

# Better Care Closer to Home

**Association of Manitoba Municipalities  
June District Meetings  
June 2019**

# Objectives for Today

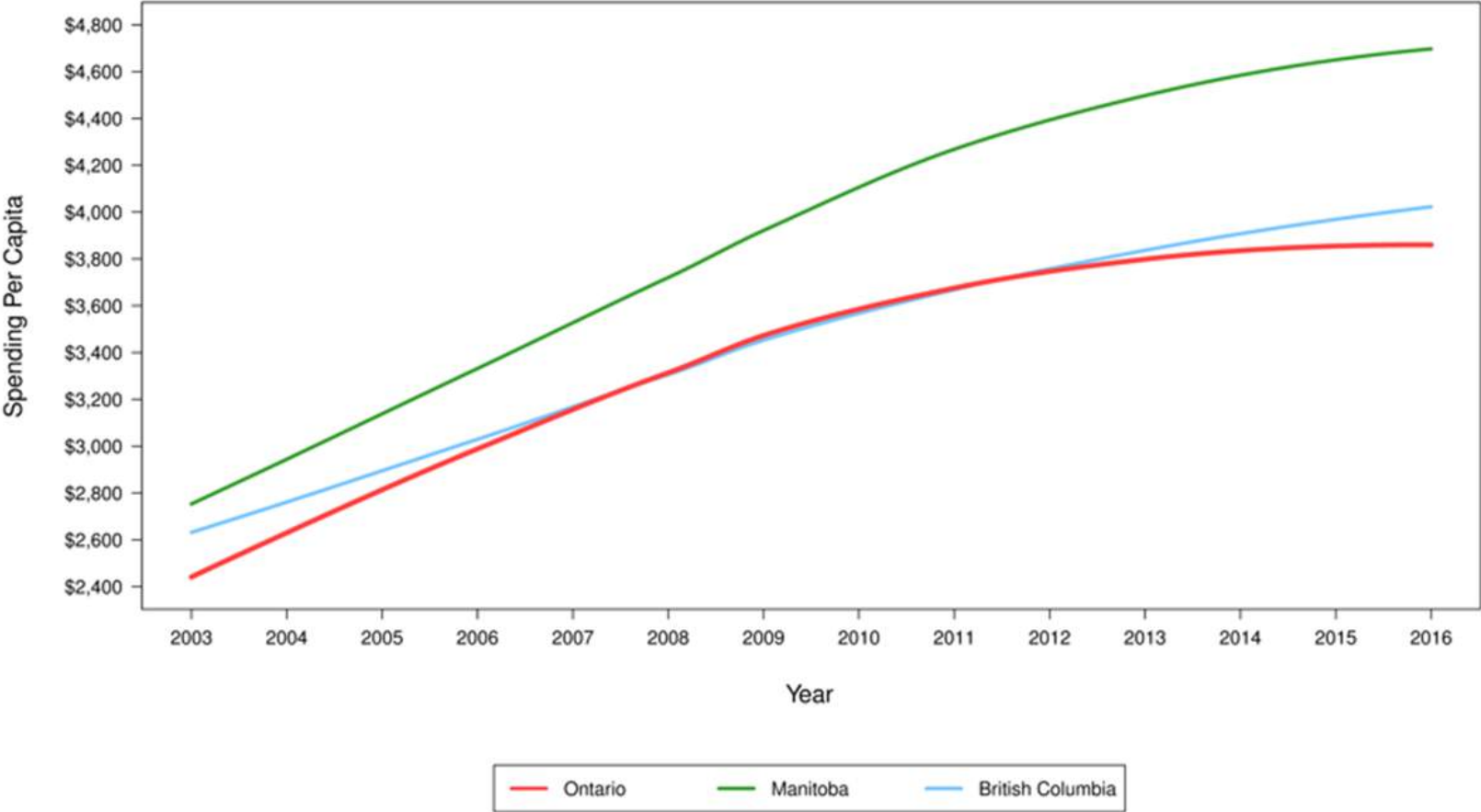
- **The Case for Change – 30 minutes**
  - ❖ Overview of Provincial Clinical and Preventive Services Plan
  - ❖ Integrated Models of Care - Overview of the Provincial Network Model
  - ❖ HOW we will practice and WHERE we will practice – Summary of Input of Provincial Clinical Leaders
- **Gallery Walk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

	Manitoba	Rank	Canada
Average Length of Stay Inpatient in 2016/17	9.6 days	12/12	7.0 days
ED Wait Time Physician Initial Assessment 90 <sup>th</sup> percentile in 2016/17	5.1 hours	7/7	3.1 hours
ED Total Time Admitted Patients 90 <sup>th</sup> percentile in 2016/17	43.5 hours	7/7	32.6 hours
Hip/Knee Replacement Within 6 months in 2017/18	47%	9/10	71%
Cataract Surgery Within 112 days in 2017/18	32%	12/12	71%

Source: Canadian Institute for Health Information

Notes: ED wait time information for WPH A only

The Primary Care and Rural/Veteran Services Plan is a project within Manitoba's Health System Transformation presentation



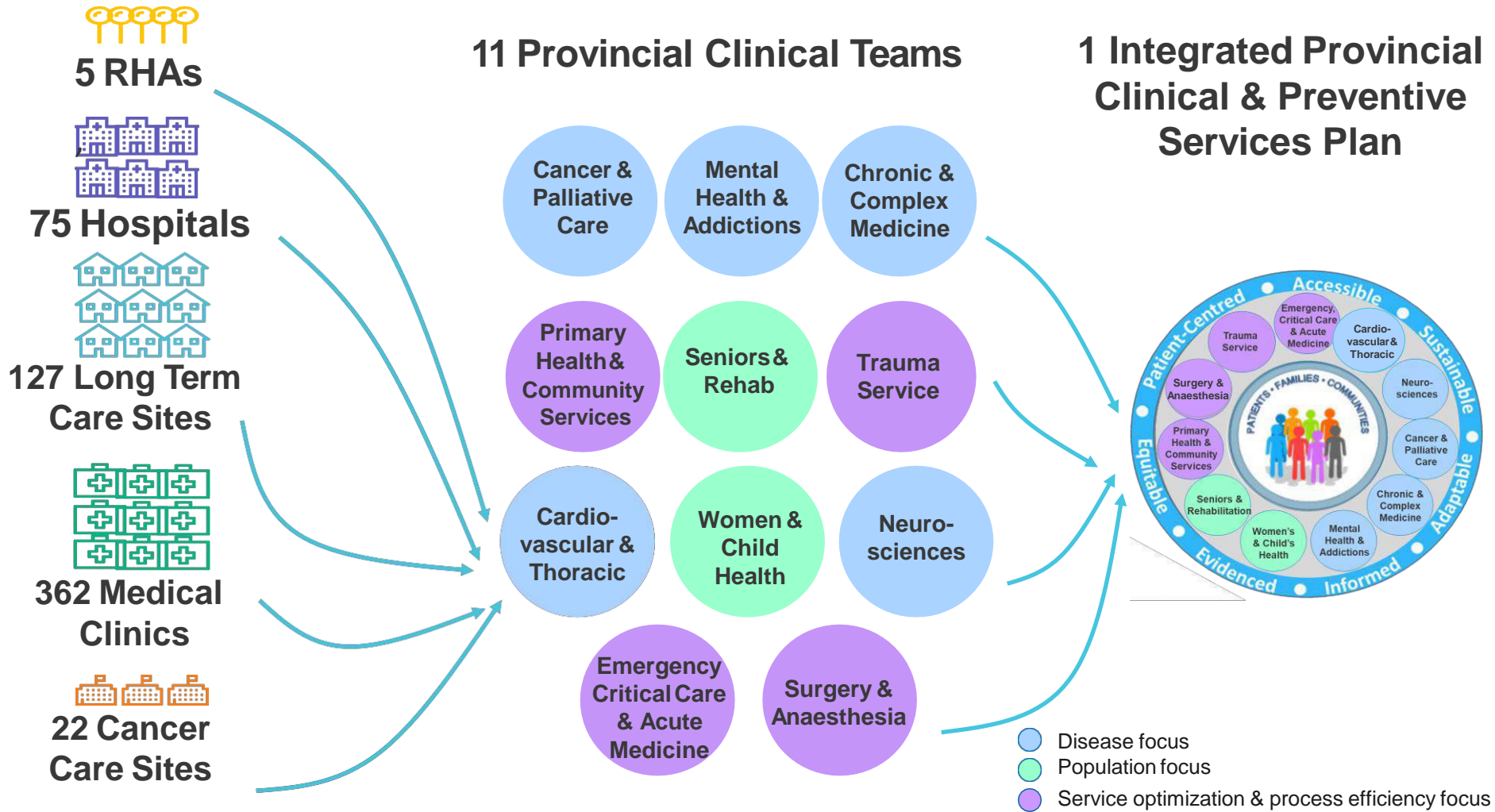
SK and NB do not have all facilities reporting

## 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."

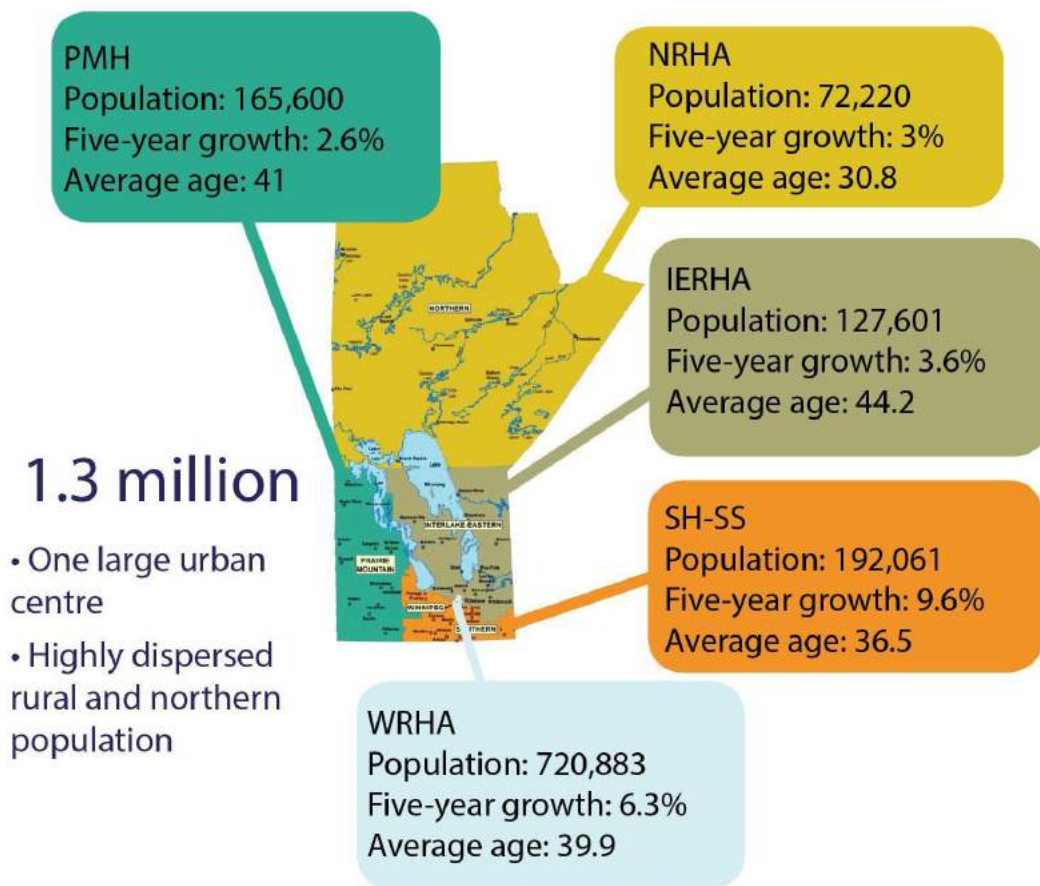
-Dr. Rohan Hammett

# 300 Clinical Providers have Contributed their Knowledge, Experience & Expertise



# System Level Issues & Opportunities

# Care Closer to Home



Sources: Manitoba's Provincial Clinical and Preventive Services Plan, 2018

## 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



# Indigenous Health in Manitoba

## Manitoba's Indigenous population has high healthcare utilization:

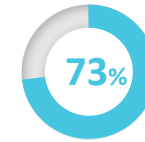
- Indigenous peoples receive health services through a patchwork of federal and provincial services and coverage
- Up to **40%** of urban hospital patients are Indigenous
- Indigenous peoples utilize hospitals and medical services at **2-3x** higher frequency than other Manitobans

## Manitoba's Indigenous population is young and growing:

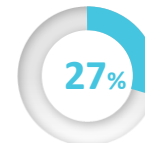
- **54%** of the First Nations population is below the age of 25 compared with **32%** of the provincial population
- The birth rate in Northern RHA is **70%** Indigenous and almost **2x** the provincial rate

## SELF-REPORTED INDIGENOUS IDENTITY

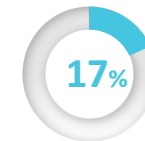
NRHA



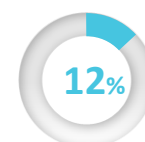
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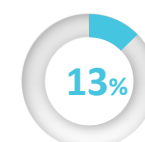
PMH



WRHA



SH-SS



# 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.

## OUR FRENCH SPEAKING POPULATION



**74 %**

Of Manitobans who speak French were born in Manitoba



**15 %**

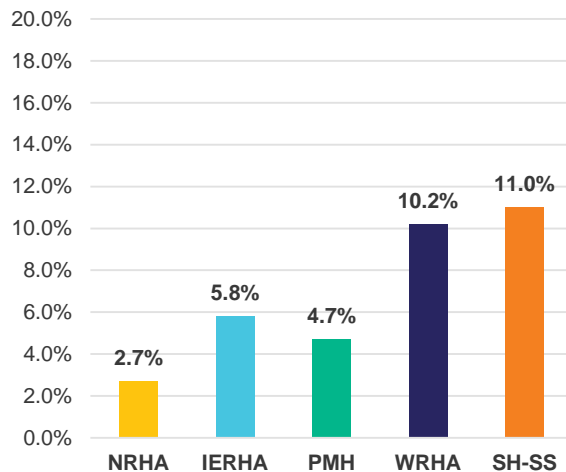
Were born elsewhere in Canada



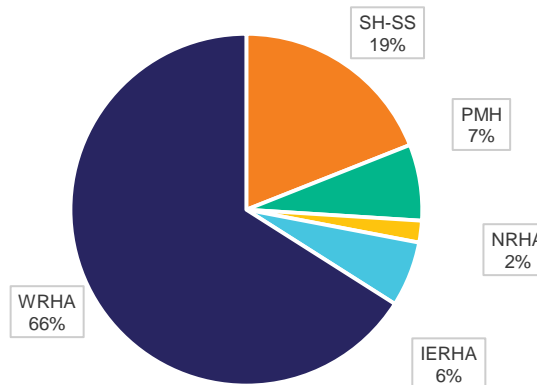
**11 %**

Were born abroad  
57% African,  
28% European,  
9% Asian,  
7% Central American

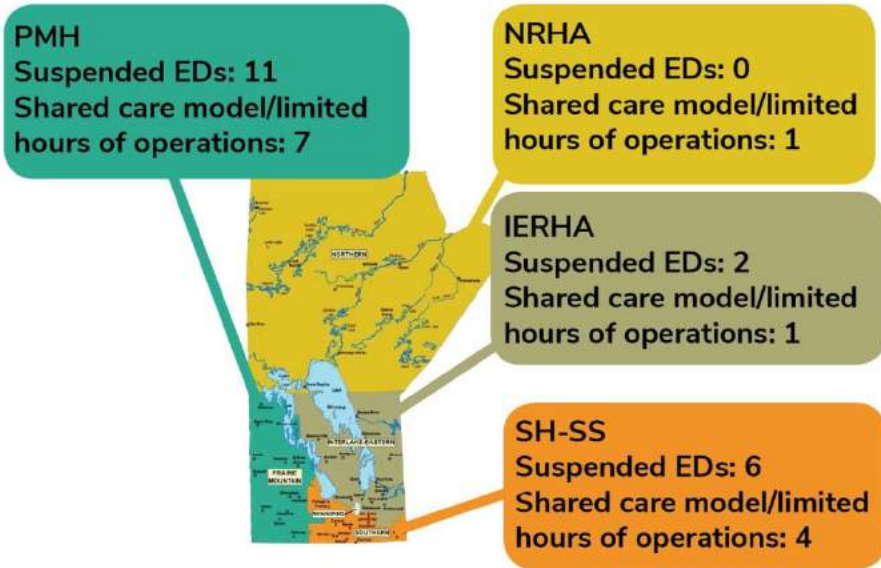
% Francophone population by Region



Manitoba Distribution of Francophones



# Inconsistent and often unpredictable services at Manitoba facilities



## 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 **3500** unplanned closures days across Manitoba EDs related to lack of physician availability.

**1.3 million**

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

### 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**



**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

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

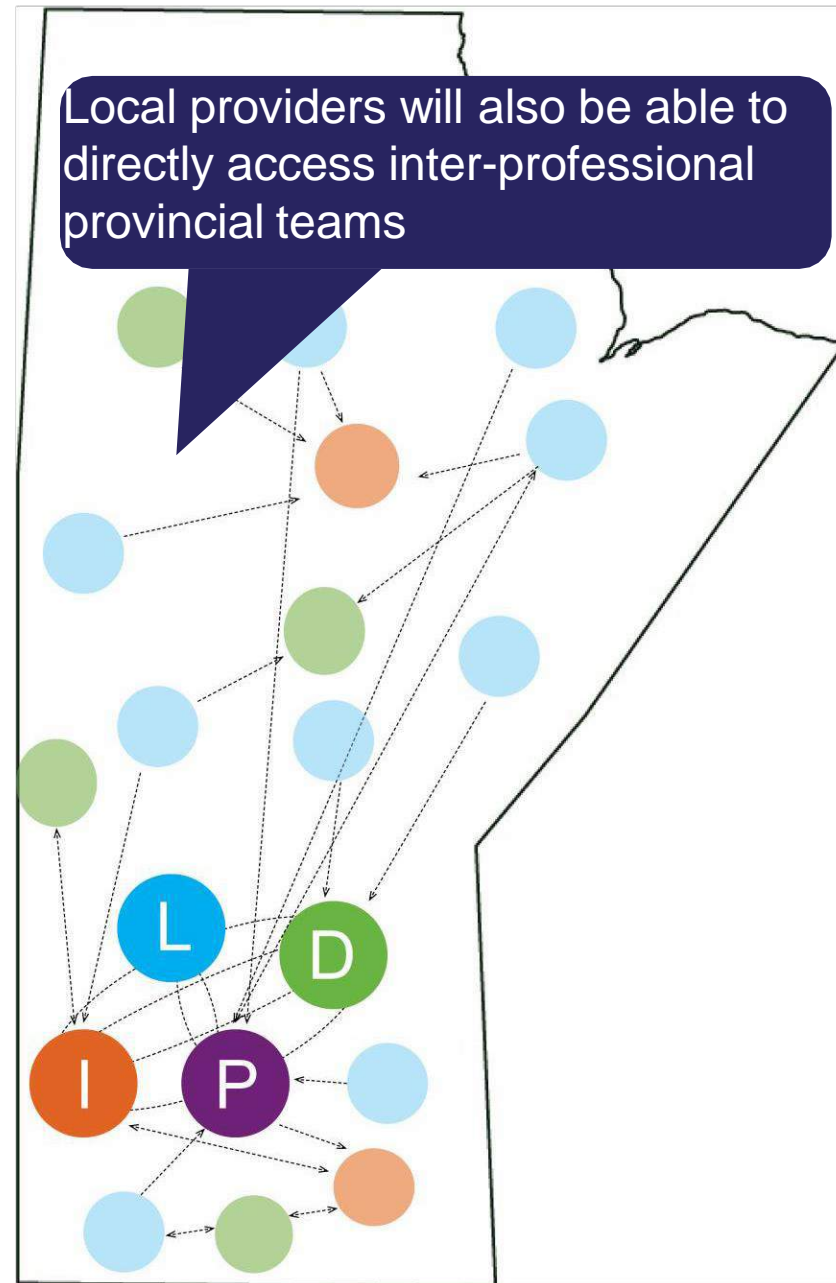
Sources: Manitoba's Provincial Clinical and Preventive Services Plan, 2019

\*2016/17 data

# Working *Together* Across Manitoba

# 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



# Strategic Shifts – Where and How Care is Delivered

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

# Vision for the Future

# What does a modernized health system mean for you?

## TODAY

### 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

### IN THE FUTURE

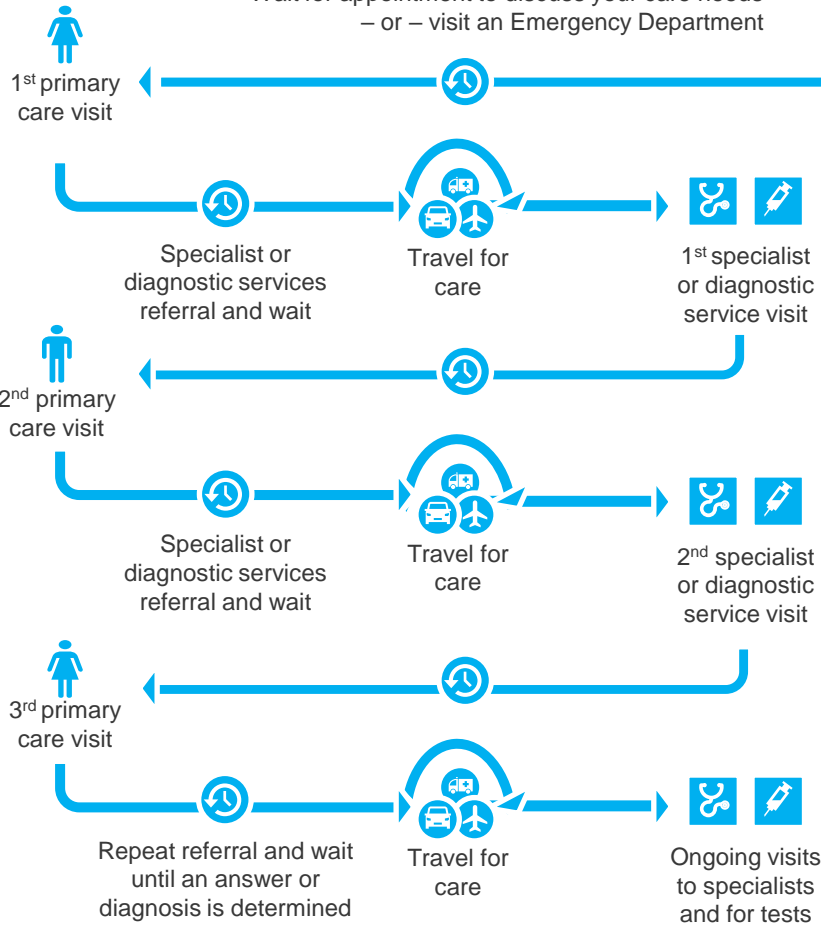
- Consistent, reliable services will be accessible at facilities that are clearly defined by the care they provide, making it **easier to know where to go for care**
- Your health care providers will have **access to appropriate information** about you and your health needs
- Providers will **work together 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



# What does a modernized health system mean for you?

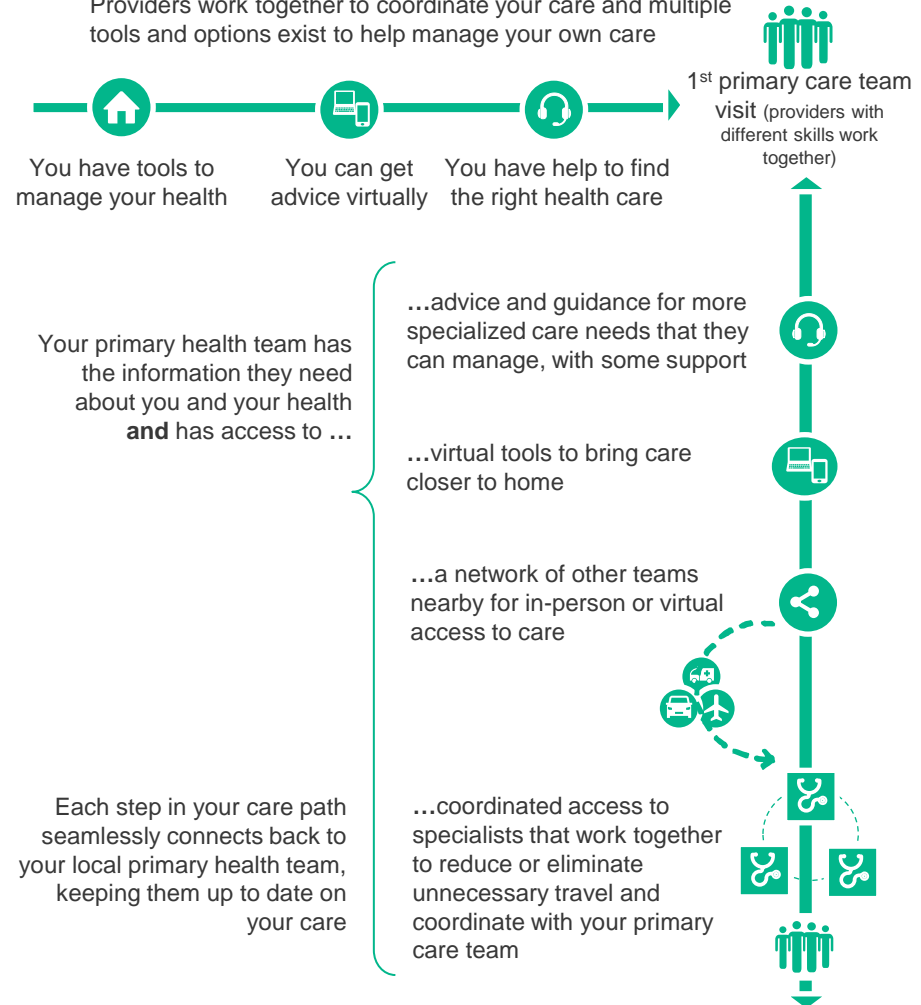
## TODAY

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



## IN THE FUTURE

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



## 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/>