Manitoba health care providers deliver care to a geographically dispersed population, with most specialized services located in Winnipeg. This means that providers must secure consultations or referrals for their patients, often requiring the rural patients to travel in order to access the care they need.

Over the past four months, Provincial Clinical Team (PCT) members have been analyzing data, reviewing leading practices and models of care from other jurisdictions and developing a plan that will bring health services closer to home for Manitoba patients. Workshops have now concluded and clinical leaders are now developing a draft framework for Manitoba health service delivery.

The work of the PCTs has confirmed the current state of Manitoba’s health system including an aging population, high incidence of chronic disease, and ongoing recruitment and retention challenges, particularly in more rural and remote areas of the province.

The teams have highlighted long-standing realities facing health care providers and patients throughout our province, including:
Clinical workshops have focused on leading practices from other jurisdictions where improved outcomes and simplified access to care have been achieved through the implementation of integrated health systems or “networks”.

Within these “networks”, health care services balance the needs of patients and the expertise of providers. The use of interdisciplinary teams enables rapid access to primary health services closer to home and frees up specialists and hospital-based services for those in need of more specialized care.
Integrated “networks” rely upon consistency and standardization to ensure easier access, better patient care and improved outcomes. Defined service standards (what care will be provided), provider roles (who will provide the care), and clinical service pathways (where that care will be available) reflect the needs of the population and the expertise of the health-care providers.

Combined, the services provided to patients through these “networks” offer enhanced primary care and community services that are easily and consistently accessible as well as clearly defined pathways to more specialized care. These services are integrated and well-coordinated with connections between communities and facilities that enable patients and to more easily access the care they need.

Discovery and planning continue as teams review the current state challenges identified by each clinical team and develop proposed service standards and clinical pathways.

Proposed models will be evidence-based and appropriate for implementation in Manitoba. Data continues to be gathered and analysis of leading practices and models of care is ongoing.
Next steps

Planning work will define the operational and implementation details - identifying interdependencies, addressing the needs of the population, and highlighting and mitigating risk - as clinicians develop the integrated network model proposed for Manitoba.

Work is also focused on developing the provincial framework to support this proposed model. This work includes development of standardized pathways and destination protocols, centralized or coordinated access (transportation, consultations and referrals), streamlined care for priority populations and planning to ensure consistent availability of integrated, effective teams, including multidisciplinary teams.

One vision for the future

A provincial health system, integrated and organized to deliver the best care possible to patients throughout the province, will rely upon the special role of each community resource, primary care clinic, health centre and hospital in Manitoba. Each site and provider will play an appropriate and very important role in supporting patient care closer to home.

Investments and enhancements will be strategic, designed to ensure sites are consistently able to care for the needs of sicker or more complex patients, or have the appropriate connections to technology and transportation that enable rapid referral and transfer of patients when needed.