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Manitoba

# Primary Care

## Past, Present and Future

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**Health System Integration and Clinical Planning**

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What does Primary Care Mean to you?



# Primary Care defined:

Provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.  
(CIHI website, accessed March 2 2024)



Includes routine preventative check ins, routine care, care for urgent but minor or common health problems, mental health care, maternity and child care, psychosocial services, liaison with home care, health promotion chronic disease treatment, nutrition counselling and end-of-life care.

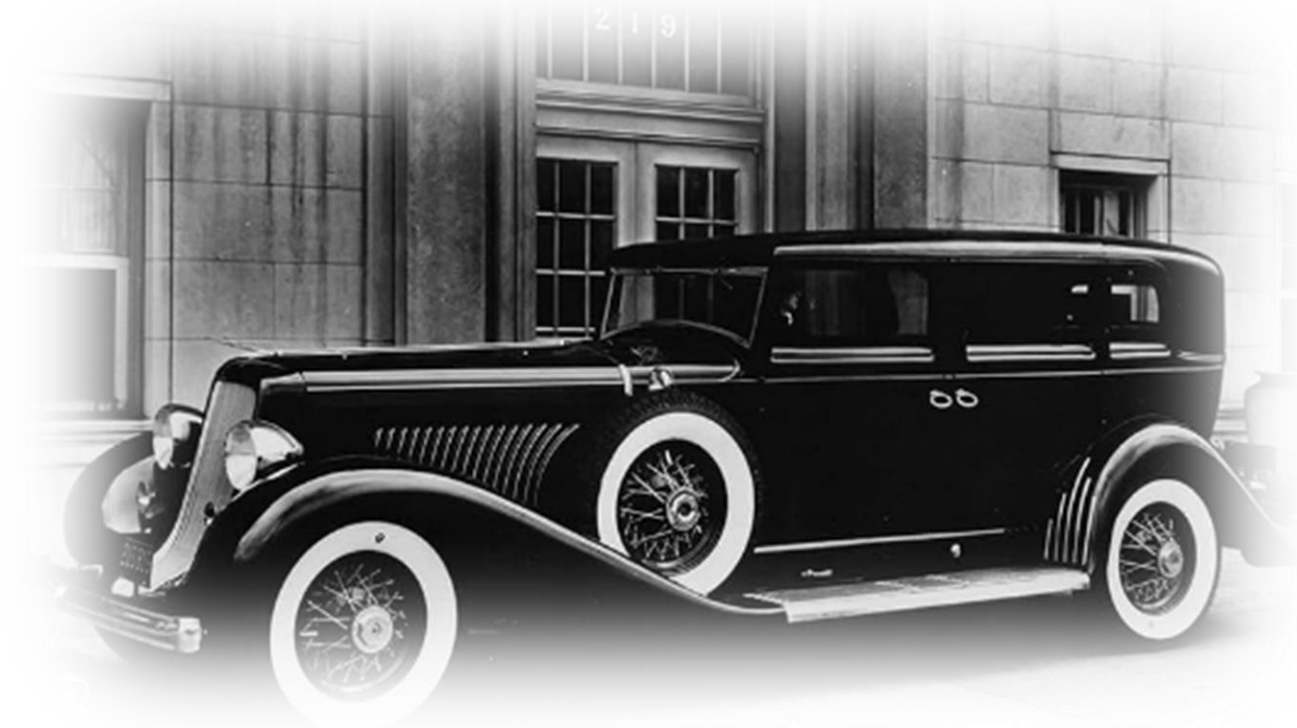
# Primary Care In Manitoba

## Let's Talk quickly about the Quarter Backs- Family Physicians and Nurse Practitioners

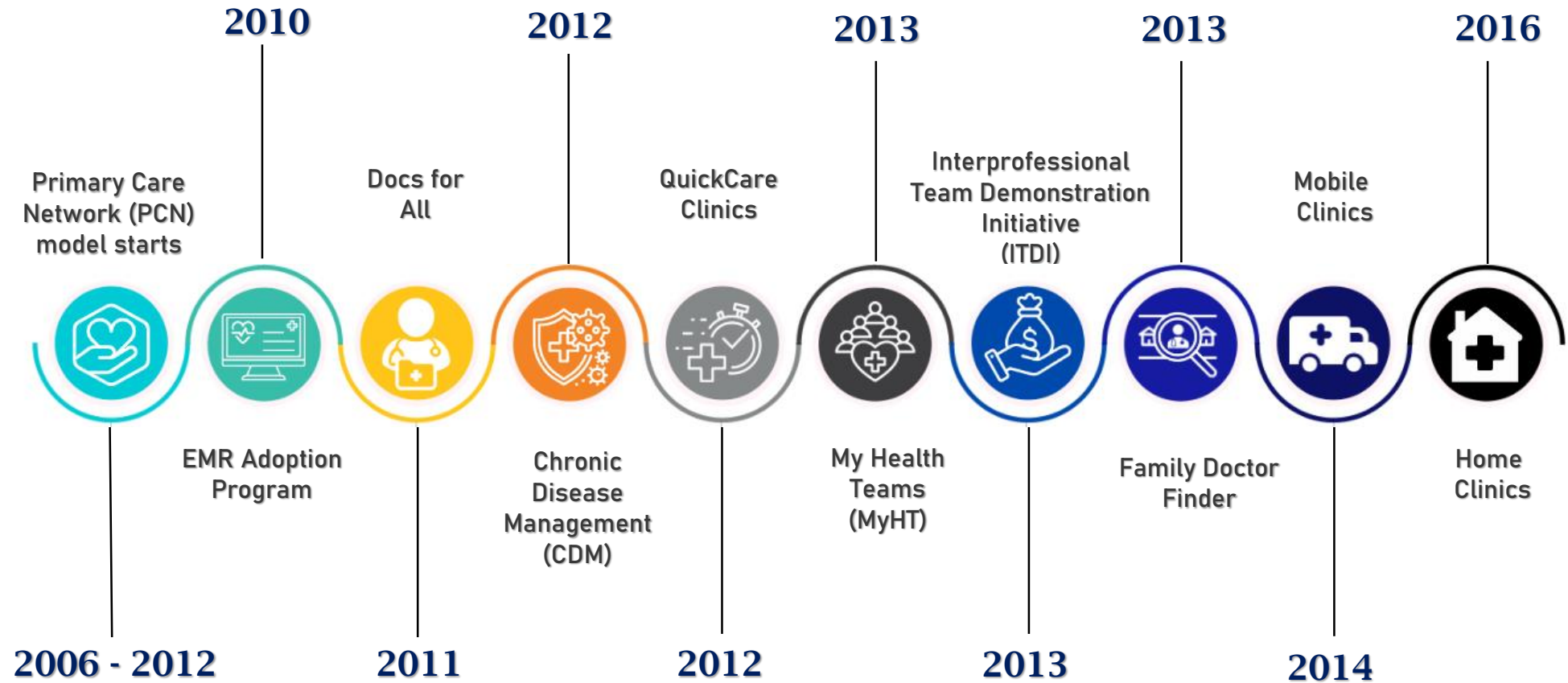


# Past

Primary care reform



# Primary Care Reform (2006-2016)





# Polling Practice #2



# Present



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# Manitoba Landscape

Fee-for Service (FFS)  
Clinic model (75% of providers)

Alt-funded clinics-  
Providers(RHA) and RHA clinic


Hybrid Models- Clinic owned by RHA, Providers FFS



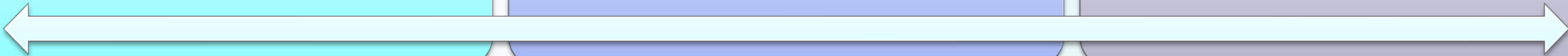
Large geography but smaller population compared to rest of Canada.



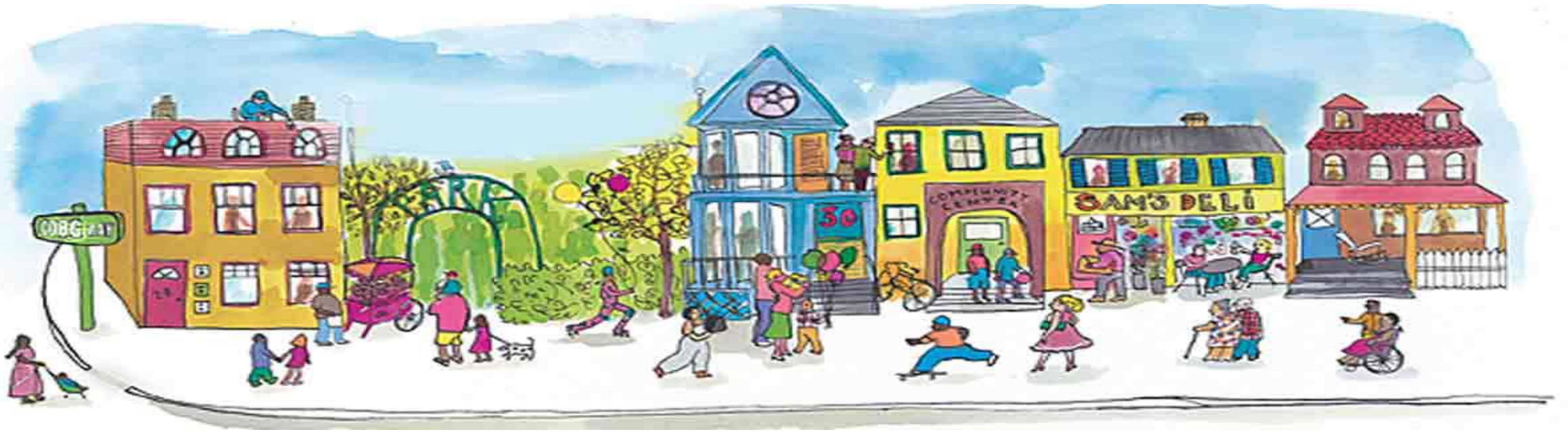
Reduction in providers and health-care clinicians.



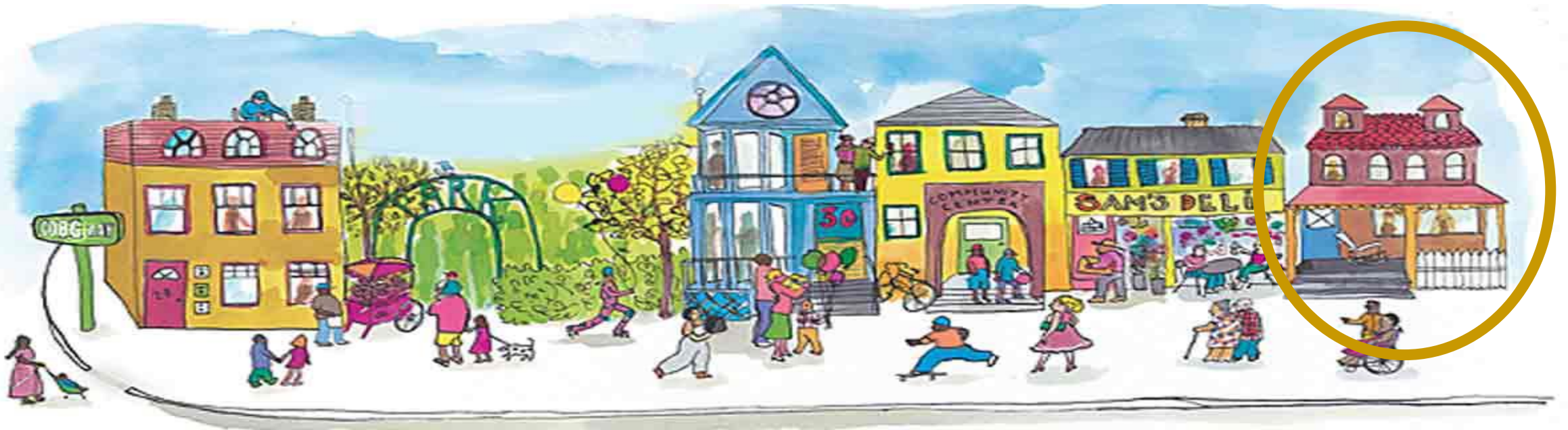
Increased complexities in the persons we care for (mental health, chronic disease, social complexities)



# My Health Team (MyHT)



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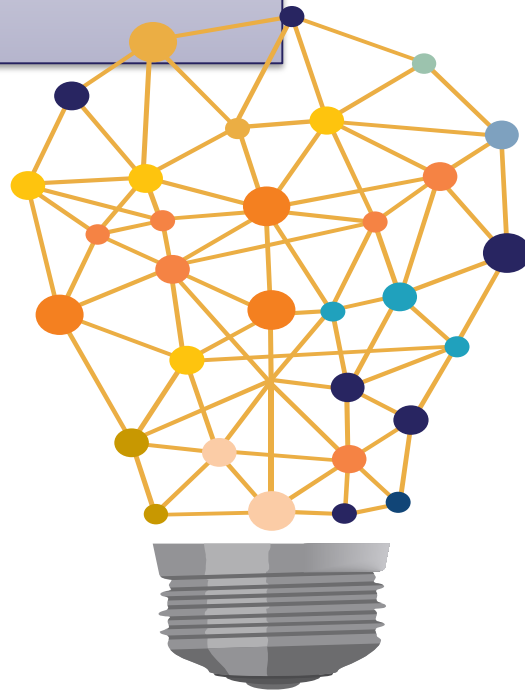


Bringing multiple providers and clinics together. Includes Regional Health Authority (RHA), fee-for-service clinics, and community organization(s). This group collaboratively work together to plan, deliver and improve primary care services.

# MyHT Current State: 14 Teams Provincially

## MyHT Service Planning Priority / Target State

- P1 / Attachment (2000 patients in first two years)
- P2 / Measuring Access AND Targeting Complex Patients
- P3 / Timely Access AND Service Coordination
- P4 / Outreach to Marginalized Populations
- P5 / Engagement - Community
- P6 / Patient Engagement
- P7 / Implement a Self Managed Care



## Winnipeg (6)

- River Heights/ Fort Garry
- St. James / Assiniboine
- Seven Oaks/Inkster
- St. Boniface/ St. Vital
- Downtown/Point Douglas
- River East/ Transcona

## Interlake Eastern (2)

- Selkirk Area
- Ashern-Hodgson

## Southern (4)

- Steinbach Area
- Morden/Winkler Area
- Portage/Gladstone Area
- Mon équipe santé

## Prairie Mountain (2)

- Brandon
- Swan Valley Area

## Northern (1) (PLANNING PHASE)

- The Pas



# Interprofessional Team Demonstration Initiative (ITDI)

By integrating a variety of healthcare professionals into fee-for-service clinics, the initiative aimed to expand the capacity of family physicians and enable the provision of care to a larger number of patients through a collaborative team approach.





# ITDI Program Deliverables

## Access to Quality Care

Ensuring expanded access to care in Primary Care Home Clinic interprofessional teams and links to the broader MyHT network.

## Enrolment Patient Gains

Expanding Primary Care Home Clinic capacity, with an initiative target of an increase in patient enrolment by at least 500, resulting in a tangible impact provincially.

## Enhanced Collaboration

Building trust and collaboration between private practices, the Regional Health Authority (RHA) and Health.

## Data & Alignment to Primary Care Goals

Enhancing primary care data submission from fee-for-service clinics to inform better healthcare and primary care decisions.

# Benefits of the ITDI Program

1

## For Patients

Patients experience increased ease of access to care, improved safety, and a reduction in hospital admissions, among other benefits.

2

## For Providers

Providers enjoy workplace satisfaction, support from a team, and opportunities to learn and innovate within their practice.

3

## For the System

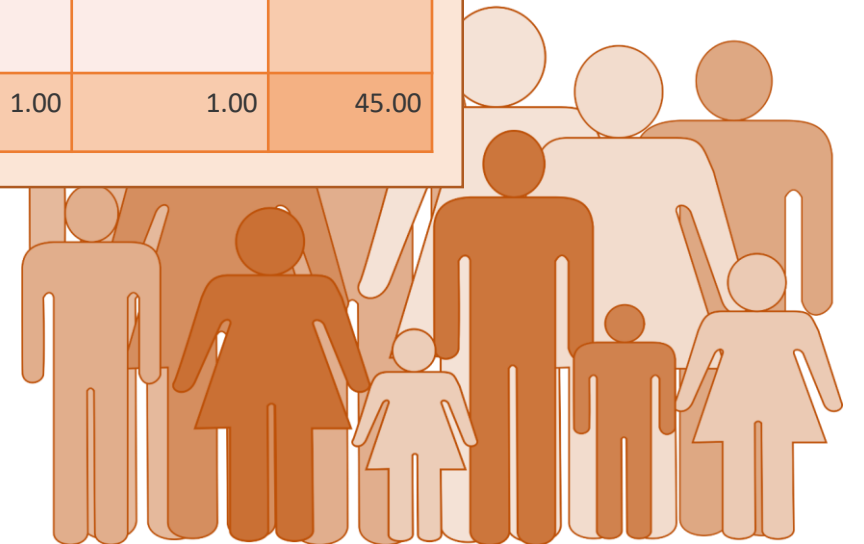
The health delivery system benefits from decreased burden on acute care facilities and potential for more efficient care delivery.

### **Manitoban Context**

ITDI has brought together Health, the RHA PC units and Private Practice physicians into a partnership that has facilitated trust, improved communications, and given a voice to private practice to assist in positive Health system change through evaluation, collaboration and innovation.

# ITDI: Current State - Fully Implemented

Region	Physician Assistant	Nurse Practitioner	RN (Primary Care Nurse)	RN (Case Manager)	RN (Wound Care)	Social Work	Pharmacist	Grand Total (FTE)
Interlake Eastern Regional Health Authority	1.00	4.00						5.00
Northern Health Region		2.00		2.00		1.00		5.00
Southern Health-Santé Sud	1.00	7.00			2.00		1.00	11.00
Winnipeg Regional Health Authority	5.00		19.00					24.00
Grand Total (FTE)	7.00	13.00	19.00	2.00	2.00	1.00	1.00	45.00



# Understanding Home Clinic (Manitoba's *Patient Medical Home*)



# Home Clinic Benefits

1

## Health System Alignment

Aligned with Manitoba Primary Care Policy and Strategy, the CFPC's vision of Patient's Medical Home, Manitoba's CPSP, and other Provincial Programs and Services

2

## Patient Enrolment

Supports patient care and outcomes and allows the Health system to understand which patients have a Primary Care Home Clinic

3

## Access to Information

Home Clinic can access resources and information to coordinate patient care more efficiently and effectively and optimize information sharing back to the Home Clinic

4

## Information Sharing

Support informed episodic, emergency, and specialist care and build stronger channels for team-based care between Primary Care and the health system, such as through eChart Manitoba

5

## FFS Incentives

Primary Care MRPs are eligible to claim Comprehensive Care Management tariff (FFS) and the new Family Medicine Plus tariffs

6

## Continuous Quality Improvement

Home Clinics can access valuable reports from Manitoba to support improvements in quality care, and the Health System can use information for Health System Analysis, Planning and Improvement



# Home Clinic status January 1, 2024



## Enrolment

**880,094 Manitobans are enrolled to a Home Clinic**

60.5% of the population

Increase of 31,219 from previous year



## Home Clinics

**278 primary care clinics/sites in MB are registered and operating in an active Home Clinic**

69% of all clinics (estimated) including ineligible non-EMR

83% of eligible clinics (estimated)



# Other Models of Care Enhancing Primary Care Capacity



## Mobile Clinics

Clinics on wheels provide the full range of primary care services, such as physical exams, diagnostic tests, immunizations, referrals, and well baby care.



## QuickCare (QCC) & Walk-in Connected Care (WICC)

Designed to meet the unexpected health care needs of patients when their regular provider may not be available, such as evenings and weekends. There are currently five WICCs in Winnipeg and two QCC (Selkirk & Steinbach)

### Current Walk-In Connected Care Wait Times

Due to rapidly changing demands and the need to see the sickest patients first, your own wait time may be more or less than the time displayed here.

Last updated: 1:45 PM

CLINIC	WAITING	WAIT TIME
<a href="#">ACCESS Fort Garry</a>	2	0.5 hrs
<a href="#">ACCESS Norwest</a>	7	1 hr
<a href="#">ACCESS Winnipeg West</a>	5	1 hr
<a href="#">Centre de Santé Saint-Boniface</a>	12	1.75 hrs
<a href="#">McGregor</a>	5	0.5 hrs



# Access Improvement Model (AIM)

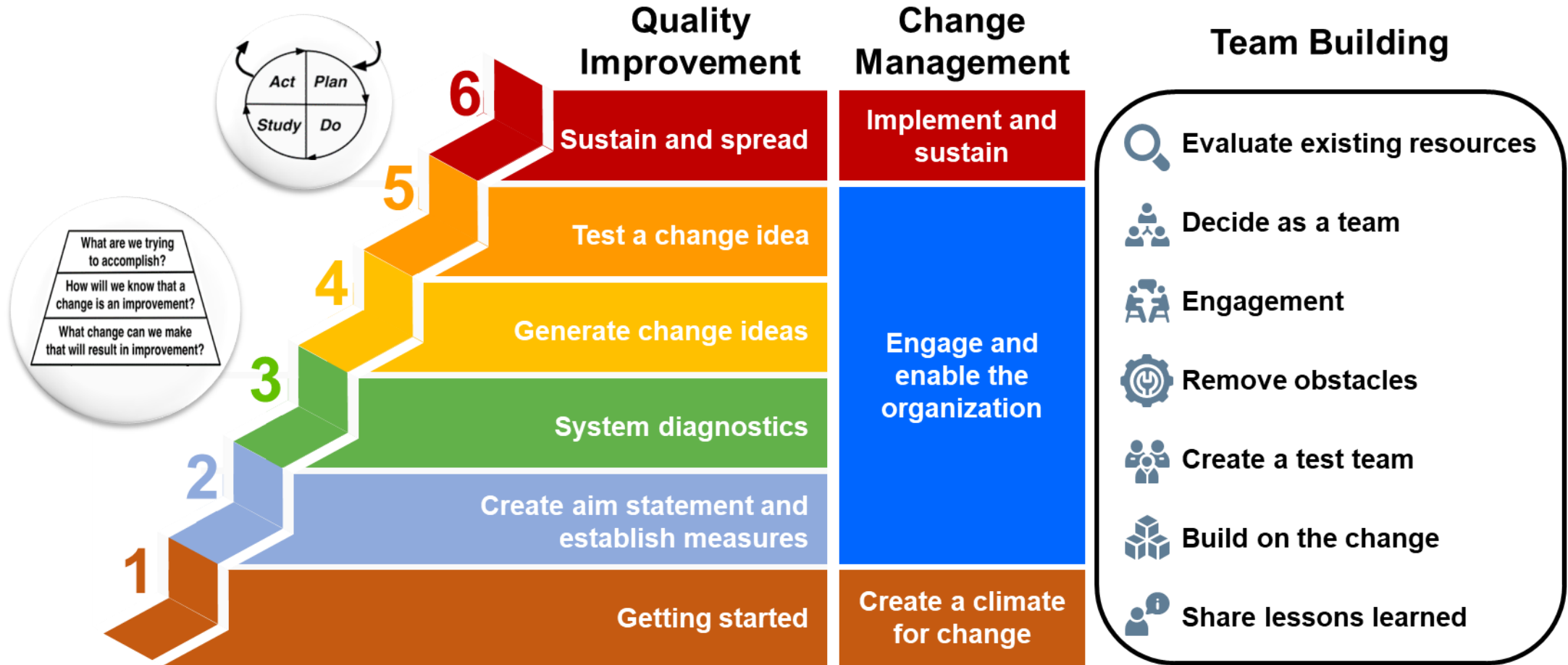


Information available at:

<https://healthproviders.sharedhealthmb.ca/integration-and-clinical-planning/quality-improvement/access-improvement-model/>

# AIM Curriculum Overview

Three pillars in AIM



# Future



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Due to the sensitivity around the strategic overview awaiting approval and funding, we have removed this content and can share once approved.