icon	Description
	Low Density Population
	Medium Density Population
	High Density Population
	5 Nursing Stations (Road Access)
	17 Nursing Stations (Fly-In Only)
	2 Federal Hospital (Norway House & Percy E. Moore)
	33 Health Centres
	8 Health Stations
	4 Provincial Nursing Stations

What does the system look like?

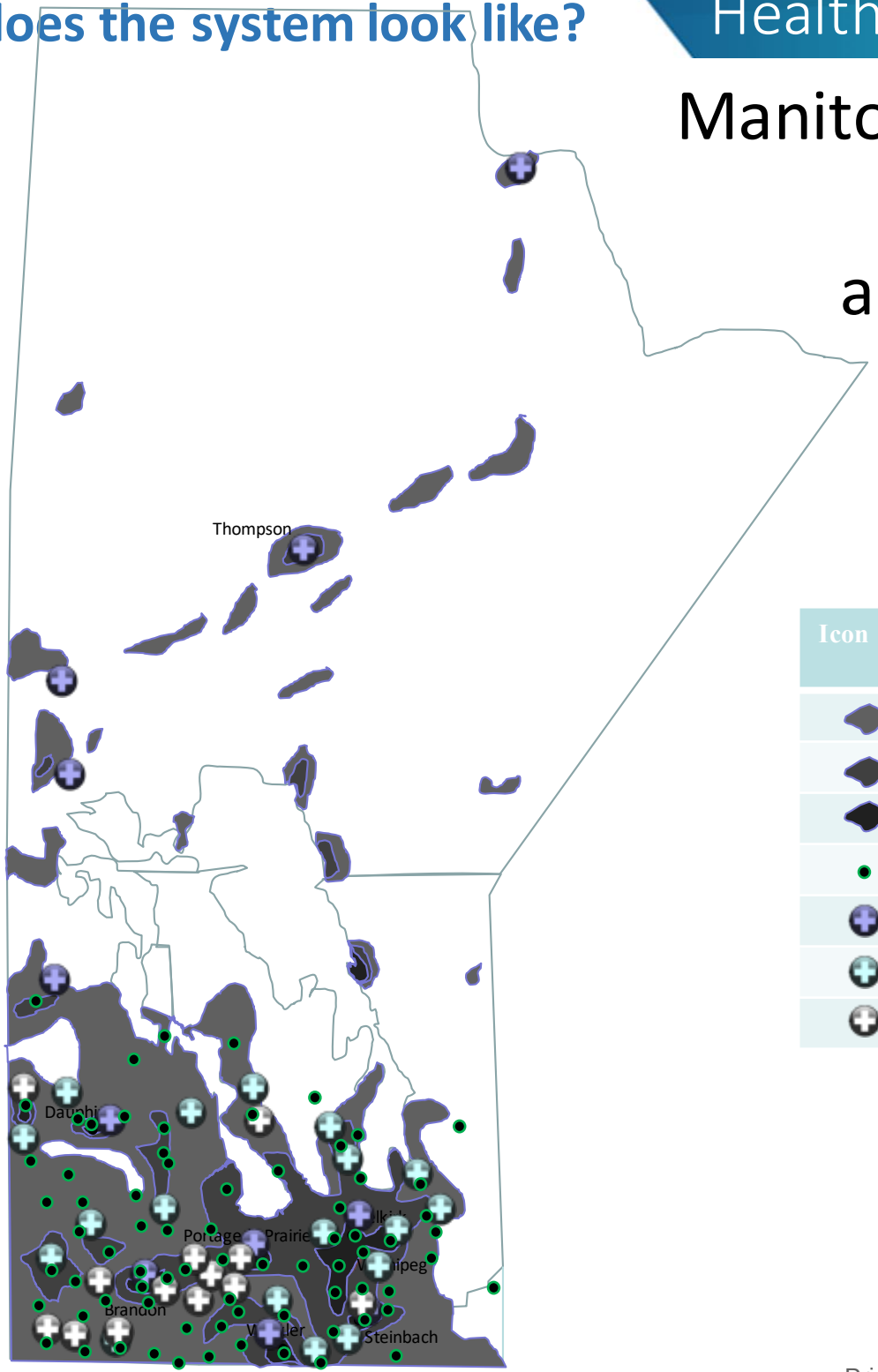
Manitoba Primary Care Services



Icon	Description
	Low Density Population
	Medium Density Population
	High Density Population
	Primary Care

What does the system look like?

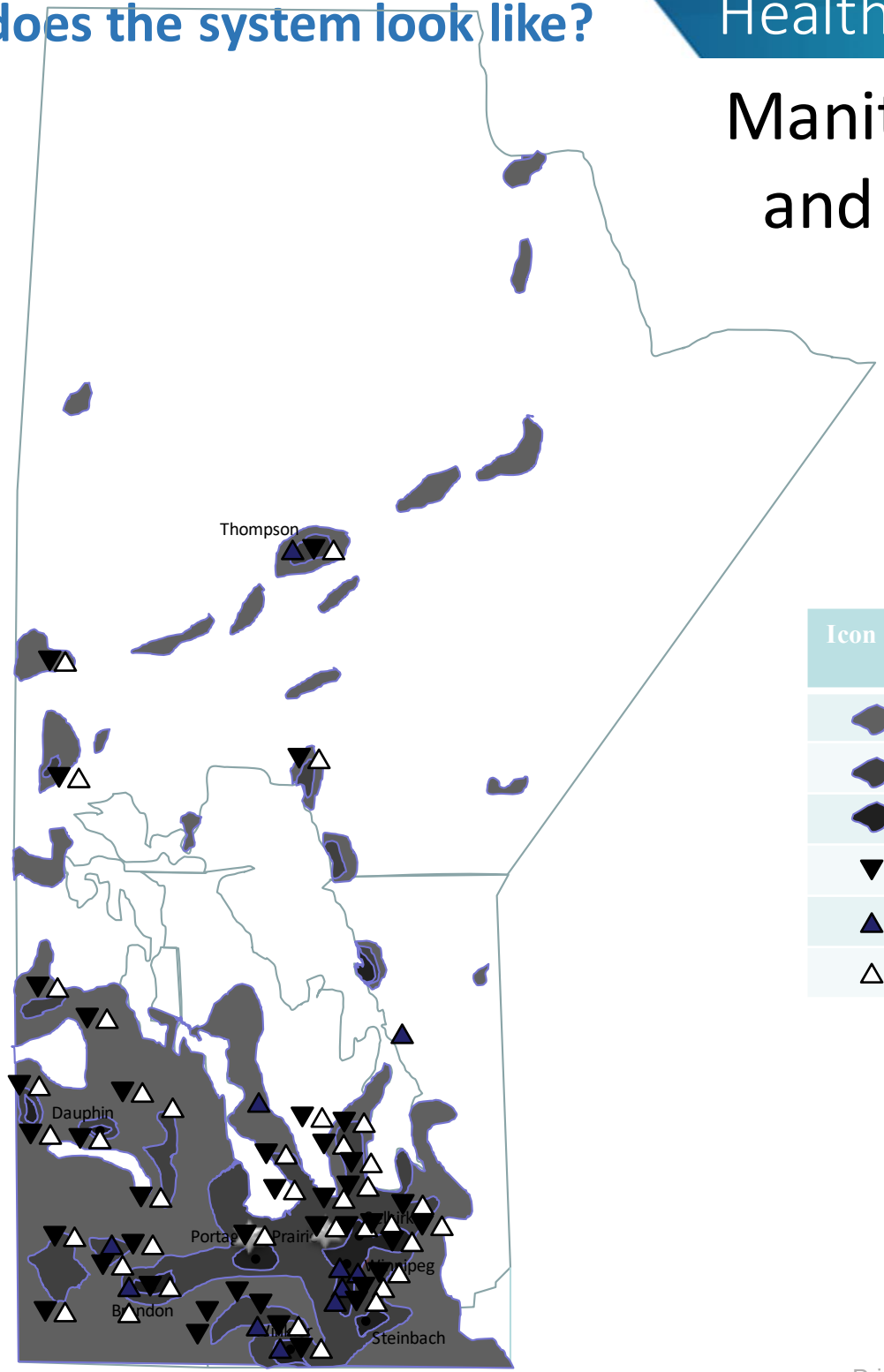
Manitoba Active Emergency Departments and EMS Stations



Icon	Description
	Low Density Population
	Medium Density Population
	High Density Population
	EMS Stations
	Emergency Department – 24/7 On-site
	Emergency Department – 24/7 On-call
	Emergency Department – Limited/Shared Call

What does the system look like?

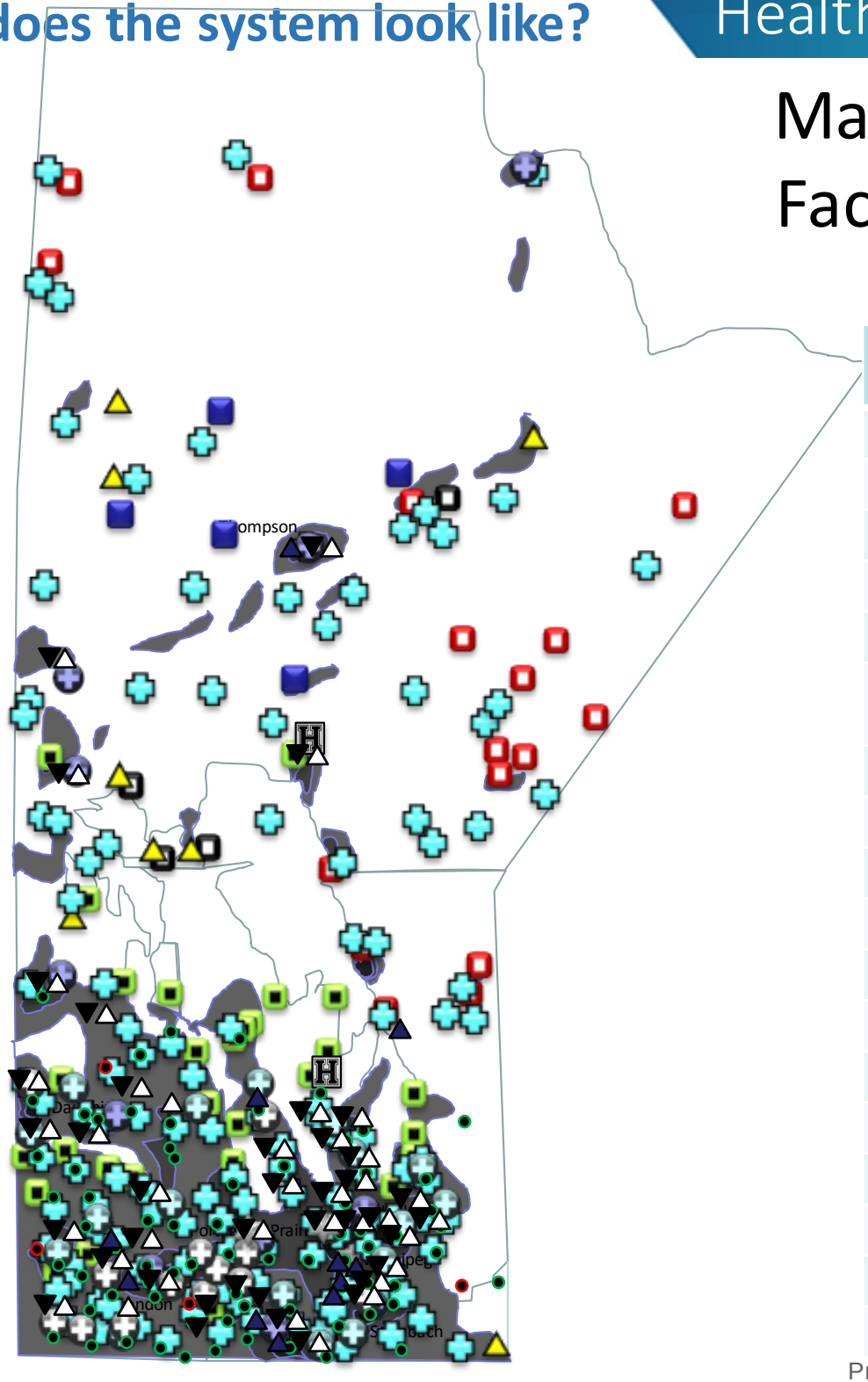
Manitoba Mental Health and Addiction Services



Icon	Description
	Low Density Population
	Medium Density Population
	High Density Population
▼	Mental Health Services
▲	Mental Health Housing
△	Addiction Services

What does the system look like?

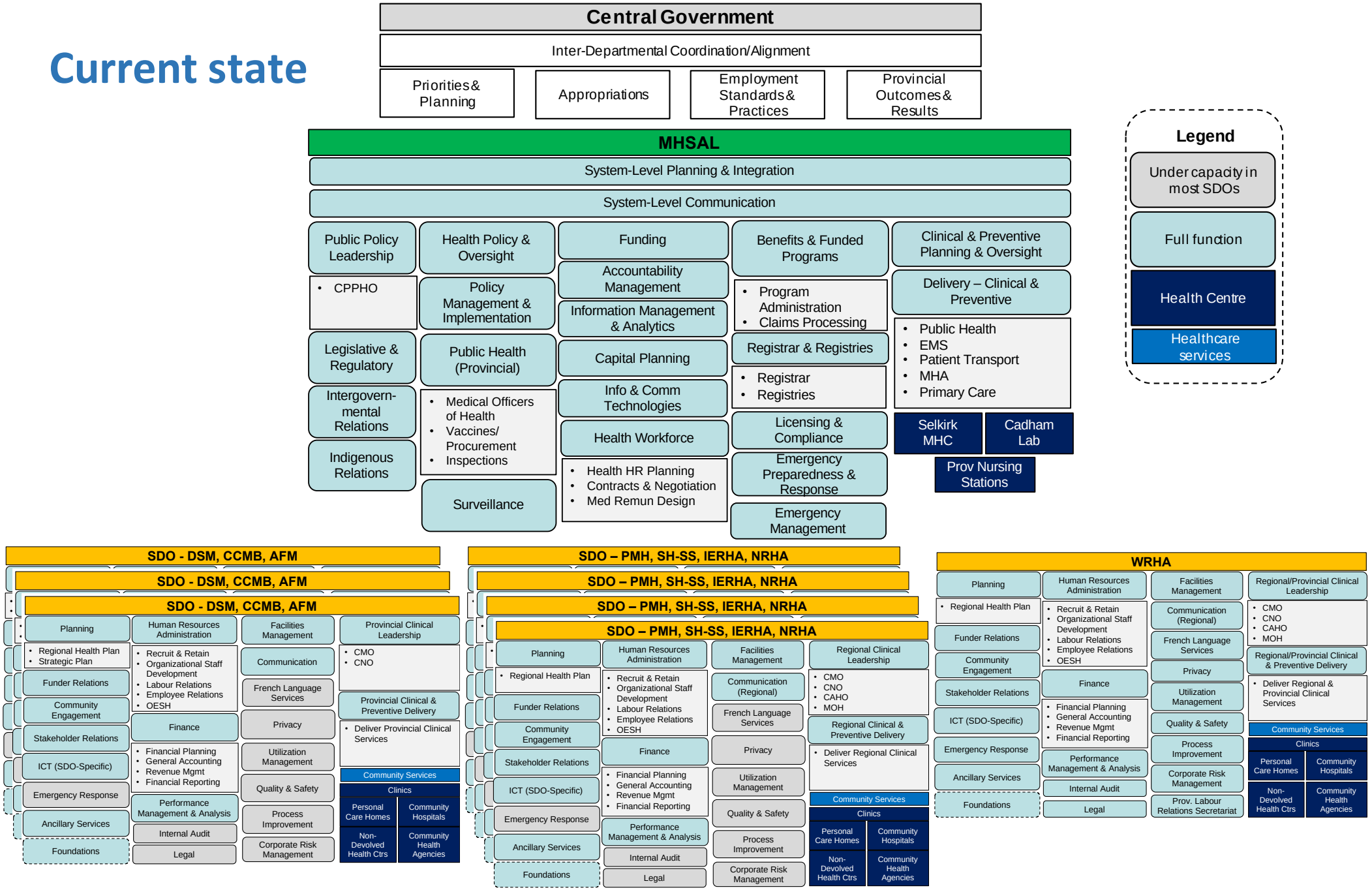
Manitoba Healthcare Facilities and Services



Icon	Description
	Low Density Population
	Medium Density Population
	High Density Population
	5 Nursing Stations (Road Access)
	17 Nursing Stations (Fly-In Only)
	2 Federal Hospital (Norway House & Percy E. Moore)
	33 Health Centres
	8 Health Stations
	4 Provincial Nursing Stations
	Primary Care
	EMS Stations
	EMS Stations (currently unavailable)
	Emergency Department – 24/7 On-site
	Emergency Department – 24/7 On-call
	Emergency Department – Limited/Shared Call
	Mental Health Services
	Mental Health Housing
	Addiction Services

What does the system look like?

Current state



What does the system look like?

Highly complex with limited integration as a system

Fewer patients managed

Acute/institution oriented

Higher cost of delivery

Limited evidence of better care and/or better citizen experience

Transformation principles

Efficiency/Effectiveness

- Elimination of overlapping and redundant processes
- Integration of functions and capabilities to achieve a level of expertise and scale to execute
- Improving the effectiveness of the Department and all Health Care Delivery Organizations as part of an integrated system

Economy

- Achieving cost savings as a result of system realignment (at all stages of the transformation)

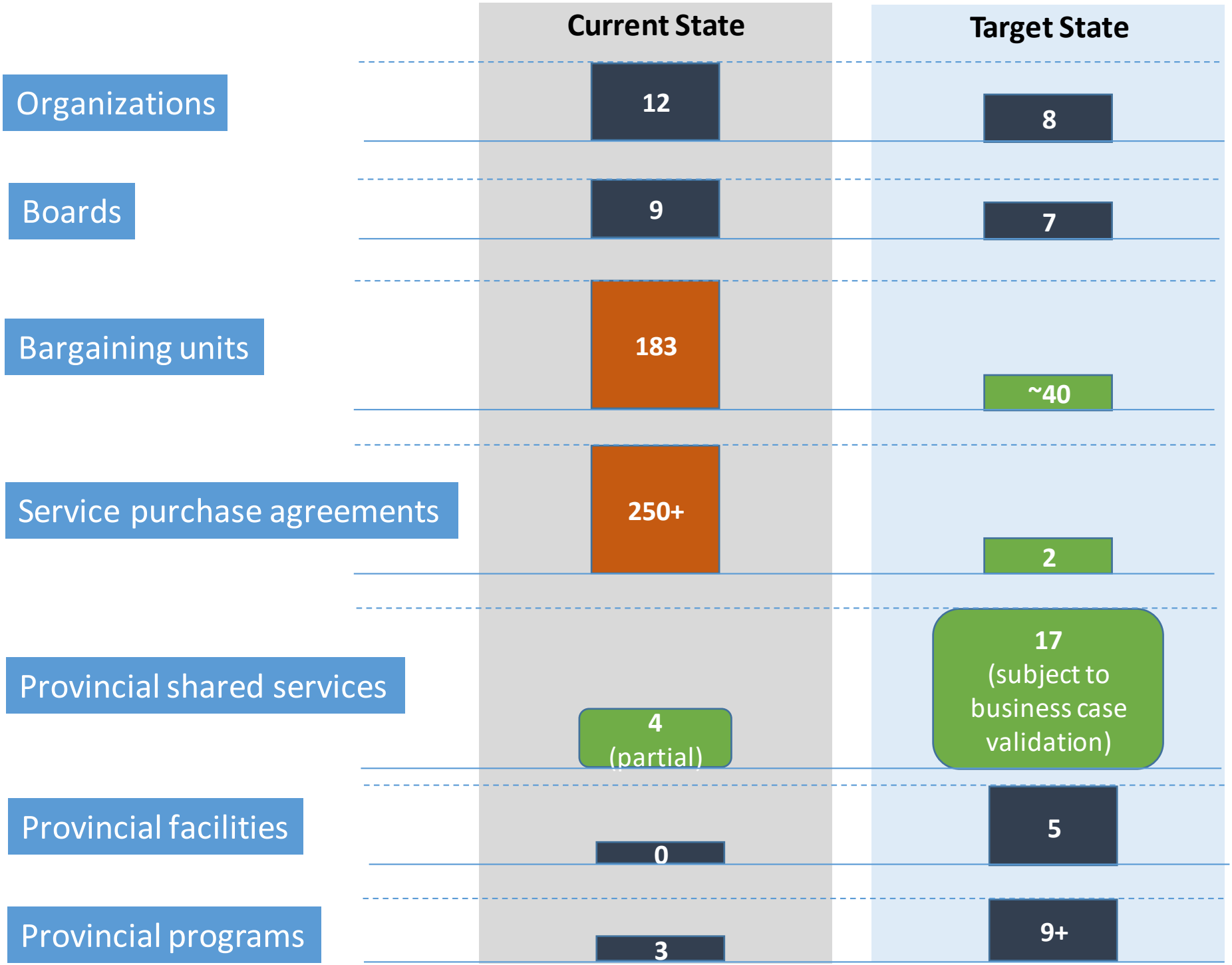
Role Clarity

- Improving accountability and responsibility throughout the system
- Separating commissioning and delivery functions wherever practical
- Clarifying the role of central government, Shared Health, the department, regions and healthcare delivery organizations

Simplification

- Simplification of the overall system
- Simplifying the role, function and number of boards required to oversee the system
- Reduce the number of organizations in the system
- Streamline, integrate all collective bargaining units into a reduced and aligned structure

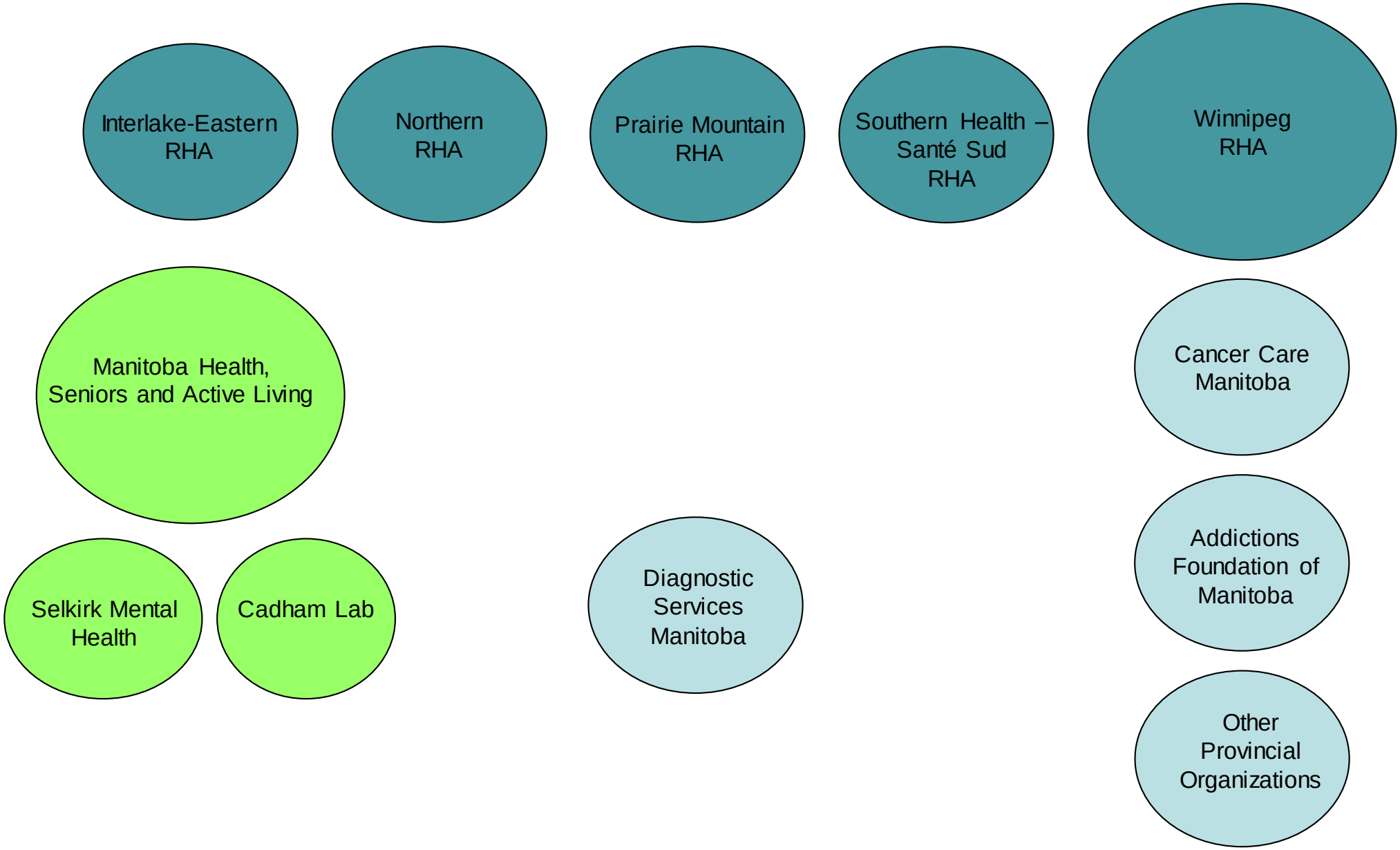
Outcomes



Outcomes

	Current State	Target State
Patient experience	• Multiple access points with limited integration • Long wait times for critical services	• Clear patient centric pathways • Improved access to critical services
	• Services variable across the province • Based on provider preference	• Consistent service model with common standards • Providers engaged through planning process
	• Unreliable services and low volumes with higher risks in some locations	• Alignment of services to improve reliability, effectiveness and safety
	• Resources allocated based on history • Underserved populations	• Resources allocated based on need • More equitable service in all areas of province

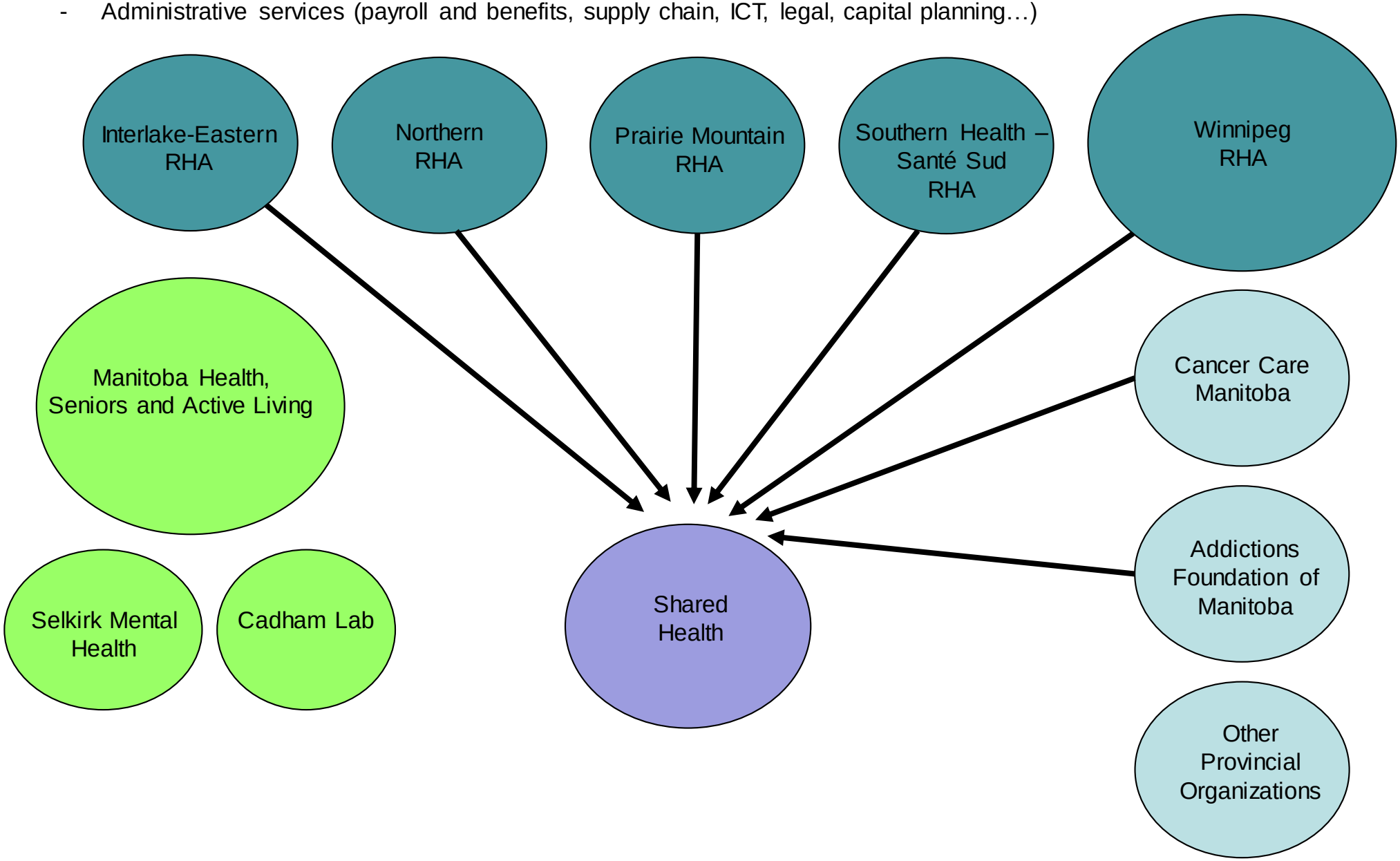
Strategic System Realignment



Strategic System Realignment

Establish Shared Health with:

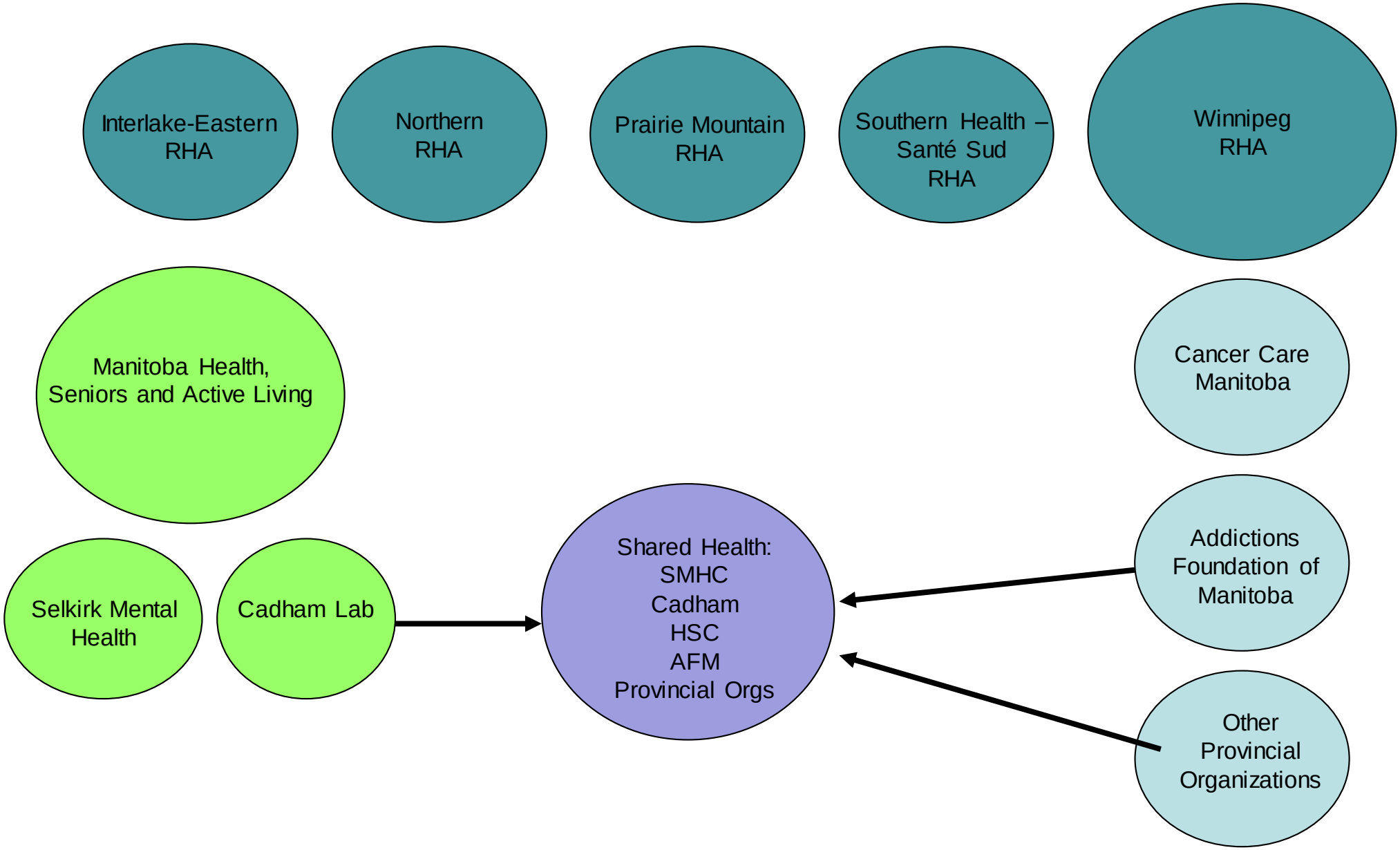
- Clinical planning and governance
- Provincial workforce planning/central bargaining
- Health support services (laundry, food, medical device reprocessing, clinical engineering…)
- Administrative services (payroll and benefits, supply chain, ICT, legal, capital planning…)



Strategic System Realignment

Shift to Shared Health:

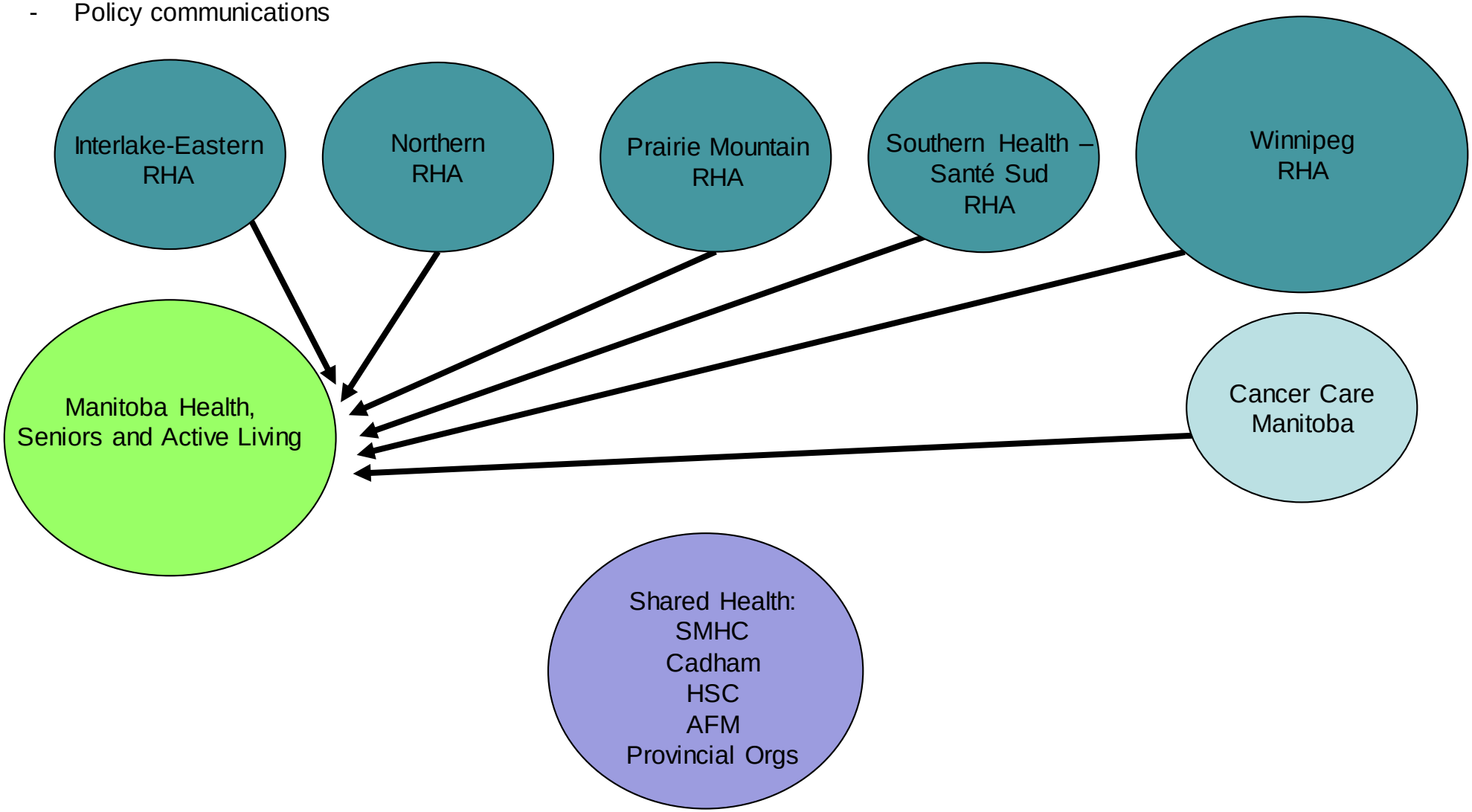
- Key facilities with provincial scope of service
- Provincial health programs including EMS & patient transport, diagnostics, drug procurement and distribution…



Strategic System Realignment

Strengthen commissioning role of the Department:

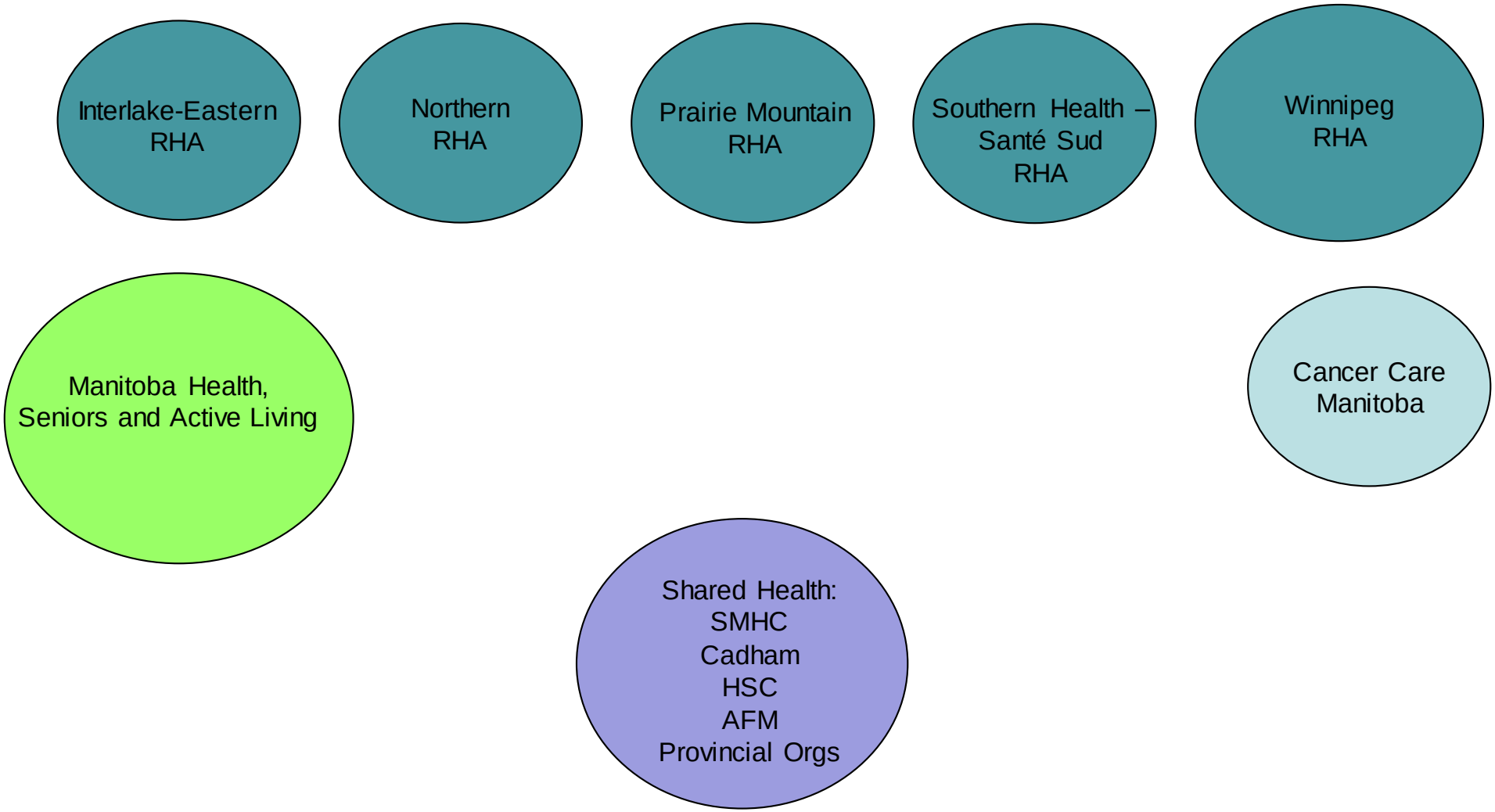
- Provincial service integration
- Performance and accountability management
- Information management & analytics
- Policy communications



Strategic System Realignment

Realigned system with:

- Strengthened role of Manitoba Health Seniors and Active Living
- Realigned role of all regional health authorities as service delivery organizations
- Shared Health established with integrated planning role and provincial facilities and shared services



Target state: System

Central Government

Inter-Departmental Coordination/Alignment

- Priorities & Planning
- Appropriations
- Employment Standards & Practices
- Provincial Outcomes & Results

Manitoba Health Seniors & Active Living (MHSAL)

System-Level Planning & Integration

System-Level Communication

Public Policy Leadership	Health Policy & Oversight	Commissioning	Accountability Management	Benefits & Funded Programs
• CPPHO	Policy Management & Implementation	• Health Service Priorization & Selection • Proposal Management • Financial Modelling • Funding & Payment Structure • Commissioning Agreements & Accountability	• Accountability framework • Value for money analysis • System Performance Management & Reporting • Outcomes and Results Management • Consolidated Financial Reporting	• Program Administration • Claims Processing
Legislative & Regulatory	Public Health (Provincial)			Registrar & Registries
Intergovern-mental Relations	• Medical Officers of Health • Vaccines			• Registrar • Registries
Indigenous Relations	Surveillance			Licensing & Compliance
				Emergency Preparedness & Response

Information Management & Analytics Shared Service

Legend

- Function Leveraging Shared Health
- Full Capacity
- Health Centre
- Healthcare Services

** Subject to consultation w ith communities

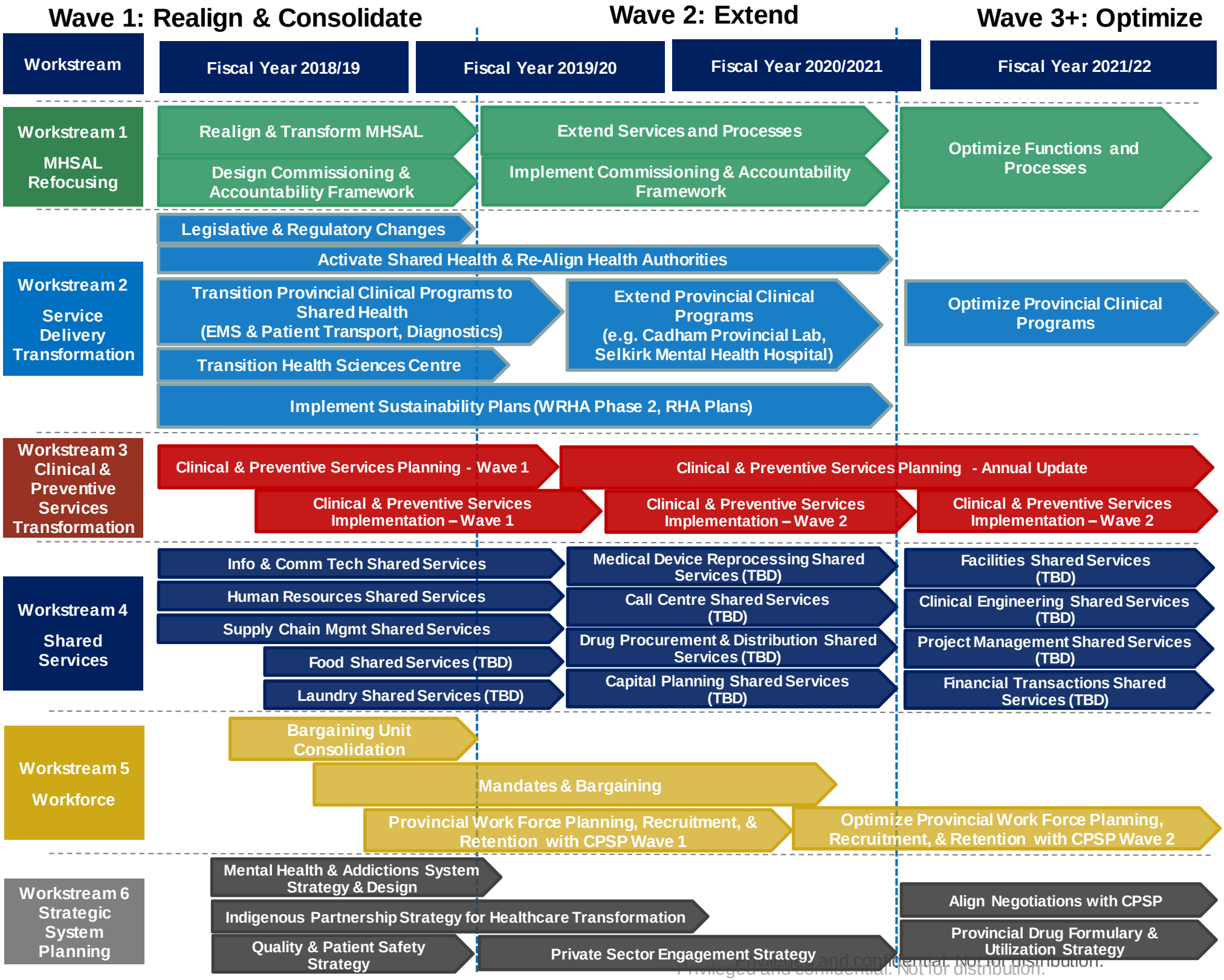
Service Delivery Organization (SDO)/Regional Health Authority (RHA)

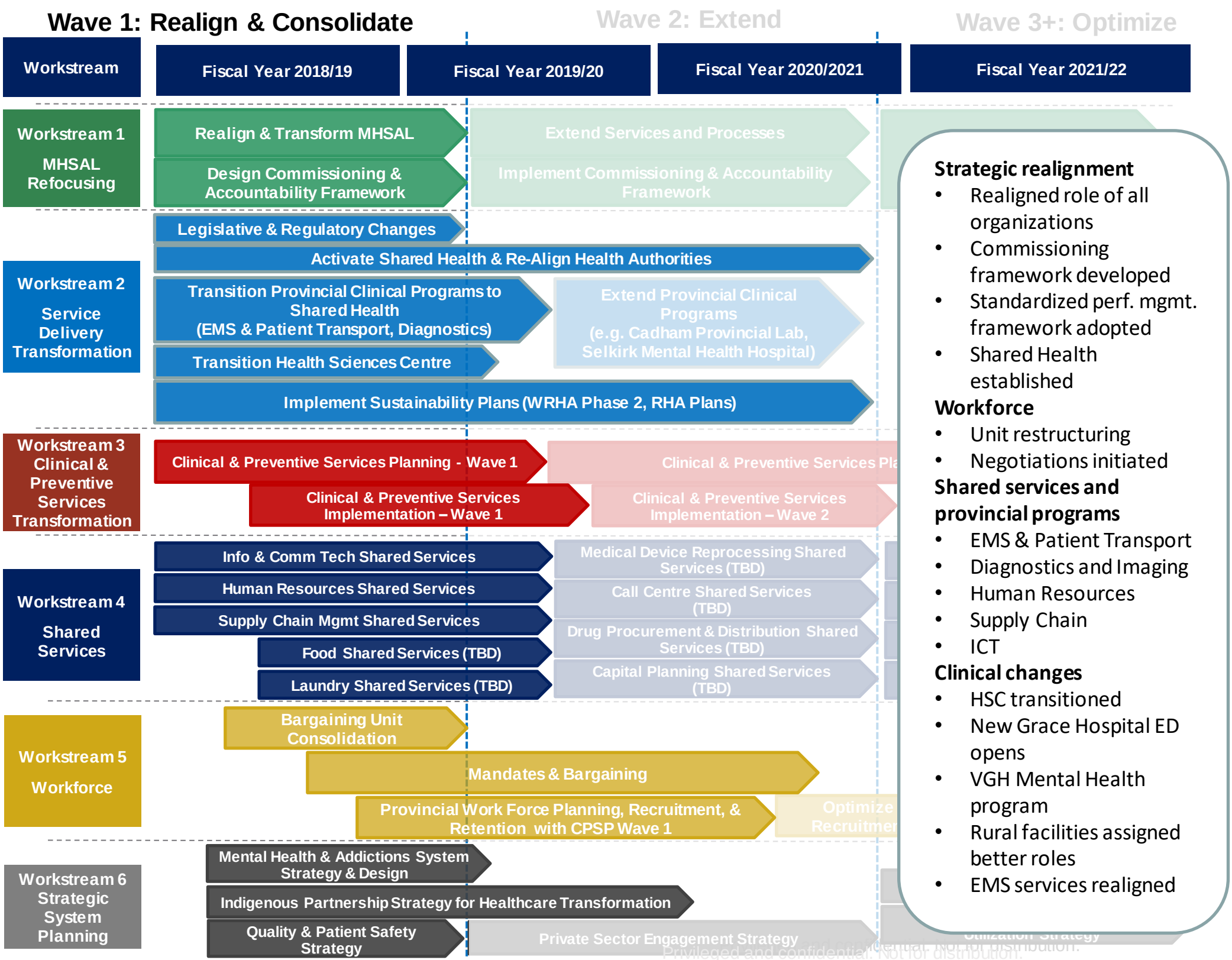
Planning	Human Resources Administration	Facilities Management	Regional Clinical Leadership
• Strategic • Operational	• Recruit & Retain • Organizational Staff Development • Labour Relations • Employee Relations	Communication (Regional)	• CMO • CNO • CAHO • MOH
Funder Relations	• OESH	French Language Services	Regional Clinical & Preventive Delivery
Community Engagement	Finance	Privacy	• Deliver Clinical Services • Public Health Inspections
Stakeholder Relations	• Financial Planning • General Accounting • Revenue Mgmt.	Utilization Management	Community Services
Emergency Response	Performance Management & Analysis	Quality & Safety	Clinics
Ancillary Services	Internal Audit	Process Improvement	Personal Care Homes / Community Hospitals / Non-Devolved Health Ctrs / Community Health Agencies
Foundations	Legal	Corporate Risk Management	Nursing Stations*

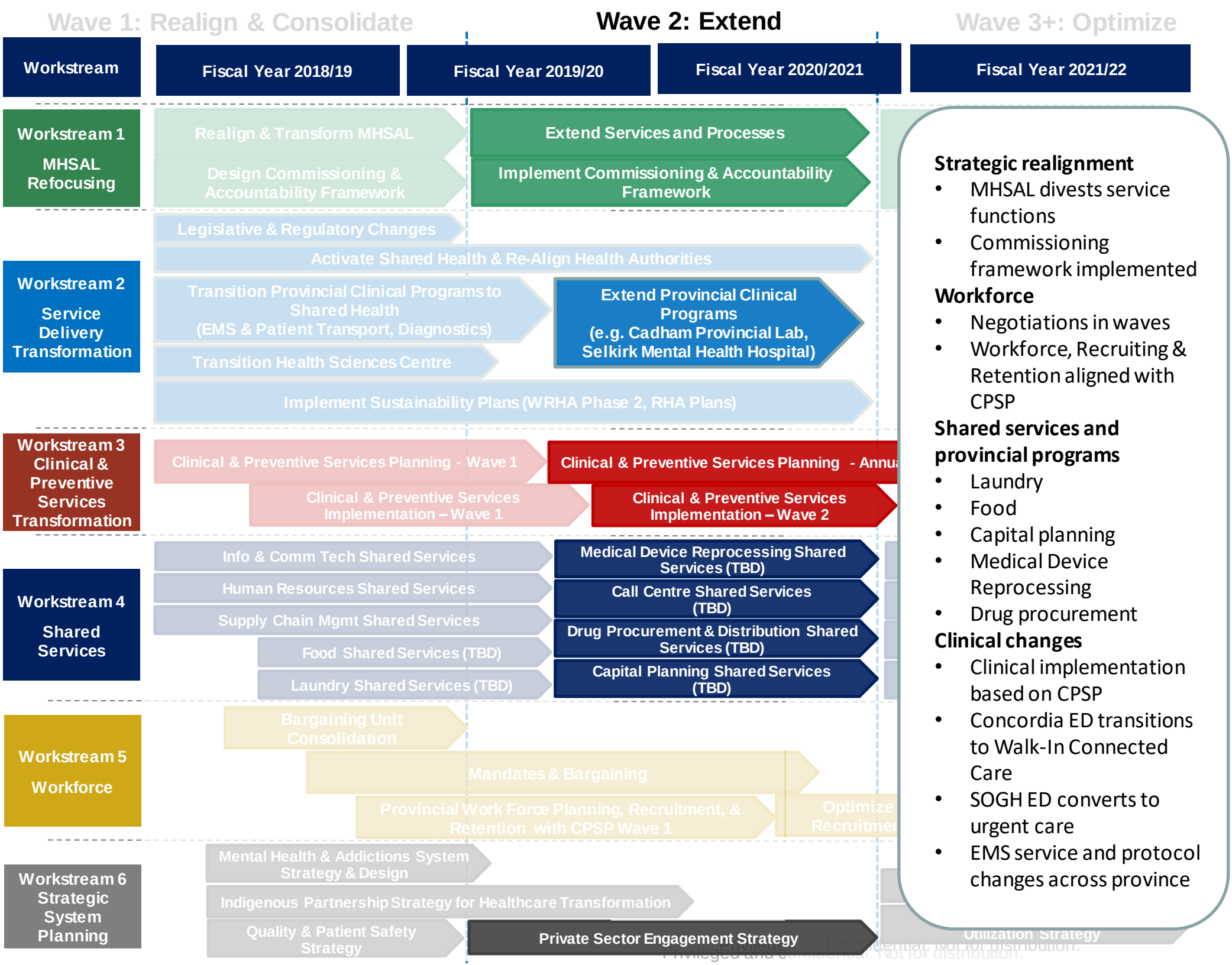
Shared Health

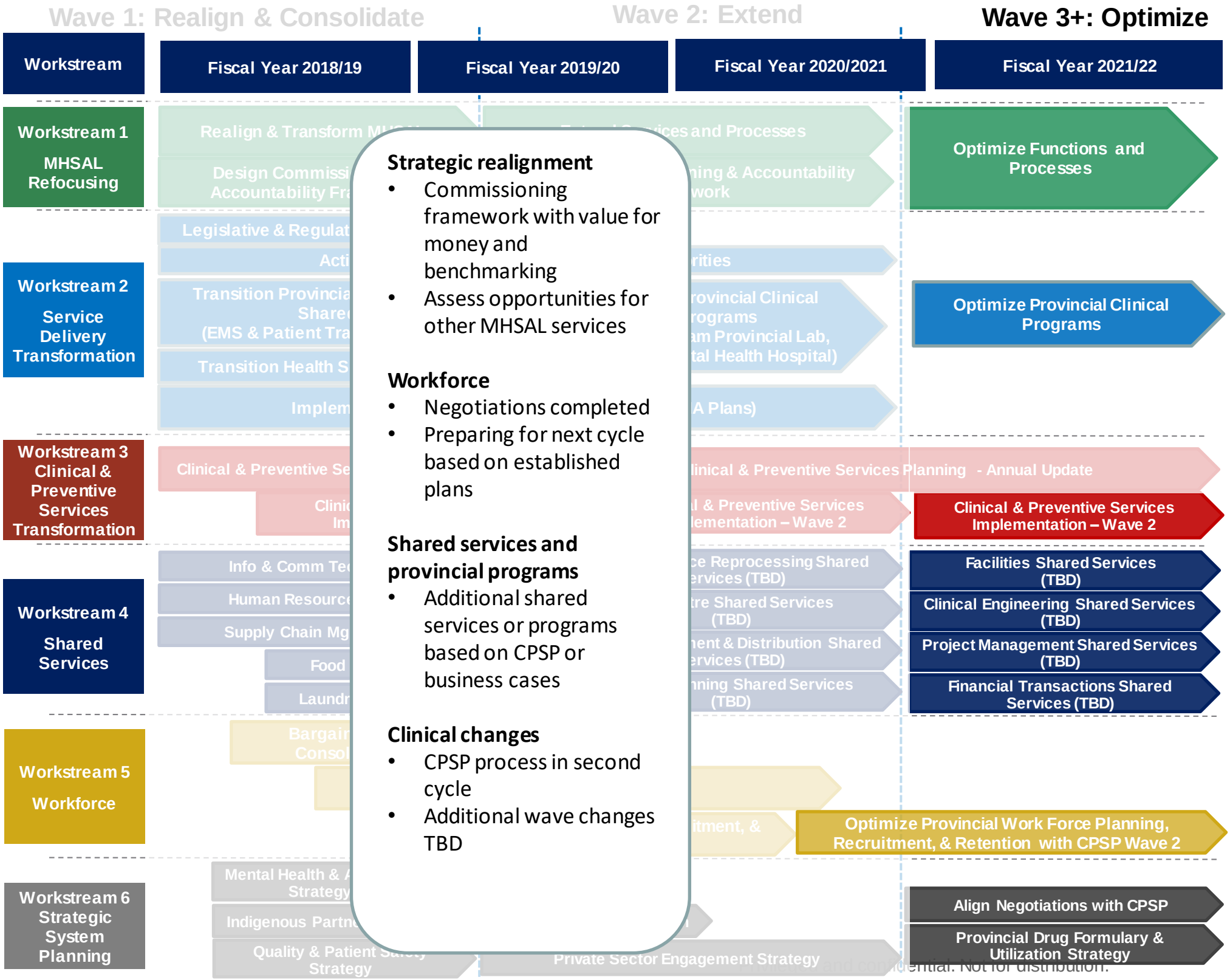
Service Management

Workforce	Clinical/Preventive Planning & Service Integration	Health Support Shared Services	Digital Health
• Workforce Planning • Health Labour Relations • Medical Remuneration Design • Recruitment & Retention	• C&P Service Planning • C&P Service Policies & Standards • Service Implementation Planning • Capacity & Utilization • Service Integration • Indigenous Services • French Language Svcs	• Lab & Diagnostic Imaging • Laundry • Food Services • Clinical Engineering • Medical Device Reprocessing • Choosing Wisely/Utilization • Drug Procurement & Distribution • Language Access • Province Call Centres	Communications
	Clinical Leadership: Provincial		Emergency Management
			Lead & Coordinate
Delivery – Provincial Clinical & Preventive Services		Administrative Shared Services	• Emergency Management • Quality & Safety • Process Improvement • Evaluation • Ethics • Legal • Internal Audit • Corporate Risk Management • Project Management Office
• Lead & Coordinate Province-wide Delivery • Deliver Provincial Services		• Finance: Payroll • Finance: Transaction Processing • Supply Chain Management • Capital Planning • Facilities Management	
Prov Care Centers / HSC / EMS & Patient Transport / Other Prov Facilities / Prov. Non Devolved			

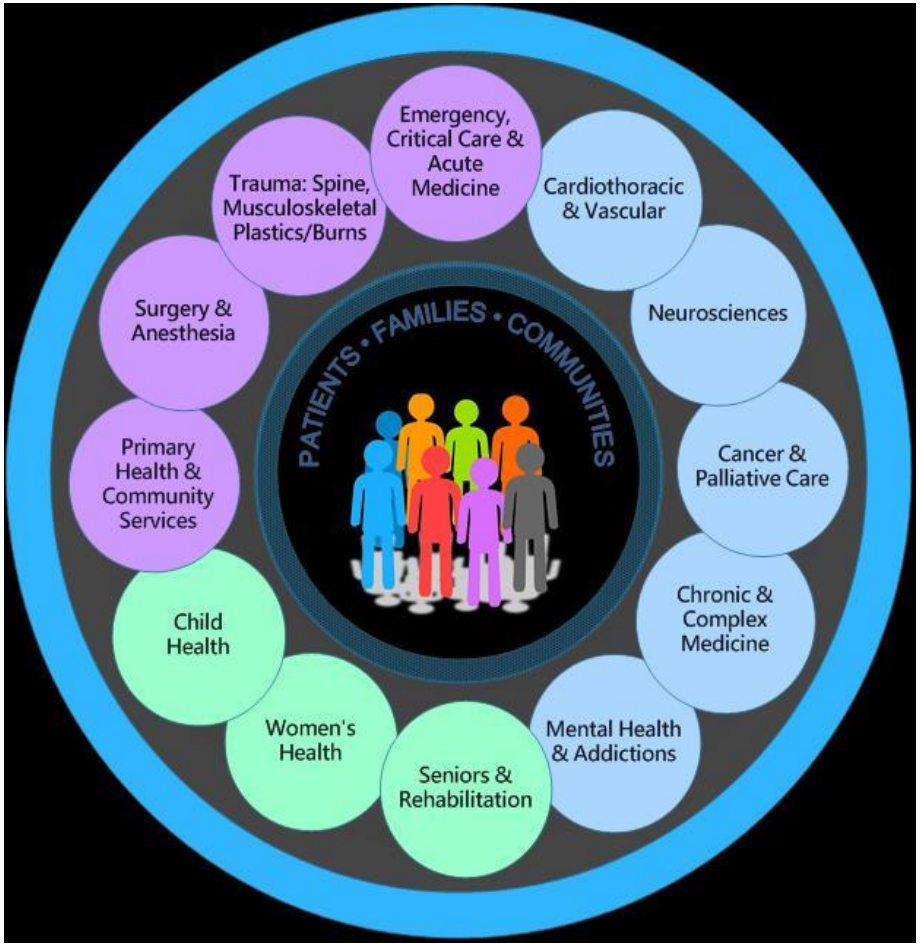







Wave 1: Realign & Consolidate
Wave 2: Extend
Wave 3+: Optimize
Workstream
Fiscal Year 2018/19
Fiscal Year 2019/20
Fiscal Year 2020/2021
Fiscal Year 2021/22
Workstream 1 MHSAL Refocusing
Optimize Functions and Processes
Workstream 2 Service Delivery Transformation
Optimize Provincial Clinical Programs
Workstream 3 Clinical & Preventive Services Transformation
Clinical & Preventive Services Implementation – Wave 2
Workstream 4 Shared Services
Facilities Shared Services (TBD)
Clinical Engineering Shared Services (TBD)
Project Management Shared Services (TBD)
Financial Transactions Shared Services (TBD)
Workstream 5 Workforce
Optimize Provincial Work Force Planning, Recruitment, & Retention with CPSP Wave 2
Workstream 6 Strategic System Planning
Align Negotiations with CPSP
Provincial Drug Formulary & Utilization Strategy
Private Sector Engagement Strategy
Strategic realignment
• Commissioning framework with value for money and benchmarking
• Assess opportunities for other MHSAL services
Workforce
• Negotiations completed
• Preparing for next cycle based on established plans
Shared services and provincial programs
• Additional shared services or programs based on CPSP or business cases
Clinical changes
• CPSP process in second cycle
• Additional wave changes TBD

Clinical and Preventive Services



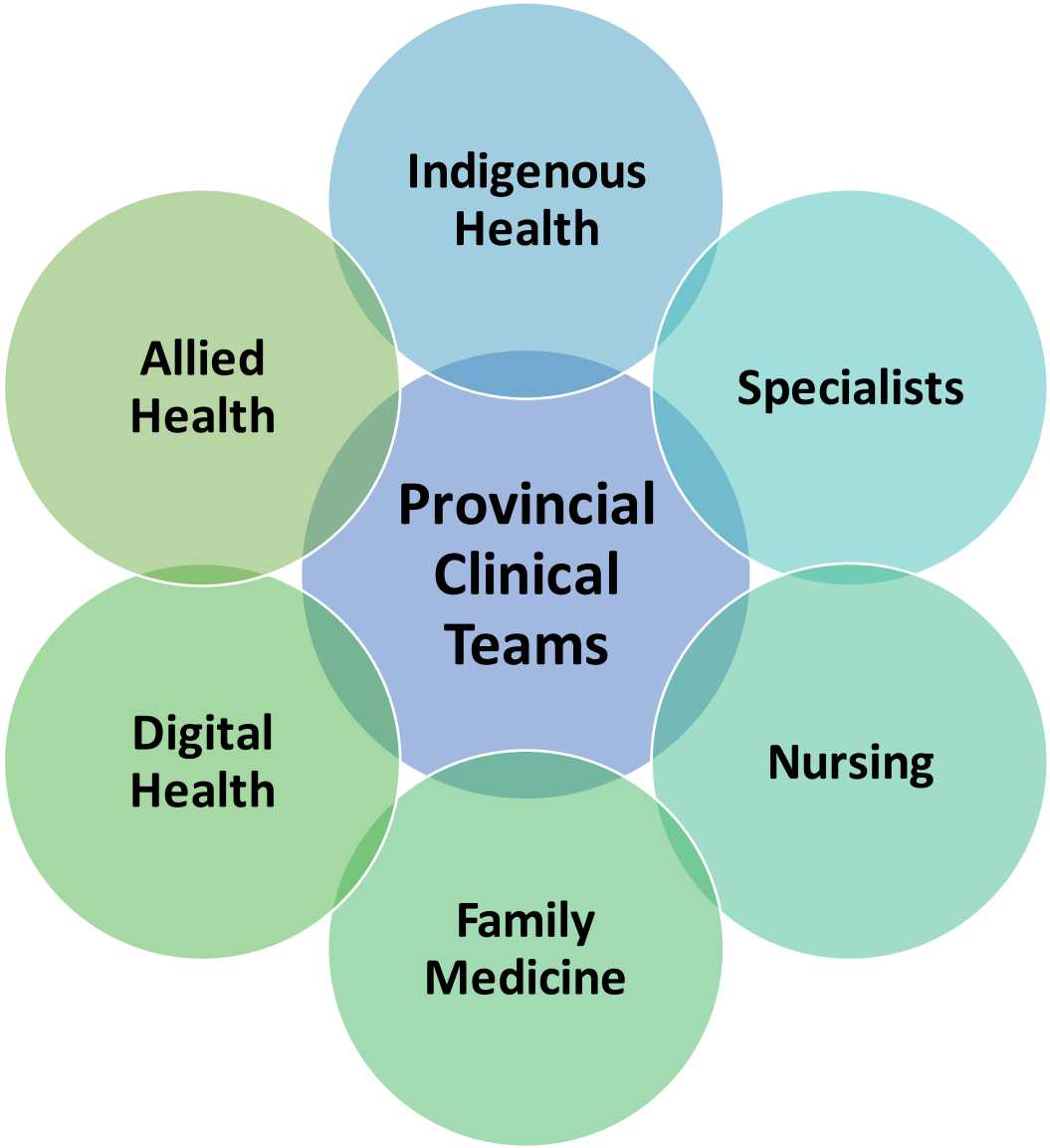
Wave One
- Women's Health
- Emergency, Critical Care & Acute Medicine
- Primary Health & Community Services

Wave Two
- Surgery & Anesthesia
- Mental Health & Addictions
- Seniors & Rehabilitation

Wave Three
- Trauma: Burns/Plastics, MSK, Spine
- Chronic & Complex Medicine
- Cancer & Palliative Care

Wave Four
- Cardiothoracic & Vascular
- Neurosciences
- Child Health

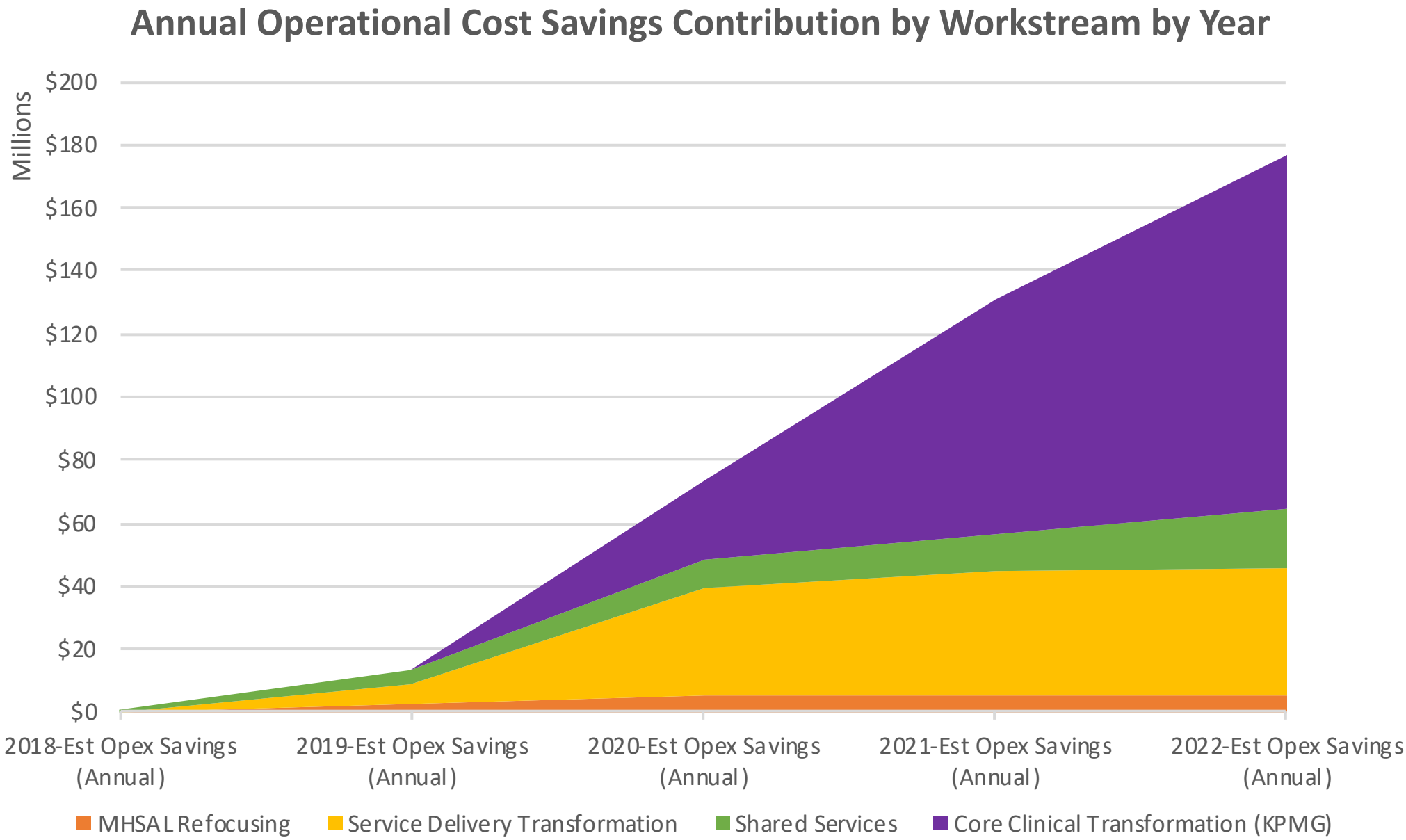
Provincial Clinical Teams Composition



Co-leads:

- U of M Medical Lead
- Rural/Northern Rep

Understanding the business case



- Restructuring savings have potential to realize $64M per year
- Clinical & preventive service savings are truly transformative but take time to come into effect

Summary

- Health system transformation is critical to address the need for improved quality of care and sustainability of health services for current and future generations
- Manitobans pay too much for a health system that does not deliver health services that achieve national benchmarks
- The system is overly complex for a jurisdiction of its size
- This complexity impacts how care is delivered and increases cost
- Health system transformation will:
  - Introduce a strong clinical and preventive service plan that will create clear pathways to care with aligned service standards
  - Reduce complexity and approve organizational accountability in the delivery of care across the system
  - Realign administrative and support functions to lower
  - Provide the opportunity for reinvestment of savings into priority front line services including community care, mental health & addictions