Better Care
Closer to Home

Association of Manitoba Municipalities
June District Meetings
June 2019
Objectives for Today

- **The Case for Change – 30 minutes**
  - Overview of Provincial Clinical and Preventive Services Plan
  - Integrated Models of Care - Overview of the Provincial Network Model
  - HOW we will practice and WHERE we will practice – Summary of Input of Provincial Clinical Leaders

- **Gallery Walk – 30 minutes**
  - Poster Gallery – opportunity to ask questions, provide feedback

**Panel Q&A – 30 minutes**

- Provincial Clinical Team members
What does the system look like?

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

Source: National Health Expenditure Trends, 1975 to 2016
The Case for Change: What are the outcomes?

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Manitoba</th>
<th>Rank</th>
<th>Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Length of Stay Inpatient in 2016/17</td>
<td>9.6 days</td>
<td>12/12</td>
<td>7.0 days</td>
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<tr>
<td>ED Wait Time Physician Initial Assessment</td>
<td>5.1 hours</td>
<td>7/7</td>
<td>3.1 hours</td>
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<tr>
<td>ED Total Time Admitted Patients</td>
<td>43.5 hours</td>
<td>7/7</td>
<td>32.6 hours</td>
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<tr>
<td>Hip/Knee Replacement Within 6 months in 2017/18</td>
<td>47%</td>
<td>9/10</td>
<td>71%</td>
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<tr>
<td>Cataract Surgery Within 112 days in 2017/18</td>
<td>32%</td>
<td>12/12</td>
<td>71%</td>
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Source: Canadian Institute for Health Information

Notes: ED wait time for basic emergency services only.
Learning from the Success of Others – The Importance of Clinical Governance

"Manitoba clinical leaders have a once in a generation opportunity to achieve real change through their direct involvement in the design of the province’s health system of the future."

-Dr. Rohan Hammett
300 Clinical Providers have Contributed their Knowledge, Experience & Expertise

5 RHAs
75 Hospitals
127 Long Term Care Sites
362 Medical Clinics
22 Cancer Care Sites

11 Provincial Clinical Teams
- Cancer & Palliative Care
- Mental Health & Addictions
- Chronic & Complex Medicine
- Primary Health & Community Services
- Seniors & Rehab
- Trauma Service
- Cardio-vascular & Thoracic
- Women & Child Health
- Neuro-sciences
- Emergency Critical Care & Acute Medicine
- Surgery & Anaesthesia

1 Integrated Provincial Clinical & Preventive Services Plan

The Provincial Clinical and Preventive Services Plan is a project within Manitoba’s Health System Transformation.
System Level Issues & Opportunities
Care Closer to Home

PMH
Population: 165,600
Five-year growth: 2.6%
Average age: 41

NRHA
Population: 72,220
Five-year growth: 3%
Average age: 30.8

IERHA
Population: 127,601
Five-year growth: 3.6%
Average age: 44.2

SH-SS
Population: 192,061
Five-year growth: 9.6%
Average age: 36.5

WRHA
Population: 720,883
Five-year growth: 6.3%
Average age: 39.9

1.3 million
- One large urban centre
- Highly dispersed rural and northern population

QUICK FACTS

More than 50% of patients in rural and northern regions travel out of region for inpatient or day surgery.

More than 1/2 of Manitobans aged 40+ had more than one chronic condition* (2015/16)

- Of this group, 20% had more than three chronic conditions

Manitoba’s diabetes prevalence is above the Canadian average of 7.3 per cent

*Including hypertension

Sources: Manitoba’s Provincial Clinical and Preventive Services Plan, 2018
Indigenous Health in Manitoba

Manitoba’s Indigenous population has high healthcare utilization:

- Indigenous peoples receive health services through a patchwork of federal and provincial services and coverage
- Up to 40% of urban hospital patients are Indigenous
- Indigenous peoples utilize hospitals and medical services at 2-3x higher frequency than other Manitobans

Manitoba’s Indigenous population is young and growing:

- 54% of the First Nations population is below the age of 25 compared with 32% of the provincial population
- The birth rate in Northern RHA is 70% Indigenous and almost 2x the provincial rate

Self-Reported Indigenous Identity:

- NRHA: 73%
- IERHA: 27%
- PMH: 17%
- WRHA: 12%
- SH-SS: 13%
Manitoba’s Francophone Population

- Manitoba’s Francophone population is **109,935**

- A significant number of programs/services, agencies and facilities are designated as bilingual or francophone however the level of actual bilingual services offered and delivered varies across the entities in part due to challenges with recruitment and retention. There is a current misalignment of system capacity to deliver services in French in many areas.

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**Manitoba’s Francophone Population**

- **2.7%**
- **5.8%**
- **4.7%**
- **10.2%**
- **11.0%**
- **NRHA 2%**
- **IERHA 6%**
- **PMH 7%**
- **SH-SS 19%**
- **WRHA 66%**

**Manitoba Distribution of Francophones**

- **74%** Of Manitobans who speak French were born in Manitoba
- **15%** Were born elsewhere in Canada
- **11%** Were born abroad: 57% African, 28% European, 9% Asian, 7% Central American

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**OUR FRENCH SPEAKING POPULATION**

- **74%** Of Manitobans who speak French were born in Manitoba
- **15%** Were born elsewhere in Canada
- **11%** Were born abroad: 57% African, 28% European, 9% Asian, 7% Central American
Inconsistent and often unpredictable services at Manitoba facilities

**SNAPSHOT OF ED VOLUMES***

- 30,000+ visits to Winnipeg hospitals
- In rural Manitoba...
  - 10 sites: 10,000+ visits
  - 34 sites experienced between 1,000-10,000 visits
  - 16 sites experienced less than 1,000 visits

Limited access and variable levels of service in community-based rehabilitation and home care services mean a high number of beds are occupied by ALC patients waiting for home care.

**QUICK FACTS**

- In Manitoba there are more than 70 identified Emergency Departments (EDs).
  - 19 are on long-term suspension with EMS redirects in place.
  - 16 other sites have shared care models or limited hours of operation.

In 2018/19, there were more than 3,500 unplanned closures days across Manitoba EDs related to lack of physician availability.

**19%**

of EMS transfers are related to diagnostic testing

600-700 patients transferred annually to sites in Winnipeg for critical care and internal medicine admission.

Sources: Manitoba’s Provincial Clinical and Preventive Services Plan, 2019

*2016/17 data
Working *Together* Across Manitoba
Network of Care

**Local:** Integrated network for low acuity, general medicine and transitional care, community based support and rehab, and primary and community care

**District Health Hub**
Integrated network for low-moderate acuity, variable volume general medicine/surgery interventions/procedures, post acute treatment, and emergency services

**Intermediate Referral Hub**
Integrated network for moderate acuity/complexity medicine/surgery, critical care, and emergency services

**Provincial Referral Hub**
Provincial integrated network for high-acuity, high complexity medicine/surgery, critical care, and emergency services

Local providers will also be able to directly access inter-professional provincial teams
## Strategic Shifts – Where and How Care is Delivered

<table>
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<th>Category</th>
<th>Focus</th>
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<tbody>
<tr>
<td>1. Enhance Local Capacity</td>
<td>Improve use of existing facility-based resources to better serve local communities</td>
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<tr>
<td>2. Increase Access to Specialized Care</td>
<td>Reconfigure specialty services among provincial and intermediate providers to work as a system of specialized care</td>
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<tr>
<td>3. Build Care Closer to Home</td>
<td>Create capacity closer to home for episodic medical and surgical care, both in facility and in community-based care</td>
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<td>4. Provincial Practice Improvements</td>
<td>Target areas where a move to a common provincial standard of care through targeted clinical practice improvements will improve outcomes</td>
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<tr>
<td>5. Effective Chronic Condition Management</td>
<td>Create capacity to manage chronic conditions and longer term care needs, closer to home in facility and in community-based care</td>
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Vision for the Future
What does a modernized health system mean for you?

TODAY

• Knowing **where to go** for the right care can be confusing - for patients and for providers

• Your health care provider may not have all the necessary **information about you and your health** – this can result in you having to tell your story over, and over, and over again

• You may wait a long **time to access** the right care including diagnostic services and specialist care

• The care you need may not be accessible close to home, requiring you to **travel to access** services

• Your visits may not be **coordinated** across care providers, resulting in multiple trips in order to access care

IN THE FUTURE

• Consistent, reliable services will be accessible at facilities that are clearly defined by the care they provide, making it **easier to know where to go for care**

• Your health care providers will have **access to appropriate information** about you and your health needs

• Providers will **work together to coordinate** your care, ensuring that wherever you go, you are able to access the right care

• Coordination will **reduce your wait times** and unnecessary travel

• You will have the choice to **manage and navigate your own care**, in partnership with your primary care provider

• Your primary health team will have support to provide your **care closer to home** through virtual tools, advice and guidance

The Provincial Clinical and Preventive Services Plan is a project within Manitoba’s Health System Transformation
What does a modernized health system mean for you?

**TODAY**

Find a family doctor (primary care provider)
Wait for appointment to discuss your care needs
– or – visit an Emergency Department

1st primary care visit

Specialist or diagnostic services referral and wait
Travel for care

1st specialist or diagnostic service visit

2nd primary care visit

Specialist or diagnostic services referral and wait
Travel for care

2nd specialist or diagnostic service visit

3rd primary care visit

Repeat referral and wait until an answer or diagnosis is determined
Travel for care

Ongoing visits to specialists and for tests

**IN THE FUTURE**

Providers work together to coordinate your care and multiple tools and options exist to help manage your own care

You have tools to manage your health
You can get advice virtually
You have help to find the right health care

1st primary care team visit (providers with different skills work together)

Your primary health team has the information they need about you and your health and has access to ...

...advice and guidance for more specialized care needs that they can manage, with some support

...virtual tools to bring care closer to home

...a network of other teams nearby for in-person or virtual access to care

Each step in your care path seamlessly connects back to your local primary health team, keeping them up to date on your care

...coordinated access to specialists that work together to reduce or eliminate unnecessary travel and coordinate with your primary care team

The Provincial Clinical and Preventive Services Plan is a project within Manitoba’s Health System Transformation
Where can you go with questions?

We continue to provide information including presentations, monthly status updates, and Frequently Asked Questions (FAQ) at:

https://sharedhealthmb.ca/