

FREQUENTLY ASKED QUESTIONS

What is the Provincial Clinical and Preventive Services Plan (PCPSP)?

- In July 2018, Shared Health was tasked with the development of a five-year provincial clinical and preventive services plan.
- Nearly 300 clinical experts have led this work, providing their expertise and advice on how to improve access and quality of care for Manitobans.
- 3000 Manitobans have provided feedback along the way.
- The Plan outlines new approaches to health care that will improve access and quality of the care patients receive and that will improve the support and tools available to providers.
- It is based on evidence and clinical experience. And is the result of significant effort and specific advice of clinical providers from across the province.

There are three components:

1. An Overview – a plain language executive summary of the Plan’s findings and recommendations
2. The Main Report – an 89-page detailed report including the main principles and recommendations as well as the work of the cross-clinical working groups
3. The Provincial Clinical Team Chapters – 11 individual chapters detailing the in-depth analysis, modelling and recommendations of each Provincial Clinical Team

What does the plan recommend?

- The Plan identifies three main priority areas:
 - Working provincially to build and enhance services available to meet local community needs and bring care closer to home through a provincial clinical network model that will:
 - Understand the needs of local communities and ensure services are invested in appropriately;
 - Create consistent standards for services while allowing for variations that can adapt to specific community needs;

- Clearly identify the services available at facilities to make accessing the right care less confusing for patients;
 - Create clear paths between facilities and between providers to improve how patients are moved through the system to the appropriate services. It includes specific recommendations for emergency response services and patient transport as important support areas.
- It recommends investments to enhance the services available locally based on the needs of the population, including modernizing the kind of care available at home and in the community:
 - Key clinical support services like diagnostics and emergency response should be integrated across sites to support increased delivery of care locally and reliable transfer to more specialized care when needed;
 - Strategic investment in digital tools can expand care using options widely used in other jurisdictions, including: remote monitoring and consultation, expanded use of MBTelehealth and increased use of digital health and patient records;
 - Resources to support prevention, screening and community care should be consistently available.
 - It recommends clinical leadership be empowered to identify and address specific clinical improvements that must be made to improve quality and meet standards of care.

Why is a provincial plan necessary?

- As our province's population grows and changes, our health system struggles to meet patient needs.
- More than 250 different entities deliver health care in Manitoba and our current system is not built to support all patients equally so care can be difficult and confusing to access.
- Health care is the single largest item in Manitoba's provincial budget but there are areas where we are not meeting the demands or expectations of Manitobans.

- Patients must often wait or travel to access diagnosis and treatment. And providers often rely upon informal networks and workarounds to get the right services for their patients.
- Manitobans have been asking for better care. Providers have been asking for modern models of care and easier access to specialized services and support. A provincial plan offers a way to achieve both.

Who was involved?

- Nearly **300 clinical leaders** - front-line providers, including doctors, nurses, paramedics and many other health care professionals from across Manitoba - have looked at data, leading practices working elsewhere and have made recommendations to improve access, quality and equity of care across the province.
- Providers were organized into Provincial Clinical Teams (PCT) to lead this work. Each team focused on a specialty area and engaged clinicians from across the province, including different health organizations and various professional backgrounds.
- A number of cross-clinical working groups were also established (workforce, digital health, diagnostics, emergency response) to ensure integration across all teams.
- Each team included broad and diverse representation and was co-led by a representative from a rural or northern area of the province and another from a university-affiliated medical leadership position.
- Nearly 3000 Manitobans provided feedback and input throughout the process. This collaborative approach will continue as further planning work begins.

What are the recommendations?

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What is the Provincial Clinical Network Model?

- A model that ensures consistency in the services available and the quality of care provided at similar sites across the province. A model that allows for variation to meet specific local needs and use local clinical teams appropriately. A model that leverages provincial resources to serve the entire province.
- Made up of four categories of hubs, the model sets out requirements that will allow services to be built to a common standard but allow variation to meet local needs. Across all sites, services may vary based on population needs, makeup of clinical teams, makeup of diagnostic capabilities etc.

- Local hubs should meet minimum service standards and capabilities to support prevention and screening, transitional care, community-based support and rehabilitation, and primary and community care.
- District hubs should support low to moderate acuity patients, with emergency services, variable volumes of general medicine or surgery interventions and procedures as well as post-acute treatment and access to mental health and addictions support.
- Intermediate Referral Hubs should support moderate acuity patients and more complex emergency, medicine, surgery and critical care services and access to mental health and addictions support. Enhancing services at these hubs will shift moderate acuity care closer to home for many Manitoba patients. This will require Intermediate referral hubs be identified in Winnipeg (St. Boniface Hospital), Brandon (Brandon Regional Health Centre) and in Manitoba's North.
- A Provincial Referral Hub supports the most acute, highest complexity of patients including emergency, trauma, surgery, and critical care services. Health Sciences Centre Winnipeg is identified as Manitoba's provincial hospital. Specialty provincial services will continue to be supported by CancerCare Manitoba (provincial cancer services); St. Boniface Hospital (Cardiac care services).

What does this mean for the health centre or hospital in my local community?

- The Plan includes principles that will see some care shift from Winnipeg to rural and northern areas; some care shift from institutions to the community; and some care shift to a combination of in-person and virtual support. It does not make specific recommendations about sites or services.
- Our next step is to work closely within the health system, with regional leadership, local clinical teams, and community leaders to identify what this approach means at the community level.
- Manitoba currently has more than 75 hospitals, 126 personal care homes, 400 primary care clinics and hundreds of individual health care providers. The services and reliability of care varies from site to site and region to region, creating confusion for patients and providers.

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- This is a five-year plan. We will now move to detailed planning, working with local communities to make decisions about investments and shifts in care that will enable improvements across the province. This will take some time.
- Your local health centre or hospital will likely not see any change at this time unless activities have been identified as not meeting clinical standards. Urgent clinical practice improvements across the province will begin to be implemented in the coming months. This may involve a requirement to meet the standard or a decision to discontinue the practice at that site. Clinical experts and regions will be actively engaged in this work.

What recommendations are currently underway?

A Provincial Network of Care

- Clinical planning identified high volumes of avoidable patient transfers, long wait times for access to specialists and a lack of rehabilitation, enhanced home care, and other services that are foundational to improving health outcomes for Manitoba patients, within their region and closer to home.
- More than 50 per cent of the facilities in Manitoba are delivering a range of care with a wide range of clinical capability and volume. Emergency department visits range from less than 500 to more than 42,000 per year and many sites operate with inconsistent hours and on-site clinical expertise.
- Work will soon begin to clearly identify the services available at hospitals and health facilities across the province as well as the pathways to more specialized services. This will include building up capacity for specialist services at intermediate hubs, beginning with Brandon Regional Health Centre to enable some services to shift.

Increased Local Capacity in Primary and Community Services

- Our current health system is very acute-based, with insufficient resources and support to manage the health requirements of an aging population in the community. Healthy aging requires a much different focus than the current acute-based system, with emphasis on chronic disease, rehabilitation and post-acute recovery.

- Work has begun to look at the areas in need of investment and focus to increase access to home and community care. This includes work to increase the availability of mental health support, midwifery, chronic disease management, as well as various prevention-related services.

Clinical Practice Improvements

- Clinical experts have identified variations in both health status and clinical practice across the province, which must be addressed. Clinical leadership within Shared Health will be working with health authorities to quickly action needed improvements.

When will recommendations be implemented?

- This is a five-year plan. While work to initiate several priority initiatives is underway or will begin right away, this work requires the involvement of regional health authorities, local clinicians and community leaders. This will take some time.
- Urgent clinical practice improvements across the province will begin to be implemented in the coming months.

Does the plan identify sites for closure?

- No. This plan identifies gaps in service and areas where we need to improve access to primary care and community services.

When will you close sites?

- Our focus at this time is working with regional health authorities, local clinicians and community leaders to identify areas in need of investment or focus based on the needs of the population, including modernizing the kind of care available at home and in the community.

Will implementation of these recommendations happen the same as they did for clinical consolidation in Winnipeg?

- We know that clinical consolidation across Winnipeg was – and is - the right thing to do however there have been some lessons learned and applied to the creation of this plan.
- From the beginning, stakeholders from all regions of the province have been engaged in the process.

- Nearly 300 clinical leaders and thousands of front-line health providers and individual Manitobans have contributed to this plan.
- Communities have also been involved, and they will continue to be an important stakeholder and voice in the next steps as clinical leaders, health authorities and communities work together to invest in and locate services to meet the needs of Manitobans.

What does this plan mean for patients who currently have to travel to Winnipeg for diagnostic tests?

- Patients currently travel to Winnipeg from northern and rural Manitoba for diagnostic services. These services are not well coordinated and patients often must make multiple trips for tests and follow-up.
- We will better coordinate appointments to avoid multiple trips. We will invest in technology that will allow patients to access their results and follow-up without the need to travel.
- We will invest in diagnostic services where necessary to support the shift in care from Winnipeg to rural and northern Manitoba, ensuring that diagnostic capacity aligns with the kind of services being provided.

Who can I speak to for more information?

- Please direct all questions for information about the plan and its recommendations to info@sharedhealthmb.ca.