November 21, 2017

Hon. Kelvin Goertzen
Minister of Health, Seniors and Active Living
Legislative Building, Room 302
Winnipeg, Manitoba

Dear Minister,

The Steering Committee of the Wait Times Reduction Task Force (WTRTF) is pleased to provide you with our report for government's consideration.

We heard from Manitobans that they want a health care system that is both accessible and responsive to their needs, as well as sustainable for the future. The two sub-committees, addressing Priority Procedures and Emergency Department access and wait times, have worked diligently to achieve the mandates of this task force. They have reviewed literature and looked at other jurisdictions, engaged with the public and with service providers and leadership teams through direct consultations, as well as through online surveys, and spent many hours in data review, debate, and formulation of recommendations.

We are supportive of the content of their reports and recognize the dedicated work that has gone into producing them. However, we would also like to highlight some areas that have been identified as crucial to quality health care for Manitobans, but which were beyond the mandate and scope of the WTRTF. These include:

- Social Determinants of Health – We know that preventing disease is one of the best ways of reducing demand on the health system, while at the same time allowing people to remain as contributing members of society. The social determinants of health influence the health of populations. They include income and social status; social support networks; education; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; gender; and culture. These are beyond the health system alone to address, requiring an all-of-government approach. However, unless they are addressed, we cannot be as effective as we would like in reducing health system utilization.
- Indigenous Health – We recognize that our First Nations, Métis and Inuit communities have unique challenges related to colonization, trauma, and living conditions. Over-crowded and poor quality housing, water quality and sanitation issues, lack of access to affordable food, jurisdictional issues and in some cases, remoteness, all affect their access to care. These issues are significant, and we could not begin to do justice to them in this report. We do want to emphasize that they need attention, however.
- Patient and Public Engagement – Research supports the efficacy of patient-centred care. This goes beyond the clinical level of involvement in one's own health care decisions and lifestyle choices. It also includes the involvement of patients in policy development and at the program level in planning, implementation and evaluation. While this has been briefly touched on in this report, government is encouraged to adopt this philosophy throughout the health care system in a genuine and meaningful way. Having patients, or members of the public, at planning tables changes the conversation.
- Provincial Program Governance – Coordination of services, standardization of processes, and increased oversight regarding quality improvement programs will all be beneficial to access and wait time issues. Shared Health Services Manitoba is seen as a positive step towards these objectives.
- Bed Blockage - Data indicates that one of the major difficulties is that the system is unable to transfer or discharge patients who no longer require acute care but who remain in acute care beds. While this has an impact on emergency departments, it is also a broader system issue, and has the potential to

affect other programs that are unable to locate beds for their patients. It is beyond our mandate to address this, and it is no doubt a complex problem, but is of critical significance.

- Rural Communities – Special consideration is required in rural communities. People have told us they are fearful that health services will not be there for them when needed. A thorough communication strategy is required which both engages and consults each community prior to the implementation of proposed changes. Where possible, when something is being taken away, an alternative should be provided. For example, where emergency departments are being closed, something like the Collaborative Emergency Centres described in Chapter 3 of the Emergency report should be offered as an effective way of still providing quality, community-based care.
- Health System Funding – At our initial meeting, we spent some time talking about the Minister's goal of improving wait times to at least the Canadian average, and generally about creative, innovative solutions and "thinking outside the box". Since then the Task Force groups have spent a lot of time and effort developing solutions to reduce wait times in Manitoba, but these efforts have focused on changes and improvements to the existing Canadian model of health care delivery. We had several discussions regarding challenges of the funding model currently in use. However, we recognized that this was beyond our scope, and without the resources to research this thoroughly it would be inappropriate to make specific recommendations. However, one suggestion we would make is that consideration be given to using pilot projects, as has been done in other provinces, to try different funding models such as Pay for Performance, or other models of care, such as the Mayo Clinic model. This is seen as a low risk way of testing out other approaches, building in evaluation, and determining their effectiveness. An additional report, "The Funding Model: Does it Matter?" will be submitted along with this report for consideration.

As our work progressed, it was apparent that no single initiative, by itself, would reduce wait times. As noted in the Emergency Department Introduction, health care organizations are complex and constantly changing, multi-layered systems which are full of "wicked problems" – where multiple, inter-connected problems that include socio-political and moral-spiritual issues occur. Solving one problem often creates or exacerbates another. For that reason, the recommendations in this report are best taken together, or minimally, consideration needs to be given to the impacts of selecting some recommendations, in the absence of accompanying and related ones.

Finally, we would like to extend our thanks to all of the people who came out to our consultations or responded to our surveys. Input from the public and from health care providers was essential to this process and the report would not have been as strong without their contributions. We also thank the Manitoba Health, Seniors and Active Living staff members who supported our work, and the production of this report. It has been a pleasure to work with all of them!

Thank you for the opportunity to participate in this very important work. We wish you success in improving Manitoba's health care system for the present, and for future generations.

Sincerely,

D. Wayne Elhard, Chair | Debbie Brown | Martin Billinkoff | Wayne Anderson