

**Members of Manitoba's Provincial Clinical and Preventive Services Planning project have now completed the second wave of engagement sessions with physicians and clinical providers across the province. Meetings have also been held with elected representatives from municipalities, towns and communities across the province.**

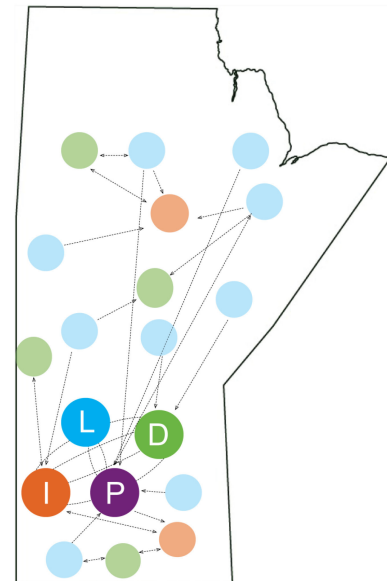
Manitoba's Health System Transformation is committed to ongoing engagement as broad health system changes are planned and implemented. Engagement on the development of Manitoba's first Provincial Clinical and Preventive Services Plan is occurring through three phases inviting the input of clinical experts, health system leaders and municipal officials. More than 1,300 stakeholders have been engaged through the first two phases.

Wave two meetings began in late March 2019. Over the course of six weeks, nearly 600 clinical leaders, more than 200 stakeholders from professional associations and colleges and approximately 500 municipal officials from across Manitoba participated in sessions focused on improving patient access and health outcomes for Manitobans.

Sessions provided participants with an overview of the work underway to develop models of care that will address ongoing issues and challenges affecting the delivery of care across Manitoba. The concept of a provincial network model was introduced as a means of providing certainty and consistency in the care delivered at health care sites across the province.

### Capabilities across Network of Care

- L** **Local:** Integrated network for low acuity, general medicine and transitional care, community based support and rehab, and primary and community care
- D** **District Health Hub:** Integrated network for low-moderate acuity, variable volume general medicine/surgery interventions/procedures, post acute treatment, and emergency services
- I** **Intermediate Referral Hub:** Integrated network for moderate acuity/complexity medicine/surgery, critical care, and emergency services
- P** **Provincial Referral Hub:** Provincial integrated network for high-acuity, high complexity medicine/surgery, critical care, and emergency services



Participants reflected on how services organized and delivered through a network model could ensure patients are able to access the care they need, with clear and consistent pathways between communities and facilities to more specialized services. Providers also reflected on opportunities to improve services through better coordination of care in their individual practices or in the broader community. Examples of how local practices will be supported within the network model were provided, giving participants assurance that the plan will support the development of clearly defined pathways to consults and specialized services for patients with more complex needs.

Community representatives were given a snapshot of where services are currently offered across Manitoba, including statistics related to the 17 long-term suspensions of emergency departments, 16 shared care or limited hours models, and the 3,500 unplanned closure days at emergency departments throughout rural and northern Manitoba, each of which required the diversion of patients to other facilities.









Throughout level two engagement sessions, participants were asked to provide feedback on how best to support the foundation required for the network model, specifically which areas in need of investment or enhancement should be prioritized as primary care and services in the community are “built up” and which shifts in technology or transportation will enable consistent standards of care, enhanced access and improved patient outcomes.

## Capabilities across hubs within the network model

Within this new network model, participants were told, our focus as a health system must first be on building up care in local communities, ensuring access to primary care and community services supported by interdisciplinary teams. Diagnostic services, digital health resources and defined pathways to specialized care will support care of patients closer to home while ensuring easy access to more specialized services if required.

### Capabilities across hubs will be standardized within a spectrum, yet flexible to align with population needs and resource competencies

The network model outlines **minimum service standards and capabilities** as the basis for infrastructure, health human resources, and clinical support services planning. Local and District hubs will feature a spectrum of capabilities (Enhanced, Core) to match the needs of its population, with increased acuity along the continuum from District to Provincial. Facilities at the District and Intermediate level may have targeted areas of programmatic focus that extend into higher levels of care.

Local	District	Intermediate	Provincial
<i>Low acuity community-based care</i>	<i>Low to moderate acuity community-based and inpatient care</i>	<i>Moderate to high acuity inpatient and medical /surgical care</i>	<i>High acuity/specialty medical and surgical care</i>
 <p><b>Enhanced</b> Interdisciplinary primary care teams who provide enhanced community services such as mental health support, midwifery, chronic disease management, and/or pain management; supported by appropriate diagnostics and the ability for short-term patient observation</p> <p>Increased focus on <b>prevention and screening</b> with proactive population health management capacity</p> <ul style="list-style-type: none"> <li>My Health Teams, new care models (e.g., collaborative emergency centres in Nova Scotia, advanced care centres in Australia)</li> </ul> <p><b>Core</b> Local primary care providers will be the main point of contact with the health system for most patients (e.g., Home Clinics)</p> <p>Increased focus on <b>prevention and screening</b> with proactive population health management capacity</p> 	 <p><b>Core:</b> Urgent care during set hours for lower acuity patients</p>		
	 <p><b>General inpatient and ambulatory care</b> with observation and monitoring capabilities, as well as targeted services</p>		
	 <p><b>Enhanced:</b> Special Care Unit</p> <p><b>Intermediate:</b> Intensive Care Unit (ICU)</p> <p><b>Provincial:</b> ICU with specialized capabilities</p>		
	 <p><b>Core:</b> Elective surgery, primarily with Family Practice Anaesthesia (FPA))</p> <p><b>Enhanced:</b> Elective and emergency surgery with FPA or FRCP</p> <p><b>Provincial:</b> Elective and emergency surgery with FRCP</p>		
	 <p><b>Specialist Services may include:</b> District: Level I Nursery, community cancer care, primary stroke centre, and/or select areas of programmatic focus</p> <p><b>Intermediate:</b> Level II Nursery, radiation therapy, general rehabilitation, moderate-high risk obstetrics and/or primary stroke centre</p> <p><b>Provincial:</b> Intensive rehabilitation, and specialized mental health services, high risk obstetrics and neonatal</p>		
	 <p><b>Provincial Services such as:</b> Major trauma, thoracic services, comprehensive stroke care, specialty cancer care</p>		

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## The Need to Build Up

Clinical providers generally agreed that in the absence of a robust primary health system, patients are more inclined to seek help from an emergency room than they are to visit other providers. They highlighted the need for focus on – and investment in – primary care and prevention but also emphasized the need for providers to have a clear understanding of how best to access specialty care and consultation when it's required. This theme emerged across a number of specialty areas but was particularly evident during discussions about the challenges faced by providers in knowing how and where to access mental health and addictions services for their patients.

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## Improved Coordination and Communication

Health care providers commented on the need to ensure the delivery of care is focused on the needs of the patient, ensuring appropriate care is available close to home and is coordinated so as to avoid multiple unnecessary trips (and the associated transportation costs) or patients having to repeat their history over and over again.

Limitations in information-sharing capabilities were highlighted as an ongoing challenge in the process to transition patients from acute to primary or community care settings.

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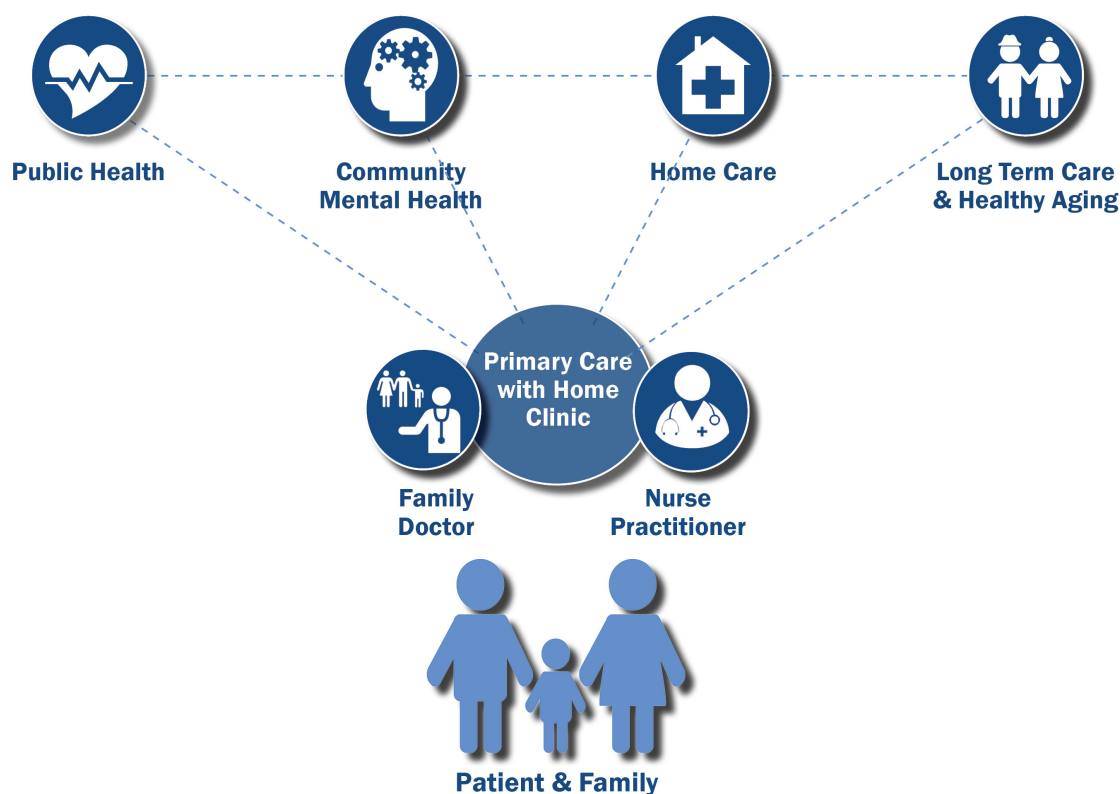
## The Importance of Prevention

Prevention, screening and an increased focus on population wellness were also raised as opportunities to shift the focus of the health system away from acute treatment of illness. The focus on prevention was particularly evident in discussions on chronic disease management and healthy aging.

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## The Role of Health Care Teams

Providers expressed concern about the impact on communities resulting from a change in the role of the local health centre or hospital, identifying the close connection between communities and health care providers as an opportunity to enhance community involvement in the delivery of care. The concept of My Health Teams was raised in numerous sessions, with providers enthusiastically exploring the opportunity to enhance the services offered by integrated teams of providers in the community.



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## The Promise and Challenge of Technology

Requests for clear pathways and better information sharing came up often, with digital health options raised both as opportunities to improve access and coordination of patient information but also as challenges for communities without the infrastructure to support connectivity. Providers generally recognized the value of digital care and called for the expanded use of telehealth and other tools like consolidated electronic patient health records.

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## Ongoing Focus on Recruitment and Retention

Similar to the opportunities presented by expanded use of digital health, providers also commented on the opportunity to utilize expanded scope(s) of practice for health professionals to fill existing gaps in the system. Much discussion centered on the need for a human resources plan including, but not limited to, physicians that focuses on recruitment and retention of health-care providers throughout rural and northern areas of the province.

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## A Commitment to Equity

Good health requires more than healthcare. Social determinants of health – such as adequate housing, income, clean water, social connection and quality education – have the most significant impact on population health outcomes. These challenges – and the associated opportunities - were noted to be of particular significance for Manitoba's Indigenous population. The importance of the health system working with communities and other health services, improving access and the quality of health services available to rural and northern Manitobans was also a discussion point at each session. Distance and geography were emphasized as being barriers to many types of care for those patients who must travel in order to access certain services and there was significant interest in the potential for digital health or expanded scope of practice to enhance access to services that would otherwise require a patient to travel.

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## Next Steps

Clinical providers involved in the second phase of engagement welcomed the additional detail provided through these sessions and validated the importance of focusing on necessary enhancements to primary care and services delivered in the community. Providers identified the need to focus on recruitment and retention of the right health care professionals to meet the needs of a community and welcomed the concept of an enhanced My Health Team model, and expanded use of digital health tools (provided connectivity issues are addressed). Work is now underway to incorporate feedback and to finalize models of care that will meet the needs of the population while ensuring sustainability and consistency into the future in areas like human resources and digital health.

Throughout June, the focus of engagement will shift to support additional discussion with community leaders and municipal officials. [Provincial Clinical Team members](#) and health system leaders involved in the development of the provincial plan, will participate in district meetings organized by the Association of Manitoba Municipalities to provide additional detail and answer questions.

We thank all clinical providers who have taken the time to participate and provide their insight and feedback during these sessions and we look forward to the upcoming municipal sessions.

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