

The *Manitoba Clinical and Preventive Services Plan* includes an assessment of the current state of health care across Manitoba.

Key observations include:

- Manitoba's population is growing. Rates of growth over the next 25 years vary by region but are highest in Winnipeg (45 per cent) and southern (62 per cent).
- The largest growth is expected to occur in those between the ages of 60 and 70 or those over 80 years of age.
- Manitoba has a large Indigenous population, representing 18 per cent of the province's population. This segment of the population is also younger than the rest of the province.
- Manitoba is a diverse province, with new Canadians comprising 18.3 per cent of the population and a significant population of French-speaking Manitobans.
- The province's population is also dispersed across vast geographic areas including 44 per cent of Manitoba's population residing in areas with less than 10 people per kilometre.
- Health status also varies across the province, with variations in access and clinical practice standards. For example:
 - The Northern region has a higher prevalence of diabetes (18 per cent) than the rest of the province, which is double the provincial rate;
 - Interlake-Eastern Regional Health Authority has a higher prevalence of patients requiring hip replacement;
 - Northern and Interlake-Eastern regions have a higher prevalence of acute myocardial infarction; and
 - Prairie Mountain Health has a higher prevalence of patients who have a C-section birth (30 per cent) versus the provincial rate (23 per cent).

The plan's recommendations will address these variations in access and quality, investing in care delivery, screening and prevention in rural and remote communities to support Manitobans closer to where they live.

Clinical services, health providers, equipment and technology will be located in the best places to improve care. By concentrating clinical services and resources in targeted hubs, patient transports to Winnipeg will be reduced and the quality and consistency of care available across the province will be improved.

Specific recommendations include:

- establishing dedicated clinical governance teams that will develop and enforce provincial standards and pathways to improve the consistency of care across the province and whose clinical expertise will support decision-making on investments and shifts in care;
- designating Health Sciences Centre Winnipeg as a provincial facility that will further develop the use of telecare and improve the provision of specialty consultative expertise to local providers;
- designating St. Boniface Hospital as an intermediate hub responsible for the delivery of some priority provincial specialty services (cardiac, obstetric and French-language services);
- creating a new intermediate hub in Brandon following improvements to the Brandon Regional Health Centre that will enhance its capacity to provide higher acuity and specialty services. Improvements are required to enhance the site's intensive care unit and surgical capabilities, as well as adding a 24-7 internist consultation;
- leveraging and investing in digital tools that will allow providers to share information, improve access to specialty consults and support increased use of telecare tools to support patient care provided remotely;
- consulting with local communities in advance of the designation of an intermediate hub in the north that is able to support clinical and support services for Manitoba's northern population;
- collaborating with Indigenous communities to improve coordination of care, prevention and screening, and access to specialized care;
- aligning health human resources to enhance access to services for Manitoba's francophone population; and
- targeted investment in services that will improve access for patients throughout the province, including an emphasis on prevention and support for chronic conditions and healthy aging, and digital tools that will both support providers' ability to share information or access consults.