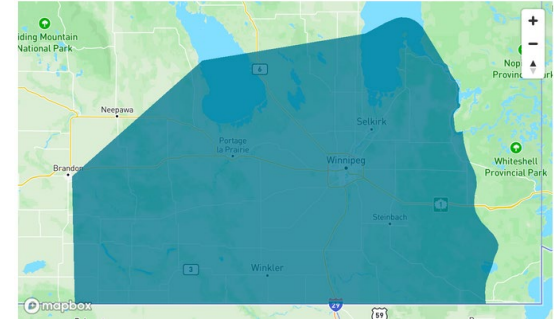


Primary Care in Manitoba: Realities and Priorities



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Dr. Amanda Condon MD CCFP FCFP
Provincial Medical Specialty Lead, Family Medicine
November 29th, 2024



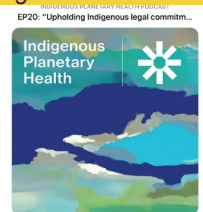
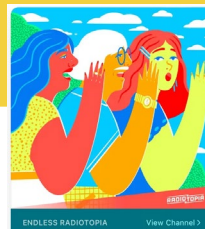
Welcome & Introduction



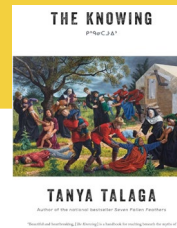
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Comprehensive Rural Family Physician
Educator
Board member
Parent of 2 teenagers

Currently
Listening



Currently
Reading





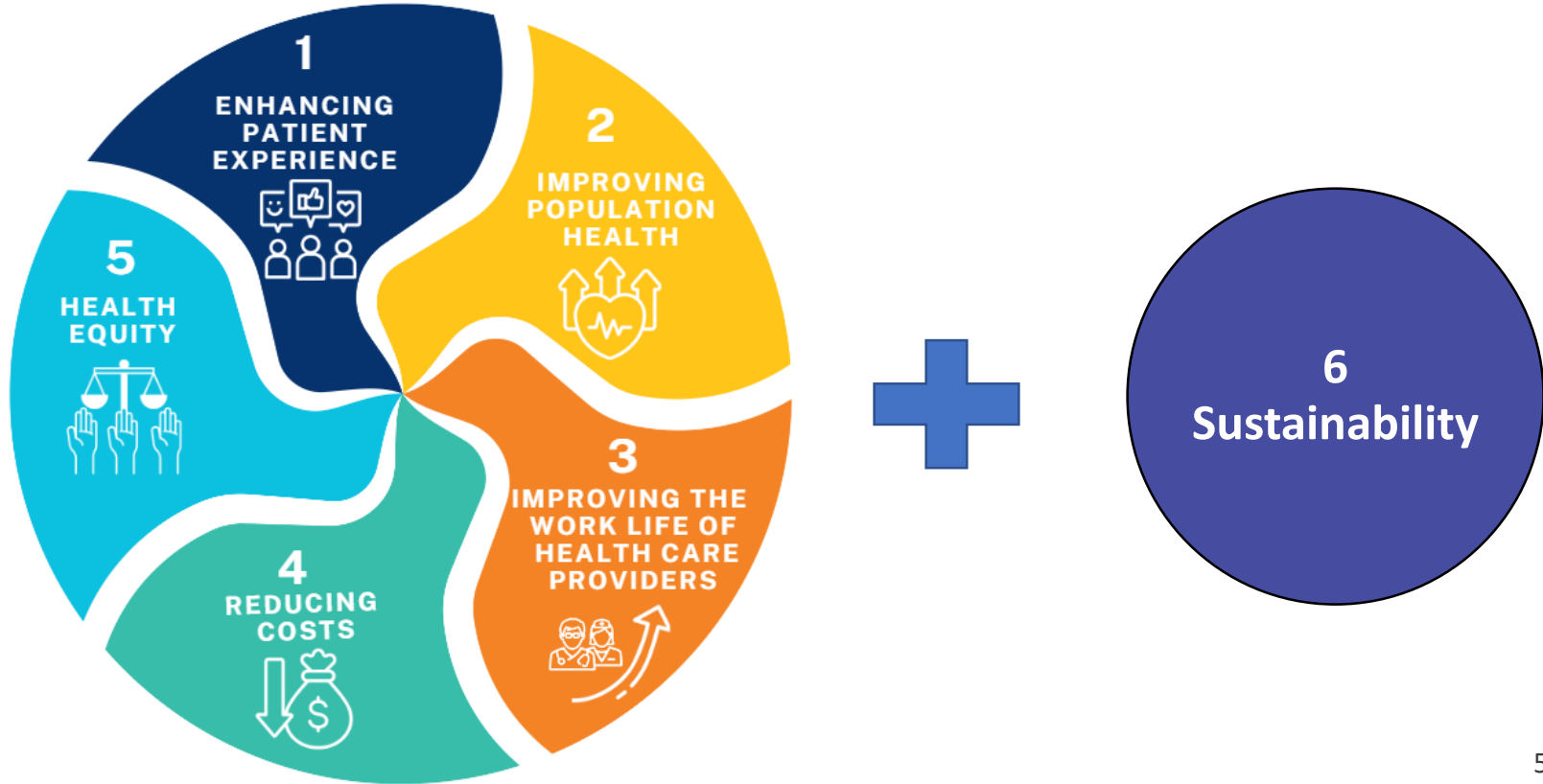
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Let's Check In

Mentimeter Poll



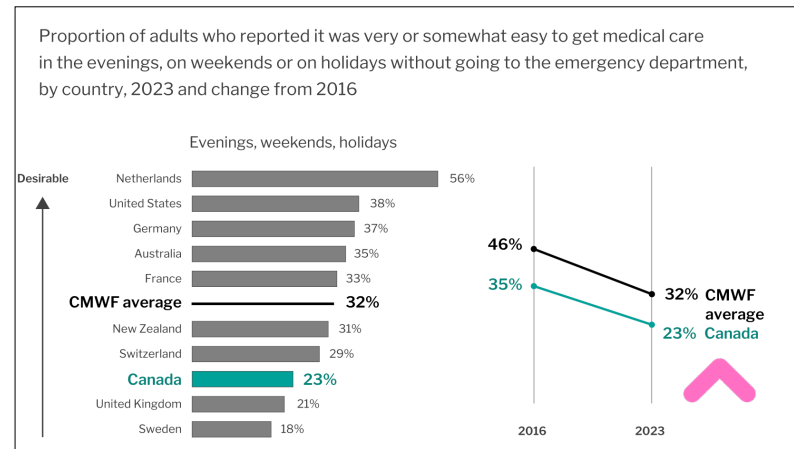
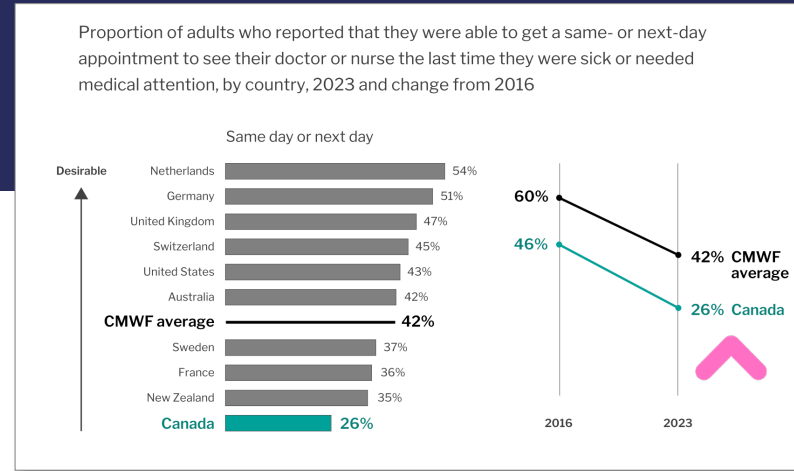
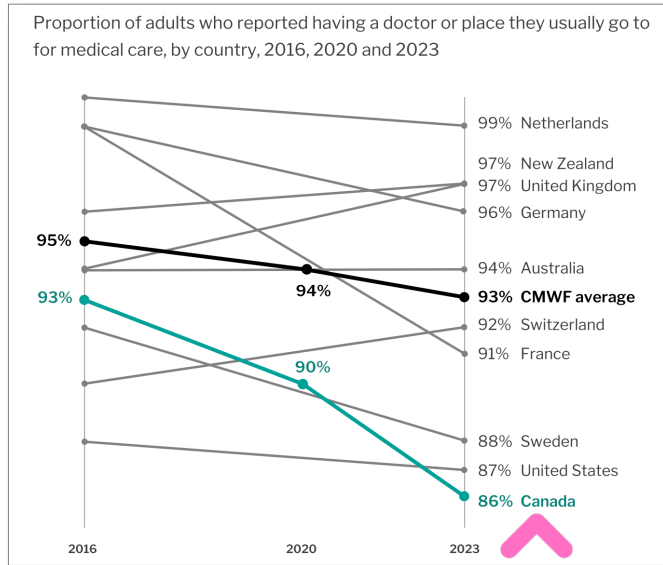
The Quintuple Aim



High Level Review of Current State

Current State of Primary Care in Canada

- Commonwealth Fund Survey 2023:
 - 26% of Canadians surveyed have same-day/next-day access to primary care (down from 46% in 2016)
 - 23% of Canadians surveyed have easy access to evening/weekend/holiday primary care (25% in 2016)



Primary Care in Manitoba by the Numbers

(October 2024)



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Home Clinic Enrollment



- 65% of Manitobans are enrolled to a home clinic
- 75% of all clinics are registered as an active Home Clinic which is 90% of eligible clinics
- 87% of providers are recorded with a Home Clinic

ITDI



- 47 ITDI positions including PAs, NPs, RNs and more

Family Doctor Finder



- 35,726* people have been matched in the past 12 months to a provider

*July 2024

My Health Teams



- 15 MyHTs
- 38% of Manitobans are enrolled to a Home Clinic that is part of a MyHT
- 39% of active Home Clinics are participants in MyHT

EMR



- 96% of primary care providers use a certified EMR
- 85% of primary care clinics use a certified EMR

Fee-For Service Providers



- Approximately 75% of providers belong to a fee-for service model of care



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Are we all on the same page?

Mentimeter Poll





A Word on Language...

Building blocks

Language is integrated within the system – next step is how we can strengthen the integration

The way terminology and definitions are being used now, doesn't mean this is the “end”

Moving beyond the words

Current Understanding: Enrollment



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Documented relationship
with a primary care
provider or clinic who has
an EMR and has agreed
to be a home clinic.

- Passive
- Active

Current Understanding: Home Clinic



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Primary care clinics across
Manitoba that have an
EMR and have agreed to:

- Provide longitudinal care for enrolled patients
- Share data from their EMR to Manitoba Health about visits, enrollment and other quality indicators

Current Understanding: ITDI



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Interprofessional Team Demonstration Initiative

- Funding agreements to increase the number of other professionals working in fee-for-service primary care clinics to increase home clinic enrollment

Current Understanding: My Health Teams

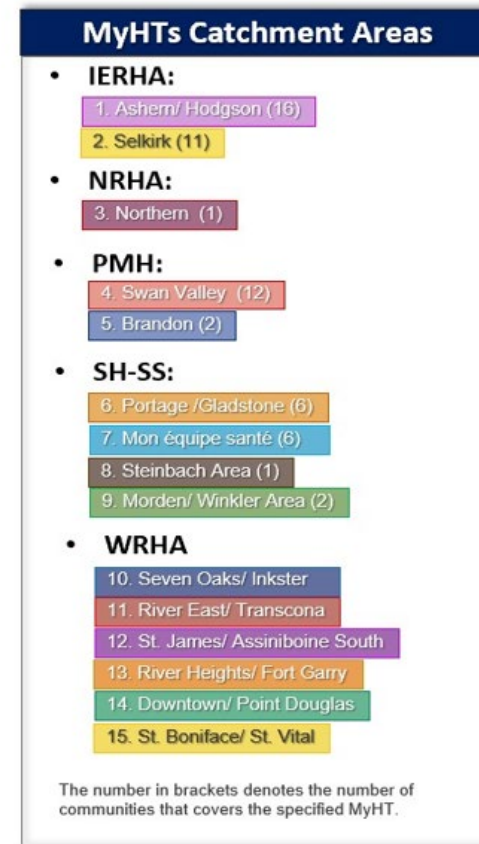
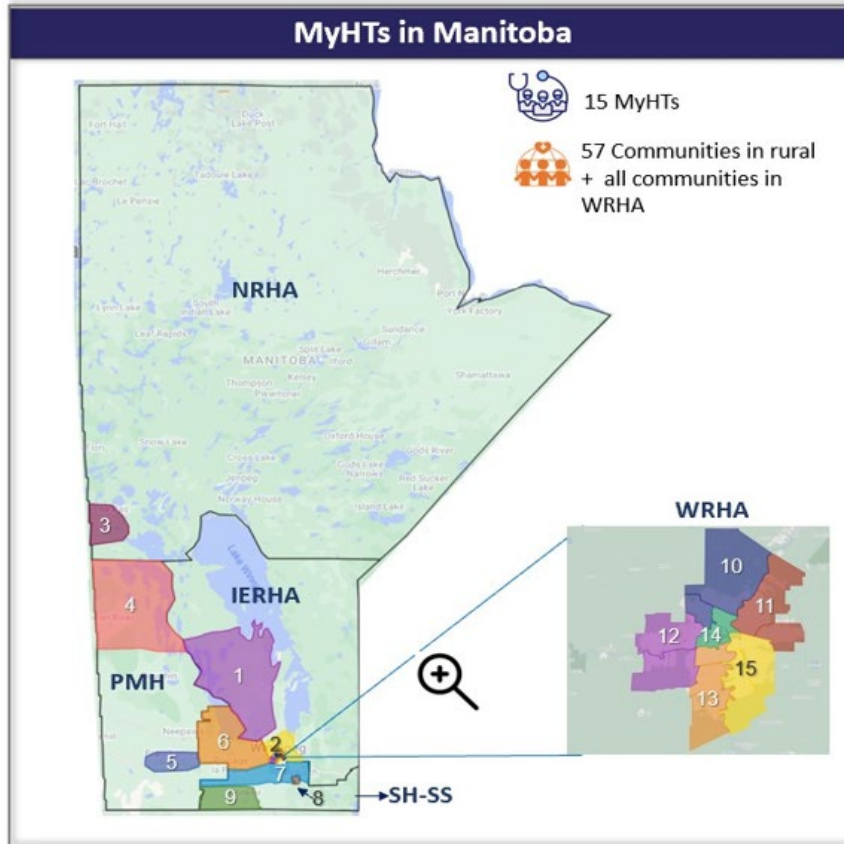


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In most cases, geographically organized networks of primary care providers who along with their partners, have access to funds to hire other clinicians to support the care of their patients, in return for a commitment to enrolling new patients.

- Manitoba Health
- Clinics
- Regional Health Authorities
- Community Organizations

My Health Team Coverage



Current Primary Care Delivery in Manitoba



Primary Care
Clinics/Family
Medicine Clinics



My Health
Teams



Community Health
Agencies



Interprofessional
Team Demonstration
Initiative (ITDI)



Indigenous
Health Centres



Mobile Clinics



Health Links



TeleCARE
(self management chronic
disease- RN support)



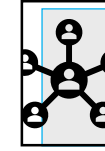
eConsult



Minor Injury and
Illness Clinics



Extended Hours
Primary Care Clinics



Walk-In Connected Care
Clinics/QuickCare Clinics

What About...



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Virtual care

Walk in clinics – episodic care

Home based care

Group visits

Community pharmacies



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Provincial Priorities

Government Priorities

ED Performance

Health Equity

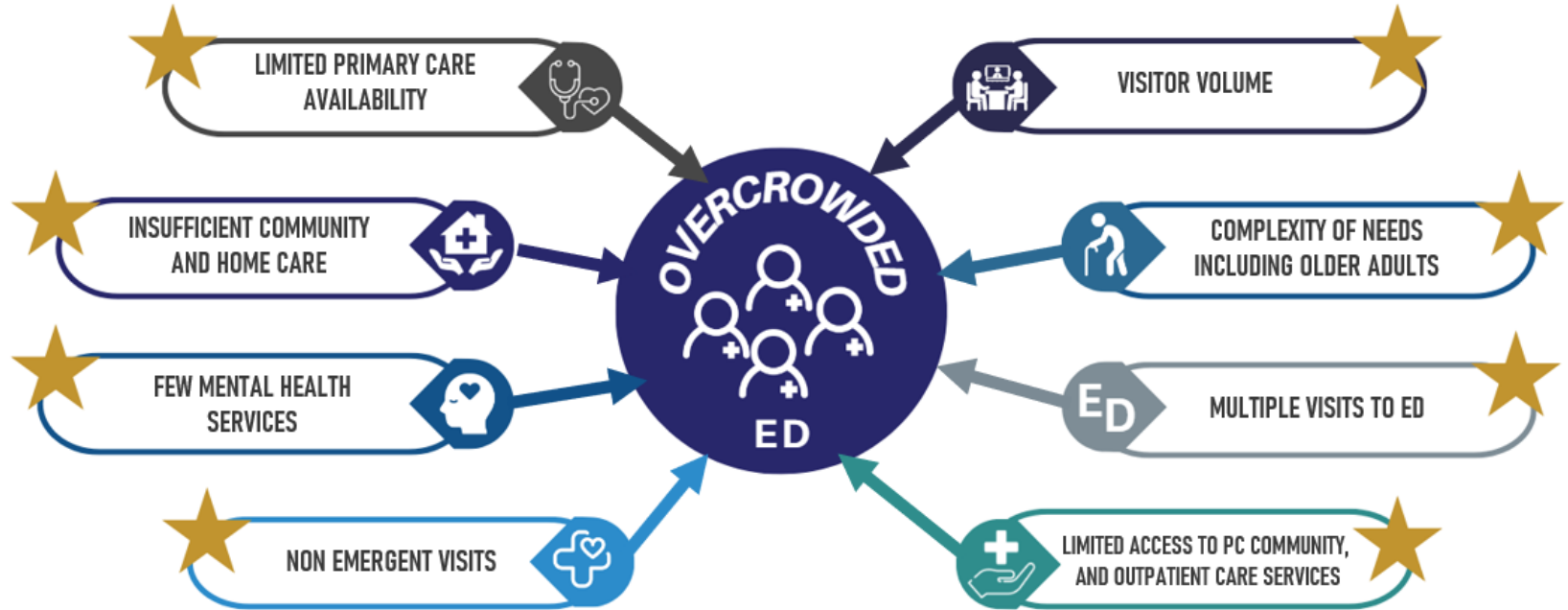
Fiscal
Sustainability



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ED Performance & Primary Care

Key Factors Impacting ED Performance



★ Factors that will be positively impacted by increasing access to same day and extended hours primary care

Canadian Association of Emergency Physicians Report



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	Right Place? (Appropriate)*	ED Stretcher Time (Primary Bottleneck)	ED MD Time (Secondary Bottleneck)
Care for admitted patients in the ED	No	+++++++	++++
Frail elderly failure to thrive	No	+++++	++++
Complex chronic disease management	No	++++	++++
Exacerbation of chronic mental health problem	No	++++	+++
Suicidal ideation	Yes	++++	+++
Emergent Care	Yes	+++	+++
Acute minor injuries	Yes	0	+
Acute unforeseen low-acuity conditions	Yes	0	+
Unable to access primary care	No	0	+

Table 1. Decision Matrix: Impact of ED Case Mix Groups on Bottleneck Resources



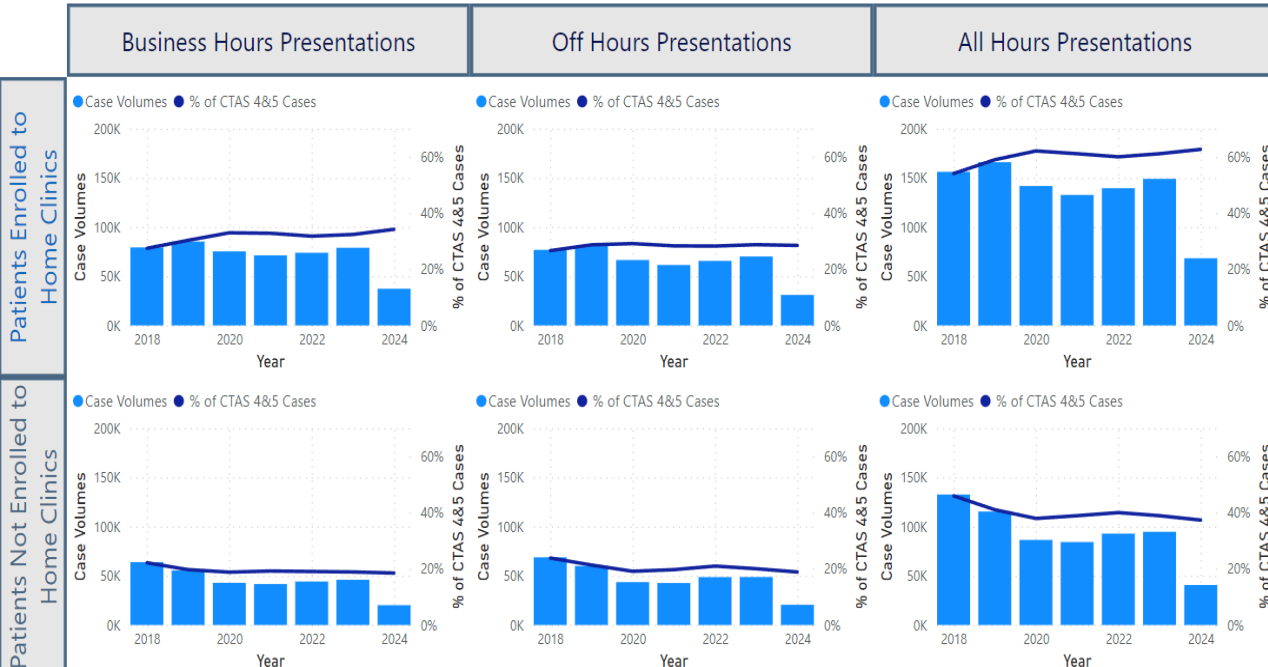
ED Low Acuity Visits & Home Clinic Enrollment



CTAS 4/5 presentations:

Patients enrolled to a Home Clinic vs Patients Not enrolled

Presentations during typical PC business hours (M-F, 8:00 to 18:00) vs off Business Hours (evenings, weekend)



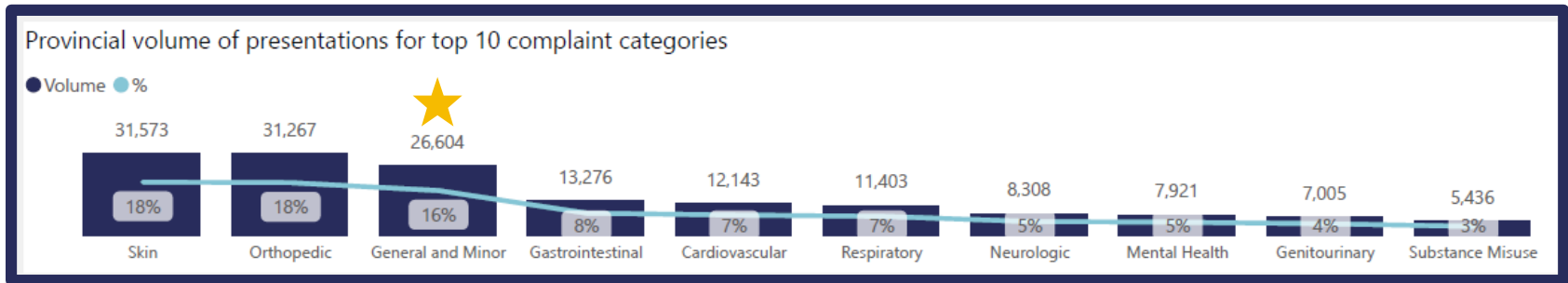
- Increasing trend in proportion of individuals presenting at ED as CTAS 4/5 during PC business hours who are enrolled to PC Home Clinic: **27.4% to 34.2%; 79K cases in 2023**
- For any day/time, the proportion of individuals presenting at ED as CTAS 4/5 who are enrolled to PC Clinic is increasing: **54% to 62.7%; 149K cases in 2023**
- For patients not enrolled in a PC Home Clinic, their proportion of CTAS 4/5 visits has decreased:
 - PC Business Hours: 22.1% to 18.5%**
 - All Hours: 46% to 37.3%**
- 47% of CTAS 4/5 presentations occur on evenings and weekends for both enrolled (28.5%) and non-enrolled (18.9%) patients; 118.9K cases in 2023

Provincial Top 10 Presenting Issues for CTAS 4 and 5 (FY 2023-24)



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Canadian Triage and Acuity Scale (CTAS)



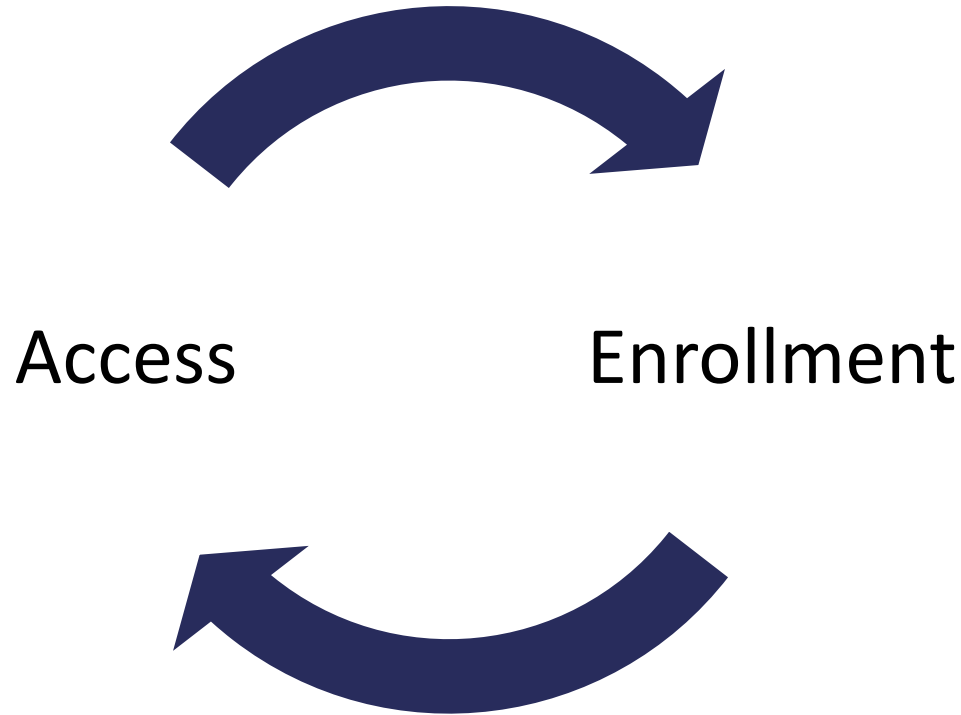
ED records included:

- Presentation date between April 1st, 2023 and March 31st, 2024
- Categorized as CTAS 4 or 5 in EDIS
- Age greater than 10
- Complaint category recorded

Enrollment Does Not Mean Access



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And we have to attend to both!



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**What can primary care do to
support the provincial priorities?**

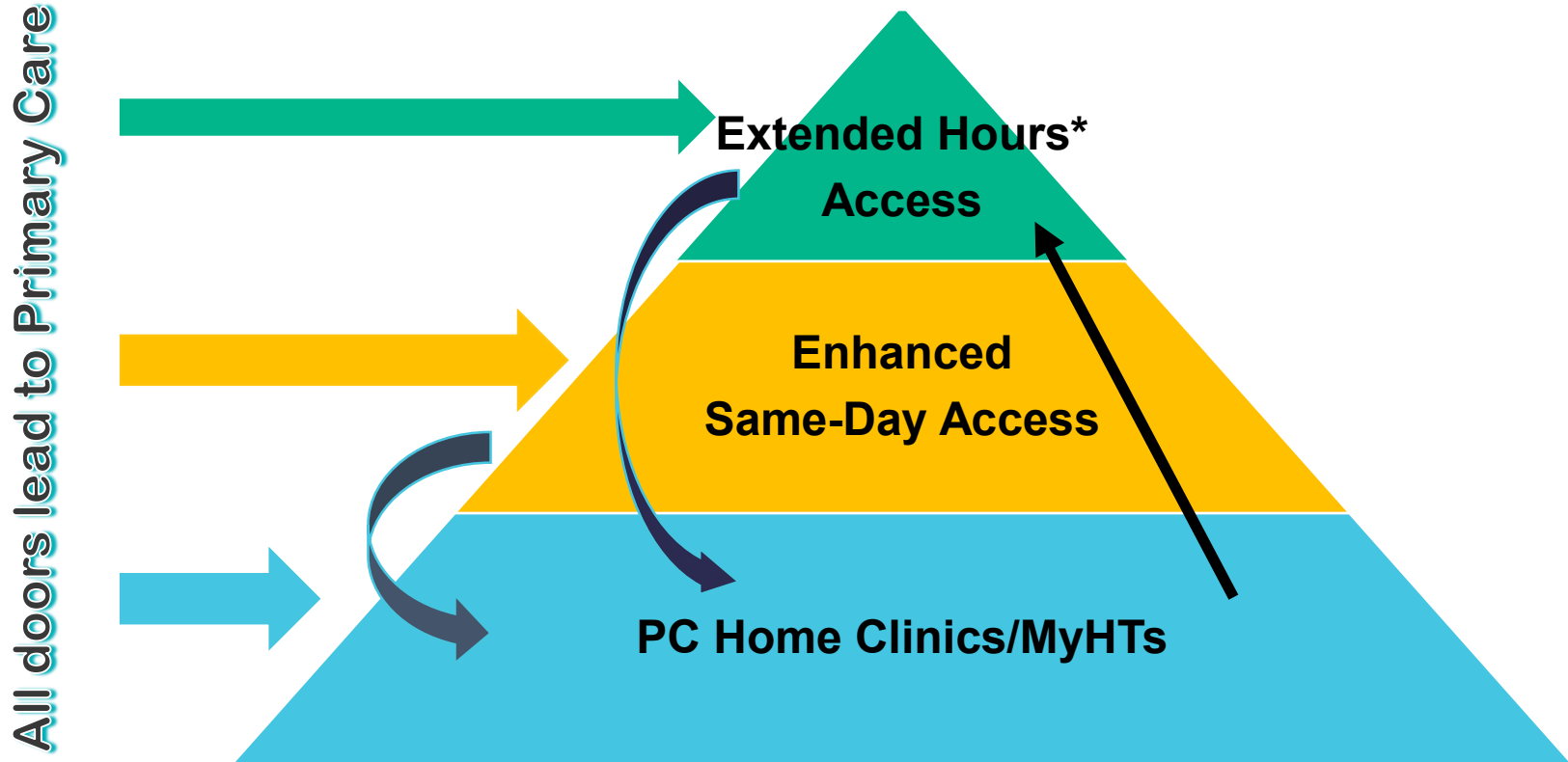
Active Work:

Extended Hours Primary Care

Extended Hours and Same-Day Service Model



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Extended Hours Primary Care Clinics (EHPCC) Overview



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WHAT is an EHPCC?

A clinic designed to provide primary care services during non-traditional hours (evening, night and weekends) to accommodate individuals who need medical attention outside of standard clinic operating times.



WHO is eligible?

Public access - all individuals regardless of their current Home Clinic enrolment or usual primary care provider or geographic location



WHERE is it located?

EHPCCs are strategically located within or near existing clinical spaces to maximize resources, such as hospitals and Access Centres



WHEN is it open?

Weekdays:
4 pm to midnight

Weekends:
12 pm to midnight



WHICH services are provided?

Several primary care services. From access to basic diagnostics to urgent primary care services.



What We've Learned So Far...



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Overwhelming amount of patients seen are attached to a primary care provider – attachment doesn't always mean access

Presenting issues – vast majority coming with primary care needs and are appropriate primary care presentations – not always simple

We need a pathway from ED to Primary Care

Standardization around information sharing is needed

Provider role expansion

Role of virtual care

Role for online booking

Importance of ongoing measurement, evaluation, and data collection

Current Provincial Primary Care Priorities



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Primary focus:

Increase access to primary care including same day and extended hours

- Extension and expansion of existing primary care
- Leverage existing My Health Teams/Team-Based Care Models to support comprehensive care – what do we mean by team-based care?
- Support continuity via information sharing (EMR) and community area and system integration – how to leverage existing tools? Where are there gaps?
- Prioritize enrollment
- Accessible primary care (extended hours, online booking, virtual care, low barrier)
- Focus on quintuple aim

Aligned to provincial priorities

Questions?



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