



Overhauling Manitoba's Ailing Health Care System

A Prescription for Progress

Public Health Care Expenditures in Manitoba

- Manitoba \$3,690.54 per capita
- Canada \$3,195.86 per capita

Possible Reasons for High Expenditure

Manitoba:

- has the most unhealthy population of all Canadian provinces
- spends its health care resources the most inefficiently of all provinces
- Some combination of the above

Estimated Manitoba Expenditures for FASD

- Health care (3-6%) = \$116-233 million
- Justice (10-20%) = \$32-64 million
- Family Services and Housing (20-33%) = \$225-372 million
- Education (5-10%) = \$65-130 million
- Total = \$ 439-779 million

Complex Systems

- Central control and micromanagement as in Manitoba's present Conservative designed and NDP run health care system is a poor approach.
- The system needs to be designed so that everyone at all levels has the right environment (incentives, fiscal responsibility, accountability etc) to make decisions which will move toward optimum health care and the most efficient use of resources.

Perverse Incentives Occur throughout Manitoba's Health Care System

- Presently a CEO in North Eastman, has a fiscal incentive to provide poorer quality care so that people from the region go to Winnipeg for care and so save dollars for the North Eastman RHA.
- This occurs notwithstanding the fact that services could be provided more cheaply for the whole provincial system in North Eastman RHA and would be closer and more convenient for citizens of the area.

Accountability in Principle

- As recommended by the Romanow Commission Report, **accountability should be a fundamental principle** in the delivery of health care services Manitoba.
- Manitoba Liberals have introduced such legislation five times into the Manitoba Legislature and the NDP have refused to support this every single time.

Accountability in Practice

- RHAs must become wholly accountable for both the health care delivered in the RHA and the full health care needs of residents within the RHA. Manitoba.
- This was in fact the approach in the Swift Current regional health care system, the original model for Saskatchewan's and Canada's medicare system.

Accountability in Practice

- RHAs must become directly and primarily accountable to the people of the RHA and only secondarily to the Minister of Health.

Accountability in Practice

- The province must replace global and line-by-line RHA budgets with RHA funding that is based on services actually delivered.

Timely Access to Quality Care Must be a right for Manitobans

- A genuine Patient's Bill of Rights which sets into law a guarantee of timely access to quality care in Manitoba.

Timely Access to Quality Care Must be a right for Manitobans

To implement this we need:

- A **Medical Standards Quality Council** to establish provincial standards for quality care, and for wait times
- An **Access Enforcement Office** with the authority to send patients for immediate care if they have not been treated in the mandated time.

Putting the Patient and the Family Physician First

- Manitoba's present health care system puts the bureaucracy and the hospital system first.
- Fundamental changes are needed to put the patient and his/her primary care provider (family physician or primary care clinic) first.

In a system of global budgets to RHAs and RHA managed care, the government does not know:

- What MSK health care is being provided
- How much is being spent
- What are the needs of the population
- What resources human and otherwise are available and needed
- What deliverables are received for resources deployed
- What effective quality assurance system is in place
- The health minister is rarely an MSK expert and has no dedicated holistic MSK advisory team

Specialist Care Services need to have core efforts organized and responsible provincially

- Alberta Bone and Joint Health (ABJH) is a good example.
- ABJH has brought all bone and joint health care under one network.
- ABJH has integrated education, research, database collection, clinical care and health promotion.
- Cancer Care Manitoba is an example of a provincially accountable and reporting specialist care service, though other specialist services do not need the complex infrastructure of Cancer Care Manitoba.

Reduction in Medical Errors is critical

- The Apology Act
- Sorry Works
- A provincial team for investigating errors and implementing reforms including setting standards and operating procedures as occurs with the airline industry.

Better actions to optimize health and to prevent illness

- FASD
- Diabetes
- Knee and Hip health
- Early Childhood Tooth Decay

Improved Approaches to Aboriginal Health Care

- Accepting and Implementing Jordan's Principle.
- Far more effective three way partnership among First Nations Communities, the federal government and the provincial government.
- Forward thinking planning for initiatives like the Cross Lake Hospital/Health Centre.

The End