

**\*Frequently Asked Questions – Provincial Clinical and Preventive Services Plan****November 19, 2018*****What is the Provincial Clinical and Preventive Services Plan (PCPSP) Project?***

- Numerous studies of Manitoba's health system have concluded that Manitoba's system is overly complex and, in many cases, acts as a barrier to effective and efficient delivery of services.
- Historically, Manitoba has adopted a regional approach to health-care planning, with the exception of a few organizations whose mandates are to plan provincially. This regional approach has resulted in duplicate services across many organizations, uncoordinated service delivery and the absence of a provincial clinical and preventive services plan.
- As part of the broader health system transformation, government has committed to the creation of Manitoba's first Provincial Clinical and Preventive Services Plan to enable health system improvement and clinical innovation and will ensure services are patient-centred and will strive for local delivery.

***Who is involved in the planning?***

- Provincial Clinical Teams (PCT) have been established to lead this work, engaging clinicians from across organizational and professional boundaries.
- PCTs have been organized to support discussions and data analysis across 11 specialty areas.
- Careful consideration was given to the makeup of the teams to ensure the inclusion of broad and diverse feedback and expertise. Each team is co-led with a representative from a rural or northern area of the province and the other from a university-affiliated or Shared Health medical leadership position.
- Full membership of the Provincial Clinical Teams is available at:  
([https://www.gov.mb.ca/health/hst/docs/membership\\_list.pdf](https://www.gov.mb.ca/health/hst/docs/membership_list.pdf)).

***How were team members selected?***

- The process to create the PCTs was mindful of the need to include broad and diverse feedback and expertise.

- The PCPSP is being developed with the input of hundreds of clinicians from across organizational and professional boundaries. But the membership of the teams is not exhaustive in terms of capturing the feedback of Manitoba's clinical providers.
- Chief Executive Officers from each regional health authority and health organization were asked to provide one-two suggested representatives for each PCT. They were also asked to consider potential co-leads for each of the teams.
  - Recommendations were received across interprofessional backgrounds (physicians, nurses, allied health providers), from diverse geographic locations and with experience serving various populations.
  - Knowledgeable, experienced individuals with an interest in shaping the future of the provincial health care system, with a patient/client/resident focused, collaborative approach and those open to using the full scopes of practice of health care providers, were selected.
  - Cross-clinical working group members were also identified with experience in Indigenous Health, Quality and Patient Safety, Digital Health and EMS and Patient Transport.
- Membership was reviewed with both the Integrated Leadership Team and the Manitoba Clinical Leadership Council to identify – and fill – any gaps in membership.
- Full membership of the Provincial Clinical Teams is available at: [https://www.gov.mb.ca/health/hst/docs/membership\\_list.pdf](https://www.gov.mb.ca/health/hst/docs/membership_list.pdf).

***I'm not on a PCT. How will my voice be heard? What is my opportunity for input?***

- The PCTs are encouraged to engage their colleagues to ensure conclusions made with respect to the current state are accurate and to ensure consideration of specific populations and geographic realities in the discussions around implementing new models of care.
- General questions or ideas related to the PCPSP process may be directed to one of the following:
  - PCT co-chairs or individual members
  - Integrated Leadership Team (Appendix A, p. 11)
  - The PCPSP Advisory Team (Appendix B, p. 12)
  - The Manitoba Clinical Leadership Council
  - The Transformation Leadership Team

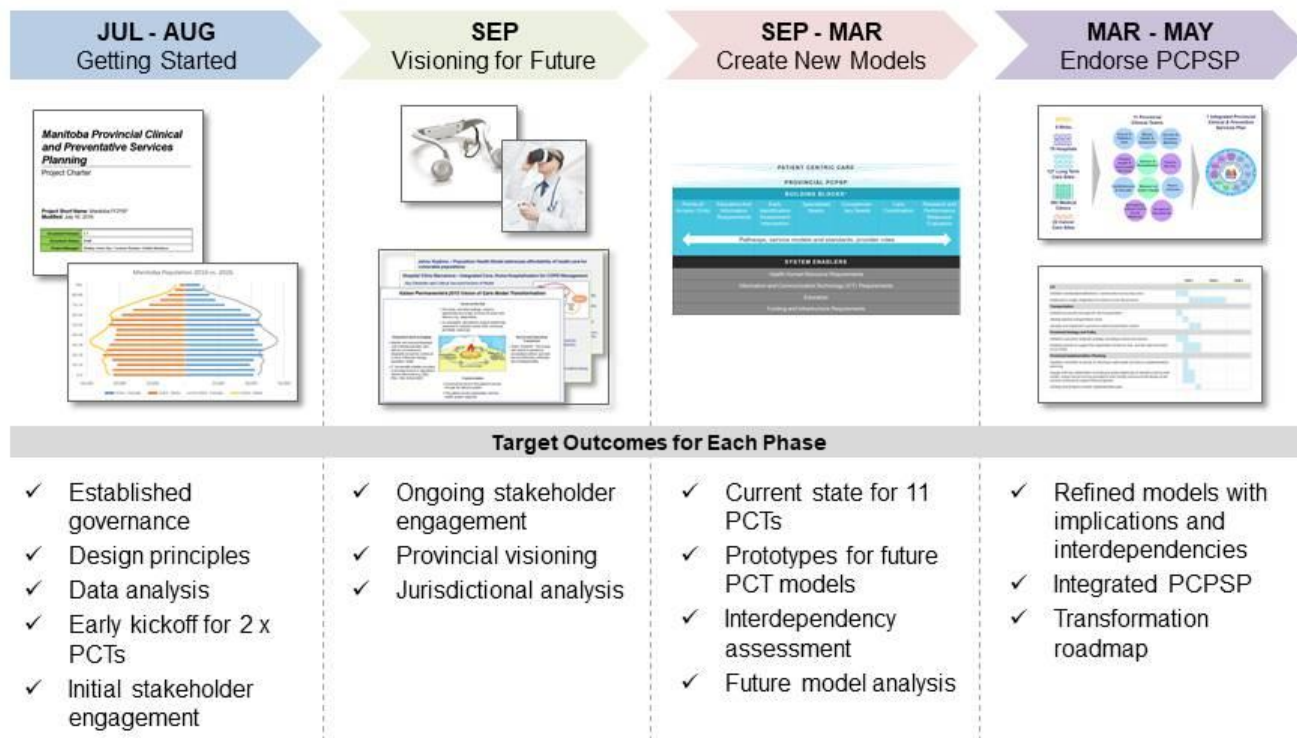
- Questions or ideas related to current state analysis or future model elements should be directed to the relevant PCT co-leads, with copy to Brenda Weiss ([bweiss@sharedhealthmb.ca](mailto:bweiss@sharedhealthmb.ca)). Continued refinement will occur over the duration of the PCPSP development process while achieving directionally accurate findings and ensuring appropriate consideration of specific populations and geographic realities in the discussions leading to the development and implementation of new models of care.
- Engagement opportunities throughout 2019 will invite various groups of stakeholders (health system staff, physicians, community leaders, advisory groups etc.) to learn more about the development of a provincial clinical and preventive services plan and to offer their feedback.
- Interested stakeholders are encouraged to contact PCT co-chairs, members of the Integration Leadership Team or to connect directly with a member of the Manitoba Clinical Leadership Council.
- Feedback is also welcome at: <http://www.gov.mb.ca/health/hst/feedback.html>.
- Regular updates on Health System Transformation, including those related to the Provincial Clinical and Preventive Services Plan project will be available at: <https://www.gov.mb.ca/health/hst/resources.html>
- Engagement opportunities throughout 2019 will invite various groups of stakeholders (health system staff, physicians, community leaders, advisory teams etc.) to learn more about the development of a PCPSP and to offer their feedback.

#### ***How does the work of the PCTs become a provincial plan?***

- The mandate of the clinical teams is to lead the development and oversee the implementation of the plan. Throughout this process, service delivery organizations will continue to be responsible for the delivery of health care services.
- An Integration Leadership Team (ILT) is responsible for ensuring the integration of the PCPSP. This team will make recommendations to both the project Advisory Team and the Manitoba Clinical Leadership Council. The plan will then be presented to Manitoba Health, Seniors & Active Living for approval and implementation.

## How do we get to the final PCPSP?

Building the PCPSP involves a phased approach with key outcomes at each phase of the process



### What are the Steps involved in creating one integrated provincial plan?

Each PCT will participate in a phased approach to the planning.

#### ➤ Step 1: Validation of the “current state” and review of jurisdictional scan

Teams will be provided with data compiled on the current state for each PCT’s area of focus and will analyze the models of care and leading practices utilized in other jurisdictions throughout Canada and beyond.

This “**current state**” analysis is a robust view of the population and service utilization within a particular PCT’s area of focus. It includes recommendations from previous expert studies as well as data compiled from across Manitoba. The data collection is not designed as a research project or exhaustive review. This “current state” is being used as an evidence-based compass to guide decision-making within the PCTs with respect to the identification of service gaps, priority populations and services and areas in need of further investigation or analysis.

All teams have now participated in sessions where they have reviewed and validated the data to ensure accuracy as well as a shared understanding of the current state.

➤ **Step 2: Provincial visioning**

Interactive engagements bring all PCTs together to begin to integrate their individual plans. Teams have already been brought together (September 14) to review the principles guiding planning discussions and to discuss how models of care and practices used in other places could apply to specific issues and challenges in Manitoba's current state.

➤ **Step 3: Development of proposed "future state" models**

Workshops allow individual teams to identify and discuss practical solutions. Initial future state models or "prototypes" will be developed and will include draft standards, pathways, consideration of specialized populations and proposed means of evaluation. Teams will discuss the appropriateness of "future state" models for a specific population or in a specific geographical area and will engage their colleagues in discussion to ensure gaps, areas of risk and areas of early opportunity are identified.

A further provincial visioning session on December 3 will ensure recommendations are integrated across individual areas of focus, interdependencies are addressed and areas of potential conflict are identified and mitigation plans are developed.

Individual teams will then participate in a second workshop to adjust the future state models to ensure they are appropriate across key life stages and population health priorities and include clear pathways across the continuum of care (demonstrating points of access, location of care, and coordination), standards of care (the types of care patients can expect to receive at various places and depending on their specific needs) and provider roles (the professionals providing care at each point in a patient's journey).

Between workshops, PCTs are engaged in ongoing dialogue, planning and exchange of information and ideas.

➤ **Step 4: Approval and implementation**

The final phase in planning includes a focus on implementation as future state models are refined and a roadmap is completed for review and endorsement by the Integrated Leadership Team, Manitoba Clinical Leadership Council and Manitoba Health, Seniors & Active Living. Integration across the planning teams will be an area of significant focus to ensure appropriate sequencing throughout implementation.

***What are the elements of a "prototype" clinical model?***

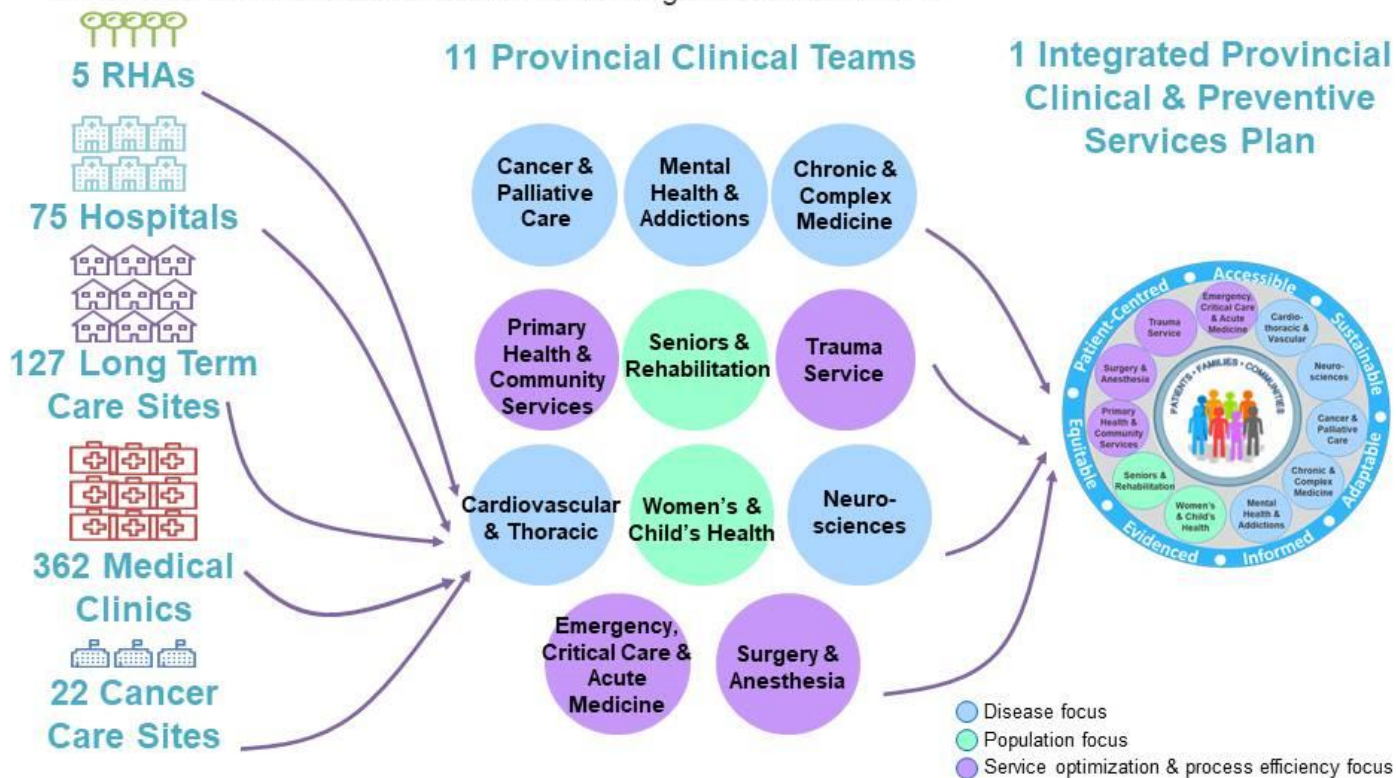
- "Prototype" clinical models are being shared with the PCTs for discussion within their individual teams about how they might apply to Manitoba's specific population and geography.
- These models include a number of building blocks that reflect aspects of patient needs such as: points of entry/access; education and information requirements; early identification, assessment or

intervention; specialized needs; complementary needs; care coordination; and research as well as performance measurement and evaluation.

- Supporting these building blocks are various system enablers which set the foundation for the model and integrate the various elements to ensure appropriate service delivery. System enablers include consideration of health human resource requirements, information and communication technology requirements, education, as well as funding, capital and infrastructure requirements.
- Considered as a whole, these elements will allow for the development of patient pathways, identified provider roles, services models and standards appropriate for provincial implementation in Manitoba.
- Throughout the consideration of the appropriateness of each model for Manitoba's specific needs, PCTs will be asked to consider – and to adjust – models as they review data and evidence and answer the following key questions:
  - How has this model considered the implications of different life stages and population health priorities?
  - Where are there opportunities to further identify or describe the full continuum of care patients will review in a specific clinical program?
  - What are the parameters of service delivery for each model? Where are the most appropriate locations for the delivery of this service based on need and acuity?

## Entities and PCTs will coordinate to create a single plan

Each PCT is accountable for its model and its integration into the PCPSP



### What principles are guiding decisions?

- If we were to develop a health system for Manitoba from scratch, it would not look like our current system, which has been identified as complex, expensive, and which does not deliver the outcomes Manitobans want or deserve.
- Manitobans know the challenges we face with long waits and inequitable access to services across the province. Through the PCPSP project we are researching potential solutions and asking our clinical experts to use their knowledge and experience to identify and recommend the best possible solutions to our province’s unique challenges.

## Principles guide our planning discussions and decisions

Design principles align with the Transformation and PCPSP principles



### Patient-Centric

Focused on the **patient, client or resident** as the centre of the care delivery system



### Sustainable & Efficient

**Fiscal affordability** and sustainability of quality of care now and into the future



### Simple and Clear

**Streamlined** pathways and layers required to deliver service.

**Clear roles,** responsibilities and accountabilities for all individuals and organizations



### Equitable & Accessible

Patients have **access to services** and are not disadvantaged by geography, cultural practices or socially determined circumstances



### Integrated & Effective

Improved effectiveness through an **integrated system** that uses **innovative** models of care

- The goal of health system transformation is to create a health system that is more simple in structure and easier to access. An approach that will allow us to address longstanding challenges created by lack of integration and coordination and that uses patient-centred, evidence-based approaches to improve the level of care we are able to deliver while ensuring resources and expertise are focused on the highest priority areas.
- For providers and health system staff, this work will result in an environment that is more simple to work in by reducing redundancy and duplication, establishing clear provider roles, standards of service and expectations around where those services are to be located.



***How are staff, patients and the public involved?***

- Individual teams will network broadly within engagement principles established for the broader health system transformation program.
  - Engagement principles
    - Set clear expectations – set expectations about the purpose of the engagement and the level of influence of participants; negotiables and non-negotiables are to be clearly outlined at the beginning of each engagement
    - Build trust – transparency and responsiveness are important – across the transformation, records of engagement activities should include outcomes and how stakeholder feedback has been included in the solutions/recommendations/decisions
    - Encourage openness and learning – engagements should be safe environments for the exploring of new ideas
    - Inclusive – engagement should include a wide range of people, roles, voices, ideas and information and should establish a balance across regions, organizations, urban vs rural, public, government etc.
- Specific engagement guidelines are in development and will be shared with the PCTs once finalized. The guidelines will ensure health subject matter experts who are knowledgeable in leading practices and current state are engaged at a level appropriate for the input and feedback required.

***What activities have been completed to date?***

- All PCTs have now met to review the current state and begin developing clinical models. Areas of priority and areas in need of additional research and have been identified and PCTs have begun to identify and challenge the barriers to better care in how services are currently delivered.
- On September 14, 2018, a provincial visioning session brought all PCT members together to collaborate and develop a shared understanding of the current state of Manitoba's health system and the rationale behind the need to transform our system to a more integrated and coordinated model. Members learned about innovative approaches and tools being used in other jurisdictions and took the first step toward the development of their vision for Manitoba's future health system.
- No decisions or recommendations have been made on new or revised models of care, patient or clinical pathways. PCTs are exploring and testing draft future state models and identifying areas of interdependency or cross-over with other speciality areas.

***What are the Next Steps?***

- Each PCT is examining the specific issues and challenges within their area(s) of expertise. The teams will apply learnings from other jurisdictions and consider how practices might apply to situations in Manitoba. These steps are essential to building a plan that is founded on evidence and leading practice but is also rooted in Manitoba's unique population and geographic realities.
- Leading up to the provincial symposium in December 2018, individual PCTs are meeting to develop draft "future state" models that include standards, clear provider role definitions, consideration of their appropriateness for specialized populations and proposed means of evaluating success.
- The December provincial symposium will ensure visibility for all PCTs into the work of their colleagues. This will allow for the identification of gaps and interdependencies as well as areas of risk and areas of opportunity.
- Planning will continue through January and February 2019 as PCTs in Waves two, three, and four complete their final workshops and refine draft "prototypes".
- Formal engagement with physicians, internal health system leaders and clinical specialists, patients and third party service providers will occur in the January to March 2019 timeframe.
- As PCTs complete their planning work, significant focus will be paid by the Integration Leadership Team to ensure the final plan is fully integrated across the planning teams and that proposed models are able to be appropriately sequenced for implementation. The final draft of the plan will be completed in the spring of 2019 and submitted for review and endorsement to the Integrated Leadership Team, Manitoba Clinical Leadership Council and ultimately to Manitoba Health, Seniors & Active Living.

## Appendix A

### Provincial Clinical and Preventive Services Plan Integrated Leadership Team

Organization	Name	Organization	Name
AFM	Gisele DeMuelles	SH-SS	Jackie Derkson
CCMB	Dr. Piotr Czaykowski	SH-SS	Dr. Don Klassen
IERHA	Kate Hodgson	SH-SS	Dr. Edward Tan
NRHA	Brenda Dawyduk	U of M / Shared Health	Dr. Aleks Chochinov
NRHA	Dr. Harsahil Singh	U of M / Shared Health	Dr. Eberhard Renner
NRHA	Dr. Nadeem Chaudhry	U of M / Shared Health	Dr. Jose Francois
Ongomiizwin	Adrienne Morrow	U of M / Shared Health	Dr. Jack McPherson
PMH	Shannon Webber	U of M / Shared Health	Dr. Chris Christodoulou
PMH	Dr. Shaun Gauthier	U of M / Shared Health	Dr. Bojan Paunovic
Shared Health	Beth Beaupre	U of M / Shared Health	Dr. Mary-Jane Seager
Shared Health	Dr. Brock Wright	U of M / Shared Health	Dr. Terry Klassen
Shared Health	Dr. Catherine Cook	U of M / Shared Health	Dr. Jitender Sareen
Shared Health	Helen Clark	Shared Health	Dr. Ross Feldman
Shared Health	Jeanette Edwards	U of M / Shared Health	Dr. David Strang
Shared Health	Jim Slater	U of M / Shared Health	Dr. Ryan Skrabek
Shared Health	Lanette Siragusa	U of M / Shared Health	Dr. Lesley Graff
Shared Health	Dr. Perry Gray	Shared Health	Dr. Mauro Verrelli
SH-SS	Dr. Chantal Frechette	Shared Health	Dr. Mike Harlos
SH-SS	Dr. Cornie Woelk	Shared Health	Dr. Marco Essig
SH-SS	Eileen Vodden		

## Appendix B

### Provincial Clinical and Preventive Services Plan Advisory Council

Organization	Name	Organization	Name
AFM	Ben Fry	Public Health	Tim Hilderman
Government of Manitoba	Adam Top	Shared Health	Brock Wright
HSC Winnipeg	Ronan Segrave	Shared Health	Helen Clark
MHSAL	Marcia Thompson	SH-SS	Kristy Radke
PMH	Penny Gilson	University of Manitoba Medicine	Eric Bow
PMH	Leanne Treloar	WRHA	Krista Williams

## Appendix C

### Provincial Clinical and Preventive Services Plan Support Team

Organization	Name	Organization	Name
Digital Health	Liz Loewen	Shared Health	Shauna Paul
Digital Health	Liliana Rodriguez	Shared Health	Brenda Weiss
Shared Health	Helen Clark	WRHA	Violet Sung
Patient Transport	Milton Good	WRHA	Carmen Hrymak
EMS	Rob Grierson	WRHA	David Pinchuk
EMS	Tony Herd		