

**Bill 10, THE REGIONAL HEALTH AUTHORITIES AMENDMENT ACT
(HEALTH SYSTEM GOVERNANCE AND ACCOUNTABILITY)
Question and Answer Document**

March 2019

Why is the health system transformation being undertaken and how will it benefit Manitobans?

Healthcare is the most expensive service provided by the Government of Manitoba. Numerous studies of Manitoba's health system, including The Provincial Clinical and Preventive Services Planning for Manitoba report (also known as the Peachey Report), the Health Sustainability and Innovation Review undertaken by KPMG and the findings of the Wait Times Reduction Task Force have concluded that Manitoba's system is overly complex and, in many cases, acts as a barrier to effective and efficient delivery of services. This complexity also contributes to bureaucratic inefficiency and cost.

Regional health authorities were created in 1997 to better manage health care services closer to the patient. The number and types of health care providers needed to provide care have changed over time - but the health care system has not modernized in response.

Between 2003 and 2016, health care funding rose by 97 per cent. These significant increases in health care funding have not resulted in significantly improved health outcomes, and Manitoba remains at or near the bottom of national rankings in a number of categories.

Bold changes to the health system are being undertaken to make it more patient-focused, operate more efficiently and ensure it is safe, affordable and sustainable in the long term and to provide Manitoba families with access to the right care, at the right time, in the right place.

Why are these legislative amendments being made?

Bill 10 will support the modernization of Manitoba's health care system by aligning the roles and responsibilities of all organizations into an integrated system. These changes are a result of a process to establish an integrated blueprint based on clear principles to simplify the roles and accountabilities of all organizations in the system.

This realignment will see a simplified structure within the provincial health system, as the functions of previously existing organizations (Diagnostic Services Manitoba and Addictions Foundation of Manitoba) will be combined within Shared Health, an organization with a provincial focus. Shared Health will lead provincial planning and integration of clinical and preventive services, improve patient care and provide coordinated business and administrative support to regional health authorities and other health service delivery organizations.

This bill will:

- Change the name of The Regional Health Authorities Act to The Health System Governance and Accountability Act to reflect the role of the legislation in the organization, management and oversight of the provincial health care system;
- make Shared Health a provincial health authority under The Health System Governance and Accountability Act;
- set out the organization's responsibilities, duties and authority;
- transfer the operations of the Addictions Foundation of Manitoba, to Shared Health
- make CancerCare Manitoba the cancer authority under The Health System Governance and Accountability Act, setting out the organization's responsibilities, duties and authority and repealing The CancerCare Manitoba Act;
- create a robust accountability framework for all health authorities that identifies services, funding and performance measures;
- enable the standardization service purchase agreements for health services delivery to ensure consistency across the health care system;
- enable a health care organization or health corporations to voluntarily enter into an agreement to transfer all or part of its operations, property, rights, liabilities and obligations to a health authority; and
- enable the Lieutenant Governor in Council to transfer provincial responsibilities relating to the delivery of health services, including Selkirk Mental Health Centre, to a health authority and to transfer operations, activities and property from one health authority to another if necessary.

Within government, Manitoba Health, Seniors and Active Living is undergoing a transformation to focus on policy, planning, funding and oversight, moving away from its historical role as a service provider. This bill will also support the department in this role.

Is the purpose of the health system transformation to save money?

The health system transformation is about modernizing the system to make it more patient-focused and ensure the delivery of care is safe, accessible and equitable – providing Manitoba families with access to the right care, at the right time, in the right place. All while improving the efficiency of operations to assure sustainability over the long term.

Modelled on the success experienced in other jurisdictions, which has informed Manitoba's transformation blueprint, this bill aligns the roles and responsibilities of publically funded health service delivery organizations into an integrated system.

Transformation is a carefully sequenced process to be implemented over three waves across five years. While cost savings are anticipated as changes are implemented, these will primarily be redirected to enhance the availability and quality of services across the province and to keep pace with technology and innovation in the health sector.

Why is The CancerCare Manitoba Act being repealed? Does this mean that CancerCare Manitoba won't exist anymore?

CancerCare Manitoba will continue to exist and is being continued and designated as the cancer authority under The Health System Governance and Accountability Act. This is being done to ensure that the cancer authority is integrated into the health system governance structure and is subject to the same accountability framework as Shared Health and the regional health authorities.

CancerCare Manitoba will continue to be a separate corporate entity with its own board of directors. This legislation will see the responsibilities, duties and authority of CCMB set out in The Health Systems Governance and Accountability Act rather than The CancerCare Manitoba Act. Authority to make decisions respecting the operation of the corporation and the delivery of services within the framework of the transformed health system will continue to be the responsibility of CancerCare Manitoba and its board.

Why is AFM being dissolved? Will that negatively affect addictions services?

The bill will transfer the operations of the Addictions Foundation of Manitoba to Shared Health. These changes will provide a foundation for other provincial mental health and addictions services and enable the establishment of a provincial mental health and addictions program by Shared Health.

This will ensure integrated planning, delivery and performance measurement of provincial addictions and mental health services across the province in accordance with provincial mental health and addictions implementation plans.

This change is consistent with the VIRGO report, *Improving Access and Coordination of Mental Health and Addictions Services: A Provincial Strategy for all Manitobans*.

As part of the transformation process, certain mental health program services from the Winnipeg Regional Health Authority, including the Crisis Response Centre, the Co-Occurring Mental Health and Substance Use Disorders (CODI) Outreach Program, the Crisis Stabilization Unit, forensic assertive community treatment (FACT), and forensic community mental health services will transition to Shared Health. The operations of Selkirk Mental Health Centre are also planned to transition to Shared Health in the future.

What are the timelines for the mental health and addictions changes to be made?

Certain mental health program services from the Winnipeg Regional Health Authority, including the Crisis Response Centre, the Co-Occurring Mental Health and Substance Use Disorders (CODI) Outreach Program, the Crisis Stabilization Unit, forensic assertive community treatment (FACT), and forensic community mental health services will transition to Shared Health beginning as early as April 2019 as part of Wave One of health system transformation.

The operations of Selkirk Mental Health Centre are planned to transition to Shared Health in Wave Two of the transformation, within the next two to three years.

The provisions of Bill 10 transferring the operations of the Addictions Foundation of Manitoba to Shared Health will come into force on a date set by proclamation. This is expected to occur in Wave Two of the transformation, within the next two years.

These timelines will allow the changes to be made in an orderly way, aligned with the transformation blueprint and detailed planning with the mental health and addictions system structure project that is guiding the creation of a provincial mental health and addictions service.

Will the regional health authorities and CancerCare Manitoba report to Shared Health?

No. Shared Health (the provincial health authority), CancerCare Manitoba (the cancer authority) and the regional health authorities are all health authorities accountable to the Minister of Health, Seniors and Active Living.

However, as a provincial health authority, Shared Health, will have key provincial planning and service delivery responsibilities, including;

- the development and regular updating of a provincial clinical and preventive services plan for health service delivery across the health system,
- the development of a provincial health human resources plan and a provincial capital plan for the health system,
- the provision of administrative and clinical support services to the cancer authority, regional health authorities and other health service delivery organizations,
- delivering and providing for the delivery of provincial health services and facilities, and,
- the development and regular updating clinical standards for the delivery of health services to provide consistent standards across the health system.

Why does the province need a provincial clinical and preventive services plan (PCPSP)?

A coordinated provincial clinical and preventive services plan supports the best delivery of care and use of resources - including human, capital and financial - province-wide. Better-planned services will mean improved access to consistent, reliable quality health-care services, right across the province.

The Provincial Clinical and Preventive Services Planning for Manitoba report (also known as the Peachey Report) findings included that each region was providing quality care, but without a provincial plan to guide their work. Other findings included:

- Care was not well-coordinated.
- There were no provincial standards for the delivery of health care services.
- Rural care was fragmented.
- Wait lists were significant.

What will be the main components of the PCPSP?

The PCPSP will be founded on the idea that health-care needs are always changing. It will be flexible and able to evolve while continuing to focus on accessible and sustainable patient care provided by skilled health-care professionals.

Who will approve the PCPSP?

The Minister of Health, Seniors and Active Living will approve the PCPSP. Shared Health (the provincial health authority) will be responsible for the development of five-year PCPSPs for approval by the Minister of Health, Seniors and Active Living.

Why does the province need a provincial health human resources plan and a provincial health capital plan? Who will approve the plans?

Provincial health human resources planning will provide an integrated view of the workforce in the health system and a better match of resources to need across the province.

With respect to capital planning, modern health systems rely upon infrastructure and equipment able to support the delivery of patient care at the most appropriate location(s). In Manitoba, siloed decision making related to capital planning and investment in infrastructure and equipment has historically meant that investments in basic infrastructure at many sites have not aligned with the needs of the population or the actual delivery of care. At times this has impeded our system's ability to invest in more strategic equipment and infrastructure to meet actual patient needs. Integrated provincial capital planning ensures that decisions related to capital investment are made based upon real need and system-wide priority.

Shared Health (the provincial health authority) will be responsible for the development of provincial health capital plans and health human resources plans for approval by the Minister of Health, Seniors and Active Living.

How is this legislation related to the bargaining unit restructuring being undertaken under The Health Sector Bargaining Unit Review Act?

Bargaining unit restructuring is underway and is continuing under the oversight of the Commissioner appointed under The Health Sector Bargaining Unit Review Act. While references to the names of legislation and statutes will be amended through the Bill, all other provisions of The Health Sector Bargaining Unit Review Act remain the same.

How will this bill support the delivery of quality health services across the province and patient safety?

This bill will mandate Shared Health (the provincial health authority) to develop and update a 5 year provincial clinical and preventive services plan (PCPSP) for coordinated and integrated health services delivery across the province and clinical standards for health services right across the province. This will provide improved access to health services that are subject to the consistent clinical standards regardless of where the service is provided.

The PCPSP will enable the department of Health, Seniors and Active Living to focus on policy, planning, funding and oversight, and together with the amendments in the bill, will facilitate a more robust monitoring and oversight of health services across the health system to ensure compliance with the provincial clinical and preventive services plan and consistent clinical standards in the delivery of health services.

This bill will also enable the establishment of standards committees, including provincial standards committees, by Shared Health (the provincial health authority) to audit the delivery of medical services and other health services across the province.

What is the role of health service delivery organizations funded by Shared Health, the cancer authority and regional health authorities in the transformed health system?

These service delivery organizations will continue to provide health services pursuant to a service purchase agreement with a health authority. Currently, there are more than 250 different service purchase agreements. Bill 10 will facilitate alignment to a standardized service purchase agreement that manages services delivered from these partner organizations in an integrated consistent, performance-oriented framework across the province. Consultations are underway with stakeholders in key sectors to establish the new service purchase agreement in anticipation of this legislation.

Does this bill mean that the role of faith-based service delivery organizations will be changed?

No. This bill reaffirms the role that faith-based service delivery organizations play in the system.

The new service purchase agreements will modernize the structure of the service relationships to ensure these organizations can meet the needs of the communities they serve, while ensuring that care outcomes, organizational performance and funding are managed transparently across all organizations.

Will the bill change the role of health profession regulatory colleges in the health system?

No, the amendments in the bill to The Regulated Health Professions Act and the existing profession-specific acts will enable the minister to disclose provider information reported to the minister under these acts to Shared Health in addition to CancerCare Manitoba and the regional health authorities. It will also extend the reporting requirements in the Regulated Health Professions Act in respect of the discipline of regulated health professionals to Shared Health as a health service delivery organization.

Who was consulted in the development of the bill?

The bill was developed based on the transformation blueprint. The blueprint was developed based on the studies of Manitoba's health system, including The Provincial Clinical and Preventive Services Planning for Manitoba report (also known as the Peachey Report), the Health Sustainability and Innovation Review undertaken by KPMG and the findings of the Wait Times Reduction Task Force.

Key stakeholders, including Shared Health, CancerCare Manitoba and regional health authorities, were consulted in the development of the blueprint. Other targeted consultations will be undertaken in key areas, including the development of the provincial clinical and preventive services plan, the provincial health human resources plan, the provincial health capital plan, health authority strategic and operational plans, and the standardization of service purchase agreements in the health system.

In addition, public consultations are part of the legislative process. Once the bill is introduced and passes second reading, it is referred to a legislative committee for review. This is also when the public is able to make presentations about the proposed legislation. The committee considers those presentations and may make amendments to the proposed legislation. For more information on that process, visit: <https://www.gov.mb.ca/legislature/business/bills.html>.