



My Health Teams: A New Way to Deliver Primary Care in Manitoba

A summary of the report *Describing Patient Populations for the My Health Team Initiative* by Dan Chateau, Alan Katz, Colleen Metge, Carole Taylor, Chelsey McDougall, Scott McCulloch

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Primary Care in Manitoba

Where is the first place you go for help when you have a health concern? For most Manitobans, the answer is “primary care”. Primary care is the first-contact day-to-day care you get from your family doctor or nurse practitioner. Primary care providers look after patients with a wide range of health concerns. They prevent and treat common illnesses and injuries, and they refer patients to other providers when they need specialized care.

Because primary care is at the very centre of our healthcare system, planners at Manitoba Health are looking for ways to make primary care work better. Good primary care means that patients with urgent needs are seen quickly. Primary care is changing to offer more next-day appointments, and to allow patients to visit providers on weekends or in the evening. Providers also want a better way of connecting with each other and other providers not usually available in primary care like counselors and therapists. With these aims in mind, Manitoba Health is starting to offer primary care in a new way. This new model of care is called *My Health Teams*.

My Health Teams: A New Way to Deliver Primary Care

My Health Teams are based on teamwork. *My Health Teams* bring together *teams of providers with different expert knowledge and skills* to care for patients.

Providers on a team may work in the same clinic or community, or they might be connected online. This team approach to primary care is designed to make sure that Manitobans get the right kinds of care as quickly as possible.

My Health Teams are being developed one step at a time, and are already active in some parts of Manitoba. As part of this step-by-step process, it’s important to know more about the people *My Health Teams* will serve. For example, who are the patients who will visit *My Health Teams* providers? And what types of care will they likely need?

To answer these questions, researchers at the Manitoba Centre for Health Policy (MCHP) completed a study using data from the Manitoba Population Research Data Repository. We first described primary care patients

in Manitoba. We looked at how many people visited primary care providers regularly, and where they went for care. Then we looked at how many patients required more care than most. We focused on frequent users of primary care, and patients with complex medical or social needs. This information will help planners choose the right team members to meet the needs of those patients.

Setting Up the Study

The Data Repository at MCHP is useful for planning healthcare system changes. Virtually every time a Manitoban come into contact with healthcare providers, information is collected and copied to the Data Repository. To protect the privacy of the people involved, personal details (names and addresses) are removed before the data are sent to MCHP. But we can still track the area where people live using their postal code. This is a key piece of information for this study, because it allows us to link where people live to where they go for primary care – without ever knowing exactly “who” they are.

The first step was to decide where *My Health Teams* would operate. Together with planners from each health region in Manitoba, we divided the province into smaller areas based on how the regions provide primary care.

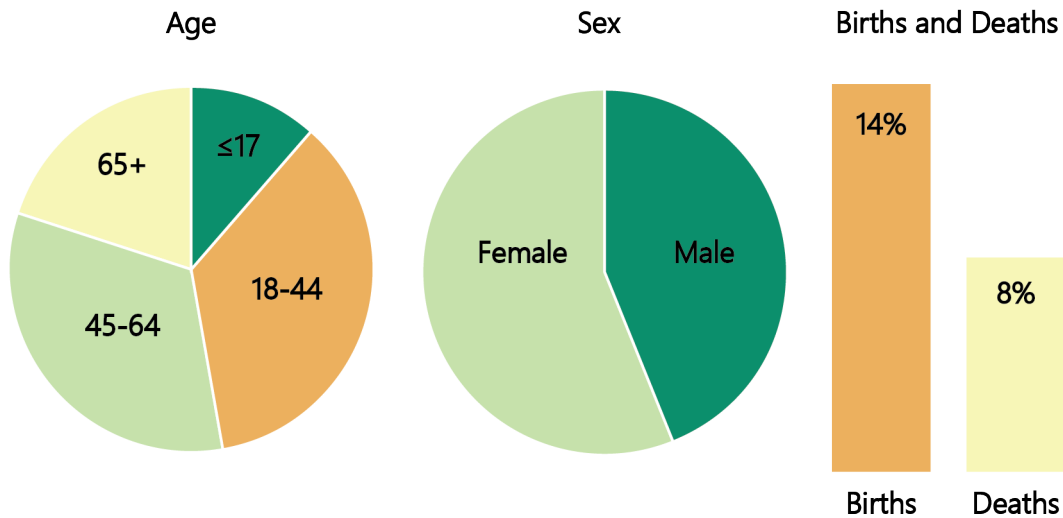
Next, we searched the Data Repository for all Manitobans who had at least three visits to a primary care provider within three years (2011-2014). These are the people actively using primary care, and the ones for whom health regions need to plan future services. We mapped out where they lived and where they went for primary care.

Finally, we looked at Manitobans who were ‘complex patients’. These are people who were frequent users of health services, people who had complex medical conditions related to their physical health, or people who were living with complex social factors. Social factors like low income, being a teen mom, or being a newcomer to Canada can affect people’s health and their use of healthcare. Providing care for this group of patients is a priority for the health regions, and *My Health Teams* might be a good way to make sure they get the care they need.

Who Seeks Primary Care?

We found that almost 1 in 3 Manitobans do not see a primary care provider regularly. In the three-year study period, about one-third of Manitobans made less than one visit per year. Among the other two-thirds of Manitobans who did make regular visits to a primary care provider, 56% were female (Figure 1). Manitobans 45 years or older were more likely to see a provider than younger Manitobans.

Figure 1. Characteristics of Manitobans who regularly see a primary care provider



Where do Manitobans Go for Primary Care?

When Manitoba Health first started planning primary care services, they made decisions based on where people live. It turns out that many people don't get their care close to where they live. Instead, they may choose to visit clinics in other areas of the city – maybe because the clinic is close to their workplace, or because of advice from a family member. Maybe they have a regular provider, but then they move to a different part of town. Chances are that they will still seek care from that same provider, even if it means traveling to do so. And so, to plan primary services, we should look not at where Manitobans live, but at where they actually get their care (Figure 2).

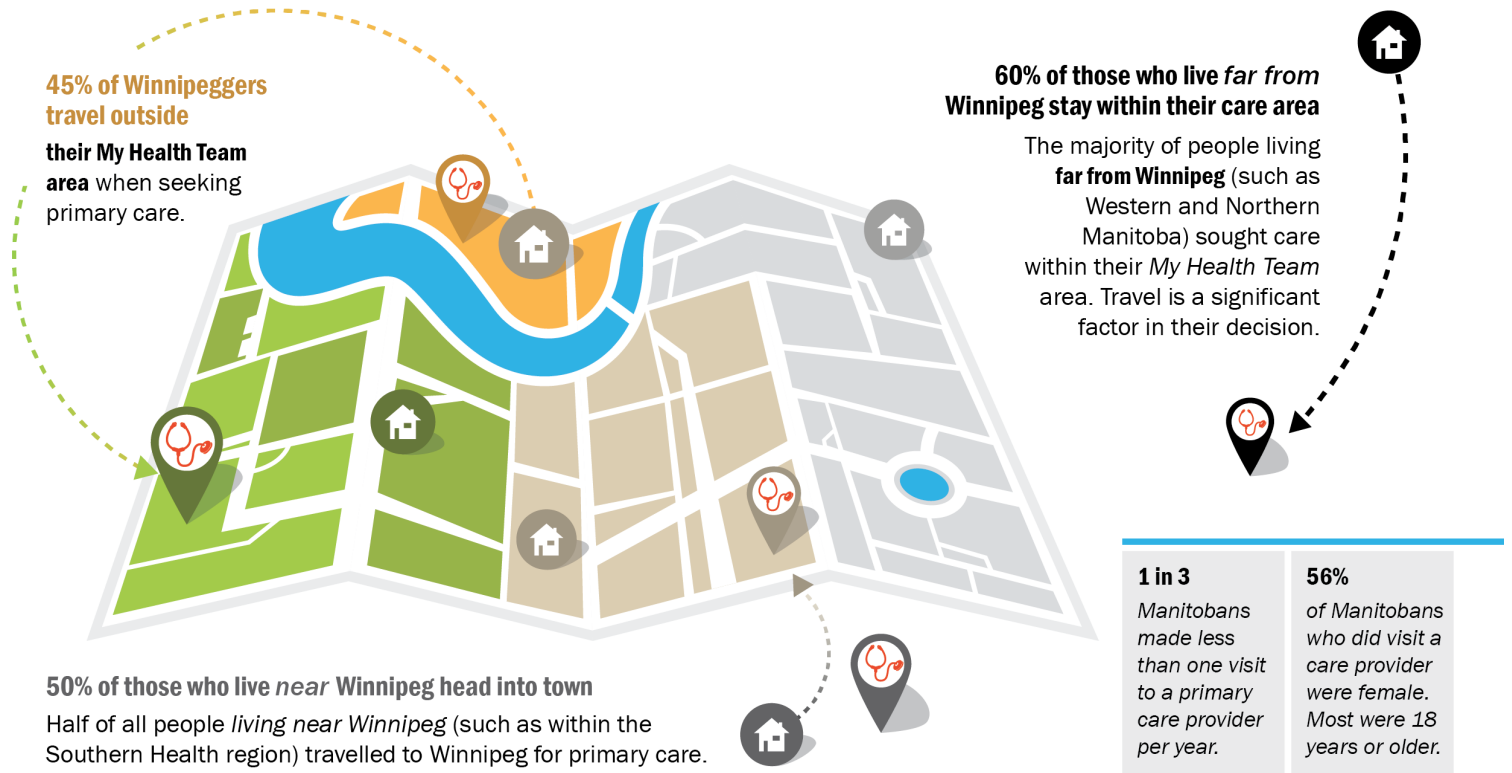
- ♦ **Within Winnipeg:** Only about half of people stayed within their own *My Health Team* area when seeking primary care. Another 45% of residents traveled to another *My Health Team* area in Winnipeg for care.

Figure 1 also shows the rates of births and deaths for Manitobans. We looked at these rates to get an idea of how the Manitoba population will change over time. At 14%, the birth rate was almost twice the death rate (8%), which means that the Manitoba population is growing. Information on how many pregnant women, newborns, and older adults will need primary care is important for *My Health Teams* planning.

This tells us that not all people choose their primary care provider based on how close they are to home. Instead, many are willing to travel across the city to get care. It also makes planning more difficult.

- ♦ **Close to Winnipeg:** We see the same trend in areas such as Southern Health Mid and Interlake-Eastern South, which are quite close to the city of Winnipeg (Figure 2). About 50% of people in these areas traveled to Winnipeg for primary care, and the rest mostly stayed in their own *My Health Team* area.
- ♦ **Further from Winnipeg:** People who live a longer way from Winnipeg tended to stay close to home, with 40% or fewer traveling outside of their *My Health Team* area to get care. This was especially true for residents of western and northern Manitoba, where getting to another *My Health Team* area could involve a long drive or even air travel.

Figure 2. Where Manitobans go for primary care



Planning for Complex Patients

We looked in detail at three types of complex patients. These included frequent users of health services, medically complex patients, and socially complex patients.

Overall, about 1 in 5 Manitobans who regularly saw a primary care provider fit into at least one of these categories. That's quite a large percentage – fully 20% of the patients included in this study. But could there be overlap between types? Are frequent users of health services also medically complex? And do socially complex patients overlap with frequent users? A surprisingly small number of patients (less than 1% of people accessing primary care) were frequent users, medically complex, and socially complex. The largest overlap was between frequent users and medically complex patients.

Socially complex patients were quite separate from the other types, with only a very small overlap.

These results mean that these three types of patients, and especially socially complex patients, will each have different primary care needs. Looking at how many complex patients live in each My Health Team area will help the teams decide what kinds of services they should focus on.

In summary, this study by MCHP researchers gives healthcare planners in Manitoba key information about who seeks primary care, where they go, and what their needs are. As My Health Teams are put into action across the province, this study will help to make sure the needs of primary care patients in Manitoba are met. Down the road, the findings can also be used to look at how well My Health Teams work, and whether they are delivering better primary care for Manitobans.

The Manitoba Centre for Health Policy is a unit of the Department of Community Health Sciences at the University of Manitoba's Max Rady College of Medicine, Rady Faculty of Health Sciences. MCHP conducts population-based research on health services, population and public health and the social determinants of health.

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